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**Minute of Meeting of the Lanarkshire NHS Board
 held on Wednesday 31st January 2018 at 9.00am in the
 Board Room, NHS Lanarkshire**

CHAIR: Mrs N Mahal, Non Executive Director

PRESENT: Mrs L Ace, Director of Finance
 Mr C Campbell, Chief Executive
 Mrs M Lees, Chair, Area Clinical Forum
 Mrs L Macer, Employee Director
 Miss M Morris, Non Executive Director
 Dr A Osborne, Non Executive Director
 Mr T Steele, Non Executive Director
 Dr I Wallace, Medical Director

IN

ATTENDANCE: Mrs A Armstrong, Nurse Director, North Lanarkshire Health &
 Social Care Partnership
 Mr C Brown, 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
 Mrs J Donaldson, Associate Director of Nursing, South Lanarkshire
 Health & Social Care Partnership
 Ms J Hewitt, Chief Accountable Officer, North Lanarkshire Health
 and Social Care Partnership
 Ms H Knox, Director of Acute Services
 Mrs C McGhee, Corporate Risk Manager (minute 16)
 Mr C Sloey, Director of Strategic Planning and Performance
 Dr L A Smith, Director of Quality (minute 8)
 Mrs V de Souza, Chief Accountable Officer, South Lanarkshire
 Health and Social Care Partnership
 Mr J White, Divisional HR Director, Acute

APOLOGIES: Mrs I Barkby, Director for Nurses, Midwives and Allied Health
 Professionals
 Mr P Campbell, Non Executive Director
 Mr M Fuller, Non Executive Director
 Councillor P Kelly, Non Executive Director
 Councillor J McGuigan, Non Executive Director
 Mr K Small, Director of Human Resources & Organisational Change

2018/01/01

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.

2018/01/02 **DECLARATION OF INTERESTS**

There were no declarations.

2018/01/03 **MINUTES**

The minute of the meeting of the NHS Board held on 25th October 2017 was submitted for approval.

THE BOARD:

1. Approved the minute.

2018/01/04 **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.

2018/01/05 **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) Winter

Mrs. Mahal formally recorded her appreciation and thanks to all staff and those who had volunteered in recent weeks for their significant effort in dealing with unprecedented rises in demand, across the Acute Hospitals and the North and South Health and Social Care Partnerships.

b) Non Executive Director Re-appointments

Mrs. Mahal formally congratulated Dr. A. Osborne and Mr. T. Steele on their re-appointment for a further four year term starting 1st March 2018.

c) University Status - Honorary Chairs

Mrs. Mahal drew members' attention to the paper within the BET Report which indicated that five professorships had been established by Glasgow Caledonian University, and she was pleased to confirm that she had written to each of these individuals namely, Dr. Iain Wallace, Medical Director, Dr. Eamonn Brankin, Clinical Director, Primary Care, Dr. Graham Ellis, Consultant Physician, Monklands Hospital, Dr. Mark Barber, Stroke Care Physician, Monklands Hospital and Mr. Roy Scott, Vascular Surgeon, Hairmyres Hospital.

d) Healthy Working Lives Reading Challenge

Mrs. Mahal indicated that she was aware that the reading challenge was starting on 14th February 2018, and encouraged all Board Members and

CMT colleagues to take up the challenge along with the walking challenge which will start in March 2018.

e) Calendar of Dates

Mrs. Mahal referred to the paper which appeared on the agenda at Item 28 and encouraged individuals to note the dates of meetings in their diaries. It was also confirmed that the Board Development Day would take place on Tuesday 20th March from 9.00am until 1.00pm, and a venue would be confirmed as soon as possible. It was also acknowledged that it would be useful to add to the calendar any other IJB dates involving Non Executive Directors, and Val de Souza and Janice Hewitt agreed to provide this to the Board Secretary in due course. Other significant dates were highlighted such as the National Quality Improvement Masterclass on 26th February 2018 and the West of Scotland Regional Meeting on 1st March 2018. It was also noted that a list of key communication dates was being compiled and would be reported regularly to the Corporate Management Team, and it was agreed that this should be circulated to Board Members for information on a regular basis.

