Lanarkshire NHS Board

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Meeting of Lanarkshire NHS Board, Wednesday 27th January 2010 at 9.00 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 Currie, Non Executive Director** **Dr A Graham, Medical Director** **Mrs LKhindria, Director of Human Resources** **Dr H S Kohli, Director of Public Health and Health Policy** **Mr A Lawrie, Director, South Lanarkshire Community Health Partnership** **Mrs R Lyness, Director of Acute Services** **Councillor E McAvoy, Non Executive Director** **Councillor J McCabe, Non Executive Director** **Mrs N Mahal, Non Executive 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 N J Agnew, Board Secretary/Corporate Affairs Manager** **Mrs A Armstrong, Chair, Area Clinical Forum** **Mrs S Dunne, Deputy Director of Organisational Development** **Mrs K Hamilton, Head of Communications** **Mrs L Macer, Employee Director**
APOLOGIES:	**Mr T Davison, Chief Executive** **Mr K A Small, Director of Organisational Development**

ACTION

1. **CHAIRMAN'S REPORT**

Mr. Corsar reported on discussion at briefing meetings with Constituency and List Members of the Scottish Parliament on 22nd January 2010.

Mr. Sutherland, Vice Chair, who had attended on behalf of Mr. Corsar, reported on the principal issues from the meeting of the Cabinet Secretary with NHS Chairs on 25th January 2010, as follows:

- Acknowledgement of the service response to the severe weather.
- Acknowledgement of the service response to Influenza A (H1 N1)
- A presentation on the National Healthcare Quality Strategy
- Arrangements for the launch of the National Research Strategy.
- The third stage of the three year pay award.
- Consultant distinction awards.
- A presentation from Shona Robison on the Care of the Elderly Review.
- Emphasis by Kevin Woods on the need to focus on Health Improvement around the HEAT targets.
- An intimation from Kevin Woods that he was giving consideration to the service approach to clinical risk management.

2. **MINUTES**

The minute of the meeting held on 23rd December 2009 was submitted for approval and signature.

THE BOARD:

1. Approved the minute for signature.

3. **MATTERS ARISING**

a) Medical Workforce

Dr. Graham reported that the position had not changed materially from that reported to the Board in December, with pressures remaining, primarily in Emergency Medicine and Care of the Elderly, due to a combination of vacancies, sickness absence and maternity leave. She also reported a potential staffing issue within Orthopaedics, but confirmed that work was in hand to bring forward innovative solutions, with the aim of minimising the service impact. She stressed that mitigating the impact of workforce pressures continued to be a substantial management focus. She also reported that recruitment for the August 2010 intake was moving forward.

THE BOARD:

1. Noted the update on Medical Workforce.
2. Asked to receive a further report. — Dr. Graham

b) Influenza A (H1 N1)

Dr. Kohli reported that available information about activity suggested that the second wave of the Pandemic was now at an end. He advised that at 20th January 2010, there had been 66 deaths in Scotland, with 5 occurring in Lanarkshire, and 1525 individuals diagnosed with H1 N1 admitted to hospitals in Scotland, 141 of which in Lanarkshire. He advised that the reductions in activity were matched by reductions in the prescribing of antivirals. He stressed that, despite the downward trend, there remained a level of vigilance throughout the country, and in Lanarkshire, in preparation for a third wave of the Pandemic, should this occur, even though this currently was not predicted.

Mr. Lawrie updated members on the progress of Phase 1 of the Vaccination Programme, involving under 65s, over 65s and pregnant women, and Phase 2, covering children from 6 months to 5 years. He also reported on the uptake of staff vaccination. He reassured members that, due to the lower than anticipated severity of the Pandemic, sufficient stocks of vaccine were available.

THE BOARD:

1. Noted the update on Influenza A (H1 N1).
2. Asked to receive a further report. Dr. Kohli Mr. Lawrie

4. **PATIENT SAFETY AND QUALITY**

a) Healthcare Associated Infection

The NHS Board considered an update report on Healthcare Associated Infection, encompassing: performance against Health Efficiency Access Targets; infection prevalence rates; cleanliness of clinical facilities; progress against the National Clostridium Difficile Action Plan; progress against key issues within the HAI Taskforce 3 Year Delivery Plan; Surgical site infection surveillance; antimicrobial prescribing; implementation of the MRSA National Screening Programme; and a Healthcare Environment Inspection.

