

NHS Board: 30 May 2018

Lanarkshire NHS
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SUBJECT: GOVERNANCE COMMITTEE ANNUAL REPORTS 2017/18

1. PURPOSE

This paper is coming to the Board:

For approval	<input type="checkbox"/>	For endorsement	<input checked="" type="checkbox"/>	For consideration	<input type="checkbox"/>
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2. ROUTE TO BOARD

This paper has been:

Prepared	<input checked="" type="checkbox"/>	Reviewed and considered	<input type="checkbox"/>	Endorsed	<input type="checkbox"/>
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with individual Committee Annual Reports having previously been considered by the respective Governance Committees / Chairs.

3. SUMMARY OF KEY ISSUES

Attached are Annual Reports from the Board's Governance Committees, viz:

- a) Audit Committee
- b) Staff Governance Committee
- c) Remuneration Sub-Committee
- d) Healthcare Quality Assurance and Improvement Committee
- e) Planning, Performance & Resources Committee
- f) Acute Governance Committee
- g) Area Clinical Forum

These Annual Reports cover: Committee Membership and Attendees; Meetings held during the year; the key issues considered by the Committees; Improvements overseen by the Committees; Matters of concern to the Committees. They also, as appropriate, provide assurance statements about the adequacy and effectiveness of Governance arrangements.

The Annual Reports are accompanied by Workplans for 2017/18. Terms of Reference for the Governance Committees have been endorsed already (March 2018 Board meeting) with the exception of the Area Clinical Forum. The Forum Terms of Reference were updated by the Forum in November 2017 and together with all the Advisory Committee Terms of Reference these will be submitted to the Board in August. The Forum Terms of Reference will be included in the Annual Review of the Code of Corporate Governance in March 2019.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate Objectives	<input checked="" type="checkbox"/>	LDP	<input type="checkbox"/>	Government Policy	<input type="checkbox"/>
Government Directive	<input type="checkbox"/>	Statutory Requirement	<input checked="" type="checkbox"/>	AHF/Local Policy	<input type="checkbox"/>
Urgent Operational Issue	<input type="checkbox"/>	Other	<input type="checkbox"/>		

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	<input type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input type="checkbox"/>
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Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input checked="" type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

6. MEASURES FOR IMPROVEMENT

The key improvements overseen by the Board and its Governance Committees are summarised within each report.

7. FINANCIAL IMPLICATIONS

There are no specific financial implications.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

No further risk analysis required.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input type="checkbox"/>	Effective partnerships	<input type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input type="checkbox"/>	Performance management	<input type="checkbox"/>	Equality	<input type="checkbox"/>
Sustainability	<input type="checkbox"/>				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

These are Annual Reports on business considered during the year, for which EDIAs would have been considered when the issues were first raised.

11. CONSULTATION AND ENGAGEMENT

Other than the consideration given to the Annual Reports by the respective Committees, consultation and engagement is not relevant to this item.

12. ACTIONS FOR THE BOARD

The Board is asked to:

Approve	<input type="checkbox"/>	Endorse	<input checked="" type="checkbox"/>	Identify further risks	<input type="checkbox"/>
Consider	<input type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>		<input type="checkbox"/>

The NHS Board is asked to:

- a) Endorse the Annual Reports, which form a key part of the evidence in support of the Annual Accounts Governance Statement;
- b) Note that the Annual Reports will be considered by the Audit Committee on 5th June 2018;
- c) Endorse the Committee Workplans for 2018/19.

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact Paul Cannon, Board Secretary, Telephone: 01698 858181 or email at paul.cannon@lanarkshire.scot.nhs.uk

AUDIT COMMITTEE

ANNUAL REPORT 2017/18

1. Introduction

The Board has established an Audit Committee as a Committee of the Board to support them in their responsibilities for issues of risk, control and governance and associated assurance through a process of constructive challenge, including considering of the internal control environment governing the implementation of the 20:20 vision and associated route map.

2. Name of Committee:

Audit Committee

3. Committee Chair:

Mr Tom Steele

4. Committee Members:

Mrs Lilian Macer, Employee Director
Mr Phil Campbell, Non Executive Director
Mrs Margaret Morris, Non Executive Director (until December 2017)
Dr Avril Osborne, Non-Executive Director
Cllr Jim McGuigan (from January 2018)

4. Attendees:

Mrs Laura Ace, Director of Finance
Mrs Neena Mahal, Chair
Mr Neil Agnew, Board Secretary/Corporate Affairs Manager (until September 2017)
Mr Calum Campbell, Chief Executive
Mrs Carol McGhee, Corporate Risk Manager
Mr Tony Gaskin, Chief Internal Auditor FTF Internal Audit Consortium
Mrs Morag Holmes, Internal Audit
Mr Peter Lindsay, Audit Scotland
Mrs Sarah Lawton, Audit Scotland
Mrs Fiona Mitchell, Audit Scotland

5. Executive Lead:

Mrs Laura Ace

6. Meetings held during the year:

The Committee met 5 times during the year from 1 April 2017 to 31 March 2018 as follows:

6 June 2017
28 June 2017
5 September 2017
5 December 2017
6 March 2018

7. Attendance of Members

Name of member	6 June 2017	28 June 2017	5 September 2017	5 December 2017	6 March 2018
Mr Tom Steele	√	√	√	√	√
Mrs Lilian Macer	√	√	√	×	√
Mr Phil Campbell	√	√	×	√	√
Mrs Margaret Morris*	×	×	√	×	n/a
Dr Avril Osborne	√	√	√	√	×
Cllr Jim McGuigan**	n/a	n/a	n/a	n/a	√

*Mrs Margaret Morris, Non Executive Director (until December 2017)

**Cllr Jim McGuigan (from January 2018)

8. Issues Considered by the Committee over the year

During the year the Committee considered items in line with its remit and schedule of reporting, as follows:-

- The remit of the Committee, was reviewed by the Committee in September 2017.
- The committee fulfilled its remit throughout the year, considering a full programme of work, linked to the audit cycle, which included:
- Reviewing Internal Audit findings and management progress in implementing actions. A high level of completion of actions was noted.
- Statutory Accounts: The committee considered the statutory annual accounts for the year ended 31st March 2017 taking into account the reports from external auditors, the views of the internal audit function on internal control, assurances from directors, other governance committees and other service auditors before recommending them to the Board for signing on 28th June 2017.
- Fraud: The Audit Committee has oversight of the fraud risk and the adequacy or arrangements in place to mitigate risk. The committee received quarterly updates on any reported frauds, the progress of any ongoing investigations, progress with any proactive initiatives including updates on the biennial national fraud initiative and any changes to the guidance in this area, including CEL11(2013) Updating CEL3(2008) – Strategy to Combat Financial Crime in NHS Scotland.
- Throughout 2016/17 and 2017/18 the Audit Committee received updates on an ongoing Counter Fraud services and Police Scotland investigation into an alleged procurement fraud affecting several Heath Boards, including NHS Lanarkshire. It was recognised that NHS Lanarkshire had in place the expected policies and controls but that a determined fraudster acting in collusion could subvert these and procurement fraud can be particularly difficult to detect. The committee considered quarterly reports on progress with lessons learned.
- Significant Transactions: There were no significant transactions during the year that merited Audit Committee monitoring. The interrelated nature of the NHS Board and IJBs introduced new accounting requirements and the need for a clear year end timetable and cross assurance process and the Audit committee received assurances that these were in place and had operated effectively for 2016/17.

- **Property Transactions:** The committee received the mandatory annual report on property transactions in September 2017 confirming our compliance with the Property Transactions Handbook. Minor issues on timeliness and backup documentation were noted and will be resolved.
- **Best Value:** The committee did not consider a full review of evidence against a wide Best Value Assurance Framework in 2017. A review in 2014 had verified the Board's governance structures and processes were aligned to delivering the characteristics of Best Value and since then there had been a number of improvements particularly in focussing risk management. A Best Value review into the governance arrangements round IJBs in conjunction with External audit was considered in September 2016 and used to further develop arrangements. In September 2017 the committee considered a best value review of arrangements to reduce delayed discharges. A full stocktake of the Board's arrangements is scheduled for June 2018.
- **Governance Statement:** The committee considered and approved an annual risk based audit plan for internal audit and then received quarterly progress report which set out the audits that had been completed, their overall assessment and any issues of significance. The committee also received reports following up progress in implementing previous recommendations. In December 2017 the audit committee received a mid year review on internal control from Internal Audit. In June 2018 the committee will receive an annual report from the Chief Internal Auditor on the adequacy of its arrangements for providing positive assurance in the Governance Statement. The final review of the adequacy and effectiveness of internal control during 2017/18 will take place at the committee's meeting of 5 June 2018. The national guidance schedule of information designed to achieve this will be considered and approved by the Committee in March 2018.
- **The committee** considered the following reports from external auditors:

Audit Scotland:

- Report on Best Value Review of Delayed Discharge arrangements;
- Annual Report;
- Draft External Audit Plan 2017/18;
- Interim audit report.
- **Risk Management:** The 2016/17 annual report was considered at its meeting of 6 June 2017 with the 2017/18 report scheduled for June 2018. Enhanced arrangements for oversight of corporate risks and seeking assurances on the risk management process had been put in place in 2016/17 and the committee believes these have worked well throughout the year. The June 2018 committee has a structured process in place for the audit committee to consider whether adequate and effective
- **Audit Scotland Reports:** The committee considered the following reports produced by Audit Scotland with wider NHS application and sought assurance that a process was in place so that any learning or action points from the report were being appropriately dealt with within the Board:
 - NHS Financial Performance 2016/17.

- The Audit Committee received regular assurance reports on the due diligence process on developing budgets and a financial governance framework for the Integration Joint Boards.
- The committee considered reports on the Board's payment verification procedures on payments to Primary Care Contractors and the sample checking of patient's entitlements to exemptions. .
- The committee maintained an overview of the arrangements in place to secure efficiency.
- The committee input to the programmed review of Standing Financial Instructions & Scheme of Delegation and endorsed the revisions for Board ratification.

9. Improvements overseen by the Committee;

- The committee demonstrated its own commitment to continuous improvement through its review of its own remit and a self assessment of its own effectiveness against the questions in the Audit Committee handbook.
- During the year the committee continued to suggest improvements to the risk management process including the clear mapping of responsibility for oversight of individual high risks to the appropriate governance committee.
- The committee considered and is receiving follow up reports on the actions being taken to reduce the risk of procurement fraud.

10. Matters of concern to the Committee;

In a large complex organisation such as the NHS there will always be elements of risk and, as the well established audit programme demonstrates, there will be many areas where scope or improvement can be identified. At its June 2018 meeting the committee will consider whether the governance statement disclosures in 2016/17 relating to TTG and the Cyber Attack would have any further bearing on the 2017/18 Governance Statement.

11. Conclusion;

From the review of the performance of the Audit Committee, it can be confirmed that the Committee has met in line with the Terms of Reference, and has fulfilled its remit. Based on assurances received and information presented to the Audit Committee, adequate and effective arrangements were in place throughout the year.

Signatures of

Mr Tom Steele
Committee Chair

Mrs Laura Ace
Executive Lead

May 2018

Meeting of
Audit Committee
5 June 2018

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NHS LANARKSHIRE AUDIT COMMITTEE WORK PROGRAMME 2018/19

This workplan is derived from the responsibilities and information requirements set out in the Audit Committee Terms of Reference. Should these change as a result of a further review of committee roles, the workplan will be revisited.