Mr. Brown

f) NHS Chairs Meeting

Mrs. Mahal provided an update in relation to a recent Chairs meeting and specifically highlighted the NHS 70th Anniversary Celebrations, which will culminate on 6th July 2018, and it was noted that the Corporate Management Team was looking at events on the run up to the 6th July 2018 date to incorporate the NHS 70th Anniversary logos and branding. Mrs. Mahal also indicated that the Cabinet Secretary had provided her own personal thanks to all staff for their efforts during the winter period.

Mrs. Mahal also indicated that Mr. Tim Davison, Chief Executive of NHS Lothian had attended to provide an overview of the East Regional Plan, which was very instructive.

It was also noted that the Minister for Mental Health had sought assurances from NHS Boards that waiting time targets for Mental Health, in particular psychological therapies and CAMHS, would improve and that the Minister's office would be contacting Board's individually to arrange to meet to discuss targets and trajectories for improvement.

2018/01/06

BOARD EXECUTIVE TEAM REPORT

The NHS Board considered a Board Executive Team Report.

Mr. (Calum) Campbell highlighted that there were a number of Senior retirements taking place in 2018, and in particular specifically highlighted the planned retirement of Mr. Kenneth Small, Director of Human Resources (February 2018), Mr. Colin Sloey, Director of Strategic Planning and Performance/Deputy Chief Executive (June 2018) and Dr. Iain Wallace, Medical Director (September 2018), and it was noted that succession plans for Mr. Small and Mr. Sloey's Director posts had been discussed at the recent Remuneration Committee on 22nd January 2018.

In relation to winter pressures, it was noted that a detailed review of data

and qualitative feedback was being gathered and collated by Susan Dunne, and the lessons which could be learned beyond winter planning would be collated to inform the Winter Plan for 2018/19.

Mr. (Calum) Campbell also referred to a forthcoming criminal case involving an ex Board employee which would be heard in the High Court in Glasgow at the end of February/beginning of March.

Dr. Wallace highlighted the award of highly commended runner up in the 2017 RCOG Trainer of the Year Awards presented to Dr. Evelyn Ferguson, Consultant Obstetrician and Gynaecologist, Wishaw General Hospital.

Mr. White highlighted that the SLA established from 1st April 2017 for NHS Lanarkshire to provide Human Resources Director, and HR, support to the State Hospital had been extended for a further 12 month period. It was also noted that a number of risks and concerns had been raised by the NHS Lanarkshire Programme Board with the National eESS Programme Manager and the Chair of the National eESS Programme Board, and, in light of these concerns, a decision was taken to postpone the planned 'go live' date for NHS Lanarkshire and a new roll out date agreed for May 2018.

Mrs. Ace highlighted that she had met with the Fraud Liaison Officer along with the Counter Fraud Service, for an Annual Review of Counter Fraud activities in NHS Lanarkshire, and it was noted that this work would be presented to the Audit Committee in June 2018.

Mrs. Ace

Mrs. Knox reported that a new Emergency Consultant had been recruited for the Emergency Medical Directorate at Wishaw Hospital Emergency Department, and had already started, and a further advert for Consultant recruitment had been taken forward and interviews took place on Wednesday 10th January 2018. In relation to Hairmyres Hospital, it was noted that the hospital had gone 470 days without a PVC related SAB, prior to one case in October 2017. It was also reassuring that no further PVC related SABs had been recorded since that event in October 2017.

Mr. Brown reported that the new test beta version of the NHS Lanarkshire public website had gone 'live' and that the new site would run in parallel to and refer to the existing corporate website for several months, while both the design and content of the new site were fully developed. Mr. Brown also drew Members' attention to the chart on page 14 of the report which showed the weekly overall value of media coverage for 2017, where it was noted that the highest positive media score occurred during the peak of winter pressures.

Ms. Hewitt indicated that the review of Integrated Services was being taken forward with locality specific, and area wide services and scope, and it was noted that assurances would be provided either to PPRC or to the Board as appropriate.

Mrs. de Souza highlighted the appointment of the new Medical Director for the South Lanarkshire Health & Social Care Partnership from 1st June 2018, in light of the retiral of Dr. Chris Mackintosh.

