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**Minute of Meeting of the Lanarkshire NHS Board
held on Wednesday 27 March 2019 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
(items 55 - 69)
Dr J Burns, Medical Director (items 55 - 69)
Mr C Campbell, Chief Executive
Mr M Fuller, 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
Mr B Moore, Non Executive Director
Dr A Osborne, Non Executive Director
Dr L Thomson, Non Executive Director
- IN ATTENDANCE:** Mr C Brown, Director of Communications
Mr P Cannon, Board Secretary
Ms K Cormack, Director of Quality
Dr A Daly, Associate Medical Director, Mental Health & Learning Disability
Services (item 66 only)
Mr R McGuffie, Interim Chief Accountable Officer, North Lanarkshire
Health and Social Care Partnership
Ms H Knox, Director of Acute Services / Deputy Chief Executive
Mr C Lauder, Director of Planning, Property & Performance
Dr J Pravinkumar, Consultant in Public Health
Mrs V de Souza, Director, South Lanarkshire Health and Social Care
Partnership
Ms E Shepherd, Head of Infection Prevention and Control (Items 33 - 41)
Ms S Stewart, Unite rep (shadowing Mrs Macer)
Mr J White, Director of Human Resources
Mr D Wilson, Director of Information and Digital Technology
- APOLOGIES:** Mr P Campbell, Non Executive Director
Miss M Morris, Non Executive Director
Mr G Docherty, Director of Public Health

2019/03/033

WELCOME

Mrs. Mahal welcomed colleagues to the meeting, in particular Ms Stewart, Dr Pravinkumar and Ms Shepherd.

2019/03/034

DECLARATION OF INTERESTS

There were no declarations of interests made.

2019/03/035

MINUTES

The minute of the meeting of the NHS Board held on 30th January 2019 was submitted for approval.

THE BOARD

1. Approved the minute of the meeting held on 30th January 2019.

2019/03/036

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.

2019/03/037

CHAIR'S REPORT

Mrs. Mahal provided a verbal report.

- a) **Scottish Parliament Health & Sport Committee - Local Delivery Plans of Health Boards - Evidence Session Invitation - 26 March 2019**

Mrs. Mahal reported that NHS Lanarkshire had attended an evidence session on Tuesday, 26th March 2019, with the focus on performance against Local Delivery Plans. Board Members were provided with an overview of the questions posed and the responses provided. It was noted that the Convenor of the Committee will be writing to the Board in due course with any supplementary requests for information or clarification.

- b) **Chairs' meeting with the Cabinet Secretary - 25 March 2019**

Mrs Mahal updated Board Members on the range of issues discussed at the recent Chairs' meeting with the Cabinet Secretary. These included mental Health Services, the review of Health & Social Care Integration, Support Services, Access Targets and Performance.

- c) **Key forthcoming dates**

Mrs Mahal reminded Board Members of the following upcoming meetings

3 April 2019, 11.00am - 12.00pm - Annual Review Public Session
 11 April 2019, 9.00am - 1.00pm - Planning Performance and Resources Committee, to discuss Monklands Risks and CRES.

2019/03/38

BOARD EXECUTIVE TEAM REPORT

The NHS Board considered the Board Executive Team Report.

Mr. Calum Campbell highlighted the report from Healthcare Improvement Scotland following the inspection at the Queen Elizabeth University Hospital, Glasgow, and the recommendations made arising from the Unannounced Visit in January 2019. It was noted that the recommendations were being addressed and would be shared with the Healthcare Quality Assurance and Improvement Governance Committee in due course. He then invited colleagues to highlight areas of note within the detailed Executive Team Report.

Mr Wilson highlighted the Digital Strategy which would be presented to the Planning Performance and Resources Committee meeting in April for comment, and would be submitted to the May Board meeting thereafter for approval.

Mr White referred to the Carer Positive - Engaged accreditation awarded on 14th February 2019. It was noted that Carer Positive was operated by Carers Scotland on behalf of the Scottish Government and aimed to make life better for carers through providing expert advice, information and support.

Ms Knox highlighted that Maureen McSherry, Consultant Midwife, had won the Midwife of the Year for the Scottish Region. It was also noted that the Board had been part of a national Best Start event at Murrayfield Stadium on 1st March 2019.