May 2018

Business to be conducted electronically

- Final draft of Audit Committee annual report for 2017/18 to be signed off by chair for submission to May NHS Lanarkshire Board meeting (initial draft endorsed by Audit Committee in March 2018).

5 June 2018

- Action log
- Internal Audit progress report on the 2017/18 programme
- Internal Audit report on 2017/18 follow up of previous recommendations
- Annual Internal Audit Report
- External Audit update on progress with 2017/18 audit
- Fraud update including progress report on National Fraud Initiative and fraud risk assessment
- Governance Statement draft for endorsement after consideration of sources of assurance including committee annual reports, risk management annual report, assurances from Directors, cross assurances from IJB's and service auditors' reports
- Approval of letter of Notification to the Health, Wellbeing and Cities Strategy Audit Risk Committee
- Corporate Risk Register, Quarterly Risk Management Compliance Report, Risk Management Summary report
- Primary care payment verification report and Patient Exemption checking annual overview
- Salus annual report setting out arrangements for review of external income, 2017/18 outturn and 2018/19 risks
- Review of arrangements to secure Best Value

27 June 2018

- External Audit - Independent Auditors Report
- External Audit Annual Report to the Board & the Auditor General
- Consideration of the Annual Accounts for NHS Lanarkshire for the year ended 31 March 2018
- Consideration of external audit report on endowment fund accounts and patient funds in terms of any issues to be aware of since consolidated into NHS Lanarkshire accounts

4 September 2018

- Action log
- Internal Audit Progress report on 2018/19 Audit Plan
- Audit report on Post Transaction Monitoring for Property Transaction Handbook
- Internal Audit follow up report
- Review of arrangements for securing efficiency
- Fraud report
- Counter Fraud Services Annual report: presentation
- Primary Care Payment Verification report: new arrangements for 2018/19 and any significant issues
- Quarterly Risk Management Compliance Report, Risk Management Summary report
- Review of terms of reference and any proposed changes to standing orders

4 December 2018

- Action log
- Internal Audit Progress report on 2018/19 Audit Plan
- Internal Audit follow up report
- Internal Audit mid year review on internal control arrangements
- External audit plan for 2018/19
- Fraud report
- Procurement Update
- Management of Efficiency: Update
- Corporate Risk Register, Quarterly Compliance Report and Risk Management Summary Report
- Audit Scotland Report on NHS Financial Performance 2017/18
- Audit Committee Self Assessment exercise
- IJB annual audit reports

March 2019

- Action log
- Internal Audit Progress report on 2018/19 Audit Plan
- Internal Audit follow up report
- Internal Audit plan for 19/20
- Fraud report
- Any matters to report from External Audit on interim work
- Primary Care Payment Verification report: Only if any significant issues
- Corporate Risk Register, Quarterly Compliance Report and Risk Management Summary Report
- Consideration of performance against Key Lines of Enquiry for Audit Committees
- Draft Annual Report
- List of evidence for Governance Statement
- Discussion on Audit Committee training needs
- Audit Committee Draft Workplan 2019/20
- Review of SFIs to ensure fit with current guidance and circumstances
- Review of SoD
- Private meeting with Internal Audit
- Structured Review of the Fraud Risk

Still to be allocated to a Specific Committee

- Any further Best Value toolkits completed in year
- Any future breaches of SFIs to be reported to the Audit Committee
- Audit Scotland reports

NHS LANARKSHIRE

STAFF GOVERNANCE COMMITTEE

ANNUAL REPORT 2017/18

1. Introduction

The Board has established a Staff Governance Committee as a Committee of the Board to support them in their responsibilities for the Staff Governance Standard which was issued in June 2012 and required all NHS Boards to demonstrate that staff are:

- Well informed;
- Appropriately trained and developed;
- Involved in decisions;
- Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and
- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

2. Name of Committee: Staff Governance Committee

3. Committee Chair: Lilian Macer, Employee Director

4. Committee Members: Mrs. Neena Mahal, Chair, NHS Lanarkshire
Mr. Philip Campbell, Non Executive Director
Dr. Avril Osborne, Non Executive Director
Mr. Robert Foubister, Unison Representative
Mr Tom Wilson, RCN Representative
Mr. Calum Campbell, Chief Executive
Ms. L. Airns, Unite Representative

4. Attendees: Mr. Kenneth Small, Director of Human Resources
Mr. John White, Divisional Director of Human Resources
Mrs. Ruth Hibbert, Divisional Director of Human Resources
Mrs. Susan Dunne, Head of Organisational Development
Mr. Calvin, Brown, Head of Communications
Mr. Mark Kennedy, General Manager, (SALUS)

5. Executive Lead: Mr. Kenny Small, HR Director

6. Meetings held during the year:

The Committee met 4 times during the year from 1 April 2017 to 31 March 2018 as follows:

22nd May 2017
28th August 2017
27th November 2017
19th February 2018

7. Attendance of Members

Name of member	22/5/17	28/8/17	27/11/17	19/2/18
Lilian Macer	√	√	√	√
Neena Mahal	X	X	√	√
Philip Campbell	√	√	X	X
Avril Osborne	√	√	√	X
Robert Foubister	√	√	X	√
Tom Wilson	√	√	√	√
Calum Campbell	X	√	√	√
Liz Airns	X	X	X	X
Kenneth Small	√	X	√	√
John White	X	√	X	X
Ruth Hibbert	√	√	√	√
Susan Dunne	√	√	√	√
Calvin Brown	X	X	X	X
Mark Kennedy	√	√	X	√

* 2 new Non Executives from January 2018 were unable to attend the February 2018 meeting. Tom Steele and Margaret Morris. Avril Osborne and Neena Mahal no longer members from January 2018

8. Issues Considered by the Committee over the year (including confirmation of delivery of the Annual Workplan)

- The Committee fulfilled its remit throughout the year, considering a full programme of work including Annual Reports for 2016/17.
- Equality and Diversity Steering Group
- Organisational Development and Training
- Disclosure
- Nursing, Midwifery and Allied Health Professions Practice Development
- Salus
- Whistleblowing
- Summarised reports from meetings of the Remuneration Committee throughout the year. Regular reports were also received from i-Matter Implementation; Staff Awards Scheme; Implementation of eESS; Corporate Risk Register and Quarterly Workforce Report.
- Minutes received and noted of the regular meetings of the Area Partnership Forum and Human Resources Forum.

9. Improvements overseen by the Committee;

- The Committee maintained oversight of the successful implementation of i-Matter (Employee Experience) system.
- The Committee guided the successful development of arrangements for the 2016/17 Staff Awards Scheme.
- The Committee embedded oversight of the HR/OD/Salus Risk Registers.

10. Matters of concern to the Committee;

- The Committee continues to note challenges associated with the successful implementation of the eESS system across NHS Scotland. The Committee recognises the importance of

the successful implementation of eESS, and remain fully supportive of NHS Lanarkshire's status as Exemplar Employer in the National eESS Implementation Programme, but are also conscious of system and operational challenges. The submission of regular reports from the local and National Programme Boards has provided some reassurance to the Committee, but this remains a priority area of concern in 2018/19.

11. Conclusion:

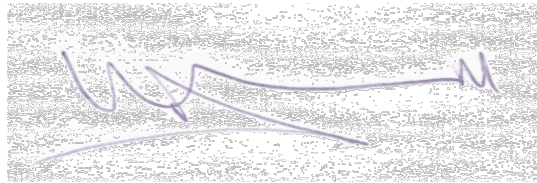
From the review of the performance of the Staff Governance Committee it can be confirmed that the Committee has met in line with the Terms of Reference, and has fulfilled its remit. Based on assurances received and information presented to the Staff Governance Committee adequate and effective arrangements were in place throughout the year.

Signatures of

Lilian Macer

Committee Chair

Date 17/5/18

A handwritten signature in purple ink, appearing to be 'Lilian Macer', written over a grey, textured background.

Executive Lead

**NHS LANARKSHIRE
STAFF GOVERNANCE COMMITTEE WORK PROGRAMME 2018/19**

This workplan is derived from the responsibilities and information requirements set out in the Staff Governance Committee Terms of Reference. Should these change as a result of a further review of committee roles, the workplan will be revisited.

May 2017

Action Log
i-Matter Progress Implementation Report
Corporate Risk Register
Personal Independent Payments Annual Progress Report – Carried forward to next meeting.
Draft Annual Workforce Plan
Workforce Quarterly Report
Modern Apprenticeship Progress Report
Significant employment issues
eESS Implementation: Progress Report
Staff Governance Committee Workplan
Attendance Management
HRF Report
Minutes for Noting: APF and Remuneration Committee

August 2017

Action Log
Everyone Matters: 2020 Vision Annual Action Plan 2018/19
Workforce Quarterly Report
i-Matter Progress Implementation Report
Staff Governance Committee Terms of Reference
HRF Report
Equality Strategy Action Plan 2018/19
E & D Annual Report 2018/19
Staff Awards Scheme Progress Report
Corporate Risk Register
SALUS Annual Report 2017/18
Significant employment issues
Legislative Compliance Register
Health and Safety Governance Framework
Voluntary Services Annual Report
Whistleblowing Report

eESS Project Update
Integration Joint Board update
Staff Governance Committee Workplan
Minutes for Noting: APF and Remuneration Committee

November 2017

Action Log
Everyone Matters 2020 Action Plan (Mid Year Review) 2017/18
i-Matter Progress Implementation Report
Equality and Diversity Action Plan – Mid Year Review - Progress to September 2018
Workforce Quarterly Report
Local Delivery Plan – Health Inequalities and Modern Apprenticeships
HRF Report
Mid Year Review
Corporate Risk Register
Staff Governance Committee Workplan
Voluntary Services Annual Report 2017/18
Significant employment issues
Integration Joint Board update
Minutes for Noting: APF and Remuneration Committee

February 2018

Action Log
Disclosure Annual Report 2017/18
Staff Governance Committee Annual Report 2018/19
i-Matter Progress Implementation Report
Workforce Quarterly Report
HRF Report
Corporate Risk Register
Staff Governance Committee Workplan 2018/19
Staff Governance Committee Workplan 2019/20
Youth Employment
Significant employment issues
HRF Terms of Reference
Integration Joint Board update
Minutes to Note: APF and Remuneration Committee

NHS LANARKSHIRE

REMUNERATION COMMITTEE

ANNUAL REPORT 2017/18

1. Introduction

The Remuneration Committee is accountable to the NHS Lanarkshire Board, and is responsible for:

