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**Minute of Meeting of the Lanarkshire NHS Board  
held on Wednesday 29<sup>th</sup> August 2018 at 9.45am 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  
Mr M Fuller, Non Executive Director  
Councillor P Kelly, Non Executive Director  
Mrs M Lees, Chair, Area Clinical Forum  
Mrs L Macer, Employee Director  
Mr B Moore, Non Executive Director (Elect)  
Miss M Morris, Non Executive Director  
Dr A Osborne, Non Executive Director  
Ms L Thomson, Non Executive Director (Elect)  
Dr I Wallace, Medical Director

**IN ATTENDANCE:**      Mr C Brown, Head of Communications  
Mr P Cannon, Board Secretary  
Ms A Dixon, Service Manager, University Hospital Monklands (minute 130)  
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 C Lauder, Director of Planning, Property & Performance  
Ms J Park, Deputy Director of Acute Services  
Mr J White, Director of Human Resources  
Mr D Wilson, Director of Information and Digital Technology  
Mrs V de Souza, Director, South Lanarkshire Health and Social Care  
Partnership

**APOLOGIES:**            Councillor J McGuigan, Non Executive Director

2018/08/123

**WELCOME**

Mrs. Mahal welcomed colleagues to the meeting. She extended a particular welcome to Ms Angela Dixon, Service Manager, University Hospital, Monklands who was attending to present the paper on Reducing Variation in the Cataract Pathway.

Mrs. Mahal also welcomed Mr. Moore and Ms. Thomson as Non Executives Directors (elect) to the Board meeting.

2018/08/124

**DECLARATION OF INTERESTS**

There were no declarations.

2018/08/125

**MINUTES**

The minutes of the meetings of the NHS Board held on 30<sup>th</sup> May 2018 and 27<sup>th</sup> June 2018 were submitted for approval.

**THE BOARD**

1. Approved the minutes of the meetings held on 30<sup>th</sup> May 2018 and 27<sup>th</sup> June 2018.

2018/08/126

**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.

2018/08/127

**CHAIRS REPORT**

Mrs. Mahal provided a verbal report.

a) Scottish Fire and Rescue Service Joint Collaboration

Mrs. Mahal updated colleagues in relation to the joint working being undertaken with the Scottish Fire and Rescue Services around falls, in order to work together to reduce unnecessary call outs to patients who fall at home, and it was noted that this work was progressing positively.

b) National Masterclass 3<sup>rd</sup> September 2018

Mrs. Mahal updated Board Members that herself and Dr. Smith would be presenting at the Masterclass at Murrayfield in Edinburgh on 3<sup>rd</sup> September 2018, in relation to the Quality journey, and that a mini Masterclass would be held after the PPRC meeting on 26<sup>th</sup> September 2018.

c) MRRP – Additional Consultation Events

Mrs. Mahal highlighted that two additional Consultation Events had been added to the Programme, namely the afternoon of 4<sup>th</sup> September 2018 at 101 Park Street, Coatbridge and the afternoon of 13<sup>th</sup> September 2018 in Airdrie Town Hall.

d) Development Day

Mrs. Mahal indicated that the date for the October Board meeting (31<sup>st</sup>) would now be used as the Board Development Day, and the date set aside for the Board Development Day on the 28<sup>th</sup> November 2018, will now be used as a public Board meeting, in order to focus on the outcome of the MRRP consultation. It was noted that the Development Day will take place in 101 Park Street, Coatbridge, and a draft Programme will be circulated in due course.

e) Non Executive Director Recruitment

Mrs. Mahal indicated that Ms. Thomson and Mr. Moore will, as part of their induction, attend a range of Governance Committee meetings, and that the opportunity will be taken after a round of performance appraisals at the end of 2018 with existing Non Executive Directors to make changes to Non Executive Director portfolios and Committee membership. Until those deliberations had been completed, Ms. Thomson and Mr. Moore will take up commitments previously undertaken by Mr. Steele and also attend other Committees, as appropriate.

