NHS Board Lanarkshire

BOARD EXECUTIVE TEAM REPORT

Aim

The aim of this report is to update the Board on areas of activity within the Board Executive Team Director’s portfolios.

1. Chief Executive

During January 2015, I have undertaken familiarisation visits to the 3 Acute sites. Further visits to other health facilities in Lanarkshire are being arranged.

Arrangements are in hand for me to have one to one meetings with Non-Executive Directors.

On Friday 16th January 2015, I attended a meeting of the Area Medical Advisory Committee, Chaired by Dr Andrew Docherty, and arrangements are in hand for me to attend an upcoming meeting of the GP Sub-Committee.

On Wednesday 14th January 2015, I attended the Chief Executives Group meetings.

I have met with the Chief Executives of North and South Lanarkshire to discuss some key issues, not least of which was the progress of the arrangements for the Integration of Health and Social Care.

On Thursday 22nd January 2015, I participated in a full day of induction.

2. Director for Nurses, Midwives and Allied Health Professionals

This report covers December - January to date. There has been continued leadership and support to the acute services division, this includes supporting the induction of Heather Knox from 5 January 2015.

Out and About

Most visits within this period have focused on acute hospitals. As reported under separate cover paper, the focus on unscheduled care has continued.
The Director of NMAHPs has attended multiple hospital/site/safety “huddles”. During the period from December these have been put in place on a more formal footing on all 3 sites. This includes freeing up site teams for the first 2 hours daily to focus on unscheduled care.

### Care Assurance Accreditation Scheme (CAAS)

Work on CAAS scheme has continued and during December the Tri-board Steering Group took place (NHS Lanarkshire/Greater Glasgow & Clyde/Ayrshire and Arran). Progress across all areas continues:

- Acute
- Mental Health
- Women's and Children
- Community Nursing/Health Visiting

Acute is now in a testing phase in a small number of areas in all 3 Boards. This includes testing of role descriptors for link nurses and testing the language used across the 13 standards. HCQAIC will receive a formal update in February 2015.

### Events

- Person Centred Care event took place at Monklands
- Corporate Parenting event with representation from Strathclyde University took place at Kirklands

### National

A short life working group to review provision and standards for Tissue Viability met under my leadership. This group will report directly to Scottish Executive Nurse Directors (SEND).

### PDC

In December the last of a series of 7 commissioned articles relating to Leading Better Care was published in the Nursing Standard. These publications describe a range of work activities which have been undertaken in collaboration with the University of the West of Scotland (UWS) under the joint Leading Better Care programme. The list of these publications is identified below:


In addition, a number of abstracts led or supported by nursing staff, have been approved for the R&D Conference:

1. David Watson, Martin Carberry - The Implementation of a Clinical Course to support Healthcare Support Workers in the early recognition of the deteriorating patient – Published
2. Martin Carberry, Elaine Headley, Pauline Clements, Paul Lumsden - How good are early warning scores – Published
3. Martin Carberry, Dr Lindsay Mitchell, Elizabeth Linton, Kathleen Lockhart - Improving the safety of OOH antibiotic prescribing by ANP's in an acute haematology ward implementing a yellow sticker system to allow nurses to prescribe antibiotics in ward 16 by conducting a pre and post analysis of out of hours prescribing
4. Martin Carberry, Dr John Harden, Gillian Chisholm - Reducing mortality from sepsis in the Emergency Department - a quality improvement project aimed at reducing time to first antibiotic dose.
5. Lorraine Falconer, Martin Carberry, Chris Lochrin, Rory Mackenzie - A quality improvement project aimed at improving the communication and effectiveness of clinical handover within Monklands Hospital
6. Martin Carberry, Majella Purcell, Professor D. Robin Taylor - The use of a ceiling of treatment pathway to influence clinical decision making in out of hours clinical deteriorating patients
7. Sara Elliot - ICU Delirium: A survey into nursing and medical staff knowledge of current practices and perceived barriers towards ICU delirium in the intensive care unit – Published
8. Donna Ferraiola, Patricia Watson - What is the current practice of nurses and physiotherapists in the planned mobilisation of ventilated patients to reduce or negate the prevalence of ICUAW within critical care areas?
9. Lorraine Sinclair, Dr Laura McMillan, Lorraine Duers - A qualitative study exploring the diagnostic decision making skills of advanced nurse practitioners in critical care
10. Martin Carberry & Audrey Jackson - Evaluation of activities, workload and patterns of prescribing of Advanced Nurse Practice posts within a critical care setting – Published

The Director of NMAHP Practice Development: Dr Marie Cerinus retired at the end of December following many years working within NHS Lanarkshire and also within higher education. Marie will be greatly missed for her outstanding contribution to practice and learning.