Dr. Graham highlighted continuing progress across a number of key areas. She drew members' attention, in particular, to the section of the report dealing with Norovirus, and explained the incidence, impact and management of the virus. She also reported on the most recent hand hygiene report, which had shown a drop in performance. She stressed that work was being taken forward, as a matter of urgency, with the Hand Hygiene Co-ordinators, with the aim of delivering material improvements in performance at an early date. She confirmed that the MRSA National Screening Programme had been launched in Lanarkshire on 26th January 2010, and now was being rolled out.

THE BOARD:

1. Noted the Healthcare Associated Infection update.
2. Asked to receive a further report. Dr. Graham

b) Clinical Governance

The NHS Board considered a paper on Clinical Governance, which provided a progress report on Quality Assurance, with a focus on Clinical Effectiveness Research and Development.

Dr. Graham highlighted the key issues from the report, which demonstrated progress in relation to: Quality Assurance; The Clinical Governance Committee; Clinical Effectiveness; and Research and Development. She drew members' attention to the sections of the Report setting out demonstrable progress in relation to completion of the actions within the Clinical Effectiveness Work Programme and the Clinical Governance Strategy Work Programme. She also drew members' attention to the section of the report dealing with the Healthcare Environment Inspectorate visit to Monklands Hospital on 18th November 2009, focussing on the areas of good practice noted by the Inspectors and the areas for improvement identified during the visit, which were now the subject of an Action Plan.

THE BOARD:

1. Noted the progress report on Clinical Governance.
2. Asked to receive a further report. Dr. Graham

c) Better Together – The National Patient Experience Programme

The NHS Board considered an update on progress being made with the implementation of Better Together, the National Patient Experience Programme, and the local approach to gathering and utilising patient experience data.

Mr. Wilson reminded members that the National Better Together Programme aimed to gather consistent patient experience data in order to inform service improvement, through focusing, initially, on a centrally co-ordinated and funded postal survey sent to approximately 500,000 across Scotland during November 2009, covering patients' experience of GP access, the Practice and consultations; and a postal survey using a nationally developed survey tool, to invite the views of patients admitted to acute hospitals. He outlined the principal elements of the local approach, and highlighted the safeguards on the use of individual patient experiences information that would be put in place.

Mrs. Armstrong endorsed the approach being taken to the local implementation of the national programme, and indicated that the Area Clinical Forum would be interested in receiving information on the results, particularly in relation to patient experience.

THE BOARD:

1. Noted progress with the local implementation of the National Better Together Programme.
2. Agreed that patient experience data gathered during the course of each year (from National and Local Surveys, Focus Group and Patient Narratives), be published as an annual statement, and incorporated into the setting of organisational objectives and the Board's Annual Report.
3. Noted that consideration was being given to holding a briefing for Board members on the surveys and patient narratives, to take place before the June or July Board meeting, involving Board members and key stakeholders, such as the Public Partnership Forums.
4. Noted that a further progress report would be provided in six months time. — Mr. Wilson

5. **DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT**

The NHS Board received a detailed presentation from Dr. Kohli on the Director of Public Health Annual Report 2008/09, introduced to the Board in December 2009.

Dr. Kohli highlighted, in his presentation, the principal issues from his Annual Report, in relation to: Influenza A (H1N1 v); the health of the people of Lanarkshire; health improvement; oral health; health protection; and health services (Health Needs Assessment).

He described the planning for Pandemic Influenza, and the way in which plans were put into practice in managing the pandemic, the second wave of which was now coming to an end.

In relation to the health of the people of Lanarkshire, he highlighted: unemployment and health; the continuing, increasing population trend, and projections suggesting continued increases into the 2030's with an increasingly ageing population; the continued decrease in death rates, with coronary heart disease and cancer remaining the two main causes of death; and increasing life expectancy at 75 years for men and 78.9 years for women, but with a gap remaining when set against Scottish life expectancy.