Members attention was also drawn to the paper attached as an Appendix to the BET Report, Appendix B in relation to the new GMS Contract, and the paper set out the Governance arrangements for the GP Contract, and provided a progress update in relation to contract implementation processes and a timeline for agreeing the Primary Care Improvement Plan.

Dr. Osborne highlighted the impressive leadership and resilience shown by Corporate Management Team members and all staff in the face of unprecedented winter demands, and sought reassurance that the report being compiled by the Corporate Management Team would be available to Board Members in due course. Mr. (Calum) Campbell agreed that this would be circulated to Board Members once the report had been completed. Dr. Wallace added that the GMC had recently visited Monklands Hospital, and it was reportedly a very positive visit. The feedback had only been received after the BET Report had been compiled, and was not added to the narrative in the Medical Director section.

Mr.
Campbell

In relation to the BET Report itself Mrs. Mahal indicated that Mr. Fuller had asked that the Non Executive Directors discuss the purpose and format and usefulness of the report. It was agreed to await feedback from the Non Executive Directors meeting who were convening later that day.

THE BOARD:

1. Noted the Executive Team Report.

2018/01/07

HEALTHCARE QUALITY ASSURANCE AND IMPROVEMENT COMMITTEE

The NHS Board received and noted a Summary of the key issues considered by the Healthcare Quality Assurance and Improvement Committee on 9th November 2017, which was in Mr. Fuller’s absence noted. It was also noted that the meeting which was to be held on the 11th January 2018 had been cancelled, and the next meeting was on 8th March 2018.

2018/01/08

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 delivering the Lanarkshire Quality approach, and specifically the paper provided updates on person centred care, safe care and effective care as well as a summary of activity undertaken in quality week held on 13th - 17th November 2017.

Dr. Smith highlighted the data around the new two stage process for complaint handling which was introduced nationally in April 2017, wherein it was noted that a total of 1,383 complaints had been received between April and September 2017 (717 Stage 1 complaints, 666 Stage 2 complaints) and it was noted that between April and September 2017 the Board replied to 92% of complaints within the National Target of 20 working days compared with the latest national figure of 72%.

In relation to complaint handling, and in response to concerns raised by Dr. Osborne and Mr. Steele, it was agreed that a more detailed report in relation to staff attitude and behaviour should be presented to a future HQAIC meeting, and it was also agreed that the report should be circulated to all Board Members for their information.

Dr. Smith

In relation to Duty of Candour, Board Members noted an update on the Board's preparedness for introducing the Duty of Candour provisions from 1st April 2018, and noted that there was a degree of concern about the non availability of draft guidance documentation from Scottish Government. In response to a question from Mr. Steele it was noted that there was a lack of clarity in relation to the trigger for the Duty of Candour to be enacted, and equally the systems to capture data in order to report on Duty of Candour activities in an Annual Report were still unclear. It was noted that the latest position would be subject to a briefing for Board Members at the Seminar immediately after the PP&RC meeting on 28th February 2018.

In relation to Hospital Standardised Mortality Ratios it was agreed to discuss the data in greater detail at the next Healthcare Quality Assurance and Improvement Committee in March 2018.

Dr. Smith

Mrs. Mahal commended Dr. Smith and her team in providing assurance across a range of issues; however it was suggested that in future the report might highlight impacts and outcomes as well as assurance.

THE BOARD:

1. Noted the range of work through NHS Lanarkshire to improve the quality and safety of care and services;
2. Endorsed the Governance approach to this work, and in particular the assurance being provided by the Healthcare Quality Assurance and Improvement Committee;
3. Supported the ongoing development of the Lanarkshire Quality Approach; and
4. Noted that further detail on complaints and HSMR would be provided in Committee to the Healthcare Quality Assurance and Improvement Committee in March 2018, and noted that Duty of Candour would be raised as a Seminar topic after the PP&RC meeting on 28th February 2018.

2018/01/09

HEALTHCARE ASSOCIATED INFECTION (HCAI) REPORT

The NHS Board considered an update on the current position against the Healthcare Associated Infection (HAI) Standards 2015, with particular reference to NHSL Board performance against the Local Delivery Plan (LDP) Targets for the period July – September 2017. Mrs. Armstrong 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.

