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 undertaken a range of visits and meetings at both a regional and national level on behalf of NHS Lanarkshire during the period 30 November 2016 to 24 January 2017, principal amongst which have been:

Meetings attended:
• 30.11.2016. Chaired Management Steering Group (MSG)
• 1.12.2016. Scottish Partnership Forum (SPF)
• 5.12.2016. Scottish Terms and Conditions Committee (STAC) as Chair of the Employer Side
• 5.12.2016. NHS Lanarkshire Medical Leadership Forum
• 7.12.2016. South Lanarkshire Partnership Board
• 13/14 December 2016 and 10 January 2017 NHS CE Meetings
• 15.12.2016. Chaired Discovery Oversight Board Meeting
• 16.1.2017. Area Partnership Forum (APF)

The Health and Social Care Delivery Plan

The Plan is available at [http://www.gov.scot/Publications/2016/12/4275](http://www.gov.scot/Publications/2016/12/4275) and sets out the Scottish Government’s programme to enhance Health and Social Care services. The Health and Social Care Delivery Plan recognises that we must prioritise the actions which have the greatest impact on delivery.

Within their Local Delivery Plan (LDP), NHS Boards will set out by March their initial plans on the agreed local actions being taken forward in 2017/18 to deliver the actions and milestones set out in the Health and Social Care Delivery Plan. The LDP will set out the impact these local actions will have on outcomes and the way in which progress will be monitored.

Local Delivery Plan (LDP) Guidance 2017-18


NHS Lanarkshire will submit their draft LDP by 31st March 2017. Feedback will be provided to NHS Boards in April 2017. Final LDPs to be submitted by 30 September 2017.

Chief Executive Performance Review:

• Undertook Chief Executive Performance Reviews:
  ➢ 1.12.2016. – (Q2-2016) North Lanarkshire Health & Social Care Partnership

Corporate Management Team Development Sessions:

• 10 November 2016 – Participant/Presenter at the Healthcare Strategy Development session
• 6 December 2016 – Participant at the Aston Team Performance Development session

Briefings / Presentations:

• 23.1.2016. Participant at the Sharing Intelligence for Health and Care Group Feedback session at Kirklands
Visits attended with Chair:
Visits to NHS Lanarkshire services with Chair, Lanarkshire NHS Board with tour of sites and facilities, to
discuss service delivery and met with staff:

- 8.12.2016. Prescribing Quality Efficiency Programme Hairmyres site visit
- 19.1.2017. Service Visit to Monklands Hospital
- 19.1.2017. Participant at the visit by Olivia McLeod, Director for Children and Families, Scottish
  Government to discuss the Universal Health Visiting Pathway and evidence base

Back to the Floor:
- 2.12.2016. Attended the Safety Huddle followed by visit to the New Medical day Bed Unit, Wishaw
  General Hospital
- 6.1.2017. Attended the Safety Huddle followed by visit to A&E, Wishaw General Hospital

Leadership Walkround:

Events / Campaigns:
- 6.12.2016. Attended the NHS Lanarkshire Annual Conference 2016, Improving the Patient Journey -
  Right Place: Right Time: Right Care
- 11.1.2017. Attended the NHS Scotland Senior Leaders Forum

NHS Lanarkshire Staff Awards 2017:
The Awards, now in their second year, see Healthcare Staff from across Lanarkshire recognised for the
inspirational work they do. Patients, visitors and colleagues can nominate staff and volunteers from across
the Health Board to pay tribute to the care they provide.
The nominations closed on the 31 December 2016 and there have been 386 nominations to the NHS
Lanarkshire Staff Awards.

2. Director of Nursing & Midwifery

South - Community Nursing

RCN Centenary Conference.

Within Lanarkshire the community nursing service has identified a number of ways to improve the patient
experience, to capture patient preferences and priorities for care, to anticipate potential issues and to
proactively follow up patients who may be at risk of hospital admission.