Margot Russell has been appointed into the role of Director of NMAHP Practice Development.

Clare Cable (Chief Executive of Queens nursing Institute Scotland) visited to discuss innovative work being undertaken to support the development of community nursing. The community Nursing Development Framework developed in NHS Lanarkshire with support from UWS( in its first cohort) provides a flexible pathway to support community staff nurses and potentially other registered nurses to gain knowledge and skills to enable them to become caseload holders in Long Term Conditions teams.

HAI

This has continued to be a busy period with further announced and unannounced inspections at Wishaw and Hairmyres hospitals. This is reported under a separate cover paper.
Emer Shepherd also appointed as the new Head of HAI, Prevention and Control. Emer has an established background in Infection, Prevention and Control and comes to NHS Lanarkshire directly from the Healthcare Environmental Inspection Team. Emer commences her new post on 26 January 2015.

**Allied Health Professions**

*Clinical Director of the Quality Unit, Scottish Government, Visit to ASSET (Age Specialist Service Emergency Team)*

This visit was arranged following a previous visit to the team in September 2014 by Michael Kellet, Director for Quality, Scottish Government. Following on from his visit Michael was keen for the Cabinet Secretary for Health & Wellbeing, and the Clinical Director of the Quality to visit the team.

Professor Jason Leitch was accompanied by Jacqui Lunday-Johnstone, Chief Health Professions Officer, Scottish Government.

In addition, the both Jason and Jacqui heard of the management of falls and fractures in Care Homes for Older People, National Project, supported by the Care Inspectorate and NHS Scotland. This project is being led by two staff members (a Physiotherapist and Occupational Therapist) from NHS Lanarkshire who are on secondment to the Scottish Government until March 2015.

The objective of the project is to reduce falls in Care Homes by 50% and assist Care Home Managers and staff to consider falls prevention and management in their care home and, where necessary, improve their approach to falls prevention and management.

**Older People Acute Care**

During the period we reported to new standards published. We also completed a self-assessment against key actions for care in older people.

A review of the self-assessment is planned with HIS and key staff on 24 April 2015.

3. **Medical Director**

**Meetings and Conferences**

Faculty of Medical Leadership and Management - Achieving Excellence in Scottish Healthcare: The Common Goal at the Royal College of Physicians, Edinburgh 28.11.14

The medical director contributed to a ‘Question Time’ panel discussion on leadership for excellence. The Board was well represented by a range of medical managers from across NHSL.

**Harm Reduction Collaborative Facilitated Monthly Action Period Sessions – various times in December**

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In December teams from the following areas came together: Catheter Associated Urinary Tract Infection (CAUTI), Falls, Pressure Ulcer, Sepsis and Cardiac Arrest.

**Death Certification Implementation Group 1.12.14 and 15.1.15**

This group is chaired by the medical director and is overseeing preparation for the new system of death certification being introduced on 13.5.15. A full paper will be presented to the Board in March 2015.

**Quality and Safety First Programme for Leaders 2-3.12.14**

The second two day event of the above programme focussed on:

- A Socio Technical Framework for Safety, Reliability and Sustainable Improvement
- Leadership activities and interventions
- Building the Conditions and Framework for Sustainable Success

**IHI 26th Annual National Forum 7-10.12.14**

The Head of Clinical Governance and Head of Patient Safety attended the IHI 26th Annual National Forum on Quality Improvement in Health Care – feedback session is planned to share learning.

**Area Clinical Forum 18.12.14**

The medical director and head of patient safety and improvement led a discussion on patient safety. A number of suggestions to improve staff engagement were identified.

**Bereavement Conference, Wishaw General Hospital 14.1.15**

The conference was arranged by Noreen Kent, associate director of nursing and chair of the Bereavement Care Steering Group. It was supported by the Ronald Miller Foundation Endowment Fund. The medical director chaired the morning session (run twice to maximise staff attendance). Presentations included an update on bereavement care in NHSL, presentation of the findings of a University of Stirling study undertaken in Lanarkshire based on listening to and learning from the experiences of bereaved families using lay interviewers who had experience as a carer, ‘Addressing the Great Taboo’ - an interactive session talking about dying, death and bereavement and an update on the new Death Certification Process. Attendees were also invited to contribute to a ‘Before I Die’ wall highlighting personal goals they would like to achieve.

