

**LANARKSHIRE NHS BOARD
ANNUAL REVIEW 2016
SELF-ASSESSMENT for 2015/16**

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1 INTRODUCTION

2015/16 has been another year of sound progress across NHS Lanarkshire. Particular highlights include:

- Achieving many of our Local Delivery Plan Standards at the year-end including Psychology, IVF, Cancer (31 days and 62 days), Alcohol and Drugs, and coming close to target in CAMHS and A&E;
- Achieving financial balance and delivering on our efficiency savings target;
- Continued implementation of *Transforming Patient Safety & Quality 2014-17*, our strategy to ensure that Lanarkshire provides the safest healthcare in Scotland;
- Development of our Healthcare Strategy *Achieving Excellence*, setting out our vision for services that are focused on prevention, anticipation and self-management, enabling people to be cared for at home or in community settings. Consultation is currently underway, with feedback and comments welcomed. Copies of the consultation document, together with a presentation, will form part of the Annual Review day;
- Continued development of our Health & Social Care Partnerships, each of which has produced a Strategic Commissioning Plan that dovetails with the ambitions of *Achieving Excellence*, thus ensuring a seamless and integrated approach to health and social care;
- Further development of our Person Centred Care Prioritised Plan, focusing on people – patients, their families and carers, to individualise care and learn from what you tell us.

Supporting this, NHS Lanarkshire is committed to delivering the ambitions of the NHS Scotland 2020 Vision: Everyone Matters Workforce Vision and has a range of work underway to improve staff engagement and development, governance, workforce planning and staff attendance.

The following Self-Assessment provides a summary of progress in these areas and other key national and local priorities.

2 PROGRESS ON 2015 ANNUAL REVIEW ACTION POINTS

2.1 *Keep the Health Directorates informed of progress with the Board's significant local health improvement activity.*

Scottish Government has been updated on a number of Lanarkshire's key health improvement programmes, through participation in national groups and direct officer contact. The following are examples of areas covered:

- Annual report on Health Promoting Health Service, highlighting progress in a number of areas including physical activity, smoking cessation, Healthy Living Award, Weigh to Go;
- Launch of Well Connected, a social prescribing programme for mental health;
- Stress control classes in local community settings;
- Input to the national Self-management and Social Prescribing Advisory Group;
- Tobacco Control Strategy highlights and progress, including input to national networks and groups;
- Sexual Health Improvement and Blood Borne Virus Prevention work programmes locally and contributions nationally;
- Delivery of our Welfare Reform Strategy and Action Plan focusing on prevention and early intervention, and providing local advice service with statutory and voluntary partners;
- National input to the development of a strategic statement on NHS Scotland's contribution to addressing health and social inequalities;
- Collaborative input to the Clyde Gateway programme to promote and improve health;
- Participation in the national development of a Massive Open Online Course (MOOC) to deliver additional bespoke Scottish elements of the global programme in relation to inequalities, including development of local infrastructure Hubs, one of which will be health improvement staff in NHS Lanarkshire;
- Involvement of our local gender based violence service EVA in a range of national initiatives on which Scottish Government, including a Cross Party Working Group on Men's violence against Women and Children, and the national Health Visitors pathway domestic abuse risk assessment training and rollout.

2.2 *Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection.*

NHS Lanarkshire did not meet the LDP Standard for Staphylococcus Aureus bacteraemia (SAB) in 2015/16, however, there was demonstrable improvement in performance from 2014/15. In 2014/15 the NHS Lanarkshire SAB rate was 0.36 and in 2015/16 the rate reduced to 0.33.

NHS Lanarkshire did not meet the LDP Standard for Clostridium Difficile Infection (CDI) in 2015/16, however, there was demonstrable improvement in performance from 2014/15. In 2014/15 the NHS Lanarkshire CDI rate was 0.35 and in 2015/16 the rate reduced to 0.33

Increased awareness and education of staff led by the Infection Prevention & Control Team (IPCT) in 2015/16 resulted in improvement in performance with national Clinical Risk Assessment (CRA) for MRSA. Throughout 2015/16 the performance improved from 71% compliance to the national target of 90%. This activity will continue to be monitored and reported both locally and nationally on a quarterly basis.

Significant work is underway in improving the current surveillance methodologies for alert organisms and conditions across NHS Lanarkshire. A dedicated IPC Alert has been designed on TrakCare and is used exclusively by the IPC Team to highlight patients with alert conditions and organisms to clinicians. The use of the alert allows the IPCT to survey all NHS Lanarkshire inpatient facilities across acute and partnership sites and will reduce the risk of inappropriate patient placement therefore reduce risk of cross transmission of infection. In addition, work continues to improve IPC data collection and reporting to ensure that all IPC reports contain robust meaningful data for assurance.

NHS Lanarkshire was subject to one unannounced inspection from the Healthcare Environment Inspectorate (HEI) of Monklands Hospital in March 2016. The inspection resulted in 6 requirements and 2 recommendations. Progress in meeting the requirements and recommendations is monitored by the Hygiene Team at Monklands and reported into the Lanarkshire Infection Control Committee. Preparedness for future HEI inspections both in acute sites and partnership sites will continue to be led by the IPCT and relevant stakeholders in 2016/17.

2.3 Continue to deliver on the Board's key responsibilities in terms of clinical governance, risk management, quality of care and patient safety, including a prompt and effective response to findings of HEI and Older People in Acute Care inspections.

NHS Lanarkshire's Quality Strategy, *Transforming Patient Safety and Quality of Care 2014-2017*, approved in 2014, sets out our vision to achieve transformational improvement in the provision of safe, person-centred and effective care for our patients and for our patients to be confident that this is what they will receive no matter where and when they access our services. In order to achieve this vision we have set ambitious quality goals and each year a prioritised, achievable and sustainable work programme of initiatives is set out supporting the delivery of these goals. During 2015/16 progress on the work programme was monitored by the Healthcare Quality Assurance & Improvement Committee (HQAIC) with a mid-year review and an end of year review undertaken. During the year progress occurred in a number of areas, including:

- Improving care experience, as measured by the five Must Do with Me questions and existing patient experience measures which align to these;
- Increasing the methods of listening and acting on feedback from patient, carer and family experience, and demonstrating learning from this has improved the provision of care;
- Implementation of a patient safety prioritised plan (2014-2017) enabling development of whole system safety pathways and implementation of prioritised areas. This has resulted in:
 - A reduction in Hospital Standardised Mortality Ratio (HSMR) in all three acute hospital sites from the 2007 base line:

Hairmyres Hospital – 20.7%
Monklands Hospital – 25.4%
Wishaw General Hospital – 22.7%
 - A 33% drop in sepsis mortality within NHS Lanarkshire since Jan 2011;
 - Improvements across a range of wards and departments in relation to management of the deteriorating patient, reduction in pressure ulcers, catheter associated urinary tract infections and management of post partum haemorrhage;

- Respond to key clinical priorities for quality improvement identified through internal and external audits and reviews. This year has seen a focus on:
 - Management of Stroke Care according to published clinical standards;
 - Increasing the % of patients who require Haemodialysis who have arterio-venous fistula for vascular access;
- Building organisational capacity and capability in quality improvement through support of staff to complete national quality improvement programmes. To date 12 staff from NHS Lanarkshire have completed the Scottish Quality & Safety Fellowship Programme and 14 staff have completed or are currently on Scottish Improvement Leader (ScIL) Programme;
- A monthly Quality Dashboard is produced and considered by the appropriate governance committee which allows progress on all the quality goals to be monitored throughout the year.