Using a range of contemporary improvement techniques, the community nursing service has implemented
these approaches to facilitate the journey back to the fundamental principles of nursing to ensuring person
centred care is delivered to every patient, every time.
NHS Lanarkshire representatives presented some of the developments at a concurrent session during the
conference in December 2016

The topics consisted of:
- Integrated Community Support Teams
- Person centred care: Patient preferred timed visits
- Anticipatory Care Planning

NMAHP Practice Development

Publications:
Kathleen Duffy (Senior Nurse) as co-author
McGuiness C, Maccallum J & Duffy K ‘Preparing registrants for mentor roles: the chicken or egg
conundrum’. Nursing Management. 23, 8, 36-3.
Karen Hainey (Practice Development Practitioner Resus & Clinical Skills) as author

Margot Russell (Director NMAHP PDC) as co-author

Successful Effective Practitioner Bid – Maggie Hogg, (Practice Development Practitioner Monklands sector) was successful in NES Effective practitioner grant bid for a project to support work with the newly qualified practitioners through Effective Practitioner resource and Flying Start work linked to revalidation.

In December the Practice Development Practitioners (Resus & Clinical Skills) took the NES Clinical Skills Bus to Clydesdale for a week. During this time 149 staff attended sessions on Adult Basic Life support, paediatric Basic Life support, Male catheterisation, Phlebotomy, Cannulation, DNACPR and a train the trainers programme. The week was extremely well evaluated and the experience will inform models for development in community areas going forward.

A survey to explore and evaluate NHSL staff experiences of support relating to revalidation was conducted. A 40% response rate (n=257) was achieved. The data is currently being analysed and report will be available at end of January.

Infection Prevention & Control Team (IPCT)

The IPCT continue to progress the Lanarkshire Infection Control Committee (LICC) Annual Work programme into 2017. The Infection Related Intelligence Service (IRIS) has been approved by the LICC and Healthcare Quality Assurance and Improvement Committee (HQAIC) and continues to improve the quality of the surveillance of alert organisms and alert conditions across NHSL by the IPCT.

An evaluation of the recently restructured IPCT and revised working arrangements has taken place with positive feedback received overall particularly in relation to new data reporting mechanisms. A wider evaluation of the IPC Service will be undertaken in conjunction with the Communications Department in Quarter 4.

The third national prevalence survey of HAI and antimicrobial prescribing in Scotland in acute and non-acute hospitals was successfully completed across NHSL by the IPCT. The results of the survey are due in March 2017.

Evidencing Near By and Strategic Leadership:

<table>
<thead>
<tr>
<th>Date</th>
<th>Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 Dec 2016</td>
<td>Participated in SG Interviews – National Workload and Workforce Programme Manager</td>
</tr>
<tr>
<td>9 Dec 2016</td>
<td>Chaired NMAHP Senior Leaders – Strategy Annual Review Event</td>
</tr>
<tr>
<td>12 Dec 2016</td>
<td>Participated in SG Safe Staffing National Strategic Programme Board</td>
</tr>
<tr>
<td>13 Dec 2016</td>
<td>Presented at Practice Development Centre Annual Learning Event</td>
</tr>
<tr>
<td>15 Dec 2016</td>
<td>Participated in House of Care Steering Group</td>
</tr>
<tr>
<td>16 Dec 2016</td>
<td>Participated in West of Scotland Nurse Director Meeting</td>
</tr>
<tr>
<td>20 Dec 2016</td>
<td>Key Speaker at Senior Nurse meeting at Monklands to discuss NMAHP Direction and Omission of Care</td>
</tr>
<tr>
<td>10 Jan 2017</td>
<td>Participated in meeting with National Clinical Quality and Safety Lead</td>
</tr>
</tbody>
</table>
3. **Medical Director**

1.12.16
Chaired NHSL’s Death Certification Implementation Group – since the launch of the new death certification system in 2016 there have been no major issues to respond to. There is a good working relationship with the Death Certification Review Service through the attendance of Dr Andrew Manchip at our meetings. Other key partners are also represented including our spiritual care service, Local Authority Registrars, cremation authorities and funeral directors.

2.12.16
Participated in ‘Back to the Floor’ by shadowing Dr Gareth Lipton, FY2 doctor, in ICU at Monklands Hospital.

5.12.16
With Dr Eamonn Brankin met with Professor Matthew Walters, Head of School of Medicine, Dentistry & Nursing, College of Medical, Veterinary & Life Sciences at the University of Glasgow to discuss opportunities to enhance current joint working.