In the area of Health Protection, he highlighted Health Protection Team activity during the period covered by the report; surveillance of communicable disease

from 2005/2008; antenatal screening for communicable diseases; bloodborne virus; tuberculosis; the uptake of childhood vaccines; the uptake of seasonal influenza vaccines; and the arrangements for emergency and pandemic influenza planning. He also highlighted: the Cervical Screening Programme, with the aim of maximising the benefit for Lanarkshire women; the work of Community Health Educators; and the arrangements for population screening in Lanarkshire. He outlined, for members, the progress of the Human Papillomavirus (HPV) Vaccination Programme, and the arrangements for the operation of a single Healthcare Associated Infection Team across Lanarkshire, working with the Health Protection Team to deliver the HEAT targets and, the NHS Quality Improvement Standards, with this work closely aligned to the local implementation of the Scottish Patient Safety Programme.

Dr. Kohli highlighted key areas of Health Improvement, encompassing, childrens' healthy weight; eating well and growing old; towards a mentally flourishing Lanarkshire; and smoking. He also reported on key areas of Pharmaceutical Public Health, including the approach to monitoring the repeat prescribing of antibiotics and antidepressants. He highlighted continuing improvements in the oral health of 5-11 year olds, and reported that dental registrations for this age group exceeded the target for 2010. He explained the key elements of the Childsmile Programme, and the way in which this had been rolled out within Lanarkshire.

Dr. Kohli explained that during the period covered by the report, a number of important Health Needs Assessments had been completed, including in relation to: deliberate self-harm; specialist childrens' services; antenatal and postnatal mental health and wellbeing; and eating disorder.

In discussion, Dr. Kohli acknowledged the financial challenges which the Board would face in future years, and the potential for this to impact adversely on long-term health improvement outputs. However, he stressed that it was important to view the situation within the overall context of a structured focus on the targeted use of available resources and prioritisation.

Dr. Kohli acknowledged that the higher than the Scottish average death rate from coronary heart disease required to be seen within a context of the number of areas of deprivation in Lanarkshire. He explained that analysis of deprivation at an all Scotland level went some way towards explaining the Lanarkshire position compared to Scotland. He also acknowledged the work of the Keep Well Programme, which in recent months had been the subject of a presentation to the Board, but explained that it was difficult, at this early stage, to relate the reported health improvements specifically to the impact of the Programme. Mr. Sloey highlighted a study undertaken by the Glasgow Centre for Population Health on standardised movements within deprived communities, which suggested that the Keep Well Programme was already making a positive impact on health improvement.

Dr. Kohli acknowledged the importance of the Annual Report informing the work of the Public Health Department, and the approach, generally, to prioritisation. He explained that the Annual Report conclusions and recommendations would be utilised through work with the Modernisation Board to inform planning priorities. He confirmed that the Department of Public Health would take forward further work to identify its priorities, through the systematic consideration of the key actions from the Annual Report. He restated the challenge, highlighted in his presentation, arising from the projections of an increasing elderly population, and the demands that this would place on Health and Local Authority Services. He confirmed that this was already a key focus of consideration at a National level.

Mr. Sloey referred to the coverage within Dr. Kohli's presentation of the Health Needs Assessment on eating disorder. He explained that eating disorder services

had already been the subject of development in response to issues highlighted within an earlier Director of Public Health Annual Report. He also advised that work was being taken forward, in partnership between the Board and North and South Lanarkshire Councils, in the area of service integration for older people, around re-modelling services to maximise the benefit from available resources.

Dr. Kohli re-stated his acknowledgement of the need, increasingly, to utilise the information within Annual Reports to inform the identification of priorities. He explained that work was already in hand to identify the key actions arising from the Annual Report, and that work had been undertaken to review previously completed Health Needs Assessments to assess the extent to which they informed the delivery of subsequent actions. He undertook to update the Board, at a future date, on the progress of this work, including in relation to the effectiveness of Health Improvement interventions.