An ongoing schedule of reporting will continue for 2016/17.

HQAIC has a role to critically review reports and action plans arising from the work of external audit, review agencies and inspectorates, as they relate to assurance on the effectiveness of clinical risk management and quality improvement. Reports following HEI and Older People in Acute Care inspections are considered by the committee at the next appropriate meeting.

NHS Lanarkshire has in place an Older People in Acute Care Improvement Group which has responsibility to ensure prompt and effective responses to the findings of Older People in Acute Care Inspections. An action plan is in place and monitored on a regular basis. Similarly HEI inspections are monitored by the Lanarkshire Infection Control Committee.

2.4 *Keep the Health Directorates informed on progress towards achieving all access targets, in particular the 4 hour A&E target and outpatient performance.*

Progress is on track against the Capacity Delivery Plan for 4 hour target. Outpatient pressures are increased. The Board waiting times report provides a full update.

2.5 *Continue to work with planning partners on the critical health and social care integration agenda.*

Both Health & Social Care Partnerships have been involved in relation to the development of the NHSL Healthcare strategy and similarly, so too have NHSL planning partners been involved in the development of the respective Strategic Commissioning plans. This has included key personnel from the H&SCPs leading specific chapters of the healthcare strategy.

As the H&SCPs mature, so there is recognition of the continued requirement to work more innovatively and jointly in terms of looking at full care pathways and the respective resource requirements in each such that the care is delivered to most ably meet patient outcome preferences.

2.6 Continue to achieve financial in-year and recurring financial balance.

Both financial targets were met in 2015/16, achieving financial balance and efficiency savings.

2.7 Keep the Health Directorates informed of progress with redesigning local services in line with the Board's clinical strategy.

NHS Lanarkshire has had ongoing dialogue with senior colleagues within Scottish Government with regard to the preparation of the Healthcare Strategy and how this aligns with the recently published Joint Strategic Commissioning Plans of the Health & Social Care Partnerships. A copy of the latest draft was forwarded to Performance Management on 16th June 2016.

3 PERSON CENTRED CARE

3.1 LDP STANDARDS

Child & Adolescent Mental Health Services (CAMHS) – the national target was to achieve 90% of patients starting treatment within 18 weeks of referral, by December 2014. As at March 2016 we were achieving 87.2%, although in the previous three quarters we had reached in excess of 90%.

Psychology – the national target was to achieve 90% of patients starting treatment within 18 weeks of referral, by December 2014. As at March 2016 we were achieving 94.6%.

IVF – the national target is that 90% of eligible patients will commence IVF treatment within 12 months, by 31st March 2015. As at March 2016 99.7% of Lanarkshire residents were being treated within target.

A&E – the national target is that 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for A&E treatment. The LDP Standard is measured by means of rolling yearly average data and this showed Lanarkshire at 94.1% at end March 2016.

Cancer – The national targets are that 95% of patients will be treated within 31 days of the decision to treat, and within 62 days of suspicion of cancer referral. Lanarkshire has consistently achieved this target with performance at March 2016 against the 31 days being 97.3% and against the 62 days 95.3%.

18 weeks Referral to Treatment – the national target is that 90% of planned elective patients will commence treatment within 18 weeks of referral. As at March 2016 Lanarkshire was achieving 88%.

TTG – the national target is that 100% of patients will be seen within the 12 week Treatment Time Guarantee. As at March 2016 we were achieving 78.1%.

Outpatients – the national Standard is that no patients should wait over 12 weeks for an outpatient appointment with a target of 95%. As at March 2016, we were achieving 92.8%.

Alcohol & drug treatment – the national target is that 90% of clients referred for alcohol or drug treatment should be treated within 3 weeks from date of referral received. Lanarkshire has achieved this target, performing at 100% at March 2016.

Primary Care – there are two national targets, both measured by means of a national survey. They are percentage of patients reporting ability to advance book an appointment and percentage of patients reporting ability to obtain 48 hour access. The target for both is to achieve 90%. The survey for 2015 was published in June 2016 and shows Lanarkshire at 81% for 48 hour access and at 69% for advance booking.

3.2 PATIENT EXPERIENCE / PERSON CENTRED CARE PROGRAMME

The overall strategic aim for person-centred health and care is that by December 2017 person-centred care is a central component in improving health and care services. This will be demonstrated in the way that services are designed and delivered so that:

- People have a positive experience of care and get the outcomes they expect;
- Staff are valued and supported to work collaboratively;
- People are empowered to be active partners in their care.

We have continued to promote our 'We are Listening' brand with both staff and the public to highlight the different ways that unsolicited feedback can be provided. Continual awareness raising amongst different staff groups at meetings and training has engaged staff on the importance of ensuring feedback is received regularly via all the mechanisms available. Members of the public have been encouraged to provide feedback about their healthcare experiences using a blended approach to gathering both targeted and unsolicited feedback.

NHS Lanarkshire is currently working on a two year project with Healthcare Improvement Scotland to improve person-centred care using patient experience feedback. Whilst this work affords us the opportunity to identify good practice and areas for improvement, the learning and outcomes will be shared nationally to inform practice.

We are one of three Health Boards looking at real-time feedback (which is collected at point of care and shared with 'local care teams' within 48 hours of collection for reflection and learning); and we are one of two Health Boards looking at right-time feedback (which is collected 2-3 weeks after completion of care and shared with 'local care teams'). Test Teams have been identified in acute hospital ward settings and in community settings, and include 'integrated teams' that are made up of health and social care staff.

Local Care Teams are focused on making improvements in the following areas as a result of initial feedback:

- Information provision;
- Communication with patients and relatives;
- Supporting personal choices – daily routines;
- Caring behaviours.

NHS Lanarkshire was a key contributor at the national Celebrating Person-Centred Health and Care event held in February 2016. Staff presented and provided posters to share good practice on the areas of work outlined in the 2015 annual review detailed in the table below. The Maternity Service has also presented at the UK Maternity Conference and was shortlisted as finalists in the Royal College of Midwives Annual Awards 'better births' category.

Celebrating Person-Centred Health & Care Presentations and Posters

Post delivery de-briefing project	Maternity Service
Safety & person-centred care	Renal Unit
Enhancing communication	Gastroenterology, Ward 11
My Care Plan	Mental Health
What matters to me	Paediatric Service

Our public partners have continued to work with us to develop and review our feedback mechanisms through the Public Reference Forum, the Disability Engagement Group and the Public Partnership Forums. The NHS Lanarkshire Adult Learning Disabilities Service has worked with Lanarkshire ACE (a local group for people with learning disabilities) to develop Easy Read feedback resources.

We also worked with North and South Lanarkshire Councils, Deaf Services Lanarkshire, Deafblind Scotland, Scottish Council on Deafness and NHS24 to organise a public engagement event to enable this community group to share their experiences of health and social services.

Cancer Services have held a number of focus groups and larger public engagement events to gather patient feedback, focussing work on the MacMillan Values Based Standards.

