

**LANARKSHIRE NHS BOARD
INTEGRATED CORPORATE PERFORMANCE REPORT – NARRATIVE REPORT**

Subject: Estates - SCART	Executive Lead: Colin Lauder
Governance Committee: PP&RC	Author: John Paterson, Director, PSSD
Period covered: 1 October 2017 – 30 September 2018	Date: 5 November 2018

CONTEXT / BACKGROUND:

The purpose of this paper is to report on the current position on Statutory Compliance as measured using the Health Facilities Scotland (HFS) developed technical audit tool; Statutory Compliance Audit & Risk Tool (SCART).

The purpose of SCART is to provide NHS Boards with a means of measuring their levels of compliance against a range of aspects of legal and best practice requirements/guidance. This will allow identification of areas of risk and thus allow a prioritised, focused approach to be taken to address areas of low compliance. Action Plans, including training and investment priorities, can then be made.

SCART 1 was developed in 2009 by HFS, to allow Boards to monitor levels of compliance against existing legal requirements and current SHTM guidance for property and equipment assets which are the responsibility of PSSD. Question sets for SCART topics were reviewed in 2014 and expanded, leading to the introduction of SCART 2. The new SCART question sets include an additional 7 topics that increased the number of questions from 184 to 510. In NHSL, this increased the total answers from around 11,000 over 60 sites, to over 28,000 answers from the current 56 sites.

Question sets were incorporated into the on-line reporting tool for use by all Boards after pilot evaluation early 2015, with the new SCART 2 on-line reporting tool, that improved the usability and flexibility of the system, being adopted from September 2016.

**HIGHLIGHTS & EXCEPTIONS AGAINST KEY ACTIONS FOR THIS PERIOD:
(Summary of most recent report to Governance Committee)**

NHSL's compliance level for the new combined SCART currently sits at 88.41%. This performance is significantly above the National Average of 59.46 %. A 5 year audit work plan has been developed within PSSD, based on risk and to work through the remaining unanswered technical questions introduced in SCART 2, with an HFS target for Boards to achieve 95% by 2020. It is generally recognised that 100% will never be attainable due to older buildings limitations in being able to comply with today's standards.

From the 510 questions over the 39 Topics, there were 60 non-compliant/un-addressed questions reported in the 2017 report. This has been reduced to 34, with the following Average Risk Ratings:

- 0 High Risk
- 19 Medium Risk
- 15 Low Risk

For each identified matter of non or partial compliance, an action is raised and then closed once addressed. These are in the process of being addressed through ongoing discussions with Maintenance Managers, direct instruction to the Head of Maintenance or are on the Audit Programme for future scrutiny.

The group should also be aware that HFS's built in Risk Ratings system means that there are 15 SCART questions that remain High Risk even though NHSL is 100% compliant. There is also a substantial number of Medium Risk remaining where NHSL are 100% compliant.

As SCART is a dynamic reporting tool, the process of updating SCART remains ongoing. This is due to factors such as the demolition of redundant sites, lease termination, sites being sold, the occupation of new premises and investment in backlog maintenance.

There are currently 56 sites where NHSL has maintenance responsibilities being reported through SCART. This includes Hunter CHC, 1 of the 3 HubCo Health Centres, plus Wishaw, Hairmyres and Stonehouse which have been added, with the other 2 HubCo sites to be added within the next calendar year.

NHSL has completed all scores for all questions for all sites. The process of addressing any shortfalls will continue through the planned Audit procedure. UH Hairmyres, Stonehouse Hospital and Hunter CHC are currently being inserted into SCART.

The NHSL SCART Manager post was filled in February 2018. The initial focus has been to carry out a gap analysis, that identified the current situation with SCART, this allowed for an informed 5 year inspection plan, with risk based inspection periods of between 2 and 5 years being proposed and accepted by the PSSD Statutory Compliance Group. Once the gap analysis and planning was completed, the process of auditing the SCART topics was resumed.

FURTHER ACTION PLANNED IN LIGHT OF ABOVE:

SCART Audits undertaken consistently show that NHSL performs to a high level. This is reflected in the above average compliance level % score. Furthermore, the SCART Audits show that the compliance tasks are being carried out, with most Audit reports filed highlighting minor administration issues only, and these are promptly remedied. Where remedial actions are noted as being necessary, these are tracked until completion.

NHSL continues to be a frontrunner in SCART nationally. NHSL continues to be involved in the SCART Steering Group at HFS. PSSD has also developed a full Audit and Reporting structure around SCART, which is managed at a regular PSSD Statutory Compliance Group.

Involvement at HFS will ensure that NHSL remains a frontrunner in the use and development of SCART nationally.

NHSL is currently performing well above the national average. The Board is asked to note the current level of SCART performances that need to be maintained to ensure this continues.

RISK MANAGEMENT:

Currently on a Risk Register Yes If Yes, Risk Register ID: 244

Level 1 Corporate Level 2 Operating Division Level 3 Operating Division

Require Escalation to higher level Yes No

GOVERNANCE AND MANAGEMENT ASSURANCE:
PP&RC
STATEMENT OF ASSURANCE on PERFORMANCE MANAGEMENT:
It is hereby confirmed that all performance shortfalls arising in this period have been reported to the PP&RC, and that each has an appropriate remedial action plan in place that is reported to, and will be open to further scrutiny by the Committee. C Lauder, Planning, Property & Performance Director
FURTHER DETAILS:
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