

Lanarkshire NHS Board

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Meeting of Lanarkshire NHS Board, Wednesday
28th July 2010 at 9.30 am in the Board Room,
14 Beckford Street, Hamilton

CHAIRMAN: Mr P K Corsar, Non Executive Director

PRESENT: Mrs L Ace, Director of Finance
Mr J A Anning, Non Executive Director
Mr D Clark, Non Executive Director
Mr T Davison, Chief Executive
Dr A Graham, Medical Director
Dr H S Kholi, Director of Public Health and Health Policy
Mr A Lawrie, Director, South Lanarkshire Community Health Partnership
Mrs R Lyness, Director of Acute Services
Mrs L Macer, Employee Director
Mrs M Nelson, Non Executive Director
Mr I A Ross, Director of Planning
Mr C Sloey, Director, North Lanarkshire Community Health Partnership
Mrs S Smith, Non Executive Director
Mr W Sutherland, Non Executive Director
Mr P Wilson, OBE, Director for Nurses, Midwives and the Allied Health Professions

IN ATTENDANCE: Mr. K.A. Small, Interim Director of Human Resources
Dr. C. Clark, Consultant in Public Health Medicine and Child Health Commissioner
Mrs K Hamilton, Head of Communications
Mrs H Gourlay, (for item 82a)
Mrs K Sandilands, Head of Workforce Development (for item 86)
Mr A Robertson, Emergency Planning Officer

APOLOGIES: Mrs A Armstrong, Non Executive Director
Mr T Currie, Non Executive Director
Councillor E McAvoy, Non Executive Director
Councillor J McCabe, Non Executive Director
Mrs N Mahal, Non Executive Director
Mr N J Agnew, Board Secretary/Corporate Affairs Manager

80.

MINUTES

The minute of the meeting held on 23rd June 2010 was submitted for approval and signature.

THE BOARD:

1. Approved the minute for signature.

81.

CHAIRMAN'S REPORT

Mr. Corsar invited Dr. Kholi and Mr. Wilson, respectively, to brief the Board on a Public Health outbreak and the results of the National Patient Experience Surveys.

Dr. Kholi reported that an Outbreak Control Team had been established to oversee the management of cases of Cryptosporidium associated with a Local Authority swimming pool facility in Cumbernauld. He outlined the actions being taken, including the closure of the swimming pool as a precautionary measure, to manage and control the outbreak.

Mr. Wilson reported on the recently published results of the Better Together, Patient Experience Surveys in the General Practice and hospital settings. He advised that the survey results would be presented more fully to Board members at the Briefing scheduled for the morning of 25th August 2010, immediately prior to the Board Business Meeting that day.

Mr. Corsar reminded members that the Government Press Release about the survey results, which included a web link, had recently been circulated by Mrs. Hamilton.

82.

MATTERS ARISINGa) **Medical Workforce**

The NHS Board considered a report on Medical Workforce.

Dr. Graham explained that the paper was intended to provide members with an update on the vacancies for junior medical staff for August 2010, and outline where there were specific concerns within specialties, and to inform the Board about the progress of the work on the Emergency Medicine Workforce following the event held on 10th June 2010. She outlined the position with regard to Scottish Medical Training Recruitment for August 2010, with particular regard to the National and West of Scotland Regional position. She highlighted the NHS Lanarkshire position, with particular regard to Modernising Medical Careers vacancies across a range of specialties, including emergency medicine. She outlined the implications for August 2010, and explained the actions taken and planned to mitigate the impact of vacancies, and ensure the sustainability of services. She also outlined the progress of deliberations within the five key workstreams established following the Emergency Medicine event held on 10th June 2010, and confirmed that at its meeting in August 2010, the Board would receive a full report on progress against each of the workstreams.

Dr. Graham stressed the extent to which the management of the Medical Workforce position, and the management of emergency medicine, continued to be an intense focus of management activity, with the aim of ensuring the sustainability of safe clinical services across Lanarkshire.