A Short Life Working Group has been established to review patient experience. The Group includes public partners, our Equality and Diversity Manager and staff from Practice Development, Clinical Quality, Patient Affairs, Nursing and Communications Departments. The Group's aim is to review and recommend improvements on how NHS Lanarkshire invites unsolicited feedback and collects solicited feedback from patients and carers.

We have continued to gather digital stories from patients and carers for reflection and learning with staff. The people who agreed to share their experience with us said it was good to know that their story would be shared with the staff involved. Later, we let them know the impact of their story and any changes or actions we made as a result. Stories were also shared at meetings, including Lanarkshire NHS Board meetings, and at training days.

The number of staff responding to public feedback on Patient Opinion has been increased. Between April 2014 and March 2015, 221 stories were told by patients, relatives and carers and we had approximately 40 staff registered to respond. This increased to 487 stories told and over 90 staff responding during 2015 / 2016.

Executive reviews of a sample of complaints continued on a monthly basis. The Lanarkshire office of the Scottish Health Council (SHC) carried out a survey on behalf of the Board in May and June 2015, speaking to people to find out what they thought of the reply they had received to their complaint. The results of the survey were jointly presented at the Public Reference Forum meeting in August 2015 and improvement actions were subsequently introduced based on the feedback received. The SHC carried out a further survey in January / February 2016.

The format of quarterly reports on complaints and feedback was revised to provide greater focus on our performance achievements against agreed KPIs.

The SHC confirmed that the Board had achieved the 'implementing' level of the Patient Focus and Governance components of the Participation Standard.

4 SAFE CARE

4.1 LDP STANDARDS

Healthcare Associated Infection (HAI) – there are two targets, the rate of *Staphylococcus aureus* bacteraemia (SAB), and the rate of *Clostridium difficile* (C diff).

***Staphylococcus aureus* Bacteraemia (SAB):**

The target in the Local Delivery Plan is to achieve a rate of 0.24 or less. As at March 2016, Lanarkshire's rate as published by Health Protection Scotland for Quarter 1 January – March 2016, was 0.37.

***Clostridium difficile* Infection (CDI):**

The target in the Local Delivery Plan is to achieve a rate of 0.32 or less. As at March 2016, Lanarkshire's rate as published by Health Protection Scotland for Quarter 1 January – March 2016, was 0.31.

4.2 TRANSFORMING PATIENT SAFETY AND QUALITY OF CARE IN LANARKSHIRE

Healthcare Improvement Scotland Rapid Review and Hospital Standardised Mortality Ratio (HSMR) Programme Plan

- Work progressed during the year on addressing and improving NHS Lanarkshire's HSMR for all three acute hospitals via the Improvement Plan;
- In August 2015, Internal Audit carried out a 'Review of HIS Rapid Review' with the aim of assessing progress in relation to the Board's HIS/HSMR Programme Plan. This review identified that 15 (out of 113) actions remained outstanding;
- These actions were incorporated into the relevant Board sub-committee work programmes and progress reported through these committees' year-end corporate governance reports;
- As at December 2015, all three acute hospitals in NHS Lanarkshire achieved a greater than 20% reduction in HSMR since the start of the Scottish Patient Safety Programme.

Care Assurance and Accreditation System

- Care assurance and accreditation standards (CAAS) for Acute inpatient areas and GP Hospitals have been developed, implemented and are in the process of being refined;
- CAAS for Maternity, Paediatrics and community care are near completion of the development phase;
- CAAS for mental health under consideration with a view to exploring Caring Behaviours Assurance System (CBAS);
- Introduction of Link practitioner development sessions within Acute CAAS areas with preliminary evaluation of the sessions complete;

- Phased introduction of link practitioners across the Acute sites dependant of site need and priority;
- Process of assurance being developed and in testing phase currently;
- Further consideration of models of accreditation planned.

Older People in Acute Care

- Significant improvement in the level of dementia care training with trajectories set for 2016/17;
- Introduction of stress and distress training in acute services with significant uptake;
- Introduction of the John's campaign across all 3 acute hospitals;
- Development of Older People in Acute Hospitals (OPAH) link practitioners across all acute ward areas using CAAS framework;
- Expansion of Hospital at Home services to cover Hairmyres and Wishaw catchment areas with a few geographic exceptions;
- Meaningful Activity Club finalist in Dementia Care Awards;
- Wishaw site introduction of John's campaign finalist in Dementia Care Awards;
- Further development of the acute care of the elderly (ACE) infrastructure across the acute sites supporting consistency of comprehensive geriatric assessment
- Continued site based internal unannounced inspections;
- 'Dementia Friends' training across 3 sites with significant numbers of clinical and non-clinical staff trained.

Support, Care and Clinical Governance Framework

- Established a Group chaired by the Medical Director to review the arrangements for support, care, clinical and professional governance for all services that are essential to the delivery in Lanarkshire of each Integration Authority's obligations and quality ambitions;
- Development and approval of a Lanarkshire Support, Care and Clinical Governance Framework;
- Development and approval of a North and South Health & Social Care Partnership (H&SCP) Risk Management Strategy;
- Facilitation and support for the development and approval of a North and South H&SCP Risk Register.

Patient Safety

The Reducing Harm Patient Safety Improvement Collaborative continued its programme of work during the year with the following results:

- 30 % reduction in Sepsis mortality;
- Between 40 – 60 % reduction in catheter use and reductions in catheter associated urinary tract infections (CAUTI) within pilot teams;
- Reductions in Cardiac Arrest rates and increased reliability with observations, recognition and response to the deteriorating patient;
- 24 % reduction in severe post partum haemorrhage;
- Reductions in reported Falls with harm in pilot teams and reliability of implementation of the Falls Bundle in several teams;
- Increased days between pressure ulcers in pilot teams;
- Recognised cultural shift achieved and noted by National Patient Safety Leads.

Strengthening the Risk Management Framework

- Review of the function of the Risk Management Steering Group with the

overseeing role for risk management business being transferred to the Corporate Management Team (CMT);

- Introduction of an agreed schedule of reporting for CMT and the Audit Committee that includes a monthly Risk Management Report a quarterly Risk Management Process Compliance Report; an annual Key Lines of Enquiry Report and a Risk Management Annual Report;
- Launch of the new Risk Register Policy, including re-defining NHS Lanarkshire's risk appetite statement, measured through setting of tolerance levels for each risk;
- Review of the Risk Management Strategy, including revised risk appetite statement.

Learning from Adverse Events

- Review of the Adverse Event Policy to align with the 2nd Edition of the Healthcare Improvement Scotland National Framework for the Management of Adverse Events;
- Review of the key performance indicators (KPI) for the closure of incidents;
- Development and implementation of a quarterly process compliance report;
- Implementation of mandatory training for nominated incident verifiers;
- Review of the process for notification of Category 1 incidents to the Chief Executive;
- Establishment of a Category 1 Incident Review Group chaired by the Medical Director that meets on a monthly basis;
- Development and launch of a Significant Adverse Event Review (SAER) eLearning module.