In relation to a question posed by Mr. (Philip) Campbell at the last meeting, it was confirmed that it was Health Protection Scotland directions to NHS Boards to record CDI data in two categories, 15-64 years and 65 years and over. This was noted, however, it was agreed to seek further clarification, and challenge the rationale with Health Protection Scotland.

THE BOARD:

1. Noted the report; and
2. Confirmed that the report provided sufficient assurance about the organisational performance on HCAI, and the arrangements in place for managing and monitoring HCAI.

2018/01/10

LIVED EXPERIENCE: CARE HOME CONTINENCE PROJECT

The NHS Board considered a report from Mrs. de Souza which set out an update on the Care Home Continence Improvement Care Bundle Project which was funded by the Health Foundation.

It was noted that the purpose of the project was to develop and implement a continence promotion bundle in conjunction with care homes. The aim of the project was to reduce harm associated with incontinence and reduce the numbers and absorbency levels of incontinence pads used.

Mrs. Jean Donaldson, Associate Director of Nursing, South Lanarkshire Health & Social Care Partnership attended to provide a short video presentation to Members which highlighted the aims and outcomes of the project in two Care Homes in Lanarkshire who participated in the 18 month project; David Walker Gardens - South Lanarkshire & Summerlee House - North Lanarkshire.

It was noted that the bundle was implemented in the 2 care homes in a phased approach with data collected over a 10 month period (September 2016 - June 2017). A total of 59 care home residents were involved in the project (exclusion end of life care)

Qualitative & Quantitative data was captured as part of the project which demonstrates significant positive impact on both patient safety and person centred care in reducing episodes of incontinence, in pad use, falls, urinary tract infections, skin damage, and unplanned hospital admissions.

A cost-effectiveness analysis of the continence bundle project had also been carried out by Health Economists, Health Improvement Scotland which showed significant cost savings in the region of £250K over the 9 months period of the project in just one care home.

It was emphasised that the improvements seen in the two care homes as part of the project would be applicable in other care homes, and would benefit

from further testing and refining of improvement measures to capture more robust outcome data.

Members were also advised that an expression of interest had been submitted to the iHUB Improvement Fund on behalf of the Partnership for additional funds to support to extend the project to a further 6 care homes over an 18 month period, but this had not been successful.

Mr. Steele asked about the potential to spread the lessons learned across other care homes and care settings, and it was noted that there was interest from other care homes, who could see significant benefits in taking part on the project, however it was dependent on the willingness of care homes to come forward. Mrs. Donaldson highlighted the interest generated in NHS Lanarkshire, and nationally, and internationally.

Mrs. Morris and Dr. Osborne both remarked on the patient benefits, as well as the savings achieved, and encouraged the service to promote the project as widely as possible.

Mrs. Mahal congratulated Mrs. Donaldson and the extended project team for their efforts in demonstrating the clear benefits of the approach, which was commended by the Board.

THE BOARD:

1. Acknowledged the work of the project and supported the further development of the initiative.

2018/01/11

UPDATE ON IMPLEMENTATION OF ACHIEVING EXCELLENCE AND THE OUTLINE BUSINESS CASE FOR THE REPLACEMENT/REFURBISHMENT OF MONKLANDS HOSPITAL

The NHS Board received and discussed a report from Mr. Colin Sloey, Director of Strategic Planning & Performance which set out the key achievements in relation to the Achieving Excellence programme and an update on the Monklands Replacement/Refurbishment Project.

In relation to the Achieving Excellence programme it was noted that achievements so far during 2017/18 included the sign off of Achieving Excellence (post consultation); the Initial Agreement - approval for Monklands Replacement/Refurbishment Project (MRRP); Business Case Approvals for LIMS and HEPMA IT systems; and progress against capital projects which included Theatres ITU at Monklands General Hospital, Same Day Surgery, Rapid Assessment at Monklands General Hospital Emergency Department, Neonatal unit completion at Wishaw General Hospital, Ophthalmology developments at Hairmyres Hospital, the centralisation of Aseptic pharmacy services, and the consolidation of acute adult psychiatry at Wishaw General Hospital. Mr. Sloey drew Members attention to the various sub groups leading on detailed change programmes within the report.