Mr. Davison emphasised the extent of the challenge throughout Scotland, but particularly in the West of Scotland, which Boards were facing in maintaining medical staffing levels, and he outlined the factors, including maternity leave, which contributed materially to the ongoing pressures. He acknowledged the extent of the management effort, and the contribution of clinical staff through flexible working to maintaining services in Lanarkshire, and, thus far, avoiding the need for Accident and Emergency activity to be diverted between acute hospitals. He acknowledged the issues raised by members about the potential for the Board

to apply inducements to attract staff to Lanarkshire, but he explained that this option was limited by nationally dictated Terms and Conditions.

Mr. Lawrie explained that consideration was being given to employing, within Emergency Departments on a part time basis, prospective GPs for whom there were not, currently, GP principal posts available. He advised that, already, there was a level of interest in such positions.

THE BOARD:

1. Noted the update on Medical Workforce.
2. Asked to receive a further report in August.

Dr. Graham

83.

PATIENT SAFETY AND QUALITY

a) **Healthcare Associated Infection**

The NHS Board considered an update on Healthcare Associated Infection.

Dr. Graham highlighted the principal elements of the report, relating to: performance against Health Efficiency Access Targets; infection prevalence rates; cleanliness of clinical facilities; progress against the Clostridium Difficile Action Plan; progress against the key issues within the Healthcare Associated Infection Task Force 3 Year Delivery Plan; surgical site infection surveillance; antimicrobial prescribing; the MRSA National Screening Programme; and Healthcare Environment Inspection. She highlighted, in particular, the encouraging performance in Lanarkshire in relation to achievement of the National Target for Staphylococcus Aureus Bacteraemias, and the ongoing focus on improving performance in relation to Clostridium Difficile. She reported on the introduction of a new Scottish Government Healthcare Associated Infection Template, and confirmed that this would be used as the basis for reporting to the NHS Board on Healthcare Associated Infection Performance from August 2010.

Dr. Graham explained that, whilst good progress was being made, significant work was required to ensure that the organisation would be fully compliant with the National Healthcare Associated Infection Agenda over the next three years.

THE BOARD:

1. Noted the update on Healthcare Associated Infection.
2. Asked to receive a further report in August.

Dr. Graham

b) **Healthcare Environment Inspection – Hairmyres Hospital**

Dr. Graham gave a presentation to the Board, highlighting the principal findings within the report of the Healthcare Environment Inspection visit to Hairmyres Hospital in May 2010, and the Action Plan drawn up to address the HEI recommendations, copies of both documents having previously been issued to members. She reported on substantial progress in addressing the recommendations incorporated within the Action Plan, and stressed the continuing endeavour to ensure that all actions were completed in early course.

Dr. Graham

Dr. Graham reminded members that the Healthcare Environment Inspectorate would undertake a visit to Wishaw General Hospital in September, and she confirmed that preparations for the visit, including the completion and return to HEI of a self assessment document, were well in hand.

Mr. Davison endorsed the emphasis placed by Dr. Graham on the endeavour to implement the recommendations arising from the HEI visit to Hairmyres Hospital, and the evidence presented to the Board demonstrating substantial progress on Healthcare Associated Infection generally, but particularly in the areas of Staphylococcus Aureus Bacteraemias, Clostridium Difficile, antibiotic prescribing and hand hygiene. He assured members about the management commitment to control of infection, and continued improvement in this area, including through a

zero tolerance approach to non-compliance with the approved Board Policies, which included a comprehensive Control of Infection Manual, access to which was widely available to clinical staff across Lanarkshire.

THE BOARD:

1. Noted the report on the Healthcare Environment Inspection of Hairmyres Hospital.

c) **Clinical Governance**

The NHS Board considered a report on Clinical Governance.

Dr. Graham explained that the paper was presented to provide members with a progress report on quality assurance, with a focus on Clinical Quality and Research and Development. She highlighted the principal elements of the report, in relation to: arrangements for implementation of the NHS Scotland Healthcare Quality Strategy; other reviews and inspections, by the Healthcare Environment Inspectorate and Her Majesty's Inspectorate of Education Inspection of Child Protection Services; Clinical Quality Service Development; the Clinical Quality Work Programme for 2010/2011; and research and development, with regard to the application of the Chief Scientist Office Research Governance standards; and the recent Medicines and Healthcare Products Regulatory Agency (MHRA) statutory good clinical practice inspection of clinical trials of investigational medicinal products.