Person Centred Care: Volunteering

NHS Lanarkshire directly recruits volunteers to a range of roles, including supporting patients at mealtimes, in palliative care settings, "meeting & greeting" visitors to wards and engaging with patients in care of the elderly settings. Key activities during the year included:

- Holding a stakeholder event in February 2016 to gain the views of volunteers, voluntary organisations and staff as to what our strategic priorities should be for the coming three years;
- Completion of a self-assessment of our volunteering programme against the recommendations contained within the Lampard Report into the activities of Jimmy Savile;
- Carrying out an exercise to map the voluntary organisations that have a relationship with NHS Lanarkshire, the aim being to identify the recruitment and selection criteria they themselves use;
- Completing an assessment for the Investors in Volunteering award In order to gain assurance that our volunteering programme is indeed "fit for purpose". NHS Lanarkshire is now the only Board in NHS Scotland to have retained the award for a second time.

Effective Care

- Development and implementation of a robust process for review, evaluation & reporting of national & regional audit and benchmarking reports. Reports considered during the year include:
 - Audit of Critical Care in Scotland (SICSAG);
 - Scottish Multiple Sclerosis Register National Report;
 - Scottish Renal Registry Annual Report;
 - Audit of Trauma Management in Scotland;
 - Detect Cancer Early Report;

- Heart Disease Indicators;
- Various Cancer Quality Performance Indicator Report.

Research & Development

- Support by the R&D Service, and the Board's R&D Committee of NHS Lanarkshire's Annual Conference. Arrangements have been made to host the conference on 6th December 2016 – Professor Dawn Skelton of Glasgow Caledonian University will deliver the keynote talk;
- The Chief Scientist Office (CSO) Annual review highlighted good financial management of research in NHS Lanarkshire, and good compliance with performance targets;
- The CSO did highlight that achieving commercial target recruitment could be better. The R&D Service has initiated regular Project Review Groups to performance manage this issue;
- In addition to providing patients with access to new, novel treatments, clinical trials activities have also resulted in significant cost-avoidance for the Board due to investigational medicines being supplied by study Sponsors for patients taking part in clinical trials;
- NHS Lanarkshire recruited more than 1000 patients to the important, national ECLS study (*Detection in blood of auto-antibodies to tumour antigens as a case-finding method in lung cancer using the EarlyCDT-Lung test*). The ECLS study is investigating whether a new blood test can help determine if someone has lung cancer before they start to feel unwell, therefore allowing clinicians to treat the cancer sooner.

4.3 INFECTION PREVENTION & CONTROL

Throughout 2015/2016, the organisation strived to achieve two HAI related LDP Standards:

- To achieve a rate of 0.24 or less per 1,000 acute occupied bed days for *Staphylococcus aureus* bacteraemias ((SABs) including MRSA)) cases. Table 1 confirms the national and local verified SAB rates in the activity year.

SAB	Quarter 1 Apr-Jun 2015	Quarter 2 Jul-Sept 2015	Quarter 3 Oct-Dec 2015	Quarter 4 Jan-Mar 2016
NHS Lanarkshire	0.28	0.32	0.37	0.37
NHS Scotland	0.33	0.32	0.33	0.33

Table 1 – National and Local SAB Rates 2015/2016

- To achieve a rate of 0.32 or less per 1,000 total occupied bed days for *Clostridium difficile* infections (CDI) in patients aged 15 and over. Table 2 confirms the national and local verified CDI rates in the activity year.

CDI	Quarter 1 Apr-Jun 2015	Quarter 2 Jul-Sept 2015	Quarter 3 Oct-Dec 2015	Quarter 4 Jan-Mar 2016
NHS Lanarkshire	0.31	0.41	0.46	0.31
NHS Scotland	0.32	0.36	0.38	0.27

Table 2 – National and Local CDI Rates 2015/2016

***Staphylococcus aureus* Bacteraemias (SABs)**

The following key actions were undertaken to reduce the SAB rate as far possible in 2015/2016:

- Completion of enhanced surveillance on every SAB case identified locally using the Health Protection Scotland (HPS) national data collection tool and definitions;
- Every SAB identified triggered the completion of a Rapid Review Investigation (RRI). All recommendations/lessons learned from RRIs were shared amongst existing clinical governance structures and DATIX risk management reports completed where clinical practice issues are identified in a bid to support local improvement in patient safety;
- The National Mandatory SAB enhanced surveillance data collection on all SABs continues locally (commenced October 2014). This supports HPS in the collation of a national picture against SABs for reporting Board level data for sharing and learning. It also informs on national decisions against future targets being set and ensuring definitions for reporting are consistently applied for accurate data collation;
- The LDP Standard for 2016/2017 remains at the same level as 2015/2016.

2015/2016 SAB Achievements

- Whilst the SAB LDP Standard 2015/2016 was not achieved, there was however an overall reduction in the annual rate from 0.35 in 2014/2015 to 0.33 in 2015/2016.
- The number of SAB RRIs completed in 2015/2016 fell 9% with 159 completed against 175 in 2014/2015.

***Clostridium difficile* Infection (CDI)**

The following key actions were undertaken to reduce the CDI rate as far possible in 2015/2016:

- There were a number of key changes to the patient management of CDI incidents with the introduction of severity marker stickers being placed in clinical notes to support medical staff in their assessment and management of patients with severe cases of CDI;
- Every CDI identified triggered the completion of a RRI. Any recommendations/lessons learned from RRIs are shared amongst existing clinical governance structures and DATIX risk management reports completed where clinical practice issues are identified in a bid to support local improvement in patient safety;
- All CDI toxin positive results from the Laboratory Service sent to the service users with a link to the local CDI Policy (further revision to policy to be ratified by the Lanarkshire Infection Control Committee 18 August 2016) to ensure staff are implementing appropriate policy requirements with the ability to access the information immediately on receipt of the positive result;
- Completion of a multidisciplinary case review of all patients classed as a severe case of CDI which includes those who have died with CDI mentioned on their death certificate using the national investigation tool. Findings from the case reviews are discussed via the local Clinical Governance Committee as evidence of local improvement in patient safety.

2015/2016 CDI Achievements

- Whilst the CDI target 2015/2016 was not achieved with an increase from 0.32 in 2014/2015 to 0.37 throughout 2015/2016, the increase experienced locally in Quarters 2 and 3 aligns with seasonality spikes across NHS Scotland;
- From local reviews of the increases, the CDI cases in the main attributed to community patients. Further investigations identified that the rise in cases was likely due to increased antibiotic prescribing in the community over the winter months. This may not be necessarily through inappropriate prescribing, as secondary bacterial infections on top of flu are common in the winter, especially in a bad flu year;
- Further data analysis is being arranged to determine if there are specific areas or GP surgeries where CDI rates are particularly high. This is being led by the Infection Control Doctor providing educational talks on CDI and antibiotic prescribing in the community continuing into 2016/17;
- Assessment of local delivery against the 65 Vale of Leven Hospital Inquiry Recommendations continues to be monitored and actioned with an update to the Scottish Government Health Directorate in January and June 2015 which identified progress is being made.

5 EFFECTIVE CARE

5.1 LDP STANDARDS

Smoking cessation – The national target is to achieve a set number of people successfully quitting for 12 weeks. Lanarkshire's target for 2015/16 was 1,118 people. March 2016 data shows NHS Lanarkshire achieved 1,324 quits at 12 weeks in our most deprived communities, therefore achieving 110% against target.

