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**Minute of Meeting of the Lanarkshire NHS Board
held on Wednesday 25th October 2017 at 9.00am in the
Board Room, NHS Lanarkshire**

CHAIR: Mrs N Mahal, Non Executive Director

PRESENT: Mrs L Ace, Director of Finance
Mrs I Barkby, Director for Nurses, Midwives and Allied Health
Professionals
Mr C Campbell, Chief Executive
Mr P Campbell, Non Executive Director
Councillor P Kelly, Non Executive Director
Mrs M Lees, Chair, Area Clinical Forum
Councillor J McGuigan, Non Executive Director
Mrs L Macer, Employee Director
Dr A Osborne, Non Executive Director
Mr T Steele, Non Executive Director
Dr I Wallace, Medical Director

IN ATTENDANCE: Mr C Brown, Acting Head of Communications
Mr P Cannon, Board Secretary
Mr C Cunningham, Head of Commissioning and Performance, South
Lanarkshire Health and Social Care Partnership
Mr G Docherty, Interim Director of Public Health
Ms J Hewitt, Chief Accountable Officer, North Lanarkshire Health and
Social Care Partnership
Ms H Knox, Director of Acute Services
Mr K Small, Director of Human Resources & Organisational Change
Mr C Sloey, Director of Strategic Planning and Performance
Mrs V de Souza, Chief Accountable Officer, South Lanarkshire Health
and Social Care Partnership
Dr L A Smith, Director of Quality (item 124)
Mr N Richardson, Staff Nurse and Mr S Marshall, Senior Nurse, Mental
Health & Learning Disability Services (item 126)
Mrs C McGhee, Corporate Risk Manager (item 130)
Dr I Hunter, Director of Medical Education (item 134)

APOLOGIES: Mr M Fuller, Non Executive Director
Miss M Morris, Non Executive Director

2017/09/117

WELCOME

Mrs. Mahal welcomed colleagues to the meeting. She also extended a particular welcome to attendees, especially those who were attending to present specific agenda items. Mrs. Mahal also highlighted that Board Members would be able to take up their flu vaccinations after the meeting.

2017/09/118

DECLARATION OF INTERESTS

There were no declarations.

2017/09/119

CHAIR'S REPORT

Mrs. Mahal provided a verbal update on recent meetings attended, in particular meetings of NHS Board Chairs, and highlighted the following issues.

a) Poverty Pledge

It was noted that Mr. Docherty and Mrs Mahal had signed a Poverty Pledge, sponsored by the Poverty Alliance to promote the use of respectful language when addressing issues of poverty, and in addressing inequalities.

b) Scottish Health Awards

Mrs. Mahal highlighted that the NHS Board has 6 finalists in the forthcoming awards ceremony, which would be taking place next week, and it was also noted that Mrs. Mahal had written on behalf of the Board to each of the finalists to congratulate them on reaching that stage.

c) National Leadership Programme

Mrs. Mahal reported that she and Mr Small were members of a national initiative being planned by the Scottish Government Health Department to promote a new leadership programme in the Scottish NHS, which would place a greater emphasis on a values based approach to recruitment for senior posts. It was noted that this will impact on existing appraisal systems which would need to be reviewed in the light of the introduction of the leadership programme.

It was also noted that a further workshop was planned for November 2017 which would be attended by NHS Board Chief Executives and NHS Board Chairs.

Colleagues expressed their support for this initiative, and the importance of managing and promoting talent, and putting meaningful succession planning in place within the NHS. Dr. Wallace indicated that this approach was in line with the development of Scottish Leadership Fellows.

2017/09/120

BOARD EXECUTIVE TEAM REPORT

The NHS Board considered a Board Executive Team Report.

Mr. (Calum) Campbell highlighted that the Board had received approval to develop an Outline Business Case to rebuild / refurbish Monklands Hospital from Scottish Government on 5th October 2017.