In relation to the Monklands Replacement/Refurbishment Project, Members noted that following approval to proceed to OBC by both the NHS

Lanarkshire Board and the Scottish Government Health and Social Care Directorate's Capital Investment Group (Health CIG) at the end of September 2017, the Project Team was taking forward a series of work strands to April 2018 which will contribute to the determination of the preferred option within the OBC. The report also highlighted that interviews were held in late January 2018 for the appointment of a Project Director and Mr. Sloey indicated that a preferred candidate had been identified and offered the post.

In response to a question from Members about the potential impact of decisions reached through the Regional Planning network, Mr. (Calum) Campbell stated that the NHS Board was the governance body, and that Board Officers were working closely with Regional colleagues to ensure that the process was moving forward in parallel.

Mr. Sloey stated that a further more detailed update would be provided at the Planning, Performance and Resources Committee on 28 February 2018, and the Board Development Session on 20 March 2018, in relation to key milestones, risks and targets to be met.

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";
2. Agreed that further implementation reports from the Strategy Delivery Team will be made to the PP&RC in February 2018 and the Board Development Session in March 2018.

2018/01/12

SOUTH LANARKSHIRE HEALTH & SOCIAL CARE PARTNERSHIP – AMENDMENT TO INTEGRATION SCHEME

The NHS Board considered a report from the South Lanarkshire Health & Social Care Partnership, which provided an updated Integration Scheme, which had been revised to take account of a Scottish Government letter to all 31 Health and Social Care Partnerships across Scotland to inform them that an amendment had been made to the Regulations which supported the implementation of the Public Bodies (Joint Working) Act 2014.

The amendment related specifically to the Carers (Scotland) Act 2016, which was due to come into effect from 01 April 2018. The implementation of the Carers Act had implications for Integration Authorities, NHS Boards and Councils. The amendment required the new duties cited within the Act to be delegated specifically to Integration Authorities.

It was noted that the updated South Lanarkshire Health & Social Care Partnership Integration Scheme was also being presented to South Lanarkshire Council's Executive Committee.

Mrs. de Souza emphasised that the amendment to the Integration Scheme was relatively minor and related only to the requirement to include the Carers Act responsibilities. In terms of all other aspects of the Integration

Scheme, including existing commitments and dates, these would remain as described but would be subject to a full and comprehensive review of the Scheme in 2020.

It was noted that a similar review was being undertaken by colleagues in North Lanarkshire H&SCP, which was more detailed in nature than an adjustment to incorporate the Carers (Scotland) Act 2016 requirements, which would be presented to the Board in March 2018.

THE BOARD:

1. Approved the amended the South Lanarkshire Integration Scheme.
2. Noted that a revised Integration Scheme would be provided by the North Lanarkshire Health & Social Care Partnership at the next Board meeting.

2018/01/13

PALLIATIVE CARE – ASSURANCE REPORT

The NHS Board considered a report from the South Lanarkshire Health & Social Care Partnership, which sought to provide assurance that the decision of North and South IJBs to take forward the outcome of the Short Life Working Group in seeking to identify and provide the optimum deployment of hospice beds across Lanarkshire for the provision of specialist palliative care meets the Health Board's clinical, staff and financial governance requirements.

Mrs. de Souza took Members through the background to the review, the recommendations made, and provided an update in relation to the governance assurances sought by the NHS Board around staff, financial and clinical governance issues.

Mrs de Souza reminded colleagues that the outcome of the option appraisal was that the preferred option would be to initially provide a total of 36 beds across NHS Lanarkshire - via 24 beds in the newly refurbished St Andrews Hospice (Airdrie) and 12 beds in the new Kilbryde Hospice (East Kilbride).

Following the meetings with hospices/GG&C, Members noted that St Andrews Hospice had indicated that they would be able to continue to provide 30 beds for the proposed cost of 24 for a period of time. On account of the complexity of this review and in the interests of working through both business and clinical models, the offer from SAH was accepted by the IJBs at no additional cost to the H&SCPs or NHSL.

The situation will be subject to review and an update be brought back to the IJBs/NHSL Board in relation to clinical and financial sustainability within 12 months, as well as the impact on the contribution to the ongoing strategic direction of supporting more people to be cared for at home.