Early Detection of Cancer – the national target is that Scotland achieves a 25% increase in the percentage of breast, colorectal and lung cancers diagnosed at stage 1 between 2010/11 and 2014/15. Lanarkshire's share of this is an increase to 29% locally. Data is considerably in arrears with most recent published data being December 2015 when Lanarkshire was at 25.7%.

Antenatal booking – the national target is that at least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation. Most recent published data is for March 2015 and shows Lanarkshire achieving the target across all 5 quintiles, with a range of 83% to 86.5%.

Alcohol Brief Interventions – the target is to sustain and improve upon the number of screenings / brief interventions completed in Lanarkshire in 2011/12 (6,167). As at March 2016, Lanarkshire had achieved 9,063.

Sickness absence – The national target is to achieve 4% or less staff sickness absence. As at March 2016, Lanarkshire's figure was 5.48%.

Financial Balance and efficiency savings – Both targets were achieved, with efficiency savings at 31,728 against a target of 31,725.

5.2 INTEGRATION

North:

During March 2016, a number of road shows took place in each of the localities leading up to the formal launch of health and social care in North Lanarkshire. The purpose of these road shows was to share key messages of purpose, vision and priorities to health and social work staff. There were six locality-specific events and two larger 'open events' in Motherwell and Airdrie respectively with over 700 staff attending. The events included: a short video designed to emphasise the breadth of service and a Q&A session. In addition, information packs were distributed at the events.

The North Lanarkshire Integration Joint Board (IJB) published its strategic plan on 31st March 2016. The strategic plan sets out the vision, aims, ambitions and outcomes that the IJB will seek to deliver over the course of the next ten years. It sets out four key areas where the IJB will take action; People, Locality, Systems and Culture to drive forward improvements in the supports and services provided in North Lanarkshire. It sets out a number of actions that will be taken forward in 2016/17.

One of the actions was to develop a commissioning plan that will set out the detail of how the models of care for integrated service provision will be transformed, redesigned and improved to deliver the national health and wellbeing outcomes and our local ambitions. A Joint Strategic Needs Assessment was undertaken and locality profiles have been developed for our six localities that will assist us and our communities to better understand the demography and needs within each area. Local stakeholder events were held in each area to discuss what the data in these profiles suggest in terms of a future locality plan.

The commissioning plan will be reviewed and refreshed on an annual basis to ensure that account is taken of how well we are delivering our ambitions and external factors such as changes to the integrated budget and new targets for integrated service provision. The first commissioning plan will cover a three year period. The plan will sit alongside the NHS Health Strategy. The Strategic Commissioning Plan will align with the Community Plan for North Lanarkshire, the Healthcare Strategy, and the Councils Corporate Aspire Plan to improve outcomes in collaboration with relevant stakeholders, partners, communities, carers and service users.

The commissioning plan is in final draft and will be available at the end of August 2016. A number of workstreams have been established to take forward this work.

In terms of its governance agenda, the Integration Joint Board has met bi-monthly and has overseen the development of an integrated performance framework including a joint Quarterly review process with both Chief Executives and the development of an integrated locality review process. In addition, Locality Quality Improvement Groups will be formed, to ensure a focus on continuous quality improvement to support improved performance and patient outcomes.

South:

Following the approval of the Integration Scheme, the Integrated Joint Board (IJB) of South Lanarkshire Health and Social Care Partnership (H&SCP) operated in 'Shadow' form throughout 2015/16, ensuring all the respective actions were taken to allow the IJB to be formally established on 1 April 2016.

Throughout the year, a process of consultation and engagement was undertaken with the public, voluntary groups, carers and the independent sector - together with a wide and cross cutting range of staff. This was implemented through a series of seminars across the four localities of Clydesdale, Hamilton, East Kilbride and Rutherglen/Cambuslang. This communication and engagement process has been complimented by a range of written and social media-supported publications which have been widely distributed and indeed have featured as part of local and national coverage. This process also supported the development of the Strategic Commissioning plan which, in turn, takes account of the 10 key themes which emerged as priority action areas.

Key areas of note throughout the year include: -

- ◆ The Strategic Commissioning Plan for the H&SCP was prepared and approved by the IJB;
- ◆ An Implementation Plan and Performance Reporting Framework have been developed and approved. (There is a full electronic tool which has been built to support this and is hosted on the Council's reporting system IMPROVe.);
- ◆ A Performance and Audit Sub Committee of the IJB has been established. This Committee will report directly to the IJB and act in an advisory capacity and propose items for decision, noting and information to the IJB;

- ◆ A Risk Register has been prepared for the IJB and this will similarly be monitored via the Performance and Audit Sub Committee;
- ◆ A full operational Partnership structure was presented to and approved by the IJB. A number of appointments have subsequently been made to the respective senior leadership posts;
- ◆ A joint inspection of older people's services was undertaken in 2015 and an Improvement Plan to address the emerging themes has been prepared. This will be implemented throughout 2016/17;
- ◆ The H&SCP has been closely involved in the development of the Lanarkshire Healthcare Strategy – 'Achieving Excellence'.

5.3 HEALTH INEQUALITIES

Addressing health inequalities remains a priority for Lanarkshire. Following an NHSL Board workshop in November 2013, continued work over the last year has concentrated on developing an action plan ensuring a single, strategic approach across Lanarkshire with direct links into the existing Single Outcome Agreements. More recently this work is informing the development of Local Outcome Improvement Plans (LOIPs) and the focus that is required on areas of need and populations that most require support to address inequalities.

Within the action plan the five keys themes are outlined with eight priorities (in brackets):

- Early years and young people (Ensuring that every child has the best possible start in life);
- Employment (Employment an asset for health: maximising NHSL's role as an employer to address inequalities);
- Sustained focus on the wider determinants of health - person and place (Tackling poverty and mitigating the impact of welfare reform; Place Standard: to work with both local authorities to achieve the 'Place Standard' in one area in each local authority area);
- Redesign of services to ensure inequalities sensitive practice (Reshaping NHSL's services to address inequalities; Preventative services that support the most deprived populations in Lanarkshire);
- Asset approaches and co-production (Utilising the assets based approach to improve health and wellbeing within our most deprived communities; Identifying and developing 'person-centred' approaches to those who are vulnerable).

These themes and priorities remain consistent with those identified by all Community Planning Partners as areas that effort should focus on. The community consultation that has been undertaken over the last year as the Health and Social Care Partnerships developed their respective Commissioning Plans, has also resulted in inequalities focused ambitions and actions being expressed in the Plans.

Some key result areas have been around:

- The uptake and completion of the 27 -30 month checks across all areas ensuring reach to the most vulnerable children;
- The continued supported employment of young people with disability achieving and sustaining employment;
- The numbers of people accessing and benefiting from the welfare advice workers co located in Health Centres;

- The continuation of Keep Well anticipatory care screening and advice to the most vulnerable groups such as ex-offenders, people with addictions and gypsy travellers;
- The range of third sector programmes that have been supported and now provide focused support to those in the greatest need such as using volunteer befriending
- Initiation of the homeless persons needs assessment.

The strength and sustainability in all of these is the strong partnership and influence that NHSL staff bring to these initiatives.