Mr Brown drew Board Members' attention to the new public facing web site that had been developed, and offered to provide a presentation of the main features and improvements at a future date.

Mr Brown

In relation to the Security Short Life Working Group included in Mr Lauder's report, Dr Osborne asked when a report would be available, and Mr Lauder confirmed that this work would be concluded in Autumn 2019.

2019/03/039

HEALTHCARE QUALITY ASSURANCE & IMPROVEMENT COMMITTEE – 14 MARCH 2019

The NHS Board received and noted a summary of the meeting of the Healthcare Quality Assurance & Improvement Committee held on 14th March 2019.

2019/03/040

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. The report provided an update on Assurance of Quality, Quality Improvement and evidence for quality

Ms Cormack took Board Members through the report in detail, highlighting the improved performance around the Hospital Standardised Mortality Ratio (HSMR), which was the Board's high level indicator of the quality and safety of care provided on our acute hospital sites. It was noted that HSMR data for July - September 2018 was published on 12th February 2019. The Scottish HSMR for July - September 2018 was 0.80 which represented a 13.2% reduction. The HSMR for NHS Lanarkshire's

hospitals for the same time period ranged from a reduction of 17.3% to 29.9%, demonstrating the improvements made in NHS Lanarkshire.

Ms Cormack also highlighted the developments in complaints handling, including the intention to hold a collaborative workshop in May 2019 to identify and agree a prioritised Complaints Development Plan.

In relation to Best Start, Mr McGuffie confirmed that a successful pilot began in Larkhall in August 2018, and whilst it had been challenging to adapt to a whole new way of working, the additional training and dedicated support from the consultant midwife had helped to build confidence in staff taking part. It was noted that a further two pilot sites had been identified, starting in Blantyre. Mr Fuller asked if further information could be provided in relation to the pilot and sought reassurance that the pilot would continue beyond a short term. This was provided by Mr McGuffie who explained that the pilot was a 5 years project, and Mrs de Souza and Mrs Barkby agreed to work together to provide a briefing note.

Mrs Barkby /
Mrs de Souza

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 and in particular the assurance being provided by the Healthcare Quality Assurance and Improvement Committee; and
3. Supported the ongoing development of the Lanarkshire Quality Approach.

2019/03/041

HAI UPDATE (OCTOBER – DECEMBER 2018)

The NHS Board considered an update on Healthcare Associated Infection (HCAI) Standards 2015 with particular reference to NHSL Board performance against the Local Delivery Plan (LDP) Targets. Ms Shepherd highlighted that the use of validated only data introduced a time lag, and confirmed that in order to provide the most up to date position, the report contained non validated data where this was available.

In relation to Staphylococcus aureus Bacteraemia (SABs) it was noted that the trajectory was not achieved during October to December 2018, however it was also noted that a comparison of performance against April – December 2018 and April – December 2017 demonstrated an overall reduction of 9%, from 119 to 108 SAB cases.

In relation to Clostridium difficile infections (CDIs) it was noted that during October to December 2018, there were 33 CDI cases which was within the trajectory level of 39 per quarter.

Dr Thomson referred to the Hand Hygiene data and asked what efforts were being taken forward to improve compliance. Ms Shepherd stated that a range of actions were being included in a refreshed Hand Hygiene Strategy which was being prepared for discussion at a future HQAIC meeting. It was also noted that Skills labs had been arranged and the dates would be circulated to Board Members for their participation.

Mrs Barkby

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.

2019/03/042

DRAFT CORPORATE OBJECTIVES 2019/20

The NHS Board received and considered a report from Mr Colin Lauder, Director of Planning, Property and Performance which set out the Corporate Objectives for 2019/20. Mr Lauder reminded Board Members that Corporate Objectives were prepared each year and set out the key priorities and areas for delivery that will be cascaded into personal and team objectives across the organisation.

Appendix 1 of the report set out the Lanarkshire Quality Approach, performance management arrangements, NHS Lanarkshire's Values, and then, grouped under 5 headings, listed the individual objectives with named lead Executive Directors.