6.12.16
Chaired Enhancing the Patient Journey – Right Time, Right Place, Right Care conference. More detail about the conference is contained in the Quality Assurance and Improvement Report.

7.12.16
Visited Rutherglen Health Centre to discuss the Prescribing Quality and Efficiency Programme (PQEP) with GPs and practice and locality managers.

8.12.16
Met with Dr Helen Mackie and colleagues at Hairmyres to discuss their site plan for PQEP.

9.12.16
Undertook a walkround with Dr Linda Findlay, Associate Medical Director, South Lanarkshire HSCP. Visited Hunter Health Centre to meet the Community and Mental Health staff based there. Dr Venkat Chekuri and Anne Marie Carr introduced me to the staff.

14.12.16
Attended the executive meeting of the Managed Service Network for Children and Young People with Cancer.

15.12.16
Undertook a walkround at Wishaw General Hospital with Mr Hakim BenYounes.
16.12.16
Undertook a leadership safety walkround in Ward 11, Wishaw General Hospital.

16.12.16
Chaired the West of Scotland Urology Service Review Short-life Working Group.

20.12.16
Co-chaired a session on ‘Enhanced Monitoring’ at the Taskforce for Improving the Quality of Medical Education.

21.12.16
Met with Dr Lyndsey Pope, Director of Professionalism, University of Glasgow, about leadership development opportunities for undergraduate medical students.

10.1.17
Met with palliative care medical team at St Andrew’s Hospice.

13.1.17
Met with Hairmyres Medical Staff Association to discuss the PQEP.

18.1.17
Attended the Scottish Clinical Leadership Fellow Project Board and had an opportunity to meet with the new SCLFs afterwards.

20.1.17
Chaired the West of Scotland Minimally Invasive Radical Prostatectomy Short-life Working Group.

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

**Strategic Planning**

- Achieving Excellence –The final version, which reflects the themes raised during the consultation phase, is being finalised and will be completed mid-February for approval by the PP&RC and respective IJB’s prior to submission to Scottish Government.
- The Initial Agreement for the re-provision of MDGH has been drafted and was subject to Gateway 1 Review between 9 and 11 January 2017. Following feedback from Scottish Government appointed Gateway Review Panel the Initial Agreement has been updated for presentation to the NHSL Board, 25 January 2017.
- Monklands Investment Board continues to oversee the capital projects required to maintain functionality and Business Continuity of the site. This group will be subsumed by the Programme Board which will oversee the preparation of the MDGH OBC.
- Regional Planning Group – I continue to contribute to the programme of service changes and developments that are being progressed through strategic partnerships across the West Central Scotland Boards. I continue to chair the Specialist Services Group which Programme Manages all of the change programmes required in WOS RPG.
- I continue to Chair the WOS Systemic Anti-Cancer Therapy Group which is overseeing the need for change in current service model to ensure that the rising tide of demand can be safely, timeously and effectively managed. This work also links to the need for a reconfiguration of the Aseptic Pharmacy services in the West of Scotland.
- eHealth Executive Action Group which I chair is overseeing the delivery plan for 2016/17 to ensure that NHSL progresses the agreed eHealth Strategy.
- National Directors of Planning – I am in attendance at this meeting to ensure that there is a coherent approach to service planning on a Scotland wide basis.
- National work on Drug and Alcohol Policy continues.

**Capital Investment**

- Capital Projects for MRI replacement at Hairmyres; Washer disinfection replacement on all three site; Ophthalmology Department changes and Neonatology Unit changes are being progressed. Planning for replacement kit and ward changed to Cath Labs being planned.
• Service changes on Trauma and Orthopaedic Services Phase 1 completed.

Performance Management

• Scrutiny Panels on Prescribing and for Acute Services; North H&SCP and South H&SCP input to on a monthly basis.
• Quarterly review for three Operational Divisions undertaken.
• Patient Safety Leadership visits undertaken.
• Prescribing Quality meeting at Hairmyres undertaken.
• ADP Performance Review visits completed.