5.4 WORKFORCE

5.4.1 Everyone Matters

In support of delivery against the NHS Scotland 2020 Vision: Everyone Matters, NHS Lanarkshire established a comprehensive Implementation Framework in 2015/16. The Framework provided organisational focus, cohesion and featured all development work and activity in support of and response to:

- Everyone Matters: 2020 Workforce Vision;
- Staff Governance Action Plan 2015/16;
- Staff Survey Action Plan 2015/16;
- Integration of Health and Social Care OD Plans.

The Framework uses the 5 key priorities for action (Healthy Organisational Culture, Sustainable Workforce, Capable Workforce, Integrated Workforce, Effective Leadership and Management) established in Everyone Matters to set out NHS Lanarkshire's development work and activity. Progress against the work contained within the Framework is reported and monitored through a range of Groups and Committees, including the NHS Board, Staff Governance Committee, Integration Joint Boards, Operating Division Management Committees, Corporate Management Team, Area Partnership Forum, HR Forum and Divisional Management Teams.

5.4.2 Staff Engagement & Development

During 2015/16, NHS Lanarkshire continued its commitment to the local implementation of iMatter (the bespoke Staff Experience Tool for NHS Scotland). A partnership Implementation Group is in place, a local iMatter lead identified, and our phased roll out Programme for implementation over a 3 year period is underway, ending in 2017 consistent with the National implementation timetable.

Awareness sessions, manager orientation sessions and 1:1 support at action planning stage continue to be provided. Key challenges have included obtaining organisational charts and team structures, the need for paper copies which is resource intensive, staff /managers being released to attend sessions along with the challenge of bringing teams together in some areas to agree improvement plans. All learning is being shared locally and fed back nationally and will continue to inform our approach going forward.

NHS Lanarkshire has maintained an infrastructure of regular Locality Staff Briefing meetings and HR Surgery meetings designed to inform, engage with, and respond to questions or concerns from staff in their places of work.

The Director of HR has maintained a direct confidential and personal email address "uMatter" through which all staff can raise and receive immediate response to any matter of concern. Whilst staff use of "uMatter" is very limited the facility is nevertheless maintained as an important, direct route for staff communication and support.

These arrangements and NHS Lanarkshire's ongoing commitment to embedded, excellent Partnership Working continue in place promoting improved staff engagement, understanding and access.

There remains a significant focus on development work across NHS Lanarkshire. Examples of important work include:

Values - Our Values in Action resources continue to be used with teams, sometimes as a stand-alone development and sometimes as a foundation for bigger pieces of work. Requests for this support have lessened as iMatter has come into place. Development of joint values sessions has been scoped with local authority colleagues.

At organisational level recruitment aligned to values is in place for acute nurses, midwives and Allied Health professional staff, and personalised and targeted management development support is being provided to all newly appointed managers and leaders.

Stemming from the values the first NHS Lanarkshire Staff Awards scheme was designed and implemented in 2015/16. The programme opened for nominations on the 1st December, 201 and total of 364 nominations for Staff Awards were received across all job families. The Award ceremony took place in May 2016 with excellent feedback from participants and good coverage in our local press.

Staff Development - The local Learning Plan was promoted throughout the year with those who lead our compulsory learning modules forming a group to track and monitor compliance. Learning opportunities on a varied range of topics was provided and included Objective Setting; Your Voice: Valuing Feedback; Equality and Diversity; and Basic Sign Language; SVQ's and Further and Higher Education. Work will start in 2016/17 to design the next Plan to ensure it stays abreast of priorities.

Learnpro - learnPro (e-learning system) has now been established in NHS Lanarkshire for over 5 years and to date has 12,000 staff members registered on the system. 150 modules are available and 201,556 module launches occurred in the past year. E-learning is a key way in which staff develop their knowledge and skills in a variety of subject areas and is part of a blended approach to many learning priorities.

5.4.3 Staff Governance & Staff Survey

NHS Lanarkshire continued to maintain a strong focus on performance against the Staff Governance Standard in 2015/16 with the development and delivery against 5 individual Staff Governance Action Plans throughout the year. The Plans formed an integral part of the annual Everyone Matters Implementation Framework. Performance against the Plans was monitored and reported through regular meetings of the Staff Governance Committee, chaired by the Employee Director.

The Staff Survey results for 2015 were analysed and the results presented and discussed at the Staff Governance Committee, Corporate Management Team, Area Partnership Forum and the HR Forum. From these discussions a focused Staff Survey Action Plan 2015 was developed and implemented. Progress and performance against the Plan was again monitored and reported through the Staff Governance Committee.

5.4.4 Workforce Plan

The NHSL workforce as at 31st March 2016 equates to 10,604 WTE / 12,251 headcount in-post staffing. The workforce is predominantly female (4 females to 1 male) and over 66% are forty years old or older. The turnover rate over the last year has been 8.86.

In 2015/16 an increase of 78.5 WTE was projected but the actual in-year increase was 120.23 WTE. The highest, as projected, was in nursing which increased by 107.95 WTE, (>46.64 WTE more than projected). The additional staff were mainly due to vacancies being filled in health visiting and district nursing. Other notable increases were in Medical, Admin and AHP Services.

5.4.5 LDP Standards

Performance against the Sickness Absence LDP Standard was 5.15% for the year to March 2016, matching the average NHS Scotland performance. Performance against the eKSF Standard was 80% at the end of March 2016, performance is currently (August 2016) at 76 % against this Standard.

Performance against both the Sickness Absence and the eKSF Standards remain an important priority for NHS Lanarkshire.

5.5 DEVELOPMENT OF LANARKSHIRE'S HEALTHCARE STRATEGY *ACHIEVING EXCELLENCE*

It is over four years since NHS Lanarkshire published 'A Healthier Future – A Framework for Strategic Health Planning', which set out a route map to improve the quality of the services we provide, whilst also setting out our plans for meeting the future health needs of the Lanarkshire population.

In that time, we have seen an important change in the way in which health and social care is planned and delivered. The needs of the population and the way in which clinical services are provided have also moved on. Therefore, in early 2017, NHS Lanarkshire will revise and refresh the Healthcare Strategy, based on the healthcare needs of the population, and make plans for improving services to meet these changing needs. We will ensure these services are safe, effective, person-centred and sustainable.

Our aim in Lanarkshire is to develop a healthcare strategy that supports the development of an integrated health and social care system which has a focus on **prevention, anticipation and supported self-management, with appropriate use of health and care services to ensure that patients are able to stay healthy at home, or in a community setting, as long as possible, with hospital admission only occurring where appropriate.**

During 2015 and 2016, Lanarkshire NHS Board collaborated with patients, staff and partners to refresh the vision as to how services should and could change over the next ten years. This draft Strategy summarises this work to shape our future plans, and is the basis for consulting with the people of Lanarkshire on these emerging plans. The plans play an important role in improving health and social care alongside - and integrated with - the two Strategic Commissioning Plans for Health and Social Care North Lanarkshire and South Lanarkshire Health and Social Care Partnership. Another key influence on this

work is The National Clinical Strategy for Scotland, published by the Scottish Government in 2016.

Some of the work described in this Strategy has already started. Some is in the planning stage. Some of it puts forward ideas about how the healthcare system could change to meet the challenges we face.

This healthcare strategy is one part of a trilogy of plans, with essential co-dependencies between this and the Joint Strategic Commissioning Plans produced by the North and South Lanarkshire Health and Social Care Partnerships (HSCPs). The Chief Officers of the HSCPs and NHS Lanarkshire are co-authors of this strategy.