Appendix 2 provided a summary of NHS Lanarkshire's Strategy Map for Delivery of the Annual Operational Plan 2019/20.

Board Members were reminded that progress against Corporate Objectives was monitored twice yearly, at mid-year and at year end. Progress reports were submitted to the Planning, Performance & Resources Committee each November (mid-year) and June (full year).

Mr Lauder added that following approval by the Board, a high level summary of our approach to Corporate Objectives 2019/20 will be placed on our public website with a link to the full document.

In relation to the Annual Operating Plan, and Waiting Times funding, it was noted that confirmation of the funding to be allocated by Scottish Government for waiting times funding was awaited and that meetings were planned with Scottish Government colleagues to agree the funding and activity for 2019/20.

Mr Moore asked if reference to public engagement could include reference to engagement with communities, staff and patients and carers.

THE BOARD:

1. Approved the Corporate Objectives for 2019/20.

2019/03/043

CODE OF CORPORATE GOVERNANCE & STANDING FINANCIAL INSTRUCTIONS AND SCHEME OF DELEGATION

The NHS Board received and noted a paper from Mr Paul Cannon, Board Secretary, which set out changes required to the Code of Corporate Governance

Members noted that as part of the developments underpinning the Corporate Governance Blueprint (discussed at item 13 of the Board agenda) work was underway to establish templates for Board Standing Orders, Standing Financial Instructions, Board agendas and reports and Committee Terms of Reference. In light of these developments in 2019 there has only been a minor changes to the current Code, and Standing Financial Instructions, which were updated and approved in 2018. It was also noted that the Standing Financial Instructions (and Scheme of Delegation) had already been submitted to the Audit Committee and approved.

Two changes to the Code were highlighted. One to update factual information about the number of Non Executives appointed to the NHS Board, and the second to reflect the Strategic Partnership arrangement with Glasgow Caledonian University.

Mrs Mahal highlighted that the Executive cohort of Board members did not include the Director of Public Health & Health Policy and it was agreed to take this up with Scottish Government colleagues to clarify the position.

Mr Cannon

THE BOARD:

1. Approved the changes made to the factual information in Section 5 of the Introduction to reflect that the Board is comprised of 6 Non Executive Lay member (not 5 as quoted);
2. Approved the addition of a section in the Code to reflect the Strategic Partnership with Glasgow Caledonian University;
3. Noted that the updated Code of Corporate Governance and Standing Financial Instructions will be uploaded on to the Board's public facing web site in April 2019; and
4. Noted that any National output from the Joint Steering Group driving the Corporate Governance Blueprint will be considered and a further report made to the Board when these are available.

2019/03/044

CORPORATE GOVERNANCE BLUEPRINT – BOARD SELF ASSESSMENT – IMPROVEMENT PLAN

The NHS Board received and noted a report from Mr Paul Cannon, Board Secretary, on the draft improvement plan arising from the Corporate Governance Blueprint Board self-assessment survey carried out in January 2019 and the results of the survey which were discussed at the Board Development Day on 6 March 2019.

Board Members were reminded that NHS Lanarkshire piloted the self-assessment survey to influence and inform the roll out of the survey nationally. The self-assessment survey was opened for comment during January 2019. The self-assessment survey allowed the NHS Board to identify areas of strength, and areas for development and improvement.

The NHS Board held a Development Day on 6 March 2019 to discuss the results of the survey and to consider whether the Board has the right systems in place to provide assurance.

The report provided some background and context along with the survey results and an Improvement Plan to address areas for development.

Board Members were invited to comment on the draft, which would be subject to further refinement before being recirculated as a final draft in early April 2019, for electronic approval, and thereafter submitted to the Cabinet Secretary by the end of April 2019.

Mr Fuller reflected that it would be useful to see Community Planning Partnership Minutes at the Board, which would be useful in evidencing the Blueprint action around increasing visibility in this area.

Mr Cannon

THE BOARD:

1. Endorsed the approach to finalising the Report and the Improvement Plan, and noted that the Improvement Plan will be provided at each Board meeting to review progress

2019/03/045

MEMBERSHIP OF COMMITTEES AND IJBS (from 1 April 2019)

The NHS Board received and noted a report from Mr Paul Cannon, Board Secretary, which outlined recent changes in the Governance Portfolios of Non-Executive Directors from 1 April 2019 in relation to the position of Chair / Vice Chair of the North and the South Integrated Joint Board(s) and changes made to Governance Committee membership.