He also referred to the NHS Lanarkshire: 2016/17 Annual Review held on Friday 8th September 2017, which the Minister for Mental Health had

ITEM 3

reported as a very positive and most informative day. She had concluded that there was some excellent work going on in NHS Lanarkshire and highlighted that we should also recognise all that the hardworking and committed staff in NHS Lanarkshire had achieved in the last 12 months. It was noted that the final letter, which will provide a summary of the reflections from the Minister, and confirm actions to be taken forward, was awaited and this will be circulated to Board Members on receipt.

Dr. Wallace highlighted the value of participating in the 'Back to the Floor' programme and had attended Monklands Hospital to shadow Fiona McKechnie, PA to the Hospital Director, and Fiona Gray, Bed Manager, and related that both experiences were very insightful.

Mr. Small highlighted the success achieved to date in fully implementing iMatter (Employee Experience Programme) in accordance with the national deadline. It was noted that the overall response rate for iMatter completion in 2017 is 65% and the NHS Board Employee Engagement Index (EEI) score is 77%, which Mr Small suggested were both very positive and encouraging ratings.

Mr. Docherty reported that NHS Lanarkshire had received a national award from ASH Scotland in recognition of its excellent work in smoking cessation and prevention.

Ms. Knox highlighted that NHS Lanarkshire was one of the 5 NHS Boards in Scotland chosen to be an early adopter as part of the implementation of "Best Start", taking forward maternity and neonatal services in Scotland.

In addition, on 1st September 2017, Monklands Hospital celebrated their 40th Anniversary with a highly successful afternoon tea. Current and former staff attended as well as the longest serving member of staff on duty in each ward/department. Lots of memories and photographs were shared and staff thoroughly enjoyed the event which was opened by Mr. (Calum) Campbell and Mrs. Mahal.

Ms. Hewitt highlighted the reviews underway in Home Support, and the Sounding Board Review, the latter being concluded shortly.

Mrs. de Souza highlighted the service changes around Udston Hospital, and Palliative Care that were being taken forward.

THE BOARD:

1. Noted the Board Executive Team Report.

2017/09/121

MINUTES

The minutes of the meetings of the NHS Board held on the 30th August 2017 and 27th September 2017 were submitted for approval.

THE BOARD:

1. Approved the minute(s).

2017/09/122

MATTERS ARISING**Action Log**

The NHS Board considered an updated Action Log, and confirmed satisfaction with the progress recorded for actions. The Action Log would be further updated to reflect actions arising from the Board's deliberations today.

2017/09/123

HEALTHCARE QUALITY ASSURANCE AND IMPROVEMENT COMMITTEE

The NHS Board received and noted a Summary Report on the key issues considered by the Healthcare Quality Assurance and Improvement Committee on 14th September 2017.

2017/09/124

QUALITY ASSURANCE AND IMPROVEMENT: PROGRESS REPORT

The NHS Board considered a report on Quality Assurance and Improvement.

Dr. Wallace explained that the report was provided to update Board Members on Learning from Adverse Events across NHS Lanarkshire. It also included a summary of, and actions from, the recent Board seminar on Quality Assurance and Improvement held on 29 August 2017.

Dr. Smith highlighted the structure of the report around the Quality Approach which included trend data on category 1 Adverse Events, Falls, and Suicides. She explained that in response to individual category 1 adverse event reviews, learning points are shared widely across Board services and an example of the format of such reports was provided as an appendix 2 to the report.

In relation to falls, it was noted that a Falls Summit was being planned for early 2018, and more detail would follow on that event separately with a report being provided to HQIAC and then the Board. Dr Smith also drew attention to the range of events taking place in Quality Week (13 – 17 November 2017) and encouraged all Board members to attend if they were able, and in particular highlighted the Quality Day being planned for Thursday 16th November 2017.

In relation to suicides, Mr. (Philip) Campbell welcomed the focus on this issue, and highlighted the marked differences in rates of suicide between males and females. Dr. Wallace provided an overview of the support in place in NHS Lanarkshire, and it was agreed that this would be usefully summarised and provided to Board Members.