- Overseeing and agreeing the remuneration arrangements and terms and conditions of employment of Executive Directors and Senior Managers of NHS Lanarkshire.
- Ensuring arrangements are in place for the assessment of the performance of NHS Lanarkshire and to monitor the performance of NHS Lanarkshire against pre-determined performance criteria to inform oversight of Objective setting and support for decisions on individual performance appraisal.
- Agreeing NHS Lanarkshire's arrangements for performance management and ensure that the performance of the Executive Directors is rigorously assessed against agreed Objectives within the terms of the performance management arrangements referred to above
- Ensuring that clear Objectives are established for Executive Directors of NHS Lanarkshire before the start of the year in which performance is assessed by receiving a report from the Chairman on the agreed Objectives for the Chief Executive and receiving a report from the Chief Executive on the agreed Objectives for the other Executive Directors of the Board.
- Monitoring arrangements for the pay and conditions of service of other Senior Managers on Executive Pay arrangements and on Professional/Management Transitional pay arrangements in accordance with appropriate guidance and to implement annual pay uplifts and pay progression in accordance with national guidance.
- Approving NHS Lanarkshire's arrangements for the grading of posts and to oversee these arrangements by receiving regular reports from the Director of Human Resources.
- Ensuring that arrangements are in place to determine the remuneration, terms and conditions and performance assessment for staff employed under the Executive and Senior Management Pay arrangements. To receive formal reports (at least annually) providing evidence of the effective operation of these arrangements
- Being the source of governance monitoring and approval for all other terms and conditions of service issues not covered by Direction or Regulation - such as Discretionary Points for Medical Staff, Voluntary Severance, Early Retirements, Removal Expenses and use of Compromise Agreements

2. Name of Committee: Remuneration Committee

3. Committee Chair: Mrs. Neena Mahal - Chair

4. Committee Members: Mr. Michael Fuller – Non-Executive Director
Ms. Margaret Morris – Non-Executive Director
Mrs. Lilian Macer – Non-Executive Director
Mr. Philip Campbell – Non-Executive Director

4. Attendees: Mr. Kenneth Small – Director of Human Resources

5. Executive Lead: Mr. Kenneth Small – Director of Human Resources (April 2018 – Feb 2018)
Mr. John White – Director of Human Resources (interim) (March 2018)

6. Meetings held during the year:

The Committee / Group / Forum met 6 times during the year from 1 April 2017 to 31 March 2018 as follows:

- 25th May 2017
- 12th July 2017
- 16th November 2017
- 22nd January 2018
- 21st February 2018
- 1st March 2018 (teleconference)

7. Attendance of Members

Name of member	25th May 2017	12th July 2017	16th November 2017	22nd January 2018	21st February 2018	1st March 2018 (teleconference)
Neena Mahal	√	X	√	√	√	√
Michael Fuller	√	√	√	√	√	√
Margaret Morris	√	√	√	√	√	√
Lilian Macer	X	√	√	√	√	X
Philip Campbell	√	X	X	√	X	√

8. Issues Considered by the Committee over the year (including confirmation of delivery of the Annual Workplan)

During 2017/18 the Committee fulfilled the remit set out in the Terms of Reference for the Remuneration Sub-Committee through a full programme of work, including:

- Design and delivery against an overarching Remuneration Committee Annual Workplan for 2017/18.
- Oversight of production and publication of the NHS Lanarkshire Corporate Objectives 2017/18.
- Establishment of Executive Director's Personal Objectives 2017/18.
- Oversight and approval of the Executive and Senior Manager Performance Management arrangements for 2017/18.
- Consideration of and contribution to the NHSScotland Leadership and Talent Management initiative (Project Lift).
- Design and delivery of arrangements for a number of Director and Senior Manager appointments in 2017/18, including Board Secretary, Head of Communications, Director of Strategic Planning, Director of Human Resources and Director of Public Health.
- Consideration of a Report on Working Longer in the NHS, Pension arrangements and approval of joint work with NHS Lothian in production of a potential Policy position.
- Review and refresh of the Remuneration Committee Terms of Reference.

As set out in the Terms of Reference, a routine Report on progress was submitted to the Board through the Staff Governance Committee, ensuring compliance with the Staff Governance Standard and previous Audit recommendations.

9. Improvements overseen by the Committee;

The Committee maintained a regime through which there was routine reflection on the Framework of Key Questions set out in Part 2 of the Audit Scotland Remuneration Committee Self-Assessment Pack to ensure that the Committee had the proper authority, information, understanding, ownership and confidence in terms of public accountability and probity in reaching all decisions made at its meetings.

The Committee maintained production and monitoring of an Action Log as a routine agenda item at each meeting.

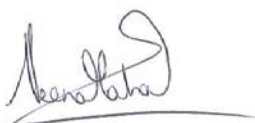
Work was completed to refine the annual production of the Local Delivery Plan / Corporate Objectives to improve focus, public understanding and consistency in use to inform Executive Director and Senior Manager annual Personal Objectives.

10. Matters of concern to the Committee;


There were no matters of concern to the Committee in 2017/18. However, the Committee noted the number of Senior Director Retirements and succession planning arrangements.

11. Conclusion;

From the review of the performance of the Remuneration Committee it can be confirmed that the Committee has met the Terms of Reference and has fully fulfilled its remit in 2017/18.



Committee Chair



Executive Lead

15th May 2018

**NHS LANARKSHIRE
REMUNERATION SUB- COMMITTEE WORK PROGRAMME 2018/19**

This workplan is derived from the responsibilities and information requirements set out in the Remuneration Sub-Committee Terms of Reference. Should these change as a result of a further review of committee roles, the workplan will be revisited.

24th May 2018 (meeting rescheduled to 31st May 2018)

- Notes of Meeting – 21st February 2018
- Matters Arising / Remuneration Committee Action Log 2018/19
- Chair's Report
- Update on National Leadership Initiative
- Executive Director Personal Objectives (2018/19)
- Review of Terms of Reference
- Remuneration Sub-Committee Annual Report
- Remuneration Committee Self Assessment
- AOCB

25th June 2018

- Notes of Previous Meeting – 24th May 2018
- Matters Arising / Remuneration Committee Action Log 2018/19
- Chair's Report
- Update on National Leadership Initiative
- Executive Director / Senior Manager Performance Appraisals (2016/17)
- Remuneration Committee Self Assessment

15th November 2018

- Notes of Previous Meeting – 25th June 2018
- Matters Arising / Remuneration Committee Action Log 2018/19
- Consultants Discretionary Points 2018
- Associate Specialist Discretionary Points 2018
- Staff Grade Discretionary Points 2018
- NPMC Approval of Executive and Senior Manager Appraisals 2017/18
- Proposed Future Meeting Dates
- Update on National Leadership Initiative
- Mid Year Review
 - Work Plan
 - Terms of Reference
- Remuneration Committee Self Assessment
- AOCB

21st February 2019

- Notes of Previous Meeting – 15th November 2018
- Matters Arising / Remuneration Committee Action Log 2018/19
- Draft Corporate Objectives 2019/2020
- Draft Remuneration Committee Workplan 2019/20
- Remuneration Committee Self Assessment
- AOCB

Ad-hoc Meetings or Agenda items added (when required)

- Circulars received from Scottish Government
- Recruitment, selection and appointment to Executive Director vacancies

DRAFT

NHS LANARKSHIRE

HEALTHCARE QUALITY ASSURANCE & IMPROVEMENT COMMITTEE

ANNUAL REPORT 2017/18

1. Introduction

The Healthcare Quality Assurance and Improvement Committee supports the Board in its responsibilities for issues of clinical risk, control and governance and associated assurance in the area of Clinical Governance, through a process of constructive challenge.

The Healthcare Quality Assurance and Improvement Committee is responsible for providing assurance at all levels across the organisation that the health improvement and care we provide fulfils the Quality Ambitions of being Safe, Effective and Person-Centred and that staff at all levels, are given the necessary support to identify areas for quality improvement and the training and development to implement change.

2. Committee Chair:

Mr Michael Fuller, Non Executive Director

3. Committee Members:

Mrs. M Lees, Chair, Area Clinical Forum (from June 2017)

Miss. M Morris, Non-Executive Director (until 1 January 2018)

Dr. A Osborne, Non-Executive Director (from 1 January 2018)

Mr. T Steele, Non-Executive Director

4. Attendees:

Mr N J Agnew, Board Secretary (until September 2017)

Mrs I Barkby, Director for Nurses, Midwives and Allied Health Professionals

Dr J Burns, Divisional Medical Director, Acute Services

Mr C Campbell, Chief Executive

Mr P Cannon, Board Secretary (from September 2017)

Dr A Cook, Medical Director, North Lanarkshire Health and Social Care Partnership

Mrs M Cranmer, Staff Side Representative

Mr A Crawford, Head of Clinical Governance, NHS Greater Glasgow and Clyde

Dr A Docherty, Chair, Area Clinical Forum (until June 2017)

Mr G Docherty, Interim Director of Public Health and Health Policy

Dr C Mackintosh, Medical Director, South Lanarkshire Health and Social Care Partnership

Mrs N Mahal, NHS Board Chair

Mrs C. McGhee, Corporate Risk Manager

Mr K A Small, Director of Human Resources

Dr L A Smith, Director of Quality

Dr I Wallace, Medical Director

5. Executive Lead:

Dr Iain Wallace, Medical Director

6. Meetings held during the year:

The Committee met 5 times during the year from 1 April 2017 to 31 March 2018 as follows

- 11 May 2017
- 13 July 2017
- 14 September 2017
- 9 November 2017
- 10 January 2018 - cancelled due to winter pressures
- 8 March 2018

7. Attendance of Members

Name of member	May 2017	July 2017	Sept 2017	Nov 2017	March 2018
Michael Fuller	√	√	√	√	√
Andrew Docherty * ¹	×				
Maureen Lees * ²		√	√	×	×
Margaret Morris * ³	√	√	√	√	
Avril Osborne	√	√	√	√	√
Tom Steele	√	√	√	√	√

*¹ Andrew Docherty stood down as Area Clinical Forum Chair in June 2017

*² Maureen Lees was appointed Area Clinical Forum Chair in June 2017

*³ Margaret Morris was a member of HQIAC until 1 January 2018

8. Issues Considered by the Committee over the year

During the year the Committee considered items in line with its remit and schedule of reporting, as follows:-

- Minutes - Minutes of previous meetings were submitted for approval
- Action Log - Action Logs, tracking the progress of agreed actions, were considered
- Terms of Reference - Updated Terms of Reference were endorsed by the Committee on 8 March 2018. The updated Terms of Reference were approved by the NHS Board at its meeting in March 2018
- The Committee sought regular updates from sub groups including
 - Quality Planning & Professional Governance Group
 - Acute Clinical Governance & Risk Management Committee
 - North Health & Social Care Partnership Support, Care and Clinical Governance Group Executive Lead
 - South Health & Social Care Partnership Support, Care and Clinical Governance Group Executive Lead
 - Public Health Governance Group
 - Lanarkshire Infection Control Committee
 - Child Health Commissioners Steering Group
 - Information Governance Group
 - Radiation Committee
 - Area Drugs & Therapeutics Committee
 - Independant Sector Governance Group
 - Equality & Diversity Committee
 - Research & Development
 - Resuscitation Committee
 - Bereavement Committee

- Organ Donation Committee
 - Food, Fluid & Nutrition Steering Group
 - Older People / Dementia Steering Group
- The Committee monitored systems and processes through regular reports and updates on issues such as
 - Quality & Safety Dashboard
 - Transforming Patient safety and Quality Care Strategy Implementation Plan
 - Adverse Event Monitoring
 - Reviewing Never Events
 - Person Centred Care
 - Patient Safety Leadership Walkrounds
 - Corporate Risk Register
 - Feedback – Concerns, Comments and Complaints
 - Scottish Public Services Ombudsman cases
 - High Value Medical Negligence claims
 - Screening Reviews
- The Committee also
 - oversaw the development of an updated Quality Strategy 2018 – 2023
 - reviewed organisational readiness for Duty of Candour
 - reviewed new Ionising Radiation Regulations
 - reviewed developments in Realistic Medicine
 - regularly reviewed its Workplan for 2017/18. These reflected the key strands of the Committee’s remit within its Terms of Reference
 - Risk - the Committee considered whether, from the business discussed at each meeting any new, emerging risks needed to be added to the Corporate Risk Register, or whether, for current risks on the Corporate Risk Register, the discussion materially altered the assessed level of risk/risk tolerance and/or the mitigating controls

9. Improvements overseen by the Committee;

The Committee would wish to highlight three areas

Quality Week (13th – 17th November 2017).