Dr Osborne highlighted the progress made by the North IJB under the leadership of Cllr Kelly and the Board formally thanked Dr Kelly for his stewardship of the North IJB during his tenure as Chair.

THE BOARD:

1. Approved the changes summarised below, noted the full portfolios of all Non-Executive Directors, and noted that all Non-Executive Directors were Members of the Planning Performance Resources Committee.
 - The Chair of the North IJB will be Dr Osborne;
 - The Vice Chair of the South IJB will be Mr (P) Campbell;
 - Cllr McGuigan will join the Population Health, Primary Care & Community Services Governance Committee; and
 - Mr Moore will join the Remuneration Committee.

2019/03/046

FINANCE REPORT TO 28th FEBRUARY 2019

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 31st December 2018.

Mrs Ace reported that at the end of February 2019 the Board was reporting a £0.114m over spend, £0.030m better than the Annual Operating Plan

(AOP) trajectory which had always recognised a gap between expenditure being incurred and savings schemes taking full effect. A deliverable plan for closing the £5.473m gap remaining at the time of submitting the AOP was now in place. The forecast was for year-end breakeven, including being able to use underspends and slippage to ensure additional winter capacity is in place and to advance some high priority infrastructure spending.

Mrs Ace also reported that the portfolio of capital projects identified at the start of the year were being actively monitored with the trajectory amended as appropriate to ensure available resources are used to best effect.

THE BOARD:

1. Noted the satisfactory financial position at 28th February 2019.

2019/03/047

FINANCIAL PLAN 2019/20

The NHS Board received and discussed a financial framework as the basis for opening budgets in 2019/20 provided by Mrs Laura Ace, Director of Finance. The framework did not include any discretionary items not already approved by the Board and represented the modelled cost of existing commitments at 2019/20 prices. The Board was invited to approve listed initial capital expenditure pending future consideration of a wider capital plan.

Mrs Ace, highlighted that the process of developing the plan had involved the Corporate Management Team, two Board Development sessions, and a preliminary overview to the Board in January 2018.

Links with the IJBs' Chief Finance Officer had also been made in developing the planning assumptions for the health element of the IJB budgets. The savings section of the plan will be developed further following engagement with the Area Partnership Forum, Area Clinical Forum, and Board Members. The Plan itself will be reviewed in light of any additional Annual Operating Plan commitments. An update will be brought to the May 2019 Board meeting.

In addition, it was noted that to be able to fully fund pay rises, increased expenditure on drugs, supplies inflation and increased expenditure on Information Management and Technology it was estimated that the NHS Board will have to supplement the anticipated increase in allocations with a minimum £22.214m of efficiency plans.

Mrs Ace reminded Board Members that consideration of the Capital Plan had been deferred to allow a more in depth consideration of the Monklands business continuity risks, and the Capital Plan will be brought back to the Board in May 2019. The Board was asked to approve listed expenditure of up to £2m in the interim

Mrs Ace

THE BOARD:

Approved

1. The roll over budget as a basis for operating from 1 April 2019 until such time as the Board approves any amendments to that plan;
2. Early capital expenditure on the items listed in section 9.3 of the report of not more than £2m in totality in the first 2 months.

Noted

3. The £2.382m unidentified savings at this stage alongside other uncertainties;
4. The further reliance on £10.336m of non recurring savings, giving a £12.718m recurring gap;
5. The challenging projection for 20/21 onwards; and
6. The risks set out in section 7.1.

2019/03/048

MINUTES OF ACUTE GOVERNANCE COMMITTEE ON 20TH MARCH 2019 (SUMMARY)

The NHS Board received and noted a summary of the meeting of the Acute Governance Committee held on 20th March 2019

2019/03/049

POPULATION HEALTH, PRIMARY CARE AND COMMUNITY SERVICES GOVERNANCE COMMITTEE ON 5TH MARCH 2019

The NHS Board received and noted a summary of the meeting of the Population Health, Primary Care and Community Services Governance Committee held on 5th March 2019.