Ms Hewitt

Mr. Steele also welcomed the commitment to have a Falls Summit and the work going on currently in falls prevention, and commented that the good work being undertaken by the Board should be transposed into Nursing and Care Home settings. It was noted that this was being taken forward outwith Hospital settings.

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In relation to the Development Event held on 29th August 2017, it was noted that the agreed actions from the event will be captured and added to the Board Action Log so that these are incorporated and tracked appropriately. **Mr Cannon**

In relation to data flows and reporting generally, Dr. Smith alluded to work being taken forward to review and improve the weekly Performance Monitoring suite of data presented to the Corporate Management Team.

Dr. Smith also added that the review of Patient Safety Walk Rounds was underway and the outcome of the review would be shared with Board Members. **Dr Smith**

THE BOARD:

1. Noted the work which is currently being taken forward in relation to falls and suicide prevention;
2. Noted the number and overall performance for the closure of category 1 adverse events;
3. Noted that the Action Plan detailing the next steps required to create the conditions to deliver the Lanarkshire Quality Approach will be discussed at the next meeting of HQAIC and then presented to the Board for approval;
4. Noted that an Information Management Strategy and Implementation Plan is being developed and will include a review of the data considered by the NHS Lanarkshire Board and sub-committees; and
5. Noted that further Quality Assurance and Improvement Board seminars will be held in 2018.

2017/09/125

HEALTHCARE ASSOCIATED INFECTION (HCAI) REPORT

The NHS Board considered an update on the current position against the Healthcare Association Infection (HAI) Standards 2015 with particular reference to NHSL Board performance against the Local Delivery plan (LDP) Targets for the period April – June 2017. Mrs Barkby took colleagues through the report.

The report provided performance details in relation to

- LDP Targets for *Staphylococcus aureus* bacteraemias (SABs);
- LDP Targets for *Clostridium difficile* Infections (CDIs);
- Key Performance Indicators for Meticillin Resistant *Staphylococcus aureus* (MRSA) Screening;
- Surveillance, Education, Engagement and Device (SEED) Monitoring Programme; and
- Local Infection Control Committee updates of progress.

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In response to a question from Mr (Philip) Campbell, it was agreed to clarify the national requirements around reporting *Clostridium difficile* infection rates for 15 years olds, and above. Mrs Barkby

Dr. Osborne asked whether deaths related to Healthcare Acquired Infections were recorded and when this was confirmed, asked that this data be added to future reports. This was agreed. Mrs Barkby

THE BOARD:

1. Noted the report;
2. Confirmed that the report provided sufficient assurance about the organisational performance on HCAI, and the arrangements in place for managing and monitoring HCAI; and
3. Welcomed the addition of data on Healthcare Acquired Infections and deaths

2017/09/126

PATIENT STORY: DIGITAL LIVED EXPERIENCE – LORETTA'S STORY

The NHS Board considered a report and viewed a Digital Story about the 'Experience of Loretta', a patient from the Community Mental Health Team (CMHT), in Airdrie.

Mrs. Mahal welcomed Mr. Richardson and Mr. Marshall to the meeting and they introduced the report and explained the background to the video, which was played for Members.

It was noted that the digital story was produced by Healthcare Improvement Scotland, with Loretta, whilst she was visiting the Airdrie Community Mental Health Team (CMHT) on "What Matters to You?" day on 6 June 2017.

Mr. Richardson explained that following a review of community mental health services using the Scottish Recovery Indicators 2 (SRI2) in 2014/15 that highlighted that care plans were health focused, with practitioners identifying goals rather the person themselves, Airdrie CMHT developed MyCare Plan in collaboration with patients as a direct result of these findings. The tool was tested using a PDSA approach with patient and carer feedback utilised to develop it further.

Mr. Richardson stated that Loretta had been attending the CMHT for a period of three years. The lived experience demonstrated the benefits and effectiveness of engaging with MyCare Plan in a way that really made a difference to her life.