In terms of staff governance, the Board was assured that this had been addressed and noted that Mr. Craig Cunningham had provided an update to the Area Partnership Forum on 15 January 2018, and similarly gained their support for the new model of service provision, and noted the assurances provided around staff governance issues.

In terms of financial governance, it was noted that the implications were set out in the report and the Board was assured that financial governance issues had been addressed.

However, in relation to clinical governance issues, it was noted that the clinical model was being developed by a group led by the Associate Medical Director, working with consultant medical staff and senior nurses in determining the optimum clinical model for the new arrangements, including job planning and associated opportunities to review existing on-call arrangements, as well as maximising learning opportunities for junior medical staff.

It was noted that the outcome of this work would be presented to HQAIC for approval in advance of the new model starting, giving them assurance to support the initiation of the new model. This would also recognise the relationship and working arrangements with out of area hospices, e.g. Strathcarron Hospice, and any implications for the provision of palliative care services in the North of Lanarkshire.

THE BOARD:

1. Noted the assurances provided on the staff and financial governance aspects of the decision of the two IJBs in implementing the Palliative Care strategy – and particularly that aspect associated with future bed provision;
2. Noted that the clinical model would be presented to HQAIC in March for assurance and an update provided to the March Board; and
3. Noted that the date for introduction of the new model of care of 01 April 2018 was subject to assurance being provided to the Board by HQIAC.

2018/01/14

**LABORATORY INFORMATION MANAGEMENT SYSTEM (LIMS)
AND ORDER COMMUNICATION (OCS) FULL BUSINESS CASE**

The Board received and discussed a Full Business Case (FBC) for the implementation of a Laboratory Information Management System (LIMS) including Order Communications (OCS) within NHS Lanarkshire which was presented for approval, by Mr. Sloey, Director of Strategic Planning & Performance.

Members noted that the primary aim of (LIMS) was to provide a single laboratory system across all disciplines including; Biochemistry, Haematology, Blood Transfusion, Microbiology and Cellular Pathology.

In addition, the Full Business Case included Order Communications (OCS) to enable electronic laboratory test requesting and results reporting from both Primary Care and Acute Hospital services, but excluded Radiology. It was highlighted that OCS for Radiology within Primary Care will require the development of a separate business case in the future.

Mr. Sloey provided assurance to the Board, as detailed in the paper that due procurement processes had been followed.

Members noted that the delivery of LIMS and OCS will be governed through the LIMS and OCS Implementation Board which will be chaired by Mrs. Judith Park, Director of Access (Acute). Risks will be managed through the existing governance processes.

THE BOARD:

1. Approved the Full Business Case for the implementation of a Laboratory Information Management System (LIMS) including Order Communications (OCS) within NHS Lanarkshire

2018/01/15

**ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH
2016/17**

The NHS Board received and discussed a report from Mr. Gabe Docherty, Interim Director of Public Health & Health Policy, and this was supplemented by a short presentation by Mr Docherty on the key points.

Members were reminded that the DPH Annual Report is an independent report whose objectives are to:

- Report on the health of the population in Lanarkshire;
- Promote and protect the public's health in Lanarkshire;
- Look at the future public health and health service challenges that NHS Lanarkshire and its partners will need to plan for; and
- Inform, stimulate discussion and promote change to improve health in Lanarkshire.

The report would only be available in electronic format, and the link to the report would be published on FirstPort and made widely available.

Each section in the report contained key points and priorities for action. A "Snapshot" which summarises the report was also referred to and included in the report to the Board.

The key points were summarised:

- Lanarkshire's population is predicted to grow by 1.2% in the next twenty years.
- It is projected that by 2036 there will be a 71.2% increase in the number of people aged 75 years and over, an increase of 35,629.
- Life expectancy increased in the 10 years between 2003/2005 and 2013/2015.
- Life expectancy is still below national levels. People in Lanarkshire live on average a year less than the population of Scotland as a whole.
- There is a continuing reduction in the combined proportion of all deaths due to the so-called "big killer" diseases of cancer, coronary heart disease (CHD) and stroke.
- Overall 118,673 people live in one of the 15% most deprived data zones in Scotland.