5. Director of Human Resources

Implementation of Retinue (Neutral Vendor) Approach – Good progress has been made locally in preparation for the implementation of the Retinue (Neutral Vendor) approach to Locum Doctor recruitment / placement from 6th February 2017.

Progress is being led by Marlene Fraser, Head of Medical Staffing, NHS Lanarkshire in conjunction with colleagues from West of Scotland NHS Boards.

Retinue have established a base office at Law House and are working closely with Medical Staffing colleagues to implement integrated software systems to support delivery of the service.

NHS Lanarkshire medical staffing colleagues have completed work to establish and validate a workforce database for input to the Retinue system

Live testing of the electronic system takes place on 26th January 2017 with a view to roll out to the three Acute hospital sites. Staff training is scheduled thereafter in preparation for the 6th February 2017 implementation date.

Based on experience to-date the challenging implementation date may not be met, however, any delay will be managed to an absolute minimum.

HR / Workforce Directors Strategic Priorities – As Chair of the national HR Directors Forum, I have been leading on an important initiative to review, refresh and focus the role and contribution of HR/ Workforce Directors and the supporting HR/OD functions.

This work has included three facilitated development sessions and production of a formal paper for consideration by Chief Executives at their meeting in February 2017 prior to consideration and approval by Scottish Government and endorsement within NHS Boards etc.

Strategic priorities for HR / Workforce Directors are considered to include:

• Championing and supporting transformational service change within Boards and across Boards at regional and national level.
• Leading, driving and implementing HR transformational change; initial priorities being eESS and the HR Shared Service programme.
• Leading workforce sustainability and resilience strategies to enable service sustainability (also explicitly includes: driving the development of an effective National, Regional and Local Workforce Plan).
• Shaping, influencing and developing a modern reward strategy for NHS Scotland, covering pay, terms and conditions and employment policies.
• Shaping, championing and driving an innovative approach to leadership, management and workforce development.
• Championing and driving improved staff engagement and staff experience, linked directly to patient experience and quality date.
• Driving and supporting a value-based culture with particular focus on positive employee relations and partnership.

NHS Board consideration of the full narrative on this matter will take place in due course.

**Band 1 / 2 Re-Grading** – Work is now at an advanced stage in the delivery of the re-grading of relevant staff from Band 1 to Band 2, effective from 1st October 2016.

Staff within Domestic Services, Portering, Laundries / Linen Services and Catering Services have agreed appropriate revised Job Descriptions with enhanced duties and responsibilities commensurate with a Band 2 grading.

Payment and arrears of pay will be enacted in the near future.

Active discussions continue with Serco and ISS in relation to the enactment of the Band 1 / 2 exercise to staff employed by them with appropriate sharing of role enhancement plans, job descriptions, job evaluation and support from NHS Lanarkshire HR, Operational and Staff Side colleagues.

6. **Director of Finance**

The principal focus for the Finance function remains supporting the corporate endeavour to deliver the Financial Plan for 2016/17. As confirmed in the Finance report to 31st December 2016 which features on the agenda for today’s meeting, we remain on track to achieve this. Already, work has started on Financial Planning for 2017/18, and Directors have been undertaking work to identify further efficiency savings of 3% for the year, although the probability is that we will require to deliver more than this in efficiencies. The Allocation Letter for 2017/18 has been received and is currently being analysed in detail to assess its full impact. This will be the basis for the Board Seminar on Financial Planning scheduled for Thursday 9th February 2017.

Work has continued on awareness raising of the rules and regulations around Procurement. We have also had an organisational focus on The Bribery Act and have been taking forward plans, not only to increase awareness of the Act, but also to strengthen the arrangements in place to prevent breaches of the Act. Most recently, this has involved a presentation on the key elements of The Bribery Act to the Corporate Management Team from officers of Counter Fraud Services. This will be followed-up through the local Fraud Liaison Officer working with Counter Fraud Services to develop and deliver a substantial programme of communications and awareness-raising on this issue.