The purpose of Quality Week 2017 was to promote the Lanarkshire Quality Approach (LQA) and celebrate quality in Lanarkshire. A series of events delivered by members of the Quality Directorate across the week were designed to meet this requirement.

Highlights from the week included 7 Q Labs across Lanarkshire, a QI Development Session for North HSCP, a visit from National Confidential Enquiry into Patient Outcome and Deaths CEO, Dr Marisa Mason and our Celebration Event on 16th November 2017. The celebration event was attended by over 130 staff from across Health and Social Care. We displayed over 50 posters highlighting quality improvement projects.

Each hospital also had planned a week of activities. Hairmyres focused on raising allergy awareness, Monklands concentrated on high risk medicines and Wishaw promoted quality as a way of life, not just for a week. All 10 Localities were visited by teams from the Quality Directorate and Primary

Care Improvement Support Team. Information stalls, Q labs and staff engagement activities were carried out at Health Centres across Lanarkshire.

Quality Week yielded a number of outputs. The development session with the North Health and Social Care Partnership has established themes and priorities for 2018 as well as securing a commitment to develop a data wall and weekly huddle. In the weeks following Quality Week the Quality Directorate saw an increase in projects registered and requests for support from staff.

A planning group has been established to design Quality Week for 2018, which we would hope would be offered in late October 2018.

Duty of Candour

The Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 received Royal Assent on 6 April 2016 and introduced a new organisational Duty of Candour on health, care and social work services. The implementation date for the Duty of Candour provisions to come into effect is 1st April 2018.

The overall purpose of the new duty is to ensure that organisations are open, honest and supportive when there is an unexpected or unintended incident resulting in death or harm.

This duty requires organisations to follow a Duty of Candour procedure which will include:

- Notifying the person affected
- Apologising and offering a meeting to give an account of what happened
- Reviewing the incident and
- Offering support to those affected

There is currently an infrastructure in place to manage Adverse Events within which we have incorporated the steps of the process for Duty of Candour. Our initial focus will be on ensuring the relevant people are aware of their roles and responsibilities, i.e.: commissioners/management teams have understanding, are aware of the responsibility and agree to this arrangement.

Quality Strategy 2018-2023

NHS Lanarkshire developed the Transforming Patient Safety and Quality of Care, Quality Strategy 2014-2017 in 2014 through a process of engagement. The Strategy was agreed by the Board in June 2014. It was acknowledged in doing this that the main aims would not change over the years but that the actions progressed would. Some of the actions (e.g. Patient Safety) had a timescale of implementation of a number of years and others were more short term.

Over the last 18 months we have developed the Lanarkshire Quality Approach (LQA) and this features as the first section in Achieving Excellence. The revised Strategy builds on the LQA and also ensures that any quality strategy is firmly linked to the overall strategic direction and plans for the organisation. We therefore have used the narrative for the LQA that is in Achieving Excellence as the basis for the new Quality Strategy.

The revised document attempts to set out what success would look like in 5 years time and from this have developed 4 strategic objectives. The document then goes on to outline the main Enabling Plans that are required to deliver against our quality ambitions of providing safe, effective and person centred care.

The first draft of the document has been subject to consultation and was presented to the March 2018 Committee meeting in final draft. It is subject to further development but the Committee was content to commend it to the Board for approval in May 2018.

10. Matters of concern to the Committee;

The Quality Department, led by Dr Smith, undoubtedly have prepared the organisation as best it can be to be ready for the implications of Duty of Candour, however there are also significant concerns about this will impact on the organisation.

In looking ahead, it would be remiss not to highlight that Dr Wallace and Dr Smith have indicated their intention to retire in September 2018, and to underline the significant contributions made by these two individuals in driving forward the quality agenda in NHS Lanarkshire. This may have an impact on the work of the Committee, given the calibre of the individuals who are retiring.

It would also be appropriate to pay tribute to the input of Margaret Morris, Non Executive Member, who left the Committee in January 2018 to take up the role of Chair of the newly established Population Health, Primary Care & Community Services Governance Committee.

In addition, the Committee would like to record its thanks to Neil Agnew, former Board Secretary, for the substantial contribution he made to the development of the Committee, until his retirement, in September 2017.

11. Conclusion;

From the review of the performance of the Healthcare Quality Assurance and Improvement Committee, it can be confirmed that the Committee has met in line with the Terms of Reference, and has fulfilled its remit. Based on assurances received and information presented to the Committee, adequate and effective Healthcare Quality Assurance and Improvement and Information Assurance/Information Governance arrangements were in place throughout the year.

Michael Fuller
Committee Chair

Irene Barkby
Executive Lead
Nursing, Midwifery & AHPs

Professor Iain Wallace
Executive Lead
Medical

May 2018

**NHS LANARKSHIRE
HEALTHCARE QUALITY ASSURANCE AND IMPROVEMENT COMMITTEE
WORKPLAN 2017/18**

Meeting Dates & Business Conducted to Date: 10th May 2018

13th JULY 2017

QUALITY PLANNING & PROFESSIONAL GOVERNANCE

- ✓ Quality Planning & Professional Governance Group – Highlight Report
- ✓ Transforming Patient Safety & Quality of Care Strategy Implementation Plan 2017/18
- ✓ Quality Improvement Capacity & Capability Plan – Progress Report

OPERATIONAL PERFORMANCE & GOVERNANCE

- ✓ Acute Clinical Governance & Risk Management Group – Highlight Report
- ✓ North HSCP Support, Care & Clinical Governance Group – Highlight Report
- ✓ South HSCP Support, Care & Clinical Governance Group – Highlight Report
- ✓ Public Health Governance Group – Highlight Report
- ✓ SAER Suicide – Hairmyres Hospital, update report on delivery of Action Plan
- ✓ SAER Never Event – Theatres, Monklands Hospital, report and Action Plan

QUALITY GOVERNANCE

- ✓ Quality & Safety Dashboard
- ✓ Extract of Corporate Risk Register (Clinical)

Safe

- ✓ Incident Management – Update Report
- Lanarkshire Infection Control Committee – Year End Report inclusive of future priorities
(This report will be submitted at September 2017 meeting)
- Resuscitation Committee – Annual Report inclusive of future priorities (This report will be submitted at September 2017 meeting)

Effective

- ✓ Clinical Effectiveness – Update Report
- ✓ Food, Fluid & Nutrition Steering Group – Annual Report inclusive of future priorities
- ✓ Information Governance Committee – Annual Report inclusive of future priorities

Person Centred

- ✓ SPSO & High-Value Claims – Update Report
- ✓ Report on Feedback, Comments, Concerns & Complaints – Year End Report inclusive of future priorities
- ✓ Person Centred Health and Care (inclusive of Public Reference Forum) – Year End Report inclusive of future priorities
- ✓ Equality & Diversity Committee – Year End Report inclusive of future priorities
- ✓ Older People/Dementia Steering Group – Annual Report inclusive of future priorities
- ✓ Duty of Candour – Report on Implementation Plan

COMMITTEE ASSURANCE

- ✓ HQAI Committee Workplan 2017/18

AD HOC

- Operational Issues – by exception
- Safety Issues – by exception
- Contract Monitoring Issues – by exception
- ✓ Audits Internal/External – by exception
 - ✓ Clinical Governance Strategy and Assurance
 - ✓ Patient Safety Programme
 - ✓ Annual Internal Audit Report 2016/17 Clinical Governance and Information Governance
- Medical & NMAHP Staffing Issues – by exception
- ✓ Scottish Government – Child Protection Improvement Programme
- ✓ Scotland's National Action Plan to Prevent and Eradicate FGM
- ✓ Child Protection Policies:
 - ✓ Child Protection Significant Incident Review (CPSIR)
 - ✓ Reporting Mechanisms for Child Protection
- ✓ Unannounced Inspection Report – Care of Older People in Acute Hospitals (OPAH): Wishaw General Hospital

14th SEPTEMBER 2017

QUALITY PLANNING & PROFESSIONAL GOVERNANCE

- ✓ Quality Planning & Professional Governance Group – Highlight Report
- ✓ Transforming Patient Safety & Quality of Care Strategy Implementation Plan 2017/18

OPERATIONAL PERFORMANCE & GOVERNANCE

- ✓ Acute Clinical Governance & Risk Management Group – Highlight Report
- ✓ North HSCP Support, Care & Clinical Governance Group – Highlight Report
- **South HSCP Support, Care & Clinical Governance Group – Highlight Report**
- ✓ Public Health Governance Group – Highlight Report

QUALITY GOVERNANCE

- ✓ Quality & Safety Dashboard
- ✓ Extract of Corporate Risk Register (Clinical)

Safe

- ✓ Incident Management – Update Report
- ✓ NHS Lanarkshire response to Scottish Government recommendations for Management of Adverse events
- **Abdominal Aortic Aneurysm Screening – SAER Report**
- ✓ Never Event in Theatres – SAER Report
- ✓ Lanarkshire Infection Control Committee – Annual Report
- ✓ Unannounced HEI HAE Inspection Report – Hairmyres Hospital
- ✓ Public Protection Group – Year End Report inclusive of future priorities

Effective

- ✓ Information Governance Committee - Report
- ✓ CAAS Steering Group – Year End Report inclusive of future priorities
- ✓ Child Health Commissioners Steering Group – Mid Year Report
- ✓ Research & Development Committee – Mid Year Report

- ✓ Resuscitation Committee – Annual Report

Person Centred

- ✓ SPSO & High-Value Claims – Update Report
- **Bereavement Care Group – Annual Report inclusive of future priorities**
- ✓ Organ Donation Committee – Annual Report inclusive of future priorities

COMMITTEE ASSURANCE

- ✓ HQAI Committee Workplan 2017/18

AD HOC

- Operational Issues – by exception
- Safety Issues – by exception
- Contract Monitoring Issues – by exception
- Audits Internal/External – by exception
- Medical & NMAHP Staffing Issues – by exception

9th NOVEMBER 2017

QUALITY PLANNING & PROFESSIONAL GOVERNANCE

- ✓ Quality Planning & Professional Governance Group – Highlight Report (Verbal Update)
- ✓ Transforming Patient Safety & Quality of Care Strategy Implementation Plan 2017/18

OPERATIONAL PERFORMANCE & GOVERNANCE

- ✓ Acute Clinical Governance & Risk Management Group – Highlight Report
- ✓ North HSCP Support, Care & Clinical Governance Group – Highlight Report
- ✓ South HSCP Support, Care & Clinical Governance Group – Highlight Report
- ✓ Public Health Governance Group – Highlight Report