2018/08/128

**BOARD EXECUTIVE TEAM REPORT**

The NHS Board considered the Board Executive Team Report. Mr. Calum Campbell highlighted the very positive outcome of the tendering exercise undertaken in relation to Greenhills Health Centre, commended all staff involved and thanked Ms. Morris for chairing the Selection Panel on Friday 3<sup>rd</sup> August 2018.

Mr. Campbell went on to highlight the West of Scotland Out of Hours (OOH) triage pilot which had been submitted as a proposal to the West of Scotland Chief Executive's Board for regional transformation funding to support a triage pilot model for GP Out of Hours Services and A & E referrals.

In relation to the West of Scotland Regional Delivery Plan and the date for publishing the Plan, Mrs. Ace reported that it was anticipated that the Regional Plan will be released shortly without the financial profiles which were being considered by Scottish Government separately.

Mrs. Mahal commended the BET report and the range of the very positive work being taken forward. She reminded Directors that she was keen to formally acknowledge the excellent work being taken forward and asked Directors to highlight this to her office out with the BET reporting cycle.

2008/08/129

**INFECTION, PREVENTION AND CONTROL ANNUAL REPORT 2017/18**

The NHS Board considered the Infection, Prevention and Control Annual Report for 2017/18 which provided Board Members with an overview of Infection, Prevention and Control activities, and which had been endorsed by the Lanarkshire Infection Control Committee at its meeting on 11<sup>th</sup> July 2018.

The Annual Report contained an Executive Summary which provided an at a glance overview on infection, prevention and control performance throughout the year, and it also provided the January – March 2018 position, quarter 4 via the Annual Report in order to align the HAIRT Reporting to the NHS Board with Health Protection Scotland National validated data.

Members welcomed the Annual Report and the excellent progress being made across a range of infection control areas. In addition, Dr. Osborne also indicated that many of the indicators were looked at in detail at the Healthcare Quality Assurance and Improvement Committee.

Mrs. Mahal highlighted concerns around hand hygiene and the Board's ability to ensure consistently high compliance. Mrs. Barkby acknowledged the difficulties in sustaining compliance with an 11% turnover of staff, however she provided assurance to the Board that this was being taken forward appropriately.

Members also welcomed the financial costs associated with Healthcare Associated Infection and acknowledged the caveats that went along with the financial estimates, as set out in the paper. It was noted that the exercise would be repeated in order to establish trend data, and also refined over time to look at bed days lost.

In relation to Learnpro Mrs. Lees indicated that she found the module confusing, and it was noted that this would be taken up with Learnpro at a national level.

**THE BOARD:**

1. Approved the Annual Report for 2017/18;
2. Noted that further work will be taken forward in relation to the financial appraisals to look at patient safety and opportunity costs; and
3. Noted that the limitations of the Learnpro module would be highlighted at a national level

2018/08/130

**REALISTIC MEDICINE**

Overview

The NHS Board considered an update on progress with implementing Realistic Medicine and provided a context for the patient experience presentation on the cataract pathway.

Dr. Wallace provided an overview of the National position in relation to the Chief Medical Officer's first Annual Report in 2016 and two further reports on the same theme – Realising Realistic Medicine and Practising Realistic Medicine, and indicated that the paper submitted to the Board provided a summary of the latest report and highlighted some of the work being taken forward by the Board to support this implementation.

It also provided information on the Board's Realistic Medicine Conference held in April 2018 together with details of the Board's Realistic Medicine Clinical Lead appointment.

Dr. Wallace took Board Members through the Realistic Medicine update which provided the background to the issue arising from the Chief Officers Medical Report in 2016 and highlighted a number of local initiatives being taken forward and being overseen by the Realistic Healthcare Working Group.

It was also noted that NHS Lanarkshire had appointed a Realistic Medicine Clinical Lead, Dr. Babu Mukhopadhyay, Consultant Physician at University Hospital, Hairmyres, who started in post in June 2018. It was noted that Dr. Mukhopadhyay will be working closely with Dr. Helen Mackie, Consultant Physician also working at University Hospital, Hairmyres, and who is the National Clinical Lead.