Mr. Davison highlighted the increasing importance of Clinical Governance and Risk Management, in the context of the need to protect frontline services in an increasingly challenging financial environment.

Mr. Corsar reminded members that Financial Plan, 'Horizon Scanning' for 2011/12 and beyond, would be the subject of a Board Seminar on the afternoon of Thursday 25th August 2010.

THE BOARD:

1. Noted the report on Clinical Governance and Risk Management.
2. Asked to receive a further report.

Dr. Graham

84.

PUBLIC HEALTH – SPECIALIST CHILDRENS' SERVICES

The NHS Board considered a report on Specialist Childrens' Services.

Mr. Sloey introduced this item. He stressed the extent to which Specialist Childrens' Services had been redesigned, with service models and structures having been reviewed and adjusted, to reflect changed service needs amongst the client group.

Dr. Clark explained that the report set out progress in the provision of hospital care for children and young people, with particular emphasis on the provision of specialist childrens' services. He advised that, specialist childrens' services, until recently provided exclusively by the Royal Hospital for Sick Children at Yorkhill, were increasingly being provided more locally in Lanarkshire, with that process being facilitated by the Scottish Government allocation under the National Development Plan for Specialist Childrens' Services. He drew members attention to the section of the report which described the services in question, within the background context of: paediatrics in NHS Lanarkshire; services in RHSC Yorkhill; the redefinition of childrens' hospital services; the National Development Plan for specialist childrens' services' the local strategic approach to shifting the balance of specialist childrens' care; and NHS Lanarkshire developments under the National Development Plan. He advised that the continued shift in the balance of care was critical to the redevelopment of the Glasgow Childrens' Hospital. He advised, also, that the report set out progress in moving the hospital care of teenagers (aged 13 to 16), which traditionally had been in adult wards, to paediatric care. He stressed that monitoring and evaluation of Services was taken forward through regular progress reports, covering: expenditure; recruitment; impact and outcome, locally, to the West of Scotland

Dr. Clark stressed that the last ten years had seen a major expansion of the Lanarkshire Childrens' Hospital Service, including the early development of specialist services. He advised that the National Development Plan for Specialist Childrens' Services in Scotland had provided the opportunity to develop a much greater range of specialist services over the next few years, and that, over time, an ever-reducing proportion of childrens' hospital care would be provided in Glasgow, particularly after the re-provision of the current Yorkhill Hospital.

He highlighted the benefits to specialist childrens' services, over the last ten years, as a consequence of concentrating paediatric services on a single site at Wishaw General Hospital, through enhancing the ability to recruit and retain junior medical and Consultant staff, with the consequent benefit of increasing specialisation. He explained that two Consultant Paediatric Surgeons from The Royal Hospital for Sick Children at Yorkhill visited Wishaw General Hospital each week, and contributed to the development of the skills of Lanarkshire surgeons, with a significant and increasing number of Lanarkshire patients receiving operations in Wishaw General Hospital. He advised, also, that Lanarkshire Child Diabetes cases were now being treated in the Community using specialist nurses, instead of at Yorkhill Hospital. He explained that, as a consequence of improvements in care, children with a range of conditions which would have resulted in childhood deaths, were surviving well into adulthood, with a key driver for improvement having been the employment of specialist nurses.

Mr. Sloey highlighted the level of NHS Lanarkshire funding paid to Glasgow for childrens' services. He advised that a Managed Clinical Network for Childrens' Services was being established, and that Lanarkshire clinicians were keen to expand local services. However, he highlighted the need to carefully manage the repatriation of care from Yorkhill Hospital and from Larbert, including through ensuring that the relevant support services were in place locally.

THE BOARD:

1. Noted the report on Specialist Childrens' Services.
2. Agreed to receive a further update in 2011.

85.