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:

1 December – Scottish Screening Committee, Edinburgh
2 December – Back to the Floor, Hairmyres, Orthopaedic Wards.
6 December – NHS Lanarkshire Annual Conference 2016 - Improving the Patient Journey - Right Place: Right Time: Right Care.
8 December – HIS Scottish Health Technologies Group, Glasgow
13 December – South Lanarkshire Tackling Poverty and Inequalities Board, Hamilton
19 December – Health Economics in Lanarkshire.
10 January – National Institute of Health Research Health Technology (NIHR) HTA Emergency and Elective Specialist Care Panel.
20 January – British Transplant Games 2017 Local Organising Committee, Motherwell.
**Positive Issues and Key Risks**

**Hepatitis C Patient Notification Exercise (PNE)**
There is still no communication from the UK Advisory Panel (UKAP) on the report submitted to them and we will continue to pursue this.

**Screening Programmes**
The HIS Review of Screening Programmes has started with the Abdominal Aortic Aneurysm (AAA) Screening Programme Review. Work is underway in Lanarkshire to collect the evidence for submission to HIS by mid-February.

**Lanarkshire Healthy Weight Strategy**
Following work with both local authorities and health and social care partnerships, the Strategy has been completed and will be published shortly. The joint approach taken in developing it outlines the commitment of partners, including those in both North and South Health and Social Care Partnerships, to tackle the significant influences on weight within our communities. The Strategy will build on a solid foundation of partnership working around healthy weight, physical activity, nutrition and environmental planning.

8. **Director of Acute Services**

**MONKLANDS HOSPITAL**

ED Acuity Tool – Dr Barbara Key has been invited to present on behalf of herself and David Watson, HECT Practitioner, their research proposal on acuity within the Emergency Department to the RCEM Blue Sky Ideas panel. This is scheduled for 18th January 2017.

The Therapet service was established in 1988 by Canine Concern Scotland Trust, a Scottish Charitable Trust. Volunteer members take their specially selected dogs to visit patients to provide Pet Therapy. It is increasingly being recognised that people miss their pets whilst in hospital and also the mere act of stroking a pet can cause interest in someone who previously had been unwilling to communicate in any way. Monklands Hospital tested the concept on the site with both staff and patients. Several wards were visited and the reaction from patients, visitors and staff was tremendous. Several patients stated that the visit from the dog "had made their day" and the change in some of the patients was outstanding. Shortly the site will have their own Therapet dog, a Siberian Husky called Skye and hopefully a second dog will be allocated to us later on in the year. This service will be used for Monklands, Coathill and Wester Moffat Hospitals.

We are Listening – at bedside clinical handover
Monklands District General Hospital is committed to providing safe and effective person-centred care to all of our patients, all of the time. We often test different approaches and methods in order to improve how we achieve this. Typically, the ward nursing team meet at the “nurse station” or “duty room” to discuss patient care and handover at a shift change. Ward 6 nursing staff have been testing a new approach by conducting the clinical handover at the patient’s bedside. This new approach has significant benefits for both staff and patients. Staff introduce themselves at the beginning of the shift so patient’s know who will be caring for them.

Macmillan Values Based Standards continues to be implemented within Cancer Services and has been successfully been rolled out within Haematology, Breast and Colorectal Tumour groups in 2016 with a celebrating event for breast work/improvement in June 16. This also led to attending the Macmillan Collaborative in London where we helped facilitate the event by sharing all the work we have done in NHS Lanarkshire with our colleagues south of the border.

In 2016, Cancer Services have successfully recruited our first 2 Advanced Medical Oncology Nurse Practitioners. This is proving very worthwhile and has enabled Non- Medical prescribing to be introduced within Breast and Colorectal Oncology Clinics but most importantly enable us to work in partnership with our Emergency Care colleagues to support and manage unscheduled events/Acute Oncology at the front door. Cancer service will continue to review how we build on this success for 2017 and beyond.

In NHS Lanarkshire, Cancer performance standards have been met consistently over 2016 maintaining the 95% target set by the Scottish Government, who are very grateful for us keeping up the pressure to make this happen.