It was noted that the MyCare Plan had been shared at the national person-centred health and care learning event in 2016, and at the West of Scotland event in 2017. Follow-up and expressions of interest from other Health Boards and third parties have come from NHS Lothian, Edinburgh City Council, The Mental Welfare Commission, South Lanarkshire Council and the Scottish Recovery Network.

Mr. Marshall reported that MyCare Plan was presently being offered to all patients in Airdrie CMHT, Ward 1 at Wishaw General Hospital and a number of other CMHT's. Hairmyres Hospital Wards 19 and 20 have expressed interest and the aspiration is to offer MyCare Plan to all inpatients within Wards 19 and 20.

Support and spread of the work has taken place through the Senior Charge Nurse Forum and both Mr. Marshall and Mr. Richardson continue to attend local and national events displaying posters and carrying out workshops, and presentations (as requested), to promote and spread MyCare Plan throughout NHS Lanarkshire Mental Health Services, Scottish NHS Boards, partners and community organisations.

Mrs. Mahal, on behalf of the Board, thanked Mr. Richardson and Mr. Marshall for attending and for taking the Board through the development of the MyCare Plan, and for providing the digital lived experience. Board Members provided encouragement to roll this initiative out to as many of the Board's service users as possible, and Mrs. Mahal added that she would be writing to Loretta to thank her for allowing her video to be shared.

THE BOARD:

1. Noted the report and the Digital Story; and
2. Commended the approach adopted to rolling out MyCare Plan

2017/09/127

ACHIEVING EXCELLENCE AND THE INITIAL AGREEMENT FOR THE REPLACEMENT/REFURBISHMENT OF MONKLANDS HOSPITAL

The NHS Board considered an update report on NHS Lanarkshire Healthcare Strategy 'Achieving Excellence' Implementation.

Mr. Sloey explained that this was the first comprehensive report detailing project timelines and key milestones for service improvement plans. Board members were asked to note the implementation plan and to agree to receive periodic updates. Mr Sloey also highlighted the recent approval given by Scottish Government to move to the Outline Business Case stage.

The Strategy Delivery Team (SDT) held a workshop on 14th September 2017 to review progress towards delivering the ambitions detailed within "Achieving Excellence". A summary of key achievements to date included:

- Sign off of Achieving Excellence (post consultation);
- Initial Agreement - approval for Monklands Replacement/Refurbishment Project (MRRP);
- Business Case Approvals for LIMS and HEPMA IT systems;
- Progressing Key Capital projects including 1) Theatres ITU at MDGH 2) Same Day Surgery 3) Rapid Assessment at MDGH Emergency Department 4) Neonatal unit completion at Wishaw 5) Ophthalmology development at Hairmyres.
- Consolidation of acute adult psychiatry at Wishaw.

The report also provided a detailed summary of the progress made by each of the Short Life Working Groups which were noted.

Mr. Sloey indicated that there will now be a series of planned communications events to engage with the staff (clinical and non clinical) and the wider public, which will be programmed for 2018, as part of developing the Outline Business case.

Mrs. Mahal indicated that the progress being made and the next steps will feature as part of the programme for the Board Development Day on 29th November 2017.

THE BOARD:

1. Noted the progress of the Strategy Delivery Team and respective Short-Life Working Groups towards delivering on the ambitions detailed within the NHS Lanarkshire Health Strategy - “Achieving Excellence”; and
2. Agreed that further performance reports from the Strategy Delivery Team will be made to the PP&RC.

2017/09/128

SUSTAINABLE DEVELOPMENT ACTION PLAN 2017/18 CEL2(2012)

The NHS Board considered a paper which provided an update on the NHS Lanarkshire Board’s Sustainable Development Action Plan (SDAP) 2017-18.

Mr. Sloey reminded Board Members that CEL 2 (2012) ‘A Policy on Sustainable Development for NHS Scotland’ requires organisations to report annually on their sustainability performance. The CEL also states that all Boards must have a Sustainable Development Action Plan (SDAP), which sets out the Boards contribution to the Scottish Government’s sustainable development aims and objectives.