QUALITY GOVERNANCE

- ✓ Quality & Safety Dashboard
- ✓ Extract of Corporate Risk Register (Clinical)

Safe

- ✓ Incident Management – Update Report
- ✓ Patient Safety Strategic Steering Group – Mid Year Report
- ✓ Radiation Safety Committee – Annual Report inclusive of future priorities

Effective

- ✓ Information Governance Committee – Mid Year Report
- ✓ Area Drug & Therapeutics Committee – Mid Year Report
- ✓ Independent Sector Governance Group – Mid Year Report
- ✓ Realistic Medicine

Person Centred

- ✓ SPSO & High-Value Claims – Update Report
- ✓ Equality & Diversity Committee – Mid Year Report

COMMITTEE ASSURANCE

- ✓ HQAI Committee Workplan 2017/18

AD HOC

- Operational Issues – by exception
- Safety Issues – by exception

- Contract Monitoring Issues – by exception
- Audits Internal/External – by exception
- Medical & NMAHP Staffing Issues – by exception

11th JANUARY 2018

QUALITY PLANNING & PROFESSIONAL GOVERNANCE

- ✓ Transforming Patient Safety & Quality of Care Strategy Implementation Plan 2017/18

OPERATIONAL PERFORMANCE & GOVERNANCE

- ✓ Acute Clinical Governance & Risk Management Group – Highlight Report
- North HSCP Support, Care & Clinical Governance Group – Highlight Report (March 2018 Meeting)
- South HSCP Support, Care & Clinical Governance Group – Highlight Report (March 2018 Meeting)
- ✓ Public Health Governance Group – Highlight Report

QUALITY GOVERNANCE

- ✓ Quality & Safety Dashboard
- ✓ Extract of Corporate Risk Register (Clinical)

Safe

- ✓ Incident Management (Adverse Event) – Update Report
- Lanarkshire Infection Control Committee – Mid Year Report (March 2018 Meeting)

Effective

- ✓ Information Governance Committee – Minutes of Meeting and Action Plan
- ✓ Clinical Effectiveness Group – Mid Year Report
- ✓ Prescribing Quality & Efficiency Programme Board – Mid Year Report

Person Centred

- ✓ Duty of Candour Progress Report
- ✓ SPSO & High-Value Claims – Update Report
- ✓ Report on Feedback, Comments, Concerns & Complaints – Mid Year Report
- Person Centred Health & Care (inclusive of Public Reference Forum) – Mid Year Report (March 2018 Meeting)

COMMITTEE ASSURANCE

- Healthcare Assurance & Improvement Committee Terms of Reference (March 2018 Meeting)
- ✓ HQAI Committee Workplan 2017/18

AD HOC

- Operational Issues – by exception
- Safety Issues – by exception
- Contract Monitoring Issues – by exception
- Audits Internal/External – by exception
- Medical & NMAHP Staffing Issues – by exception

8th MARCH 2018

QUALITY PLANNING & PROFESSIONAL GOVERNANCE

- ✓ Quality Planning & Professional Governance Group – Highlight Report
- ✓ Transforming Patient Safety & Quality of Care Strategy Implementation Plan 2017/18
- ✓ Draft NHS Lanarkshire Quality Strategy 2018-2023

OPERATIONAL PERFORMANCE & GOVERNANCE

- ✓ Acute Clinical Governance & Risk Management Group – Highlight Report
- ✓ North HSCP Support, Care & Clinical Governance Group – Highlight Report
- ✓ HM Inspectorate of Prison for Scotland (HMIPS) Report on HMP Shotts
- ✓ South HSCP Support, Care & Clinical Governance Group – Highlight Report
- ✓ Public Health Governance Group – Highlight Report

QUALITY GOVERNANCE

- ✓ Quality & Safety Dashboard
- ✓ Extract of Corporate Risk Register (Clinical)

Safe

- ✓ Adverse Event Report
- ✓ Patient Safety Leadership Walkrounds Report
- ✓ Lanarkshire Infection Control Committee Mid Year Report
- ✓ New Ionising Radiation Regulations

Effective

- Palliative Care Strategy Implementation
- Child Health Commissioner’s Steering Group – Year End Report inclusive of future priorities
- ✓ Information Governance Committee Minutes

Person Centred

- ✓ Duty of Candour Progress Report
- ✓ SPSO & High-Value Claims – Update Report
- ✓ Report on Feedback, Comments, Concerns and Complaints Mid Year Report
- ✓ Person Centred Health Care (Inclusive of Public Reference Forum) Mid Year Report

COMMITTEE ASSURANCE

- ✓ Healthcare Assurance & Improvement Committee Terms of Reference
- ✓ HQAI Committee Workplan 2017/18
- ✓ Report on Feedback, Comments, Concerns and Complaints – Mid Year Report

AD HOC

- Operational Issues – by exception
- Safety Issues – by exception
- Contract Monitoring Issues – by exception
- Audits Internal/External – by exception
- Medical & NMAHP Staffing Issues – by exception

10th MAY 2018

QUALITY PLANNING & PROFESSIONAL GOVERNANCE

- ✓ Quality Planning & Professional Governance Group – Highlight Report
- ✓ Final NHS Lanarkshire Quality Strategy 2018-2023

OPERATIONAL PERFORMANCE & GOVERNANCE

- ✓ Acute Clinical Governance & Risk Management Group – Highlight Report

- ✓ North HSCP Support, Care & Clinical Governance Group – Highlight Report
- ✓ South HSCP Support, Care & Clinical Governance Group – Highlight Report
- ✓ Public Health Governance Group – Highlight Report
- ✓

QUALITY GOVERNANCE

- ✓ Quality & Safety Dashboard
- ✓ Transforming Patient Safety & Quality of Care Strategy Implementation Plan 2017/18
- ✓ Extract of Corporate Risk Register (Clinical)

Safe

- ✓ Adverse Event - Report
- ✓ Patient Safety Strategic Steering Group – Year End Report inclusive of future priorities
- ✓ Significant Adverse Event Review – Suicide of YR (papers previously circulated)

Effective

- ✓ Clinical Effective Group – Verbal Report
- ✓ Food, Fluid & Nutrition Steering Group – Annual Report inclusive of future priorities
- ✓ Information Governance Committee – Year End Report inclusive of future priorities
- ✓ Prescribing Quality & Efficiency Programme Board – Year End Report inclusive of future priorities
- ✓ Child Health Commissioner’s Steering Group

Person Centred

- ✓ SPSO & High-Value Claims – Update Report Participation Standard 2016/17

COMMITTEE ASSURANCE

- ✓ HQAI Committee Annual Report (including Self-assessment & Effectiveness Review Checklist & Terms of Reference)
- ✓ HQAI Committee Workplan 2017/18

AD HOC

- Operational Issues – by exception
- Safety Issues – by exception
- Contract Monitoring Issues – by exception
- Audits Internal/External – by exception
- Medical & NMAHP Staffing Issues – by exception

Conclusion
<p>We have reviewed the performance of the committee to date and can confirm that it has met in line with its Terms of Reference and fulfilled its remit and agreed workplan. Based on assurances received and information presented to the committee, adequate and effective performance arrangements are in place at 10th May 2018</p>

NHS LANARKSHIRE

PLANNING, PERFORMANCE & RESOURCES COMMITTEE

ANNUAL REPORT 2017/18

1. Introduction

The Planning, Performance & Resources Committee is accountable to the NHS Lanarkshire Board, and is responsible for

- overseeing policy and strategy development, including the development of the Financial Strategy;
- endorsing strategies and refer them to the NHS Board for approval;
- acting as the Performance Management Committee of the Board;
- exercising strategic oversight of *Achieving Excellence*; and
- influencing the early development of the strategic direction of the Board.

2. Committee Chair:

Mrs Neena Mahal, NHS Board Chair

3. Committee Members:

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

Dr. A Docherty, Chair, Area Clinical Forum (until June 2017)

Mr. M Fuller, Non-Executive Director

Councillor. P Kelly, Non-Executive Director

Mrs. M Lees, Chair, Area Clinical Forum (from June 2017)

Mrs. L Macer, Employee Director

Miss. M Morris, Non-Executive Director

Councillor. J McGuigan, Non-Executive Director (from June 2017)

Dr. A Osborne, Non-Executive Director

Mr. T Steele, Non-Executive Director

Dr. I Wallace, Medical Director

4. Attendees:

Mr. N J Agnew, Board Secretary (until September 2017)

Mr. C Brown, Head of Communications

Mr. P Cannon, Board Secretary (from September 2017)

Mr G Docherty, Interim Director of Public Health and Health Policy (from April 2017)

Ms. J Hewitt, Chief Accountable Officer, North Lanarkshire Health and Social Care Partnership

Ms. H Knox, Director of Acute Services

Mr. K A Small, Director of Human Resources (until February 2018)

Mr. C Sloey, Director of Strategic Planning and Performance

Mr. H Stevenson, Chief Officer, South Lanarkshire Health and Social Care Partnership

Mrs. V de Souza, Director, South Lanarkshire Health and Social Care Partnership

Mr. J White, Interim Director of Human Resources (from February 2018)

5. Executive Lead:

Mr. Calum Campbell, Chief Executive.

6. Meetings held during the year:

The Committee / Group / Forum met 4 times during the year from 1 April 2017 to 31 March 2018 as follows

26th April 2017

28th June 2017

27th September 2017

29th November 2017

The Committee was scheduled to meet on 28th February 2018, but this meeting had to be cancelled in view of the red (do not travel) weather warning issued by the Met Office at that time.

7. Attendance of Members:

Member	26 April 2017	28 June 2017	27 September 2017	29 November 2017
Mrs. N Mahal	√	√	√	√
Mrs. L Ace	√	√	√	√
Mrs. I Barkby* ¹	√	√	×	×
Mr. C Campbell	×	√	√	√
Mr. P Campbell	√	√	√	×
Dr. A Docherty * ²	√			
Mr. M Fuller	√	√	√	√
Mrs. M Lees * ³		√	√	√
Councillor. P Kelly	×	√	×	×
Mrs. L Macer	√	√	√	×
Miss. M Morris	√	√	×	√
Councillor. J McGuigan * ⁴	√	×	√	√
Dr. A Osborne	√	√	√	√
Mr. T Steele	√	√	√	√
Dr. I Wallace	√	√	×	×

*¹ Mrs Barkby was unable to attend meetings in late 2017 due to unforeseen absence

*² Dr. A Docherty, Chair, Area Clinical Forum (until June 2017)

*³ Mrs. M Lees, Chair, Area Clinical Forum (from June 2017)

*⁴ Councillor. J McGuigan, Non-Executive Director (from June 2017)

8. Issues Considered by the Committee over the year:

During the year the Committee considered items in line with its remit and schedule of reporting, as follows:-

- Minutes - Minutes of previous meetings were submitted for approval
- Action Log - Action Logs, tracking the progress of agreed actions, were considered
- Terms of Reference - Updated Terms of Reference were endorsed by the Committee on 27th September 2017. The updated Terms of Reference were approved by the NHS Board at its meeting in March 2018
- Finance - reports on financial performance, describing Revenue and Capital expenditure, and performance towards delivery of the Board's Revenue and Capital Plans