Dr. Kohli acknowledged the need highlighted by Mrs. Macer, for the substantial number and range of initiatives focussed on health improvement to be supported by a workforce of sufficient numbers and skill mix, and the potential for a reduction in skill mix to compromise the linkages between health and social inclusion. He assured Mrs. Macer, and the Board, that these important factors would be borne in mind in the discussions with staff about the Public Health and Health Improvement proposals. He stressed that, already, consideration had been given to the capacity for the new structure to deliver, without compromise to the key priorities.

Mrs. Lyness acknowledged reported discussion at the recent meeting of NHS Chairs about the Reshaping of Care for Older People Programme, and the extent to which this might impact on local priorities and the use of available resources. She explained that redesign work, led by Dr. Graham Ellis, was already underway, including a focus on the positioning of skilled resources at the front door which, in a number of cases, negated the need for older people to be admitted. She stressed that the success of this initiative did, however, require the further development of strong and sustainable linkages with other specialties and with Social Services.

THE BOARD:

1. Noted the presentation on the Director of Public Health Annual Report 2008/2009.
2. Asked to receive further information about the use of the Annual Report to inform planning and prioritisation, and on the progress of key actions. — Dr. Kohli

6. **ALCOHOL ETC (SCOTLAND) BILL**

The NHS Board considered a submission on the Alcohol Etc (Scotland) Bill.

Mr. Sloey explained that the report was intended to inform members of the submission made, on behalf of the Board, to the Health and Sport Committee on the Alcohol Etc (Scotland) Bill. He explained that the Scottish Parliament Health and Support Committee had launched a call for written evidence from all interested parties, including NHS Boards, on the general principles of the Bill. He advised that, following discussion across the organisation, including at Corporate Management Team level, the report before the Board set out the NHS Lanarkshire response. He explained that although the submission had had to be made prior to the Board meeting to meet the submission deadline of 20th January, the content was consistent with the feedback already provided to Parliament via the Lanarkshire Alcohol and Drug Partnership, and the submission by Directors of Public Health. He advised that the response fully supported the affirmative actions set out within the Bill, and that, when taken together with the additional funding made available by the Scottish Government to improve the quality of services to those individuals and families affected by alcohol misuse, the proposals

were considered to be a real opportunity to positively 'Change Scotland's Relationship with Alcohol'.

Discussion focussed on key elements of the consultation, around the relationship between price of alcohol and consumption, and the setting of a minimum legal age for the purchase of alcohol, with varying views expressed about the practicality of setting this at age 21. However, members were unanimous in their view about the need to take positive action at a national level, including through legislation, to tackle the demonstrable adverse societal consequences of alcohol misuse.

THE BOARD:

1. Endorsed the submission to the Health and Support Committee on the Alcohol Etc (Scotland) Bill.

7. **FINANCIAL PLAN**

The NHS Board considered a draft Financial Plan 2010/11.

Mrs. Ace explained that the Board maintained a Five Year Financial Plan which was kept under regular review. She advised that, in September 2009 following the draft Scottish budget and an internal review, it was recognised that lower income growth, combined with higher than expected costs in a number of areas, meant that savings of between £16.5m and £18.5m would be needed to stay on track with service plans. She advised that intensive cross-system work had taken place to identify potential efficiencies, resulting in the development 120 proposals, set out within the report, which would deliver £15.364m in 2010/11, and a total of £18.832m in 2011/12. She advised that these proposals were presented to the Board for discussion and approval to proceed to the next stage which, for many of the schemes, would involve further engagement with stakeholders. She stressed that the Plan had been updated for the latest available information. She explained that the allocation to the Board was expected to be issued in February 2010, and advised that between January and March, the plan estimates would be further reviewed, with particular emphasis on pay and cross boundary patient flow and national services. She stressed that a Strategy for bridging the gap, non-recurrently until the full value of savings was achieved, was also being refined. She explained that the impact of the economic downturn on property sales, combined with the high value of projects already committed, meant that public sector capital funding was, and would continue to be, under pressure. She advised that the likely capital funding allocation would not be known until 2010, but highlighted for members the list of priority capital projects included within the paper.

