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

I have attended a range of visits and meetings at both a regional and national level on behalf of NHS Lanarkshire during the period 28 January 2016 to 29 March 2016, principal amongst which have been:

Meetings attended:
- 23.2.2016. Attended NHS Scotland Shared Services Portfolio Board
- 26.2.2016. Attended West of Scotland Regional Planning Group meeting
- 1.3.2016. Attended Scottish Medicines Consortium (SMC) meetings in Glasgow of which I am a member
- 4.3.2016. Chaired MSN for Neurosurgery Board meeting
- 9.3.2016. NHS BCE with Scottish Government discussion took place regarding the financial challenges facing NHS Boards. A range of NHS wide initiatives and policy changes are being discussed at national level. If these were progressed in line with the initial estimates of potential savings, they might deliver the means by which to close this gap but they are not yet at a stage to include them with certainty.
- 22.3.2016. Chaired NSS Discovery Oversight Board meeting
- 23.3.2016. Attended the Management Steering Group in Glasgow
- 23.3.2016. Attended Wishaw Senior Medical Staff Association

Undertook Chief Executive Performance Reviews:
- 16.2.2016. Acute Division
- 22.2.2016. North Lanarkshire Health & Social Care Partnership
- 3.3.2016. South Lanarkshire Health & Social Care Partnership

Reviews:
- 10.3.2016. Participant at the NHS Lanarkshire Quality Improvement Infrastructure Visit

NHS Lanarkshire New Development:
Following a recent meeting which Neena Mahal and Calum Campbell had with the Cabinet Secretary NHS Lanarkshire issued the ‘NHS LANARKSHIRE STARTS PLANNING FOR MAJOR NEW HOSPITAL DEVELOPMENT’ press release to the media on 18 March.

Options to be evaluated include redevelopment of the hospital on the existing Monklands site, or a complete replacement facility at an alternative location. It is estimated that the period from starting the initial agreement to completing the new hospital, would be around seven years.
Scotland’s Charter for a Tobacco-free Generation:
In February 2016, NHS Lanarkshire pledged support to Scotland’s Charter for a Tobacco-free Generation with the new Tobacco Control strategy for Lanarkshire being launched in 2016.

Visits attended with Chair:
- 29.1.2016. – Visit to ENT Monklands, meeting Audiologists and seeing the day to day clinics and emergencies.
- 3.2.2016. Visit to OT Paediatric Service and Community Dentistry Services in Douglas Street, Hamilton.
- 12.2.2016. Attended and facilitated Lanarkshire Beatson Tour of the new radiotherapy satellite facility with MSP and MP.
- 25.2.2016. Visit to the Community Brain Injury Team - Law House to meet the team and received an update on the service. This was followed by a visit to Human Resources / Organisational Development Staff at Law House.
- 24.3.2016. Attended and participated in the Visit of Dr C Calderwood, CMO to Hairmyres Hospital

Back to the Floor – Hairmyres Hospital:
- 5.2.2016. Attended Bed Planning Meeting followed by daily Onion meeting

Leadership Walkround:

Events:
- 17.2.2016. Attended the North Lanarkshire Partnership Board, Enabling Collaborative Event and presented on the ‘Challenges for NLP: NHSL’s Perspective’, discussing my role and responsibilities and the challenges for NHSL that require Partnership support.
- 19.2.2016. Opening Speaker and Presenter at the Investing in Nurturing Lives and Communities - Sharing Nurturing Practice 2016. Presented on the importance of the primary relationship of children with their parents and care givers as playing a critical role in infant brain development and that the knowledge and skills we are building together is helping us to understand that these relationships form the bedrock of our children’s future relationships and shape our local communities.
- 8.3.2016. Speaker at the Medical Induction & Professional development Course(s) 2016, delivering and presented on the 'Role of the Chief Executive, Strategic Vision for NHS Lanarkshire'
- 17.3.2016. Keynote Speaker at the Care Homes Study Dave Event and delivered presentation on Care home staff value as part of the wider health and social care team.
- 24.2.2016. Shadowed by Dr Fiona Burton, Consultant Emergency Medicine, Hairmyres Hospital
- 21.3.2016. Shadowed by Hakim Rahman and Saif Ahmed, Medical Leadership Students as part of the clinical leadership competency framework.

