

Lanarkshire NHS Board

14 Beckford Street
Hamilton ML3 0TA
Telephone 01698 281313
Fax 01698 423134
www.nhslanarkshire.org.uk



Meeting of Lanarkshire NHS Board, Wednesday
23rd December 2009 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 (from item 178)
Mr T Currie, Non Executive Director
Mr T Davison, Chief Executive
Dr A Graham, Medical Director (from item 178)
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 J McCabe, Leader, North Lanarkshire Council (up to item 172)
Mr I A Ross, Director of Planning
Mr C Sloey, Director, North Lanarkshire Community Health Partnership
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 K Hamilton, Head of Communications
Mr K A Small, Director of Organisational Development
Mrs L Macer, Employee Director
Mr J White, Head of Resourcing, Human Resources
Dr A Docherty, Chair, Area Medical Advisory Committee
Mr D Gallagher, Kilbryde Hospice Appeal Board (up to item 178)

APOLOGIES: Mr D Clark, Non Executive Director
Mrs L Khindria, Director of Human Resources
Councillor E McAvoy, Non Executive Director
Mrs N Mahal, Non Executive Director
Mrs M Nelson, Non Executive Director
Mrs S Smith, Non Executive Director
Mr W Sutherland, Non Executive Director
Mrs A Armstrong, Chair, Area Clinical Forum

169.

WELCOME

Mr. Corsar welcomed members and attendees to the meeting. He extended a particular welcome to Dennis Gallagher, from the Kilbryde Hospice Appeal Board, who was attending for the item on Kilbryde Hospice.

ACTION

170.

CHAIRMAN'S REPORT

Mr. Corsar expressed his appreciation to Board members for the support they had provided during the year through their diligent attendance at Board meetings, their material contributions to the consideration of Board business, and the support provided to him in discharging his role as NHS Board Chair.

171.

MINUTES

The minute of the meeting held on 25th November 2009 was submitted for approval and signature.

THE BOARD:

1. Approved the minute for signature.

172.

CHILD PROTECTION

The NHS Board considered a report on Child Protection.

Mr. Wilson explained that the report was presented to inform the Board about current Child Protection activities and about preparation for the next round of inspections by Her Majesty's Inspector of Education of Child Protection arrangements by NHS Lanarkshire and its key partner agencies. He highlighted the principal elements of the new cycle of HMIe Child Protection inspections set against revised Quality Indicators for Child Protection, published in March 2009, with a strong focus on self-evaluation and how services were improving. He advised that the initial focus for self evaluation had been quality indicators 5, concerned with the delivery of services to children and families in need of protection, and 2, concerned with the impact on children and families in need of protection. He outlined the inspection process around the dates for the inspections in Lanarkshire viz: August/September 2010 for South Lanarkshire, and November/December 2010 for North Lanarkshire, and highlighted the key elements of the inspection process. He reported on the review of all NHS Lanarkshire Child Protection Policies and the function of the NHS Lanarkshire Central Point of Contact. He also reported on Child Protection Significant Incident Reviews undertaken during the period from June 2008 to December 2009, including issues identified for action and the arrangements for implementation. He stressed that preparation for the HMIe inspections would be a major focus for the remainder of the year, and confirmed that when published in 2011, the HMIe inspection reports would be brought to the Board for consideration.

Councillor McCabe acknowledged the strength of partnership working between the Board and the Local Authorities, in pursuit of their joint responsibilities for Child Protection. He stressed the importance of continuing to work in partnership, in preparation for the HMIe inspections and generally, in order to sustain and further develop that relationship.

THE BOARD:

1. Noted the report on Child Protection.
2. Noted the commitment of staff to HMIe Child Protection Self Evaluation, Service Improvement and Preparation for Inspection.
3. Noted that resources would be required to progress the work in relation to the HMIe inspection process.
4. Asked to receive further progress reports on the arrangements for the HMIe inspections and, in due course, to receive the HMIe inspection reports for consideration.