**Out and About**

The medical director has attended six Ward to Board daily huddles at Hairmyres, held a meeting with Hairmyres Medical Staff Association office bearers and also a meeting with the Outpatient and Home Parenteral Antibiotic Therapy (OPAT) team at Monklands to discuss extending its reach (it has been highly effective in reducing demand on in-patient beds) and undertook a visit to ITU/HDU/ED and AMU at Wishaw General Hospital with the Chief of Medical Services.

**Other News**

**Consultant Job Planning – New Guidance for NHSS employers**
The medical director has contributed to the development of new guidance on consultant job planning which has been approved by the Management Steering Group.

**Scottish Association of Medical Directors**

The medical director has been involved in a short-life working group organised by SAMD to develop guidance on clinical and care governance arrangements for Health and Social Care Partnerships.

**Faculty of Medical Leadership and Management**

The medical director has been appointed as chair of the FMLM in Scotland.

**NHS Lanarkshire’s Quality Improvement Capability and Capacity Plan 2014-2019**

This is being considered by the Healthcare Quality Assurance and Improvement Committee and as part of this plan NHS Scotland National Quality Improvement Hub and NHS Lanarkshire are testing a model of expertise which combines coaching, improvement science and structured project approach; building on the Sheffield Microsystem coaching Academy by nominating three NHS Lanarkshire staff and one national Quality Hub representative to participate in the Sheffield MCA coaching course to assess its viability for roll out.

**Quality Improvement Diagnostic Exercise**

We are currently undertaking a QI diagnostic to understand to what extent we are a quality improving organisation and what are the areas we need to work on to achieve this. This is part of an NHS Scotland initiative and our learning will help set a foundation for changes such as health and social care integration and for our Executive team.

**Future Events**

**Annual Research & Clinical Quality Conference 2015**

This will take place on 5 March, 2015 in the Ken Corsar Medical Education Centre at Kirklands – a wide range of abstracts have been submitted for oral and poster presentations.

**NHS Lanarkshire Harm Reduction Learning Session 3**

Planning and preparation is underway for to be held on 27 January 2015. As of 15 January 2015 213 individuals are registered to attend.

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**4. Director of Strategic Planning & Performance**

**Capital Planning**
• The FBC for the replacement theatres and integrated ITU/HDU on the Monklands site was subject to Scottish Gateway Review 3. The outcome was very positive with an overall rating of amber/green. This is the highest rating that can be achieved at this stage of the process. The FBC will be submitted to the NHSL Board on 29 January 2015 and will be considered by Scottish Government CIG in February. A “not to be exceeded price” of £19.77m has been agreed with our principle supply chain partner.

• Rutherglen Minor Capital Development Scheme is being taken forward at this site to facilitate staff transfers from GG&C to the area. This is in support of Boundary Changes Programme. This project will be completed by end of March 2015.

Service Planning

• Homeopathy – following the consultation on discontinuation of NHS referrals to the Centre for Integrative Care, the Board supported the recommendations to discontinue new referrals to this facility.

• GP Out of Hours – The Board approved the submission of the options appraisal report to the Scottish Government in December 2014. This is considered to be major change and a formal consultation process will run from 6 January 2015 to 6 April 2015.

Clinical Strategy.

• Orthopaedics Review – a stakeholder event took place on 3 December 2014 with the aim of identifying potential options for future service configuration and to assess the potential impact on other services on Lanarkshire acute sites. Scottish Health Council have supported the approach taken so far and we will now undertake a formal options appraisal on 23 March 2015.

• Older People’s Services – the Integrated Care Fund for both North and South H&SCPs has been submitted to Scottish Government. A central aspect of this is the continuation of those services that evaluated well and which were funded through Reshaping Care for Older People funding which ends in March 2015. Further work will be progressed to assess the level of demand and the most appropriate mix and volume of services to support older people to live safely at home. This includes Old Age Psychiatry Review.

• Bed Modelling - Scottish Government has produced a bed modelling tool kit which NHSL will use to support service planning for each clinical specialty.

Unscheduled Care

An analytical approach to assessing how current demand should be managed to enable safe and effective clinical care whilst meeting the national unscheduled care targets is being undertaken. Planning events for all 3 sites have been organised for Hairmyres in January; Wishaw in February and Monklands in March.