Mrs. Ace also highlighted, for members, the elements of the report relating to: the 2010/11 uplift; the likely deployment of the 2010/11 uplift; efficiency saving; and capital. She stressed that the Savings Plan was underpinned by a rigorous, structured programme of risk assessment, and she highlighted some of the principal issues around the priority projects set out within the report.

Mrs. Ace acknowledged issues raised by members about the crucial importance of risk management, and an expressed desire for further information to enable them to better understand the risks associated with individual scheme proposals, particularly the priority proposals and any which, potentially, could impact on service delivery. She restated her assurance about the work being taken forward on risk management, which included the development of a risk register specifically for the Financial Savings Plan.

Councillor McCabe echoed the need for further information in relation to the risk around particular schemes, and he restated his views about the £21million shortfall in funding to the Board against its National Resource Allocation Committee allocation, and the need for formal confirmation of the £3m of NRAC funding for 2010/11.

The need for consultation and engagement in relation to progressing some of the scheme proposals was recognised, and Board members were assured that the Savings Plan was linked to a Communications Plan which recognised the legitimate interest of a range of stakeholders. Members were reassured on the extent to which the processes for the development of the proposals to date had involved staff side and clinician input, including through a Financial Savings Plan Group, comprising the Corporate Management Team, Partnership representatives and Professional Advisory Committee Chairs from the Area Clinical Forum. The key importance of the Human Resources dimension to a number of the proposals was acknowledged, and Mrs. Khindria confirmed that Human Resources structures were in place to address issues, including a structured Human Resources template for individual schemes, and the contribution of the Human Resources Forum in relation to the development and implementation of relevant policies.

Whilst acknowledging the explanation within the report about the refinement of a Strategy for bridging, non-recurrently, the gap between the sum the proposals would deliver in 2010/11 and the total savings required, members expressed a concern about the risks associated with the additional impact of any slippage on the timescale for the implementation of scheme proposals, or an inability to deliver schemes.

THE BOARD:

1. Endorsed the approach taken, so far, to bridge the financial gap.
2. Approved further work on the 120 schemes identified, and requested further information, specifically in relation to the assessment of risk for the schemes, individually and collectively.
3. Noted the financial estimates for 2010/11 and the capital priorities.
4. Delegated to the Chief Executive and Director of Finance, the authority to submit, in February, the required financial section of the Local Delivery Plan, pending full Board approval of the Five Year Financial Plan in March 2010.

Mr. Davison
Mrs. Ace

8. **HEALTH AND SAFETY**

The NHS Board considered a paper which provided an update on the implementation of the revised Health and Safety arrangements, agreed by the Board in August 2009.

Mrs. Khindria outlined the principal elements of progress, in relation to: governance arrangements; health and safety structure and resources; the compliance assurance service; individual management objectives; health and safety reports; and the reporting arrangements for areas of concern.

THE BOARD:

1. Noted the update on progress with implementation of the revised Health and Safety arrangements.
2. Asked to receive a further report.

9. **LOCAL DELIVERY PLAN 2010/11 TO 2012/13**

The NHS Board considered a draft Local Delivery Plan 2010/11 to 2012/13.

Mr. Ross explained that the draft Local Delivery Plan had been produced in line with Scottish Government Health Department Guidance issued on 13th November and 23rd December 2009. He highlighted the 24 HEAT targets, with 35 associated measures for 2010/11, included within the Plan, and drew members' attention to the summary of the changes to the targets since 2009/10.

THE BOARD:

1. Approved the draft Local Delivery Plan and its Annexes, as they stood at 27th January 2010.
2. Remitted to the Corporate Management Team, the completion of a final draft for submission to SGHD by 18th February 2010.
3. Asked to receive, at a future meeting, the final agreed Local Delivery Plan following sign off by SGHD. — Mr. Ross

10. **LOCAL DELIVERY PLAN 2009/2010**

a) Finance

The NHS Board considered a report on financial performance to 31st December 2009.