The SDAP presented to the NHS Board set out a clear roadmap for NHS Lanarkshire’s contribution towards the Scottish Government’s sustainability targets and is an integral part of NHS Lanarkshire’s commitment to the health and well being of the community. The Board was asked to endorse and approve the plan.

The Sustainability & Environment Group, chaired by Mr. Sloey, continues to ensure that NHS Lanarkshire is working towards sustainable reductions in energy usage and Greenhouse Gas (GHG) emissions in both the short and long term. The Group meets quarterly and is responsible for implementation of CEL 2 (2012) and delivery of the Public Sector Climate Change Duties Report. The group includes representation from Health Facilities Scotland, who have national leadership responsibility for monitoring compliance, within its membership.

It was noted that continued investment was required to fund spend to save projects identified and costed in the energy audit programme to ensure that the Board continues to meet its energy targets.

THE BOARD:

1. Approved the Report for submission to Scottish Government Health & Social Care Directorate Capital and Facilities Division by 31st October 2017 to ensure compliance with CEL 2 (2012).

2017/09/129

WINTER PLAN 2017/18

The NHS Board considered a paper which set out an update of, and sought approval for, the planning arrangements put in place to ensure services are prepared for the coming winter months.

Mr. Cunningham reminded Board Members that a winter planning group had been established with involvement of Acute Services; North & South Lanarkshire H&SCP's; NHS Resilience Officer; Salus; NHSL Infection Control; North & South Lanarkshire Council Resilience officers; Scottish Ambulance Service and NHS24. The Communications Team was also represented on the group to ensure consistent and organised communication plans with all other parts of the public sector in the lead up to winter.

It was also noted that Scottish Government had received a copy of the draft plan (31st August 2017) which evidenced the preparations being made locally and that these were underpinned by using the detailed self assessment checklist provided. The checklist was attached to the report provided for information.

Mr. Cunningham stressed that work is continuing in identifying any additional resources, surge capacity and other contingencies which may be required such that the respective performance measures referred to above can be achieved.

The report summarised key areas of focus and these were noted to be in

- Primary Care/General Practice
- Primary Care Out of Hours/NHS24
- Acute Hospital Services
- Vulnerable Patients
- Health and Social Care Partnerships
- Scottish Ambulance Service/Council Transport Services

underpinned by a Communications Plan.

In terms of funding additional capacity, it was noted that additional funding has also been made available from Scottish Government, in addition to the allocations set aside by the NHS Board and this had been allocated to the Acute Division, and the two H&SCPs.

Filling of staffing rotas over the peak winter period has been identified as a risk however work is ongoing in filling the respective rotas.

Councillor McGuigan asked if the Red Cross had been engaged as they can provide a very valuable support to patients on discharge, and Mr. Cunningham confirmed that this was in place.

Mr. Steele asked if the elective programme was going to be impacted as part of winter plans and Ms. Knox indicated that this would be the case during the late December and early January period, as in every other recent year, when the elective programme is scaled down, but day cases and urgent cancer surgery is protected and continues. This seasonal reduction is factored into the Board's trajectory planning for the year, and did not represent a new measure as such.

THE BOARD:

1. Approved the Winter Planning arrangements for 2017/18; and
2. Requested updates on performance against the respective targets. These will be provided as part of the regular access reports over the winter period.

2017/09/130

CORPORATE RISK REGISTER

The NHS Board considered the Corporate Risk Register.

Mrs. McGhee reminded Members that the Corporate Risk Register was previously presented to the NHS Board in August 2017, since which time the Corporate Management Team had considered the corporate risk register in September and October 2017. The Corporate Management Team discuss emerging and new risks; focus on very high graded risks across NHSL and risks exceeding the corporate risk appetite. As a result, risk descriptions, assessed level of risk, and /or controls have been updated accordingly to reflect progress of mitigating actions and impact.