In addition to the Realistic Medicine Implementation Plan, which was detailed in an Appendix to the report, it was also noted that Dr. Mukhopadhyay will develop, co-ordinate and promote the value based Healthcare Work Programme drawing on tools and support programmes that will be developed nationally, and be responsible for creating the culture and conditions for realistic medicine to thrive and championing initiatives that support shared decision making.

It was also noted that two other members of staff were being trained alongside Dr. Mukhopadhyay on Value Based Healthcare namely, Dr. Josephine Pravinkumar, Consultant in Public Health and Michael McCluskey, Finance Department.

On a regional and national level, Realistic Medicine Teams were sharing their training and knowledge on dedicated networks, and it is likely that some of the workstreams may be part of National Projects. Dr. Wallace went on to highlight that the first National Conference on Realistic Medicine will be held on the 9<sup>th</sup> October 2018 in Dunblane on the theme of valuing people, and that NHS Lanarkshire will be showcasing some of its work at that meeting.

Board Members welcomed the very detailed update in relation to the work being taken forward under the realistic medicine banner and thanked Dr. Wallace for his drive and commitment to this issue. It was also agreed to invite Dr. Mukhopadhyay to present an update to the Board in due course.

**THE BOARD:**

1. Noted the progress made in applying the principles of realistic medicine into clinical practice.
2. Agreed to invite Dr. Mukhopadhyay to a Board meeting to provide an update in due course.

**Reducing Variation in the Cataract Pathway**

The NHS Board received and discussed a paper describing service

improvements to deliver person centred Care using a Realistic Medicine approach for second eye cataract procedures. It was noted that this approach had ensured that patients were fully informed of the benefits and risks associated with cataract surgery and that they were involved in decisions about their treatment.

Mrs. Mahal welcomed Ms. Angela Dixon, Service Manager, University Hospital Hairmyres, to the meeting and Ms. Dixon provided a short presentation to the Board in relation to the initiative undertaken in Ophthalmology.

It was noted that the pathway review was initiated by Ophthalmology Consultants highlighting the number of cancellations on the day of theatre sessions for patients scheduled for second cataract operations. As a result of reviewing activity and discussing the patient pathway with a variety of patients themselves, a revised pathway was put in place to enable consenting for both eyes at the initial consultation and pre-assessment appointment. It was also noted that as a result of working closely with Community Optometrist this had led to improved shared decision making conversations with patients at their six week check post-surgery. This determined if patients wished to proceed with the second operation, and if they did a revised pathway enabled patients to be added directly to the waiting list, without a further outpatient appointment, which reduced waiting times for patients and achieved efficiencies in the booking system.

It was noted that this good practice will be shared throughout the organisation via management meetings, Ophthalmology Improvement Groups (including the National Eye Care Workstream and West of Scotland Ophthalmology Regional Planning Groups) to aid learning and development of cataract services across Scotland in line with realistic medicine.

Board Members expressed their support for the roll out of the project in line with the further actions described in the covering paper. It was noted that this example was Acute focussed, but that there were examples of similar projects being undertaken within the Health and Social Care Partnership spheres, and Mr. Docherty in particular highlighted the work being taken forward in relation to homelessness, and he offered to share the work being undertaken with Board Members separately for their information.

Mr  
Docherty

Mrs. Mahal thanked both Ms. Dixon and Dr. Wallace for the updates provided and the very excellent presentation in relation to the Cataract Pathway.

**THE BOARD:**

1. Noted the significant benefits being derived from the changes made to the cataract pathway for patients and the service generally.
2. Thanked Ms. Dixon for attending and providing very informative overview of the work being undertaken at University Hospital, Hairmyres.

2018/08/131

### **QUALITY ASSURANCE AND IMPROVEMENT PROGRESS REPORT**

The NHS Board considered an update on the Lanarkshire Quality Approach and progress with Quality Initiatives across NHS Lanarkshire.