The draft Healthcare Strategy, "Achieving Excellence," was developed during 2015/16. This was driven by a series of workstreams which focussed on the future needs of the Lanarkshire population within a defined set of service areas:

- Primary Care*
- Older People's Services*
- Alcohol and Drugs*
- Planned and Unscheduled Acute Care*
- Cancer Services*
- Palliative Care*
- Property*
- Transport*
- Long Term Conditions*
- Mental Health and Learning Disability*
- Maternity, Early Years, Children and Young People*
- Orthopaedic Services*
- Stroke Services*
- Pharmacy*
- eHealth*
- Workforce of the Future*

The workstreams engaged on a proportionate basis with patients and other stakeholder, with the emerging themes reviewed by a specially convened Patient, Public and Carer Reference Group, and a Clinical Reference Group. This allowed the development of the healthcare in draft form, with full public consultation being the mechanism for fuller engagement with all stakeholder affected by these plans. The consultation process was prepared with the advice and input of the Scottish Health Council.

The draft 'Achieving Excellence' document was approved by the Lanarkshire NHS Board for consultation with the wider public in July 2016. The consultation will collect the views on specific proposals set out in the draft strategy (the replacement/refurbishment of Monklands Hospital, and the future service model for orthopaedic services) and the wider raft of changes which will deliver the aims described above. The conclusion of the consultation will be considered by the NHS Board in late 2016.

ANNEX 1

REPORT FROM AREA CLINICAL FORUM

During the year, the key issues considered by the Area Clinical Forum were:

- 1. Changes to Hospital Services in Glasgow 2015:** Members received reports on the planning for the changes, and reports on the impact of the changes following implementation.
- 2. Finance:** Members considered regular reports on Financial Performance, and offered for consideration proposals for potential efficiency gains.
- 3. Waiting Times:** Members considered regular reports on performance in the delivery of key scheduled and unscheduled care waiting times.
- 4. Primary Care Out of Hours Service:** Members received regular reports on the performance of the service, prior to and following the implementation of the interim model in July 2015, and reports on the progress of the review of the model, taking account of the report of the national Independent Review of Primary Care Out of Hours Services, led by Professor Sir Lewis Ritchie. Members were fully supportive of the Board's actions in moving to an interim model for business continuity, and were supportive of the review process.
- 5. Integration of Health and Social Care:** Throughout 2015/16, the Area Clinical Forum continued to take a keen interest in the progress of arrangements to move to full Integration in April 2016 and considered regular reports in this regard. Members will continue to take an interest in the progress of Integration during the first full year of operation of the Integration Joint Boards.
- 6. Healthcare Strategy:** Area Clinical Forum Members received regular updates on progress with the development of the Healthcare Strategy, and were fully supportive of the approach. Members of the Area Clinical Forum also contributed to the individual Workstream groups which developed particular chapters of the overall Healthcare Strategy. In December 2015, the Area Clinical Forum sponsored a Clinical Reference Group, bringing together key clinical personnel from across Lanarkshire to give consideration to and comment upon the draft reports from the various workstreams. Meetings of the Clinical Reference Group were held in December 2015 and January and May 2016. The Area Clinical Forum will work closely with the Parent Professional Advisory Committees to ensure that there is a considered response to the current public consultation on the Healthcare Strategy.
- 7. Vale of Leven Inquiry Report:** Members considered the Progress Update on the delivery of Inquiry actions relevant to Lanarkshire, lodged with the Scottish Government in June 2015.
- 8. Annual Review:** Members considered the Programme and arrangements for the Annual review, including the market stalls proposals and the self-assessment submitted to the Scottish Government.

9. Healthcare Improvement Scotland: Building A Comprehensive Approach To Reviewing The Quality of Care: Members were provided with the link to the consultation document and were encouraged to respond to the consultation through the survey monkey. Consideration was given to whether the Healthcare Improvement Scotland inspection approach should, increasingly, be focussed on improvement and sustainability.

10. Reports from Professional Advisory Committees: At each meeting, members of the Area Clinical Forum received summary reports on the principal issues under consideration by the Parent Professional Advisory Committees.

Improvements overseen by the Area Clinical Forum and Looking Ahead

Finance: Area Clinical Forum members welcomed the opportunity to consider reports on financial performance during 2015/16, and noted with interest the progress in delivering the efficiency savings requirement. Whilst the pursuit of efficiency is, in itself, laudable, members were mindful that this requirement brings more substantial challenges each year, as already is apparent for 2016/17, with the Board facing a substantial challenge in delivering £44m of efficiency savings, bringing consequent pressures on staff and services across the system. The scale of this challenge cannot be underestimated, and mitigating the impacts on delivery and service standards will require a substantial endeavour.

Integration of Health and Social Care: Members have been encouraged by the extent of partnership working during the year, leading to full Integration from April 2016. Members will continue to maintain a keen focus on the progress of the Integration arrangements, focussing particularly on the evidence of delivery against the national outcomes for Integration.

Healthcare Strategy: Members welcomed the updates on progress in the further development of the Healthcare Strategy for Lanarkshire, and the opportunity to sponsor the Clinical Reference Group, as a key element of 'sense-checking' the emerging strategy. Against the backdrop of the continuing staffing and service pressures in Lanarkshire, the Healthcare Strategy, is a welcome development in pursuit of the aim of delivering safe, sustainable services into the future. Encouragingly, the launch of consultation on the Healthcare strategy is matched by confirmation of the start of planning for a replacement for Monklands District General Hospital. Area Clinical Forum members are fully committed to supporting the Board in progressing the finalised Healthcare Strategy through consultation to implementation.

Waiting Times: Whilst members welcomed the confirmation of satisfactory performance across a number of areas of waiting times, the continuing variable performance in delivering the four hour Unscheduled Care Target during the first half of the year was a concern. Encouragingly, performance has shown improvement over recent months with delivery of the national target. It is acknowledged that sustaining performance remains a significant management focus.

A key factor impacting on unscheduled care is flow through the hospitals. Delayed Discharges has been a challenge for Lanarkshire over a number of years, and has impacted on bed availability. It is essential that this matter is addressed in a sustainable

way, going forward, and the role and responsibility of the Health and Social Care Partnerships and the integration Joint Boards in this regard is recognised. Both North and South have increased the inputs to managing Delayed Discharges, principally through significant additional investment in Home Care staff, and it is hoped that the tangible benefits of these inputs, through sustained reductions in the total number of bed days taken up by Delayed Discharges, will begin to become apparent, especially as NHS Lanarkshire and the Integration Joint Boards prepare to mitigate the impact of the inevitable increased demand on Health and Social Care services during Winter.

Primary Care Out of Hours Service: Members were fully supportive of the Board's decision to move to an interim model of service in July 2015. The wisdom of this decision has been ably demonstrated through the dramatic and sustained improvement in service performance for treatment at the centres and home visits. It is also encouraging that the level of unfilled doctor sessions has reduced substantially and is consistently less than 5%. These performance improvements have improved the safety of the service, which was the primary motivator for the Board's decision. Members await with interest the outcome of the review of the Lanarkshire model by Professor Sir Lewis Ritchie against the conclusions and recommendations in the national review report. This will help to inform the development of commissioning intentions by the North and South Lanarkshire Integration Joint Board for the substantive service model, for presentation to the NHS Board over the coming months.