2019/03/050

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 cancer waiting times. In relation to the 6 week wait for 8 key diagnostic tests it was noted that the Board had consistently met the target but that due to a change in the process for booking cystoscopies this target had not been achieved in February 2019. University Hospital Monklands were confident that the process was now more robust, and additional sessions were in place to reduce the backlog by the end of March 2019. In addition, in relation to subspecialty and routine CT examination, there were challenges in Consultant Radiologist recruitment (5 wte vacancies) and the prioritisation of urgent suspicion of cancer activity and inpatient activity. Additional CT capacity had been secured both internally and at the Golden Jubilee National Hospital to address the issue.

Overall planned care delivery performance had seen an improvement and trajectories were being achieved for outpatients, and TTG. It was noted that the Board was putting in place a 24 month programme, from March 2019, to target waiting times.

The Acute Management Team was also maintaining a significant focus on Unscheduled Care which, while improved, needs ongoing and active management. In relation to unscheduled care attendances and performance, it was noted that the overall position in February 2019 was 89.39%, compared to the January 2019 performance of 87%.

Mr McGuffie 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. Mrs De Souza highlighted current performance against trajectory, issues impacting on performance, commissioning intentions for 2018/19 that will support improving delayed discharge performance, and specific actions being taken forward in the South Partnership.

It was noted that that there had been a deterioration on the Delayed Discharge position in North Lanarkshire Health & Social Care Partnership and Mr McGuffie described the measures being taken to address this.

In relation to Psychological Therapies it was noted that the number of completed waits for patients who have been waiting over 18 weeks across both Adult Psychological Services and CAMHS continued to decline, demonstrating that the measures put in place were having the desired impact, but Mr McGuffie highlighted a number of vacancies that were proving difficult to fill.

Mrs de Souza highlighted the improving delayed discharge position in South Lanarkshire Health & Social Care Partnership, and highlighted the measures that were contributing to that overall position.

Mrs de Souza also referred to a deep dive that was being undertaken in relation to MSK Physiotherapy, the results of which would be discussed at the Population Health, Primary Care and Community Services Governance Committee in due course.

Discussion took place on the need to focus on Discharge To Assess, and levers to support workforce retention.

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.

2019/03/051

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 Board in January 2019. Since then, the Corporate Management Team had considered the corporate risk register in February and March 2019. The Corporate Management Team considered emerging and new risks; focused 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 had 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 13th March 2019; 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-two (32) risks set out in the NHSL Corporate Risk Register, accurate as at 13th March 2019.

Mr Cannon highlighted that the presentation of the report had been updated to try to make it clearer what had changed from the previous report and welcomed feedback on the revised format.

In relation to Four Seasons (1728), Mr McGuffie provided an update and it was noted that discussions were continuing at a national level, through COSLA, and that enhanced monitoring was in place in those homes thought to be likely to be impacted by any changes to ownership of the parent company.

In relation to BREXIT (1661) it was noted that this had been discussed at the Planning, Performance and Resources Committee held on 11 April 2019 and the Board was invited to formally endorsed the proposal to increase the level of tolerance from Medium to High until decisions around the EU exit were clear to enable effective mitigation to bring the risk within appetite.

In discussion it was agreed that consideration should be given to streamlining the Corporate Risk Register Report, and how the risks around lack of clarity on Waiting Times should be articulated.

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 13th March 2019;
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 13th March 2019, set out in Appendix 1.
6. In relation to BREXIT (1661) it was agreed to increase the level of tolerance from Medium to High until decisions around the EU exit were clear to enable effective mitigation to bring the risk within appetite.
7. Asked that consideration be given to streamlining the Corporate Risk Register Report and how the risks around lack of clarity on Waiting Times should be articulated.

2019/03/052

**QUARTERLY ANNUAL OPERATING PLAN REPORT
(INCORPORATING LDP) - QUARTER 3 (October 2018 – December 2018)**

The NHS Board received and discussed the Quarterly Performance Report for Quarter 3, which described progress against the former Local Delivery Plan (LDP) Standards for 2017/18, and the new draft Annual Operational Plan (AOP) targets for 2018/19.