This report provided a summary of material changes to the Corporate Risk Register, including new and closed risks, since the last reporting period; set out the NHS Lanarkshire Corporate Risk Profile over time with the number of risks plotted by likelihood x impact and related corporate objectives and type, accurate as at 10th October 2017; set out very high graded corporate risks that are above the corporate risk appetite, including very high graded risks across NHSL as enablers for corporate consideration and decision-making; set out for discussion, any emerging very high graded risks through business critical projects, in particular the Monklands Refurbishment / Replacement Project (MRRP); and referenced the thirty six (36) risks set out in the NHSL Corporate Risk Register, accurate as at 10th October 2017, sorted in order by the assessed level of risk (current), shown in Appendix 1.

THE BOARD:

1. Noted the summary of material changes to the Corporate Risk Register, including the position of no new and/or closed risks since the last reporting period;
2. Approved the NHS Lanarkshire Corporate Risk Profile over time; with the number of risks plotted by likelihood x impact; related corporate objectives and type as at 10th October 2017;
3. Received assurance on the mitigation of all Very High graded risks across NHSL;

4. Noted the review of the Monklands Refurbishment / Replacement Project Risk Register and receive at future meetings updates on any very high graded business critical project risks; and
5. Considered all Very High graded risks in the context of the Healthcare Strategy, Commissioning Plans and decision-making.

2017/09/131

BOARD WORKPLAN 2017/18

The NHS Board considered an updated Board Workplan for 2017/18.

THE BOARD:

1. Noted the Board Workplan for 2017/18.

2017/09/132

REPORT ON CYBER SECURITY

The NHS Board considered a report which provided an overview of the malware virus ‘‘Wannacry’’ attack on NHSL’s e-health systems; the lessons learned and actions taken to reduce the risk of a similar attack re-occurring.

Mr. Docherty took Members through the report in detail, and reminded colleagues that on the afternoon of Friday 12 May 2017, the computer malware virus ‘‘WannaCry’’ started to infect a range of NHS Lanarkshire (NHSL) computer systems in both acute services and primary care. NHSL was the most seriously affected Health Board in Scotland.

A NHSL Strategic Group was quickly convened to assess the severity of the situation and agree a prioritised response and actions to be taken to protect patients and the eHealth estate.

The Board was provided with a detailed action plan and a copy of the Significant Adverse Event Report.

Mr. Docherty highlighted that the risk of a cyber attack was included in the NHSL Risk Register as medium from 2015, and had been upgraded to high risk in October 2016. The risk was known and accepted by CMT and the Board. Further investigation into the reasons underpinning this decision ascertained that the priority at that point was ensuring that NHSL had an effective clinical infrastructure and systems.

He added that a range of mitigating controls were identified, and that the timescale for the deployment of the Patch applications was determined by staffing resources. With hindsight, if more staffing resource had been available to deploy the patches quicker, it is reasonable to conclude that the severity of the attack would have been lessened.

Mr. Docherty highlighted the actions taken since the attack which were listed in detail in an appendix to the report, and these covered Resilience, Business Continuity, e-health, and Communications.

The report set out a number of recommendations (some of which had already been implemented) that were being progressed through the NHSL

Resilience Group taking responsibility for developing an action plan to oversee the delivery of the required actions. It was noted that the Board would govern the delivery of the action plan through the Planning, Policy and Resources Committee.

Mrs. Mahal reflected that it was important that the Board learned the lessons in a very transparent and open manner, and commended the approach to identifying all of the issues required to be addressed, and the robust way in which this had been taken forward.

THE BOARD:

1. Noted the content of the Report;
2. Approved the actions summarised in Table 1 of the Report; and
3. Agreed to discuss progress at the Planning, Policy and Resources Committee.

2017/09/133

FINANCE

The NHS Board considered a Finance Report for the period ended 30th September 2017.