2. Director for Nurses, Midwives and Allied Health Professionals

Infection Prevention and Control
Monklands Hospital received an unannounced HEI inspection of HAI Standards (2015) 16 - 17 March 2016. A number of ward areas in addition to the Emergency Department and Theatres were inspected. There were no areas of concern and no inspection findings required reporting or escalation to hospital management during the inspection. Initial feedback was positive and the draft report will be sent to NHS Lanarkshire for factual accuracy on 27 April 2016 with the final report published on 24 May 2016.
A new Hand Hygiene Zero Tolerance Policy was ratified by the Lanarkshire Infection Control Committee in February 2016 and sent to all staff across NHSL with a covering letter from Irene Barkby, Executive Director of Nursing and Iain Wallace, Medical Director, reminding staff of their responsibilities for hand hygiene. Hand hygiene awareness events hosted by the IPCT are organised across a number of NHSL sites to support improvement across all levels of healthcare workers.

A Care Assurance & Accreditation Scheme (CAAS) Launch Event is organised for all link nursing staff across the organisation on 9 May 2016 which is being chaired by the Chief Executive.

AHPs

Physiotherapy

Physiotherapy- following an interview process which took place on 11 March 2016, Janie Thomson was appointed to the NHS Lanarkshire Head of Physiotherapy Services.

Spiritual Care

The Rev Bob Devenny departed NHS Lanarkshire at the end of January 2016, to take up the position of Head of Spiritual Care within NHS Borders. Kathryn Anderson has been appointed as the interim head of spiritual care. Kathryn has been appointed until such times as a successor can be found for the Rev Bob Devenny, who retired at the end of January.

Cohort five of Scottish Improvement Leaders (ScIL) programme

Lynn Flannigan, who is the Lanarkshire Care Home Liaison Physiotherapist based at Law House, has been selected by the Board the take part in Cohort five of the ScIL programme.

Framework in Action - working together to prevent and manage falls in Lanarkshire has been submitted to inclusion in the NHS Scotland Event, being held on the 14 - 15 June 2016 at the SECC in Glasgow. The poster will be reviewed by the shortlisting panel and the applicants will be notified if they are successful by 29 March 2016.

Maternity and Health Visiting

• Success at RCM national awards - 3 nominations from NHS Lanarkshire (only nominations from Scotland), won 2 awards, clinical support worker and regional midwife of the year.
• Stakeholder event in maternity services to progress vision for maternity services. Work ongoing to reconfigure footprint to maximise space utilisation, improve patient flow and move neonatal special care area to the maternity unit as described in the clinical strategy.
• Pilot to introduce 13-15 month assessment in Coatbridge area has been presented at patient safety event nationally.

Mental Health and Learning Disability

• Staff from Airdrie CMHT, PIDN & Clinical Quality were selected to present a poster at the recent Celebrating Success National PCHC event. This was to highlight their work developing the “My Care Plan” which is used to support patients to identify and work towards their own goals. This was very well received and have been approached by a number of professionals looking to adopt this piece of work.
• The Iona Unit has been recognised for its great work in reducing violence and aggression within the ward environment and been invited to showcase a poster at this year’s IHI/BMJ International Forum on Quality and Safety in Healthcare.
**Dementia**

- 7 NHSL staff have successfully graduated cohort 6 of the dementia champion programme, these staff members were from various care settings and professions including the 1st dental practitioner, this takes NHSLs total number of graduated Dementia Champions to 44. A further 8 staff members have been put forwards for cohort 7 starting in May.
- 3 Mental Health Nurses have successfully graduated cohort 1 of the Dementia Specialist Improvement leader’s programme, which is part of the Quality and excellence specialist in dementia care (Commitment 11).
- A poster presentation highlighting the Meaningful Activities Club, within WGH, won best poster at the graduation event for the Dementia Champion and Dementia Specialist. M.A.C was seen as a forward thinking initiative between mental health and care of the elderly that put patients with dementia at the forefront of practice.