Dr. Smith reminded Board Members that the Board had approved the NHS Lanarkshire's Quality Strategy 2018 to 2023 at the meeting in May 2018, and highlighted the Strategic Objectives set out in the Plan.

Updates on areas within the Plan were provided covering Person Centred Care, Enabling Safety, Effective Care, Quality Improvement Capacity and Capacity Building Plan, and specific updates in relation to Hospital Standardised Mortality Ratio, the Annual Report on Feedback, Comments, Concerns and Complaints for 2017/18, and Quality Week 2018 (19<sup>th</sup> to 23<sup>rd</sup> November 2018) were provided.

Board Members welcomed the very detailed and informative update provided and noted that the development session following the PPRC meeting in September will focus on Quality as a topic. Board Members were encouraged to retain their paper for the development session on 26<sup>th</sup> September 2018.

#### **THE BOARD:**

1. Noted the range of work throughout NHS Lanarkshire to improve the quality and safety of care and services;
2. Endorsed the Governance approach to this work 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 the development session following the PPRC meeting on 26<sup>th</sup> September 2018 will focus on Quality.

2018/08/132

### **MONKLANDS REPLACEMENT/REFURBISHMENT PROJECT CONSULTATION PLAN**

The NHS Board received an update on the Public Consultation Engagement Plan for the Monklands Replacement/Refurbishment Project (MRRP) which started on Monday 16<sup>th</sup> July and runs until Monday 15<sup>th</sup> October 2018, and were invited to endorse the Consultation Plan attached.

Mr. Brown reminded the Board that NHS Lanarkshire had launched a three month public consultation period on the replacement/refurbishment of University Hospital Monklands, following the involvement of public, staff and other stakeholders in the early stages of the Initial Agreement (IA), and continuing to the current Outline Business Case (OBC) process. The four shortlisted options contained in the IA were the subject of formal consultation with stakeholders through the Achieving Excellence Consultation Exercise from August to November 2016.

Mr. Brown went on to highlight that as part of the OBC process, the Option Appraisal Events were held on 4<sup>th</sup> and 8<sup>th</sup> June 2018, and these had been developed with advice from the Scottish Health Council to meet the requirements of the Scottish Capital Investment Manual and CEL 4 (2010) – Informing, Engaging and Consulting People in Developing Health and Community Care Services.

It was noted that the outcome of the consultation would be considered by the Board in November 2018 to decide on a preferred option for the Outline Business Case.

In addition to the update, Members were also provided with a copy of the Consultation Plan, as at 16<sup>th</sup> August 2018, which provided the date, method, details and stakeholders involved in each of the separate consultation activities.

Councillor Paul Kelly indicated that it would also be helpful to have a separate briefing for North Lanarkshire Council elected members and Mr Brown agreed to follow this up.

Ms Mahal reported that an offer to sell the land at Glenmavis to the Health Board, for 1 pence, had been put to the Board by the owner Mr. Bartlett, but that this had been made after the consultation phase had begun. She reassured Members that the financial appraisal information will be refreshed to reflect this generous offer, and the revised financial appraisal information will be included in the report going to the Board in November 2018.

**THE BOARD:**

1. Endorsed the Consultation Plan'
2. Noted that the Health Board was working closely with the Health Council in responding to requests for additional meetings;
3. Noted the offer of land sale made by Mr Bartlett which would be reflected in revised financial appraisal information to the November 2018 NHS Board meeting; and
4. Agreed to receive a report on the outcome of the Consultation Exercise at the November 2018 NHS Board meeting.

2018/08/133

**UPDATE ON IMPLEMENTATION OF ACHIEVING EXCELLENCE**

The NHS Board received and discussed an update in relation to service improvements detailed in a pipeline paper as Appendix 1 to the main report, which set out the current position on the plans for service change.

It was also noted that the revised Strategic Delivery Team had met on two occasions and Mr. Lauder, in response to an observation from Dr. Osborne that only two meetings had been held, indicated that much of the work



was being undertaken in sub groups and that good progress was being made.