Regional Planning

We continue to support service planning at other regional and national levels. Specific work is being progressed across a number of clinical specialties where new treatments
and technologies and changing levels of demand require service developments. This includes neonatal services; breast reconstruction; minimally invasive resection of prostrate and medium secure forensic mental health services.

**National Planning**

I continue to chair the National Delivery and Performance Management Group for Substance Misuse on behalf of the Alcohol and Drug Policy Unit.

**Boundary Changes**

Agreement has been reached with GG&C Health Board on the resource transfer for 14/15 linked to the Health Board boundary changes. Further work is ongoing to finalise 15/16 funding.

**Victoria Infirmary Emergency Department Closure**

A full scenario plan using data linked to current pattern of presentation to this. ED and Minor Injuries Unit, together with Scottish Ambulance Service information and protocols have been prepared. This report is being used to inform ongoing discussions between NHSL, GG&C and SAS to ensure that appropriate capacity is in place to safely meet patients’ needs should there be any changes in ED activity at Hairmyres beyond the closure of VI ED on 15 May 2015.

**Performance Management**

Work to develop a Performance Framework that is linked to the organisations critical success factors for the organisation and which takes account of risks (clinical; business continuity; fiscal; legal and reputational) is ongoing. The new system will be finalised in February and tested through March with the aim of going live in April.

**Cleanliness Visits**

New programme of visits to monitor cleaning and HAI performance against standards is in place. 3 full days and 3 full half days follow up visits have been completed.

**Patient Safety Walkrounds**

Active participation continues as per programme

**Health and Social Care Partnerships**

Continue to support the preparations for implementation.

**Property Disposals**

Each site for disposal is being proactively marketed in a manner which reflects market conditions. The Local Delivery Plan (LDP) is progressing on a managed basis and is broadly on track with target dates for receipts, with the exception of the disposal of Alexander Hospital, which has been delayed into 15/16 due to market issues. The Land Disposal Portfolio does contain some difficult to sell properties, one of which has now been identified to have a further complication which may impact on the LDP in due course.
5. **Director of Human Resources**

**HR Shared Services:** The Director of HR has been participating as a Member of the National Programme Board and Lead of the Medical and other Trainees Workstream examining potential opportunities for the introduction of shared services across NHS Board HR functions in Scotland. The other 2 Workstreams under consideration are Recruitment and Employee Services. In December 2014 a consultation paper titled “HR Shared Services: A Case for Change” was submitted by the Programme Board to the Scottish Government Quality and Efficiency Support Team (QuEST) for assessment and early circulation to NHSS in the form of a Consultation paper. On receipt the Director of HR will co-ordinate wide consultation across NHSL and intensive internal consultation within the relevant HR Depts.

**Junior Doctors Working Hours:** In 2014, the Scottish Government agreed 4 priority actions for NHS Boards in relation to Junior Doctors Hours of Work and associated working conditions. 2 specific targets were established in relation to Working Hours, namely;

- Cessation of the practice of rostering junior doctors for 7 full night shifts in a row by Feb 2015.
- Cessation of any shift pattern which resulted in a junior doctor working on more than 7 days in a row by Feb 2016.

The other priority actions relate to simplification of the junior doctor hours monitoring process and staff having access to appropriate rest facilities during or after their shifts. These actions are not set as time specific.

A response from NHSL was sent to Scottish Government on 13th Jan 2015 to confirm that NHSL now have no rotas where junior doctors are rostered for 7 full night shifts in a row. Attention has and will continue to be given to the redesign of junior doctor rotas to achieve the no more than 7 days in a row target prior to Feb 2016.

National work continues seeking to harmonise and standardise monitoring processes and the definition and standards for rest facilities.

**Staff Survey Results 2014:** The Staff Survey 2014 results were published in late Dec 2014. The Director of HR has undertaken a detailed analysis of the results and has shared this with members of the CMT. A presentation on this will be given to the Staff Governance Committee on 5th Feb 2015.

The Staff Survey 2014 results are very encouraging, with continued positive progress in staff responses across the 5 strands of the Staff Governance Standard (Well Informed, Appropriately Trained, Involved in Decisions, Treated Fairly and Consistently and Provided with a Safe and Healthy Working Environment). Areas for action include:

- Staff experience of emotional/verbal abuse from patients or service users.
- Staff being consulted about changes at work.
- Enough staff to do the job properly.
- Clearer links between Personal Development investment and job outputs.
The results of the Staff Survey 2014 will be shared and promoted widely throughout NHSL with anticipated Divisional and Occupational Grouping results also available through the National provider. An associated Action Plan will be developed, agreed, agreed and implemented from 1st April 2015 with progress monitoring through CMT and the Staff Governance Committee.