Members noted the quarter 3 report as at 14th March 2019. Annex 2 of the report set out a note of assurance of governance for those Standards/Targets that are rated as 'red' or 'amber'.

Mr Lauder also reported that the Review of the Integrated Corporate Performance Framework was ongoing and a refreshed system of reporting will be shared with the PP&RC at the Development Seminar in April.

It was noted that in the Quarterly Local Delivery Plan report to the NHS Board (May 2018) it was stated that, for 2018/19, Scottish Government had replaced Local Delivery Plans (LDP) with a more succinct Annual Operational Plan (AOP). The Board expressed their discontent at the lack of clarity on available finances from Scottish Government and the potential impact this would have on performance, and agreed that they would not be able to approve the AOP for 2019/20.

It was therefore agreed that until formal sign off of the AOP, the report would cover 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 1 to the paper provided a list of former LDP Standards and new AOP Targets.

THE BOARD:

1. Noted the Quarterly Performance Report (Q3) and confirmed that it provided sufficient assurance about progress in the delivery of former LDP Standards and 2018/19 AOP targets;
2. Noted that the draft AOP for 2019/20 will be presented to a future meeting of the NHS Board and appropriate Governance Committees; and
3. Noted that the Quarter 4 report would be submitted to the May 2019 Board meeting.

2019/03/053

STAFF GOVERNANCE COMMITTEE ON 25TH FEBRUARY 2019 (Summary)

The NHS Board received and noted the summary of the meeting of the Staff Governance Committee held on 25th February 2019.

2019/03/054

BREXIT UPDATE

The NHS Board considered an update from Mr Calum Campbell, Chief Executive, on preparations being put into place to respond to the United Kingdom's decision to leave the European Union, commonly known as Brexit.

Mr Campbell reported that the Corporate Management Team endorsed a move from a preparation posture to full response mode and the paper described the steps taken since that decision was taken, including preparations to put in place a live Command structure. In preparing for this two half day Workshops had been held, the first to share known risks, and the second workshop was a full afternoon exercise to replicate the Command Structure and test the communication flows between Operational, Tactical and Strategic Command structures.

Councillor McGuigan asked about the impact of Brexit on staff who may be uncertain about their future. Mr Campbell provided assurance that staff were being supported appropriately.

THE BOARD:

1. Noted the range of actions being taken and plans in place to address the implications of BREXIT.

2019/03/055

MSG INTEGRATION REVIEW / AUDIT SCOTLAND HEALTH & SOCIAL CARE INTERGRATION - UPDATE

The NHS Board considered an update on the Audit Scotland and Ministerial Strategic Group reviews of integration of health and social care and the local process that will be undertaken from Mr Ross McGuffie, Interim Chief Officer, North Lanarkshire Health & Social Care Partnership, and Mrs Val de Souza - Director of Health & Social Care South Lanarkshire.

Mr McGuffie highlighted that a national self-assessment tool was being developed for use in Partnerships to determine local progress against the key themes identified in the two reports and agree collective action plans to ensure a joint commitment to making integration flourish.

Board Members were advised that while work had commenced in reviewing the Audit Scotland and the Ministerial Strategic Group reports within North and South Lanarkshire Partnerships, the national self-assessment tool had only very recently been circulated, and a formal process will be agreed through the Corporate Management Team. He reassured Board Members that the NHS Lanarkshire Board will be engaged in the process and asked to endorse the associated action plans, in conjunction with the respective Councils and IJBs.

THE BOARD:

1. Noted the two recent national reports on the progress of integration;
2. Noted that the self-assessment process will be taken forward in both Partnerships once the national self-assessment tool is agreed and disseminated; and
3. Agreed to receive the Self-Assessment at the May 2019 Board meeting.

2019/03/056

UPDATE ON IMPLEMENTATION OF ACHIEVING EXCELLENCE / MONKLANDS REPLACEMENT / REFURBISHMENT PROJECT

The NHS Board received and discussed an update in relation to Achieving Excellence (AE) from Mr Colin Lauder, Director of Planning, Property & Performance.

Mr Lauder highlighted that the paper set out an update for Board Members on recent developments in relation to the MRRP Independent Review Team, with particular reference to the delay in the anticipated date for the report to be completed (31 May 2019), and the impact this has had on the work programme as agreed by the Board in January 2019 in relation to Achieving Excellence.