It was also noted that an Achieving Excellence Forum will be held on Friday 5<sup>th</sup> October 2018 in order to review progress against the Achieving Excellence Programme, develop the Workplan towards 2019 and 2020, and foster a wider understanding of the whole system approach to achieving strategic objectives. It was noted that the Forum would provide an opportunity for the Senior Executive Leadership Team to meet with a wider leadership across Health and Social Care Partnerships and the Acute Division. Mr. Lauder indicated that the output from the inaugural meeting of the Forum will be presented to the NHS Board on 30<sup>th</sup> January 2019.

#### **THE BOARD:**

1. Noted the updated pipeline table.
2. Agreed to receive a revised Achieving Excellence Workplan at the NHS Board meeting on 30<sup>th</sup> January 2019.

2018/08/134

#### **CORPORATE RISK REGISTER**

The NHS Board considered the Corporate Risk Register.

Mr. Cannon reminded Members that the Corporate Risk Register was previously presented to the NHS Board in May 2018. Since then the Corporate Management Team have considered the Corporate Risk Register in June, July and August 2018 and considered emerging and new risks; focussed on very high graded risks across NHSL and risks exceeding the Corporate Risk appetite.

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 16<sup>th</sup> August 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, and referenced the thirty-eight (39) risks set out in the NHSL Corporate Risk Register, accurate as at 16<sup>th</sup> August 2018, set out in the paper at Section 12.

Mr P Campbell asked if the Risk Register was being revised to try to avoid multiple risk owners, and Mr Calum Campbell indicated that this was the case, and work ongoing to make clear individual risk owners and mitigation.

Mr Fuller asked about the Brexit risks and was reassured that the NHS Board was taking significant cognizance of the risks, while acknowledging that much was still uncertain around the final outcome of the negotiations, and how that would impact on all public services.

**THE BOARD:**

1. Noted the summary of material changes to the Corporate Risk Register, including the position of 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 16th August 2018;
3. Received assurance on the mitigation of all Very High graded risks across NHSL, noting the change of number of risks emerging and reviewed;
4. Considered all Very High graded risks in the context of the Healthcare Strategy, Commissioning Plans and decision-making; and
5. Noted the detailed Corporate Risk Register, accurate as at 16th August 2018, set out in Appendix 1.

2018/08/135

**WORKFORCE PLAN 2018/19**

The NHS Board considered the Workforce Plan for the period 2018/2019 and were invited to endorse the progress report as at 31 March 2018. Mr White reminded Board Members that NHS Boards were required to submit an annual Workforce Plan to the Scottish Government in line with the “Revised Workforce Planning Guidance”, CEL 32.

Mr White reported that a three year Workforce Plan (2017-2020) was developed and submitted in June 2017. The Plan described the anticipated changes faced nationally and locally and identifying potential strategic actions needed to deliver the NHSL healthcare strategy ‘Achieving Excellence’.

The Scottish Government Health Department issued an online projections template which was populated locally with the Board’s baseline data as at 31st March 2018, and the ISD baseline date. The projections were signed off by the Chief Executive. The Executive Nurse Board Director/AHP Director had professional oversight and endorsed the projections as part of the overall NHS Board Workforce Plan, which was submitted to the Scottish Government at the end of June 2018.

It was noted that the NHS Lanarkshire workforce as at 31st March 2018 equated to 10,791.95 wte in-post staff) and that since March 2017, the NHS Lanarkshire workforce has increased by 145.8 wte. As at March 2018, the staff turnover rate was 8.19%, a slight decrease (of 0.15%) since last year.

In relation to the age profile of the employees of the Board, Mr White reported that his team were working closely with a wide range of partners and that this information was being discussed in greater detail in the Staff

Governance Committee. It was agreed that this would be worthy of Mr White further debate, in due course.

Mr White also highlighted the excellent track record of the Board in being innovative in recruitment, citing Project Search as one of the more recent examples of this approach.

**THE BOARD:**

1. Endorsed the NHS Lanarkshire Workforce Plan 2017-2018 Progress Report, as at March 2018; and
2. Agreed it would be helpful to receive a more detailed report on workforce issues and actions being taken initially through the Staff Governance Committee.