Dr Andrew Docherty
Chair, Area Clinical Forum
August 2016

AREA PARTNERSHIP FORUM ANNUAL REPORT

Area Partnership Forums (APFs) are now a well-established part of staff engagement in NHS Boards in Scotland. This reflects the development of integrated organisational arrangements as well as further strengthening partnership arrangements first set out in Circular MEL (1999) 59.

The APF considered a number of the service developments impacting on the Governance framework within NHS Lanarkshire in 2015/16. This included a number of standing items within the APF agenda, e.g., finance, workforce planning, iMatter and policy development.

The APF also continues to consider a wide range of important strategic and operational matters and this report highlights some examples of the work of the APF. This included challenging discussions on the nature and timing of information shared with the APF in relation to the Healthcare Strategy and the Cash Release Efficiency Savings (CRES) Programme.

Health & Social Care Integration

In response to the Public Bodies (Joint Working) (Scotland) Act 2014, the partner agencies in North and South Lanarkshire have taken forward a significant amount of work to establish arrangements for health and social care integration. The APF continues to discuss the arrangements and challenges for Staff Governance into the future as the IJBs progress.

iMatter

In total 365 teams (4352 individuals) have taken part. Despite the commitment from members of the APF the overall response rate so far is disappointingly 54%. As the response rate is below 60% we do not have a board EEI score however, we do receive a breakdown of the average responses which are encouraging. The APF took the decision to write to the project lead, members have raised some concern around the 60% response rate required before an EEI rating and reports are available. Taking cognisance of this we asked that consideration being given to reducing the response rate from 60% to 50%. Our overall plan as an APF will be to achieve the 60% and beyond however at this stage support from Scottish Government on our phased approach would have been appreciated. The response we received was that the threshold would not be lowered and we needed to achieve the 60% before receiving the board EEI score. Whilst disappointed we will continue to use our best endeavours to engage our staff recognising iMatter is a robust tool designed to inform individuals, teams and organisations about the degree of staff engagement. At the NHS event in June at the SECC NHS Lanarkshire's PSSD admin service were showcased at the event for their approach to team engagement and delivery of their action plan.

Finance

The APF has been kept up-to-date on the planning around reaching financial balance going forward. In year end 2015/16 the APF played a significant part in the delivery of the CRES programme by supporting work streams throughout the organisation. The 3 year Financial Plan 2016/17 – 2018/19 was submitted by the NHS Board on the 15th June 2016 and is awaiting approval from Scottish Government. Sign off depends on reaching an agreed solution for the remaining £6m. The APF has committed to work with

colleagues to deliver the outstanding shortfall but will expect that this is achieved through full partnership working.

Healthcare Strategy

The strategy is one part of a trilogy of plans, along with Joint Strategic Commissioning Plans produced by the North and South Lanarkshire Health and Social Care Partnerships (HSCPs) which will deliver modern, high-quality health and social care services for the population of Lanarkshire. As an APF we have had lengthy discussion on NHS Lanarkshire's Healthcare Strategy and during these discussions we sought many assurances that there would be full public/staff consultation on the document. In relation to Trauma and Orthopaedics, our decision making was influenced by a number of factors including the HIS Review, the reports from the Post Graduate Dean and the Academy of Medical Royal Colleges, and the recognition that change would be key in supporting patient safety. Specifically the APF sought and was given assurances that NHS Lanarkshire will continue to deliver in our 3 District Hospitals, 3 Accident and Emergency Units, 3 Adult Clinical Care Units, 3 Out-Patient Departments and 3 Theatre Suites. This assurance was given to the APF by the Corporate Management Team. Over the past 2 years the APF has been represented on the T&O work stream by 2 staff side reps that have continually raised the staff side views within the group.

Looking ahead

It is recognised that the on-going development and implementation of the new Electronic Employee Support System (eESS) HR Information system is a risk. As we reported last year the APF recognises the significant reliance of the NHS in Scotland on eESS in the provision of interactive electronic employee data capture and reporting. APF members are actively involved in the eESS Project Board and are monitoring closely the rollout within Lanarkshire. However this remains an area of concern for the APF.

The Area Partnership Forum is committed to continuing engagement in the planning processes to support the Board in the delivery of its principal objectives during the year.

We believe we have demonstrated a maturity within our employee relations framework which has produced results that have benefited all stakeholders within our system. This approach will be invaluable as we meet the challenges transforming health and social care for the benefit of the people of Lanarkshire.

Lilian Macer Employee Director (Joint Chair APF)
Calum Campbell Chief Executive (Joint Chair APF)

REPORT FROM PUBLIC PARTNERSHIP FORUMS (PPFs)

The principal areas of interest for North and South Lanarkshire Public Partnership Forums (PPFs) this year have been:

- Out of Hours Review – A number of North and South PPF members continue to monitor and evaluate the changes made following the Out of Hours Review and two members are involved in the NHS Lanarkshire Transforming Urgent Care Rapid External Review visit by the Scottish Government;
- Healthcare Strategy- Several of our members are on the Healthcare Engagement Group which has influenced the format and content of the public consultation which commenced on the 1st August and will result in a report to the NHS Board by the end of November;
- Acute PPF Liaison Meetings – PPF members meet 3/4 times a year with the management teams on each site. This provides an open forum for discussion on all matters relating to the 3 acute hospitals in Lanarkshire and is much valued by members. In addition to this, a number of members are involved in Public Peer Reviews. This involves inspecting cleanliness in wards;
- Integration of Health & Social Care – PPF Members from both North and South sit on the Joint Integration Boards; Strategic Commissioning Groups; Locality Integration Events and Locality Planning Groups where they are actively influencing how this work is being taken forward. In South Lanarkshire, support has been provided from the National Education Scotland (NES) and the Scottish Social Services Council (SSSC) to take an Appreciative Inquiry Approach to developing the organisation to take account of the challenges that comes with Integration. A new Working Agreement and associated papers have been developed together with a recruitment and training programme to assist with this process.

PPF members continue to be involved in over 30 NHS Lanarkshire groups and service reviews, including:

- The development of a new Monklands Hospital;
- Trauma & Orthopaedic Review;
- Long Term Older People's Psychiatric Services;
- Patient Focus Public Involvement Strategy;
- Feedback on Comments, Concerns, Complaints;

Members also promote the use of Patient Opinion for both positive and negative experiences for which NHS Lanarkshire provides a speedy response to patients and carers comments. Nationally, members have been actively involved in the Scottish Government's "Ting" Project and several Scottish Health Council's Initiatives ensuring an effective and person-centred approach to community engagement throughout Lanarkshire and Scotland.

The main areas for focus in the coming year will be:

- Recruit and train new volunteers to assist the organisation with the increasing demand for involvement in line with the development of Health & Social Care Integration;
- Use a variety of methods for consultation and involvement to ensure members are involved at a pace and a level that suits them
- Continued input into NHSL Service Change and sharing the information with communities

Donald Masterton, Chair, North Lanarkshire Public Partnership Forum
Margaret Moncrieff, Chair, South Lanarkshire Public Partnership Forum