It was noted that the 2019 Progress Reporting Programme agreed at the January NHS Board meeting set out that the NHS Board would receive an update from the Infrastructure Short Life Working group at the March 2019 NHS Board meeting. This update will require to be rescheduled in the light of confirmation of the date for the review to be completed.

In relation to the Independent Review Team it was noted that on Monday 4 March 2019 the Independent Review Team advised the Cabinet Secretary for Health and Sport that their report will be completed on 31st May 2019.

The Review Team continue with their work and have been meeting various Council, Board and other Stakeholder interests and the Board Officers continue to provide every assistance to the Team as information / meeting requests arise.

Mr Lauder highlighted that the MRRP Board had met in March 2019 to consider the impact on the programme in the light of information provided by the Independent Review of the extension of the review and subsequent reporting to the Cabinet Secretary on 31 May 2019. This would mean that the Outline Business Case cannot now be completed in 2019, and the delay meant that future inflation will now add some £1.5m per month to the overall Project cost.

THE BOARD:

1. Noted that the Independent Review Team had confirmed that their report will be concluded by 31 May 2019;
2. Noted that the scheduled update from the Short Life Working Group on Infrastructure, as set out in the Achieving Excellence 2019 Progress Reporting Programme, has been postponed;
3. Noted that MRRP Board met in March 2019 to consider the impact on programme and cost associated with the ongoing Independent Review, which concluded that the Outline Business Case cannot now be completed in 2019, and the delay meant that future inflation would need to be added to the overall Project cost at £1.5m per month, and that this should be reflected in the Risk Register; and
4. Noted that the Achieving Excellence 2019 Progress Reporting Programme and MRRP cost profile will be adjusted accordingly.

2019/03/057

**ANNUAL REVIEW OUTTURN LETTER (NOVEMBER 2018) –
VERBAL UPDATE ON PUBLIC SESSION 4 APRIL 2019**

The NHS Board received and noted a letter from the Cabinet Secretary following the Annual Review undertaken on 2 November 2018. It was noted that a response was required by 28 June 2019, which the Board Secretary will co-ordinate.

Mrs Mahal also provided a verbal update on the plans in place for the Annual Review Public Session on 3 April 2019.

THE BOARD:

1. Noted the letter from the Cabinet Secretary and the verbal update on the plans in place for the Annual Review Public Session on 3 April 2019; and
2. Noted that a response will be provided by 28 June 2019.

Mr Cannon

2019/03/058

CORPORATE COMMUNICATIONS REPORT

The NHS Board received and noted a report from Mr Calvin Brown, Director 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 November 2018 – December 2018. The report also set out progress on a number of planned campaigns including Winter/Meet the Experts; Seasonal Flu; Breastfeeding; and Violence and Aggression

THE BOARD:

1. Noted the content of the report.

2019/03/059

SOUTH LANARKSHIRE HEALTH & SOCIAL CARE PARTNERSHIP COMMISSIONING PLAN 2019-2022 & DIRECTIONS

The NHS Board received and noted an update on the progress of preparing and publishing a three year Strategic Commissioning Plan from South Lanarkshire Integration Joint Board, and associated Directions.

Mrs de Souza reminded Board Members that these had been submitted to the Planning, Performance and Resources Committee in February 2019, and the paper set out the list of key stakeholders involved in finalising the Strategic Commissioning Plan and associated Directions.

THE BOARD:

1. Noted the three year Strategic Commissioning Plan from South Lanarkshire Integration Joint Board, and associated Directions.

2019/03/060

AUDIT COMMITTEE ON 5TH MARCH 2019 (DRAFT)

The NHS Board received and noted the draft minute of the meeting of the Audit Committee held on 5th March 2019.

2019/03/061

NORTH LANARKSHIRE INTEGRATION JOINT BOARD ON 22ND JANUARY 2019 (DRAFT)

The NHS Board received and noted the draft minute of the meeting of the North Lanarkshire Integration Joint Board on 22nd January 2019.