2018/08/136

**QUARTERLY ANNUAL OPERATING PLAN REPORT  
(INCORPORATING LDP) - QUARTER 1 (APRIL - JUNE 2018)**

The NHS Board received and discussed the Quarterly Performance Report for Quarter 1, which describes progress against the former Local Delivery Plan (LDP) Standards for 2017/18, and the new draft Annual Operational Plan (AOP) targets for 2018/19.

Mr Lauder took Board Members through the report in detail, highlighting that for 2018/19, Scottish Government had replaced Local Delivery Plans with a more succinct Annual Operational Plan. NHS Lanarkshire's draft 2018/19 AOP was submitted to Scottish Government for approval on the due date in February 2018 and remains pending agreement and formal sign-off.

It was noted that one of the differences between the two reports was that the LDP comprised some 21 Standards, while the draft AOP contains only 8 Targets. There has been no indication that those previous LDP Standards that are not continued into the AOP are in any way diminished in terms of importance, nor that they should no longer be reported to NHS Boards.

Therefore, Mr Lauder reported that until such time as the Board's draft AOP was formally signed off, or further guidance is received, it was considered prudent to continue to report both former LDP Standards (of which 7 are now AOP Targets) together with the one new Target included in the draft AOP (6 weeks Diagnostics). For ease of reference, Annex A to the paper provided a list of former LDP Standards and new AOP Targets. The new AOP Target concerning Diagnostics was currently being worked up in terms of definition, data, and RAG triggers for agreement with its lead Executive Director prior to inclusion in the ICPR and in this report.

The Report presented to Members covered both former LDP Standards and those which are now AOP Targets, drawn from the electronic Integrated Corporate Performance Report (ICPR), and is a PDF extract taken on 16th August 2018. Annex 1 comprised of a note of assurance of governance for those Standards/Targets that are rated as 'red' or 'amber'. These ratings are as defined in the reports to the Planning, Performance

and Resources Committee (28th September 2016 and 29th November 2017), and included in the ICPR dashboard. They have been repeated in Annex 1 for ease of reference.

**THE BOARD:**

1. Noted the Quarterly Performance Report and confirmed that it provided sufficient assurance about progress in the delivery of former LDP Standards and new AOP targets.
2. Noted that the quarter 2 report, which is due to be submitted to the January 2019 Board meeting, will be developed in response to approval of our draft AOP and any associated guidance that may be issued in regard to this.

2018/08/137

**FINANCE REPORT TO 31 JULY 2018**

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<sup>st</sup> July 2018.

Mrs. Ace reported that at the end of July 2018 the Board was reporting a £1.678m over spend, £0.146m 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 still £2.475m short of target but this represented an improvement on the £5.473m residual gap at the time of submitting the LDP. Mrs Ace added that because of the uncertainty about the net bottom line impact of the various pay deals it was too early to reduce the risk level below a high rating.

**THE BOARD:**

1. Noted the satisfactory financial position at 31<sup>st</sup> July 2018.

2018/08/138

**MINUTES OF ACUTE GOVERNANCE COMMITTEE ON 23<sup>rd</sup> MAY 2018 & 18<sup>th</sup> JULY 2018 (DRAFT)**

The NHS Board received and noted the minute of the meetings of the Acute Governance Committee held on 23<sup>rd</sup> May 2018 and 18<sup>th</sup> July 2018 (draft).

2018/08/139

**ACCESS TARGETS REPORT**

The NHS Board considered an Access Targets 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 that overall the Board continued to perform well in relation to the delivery of diagnostics, and also cancer waiting times. Overall planned care delivery performance had seen an improvement and year end targets were achieved for outpatients, but not for TTG. The

Acute Management team were maintaining a significant focus on Unscheduled Care which, while improved, needs ongoing and active management.

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 Orthopaedics and Ophthalmology as areas of greatest challenge. Clinical urgency remains our priority at all times and there is a robust administrative and clinical review process in place for patients who are experiencing waits over 26 weeks. Consideration of additional capacity is currently underway as part of our capacity plan development for 2018/19.