The report highlighted an increase in the percentage of children living in poverty which can have a long lasting and detrimental effect on children's health and affect future life chances. The 2011/12 Director of Public Health Annual Report warned that welfare reform could result in an increase in poverty and exacerbate health inequalities. Mr. Docherty pointed to the negative impact of some aspects of welfare reform that impact on the health of some of the most vulnerable people in Lanarkshire.

The report also focused on the impact of Adverse Childhood Experiences (ACES) and how childhood trauma can lead to the adult onset of chronic diseases and poorer life outcomes.

The report provided highlights of some of the innovative practices in terms of delivering the aspirations of Realistic Medicine. It was agreed that there is a need to deliver Realistic Medicine across the whole of Lanarkshire.

The report considered dilemmas surrounding service pressures, funding, the need to achieve the aspirations of the Christie Commission and the challenge of investing in prevention.

Whilst recognising the role that people's life circumstances can play in determining behaviours and health outcomes, the report highlighted the need for individuals to make changes to improve their own health and wellbeing. The concept of supported self-management was also explored in the report.

The report highlighted a number of priorities for action, dilemmas and challenges, and it was suggested that a multi agency seminar might be a useful way forward.

Members welcomed the report and the presentation and acknowledged that the NHS locally had a significant role to play not only in service delivery but also in advocating for changes that would impact positively on the health of the population of Lanarkshire. Mrs. Macer highlighted the role of IJBs and Councils in working with the NHS Board, and also suggested that the Annual Report should be proactively promoted through Community Planning Partners as well.

Mrs. Morris agreed that a multi agency seminar would be a useful way forward, and highlighted the role of early intervention.

Mr. (Calum) Campbell reported that the Board's Corporate Objectives were under review and the themes within the report would be incorporated, wherever possible.

Mrs. Mahal congratulated Mr. Docherty, and his team, for producing an excellent Annual Report. She asked Mr. Docherty to consider how the report should be shared with partners to meaningfully tackle some of the issues contained in the report.

THE BOARD:

1. Welcomed the report and commended it for further circulation;
2. Noted that Mr. Docherty would consider the proposal to hold a

- focused multi agency event to explore the issues in more detail; and
3. Agreed that the report should inform the work of the Population Health & Primary Care and Community Services.

2018/01/16

CORPORATE RISK REGISTER

The Board considered the Corporate Risk Register.

Mrs. McGhee reminded Members that the Corporate Risk Register was previously presented to the NHS Board in October 2017, since which time the Corporate Management Team had considered the corporate risk register in November 2017, December 2017 and January 2018. 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.

The 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 23 January 2018; 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 forty (40) risks set out in the NHSL Corporate Risk Register, accurate as at 23 January 2018, sorted in order by the assessed level of risk (current), shown in Appendix 1 of the report.

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 23 January 2018;
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.
6. Noted the detailed corporate risk register, accurate as at 23rd January 2018, set out in Appendix 1.

2018/01/17

FINANCE REPORT TO 31ST DECEMBER 2017

The NHS Board received and noted a report from Mrs. Laura Ace, Director of Finance which set out the financial position of the NHS Board at 31 December 2018.

In addition, the report also highlighted additional expenditure commitments in meeting revised data protection regulations; to strengthen the Board's resilience arrangements; potential additional depreciation from 2019/20 from approving the LIMS business case; and the impact of the IJB budget offer of passing on the full 1.5% allocation uplift plus any specific funding relating to the IJB's.

It was noted that at the end of December 2017 the Board was reporting a £0.546m over spend, £1.101m 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 within £0.2m of target, and it was anticipated that the Board would achieve a year end breakeven position. In addition, it was noted that the capital programme was on track.

THE BOARD:

1. Noted the financial report and the anticipated break even position in terms of revenue and capital for 2017/18.

2018/01/18

MINUTE OF ACUTE OPERATING MANAGEMENT COMMITTEE ON 5TH OCTOBER 2017 & 22ND NOVEMBER 2017 (DRAFT)

The NHS Board received and noted the minute of the meeting(s) of the Acute Operating Management Committee on 5th October 2017 and 22nd November 2017 (draft).

2018/01/19

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 it was noted that NHSL has delivered on both standards in October 2017 and November 2017, with the exception of one month where the target was not delivered on the 62 day standard. Overall performance remained very positive.