Mrs. Ace advised that at the end of September 2017 the Board was reporting a £2.098m over spend, £1.195m better than the LDP trajectory which had always recognised a gap between expenditure being incurred and savings schemes taking full effect. The forecast to be delivered from the efficiency schemes was now within £2.6m of target. Combined with corporate underspends and shallower cost growth than originally forecast in drug expenditure this provided a route to year end breakeven. The risk assessment, which was recorded as high last month had been reviewed and was now reflected as a medium risk.

Mrs. Ace highlighted that within Acute Services cost control measures were having an impact on medical locum costs and nursing costs, which was positive. However medical staffing costs linked to filling posts as a result of sickness and national difficulties were being managed. Other pressure areas were highlighted in Laboratory and theatre supplies and drug expenditure.

Across Health and Social Care Partnerships and Corporate Services it was noted that there were small underspends being reported.

Mrs. Mahal referred to the Vaccination Transformation Programme funding which it was noted had not been allocated on a NRAC basis. Mr. Docherty reported that this was still subject to discussion with Scottish Government.

THE BOARD:

1. Noted the actual revenue over spend of £2.098m as at 30th September 2017, £1.195m better than the LDP trajectory of £3.293m;

2. Noted the £18.305m of efficiency savings recorded as achieved to date, slightly behind the revised plan to date however ahead of the LDP trajectory;
3. Noted the £5.579m expenditure to 30th September 2017 against the revised capital plan of £19.649m and the ongoing work to finalise plans; and
4. Noted the significant risks highlighted in section 11.

2017/09/134

DEPARTMENT OF MEDICAL EDUCATION REPORT

The NHS Board considered an update on a range of issues in relation to Medical Education, and Dr. Hunter, Director of Medical Education, attended to highlight the key issues to the Board.

Dr. Hunter provided updates on the GMC visit to Scotland in 2017; Postgraduate Training (including progress against Deanery action plan); Recognition of Trainers; GMC National Training Survey report; DATIX; Say no to SHO; Excellence in Medical Education; and Clinical Development Fellow posts.

In summary, Dr. Hunter highlighted that the overall trend remains encouraging with the significant previous and ongoing work at hospital level by Chiefs of Medicine, Training Quality Leads and their teams across the organisation continuing to deliver improvement in the quality of medical education in NHS Lanarkshire.

This was reflected in the de-escalation of enhanced monitoring in three of our services by the GMC with positive progress towards this in other areas.

However, this work required to be sustained to ensure that all sites and specialties are able to make similar progress. The ongoing engagement of senior medical leadership remained essential to enable this despite the additional workload that is associated with ongoing gaps in the medical workforce.

THE BOARD:

1. Noted the progress and recognised the continued work required to maintain and improve the quality of medical education.

2017/09/135

ACUTE OPERATING COMMITTEE DRAFT MINUTES – 5TH OCTOBER 2017

The NHS Board received and noted the draft minute of meeting of the Acute Operating Committee on 5th October 2017. Dr. Osborne highlighted that the Committee has scrutinised a number of reports, including the Acute elements of the Access Performance Report on the agenda for the NHS Board meeting today.

2017/09/136

ACCESS PERFORMANCE REPORT

The NHS Board considered an Access Performance Report. This highlighted performance in the delivery of key scheduled and unscheduled care waiting times and performance within Health and Social Care Partnerships; highlighted areas of pressure and challenge; and described the actions being taken and planned, aimed at delivering sustained improvement.

Ms. Knox reported on the position with regard to the numbers waiting in relation to the Treatment Time Guarantee and the Outpatient Target, and confirmed that reducing the numbers waiting remained a key management focus. She highlighted pressures within particular specialties. In relation to the cancer waiting times performance the paper contained an error in the text which should have reflected that the Board did not achieve the 62 day target (actual was 91.1% for August), but the data provided in the paper was accurate. Further Ms Knox reassured Board members that a detailed breach analysis had been undertaken of the 10 patients who breached 62 days, and specific changes were being made to the escalation processes in place.

In relation to unscheduled care attendances and performance, it was noted that the overall position was 92.60% for September, against 94.48% in August 2017, albeit there was variation across the three Acute sites.