Mr. Wilson

MATTERS ARISING FROM THE MEETING ON 25TH NOVEMBER 2009a) **Medical Workforce**

Mr. Davison advised that the previously reported medical workforce pressures remained, but stressed that they continued to be the focus for substantial management endeavour, to ensure service sustainability and to minimise the impact on the staff operating within the Departments in question. He acknowledged and commended the substantial levels of flexibility and support from senior medical and senior nursing staffs to the endeavour, whilst operating under considerable pressures. He stressed that Dr. Graham, Mrs. Lyness and Dr. Malekian were taking forward work around an analysis of accident and emergency activity, and confirmed that the output from this work would be considered by the Corporate Management Team early in the New Year, in order that decisions might be taken on actions required to manage the impact of medical workforce pressures going forward. He explained that, regionally and nationally, medical workforce groups continued in place, with his direct input.

Mrs. Lyness reaffirmed the endeavour within the Acute Division to sustain services and to support staff, and reported on discussions with the Associate Medical Director for the Out of Hours Service, around the contribution of enhanced working between the Accident and Emergency Departments and the Out of Hours Centres based at the three Acute Hospitals to the management of activity.

Mr. Sloey highlighted the requirement for forward planning in relation to psychiatrist staffing.

THE BOARD:

1. Noted the update report on medical workforce.
2. Asked to receive a further report.

Dr. Graham

b) **Influenza A (H1 N1)**

Dr. Kohli updated members on activity. He reported on reduced GP consultation rates in Lanarkshire, reflecting the position across Scotland and the wider UK, and reported on a view from the Scottish Advisory Group on Emergencies (SAGE), that the second phase of the pandemic was coming to an end. He stressed that the management focus which had been a feature since the first cases were confirmed in April 2009, would continue, until a formal declaration that the pandemic was over.

Mr. Lawrie updated members on the progress of the Phase 1 vaccination programme, encompassing staff and at risk groups in the general population, and on the arrangements for Phase 2 of the vaccination programme, for children from six months to five years.

THE BOARD:

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

Dr. Kohli
Mr. Lawrie

PATIENT SAFETY – HEALTHCARE ASSOCIATED INFECTION

The NHS Board considered an update report on Healthcare Associated Infection.

Mr. Corsar explained that the report demonstrated continuing progress in relation to: performance against health efficiency access targets; infection prevalence rates; cleanliness of clinical facilities; the local implementation of the national clostridium difficile action plan; the healthcare associated infection taskforce three year delivery plan; surgical site infection; antimicrobial prescribing; and the methicillin resistant staphylococcus aureus bacteraemias, (MRSA), National Screening Programme.

Mr. Davison advised that the report of the Healthcare Environment Inspectorate visit to Monklands Hospital on 18th November 2009 had been made available to the Board to check for factual accuracy, and would be published in early 2010. He confirmed that planned inspection visits to Hairmyres and to Wishaw General Hospital would take place during 2010. Mrs. Ace confirmed that a non-recurring financial allocation had been made specifically to address the issues raised in the HEI Report.

Mr. Ross explained that Health Facilities Scotland undertook audits of premises, and he outlined the audit process and the arrangements for taking forward audits in Lanarkshire.

Mrs. Lyness reported on the incidence of Norovirus in Lanarkshire, which was consistent with the position nationally. She confirmed the management arrangements to mitigate the impact, based on Business Continuity and Risk Management principles.

Mr. Corsar acknowledged the substantial contribution of a range of staff to the preparations for the Healthcare Environment Inspectorate visit to Monklands Hospital, and to the endeavour around reducing Healthcare Associated Infection generally.

THE BOARD:

1. Noted the update on Healthcare Associated Infection.
2. Asked to receive a further report, including the findings and recommendations of the HEI visit to Monklands Hospital.

Dr. Graham

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2008/2009

The NHS Board considered the Annual Report of the Director of Public Health 2008/2009.

Dr. Kohli explained that the Annual Report was provided to members as a precursor to indepth consideration of the report and its key messages at the Board meeting in January 2010. He drew members attention to some of the headline messages within the report, around: trends in health improvement; coronary heart disease and cancer; unemployment; life expectancy; primary immunisation rates; pandemic influenza; oral health of children; health improvement work; needs assessments; and statistical information showing trend and Locality/Community Health Partnership data for a variety of key topics. He advised that the report promoted action by being distributed widely throughout NHS Lanarkshire, including to North and South Lanarkshire Councils, local Members of Parliament, local libraries and Colleges and the University of the West of Scotland.

Mr. Corsar acknowledged the publication of the Annual Report, and reaffirmed that the Board would major on this item at its meeting in January.

THE BOARD:

1. Noted the Director of Public Health Annual Report 2008/09.
2. Agreed to consider the Annual Report in further detail in January 2010.