In relation to unscheduled care attendances and performance, it was noted that the overall position in December 2017 was 82.54%, compared to the

November 2017 performance of 91.90%. The performance was also down against the same period in 2016. Attendances were up but all 3 sites had seen high levels of patients presenting with flu and flu like symptoms.

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 highlighted the continuing challenges around delayed discharges and referred to the high number of complex assessments being referred to social work colleagues.

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. It was also noted that two service reviews had been conducted in CAMHS and Psychological Therapies to try to improve patient access and staff recruitment.

It was also highlighted that improvements had been demonstrated in MSK Physiotherapy waiting times, where waiting times had been reduced. In acknowledging the improvements, Mrs Lees cautioned that there would be significant recruitment pressures on MSK physiotherapy services with the impact of the new GMS contract. Mrs. de Souza acknowledged this and reported that the Implementation Group were alert to this challenge.

Mrs. Mahal stressed the requirement to continue to focus on key areas where performance was off trajectory, and to learn lessons from the experience over the winter pressures to embed practices adopted recently. Mr (Calum) Campbell stated that a reflective review was already underway.

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 an improvement in the overall outpatient numbers waiting;
4. Noted the very positive performance in Cancer Waiting Time.
5. Noted the improvement at Monklands and Hairmyres and the prioritised actions in the three distinct areas being implemented to address the performance gap; and
6. Noted the challenges around delayed discharge performance.

2018/01/20

ANNUAL REVIEW OUTTURN LETTER 2017

The NHS Board received and noted a copy of the Annual Review letter dated 26th October 2017 from the Minister for Mental Health, confirming the main points and actions agreed during discussions at the Annual Review held in Coatbridge on Friday 8th September 2017.

It was noted that actions will be taken forward by the named leads, with progress overseen by the Corporate Management Team. A progress report on each Action will form part of the 2018 Annual Review Self-Assessment.

THE BOARD:

1. Noted the Annual Review letter, and endorsed the proposed mechanisms for taking forward the agreed key action points.

2018/01/21

PLANNING, PERFORMANCE AND RESOURCES COMMITTEE ON 29TH NOVEMBER 2017

The NHS Board received and noted the minute of the meeting of the Planning, Performance and Resources Committee on 29th November 2017 (draft).

2018/01/22

AUDIT COMMITTEE ON 5TH SEPTEMBER 2017 & 5TH DECEMBER 2017

The NHS Board received and noted the minutes of the meetings of the Audit Committee held on 5th September 2017 and 5th December 2017 (draft).

2018/01/23

STAFF GOVERNANCE COMMITTEE ON 27TH NOVEMBER 2017

The NHS Board received and noted the minute of the meeting of the Staff Governance Committee held on 27th November 2017 (draft).

2018/01/24

NORTH LANARKSHIRE INTEGRATION JOINT BOARD ON 26TH SEPTEMBER 2017 & 26TH OCTOBER 2017

The NHS Board received and noted the minutes of the meetings of the North Lanarkshire Integration Joint Board held on 26th September 2017 and 26th October 2017 (draft).

2018/01/25

SOUTH LANARKSHIRE INTEGRATION JOINT BOARD ON 30TH OCTOBER 2017 & 5TH DECEMBER 2017

The NHS Board received and noted the minutes of the meetings of the South Lanarkshire Integration Joint Board held on 30th October 2017 and 5th December 2017 (draft).

2018/01/26

WORKPLAN 2018

The NHS Board received and noted the Workplan for 2018.

THE BOARD:

1. Noted the Workplan.

2018/01/27

CALENDAR OF DATES 2018

The NHS Board received and noted a Calendar of dates for 2018.

Mrs. Mahal reiterated her request made earlier in the meeting for all Directors, Non Executives to add these dates to their diaries and a revised calendar of dates would be circulated as soon as further IJB Sub Committee dates are added.

Mr. Cannon

THE BOARD:

1. Noted the calendar of dates for 2018.
2. Agreed to await a further update in due course.

2018/01/28

ANY OTHER COMPETENT BUSINESS

2018/01/29

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.

2018/01/30

DATE OF NEXT MEETING:

Wednesday 28th March 2018 at 9.30am.