INPATIENT VASCULAR SURGERY

The NHS Board considered a report on the concentration of inpatient vascular surgery.

Mr. Ross explained that the continuing changes to the scope and practice of vascular surgery resulted in a review of vascular services in 2005/06, as part of the 'A Picture of Health' planning process. He reminded members that the review concluded that inpatient vascular services would be best delivered from fewer hospitals. He advised that further work during 2010 had led to a proposal that the service should now be concentrated on one site at Hairmyres Hospital by the end of 2010.

Mrs. Lyness outlined the processes that had been taken forward since A Picture of Health had outlined the strategic intention that vascular surgery should be delivered on fewer sites. She advised that the first step in this direction had been taken in May 2007 with the transfer of inpatient services from Monklands Hospital, resulting in the current two-site surgical service at Hairmyres and Wishaw. She advised that the key drivers for this change in service were: improved clinical outcomes for patients from the concentration of surgical expertise and experience on fewer sites; the need for co-location of interventional radiology and vascular surgery; and limited availability of expensive equipment to support the service. She advised that, over recent years, the specialty had continued to develop and evolve, in that: day case rates had increased; multi-specialty procedures were more common; and surgical interventions had become less invasive. She explained the engagement with staff, patients' representatives and other stakeholders that had taken place around the development of options for inpatient vascular surgery, including a workshop held on 11th June 2010, the report of which was included in the papers presented to the Board. She advised that

participants had been asked to consider two issues, viz: was a single site service model for inpatient vascular surgery robust; and which site would be the better location for such a concentrated service. She reported that there was substantial support from stakeholders for the single site model, and a strong consensus that Hairmyres Hospital was the preferred site. She explained that the results of the engagement process, along with full information about the proposal, had been the subject of dialogue with the Scottish Health Council, and with the Scottish Government Health Department, and reported SGHD confirmation on 12th July 2010 that the Cabinet Secretary for Health and Wellbeing did not consider the concentration of the service on a single site to be 'major' service change.

Mrs. Lyness explained that, if the proposal to deliver vascular inpatient surgery from a single site at Hairmyres Hospital was approved by the NHS Board, she would initiate a project team, which would be tasked with completing the concentration of the Service at Hairmyres Hospital. She stressed that the implementation of the Board's decision would be taken forward with a focus on the whole patient journey, including a substantial focus on the rehabilitation component of the vascular pathways.

Mr. Corsar stressed that whilst inpatient vascular surgery would move to a single site at Hairmyres Hospital, vascular outpatient services, which constituted the greater proportion of vascular activity, would continue to be locally accessible on each of the three acute sites.

THE BOARD:

1. Approved the concentration of inpatient vascular surgery at Hairmyres Hospital before the end of 2010.

Mrs. Lyness

86.

WORKFORCE MODERNISATION PLAN

The NHS Board considered a Workforce Modernisation Plan 2010/11.

Mr. Small explained that the Workforce Modernisation Plan had been developed through a comprehensive process of engagement, including partnership involvement and contributions from the Operating Divisions, the Service Improvement Boards and the Area Clinical Forum. He advised that the Plan reflected the redesign and efficiency priorities of NHS Lanarkshire, and had been developed taking full cognisance of the known and predicted economic climate. He stressed that, in presenting the Plan, it was important to acknowledge that the NHS Lanarkshire workforce had enjoyed an 8% overall growth since September 2007. He highlighted the growth areas, including: medical staff (10%), allied health professions (9%); nurses and midwives (7%) and administrative and clerical (4%). He advised, also, that the Executive and Senior Manager Workforce had reduced by 19% over the same period. He reported that work was currently underway to create a localised analysis of this information, to inform future decisions on service efficiency.

Mrs. Sandilands highlighted the principal elements of the Workforce Plan, in relation to: current workforce; the Human Resources Strategic Framework; Cash Releasing Efficiency Savings (CRES) Programmes; Acute and Community Health Partnership Workforce Redesign; Allied Health Professions Capacity Planning; Reshaping the Medical Workforce; piloting of a Nursing and Midwifery Workload and Workforce Programme (NMWWP) Workload Measurement Tool; Workforce Planning capability, and Equality and Diversity Impact Assessment.