**NMAHP Practice Development**

The Tissue Viability service have successfully introduced an electronic referral system across acute and community services. This has enabled the team to reduce bureaucracy, streamline the service and provide effective person centred care patients with the greatest need.

Preparations for nursing and midwifery revalidation have increased in their intensity with over 500 nurses and midwives attending awareness raising and reflective practice sessions since January 2016, 80 registered nurses and midwives are due to revalidate by 1 April 2016.

The Healthcare support worker development team have recently undergone external verification review by Scottish Qualifications Authority for the SVQ development and have been identified as having ‘significant strengths’ across all domains of the service and SVQ development provided, an excellent achievement!

The Leading Better Care collaborative programme with the University of the West of Scotland will draw to a close on 31 March 2016 with a celebration event. Over the past 3 years a significant amount of work has been undertaken. A full report will be available in due course.

**Achievements and Publications:**

Anne Price, Practice Education Facilitator – successful completion of Post Graduate Certificate in Teaching and learning in Higher Education and fellowship of the Higher Education Academy.

Karen Hainey, Resuscitation and Clinical Skills Practitioner – Poster Presentation accepted to Scottish Clinical Skills Conference in April

*Title: Learning and development of CVAD skills impacting on CVAD care.*

Karen has also had an abstract accepted for an oral themed presentation at the Nurse Education Today (NET) (international conference) in September

*Title: Preparedness for Practice. Does a blended learning approach to teaching CVAD care and maintenance prepare nurses for practice?*

Margaret Hogg, Practice Development Practitioner, Care Quality also has had an abstract accepted for an oral themed presentation at the NET conference in September

*Title: Quality: Nursing in Practice.*

**Publication:**

3. Medical Director

20 January 2016 – contributed an opinion piece Integration – a Scottish Context which was published on line on the Faculty of Medical Leadership and Management’s website.

10 February 2016 - attended the neonatal models of care sub-group of the National Maternity and Neonatal Review Group.

12 February 2016 – presented on ‘Board Engagement in the Governance of Medical Education and Training’ at the Taskforce to Improve the Quality of Medical Education meeting involving NES Medical Director and Post-graduate Deans, Undergraduate Deans of Medical Schools, Scottish Board Medical Directors, Directors of Medical Education and the GMC.

18 February 2016 – contributed to a teaching seminar for West of Scotland Specialist Registrars in Geriatric Medicine organised by Dr Mark Barber, Consultant Physician in Geriatric Medicine, Monklands Hospital. Topic ‘Medical Leadership and Management – Standards, Competencies and Roles’.

19 February 2016 – team member for visit to NHS Greater Glasgow and Clyde to seek views on priority areas for the National Maternity and Neonatal Review.

19 February 2016 – chaired the West of Scotland Short Life Working Group on future service provision of minimally invasive radical prostatectomy. Now at the stage of implementing the agreed service model for robotic surgery.

21 February 2016 – met with Dr Paddy Townsley, Speciality Doctor and Educational Adviser for the NES Specialty Doctors, Associate Specialists and Staff Grades (SAS) Development project, along with a number of colleagues to help support the aims of the project which are to:

- Promote and support professional and personal development of SAS grade doctors and Dentists in substantive posts with impact on improvement in patient care and service delivery.
- Fund specific training courses or experiential learning by secondments etc for individuals with a view to improving patient care.

23 February 2016 – attended a press conference along with Dr John Logan, Professor David Goldberg and Calvin Brown and provided follow up media interviews in relation to a patient notification exercise regarding a Healthcare Worker who had contracted Hepatitis C.

23 February 2016 – undertook a patient safety leadership walkround at Kello Community Hospital, Biggar.

26 February 2016 – attended the West of Scotland Regional Planning Group to discuss a paper on how to manage the growth in the cost of medical locums.

26 February 2016 – undertook a walkround at Wishaw General Hospital with Mr Hakim BenYounes, Chief of Medical Services.

2 March 2016 – shadowed by Saif Ahmed, 4th year medical student, University of Glasgow, who was undertaking a student selected component on medical leadership and management under the supervision of Dr Ann Chapman, Consultant Physician, Monklands Hospital.