Ms. Hewitt highlighted that the HSCP section of the report focussed on the delayed discharge element of the 6 key areas within the Delivery Plan (2016), albeit it was acknowledged that there were co-dependencies across all 6 areas. Ms Hewitt highlighted current performance against trajectory, issues impacting on performance, commissioning intentions for 2017/18 that will support improving delayed discharge performance, and specific actions being taken forward in North and South Partnerships. Ms Hewitt confirmed that the services were working with driver diagrams to identify and manage changes required.

Mrs. de Souza took Board Members through Delayed Discharges performance in the South and section 6 of the report on national and local targets for AHP services, Psychiatry, Paediatric and Children and Young People's service standards.

Mr. (Philip) Campbell highlighted the importance of using the rigour around estimated date of discharge to plan the in-patient journey, and reflected on his recent walk rounds that this appeared to be inconsistently applied. It was noted that this was being tackled locally.

In relation to Musculoskeletal services, Mrs. Mahal noted a reference to difficulties in recruiting staff and asked that in future reports further detail is provided to make clear what the underlying issues are and the steps taken to fill any unplanned or maternity leave vacancies.

In relation to Psychological Therapies, it was noted that the position was improving, however it was agreed to seek further detail on these service metrics, and Ms. Hewitt agreed to provide this data separately.

Ms Hewitt

Mrs. Mahal commended the use of driver diagrams and Ms. Hewitt agreed

Ms Hewitt

to share these with Board Members.

Mrs. Mahal stressed the requirement to continue to focus on key areas where performance was off trajectory, with particular regard to actions and their impact and progress towards delivery of trajectories and targets.

THE BOARD:

1. Noted the maintenance of the Treatment Time Guarantee for the majority of elective patients despite significant pressures;
2. Noted the achievements of the Referral to Treatment Target;
3. Noted the very positive performance in Cancer Waiting Time;
4. Noted the improvement at Monklands and Hairmyres and the prioritised actions in the three distinct areas being implemented to address the performance gap;
5. Noted the challenges around delayed discharge performance; and
6. Identified that additional information should be circulated to Board members separately.

2017/09/137

IJB NORTH AND SOUTH ANNUAL REPORTS 2016/17

Copies of the North and South Annual Reports for 2016/17 were provided to Board Members, and these were widely welcomed and noted. Mrs Mahal thanked Ms. Hewitt and Mrs. de Souza for collating these and commented that they reflected very positively on the wide range of excellent work being taken forward by both Health & Social Care Partnerships.

2017/09/138

AUDIT COMMITTEE

The NHS Board received and noted the draft minute of meeting of the Audit Committee on 5th September 2017.

2017/09/139

STAFF GOVERNANCE COMMITTEE

The NHS Board received and noted the draft minute of the meeting of the Staff Governance Committee held on 30th August 2017.

Mrs. Macer highlighted the discussions being taken forward through the Committee and the Area Partnership Forum to address the issue of violence against staff. Mrs. Mahal stated that the NHS Board will support staff in taking prosecutions forward, where appropriate, and re-emphasised the Board's zero tolerance approach to violence against staff members.

2017/09/140

NORTH LANARKSHIRE INTEGRATION JOINT BOARD

The NHS Board received and noted the minute of the meeting of the North Lanarkshire Integration Joint Board held on 18th July 2017.

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Councillor Kelly reported that the Integration Joint Board had met again on 26th September 2017 and the minutes would be made available to the next Board meeting.

2017/09/141

SOUTH LANARKSHIRE INTEGRATION JOINT BOARD

The NHS Board received and noted the draft minute of the meeting of the South Lanarkshire Integration Joint Board held on 12th September 2017.

2017/09/142

RISK

It was not considered that the business discussed identified any new, emerging risks which needed to be added to the Corporate Risk Register, or which materially altered the assessed level of risk/risk tolerance and/or the mitigating controls.

2017/09/143

DATE OF NEXT MEETING

Wednesday 31st January 2018 at 9.30am.