Discussion highlighted a need to articulate more clearly within the Plan, the linkages with the Boards overall strategic direction, recognising the increasingly challenging financial environment in which the Board was operating.

Mr. Small acknowledged this view, but explained that, currently, there was not a sufficient level of certainty about the financial position moving forward, to finalise an informed strategic view.

Mrs. Macer confirmed the extent of staff side involvement in the development of the Plan, and advised that the document would be supported by a suite of policies and procedures.

Mr. Davison asked for greater clarity to be developed around the areas of growth in staffing since 2007, to further inform the Board's approach to the management of workforce within the overall context of the Cash Releasing Efficiency Savings (CRES) requirement, going forward.

Mr. Small

THE BOARD:

1. Noted the content of the Workforce Modernisation Plan 2010/11, recognising that progress was already being achieved against many aspects of the Plan.
2. Asked to receive further reports on Workforce Modernisation, within the overall context of the Board's Cash Releasing Efficiency Savings endeavour.

Mr. Small

87.

FIRE SAFETY

The NHS Board considered a Fire Safety Annual Report 2009/10.

Mr. Ross reminded members that the Executive Director responsibility for fire safety transferred to him from the Director of Human Resources on 1st August 2009, with the discharge of that role being taken forward through PSSD, and linkages, as appropriate, with the Health and Safety compliance assurance function within the Occupational Health and Safety Service. He explained that the report outlined activities undertaken during the past year to ensure effective fire safety arrangements were in place across Lanarkshire for the protection of patients, visitors and staff. He advised that work during the year had concentrated upon staff training, and on a substantial programme of Fire Risk Assessment for all NHS Lanarkshire premises, with an expected completion later in the year. He advised, also, that the report highlighted the investment in improving the fire safety of premises during the past year, and confirmed that this work would continue during 2010/11. He confirmed that a report on the position with regard to fire safety around Healthcare Contracts with Independent Sector Providers would be brought to a future meeting of the Board, as a follow up to the report on Healthcare Contracts with Independent Sector Providers presented to the Board earlier in the year.

THE BOARD:

1. Approved the Fire Safety Annual Report 2009/2010.
2. Agreed to receive a report on Fire Safety in relation to Healthcare Contracts with Independent Sector Providers.

Mr. Ross

88.

CARRICKSTONE CONTRACT

The NHS Board considered a paper on the provision of Older Peoples' Inpatient Services at Carrickstone Care Home, Cumbernauld, and development of integrated Day Services in North Lanarkshire.

Mrs. Lyness explained that the Board's approval was thought to extend the contract for the provision of older peoples' inpatient services by a further two years (from 2012 to 2014), with Four Seasons Healthcare, Carrickstone Care Home, Cumbernauld. She advised that the total contract value for the period of the extension of £2.695m, and that any increase would be linked to the Health Service Cost Index. She explained the background to the contract, and outlined the factors which had led to the development of a proposal for a two year contract extension. She advised that the primary reason for the review of the contract coincided with the need to align day services for both older peoples' mental health services and for care of the elderly services with the need to release funding to support these changes. She advised that the review had been taken forward by a working group consisting of clinical, managerial and partnership representatives convened in August 2009. She explained that a fundamental scope of work had already commenced with North Lanarkshire Council, using LEAN methodologies, to review the current patterns of older peoples' care, in tandem with the need to reshape older peoples' services. She confirmed that any fundamental changes to the service model would be brought back to the NHS Board in due course.

Mrs. Macer highlighted the elements of the report which explained Unison's fundamental opposition to private sector provision of NHS funded care, and Unison's request for consideration of the contract being brought back in-house, or NHS Lanarkshire employing the staff involved, or alternatively paying the staff looking after NHS patients in Carrickstone under Agenda for Change Terms and Conditions. She also reminded members of the position of the Cabinet Secretary for Health and Wellbeing in relation to private sector provision of NHS Health Care.