- NHS Lothian have visited NHS Lanarkshire to meet the Team and to learn from our process that has enable us to meet the Cancer Standards
- In the later part of 2016, The Times magazine interviewed Margaret Kelly, Cancer Service Manager to learn more about how we maintain the Cancer Standards and have subsequently written an article on our success

Excellent attendance at the Cancer Strategy event in June 17 from partners working across the boundaries in Lanarkshire. The aim of the day was to celebrate the success, share innovative and new ways of working, achieved through the 3 year Cancer Strategy Programme and support the future direction of Cancer Care within an Integrated Health & Social Care partnership way of working. The day included a series of both oral and poster presentations from keynote speakers and project leads to share and celebrate programme successes including setting the context of the work undertaken within the Cancer Strategy Programme June 2013-2016. This enabled teams to share the innovative developments that have now reshaped service delivery within a safe, effective and person centred care approach.

A multidisciplinary pilot improvement project in ERU on allergy awareness produced an increase in compliance with key safety checks related to allergy including comprehensive documentation and use of red wristbands. It utilised novel strategies such as ‘Allergy Awareness Week’ and a practical antibiotic categories quiz for staff with educational pens as prizes. The project was initiated following a full hospital audit on allergy, recently presented as a poster at the NHSL R&D Conference event in November, which highlighted issues with documentation and awareness of allergies, in particular penicillin allergy.

Lorna Maxwell and Lynn Mack were runners up in the NHS Scotland Event (summer 2016) poster presentation – NHS Lanarkshire Acute Oncology Service: A Safe, Effective and Person Centred Service through partnership working with the wider Healthcare Professional group. They also had the opportunity to present their work to the members of NHS Lanarkshire’s Board of Directors.

The medical directorate has undertaken a major redesign of unscheduled care pathways in order to improve efficiency and patient/staff experience.

The Emergency Receiving Unit (ERU) has now been transformed into two new units: Medical Assessment Unit (MAU) and Acute Medical Receiving Unit (AMRU). MAU is located in the old ERU facility, while AMRU is now on ward 19. This change has allowed us to separate assessment from the medical short stay ward, resulting in a better working environment in each, and improved patient flow. Patients receive their initial assessment in the MAU, from where they may be discharged home or to the ambulatory emergency care (AEC) service, or may be admitted into AMRU or specialty medical beds.
The AEC unit has expanded in size and now has the capacity to take a greater number of patients, allowing admission avoidance for appropriate patients.

The new Rapid Assessment and Treatment (RAT) service will commence in the near future. All patients attending hospital for emergency assessment on Mondays to Fridays between 12 and 8pm will now be seen as soon as they arrive by a consultant-led team who will undertake initial assessment, order tests and start treatments where appropriate. Patients may be redirected to services outside the hospital, for example pharmacy or dental services or their own GP. This initiative has been highlighted as a key strategy in ensuring that patients receive fast and effective care in the most appropriate setting and the Monklands service will be the first of its kind in Scotland. A new purpose-built unit is currently being constructed for this innovative service.

We are also delighted to announce that we have opened a medical transitional care ward at Monklands Hospital. This is for patients who are medically stable and awaiting arrangements for discharge home, for example social care packages. It is planned that the environment will provide a half-way house between hospital and home, including a day room and social activities, as well as enhanced collaboration with community services.

HAIRMYRES HOSPITAL

November commenced with the Trauma and Orthopaedic reconfiguration. Implementation went smoothly and was testament to the detailed planning and engagement from the wider Implementation Group and Hairmyres clinical teams in all specialities. Dr Brian McGurn in particular is to be commended for his leadership in agreeing and implementing multi-speciality pathways and on-going monitoring of the impact of the reconfiguration on other speciality flows (i.e. Medicine and COTE). Three weeks following the implementation, the Medical Grand round was devoted to a review first weeks of the reconfigured service. This session was well attended with representation from Medical, nursing and AHP staff group. Stephen Peebles gave a short presentation, which was followed by an opportunity for staff to feedback their experience of the transition period. The feedback was mostly positive with a few teething issues which were recognised and under active management. It was acknowledged that the junior staffing and T&O support to ED was improved and this will result in improvements in care to patients.
Hairmyres welcomed our new colleague Dr Maria Wilczynska, Respiratory Consultant, and Dr Vanessa Vallance, Consultant Anaesthetist both started in November and also a new Senior Charge Nurse – Jayne Riley, to Ward 15. We were also delighted that Mairi Shearer, who was an acting Senior Charge Nurse at Douglas Ward in Udston Hospital, was successful in attaining the substantive appointment to this post.