3 March 2016 – as co-chair attended the Board meeting of the Managed Service Network for Children and Young People with Cancer.

4 March 2016 – attended the feedback session of the GMC/Deanery visit to general surgery and trauma and orthopaedics at Hairmyres Hospital.

8 March 2016 – along with the Chief Executive attended the Medical Induction and Professional Development programme to speak to new consultants and SAS doctors.

10 March 2016 - shadowed by Abdul Hakim Abdul Rhamen, 4th year medical student, University of Glasgow, who was undertaking a student selected component on medical leadership and management under the supervision of Dr Helen Mackie, Chief of Medical Services, Hairmyres Hospital.

10 March 2016 – attended a Quality Improvement Infrastructure seminar which provided an opportunity for a wide range of staff to discuss areas for improvement with a team of ‘critical friends’ who have supported successful QI initiatives. The team included Dr Anne Kilgallen, Deputy CMO, Northern Ireland and IHI Fellow, Amar Shah, Associate Medical Director and Consultant Psychiatrist, East London NHS Foundation Trust, Heather Shearer, QI Board Development Lead, and June Wylie, Head of Implementation and Improvement Support, both from Healthcare Improvement Scotland and Linda Semple from QuEST. A wide range of topics were discussed including ways of harnessing organisational effort to improve quality, what executives should pay attention to, how to up-skill staff with a particular focus on the ‘middle tier’, supporting multi-disciplinary team approaches, routinely seeking ideas from outside the organisation and learning from ‘bright spots’ in the organisation. Thanks to Lesley Anne and her team in NHSL and to Rosemary Hector at HIS for arranging this very worthwhile and stimulating session.

15 March 2016 – attended a meeting with medical staff at St Andrews Hospice.

16 March 2016 – shadowed by Dr Paul Baughan, Primary Care Cancer and Palliative Care Lead and participant on the national leadership programme Delivering the Future.

17 March 2016 – visited Lady Home Community Hospital in Douglas.

18 March 2016 – led a Prescribing Quality and Efficiency scoping and prioritisation event.

4. Director of Strategic Planning and Performance

Strategic Planning - Since the last NHS Board meeting in January significant work has been completed across all of the healthcare strategy work streams to develop service models that are designed to deliver the highest standards of service and outcomes to the people of Lanarkshire whilst using all resources to best effect.

The Academy of Medical Royal Colleges has reviewed our proposals for trauma and orthopaedic services, and their report is expected shortly which will contribute to the recommendations to be made to the NHS Board.

A working group has been formed to progress the development of an Initial Agreement for the replacement of facilities at Monklands Hospital, and report on this work will be taken to the PP&RC meeting in April.

National Shared Services – I am contributing to work on the preparation of business cases for reform of the laundry services across Scotland and the provision of Aseptic Pharmacy Services in partnership with NHS Forth Valley.

Development – All three of the Primary Care Investment Projects (Kilsyth, Houldsworth and Hunter) delivered through the not for profit distribution model have been completed and opened on time and within budget. There are on-going problems with the car parking facilities with construction and weather issues leading to delays, and with lifts at the Houldsworth centre. The
revised work programmes are being reviewed through our principle supply chain partner Graham Construction. The MDGH Theatres and ITU development continues on track and within budget.

**Site Visits** – a wide range of site visits including “back to the floor” sessions have been carried at Monklands including outpatients.

**Performance Review visits** – quarterly performance reviews have been completed for the Acute Services Division and both North and South H&SCP’s.

A wide range of meetings and development events have been attended in the reporting period covering all areas of the portfolio.

5. **Director of Human Resources**

**Band 1 to Band 2** – The Director of Human Resources has established a partnership working group within NHS Lanarkshire to prepare for enactment of a national decision to re-grade up to 652 staff from Band 1 to Band 2.

The national decision follows on from resolution of a dispute on gradings in NHS Tayside.