Mr. Davison explained that the two year contract extension did not close any options for the future model of care from consideration, but allowed time for the development of a strategic view about future provision, in partnership, both with staff and the Local Authorities.

THE BOARD:

1. Approved a two year extension of the contract from March 2012 to March 2014 at a total value of £2.695m, linked to the Health Service Cost Index.
2. Noted that a fuller review of Older Peoples' Services, including the future provision of inpatient care, would be presented to the Board for consideration in due course.

Mrs. Lyness

89.

PROCUREMENT STRATEGY

The NHS Board considered a Procurement Strategy.

Mrs. Ace explained that the refreshed Procurement Strategy was presented to the Board for approval. She advised that the Strategy would guide the Board's efforts to secure best for value for money from all of its procurement activities in a fair and sustainable way, as befitted a public sector organisation. She outlined the parameters of the Strategy, against a backcloth that NHS Lanarkshire procured around £135m of drugs, goods and services each year, as well as managing its Capital Programme, which currently stood at £37.922m. She stressed that the Strategy sought to develop structure, processes and practices for procurement, in line with the extant national recommendations, and also identified specific actions in targeted areas to immediately seek efficiencies to support the Board's savings programme. She stressed that the Strategy would be backed by a more detailed Action Plan, which would be monitored by a Procurement Steering Group, comprising appropriate Executive Directors and leads of Procurement. She explained that the Audit Committee would review progress against the annual audit and national recommendations.

THE BOARD:

1. Approved the Procurement Strategy.
2. Noted that the Procurement Strategy would be considered by the Audit Committee in September.
3. Noted that the Procurement Strategy would be reviewed every two years, and that any material changes would be reported to the Audit Committee and, as appropriate, to the NHS Board.

Mrs. Ace

90.

LOCAL DELIVERY PLAN

a) **Finance**

The NHS Board considered a report on financial performance to June 2010.

Mrs. Ace reminded members that, to achieve the Board's objectives while still living within available funding, the 2010/11 Financial Plan had to deliver £17.100m of efficiency savings and utilise £4.469m of the brought forward surplus. She reported that, at the end of June 2010 the Board was reporting a £2.307m underspend against the Revenue Resource Limit, as a result of sound management against budgets and good progress with efficiency schemes. She stressed that, although this was a very positive start, new pressures, such as the VAT increase, the revenue element of the laboratory case and service issues,

would express themselves later in the year. She assured members that key risks to achieving the Board's financial targets were being assessed and managed, the most significant of which, at this stage, was around the containment of prescribing costs as envisaged in the Plan. She advised that the Board remained on track to deliver its £37.922m capital programme, although minor adaptations would be needed for the impact of the VAT increase.

Mr. Lawrie reported that the General Practitioner Sub Committee of the Area Medical Advisory Committee had endorsed the most recent version of the Prescribing Action Plan. He advised that General Practices were achieving significant savings on the prescribing budget, and that support was being provided to General Practices in their endeavour to manage overspends.

THE BOARD:

1. Noted the report on Financial Performance to June 2010.
2. Asked to receive a further report.

Mrs. Ace

b) Waiting Times

The NHS Board considered a report on Waiting Times Performance to June 2010.

Mrs. Lyness reported that, as indicated in the Waiting Times paper presented to the Board in May 2010, the opportunity had been taken to refine and improve the reporting format, to provide a more complete presentation of progress against targets. She advised that the revised format accompanying the report, was subject to further refinement as NHS Lanarkshire trajectories were still being developed for some performance measures.

Mrs. Lyness reported that there were no patients waiting over 12 weeks for an outpatient appointment and 9 weeks for an inpatient/daycase appointment at 30th June 2010. In addition, no patient was waiting over 4 weeks for the 8 key diagnostic tests, and there was continued compliance against cancer guarantees, with routine achievement, also, of the 98% performance target against the four hour maximum wait at Accident and Emergency. She stressed that, whilst NHS Lanarkshire continued to deliver waiting time guarantees, Modernising Medical Careers, was impacting on the elective programme. She assured members that addressing this issue remained an acute management focus, with priority always remaining with Emergency Care. She highlighted additional pressure on service delivery through the Bowel Cancer Screening Programme, due to the considerable impact on endoscopy. She outlined the way in which this issue was being managed, including through a review of the Endoscopy Service, the outcome of which would, in time, be reported to the NHS Board.