Mrs. Ace explained that NHS Lanarkshire remained in position to meet its financial targets for 2009/10, but stressed that achieving this would require an internal realignment of resources to manage the pressures around: GP prescribing; clinical negligence; the capacity plan, and out of area services. She advised that slippage, reserves and an improved position around energy and pay estimates, would be used to cover these risks. She confirmed that the Capital Projects already underway were on track, and were being managed within the revised capital budget. She advised that the IM & T programme, and the projects at the pre-construction stage were still subject to agreement with SGHD in January. She reported that efficiency schemes were on track to delivery the 2% HEAT target for 2009/10.

THE BOARD:

1. Noted the revenue underspend of £7.286m, and the expectation that NHS Lanarkshire would meet its financial targets in 2009/10.
2. Noted progress against the Capital Plan.

b) Waiting Times

The NHS Board considered a report on Waiting Times Performance at 31st December 2009.

Mrs. Lyness reported that all Waiting Time Guarantees delivered at 31st March 2009 had been sustained during December 2009. She confirmed that there were no outpatients, inpatients or day cases waiting over 12 weeks at 31st December 2009, and highlighted the challenge to reduce the maximum wait for inpatients and daycases to 9 weeks by 31st March 2010. She confirmed that, for diagnostics, the maximum wait at 31st December 2009 was 6 weeks, with a challenge to reduce the maximum wait for diagnostics to 4 weeks by 31st March 2010. She reported cancer performance of 98.5% at 31st December 2009 across all tumour types against the 62 day target, and confirmed that the definitions for delivery of the new target of 31 days from decision to treatment took effect from September 2009, with referral criteria having been agreed for the majority of tumour types for GP referrals of 'suspicious cancer', with the remainder representing work in progress. She advised that, in December, performance against the maximum 4 hour Accident and Emergency target was 98%, with continued activity pressures on emergency medicine, combined with high levels of junior doctors' sickness absence, resulting in an increased reliance on Consultants to be resident on-call for Accident and Emergency at Wishaw General and at Hairmyres Hospitals. She confirmed that, at the monthly delayed discharge census, all guarantees were being delivered, and advised that there had been significant work undertaken with partner agencies towards ensuring that performance remained in line with the guarantees. She highlighted the next steps, in relation to: agreeing the actions required to deliver the 31 day cancer target; identifying the service and cost implications of delivering and sustaining the improved waiting time guarantees; the progress of work towards delivery of the 18 weeks referral to treatment target; and the introduction of the new Patient Management System.

THE BOARD:

1. Noted the report on Waiting Times Performance at 31st December 2009.
2. Asked to receive a further report. — Mrs. Lyness

c) Primary Care Out of Hours Services

The NHS Board considered a report on Primary Care Out of Hours Services performance for December 2009, incorporating a Festive Report 2009/10.

Mr. Lawrie explained that the Out of Hours Service operation progressed well throughout the holiday period, with activity in line with predictions from previous years, with the extensive planning proving effective as staff coped with demand, including the unexpected challenges of severe weather conditions. He highlighted the staff commitment to ensuring that all shifts were filled, and that a home visiting service was available throughout the period. He stressed that the investment made as part of the winter plan to secure a range of resources had proved effective, and highlighted particular areas of success. He explained that a number of issues and suggestions had been raised over the festive period, and were currently being reviewed and actioned, with valuable experience also having been gained to help inform the optimum shape of the service for the future.

THE BOARD:

1. Noted the report on Primary Care Out of Hours Service Performance for December 2009, and over the Festive Period.
2. Asked to receive a further report. — Mr. Lawrie

11. GOVERNANCE MINUTES

a) Audit Committee: 8th December 2009

The NHS Board received and noted the minute of the meeting of the Audit Committee held on 8th December 2009.

12. **DATE OF NEXT MEETING: WEDNESDAY 24TH FEBRUARY 2010**

13. **MOTION TO MOVE INTO PRIVATE SESSION**

The NHS Board approved a Motion to move into private session due to the 'Commercial' – In Confidence' nature of the remaining item of business.

14. **PHARMACY PRACTICES COMMITTEE**

a) Pharmacy Practices Committee: 24th August 2009

The NHS Board noted the Minute, the purpose for which the Committee had met, and the Committee's decision.

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