Dr. Kohli

176.

MATERNAL AND INFANT NUTRITION

The NHS Board considered a report on improving the nutrition of women of childbearing age, pregnant women and children under 5 in disadvantaged areas.

Mr. Wilson explained that the paper was presented to provide the Board with: information on breastfeeding rates for the period ending March 2009; information on current actions to improve breastfeeding rates; and information on current and future actions to improve the nutrition of women of childbearing age, pregnant women and children under five years of age in deprived communities. He highlighted the principal issues around performance against the HEAT Target for the period ending March 2009; breastfeeding rates for the period ending September 2009, the NHS Lanarkshire Breastfeeding Policy; and Improving Maternal and Infant Nutrition. He also highlighted the principal actions aimed at enhancing breastfeeding performance, overseen by a Maternal Infant Nutrition Programme Board, superseding the Breastfeeding Strategy Group. He reported that the revised Breastfeeding Policy had been amended to ensure its compliance with the revised UNICEF Baby Friendly Initiative criteria in relation to the community. He advised that he had been invited to give evidence to the SGHD Performance Management Review Board on breastfeeding.

THE BOARD:

1. Noted the report on improving the nutrition of women of childbearing age, pregnant women and children under five in disadvantaged areas.
2. Asked to receive periodic progress reports, particularly with regard to breastfeeding performance.

Mr. Wilson

177.

PATIENT MANAGEMENT SYSTEM

The NHS Board considered a Full Business Case for the Patient Management System (PMS).

Mr. Lawrie explained that the paper was presented to brief the Board on progress with the procurement of the new Patient Management System (PMS), and to seek the Board's approval to the Full Business Case, in order to move into the implementation phase. He outlined the background to the development of the Full Business Case, including the procurement arrangements, which had culminated in the appointment of Intersystems Corporation as the preferred supplier. He stressed that the contractual Terms and Conditions that had been agreed were commensurate with the need for NHS Scotland to have a contract that mitigated risk and provided an incentive for successful delivery. He explained that the current plan for NHS Lanarkshire was to implement the core IT functionality by April 2011, and then fully implement all available functionality by April 2012. He reported that NHS Lanarkshire expected to realise benefits from the contract under a number of broad headings, which would directly contribute to delivery of patient services that were efficient, effective, timely and safe.

Mrs. Ace drew members attention to the Financial Analysis within the paper. She confirmed that arrangements were in place for NHS Lanarkshire to generate revenue savings through the implementation of the Contract.

Mr. Lawrie reported that the current contract status and the shortcomings identified in the current systems dictated that there was no feasible 'do nothing' option for NHS Lanarkshire. He stressed that the selected supplier solution was financially viable, offering a saving on current cash flows, and that the selected supplier required NHS Lanarkshire to make a lesser investment non-recurrently than the other supplier options. He reported that a process of identifying benefits was in place, and that the delivery of these benefits would be a specific focus and would be strongly performance managed during the implementation stage of the Programme and beyond. He explained that Scottish Government investment, together with non-recurring local investment, had been used to underpin the change activities that would be essential to a successful implementation, and stressed that programme risks had been identified and would be appropriately managed through the implementation Governance arrangements that had been established to oversee the work programme.

Mr. Currie, Chair of the Acute Division Operating Management Committee, confirmed that the OMC had given consideration to this issue, and was content with the process followed, and the experience in other Board areas which had followed this route.

Mr. Lawrie responded to issues raised in discussion about the contract term. He confirmed that the contract conditions covered the provision by the supplier of new versions of the product.

Mrs. Lyness explained that implementation would require substantial involvement of Clinicians and Managers, and advised that this should be viewed as an enabling process in relation to service efficiencies. Dr. Docherty welcomed the protections for NHS Lanarkshire within the contract, and the service benefits outlined.

THE BOARD:

1. Approved the Full Business Case to enable NHS Lanarkshire to proceed to the establishment of a call-off contract with Intersystems Corporation in early 2010.

Mr. Lawrie

178.

KILBRYDE HOSPICE

The NHS Board considered a report on progress with the Kilbryde Hospice Appeal development.