The staff involved are employed in Support Services and Admin and Clerical roles. Work has been completed nationally to promote consistency in the arrangements for enactment of the re-grading from 1st October 2016. The NHS Lanarkshire partnership group is working through review of job descriptions for the staff concerns to ensure that sufficient role enrichment is included to reflect the higher Band 2.

National arrangements are being established to discuss and agree the implementation of Band 1 to Band 2 progression within all PFI contracts.


Progress against the Action Plan will be reported to and monitored by the Staff Governance Committee and Human Resources Forum.

**Review of Senior Medical and Dental Staff Conduct and Professional Standards Policies** – The Director of Human Resources has been asked to lead work conducting a fundamental review and re-write of the Senior Medical and Dental Staff Conduct and Professional Standards Policies on behalf of the NHS in Scotland. The current relevant policies date back to the 80’s and 90’s and are clearly worthy of attention.

A small working group has been established to conduct the review with a clear ambition to modernise, standardise and simplify the policies approach.

**Chair of the National HR Directors Group** – The Director of Human Resources has been appointed as Chair of the National HR Directors Group for 2 years from 1st April 2016.
6. **Director of Finance**

National Procurement carried out their Procurement Capability Assessment in February 2016, with Lanarkshire procurement staff and managers presenting a substantial portfolio for review. The format for the assessment had changed from previous years and felt more interactive, with NHS Lanarkshire maintaining a reasonable score, but also identifying areas in which to seek further improvement.

As well as ensuring 2015/16 finances remain in line with forecast, pulling together the Financial Plans and evaluating savings plans for 2016/17, the Finance Department has been working with the local authorities to finalise the Integration Joint Boards’ due diligence exercise, including preparing draft Financial regulations.

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

Since the last Board meeting I have attended a number of meetings of interest to Board members:

28 January – Public Benefit and Privacy Panel for Health and Social Care (PBPP) meeting.

1 February – National Patient, Public and Professional Reference Group (NPPPRG) of National Services Division.

5 February – CMT Back to the Floor, Monklands porters.

9 February – appearance before the Public Petitions Committee regarding the Centre for Integrative Care. [http://www.scottishparliament.tv/Archive/Index/f147ad07-6580-4546-a4ad-5d0c20f3aa4e?categoryId=189715c0-0c90-4d28-8959-671c38febcc6&parentCategoryClicked=False&pageNumber=0&orderByField=ScheduledStart&queryOrder=DESC](http://www.scottishparliament.tv/Archive/Index/f147ad07-6580-4546-a4ad-5d0c20f3aa4e?categoryId=189715c0-0c90-4d28-8959-671c38febcc6&parentCategoryClicked=False&pageNumber=0&orderByField=ScheduledStart&queryOrder=DESC)

10 February – Scottish Directors of Public Health discussion on our response to the Public Health Review.

1 March – Health Economics Network Scotland (HENS) re capacity building in health boards.

8 March – Setting Priorities in Health and Social Care Integration: Economic and Provider Perspectives, RCPSG.

14 March – Research in ‘using financial incentives for smoking cessation in pregnancy’, Professor David Tappin, Paediatric Epidemiology and Community Health (PEACH) Unit, Glasgow University.

23 March – West of Scotland Regional Resilience Partnership.

24 March – Patient Safety Leadership Walkround, Laboratories, Monklands.

**Positive Issues and Key Risks**

Scotland ‘Bold and Brave’?: Conditions for creating a coherent national healthcare strategy Seminar

On 16 February I was invited to participate in a health care seminar organised by Aberdeen University’s Health Services Research Unit (HERU), Dublin City University’s Leadership and Talent Institute (LTI), and the Royal College of Physicians of Edinburgh. This was chaired by Dr Aileen Keel, Director of the Innovative Health Care Delivery Programme at the Usher Institute. The
seminar explored the research from HERU and LTI which analysed the factors that have contributed to the evolution of a distinctive approach to healthcare quality in Scotland, its continuing relevance and sustainability in the current healthcare environment, and its implications for the future.