6. **Director of Finance**

In January 2015 NHS Boards were notified of additional funding for 2015/16 as the Scottish government passed out the consequentials of a UK funding increase for health. NHS Lanarkshire will receive a further £8m on top of the £5.5m already advised to take it to within 1% of its fair share of national resources. An additional £1.6m will be received to cover service pressures including the rise in the drugs bill. Over the next 3 years there will be a total of £12.55m to help reduce delayed discharges. The increase in the drugs bill, an increase in superannuation costs and a range of service pressures means 2015/16 is a challenging year financially and this additional funding is very welcome in helping close the gap. Identifying the remaining efficiencies needed to deliver 2015/16 within budget remains a key priority for the next 3 months.

7. **Director of Public Health and Health Policy**

**Ebola Preparedness:** NHS Lanarkshire has undertaken extensive work to ensure plans are in place to respond effectively to detect, manage and coordinate appropriate public health actions and protect staff in order to provide care in a safe environment. This includes exercises in public health and the hospital sites. A confirmed case, who is a Lanarkshire resident and an NHS Lanarkshire staff member, was admitted to the Brownlee Unit in Glasgow and then transferred to the Royal Free Hospital in London. A number of issues concerning Ebola preparedness were highlighted for NHS Lanarkshire by this case. Public health has been working with clinicians and managers in Lanarkshire and liaising with colleagues in other boards, organisations and Scottish Government to ensure that these issues are addressed.

8. **Director of Acute Services**

**Director of Acute Services:** The Director of Acute Services took up post on the 5th January 2015, and has been spending her first few weeks meeting key staff on each of the 3 hospital sites.

**Appointment of Deputy Director of Nursing:** Mrs Frances Dodd has been appointed to the post of Deputy Director of Nursing. Reporting to the Director of Acute Services and
professionally accountable to the Executive Director of Nursing, this post has a key focus in the delivery of continuous improvement in the clinical performance of the Board, with a specific focus for the Acute Division. Frances has over 15 years of experience working within NHS Lanarkshire and is presently employed as an Associate Nurse Director within the Primary Care Division.

**Post-Graduate Dean Visit:** The West of Scotland Postgraduate Deanery conducted Quality Management Hospital Visits (QMHV) to review postgraduate medical training on all three hospitals on the 4th, 11th and 18th of November. These visits included Emergency Medicine, General Medicine, General Surgery and Trauma & Orthopaedic training and have highlighted a number of areas that require actions to improve training quality for medical staff. The service has worked with the Director of Medical Education (DME) to develop action plans with identified lead clinicians and timescales for implementation prior to the planned revisit in summer 2015. The Executive Medical Director, the Divisional Medical Director and the DME have met with the Post graduate Dean this month to discuss the reports and the Dean has confirmed that he is content with these plans. The DME and the Divisional Medical Director will oversee the implementation of the action plans.

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9. **Chief Officer – South H&SCP/Head of South Lanarkshire CHP**

**H&SCP Preparedness:**

- Integration Fund submission made to Scottish Government
- Draft Integration Scheme drafted prior to wider consultation
- Proposed hosting arrangements agreed and wider consultation now progressing
- Briefing session for T1B members arranged for 30 January 2015.

**Out and About**

Consultation events undertaken with wide stakeholder involvement in each of Clydesdale, Hamilton, East Kilbride and Rutherglen

Met with representatives of NHS Lanarkshire LMC

Visited Hairmyres to discuss ongoing working of Discharge Hub, meet key clinicians and managers

Attended GP Sub Committee to update

**OOH Review:**

Briefing sessions have been held with MPs and MSPs as well as public meetings in Cumbernauld, Kilsyth and Wishaw. Press releases have also been provided with coverage in national and local media. Further public meetings programmed for Cumbernauld, Lanark, Airdrie, East Kilbride, Hamilton, and Rutherglen.
Recommendation

The Board is asked to **note** the report.

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<td>Risk Assessment</td>
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<td>Compliance with Board Policy requirements on Equality and Diversity</td>
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**Approved by**

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