Hairmyres Clinically Clean Month took place in November 2016, with a number of activities taking place across the hospital;

- Infection Prevention and Control related weekly theme were included in the ‘Daily Onion’ newsletter and extended across the month.
- The ‘Big Bug’ quiz has been widely circulated to staff, with prizes for the winners.
- One area per week targeted for an HEI inspection, with the ward with the highest scoring area each week receiving a prize. Results passed to the Senior Nurses for follow up of issues found.
- IPCT have supported golden hour sessions each week through November, with ‘Clinical Cleanliness CSI’ sessions being a particularly innovative and practical approach to engaging with staff.
- There is a focus on uniform compliance at present with the senior nurses.
- A short patient and visitor questionnaire to find out their view on how clean they find the hospital was undertaken with over a hundred responses captured. The information is being uploaded to survey monkey to be able to populate the results more easily.

Winter Preparedness Roadshow also took place.

**WISHAW GENERAL**

**Surgical & Critical Care**
The following staff have been appointed to Band 7 posts:

- Audrey McConnachie – ACCU
- Kirstin Mowats – Ward 16

There have also been a lot of positive patient opinion posts with regards to staff attitudes and caring behaviour within the day surgery unit.

Margaret Russell Ward 17 Registered Nurse received the British Empire Medal in the Queen’s Birthday Honours.

**Older People’s Services**
The Meaningful Activities Club at Wishaw General Hospital won the National Dementia award 2016 for best Acute Care Initiative and was also a runner up in the best team category for the Scottish Health Awards 2016.

**Neonatal**
Dr Delahunty was been appointed as Clinical Director. Consultant recruitment has taken place with Dr Elaine Balmer joining April 2017 part time. Dr Boyd Consultant Neonatologist is unfortunately leaving May 2017. A locum Consultant appointment is commencing February 2017. Dr Ibhanesebhor is still on sabbatical leave.

The directorate with maternity has SAER's in progress. Service redesign is taking place in coming months with the re-development of SCBU facilities to co-locate with Transitional Care. Midwifery staff sickness continues to affect neonatal cot capacity but is being actively managed by the Woman's Directorate Service management team.
Medicine
Medical wards at WGH have positively increased their nursing staff and new staff have been recruited and in post from the end of October 2016. This is a welcome financial injection to support the clinical areas.

At the end of the year we recruited to 2 senior medical staff posts – 1 Consultant in Respiratory and 1 Consultant in Cardiology.

The site has not been able to recruit to a Diabetes Consultant post and at the start of Jan 2017 one of the Gastroenterology Consultants terminated their post at WGH.

Plans were put in place for the recruitment of a new Acute Physician Consultant Locum, for an initial period of 6 months, to augment the Acute Physician staffing resource and allow progress for the reconfiguration of medical beds to support unscheduled care on the site, which is a plan for early 2017. New Locum has been supported and approved and commenced on 9th Jan 2017.

Building work has commenced for the Medical short stay ward at WGH and this clinical area should be available from End Jan/early Feb 17.

Within ward 5 at WGH the Senior Charge Nurse arranged for supported simulated major bleed training for staff in the ward. This was an excellent development and the other medical wards are keen to access similar support and training in a range of other areas.

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

Since the last Board meeting the work has continued around governance of the Integrated Joint Board and the ambitions of the Strategic Commissioning Plan. Work continues around the strategic connections with the Healthcare Strategy and the Councils Business Plan.

The focus still remains on performance over the quarter and the financial imperatives.

Locality work remains under pressure with a drive to support hospital discharges and enabling more people to be supported at home.

Work with Scottish Ambulance Service is showing early signs of preventing falls admissions for older people and officers are keen to expand the training capacity with SAS.