In relation to the cancer waiting times performance it was noted that NHS Lanarkshire had delivered on both standards in May 2018 and June 2018 (subject to validation).

In relation to unscheduled care attendances and performance, it was noted that the overall position in July 2018 was 91.72%, compared to the June 2018 position of 90.54%.

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 also highlighted the continuing challenges around delayed discharges and referred to the high number of complex assessments being referred to social work colleagues, in both the North and the South Partnerships areas.

Mrs. de Souza took Board Members through Delayed Discharges performance in South Lanarkshire and highlighted the 14% increase in the number of referrals received by localities, when compared with June 2017 which had impacted on recent performance.

In relation to Child and Adolescent Mental Health Services it was noted that there had been an improvement in waiting times with 79.4% of patients commenced treatment within 18 weeks, up from 70.2% in May. Within Psychological Therapies it was noted that performance was still below trajectory. Ms Hewitt reported that the waiting time performance in both services continues to be impacted by reduced staffing due to recruitment difficulties and high turnover due to a range of fixed-term funded posts. On-going staffing difficulties remain in both Adult Psychological Services and CAMHS, which are largely related to difficulties in recruitment. All efforts are being made into addressing these issues, via advertising and recruitment of vacancies, waiting list reduction clinics, and backfill of existing, and upcoming maternity leave. A number of fixed-term funded posts are being converted to permanent to reduce staff turnover.

**THE BOARD:**

1. Noted the maintenance of the Treatment Time Guarantee for the majority of elective patients despite significant pressures;
2. Noted the position in relation to the Referral to Treatment Target;
3. Noted an improvement in the overall outpatient numbers waiting;
4. Noted the positive performance in Cancer Waiting Times;
5. Noted the challenges around delayed discharge performance; and
6. Noted the range of actions being taken forward to improve performance in AHP, Community and Psychological services.

2018/08/140

**CORPORATE COMMUNICATIONS REPORT**

The NHS Board received and noted a report from Mr Calvin Brown, Head of Communications, which provided an update on performance metrics for media coverage, social media, NHS Lanarkshire's public website and Freedom of Information requests from May – July 2018. The report also set out progress on a number of planned campaigns including NHS 70<sup>th</sup> Anniversary events, Breastfeeding and Meet The Experts.

**THE BOARD:**

1. Noted the content of the report.

2018/08/141

**NORTH LANARKSHIRE INTEGRATION SCHEME**

The NHS Board received and noted a report from Mr. (Calum) Campbell which set out a proposal put forward by the Chief Executive (Designate) of the North Lanarkshire Council to amend the North Lanarkshire Health & Social Care Integration Scheme.

The paper sought Lanarkshire NHS Board's endorsement of a change to remove Children and Families Social Work and Criminal Justice Social Work from the North Lanarkshire Health & Social Care Integration Scheme (as adopted by the parent bodies dated 23 February 2018), and set out in paragraph 1.12 of the Scheme.

It was noted that this proposal is subject to approval at the Council's Policy and Resources Committee on 27 September 2018 and following consultation, ministerial approval.

The paper also signalled the Council and the Health Board's intention to review the model of integration in North Lanarkshire.

Members had a number of questions about the proposal which were not covered in the paper presented for approval, and asked for additional background information. This information should cover the impact on other NHS services, the impact on NHS staff, the rationale for doing so, the benefits (for the Council and the NHS Board), the financial consequences for the Board, the impact of the national review being undertaken in relation to Integration Schemes generally.

It was agreed that a further paper, which would address the additional information requested, would be brought at the earliest opportunity to a Board meeting for consideration.

**THE BOARD:**

1. Noted the proposal;
2. Asked for additional information to be provided; and
3. Agreed to discuss this proposal again at the next Board meeting (subsequently scheduled for 26 September 2018.)

2018/08/142

**PHARMACY PRACTICES COMMITTEE - MEMBERSHIP**

The NHS Board received and noted a report from Mr. Paul Cannon, Board Secretary, which indicated that full membership of the Board's Pharmacy Practices Committee requires to be formally recorded by the Board in accordance with paragraph 3, Schedule 4 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009.