Mrs. Lyness reported on ongoing discussions with NHS Greater Glasgow and Clyde, within the context of the extant Service Level Agreement, to ensure that NHS Glasgow and Clyde accepted spinal referrals from NHS Lanarkshire. She outlined the interim measure, involving accessing limited spinal capacity at The Golden Jubilee National Hospital, pending a satisfactory conclusion to the dialogue with NHS Greater Glasgow and Clyde. She reported on the ongoing work to develop patient flows from referral to discharge by specialty and sub specialty, with time measures attached that could be flexed at different stages of the patient journey. She advised that the development of patient flows had also informed the functionality of the software for the new Patient Management System that would be implemented in February 2011, with functionality to track patients through the 18 weeks referral to treatment target, enabling the Board to more effectively measure and manage the patient journey and ensure compliance with the 18 week RTT that had to be delivered by December 2011. Mrs. Lyness also highlighted delayed discharges performance, where there had been two delayed discharges outwith the monthly guarantee at 15th June 2010. She advised that both cases had occurred in South Lanarkshire and confirmed that discussions were underway with South Lanarkshire Council about how best to manage this situation going forward.

Mrs. Lyness stressed that NHS Lanarkshire would sustain the stage of treatment waiting time guarantees to 31st March 2011, and that progress would be made against the performance improvement guarantees, evidenced through the period to 31st March 2011. She stressed that dialogue would continue with NHS Glasgow and Clyde to resolve the spinal situation, and with the local authorities in relation to delayed discharges and adults with incapacity. She explained that, in August 2010, the validation process would commence on whole journey patient pathways, and the transactions that would be recommended for adoption to coincide with implementation of the new Patient Management System. She confirmed, also, that work would continue to improve and refine the measurement and reporting of 18 weeks referral to treatment performance.

THE BOARD:

1. Noted the report on waiting times performance at 30th June 2010.
2. Asked to receive a further report in September 2010.

Mrs. Lyness

c) **Primary Care Out of Hours**

The NHS Board considered a report on Primary Care Out of Hours Performance for June 2010.

Mr. Lawrie explained that, overall, demand during the Out of Hours period had fallen during the month when compared with 2009; however, this had to be seen in the context that 2009 was an exceptional year due to the incidence of flu. He highlighted performance in relation to: referrals from the Emergency Departments; the Key Performance Indicators for home visits. He also reported on educational meetings held; the consultation process on plans for Cash Releasing Efficiency Savings; the planned recommencement on 31st July 2010 of the pharmacy pilot offering an Out of Hours Service from Graham Street Pharmacy, Airdrie, and some difficulties the service was experiencing in filling some shifts during the holiday period (July and August), along with the actions being taken to mitigate the impact. He advised that the workplan for August for the Service would focus on ensuring that shifts were covered, and would encompass: the ongoing consultation process for CRES savings; liaising with Out of Hours at a national level about one hour home visit levels; and working with representatives from Emergency Departments on closer working, directly in response to the emergency medicine event held on 10th June 2010.

THE BOARD:

1. Noted the Primary Care Out of Hours Service Report for June 2010.
2. Asked to receive a further report.

Mr. Lawrie

91. **GOVERNANCE MINUTES**

The NHS Board received and noted minutes of meetings of Governance Committees, as follows:

- a) Audit Committee – 23rd June 2010.
- b) Clinical Governance Committee – 21st June 2010.

92. **DATE OF NEXT MEETING**

Wednesday 22nd August 2010.

Mr. Corsar reminded members that the Board Business meeting would be preceded by a breakfast briefing at 8.00am on the Better Together – Patient Experience Programme Survey Results, and would be followed by a Financial Plan ‘Horizon Scanning’ Event.