DECEMBER
• Chief Executive Performance Review – small target pressures acknowledged and being addressed
• Both Sub Committees met and are still in forming mode (JIB Finance & Audit Sub Committee - JIB Performance Sub Committee)
• First of a series of monthly meetings took place with North and South H&SC and Acute Management
• The Strategic Planning Group Event (legal consultative body) to review first draft of Strategic Commissioning Plan
• Last of 6 Locality Reviews in Wishaw
• H&SC NL Communications Workshop to explore the big behavioural change messages going into Winter
• Chief Accountable Officer Officers met to discuss the implementation of the legislation and discussed the financial settlements and expectations

JANUARY
• Joint Integration Board will meet to approve the SCP and the ambitions therein

Other work relates to
• Involvement in Healthcare Strategy work
• The first joint Unscheduled Care and Delayed Discharge meeting has taken place
• Preparations are underway for forthcoming Conference (23 March 2017) and Staff Engagement Event on the implementation of the SCP
• Integration Sounding Board Reviews programme being planned and developed to improve integration of services, drive new models of care and establish financial efficiencies across the system
• Work around financial savings continue and work on the final financial settlements from Council and NHS continue

10. Director, South Lanarkshire Health and Social Care Partnership

Since I started I continue to be really impressed by the lots of really motivated and committed people – staff and the public - I have been meeting. As stated previously, this has continued to reaffirm the great opportunities which are available to us in shaping and delivering services with the people of South Lanarkshire and beyond in the coming years.

A selection of the places visited and people met in the last month include:-
• Lanark Health Centre Open Door Session
• Walk round Monklands
• Healthy Valleys visit
• Healthy and Happy visit and radio ‘interview’
• Seniors Together
• Lanarkshire GP Sub Committee

Activity to Date
• Ongoing work to enact locality structure
• Further work on Delayed Discharge – action plan, test of change, action plan includes 25 actions
• Intermediate Care – introduced a further 10 (now 22 beds) in support of patient flow
• Met with Minister for Public Health re the new Carers Act and preparedness of the H&SCP to enact the necessary requirements. South Partnership has agreed to take part in one of the pilots to prepare for implementation.
• Ongoing tele-conferences with the Scottish Government which has allowed us to report on continued improvement in the management of Delayed Discharges.

I have continued to participate fully in the healthcare strategy process and look forward to co-chairing the new Strategy Development Board.

I have taken over the Chair responsibility for The Primary Care Strategy Board. This will be a key area of work going forward for both the H&SCP as well as NHS Lanarkshire and is currently focusing on the impact of national challenges in recruiting GP’s and sustaining GMS. I am also involved in seeking to
ensure the national H&SCP Chief Officers group is similarly sighted on this issue and that we look cooperatively at potential solutions and approaches.

As a member of the South Lanarkshire Community Planning Partnership, I have also been involved in seeking to move future work in this area to a more ‘community empowered’ approach and the work ongoing in this area is contained in a specific paper to the Health Board for the 6 February 2017 meeting.

Work has also continued in examining different models of care in looking to identify alternative solutions to the provision of services in the Clydesdale area – with particular reference to the recent need to suspend admissions to Lockhart Hospital in Lanark. As part of that work, meetings have been held with local representatives, e.g. PPF, Friends of Lockhart, Royal Burgh of Lanark Community Council, Scottish Health Council in order to identify what uses the Lockhart facility might be put during such times as a more permanent alternative model be identified. The group examining this locally next meets on 31 January and it is proposed to have a further meeting with the Royal Burgh of Lanark Community Council in February.

Recommendation

The Board is asked to note the report.

<table>
<thead>
<tr>
<th>Policy/Strategy Implications</th>
<th>Policy/strategy implications will be addressed in the management of any actions resulting from these events, activities and issues.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation</td>
<td>Board Executive Team</td>
</tr>
<tr>
<td>Consultation with Professional Committees</td>
<td>None</td>
</tr>
<tr>
<td>Risk Assessment</td>
<td>Risk assessment will be addressed in the management of any actions resulting from these events, activities and issues.</td>
</tr>
<tr>
<td>Compliance with Board Policy requirements on Equality and Diversity</td>
<td>Compliant</td>
</tr>
<tr>
<td>Resource/Staffing Implications</td>
<td>Resource/staffing implications will be addressed in the management of any actions resulting from these events, activities and issues.</td>
</tr>
</tbody>
</table>

Approved by

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calum Campbell</td>
<td>Chief Executive</td>
</tr>
</tbody>
</table>

Author(s)

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