**Hepatitis C Patient Notification Exercise**

Dr John Logan, consultant in public health medicine, has been leading the patient notification exercise (PNE) since the last Board Executive. The PNE relating to the hepatitis C infected former NHS Lanarkshire healthcare worker started on 22 February 2016. NHS Lanarkshire sent letters to 7,311 Lanarkshire residents during the week beginning 22 February 2016. A press release was issued on 23 February and a press conference held during the morning of 23 February.

Data from other Scottish NHS Boards and other UK countries is still being received and collated and a further report on the conduct of the patient notification exercise (PNE) will be produced in April.

Patients who were identified as having been admitted under the care of the healthcare worker and who had one or more exposure prone procedures were sent a letter, an appointment booking form and Questions and Answer sheets.

A recommendation was made to patients to arrange an appointment to be tested for hepatitis C. The test carried out on blood samples taken at testing clinics was for hepatitis C antibody. If negative this indicates that the person has never been infected with the hepatitis C virus. If reactive, further testing is carried out to establish if the patient has hepatitis C virus in their blood. If the person is positive for hepatitis C virus this indicates they have either acquired hepatitis C infection recently or that they have chronic hepatitis C infection. Such patients are notified to BBV clinicians for further assessment and consideration of the need for drug treatment.

For patients who have tested reactive for the initial test for hepatitis C antibody, who subsequently test negative for hepatitis C virus, a further test is carried out by the West of Scotland Virology Centre (WoS SVC) to establish if the patient is positive for hepatitis C antibody. If such a patient tests positive for hepatitis C antibody this indicates that they have been infected with hepatitis C but have either cleared the virus themselves or have received drug treatment and cleared the virus.

Prior to conducting the PNE it was noted that with so many people being tested it would be likely that some patients would be identified who have been infected with hepatitis C and that whilst some may have been infected through transmission of infection from the healthcare worker (HCW), for others the source of their infection would not have been the HCW. Further assessment is being undertaken for all patients who have been reported as hepatitis C antibody positive. For any patient who is positive for hepatitis C virus further detailed virological testing which takes several weeks is undertaken.

Summary non-confidential information about the assessment of patients who have tested hepatitis C antibody positive and hepatitis C virus positive will be provided in subsequent reports.

The following provisional information relates to the part of the patient notification exercise that involved Lanarkshire residents and clinics held in Lanarkshire.

One hundred and twenty two clinics were held across Lanarkshire at the following locations:

Wishaw, Monklands and Hairmyres Hospitals, Stonehouse Community Health Centre, Douglas Street Health Centre (Hamilton), Carluke Health Centre, Motherwell Health Centre, Wishaw Health Centre (Houldsworth Centre), Bellshill Health Centre, Viewpark Health Centre (Uddingston).
5,624 (77%) people attended a clinic and had blood taken for testing.

District nurses have taken blood from patients who have been unable to attend a clinic and the harm reduction team has taken blood for Dried Blood Spot testing from patients who live in care homes. Testing of these patients is on-going and will be reported on at a later date.

1,006 calls were received by the freephone NHS information helpline that was set up for patients receiving a letter. This helpline number was provided in the letter sent to patients.

208 calls were received the freephone NHS information helpline that was set up for members of the public. This helpline number was provided in the NHS Lanarkshire press release.

The Referral Management Service which booked appointments for patients received and answered 6,610 calls.

8. **Director of Acute Services**

**Wishaw General Hospital**

- Three nominations for the RCM Annual midwifery awards were shortlisted at the awards ceremony on 8 March 2016 in London. This was attended by the nominees and representatives from maternity services in Lanarkshire. These were the only nominations that have reached this stage from Scotland and we were the only board to have 3 nominations and this was recognised at the ceremony.
- Leigh-Ann Johnstone won the national Pregnacare Award for Maternity Support Worker of the Year category for her work in supporting mothers to breast feed in the neonatal unit.
- Marie Carol Smith was the regional winner for Scotland In Emma’s Diary Mum’s Midwife of the year award.
- The staff in Ward 23 were nominated for their post-delivery debriefing project utilising a person centred approach to enhance the care of women in maternity services. While we did not win the award, it was good to be nominated.

**Monklands Hospital**

Recently, there has been media coverage of planned changes to Dermatology inpatient provision at Monklands Hospital.