- Financial Planning for 2018/19 - reports on the emerging Draft Financial Plan, encompassing efficiency schemes (CRES). As a result of the cancellation of the February 2018 Committee meeting, the agenda for the Development Session held on 20 March 2018 was adjusted to include Financial Planning and CRES for 2018/19.
- Access Targets - reports on Waiting Times performance for Scheduled and Unscheduled Care, Delayed Discharge trajectories, and performance within Health and Social Care Partnerships; which highlighted areas of pressure and challenge; and described the actions being taken and planned, aimed at delivering sustained improvement
- Achieving Excellence – this major strategic plan was endorsed by the Cabinet Secretary in April 2017, and the Committee received regular and detailed updates on progress
- Monklands Hospital - the Committee was pleased to note that NHS Lanarkshire had been given the go-ahead to develop an outline business case (OBC) to rebuild or refurbish Monklands Hospital, in October 2017, and was kept updated on progress
- Trauma and Orthopaedics - regular update reports on the emerging thinking on the redesign Trauma and Orthopaedic inpatient services
- Integrated Corporate Performance Report - Integrated Corporate Performance Reports, encompassing: a list of Key Performance Indicators and Narrative Reports; an Exceptions Report summarising Red and Amber KPIs from the ICPR; Narrative Reports due; the agreed forward programme of reports. The ICPR also included linkage to the electronic ICPR Dashboard and its alignment with NSS Discovery
- Primary Care and Mental Health Transformation - the Committee noted the work of the Transformation Programme Board and discussed a detailed update on progress in April 2017
- Bed Reconfiguration - service redesign in relation Health & Social Care beds across NHS Lanarkshire in a whole system review of bed modelling
- Delayed Discharges - particularly in the light of an Audit Scotland Review on Best Value
- Acute Adult Psychiatry - a report on the modernisation of Mental Health - Acute Adult Psychiatry
- eHealth Strategy - the Committee considered a report for 2016/17 on delivery of the eHealth Strategy 2015-2017
- Joint Inspection of Adult Services in North Lanarkshire - this was undertaken jointly by the Care Inspectorate and Healthcare Improvement Scotland, and was the first of its kind in Scotland - the results, in the main positive and encouraging, were discussed in detail by the Board at the Development Session on 20 March 2018, following the cancellation of the February 2018 Committee meeting (as a result of the red weather warning issued by the Met Office)
- Property and Asset Management Strategy 2017 - 2023 – the Committee endorsed the Property and Asset Management Strategy 2017 - 2023, the Committee were also assured that following the tragic Grenfell Tower fire incident, the Board had undertaken an assessment of our estate and the cladding used in NHS Lanarkshire buildings was not the same as that used on Grenfell Tower
- Wannacry Cyber attack - the Committee reviewed the action plan following the two incidents over the course of 2017 involving cyber security, and sought reassurances that all the necessary steps had been taken. Many of the actions were complete at the end of March 2018, and the Committee continued to track progress into 2018
- Palliative Care - changes in the model of providing palliative care, in particular a rebalancing of in-patient beds, across NHS Lanarkshire, were addressed by the Committee following a review undertaken by a Short Life Working Group
- The Annual Fire Safety Report 2016/17 was considered by the Committee in September 2017
- Alcohol & Drugs Strategy 2015-2018 – this was considered by the Committee, and is now delegated to Integrated Joint Boards to take forward

- Corporate Objectives - a year-end progress report on delivery of the Corporate Objectives 2016/17, and Draft Corporate Objectives 2017/18
- Prescribing - the Committee received a progress report on delivery of the Prescribing Quality and Efficiency Programme, and reviewed the processes in place for governance oversight of delivery of the Programme
- Winter Planning - the Committee considered and endorsed a Draft Winter Plan 2017/18
- Corporate Risk Register - PP&RC Assurance Report - regular reports on the elements of the Corporate Risk Register for which the Planning, Performance & Resources Committee was the designated 'assurance source'
- Regional Planning - the Committee considered reports (minutes and verbal updates), of meetings of the West of Scotland Regional Planning Group
- Workplan - the Committee approved its Workplan for 2017/18, and a considered a Draft Workplan for 2018/19. These reflected the key strands of the Committee's remit within its Terms of Reference
- Risk - the Committee considered whether, from the business discussed at each meeting any new, emerging risks needed to be added to the Corporate Risk Register, or whether, for current risks on the Corporate Risk Register, the discussion materially altered the assessed level of risk/risk tolerance and/or the mitigating controls. Business meetings of the Planning, Performance and Resources Committee were followed by Board Development Events

9. Improvements overseen by the Committee;

During the course of what has been a busy year, the Committee has considered a number of positive issues, including: the endorsement of key strategies, and Annual Reports confirming positive performance in a number of important areas of the Board's responsibilities, and regular reports on performance against targets for key areas of operational delivery.

A major consideration for the Committee has been monitoring the implementation of the aspirations within 'Achieving Excellence', the Healthcare Strategy for Lanarkshire, which reflects partnership working with the Integration Joint Boards for North and for South Lanarkshire, and their respective Strategic Commissioning intentions.

The Committee considered regular reports on the planning for the development of an Initial Agreement, which was approved by Scottish Government, and we are now working towards the submission of an Outline Business Case Programme for the Replacement / Refurbishment of Monklands Hospital. This is a much-needed development and is central to the delivery of a number of the aspirations in 'Achieving Excellence'.

The Committee also maintained a keen focus on performance during the year in the key areas of Finance, Waiting Times, Delayed Discharge, Corporate Objectives, Palliative Care, e-Health, Winter Planning, and Legislative requirements such as Fire Safety and Property and Asset Management.

10. Matters of concern to the Committee;

In the last Annual Report the principal area of concern for the Committee was the substantial financial challenge during 2017/18 in realising approximately £36.1m of efficiency savings, at a time when its strategic aspirations, reflected in the development of 'Achieving Excellence', had never been greater. Subject to audit, it is likely that the Board has met its financial targets, in very challenging times. However, we will continue to face the same challenges into 2018/19.

In addition, in 2018/19, the impact of Regional Planning will come to the fore and the Committee will wish to understand the impact of those Regional plans on NHS Lanarkshire services.

11. Conclusion;

From the review of the performance of the Planning, Performance & Resources Committee, it can be confirmed that the Committee has met in line with the Terms of Reference, and has fulfilled its remit. Based on assurances received and information presented to the Committee, adequate and effective arrangements were in place throughout the year.

Mrs Neena Mahal
Committee Chair

Mr Calum Campbell
Executive Lead

April 2018

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NHS LANARKSHIRE PLANNING, PERFORMANCE & RESOURCES COMMITTEE WORKPLAN 2018/19

This Workplan is derived from the responsibilities and information requirements set out in the Planning, Performance & Resources Committee Terms of Reference. Should these change as a result of a further review of committee roles, the Workplan will be revisited.

25th April 2018

- Approval of Minute of meeting held on 28th February 2018
- Consideration of updated Action Log
- Report on Financial Performance to 31st March 2017
- An update on Financial Planning 2017/18, including 'medium' and 'high' risk Efficiency Schemes and Service Impact Risk Assessments
- Report on Access Performance Targets to 31st March 2018
- Report on the Nursing, Midwifery and Allied Health Professions (NMAHP) Contribution to Leading Transformation of Support, Care and Services
- Report on Primary Care and Mental Health Transformation
- Corporate Risk Register Assurance Report
- Integrated Corporate Performance Report (Interim) for Quarter 4 – January to March 2018
- Report on the Implementation of 'Achieving Excellence'
- Report on Planning for the Replacement/Refurbishment of Monklands District General Hospital
- Planning, Performance & Resources Committee Draft Annual Report 2017/18
- Report from West of Scotland Regional Planning Network
- Committee Workplan 2018/19
- Risk arising from the Committee's deliberations

27th June 2018

- Approval of Minute of meeting held on 25th April 2018
- Consideration of updated Action Log
- Report on Financial Performance to 31st May 2018
- Report on Access Performance Targets to 31st May 2018
- Report on the implementation of 'Achieving Excellence'
- Report on Planning for the Replacement/Refurbishment of Monklands District General Hospital
- E Health Strategy 2017 - 2019 : Annual Report 2017/18
- Corporate Risk Register Assurance Report

ITEM

- Integrated Corporate Performance Report (Final) for Quarter 4 – January – March 2017
- Corporate Objectives 2017/18 Outturn Report
- Property and Asset Management Strategy 2017 – 2022, including review of 2017/18
- Committee Workplan 2018/19
- Report from the West of Scotland Regional Planning Network
- Risk arising from the Committee's deliberations

26th September 2018

- Approval of Minute of meeting held on 27th June 2018
- Consideration of updated Action Log
- Report on Financial Performance to 31st August 2018
- Report on Access Performance Targets to 31st August 2018
- Report on the Implementation of 'Achieving Excellence'
- Report on Planning for the Replacement/Refurbishment of Monklands District General Hospital
- Draft Winter Plan – this will be considered by the NHS Board on 31st October 2018
- Corporate Risk Register Assurance Report
- Alcohol and Drug Strategy : Annual Report 2017/18
- Sustainable Development Action Plan Update – this will be considered by the NHS Board on 31st October 2018
- Integrated Corporate Performance Report for Quarter 1 – April to June 2017
- Report from the West of Scotland Regional Planning Network
- Committee Workplan 2017/18
- Terms of Reference
- Risk arising from the Committee's deliberations
-

28th November 2018 – this date will be used for the annual Board Development Event, which will be preceded by a brief meeting of the Planning, Performance & Resources Committee to consider key issues from those listed

- Approval of Minute of meeting held on 26th September 2018
- Consideration of updated Action Log
- Report on Financial Performance to 31st October 2017
- Report on Access Performance Targets to 31st October 2017
- Report on the Implementation of 'Achieving Excellence'
- Report on Planning for the Replacement/Refurbishment of Monklands District General Hospital
- Mid-Year review of progress with delivery of Corporate Objectives 2017/18
- Corporate Risk Register Assurance Report
- Integrated Corporate Performance Report for Quarter 2 – July to September 2017
- Report from the West of Scotland Regional Planning Network
- Mid-Year review of Committee Workplan 2017/18

- Risk arising from the Committee's deliberations

27th February 2019

- Approval of Minute of meeting held on 29th November 2018
- Consideration of updated Action Log
- Report on Financial Performance to 31st January 2019
- Report on Access Performance Targets to 31st January 2019
- Report on the Implementation of 'Achieving Excellence'
- Report on Planning for the Replacement/Refurbishment of Monklands District General Hospital
- Corporate Risk Register Assurance Report
- Integrated Corporate Performance Report for Quarter 3 – October to December 2018
- Report from the West of Scotland Regional Planning Network
- Review of Committee Terms of Reference
- Committee Workplan 2018/19
- Risk arising from the Committee's deliberations

Paul Cannon
Board Secretary

PPRC February 2018
Updated 21 May 2018

NHS LANARKSHIRE

ACUTE GOVERNANCE COMMITTEE

ANNUAL REPORT 2017/18

1. Introduction

The Acute Governance Committee is responsible for monitoring and reviewing the provision of services by the Acute Division.

The Committee operates as a Standing sub-Committee of the NHS Lanarkshire Board.