2019/03/062

SOUTH LANARKSHIRE INTEGRATION JOINT BOARD ON 12TH FEBRUARY 2019 (DRAFT)

The NHS Board received and noted the draft minute of the meeting of the South Lanarkshire Integration Joint Board on 12th February 2019.

2019/03/063

AREA CLINICAL FORUM ON 21ST FEBRUARY 2019 (DRAFT)

The NHS Board received and noted the draft minute of the meeting of the Area Clinical Forum held on 21st February 2019.

2019/03/064

WORKPLAN 2018/2019

The NHS Board received and noted an updated Workplan for 2018/2019.

2019/03/065

CALENDAR OF DATES 2019

The NHS Board received and noted an updated Calendar of Dates for meetings in 2019.

2019/03/066

A FAMILY'S EXPERIENCE RELATING TO THE INPATIENT CARE AND TREATMENT AND SUBSEQUENT DEATH OF THEIR SISTER

The Board received and noted a paper which set out the background to a presentation by the family of the late Yvonne Robson.

The paper set out the background to Yvonne Robson's care and treatment as an inpatient in Ward 20 in Hairmyres Hospital from 9 October 2014 until 26 November 2014, and from 23 December 2014 until her death on 23 May 2015. Her diagnosis was of severe depression in the context of a 25+ year history of bipolar affective disorder. At the time of her death she was on an extended weekend pass from hospital which had been pre-arranged as part of a discharge plan.

Following Yvonne's death, in line with NHS Lanarkshire protocol, a Significant Adverse Event Review (SAER) was undertaken, and an Action Plan compiled. Following an extensive period of engagement, Yvonne's sisters, and two of her three brothers, sought to address the Board in person to ensure Yvonne was 'given a voice' and that the Board had listened to the family's concerns about the entire care experience, accepted their responsibility for the many perceived failures, with a view to securing meaningful change in the culture and environment of care within mental health in patient services across NHS Lanarkshire.

Yvonne's brother Damian, and sister, Karen, addressed the Board, and they were supported by their brother Brian, and sister Elaine.

Damian and Karen took Board Members through a powerpoint presentation which summarised Yvonne's care and treatment and the concerns they had about their sister's care until her death on 23 May 2015, including Yvonne's medication, medical notes, discharge arrangements, risk management, and the SAER process.

Board Members listened to all of the concerns expressed by the family and Mrs Mahal thanked the family for addressing the Board in very difficult personal circumstances. She also added that the Board were keen to identify any lessons arising from Yvonne's care and treatment that had not been identified as part of the previous review of her care. Mrs Mahal invited Dr Burns to give an update based on her recent involvement in reviewing the SAER and visiting the ward.

Dr Burns confirmed that she had visited the ward to see first-hand how improvements had been taken forward and described the changes that she observed in the ward, in terms of the environment, the ethos of care and the

processes and procedures in place. She expressed that she was reassured that the ward had taken on board changes identified as part of the SAER, and reflected that Dr Daly, Associate Medical Director (in attendance), and Tracey Coyle, Associate Nurse Director, were committed to leading the clinical teams to ensure that good practice was spread across all in patient mental health facilities, not just in ward 20 at Hairmyres Hospital.

In summarising, Mrs Mahal apologised to the family for the failings that had been identified in the SAER. She also thanked the family for attending, for presenting their very personal reflections, and stated that the Board appreciated the fortitude displayed by the family in delivering a very emotional and personal presentation.

Mrs Mahal also indicated that the Board would reflect on the presentation.

THE BOARD:

1. Agreed to reflect on the family's experience and through the Healthcare Quality Assurance and Improvement Committee seek to identify any further improvements that could be taken forward.

Dr Burns /
Mrs Barkby

2019/03/067

ANY OTHER COMPETENT BUSINESS

On behalf of the Board, Mrs Mahal congratulated Mr Paul Cannon, Board Secretary, on achieving the CIPFA Certificate in Corporate Governance, with credit.

2019/03/068

RISK

The Board noted that the Risk Register would be updated to reflect the up to date increase in costs associated with the Monklands Replacement / Refurbishment Project (minute 2019/03/056).

2019/03/069

DATE OF NEXT MEETING

Wednesday 29th May 2019 at 09.30am.