We will continue to provide inpatient care at Monklands Hospital for dermatology patients who require it. Where dermatology patients are admitted to general wards, the dermatology team will provide clinical advice, regular review of care and discharge of the patient. This will be reflected in job plans, so that patients on wards continue to receive dedicated dermatological care from members of staff with whom they are familiar.

The dignity of patients is a key consideration. We will ensure that we adhere to providing same sex accommodation. We will also have at least one bed in a side room, with provision for isolation and photoprotection, adjacent bathing and showering facilities and a treatment area.

As a result of changes in the way we deliver care, and new treatments, the proportion of dermatology patients who need to be admitted to hospital is low in comparison to the total number of patients cared for by the dermatology clinical team.
There has also been a year-on-year increase in demand for outpatient consultations. To reflect this, clinical and managerial staff are working together to redesign the clinical model and the service model for dermatology.

The British Association of Dermatology updated service guidance (June 2014), states that ‘In many acute trusts, dermatology inpatient care is changing from dedicated dermatology beds to dermatology patients being admitted to general medical wards.’ Indeed, this change in service delivery brings NHS Lanarkshire in line with the majority of Health Boards in Scotland.

9. **Chief Officer, North Lanarkshire Health & Social Care Partnership**

**Joint Integration Board (JIB)** – The JIB last met on 8th March 2016 and it continues to monitor progress and key milestones towards full integration on 1st April 2016. Items on the agenda were;

- Presentations on Self Directed Support and The Role of Medical Director
- Integration Scheme – revisions made to reflect additional responsibilities
- Strategic Plan – report seeking approval of the Strategic Plan
- Operational – update on progress towards establishing operational arrangements for the services delivered in localities.
- Clinical Governance – report seeking endorsement of the clinical governance principles
- Finance – update report around the Due Diligence process and Financial Regulations
- Performance & Scrutiny – update on the development of the Performance Management Framework
- Locality Profiles – update report on the development of the Locality Profiles
- Intermediate Care – report seeking to improve services for older people through development of Intermediate Care
- Implementation of Locality Arrangements Self Evaluation – update report on self evaluation completed in the six North Lanarkshire localities using the Joint Improvement Team Implementation of Locality Arrangements Questionnaire

**Development of the Strategic Plan** – The final draft of the strategic plan was signed off by the Joint Integration Board. Presentations have been given to the Council’s Policy & Resources Committee and the plan will now be taken to Staff Roadshows over the month of March. Work will continue on the Commissioning intentions and will align with the Healthcare Strategy. A variety of workshops will allow staff, stakeholders and partners to contribute against the Strategic Needs Assessment and a fully comprehensive Commissioning plan and integrated delivery plan is envisaged being ready by September 2016.

**Integration Scheme** – a revised integration scheme with additions of Children and Families, Justice Services and Low Level Secure Mental Health was presented to the Cabinet Secretary and was formally approved on Monday 21st March 2016. Although elements of these services had already been included in the locality arrangements, this formal integration of functions allows for a more holistic view of individuals, families and communities.

**Joint Integration Board Membership** – a revised membership of the Joint Integration Board will be agreed in May 2016. Revisions to the Board follow changes in political leadership within North Lanarkshire Council. The four Councillors who will become voting members of the JIB will be Councillor Harry McGuigan, who will become Chair of the Joint Integration Board, Councillor Jim Logue, Councillor Paul Kelly and Councillor Bill Goldie.

**Operational Activity** –
• 28th January – Chief Officer Development Day for Chairs and Vice Chairs of Health & Social Care Partnerships
• 1st February – JIB Performance, Scrutiny & Assurance Sub Committee
• 2nd February - RSL Consultation Event On Local Housing Strategy and Housing Contribution Statement (Janice presented at this)
• 3rd/4th February – Locality Engagement Events
• 10th February – Leading Integration (Cohort 1)
• 12th February – JIB Members OD Development Session
• 19th February – Chief Officers Group
• 22nd February – Chief Executive Performance Review
• 24th February – NL Corporate Parenting Strategy Launch Event
• 3rd March – Leading Integration (Cohort 2)
• 8th March – Joint Integration Board
• 16th March – Official Opening of Harry Walker Centre in Airdrie
• w/c 21st March – start of Locality Integration Roadshows