The Committee is responsible for:

- monitoring and reviewing the provision of services by the Acute Division, to ensure that services are provided as efficiently and effectively as possible to meet recognised standards, within available resources, and that services, increasingly, are designed and operated to deliver an integrated patient service.
- developing and generating internal performance management and reporting systems to ensure a comprehensive structure is in place to monitor the delivery of targets in relation to the HEAT targets which are contained within the NHS Lanarkshire Annual Operational Plan and support the delivery of the Board's Corporate Objectives.
- developing systems of assurance that demonstrate that the Division has an improvement culture in place, and is regularly reviewing the Divisional Risk Register.
- promoting financial governance in supporting financial balance within the Division, ensuring all CRES Plans for the Division are identified and delivered.
- monitoring and scrutinising the Acute Division in delivery of the quality strategy, including complaints and Ombudsman cases.
- ensuring an appropriate governance route for clinical governance/risk management, HAI and business continuity by working closely with other Governance Committees of the Board.
- reviewing the progress being made in the delivery of patient centred care and the patient safety agenda.
- considering any aspect of the work of the Acute Division, pertaining to the provision of health services, and to seek any information the committee requires to assist in the discharge of its remit.
- ensuring that the NHS Lanarkshire Board can operate as a strategic Board of Governance and avoid involvement in day to day management issues in particular regarding Unscheduled Care and Planned Care activity.
- ensuring that budgetary and decision-making powers are devolved to the most appropriate level within the Acute Division and that delegated budget holders are held to account for such delivery.

2. Name of Committee: Acute Governance Committee (formerly Acute Operating Management Committee)

3. Committee Chair: Dr Avril Osborne, Non-Executive Director (from March 2018)
Mr Philip Campbell, Non-Executive Director (until February 2018)

4. Committee Members:

Mr Michael Fuller, Non-Executive Director
Dr Avril Osborne, Non-Executive Director (April 2017-February 2018)
Mr Tom Steele, Non-Executive Director (April 2017-February 2018)
Mrs Margaret Morris, Non-Executive Director (March 2018)
Councillor Paul Kelly, Non-Executive Director (March 2018)

5. Attendees:

Ms Heather Knox, Director of Acute Services
Dr Jane Burns, Divisional Medical Director
Mrs Frances Dodd, Acute Nurse Director
Mrs Joanne Edwards, Hospital Site Director, University Hospital Hairmyres
Mrs Andrea Fyfe, Hospital Site Director, University Hospital Monklands/Wishaw
Ms Marion Mark, Hospital Site Director, University Hospital Wishaw
Ms Nichola Summers, Deputy Hospital Site Director, University Hospital Monklands
Mrs Anne Lindsay, Vice Chair Clydesdale Health & Social Care Forum
Mr Donald Masterton, Public Partnership Forum Representative – North Lanarkshire
Mr Craig McKay, Communications Officer
Mrs Judith Park, Director of Access
Mr John White, Divisional Human Resources Director (Until March 2018)
Mrs Annmarie Campbell, Interim Divisional Human Resources Director (March 2018 – present)
Mr Derek Yuille, Divisional Finance Director
Ms Margaret-Anne Hunter, Partnership Representative
Ms Fiona Watson, Operational Support Services Manager

6. Executive Lead:

Ms Heather Knox, Director of Acute Services

7. Meetings held during the year:

The Acute Operating Management Committee/ Acute Governance Committee met 5 times during the year from 1 April 2017 to 31 March 2018 as follows:

24th May 2017
19th July 2017
5th October 2017
22nd November 2017
21st March 2018

8. Attendance of Members

Member	24 th May 2017	19 th July 2017	5 th October 2017	22 nd November 2017	21 st March 2018
Philip Campbell *1	✓	✓	x	X	n/a
Avril Osborne *2	X	✓	✓	✓	✓
Michael Fuller	✓	X	✓	✓	✓
Tom Steele *3	✓	✓	✓	✓	n/a
Heather Knox	✓	✓	✓	✓	✓
Jane Burns	✓	✓	✓	✓	✓
Frances Dodd	✓	✓	✓	✓	✓
Joanne Edwards	✓	✓	✓	✓	✓
Andrea Fyfe	✓	✓	✓	X	X
Nichola Summers *4	✓	✓	n/a	n/a	✓
Anne Lindsay	✓	✓	✓	X	✓

Marion Mark *5	X	X	✓	X	✓
Donald Masterton	X	✓	X	X	✓
Craig McKay	✓	X	✓	X	X
Judith Park	✓	✓	✓	✓	✓
John White *6	✓	X	✓	✓	n/a
Annmarie Campbell *7	n/a	n/a	n/a	n/a	✓
Derek Yuille	✓	✓	✓	✓	✓
Margaret Morris *8	n/a	n/a	n/a	n/a	✓
Paul Kelly *9	n/a	n/a	n/a	n/a	X
Margaret-Anne Hunter	n/a	✓	✓	✓	n/a
Fiona Watson	✓	✓	✓	X	✓

*1 – Phil Campbell, Chair until February 2018.

*2 – Avril Osborne, Chair from March 2018.

*3 – Tom Steele, member until February 2018

*4 – Nichola Summers, Interim HSD Monklands April 2017 – September 2017

*5 – Marion Mark was unable to attend meetings throughout 2017 due to unforeseen absence

*6 – John White, until March 2018

*7 – Annemarie Campbell, from March 2018

*8 – Margaret Morris, from March 2018

*9 – Paul Kelly, from March 2018

9. Issues Considered by the Committee over the year (including confirmation of delivery of the Annual Workplan)

During the year the Acute Operating/Governance Committee gave consideration to a number of standing items related to performance in line with its remit and schedule of reporting as follows:

- **Waiting Times** – assessing progress against HEAT (Health Improvement, Efficiency, Access, Treatment) targets.
- **Unscheduled Care** – assessing progress in delivering the unscheduled care target.
- **Finance** – assessing budgetary performance across the full range of expenditure headings and clinical divisions, and assessing progress against financial targets and efficiency savings.
- **Human Resources and Workforce** – focus on assessing sickness absence reporting, the use of bank/overtime staffing, and comparisons of performance in each of these areas against other parts of NHS Lanarkshire and National targets.
- **Clinical Governance** – reports on Healthcare Associated Infection (HAI) issues, and any actions arising from inspections; arrangements and support of the NHS Quality Strategy, and updates on the NHS Lanarkshire Quality Assurance and Improvement endeavour, complaints, patient experience.
- **Acute Site Updates** – reports from Hospital Site Directors on key issues related to site performance and linkages across Acute services.
- **Media Monitoring** – reports on media coverage of health and health services, with a particular focus on reporting in relation to Acute services performance and Freedom of Information reports.
- **Risk Management** – reports on risk register focusing on mitigating controls.

As well as a range of standing items described above, various topics were considered as part of presentations

- Infection/Prevention Control/Surveillance Prevention Update Daily (SPUD)
- Neonatal
- Trauma & Orthopaedics
- Hospital @ Home

The specialist interest items listed above provided an opportunity for Non-Executive Directors to visit clinical areas and hear first hand from clinical staff about services and new developments.

Special Interest Items are chosen in discussion with the Hospital Sites and reflect the priority work being presented to the Committee at that time.

In addition, the Committee received regular copies of minutes from various committees and groups listed below, with the subsequent opportunity to consider/comment/raise questions on any issues. This helps Committee members to understand how decisions taken in Acute impact on community and also provides an opportunity for the Acute Operating Division to inform the Committee of the various work going on at Divisional level across NHS Lanarkshire.

- North Lanarkshire Health & Social Care Joint Integration Board
- South Lanarkshire Health & Social Care Joint Integration Board

10. Improvements overseen by the Committee:

Waiting Times - NHS Lanarkshire has slightly improved during the year against waiting time guarantees and as of 31st March 2018 84.6% of outpatients have been seen within 12 weeks. 18 Weeks Referral to Treatment is 82.1% Delivery of cancer waiting time standards has been maintained at 95%.

Nurse Staffing - During the course of the year work has been completed to identify any deficits in peri-operative care staffing by the development of a workforce paper to support patient care, the workforce model has been presented to the Acute Divisional Management Team and is being considered in line with Acute Divisional Capacity Planning. The critical care workforce implications have been fully implemented across the Acute Division and workforce papers relating to care of the elderly and associated hospitals have been considered and appropriate risk profile has been identified.

The Emergency Department workforce tool was rerun across NHS Lanarkshire Acute Division and a workforce paper is now being developed. Weekly workforce governance arrangements have been strengthened across all 3 acute sites to map progress against trajectory in relation to workforce monitoring and associated CRES plans.

Developments in Care - We previously reported that a range of approaches were introduced to develop care at a ward and department based level and that a multi-professional approach is being taken to develop and improve care where the site Chiefs of Medicine and Nursing, supported by the Site Directors have developed site based plans, encouraging shared learning and a collective leadership approach to developing care. This work continues throughout the Acute Division and we have realised a site based dashboard to track progress against a range of quality indicators which are being utilised to understand any progress and developments in site based improvement work. Staff at all levels across the system influence how care is delivered and are involved in improvement work supporting the delivery of higher standards of care.

The Division has introduced open visiting and are supporting individualised visiting plans developed with patients and their families to meet patient needs.

Healthcare Associated Infection (HAI) Services - Some of the HAI targets in the Local Delivery Plan remain difficult to achieve, however progress has been made in the Clostridium Difficile Infection (CDI) target. The Infection Prevention and Control team and site based teams continue to collaborate to develop care and services for patients in line with agreed standards.

11. Matters of concern to the Committee:

During the course of the year some issues have been a particular focus for the Acute Operating Management Committee/Acute Governance Committee, as follows.

TTG – The numbers of patients breaching the TTG at year end had slightly worsened although this was due to the impact of poor weather and influenza.

Unscheduled Care – Performance against the 4 hour Emergency Care standard has continued to present significant challenges in NHS Lanarkshire and, indeed, in other Boards.

The Committee sought significant assurance on the delivery of site actions plans, resource implications and the mitigation of risk

Overall performance had improved by around 5% across all 3 acute sites over 2014/15 and 2015/16 and the focus during the current year has been to sustain this improvement. This has been achieved with the exception of the winter period where we experienced unusually high levels of influenza compounded by poor weather.

A sustained increase in volume of attendances across all 3 of our Emergency Departments has meant that it has been challenging to further improve performance. This activity increase has been further impacted by a lack of clinical decision makers on the Wishaw site.

Attendances have increased by 3.72% across all 3 acute sites over 2017/18, compared to 3.63% in 2016/17, 1.38% in 2015/16 and 1.27% in 2014/15.

The Lanarkshire Unscheduled Care Improvement Board provides a forum for unscheduled care strategic planning and service redesign with integration lead colleagues from both North and South Lanarkshire partnerships. The group also includes Scottish Ambulance Service members and provides a useful forum to monitor progress and agree whole system improvements.

Each site has an improvement plan in place based around the 6 key essentials to support changes to improve the delivery of unscheduled care. Medical staffing pressures continue within our Emergency Departments across all 3 sites; this is a particular problem out of hours and over the weekend period.

As described above, Wishaw is particularly challenged with the issue of long term shortage of sufficient numbers of senior decision makers in ED and the low number of offsite beds. A number of initiatives are being considered to respond to these challenges including maximising the use of Ambulatory Emergency care and Ambulatory Planned care to reduce the demand on the ED and inpatient beds respectively. Hairmyres continues to see an increase in patient numbers and a high occupancy level.