The full membership was attached as an appendix to the report and the Board was invited to endorse the membership as set out. Board Members were also asked to note that this level of detail will be included in the annual update of the Code of Corporate Governance in March of each year.

**THE BOARD:**

1. Endorsed the Membership of the Pharmacy Practices Committee; and
2. Noted that this level of detail will be included in the annual update of the Code of Corporate Governance in March of each year.

2018/08/143

**HEALTH INEQUALITIES UPDATE**

The NHS Board received and noted a progress report from Mr Docherty, and, in view of the time pressures, agreed to defer the item until discussion at the next meeting.

**THE BOARD:**

1. Agreed to defer the item until the next meeting.

- 2018/08/144 **HEALTHCARE QUALITY ASSURANCE & IMPROVEMENT COMMITTEE ON 12<sup>TH</sup> JULY 2018 (DRAFT)**
- The NHS Board received and noted the draft minute of the meeting of the Healthcare Quality Assurance and Improvement Committee held on 12<sup>th</sup> July 2018.
- 2018/08/145 **POPULATION HEALTH, PRIMARY CARE AND COMMUNITY SERVICES GOVERNANCE COMMITTEE ON 23<sup>RD</sup> MAY 2018 & 18<sup>TH</sup> JULY (DRAFT)**
- The NHS Board received and noted the minute of the meeting of the Population Health, Primary Care and Community Services Governance Committee held on 23<sup>rd</sup> May 2018, and the draft minute of the meeting held on 18<sup>th</sup> July 2018.
- 2018/08/146 **AUDIT COMMITTEE ON 5<sup>TH</sup> JUNE 2018 & 27 JUNE 2018 (DRAFT)**
- The NHS Board received and noted the minute of the meeting of the Audit Committee held on 5<sup>th</sup> June 2018 and the draft minute of the meeting held on 27<sup>th</sup> June 2018.
- 2018/08/147 **STAFF GOVERNANCE COMMITTEE ON 4<sup>TH</sup> JUNE 2018 (DRAFT)**
- The NHS Board received and noted the draft minute of the meeting of the Staff Governance Committee held on 4<sup>th</sup> June 2018.
- 2018/08/148 **NORTH LANARKSHIRE INTEGRATION JOINT BOARD ON 5<sup>TH</sup> JUNE 2018 (DRAFT) & ANNUAL REPORT 2017/18**
- The NHS Board received and noted the draft minute of the meeting of the South Lanarkshire Integration Joint Board on 5<sup>th</sup> June 2018 and the Annual Report for 2017/18.
- 2018/08/149 **SOUTH LANARKSHIRE INTEGRATION JOINT BOARD ON 18<sup>TH</sup> JUNE 2018 (DRAFT) & ANNUAL REPORT 2017/18**
- The NHS Board received and noted the draft minute of the meeting of the South Lanarkshire Integration Joint Board on 18<sup>th</sup> June 2018 and the Annual Report for 2017/18.
- 2018/08/150 **AREA CLINICAL FORUM ON 21<sup>ST</sup> JUNE 2018 (SUMMARY)**
- The NHS Board received and noted the summary of the meeting of the Area Clinical Forum held on 21<sup>st</sup> June 2018.
- 2018/08/151 **WORKPLAN 2018/2019**
- The NHS Board received and noted an updated Workplan for 2018/2019.



2018/08/152

**CALENDAR OF DATES 2018 & 2019**

The NHS Board received and noted an updated Calendar of Dates for meetings in 2018 and 2019. It was noted that the 2019 calendar was in the process of being finalised, and Mr Cannon asked that Members note the dates agreed thus far.

2018/08/153

**ANY OTHER COMPETENT BUSINESS**

There were no items of business raised.

2018/08/154

**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.

2018/08/155

**DATE OF NEXT MEETING**

Wednesday 28<sup>th</sup> November 2018 at 09.30am.

DRAFT