The senior leadership team (SLT) continues to meet and develop both as a team and in terms of a shared agenda to take forward all of the business of the Integrated Board. Some recent changes to the team have taken place –

• Karen Hunter – replaces Richard Burgon as Health & Social Care Manager for Wishaw Locality
• Sharon Simpson will extend her current Locality Modelling remit to include wider OD activity.
• Section 95 Officer to be recruited 31st March
• Dennis McLafferty has been appointed as Manager, Older Adults (Frailty & Long Term Conditions)

Within the Council, Duncan Mackay (Director of Housing & Social Work) and Dennis O’Donnell (Manager of Quality Assurance) have retired.

Finance – Formal financial offers will be made to the Joint Integration Board by end of March. Once in post, the s95 officer will confirm the due diligence process and approve the integrated budget. Work on financial savings for both the Council and NHS continues with the Joint Integration Board receiving an options paper at the May meeting.

10. Chief Officer – South Lanarkshire Health and Social Care Partnership

As part of the ongoing development of the Strategic Commissioning Plan, a further series of locality events was held throughout January, which allowed key participants from all partners to contribute to where they would see the highest priority given in relation to the ten main themes identified through previous engagement events. A similar exercise was undertaken by the Integration Joint Board (IJB), and this assisted further in ensuring that the Strategic Commissioning Plan reflected local priorities.

The Strategic Commissioning Plan has also been trailed to the four Locality Clinical Forums, allowing GPs the opportunity to hear at first hand the main aims contained therein, and how they can assist in shaping a different future care provision for people in South Lanarkshire. Similarly, presentations have been provided separately to a workshop for Council Members; the Public Partnership Forum; the Community Planning Partnership; and the South Lanarkshire Heads of Service Forum.
The Locality Planning Groups, each of which is chaired by a voting member of the IJB, have also been established, and meetings have now commenced.

I have also been participating in a series of Locality Fieldwork Manager events. This has been useful in engaging with staff at local level and hearing at first hand about the opportunities and challenges which local staff anticipate from the development of the Health and Social Care Partnership.

I also attended the Scottish Social Services Council – Council Members Development Session on Health and Social Care Integration – ‘The Journey So Far’, to provide a presentation on the work undertaken to date in developing the IJB, the Integration Scheme and the Strategic Commissioning Plan.

I was also requested to attend the Cross Party Group on Epilepsy – in the Scottish Parliament on 28th January 2016, where I was able to share examples of some of the work ongoing in Lanarkshire, and the further potential to develop services in the coming years.

A continuing theme has been the concentrated effort in minimising the numbers and the subsequent impact of delayed discharges across the system, at the same time as the service has been experiencing significant additional pressure due to increased numbers of hospital admissions. I chair the Admissions and Discharges Group at Hairmyres Hospital, and this has allowed us to focus on a number of areas where it is anticipated that further progress can be made in smoothing the overall care pathway and creating additional capacity in the hospital. This work will continue over the coming months.

**Recommendation**

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

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**Approved by**

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<tr>
<td>Calum Campbell</td>
<td>Chief Executive</td>
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**Author(s)**

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<tr>
<td>Calum Campbell</td>
<td>Chief Executive</td>
<td>Irene Barkby</td>
<td>Director for NMAHPs</td>
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<tr>
<td>Iain Wallace</td>
<td>Medical Director</td>
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<td>Colin Sloey</td>
<td>Director of Strategic Planning and Performance</td>
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<td>Kenny Small</td>
<td>Director of Human Resources</td>
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<td>Laura Ace</td>
<td>Director of Finance</td>
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<td>Harpreet Kohli</td>
<td>Director of Public Health and Health Policy</td>
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<td>Heather Knox</td>
<td>Director of Acute Services</td>
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<tr>
<td>Janice Hewitt</td>
<td>Chief Officer, North Lanarkshire Health &amp; Social Care Partnership</td>
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