1. Introduction

Lanarkshire NHS Board is accountable to Scottish Ministers for the functions and performance of NHS Lanarkshire. The overall purpose of the NHS Board is to ensure the efficient, effective and accountable governance of the NHS Lanarkshire health system, and to provide strategic leadership and direction to the system as a whole, focusing on agreed outcomes. Its functions are: provision of strategic leadership and direction for the local health system as a whole; resource allocation to address local priorities; oversight of implementation of the Local Delivery Plan; ensuring the performance of NHS Lanarkshire, including risk management, quality assurance and improvement; and ensuring that there is a robust governance and accountability framework to monitor compliance with all necessary standards, targets and outcomes.

NHS Board Members and Attendees

NHS Board Chair:

Mrs N. Mahal, Non-Executive Director

NHS Board Members:

Mrs L. Ace, Director of Finance
Mrs I. Barkby, Director for Nurses, Midwives and Allied Health Professionals
Councillor J. Burns, Non-Executive Director
Mr C. Campbell, Chief Executive
Mr P. Campbell, Non-Executive Director
Dr A. Docherty, Chair, Area Clinical Forum
Mr M. Fuller, Non-Executive Director
Councillor P. Kelly, Non-Executive Director
Dr H. S. Kohli, Director of Public Health and Health Policy
Mrs L. Macer, Employee Director
Miss M. Morris, Non-Executive Director
Dr A. Osborne, Non-Executive Director
Mr T. Steele, Non-Executive Director
Dr I. Wallace, Medical Director

Attendees:

Mr N. Agnew, Board Secretary
Mr C. Brown, Acting Head of Communications
Mrs V. de Souza, Director, South Lanarkshire Health and social Care Partnership
Ms J. Hewitt, Chief Accountable Officer, North Lanarkshire Health and social Care Partnership
Ms H. Knox, Director of Acute Services
Mr K. A Small, Director of Human Resources
Mr C. Sloey, Director of Strategic Planning and Performance
2. Meetings During 2016/17

During 2016/17, meetings of the NHS Board were held on the following dates:
- 25th May 2016
- 29th June 2016
- 14th July 2016
- 31st August 2016
- 26th October 2016
- 30th November 2016
- 25th January 2017
- 1st March 2017
- 29th March 2017

3. Issues Considered by the NHS Board During the Year

3.1 Reports from the NHS Board Chair on key involvements and issues (May; August; November; January; March)
3.2 Board Executive Team Reports on Executive Directors’ key areas of activity (May; August; November; January; March)
3.3 Action Logs tracking the progress of actions arising from NHS Board meetings (May; August; November; January; March)
3.4 Quality Assurance and Improvement (May; August; November; January; March)
3.5 Healthcare Associated Infection (May; August; November; January; March)
3.6 Patient Story/Lived Experience (August; November; January; March)
3.7 Medical Education and Training (May; November)
3.8 Lockhart Hospital (May; August)
3.9 ‘Achieving Excellence’ – the Healthcare Strategy: development, consultation and finalisation (May; July; November; March)
3.10 Trauma and Orthopaedic Service Redesign and implementation (July)
3.11 Integration of Health and Social Care (May; August)
3.12 Waiting Times and Delayed Discharges (May; August; November; January; March)
3.13 Quarterly Local Delivery Plan Reports (May; August; January; March)
3.14 Financial Performance (May; August; November; January; March)
3.15 Primary Care Out of Hours (May; August)
3.16 Governance Committee Annual Reports 2015/16 (May)
3.17 Annual Accounts 2015/16 (June)
3.18 Hepatitis C Infected Healthcare Worker – Patient Notification Exercise (August)
3.19 University Status for NHS Lanarkshire (August)
3.20 Workforce Plan 2016/17 (August)
3.21 Annual Fire Safety Report 2015/16 (August)
3.22 Corporate Risk Register (August; November; January; March)
3.23 Risk Management Annual Report 2015/16 (August)
3.24 Extension of the ATOS Personal Independence Payments Contract (October)
3.25 Land Disposals Briefing (October)
3.26 Sale of Hartwood and Hartwoodhill Hospital Sites (October)
3.27 Medical Locums (October)
3.28 Health and Safety Executive Investigation (October)
3.29 Initial Agreement for the Replacement/Refurbishment of Monklands Hospital (October; January; March)
3.30 Director of Public Health Annual Report 2015/16 (November)
3.31 Winter Plan 2016/17 (November)
3.32 Integrated Corporate Performance Report (November)
3.33 Corporate Objectives : Mid-Year Report (November)
3.34 Code of Corporate Governance (November)
3.35 Annual Review 2016 Outturn Letter (January)
3.36 Health Promoting Health Service Annual Report 2015/16 (January)
3.37 Local Delivery Plan 2016/17 Sign-Off Letter from Scottish Government (July)
3.38 Local Delivery Plan 2017/18 and Performance Trajectories (March)
3.39 Financial Plan 2017/18 (March)
3.40 Corporate Objectives 2017/18 (March)
Improvements Overseen by the NHS Board

During the course of the year, the NHS Board considered a number of key highlights, principal amongst which were:

4.1 Ministerial approval of ‘Achieving Excellence’ – the Healthcare Strategy – a plan for person-centred, innovative healthcare to help Lanarkshire flourish

4.2 A successful Annual Review

4.3 The delivery of the Financial Plan and the Capital Plan

4.4 The delivery of a range of waiting time targets

4.5 Progress reports on the delivery of the Quality Improvement endeavour

4.6 Patient Stories on the experience of patients and carers, including progress with improvement plans

4.7 Positive developments in Medical Education and Training, including the introduction and roll-out of the Chief Resident initiative

4.8 The implementation of Phase 1 of the redesign of the Trauma and Orthopaedic Service

4.9 The implementation of the Integration of Health and Social Care from April 2016

4.10 Continued good performance within the Primary Care Out of Hours Service and the consolidation of the service model

4.11 The achievement of University Status for NHS Lanarkshire
4.12 Progress in the development of an Initial agreement for the Replacement /Refurbishment of Monklands Hospital

5. Challenges for 2017/18

The principal challenge for the NHS Board during the current year will be to make material progress with the implementation of ‘Achieving Excellence’, whilst managing key areas of business, workforce, staffing and clinical risk. These are described within the Corporate Risk Register which is subject to robust processes of review through the Corporate Management Team, the Governance Committees with Audit Committee oversight, and the NHS Board.

6. Conclusion

2016/17 was a further challenging, but ultimately rewarding year, with demonstrable progress across a range of areas of the Board’s responsibilities. This further progress positions the NHS Board well to respond to the challenges which it faces in 2017/18, in relation to the continued delivery of safe, effective, person-centred care, whilst addressing the key strategic imperative of making material progress with the implementation of Achieving Excellence and progressing the business planning processes for the Replacement/Refurbishment of Monklands Hospital.

Neena Mahal
NHS Board Chair

Calum Campbell
Chief Executive