The ED medical staffing model is being reorganised on both sites to provide as much senior decision maker cover as possible 24/7 and there are plans to develop Advanced Clinical Practitioners to assist in bridging the medical staffing shortfall. A nationally recognised model for improving discharge processes (Daily Dynamic Discharge) is being rolled out across the wards to improve and standardise discharge processes to reduce Length of Stay to free up beds earlier.

Finance - The Financial performance within the Acute Division has continued to be challenging during 2017/18. The division has ended the financial year £4.249m overspent. This compares with an overspend of £6.041m in 2015/16 and £4.479m in 2016/17. This continued reduction of the overspend came at a time when £2.705m was delivered in Cash Releasing Efficiency Savings. Pay costs overspent by £2.277m with non-pay costs overspending by £1.972m. Drug costs were underspent by £93k, which was in line with the expected position at the year end. The Capacity Plan budget for delivery of the Access targets reported a break-even position.

The financial performance within the Acute Division is, and will continue to be, a focus for significant discussion at each meeting of the Acute Governance Committee, in order that all appropriate action may be taken to contain and further reduce the overspend position.

Medical Staffing - The year has seen a number of very positive developments with several highly commended reports in Training Quality Visits by NES/GMC as part of the Enhanced Monitoring that was put in place in 2014 after the HIS Rapid Review. All 3 hospitals have now had Enhanced Monitoring lifted. Positive visits were also conducted for Surgery and Trauma & Orthopaedics at Hairmyres and Wishaw, with a revisit scheduled for Monklands. In Women's Services, there have been several accolades at a Scotland and UK level for individuals and the team for the quality of training delivered.

Recruitment to substantive medical staff positions remains strong in some areas but there are some departments that have significant gaps that remain hard to fill, especially in some key medical specialties, especially gastroenterology and respiratory medicine. The impact on specialist care is being minimised by managing this on a pan-Lanarkshire basis wherever possible.

With respect to the non-consultant workforce, rotas for doctors in training are increasingly challenging to maintain as a range of requirements have been agreed between Scottish Government and the BMA that are generating difficulties in sustainability in some of our most hard pressed services. These include Surgery and Trauma & Orthopaedics but also medical receiving rotas. Withdrawal of a number of GP training posts has compounded this. Alternative ways of working are being explored as part of Achieving Excellence and developing the non-medical workforce. There has been some reduction in the costs incurred in employing locum medical staff as part of the Regional contract that is now in place.

Healthcare Environment Inspectorate HealthCare Associated Infection - During the course of the year, the Acute hospitals were subject to a limited number of Healthcare Associated Infection Inspections from our colleagues in the Infection Prevention and Control team which have helped us to develop systems and processes of care to support improvements in the environmental and practice elements of multiprofessional care. Delivering and maintaining the required cleanliness standards continues to be a substantial focus within the Division, supported by the Lanarkshire Infection Prevention and Control Department.

12. Conclusion;

From the review of the performance of the Acute Operating Management Committee/Acute Governance Committee, it can be confirmed that the Committee has met in line with the Terms of Reference, and has fulfilled its remit. Based on assurances received and information presented to the Acute Operating Management Committee/Acute Governance Committee adequate and effective arrangements were in place throughout the year.

Signatures of



Committee Chair
Avril Osborne



Executive Lead
Heather Knox

14th May 2018

**NHS LANARKSHIRE
ACUTE GOVERNANCE COMMITTEE
WORK PLAN 2018/19**

21st March 2018 – Monklands			
Special Interest Item	Performance & Planning	Governance	Information Items
New Ways of Working	<ul style="list-style-type: none"> • Unscheduled Care • Waiting Times / Delayed discharge • Finance • Media Monitoring 	<ul style="list-style-type: none"> • Risk Register • Quality Assurance & Improvement (Clinical Governance) • Human Resources • Healthcare Acquired Infection (HAI) • Medical Staffing 	<ul style="list-style-type: none"> • North JIB Minute • South JIB Minute

25th May 2018 – Kirklands			
Special Interest Item	Performance & Planning	Governance	Information Items
Reduction in Long Term Sickness Absence (Annmarie Campbell)	<ul style="list-style-type: none"> • Unscheduled Care • Waiting Times / Delayed discharge • Finance • Media Monitoring 	<ul style="list-style-type: none"> • Risk Register • Quality Assurance & Improvement (Clinical Governance) • Human Resources • Healthcare Acquired Infection (HAI) • Medical Staffing 	<ul style="list-style-type: none"> • North JIB Minute • South JIB Minute

18th July 2018 – Hairmyres

Special Interest Item	Performance & Planning	Governance	Information Items
Outpatients Modernisation (Graham Simpson)	<ul style="list-style-type: none"> • Unscheduled Care • Waiting Times / Delayed discharge • Finance • Media Monitoring 	<ul style="list-style-type: none"> • Risk Register • Quality Assurance & Improvement (Clinical Governance) • Human Resources • Healthcare Acquired Infection (HAI) • Medical Staffing 	<ul style="list-style-type: none"> • North JIB Minute • South JIB Minute

19th September 2018 - Monklands

Special Interest Item	Performance & Planning	Governance	Information Items
T&O Update (Graeme McGibbon & Stephen Peebles)	<ul style="list-style-type: none"> • Unscheduled Care • Waiting Times / Delayed discharge • Finance • Media Monitoring 	<ul style="list-style-type: none"> • Risk Register • Quality Assurance & Improvement (Clinical Governance) • Human Resources • Healthcare Acquired Infection (HAI) • Medical Staffing 	<ul style="list-style-type: none"> • North JIB Minute • South JIB Minute

21st November 2018 – Wishaw

Special Interest Item	Performance & Planning	Governance	Information Items
General Surgery Update (Jane Burns)	<ul style="list-style-type: none">• Unscheduled Care• Waiting Times / Delayed discharge• Finance• Media Monitoring	<ul style="list-style-type: none">• Risk Register• Quality Assurance & Improvement (Clinical Governance)• Human Resources• Healthcare Acquired Infection (HAI)• Medical Staffing	<ul style="list-style-type: none">• North JIB Minute• South JIB Minute

NHS LANARKSHIRE

AREA CLINICAL FORUM

ANNUAL REPORT 2017/18

1. Introduction

The role of the Area Clinical Forum is to support the NHS Lanarkshire Board in the conduct of its business through the provision of multi-professional advice maximising the contribution of clinicians in all aspects of the NHS Boards work. In doing so represent the integrated multi-professional view of the advisory structures for: Allied Health Professions, Dental, Healthcare Sciences, Medical; Nursing and Midwifery; Optometric, Pharmaceutical and Psychology.

2. Name of Committee: Area Clinical Forum

3. Committee Chair: Mrs Maureen Lees, Non Executive Director

4. Committee Members:

The Forum comprises 17 members, 2 from each professional committee (Allied Health Professions, Dental, Healthcare Sciences, Medical, Nursing and Midwifery, Optometric, Pharmacy, Psychology) and a third from the Committee which the Chairperson is a member. The Board's Clinical Effectiveness Manager is also a standing attendee.

The Terms of Reference for the Forum were updated in November 2017 to reflect that any member of the professional committee can attend (previously it was restricted to the Chair or Vice Chair of the committee) to represent that committee.

4. Attendees:

The Board's Executive Directors and Clinical Effectiveness Manager are standing attendees.

5. Sponsor: Paul Cannon, Board Secretary

6. Meetings held during the year:

The Forum met 4 times during the year from 1 April 2017 to 31 March 2018 as follows:-

7. Attendance of Committee Representatives

Committee represented	Aug 2017	Sept 2017	Nov 2017	Feb 2018
Chair, Maureen Lees	√	√	√	√
Allied Health Professions	√	√	√	√
Dental	√	×	×	√
Healthcare Sciences	√	√	×	√
Medical	×	×	√	√
Nursing & Midwifery	√	√	√	√
Optometric	×	√	×	√
Pharmaceutical	√	√	√	×
Psychology	√	×	×	√

8. Issues Considered by the Committee over the year (including confirmation of delivery of the Annual Workplan)

During the year the Area Clinical Forum considered a number of standing items including

- Finance
- Waiting Times and Access Targets
- Achieving Excellence
- Refurbishment / Replacement of Monklands Hospital

and specific topics raised by committee members as follows

- Regional Planning
- Health & Social Care Delivery Plan
- GMS Contract - progress updates
- University Branding
- i-Matter
- Flu vaccination
- Cyber Security
- Annual Review

The Forum also received exception reports from each of the committee representatives present.

9. Improvements overseen by the Committee;

The Chair of the Forum took over from Dr Andrew Docherty in June 2017, and the main focus for the Forum in the remainder of the year has been a drive to review the terms of reference, refresh the membership, and encourage a wider sense of ownership amongst clinical staff in the business of the Forum.

The Chair has visited a number of committees to discuss the role of the Forum, and has attended a significant number of other committees and groups to raise awareness of the Forum, and promote it's role. This work will continue into 2018/19.

10. Matters of concern to the Committee;

The financial reports provided to each Forum inevitably raised questions over the impact of cash releasing efficiency savings across a wide range of specialities and professional groups; albeit the Forum did acknowledge that the Board had a statutory duty to live within the allocation set by Scottish Government.

11. Conclusion;

From the review of the performance of the Area Clinical Forum it can be confirmed that the Committee has met in line with the Terms of Reference, and has fulfilled its remit. Based on assurances received and information presented to the Area Clinical Forum adequate and effective arrangements were in place throughout the year.

Maureen Lees
Committee Chair

22 May 2018

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NHS LANARKSHIRE AREA CLINICAL FORUM WORKPLAN 2018/19

This outline workplan is derived from the responsibilities and information requirements set out in the Area Clinical Forum Terms of Reference. Should these change as a result of a further review of the Area Clinical Forum role, the workplan will be revisited.

The Area Clinical Forum will hold a minimum of 5 meetings during the year, at which consideration will be given to the following issues:

1. Reports on Financial Performance, with particular regard to implementation of the Efficiency Savings Programme and its impacts;
2. Reports on Waiting Times and Delayed Discharge performance, with particular regard to the Treatment Time Guarantee, Outpatients, Unscheduled Care and Delayed Discharge;
3. Reports on Medical Staffing, focusing on areas of pressure and challenge, and the beneficial impact of the West of Scotland Contract arrangement with Retinue for Locum staff;
4. Reports on the progress of Integration of Health & Social Care, including the implementation of the National Health and Social Care Delivery Plan;
5. Reports on the implementation of Achieving Excellence, including regular updates from the Strategic Delivery Group, on which the Area Clinical Forum is represented;
6. Reports on the Corporate Risk Register, focusing in particular on the 'Medium' and 'High' risks and their mitigation;
7. Reports from the Parent Professional Advisory Committees, viz:
 - a) Area Medical Advisory Committee
 - b) Area Dental Advisory Committee
 - c) Area Optometric Advisory Committee
 - d) Area Pharmaceutical Committee
 - e) Area Allied Health Professions Advisory Committee
 - f) Area Nursing and Midwifery Advisory Committee
 - g) Area Healthcare Sciences Advisory Committee
 - h) Area Psychology Services Forum

PC
May 2018