Mr. Ross explained that the report was provided to update members on the ongoing discussions between NHS Lanarkshire and the Kilbryde Hospice Appeal Board to implement the commitments contained in the Heads of Agreement of April 2007. He reminded members of the background to the issue, and explained the current position with regard to: joint meetings; business case development; and the proposed provision of land. He advised that the provision of space on the Hairmyres Hospital site formed part of the Heads of Agreement with the Kilbryde Hospice Appeal Board in 2007. He explained that whilst the Business Case remained to be concluded and approved, it was considered that clarity about a site for the creation of a building would be of great benefit to the Kilbryde Hospice Appeal Board in their fundraising activities, and would provide clarity for future planning. He confirmed that a potential site for the Hospice had been identified within the hospital grounds, and that the Board was being asked to agree to the availability of the site, with formal provision of the land occurring as part of the Business Case approval process for the Kilbryde Hospice. He also confirmed that the arrangements for the provision of the land for the Kilbryde Hospice had been taken forward in accordance with the Property Transactions Handbook, and had involved discussions with the Central Legal Office, the Board's Property Adviser and the District Valuer.

Mr. Gallagher welcomed the proposed allocation of land to the Kilbryde Hospice, as this would provide welcome stimulus to the fundraising efforts in support of the overall endeavour to establish a Kilbryde Hospice. He confirmed that the Appeal Board had the necessary funding available to construct the facility, and confirmed a confidence that income to the Appeal would sustain the development going forward. He highlighted the importance of partnership with other providers of palliative carer in Lanarkshire, and confirmed that arrangements were in hand to take this forward.

THE BOARD:

1. Noted the current position with regard to the development of a Business Case by the Kilbryde Hospice Appeal Board.
2. Approved the availability of land at the Hairmyres Hospital site for the use of Kilbryde Hospice, and requested that formal approval to the lease be sought as part of the Business Case approval for the Kilbryde Hospice Development.
3. Requested further updates on progress in completing the Business Case. Mr. Ross

The NHS Board considered correspondence of 23rd November 2009 from the Minister for Public Health and Sport to the Chairman, summarising the main points discussed and the actions arising from discussion at the Annual Review and associated meetings in Hamilton on 20th October 2009, as follows:

- The Board must continue to work to achieve in-year and recurring financial balance, and maintain regular contact with SGHD.
- The Board should regularly update SGHD on efforts to maintain the downward momentum in sickness absence rates.
- The Board should continue to deliver robust arrangements for controlling Healthcare Associated Infection (HAI).
- The Board must sustain progress in meeting the targets around Mental Health Services.
- The Board should continue to work towards a ‘whole journey’ maximum waiting time of 18 weeks from GP referral to receiving treatment.
- The Board should keep SGHD informed of the progress of the Capital Investment Projects.
- The Board should provide regular updates on the work of the Anti-microbial Management Team.

THE BOARD:

1. Noted the Annual Review letter 2009.
2. Asked to receive progress reports on the main action points.

Mr. Ross

180.

LOCAL DELIVERY PLAN 2009/2010

a) Finance

The NHS Board considered a Finance Report for the period ended 30th November 2009.

Mrs. Ace reported that NHS Lanarkshire remained in position to meet its financial targets for 2009/10, although achieving this was becoming more challenging each month, and 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 reported that the Capital Projects already underway were on track and were being managed within the revised capital budget. She reported that the IM & T programme in the projects at the pre-construction stage were still subject to agreement with SGHD in January. She confirmed that efficiency schemes were on track to delivery the 2% HEAT Target for 2009/10, and that there had been substantial progress in developing proposals for 2010/11, which would be brought to the Board in January.

THE BOARD:

1. Noted the revenue of underspend of £6.684m, and the expectation that NHS Lanarkshire would meet its financial targets in 2009/10.
2. Noted progress against the Capital Plan.
3. Asked to receive a further report.

Mrs. Ace

b) Waiting Times

The NHS Board considered a report on Waiting Times Performance to 30th November 2009.

Mrs. Lyness reported that all HEAT Waiting Time Guarantees delivered at 31st March 2009 had been sustained during November 2009, with no outpatients, inpatients or day cases waiting over 12 weeks at 30th November 2009. She highlighted the challenge in reducing the maximum wait for inpatients and daycases to 9 weeks by 31st March 2010. She explained that, for diagnostics, the maximum wait at 30th November 2009 was 6 weeks, with the challenge being to reduce the maximum wait to 4 weeks by 31st March 2010. She confirmed that cancer performance across all tumour types against the 62 day target was 95.5%, and that the definitions for delivery of the new target of 31 days from decision to treatment took effect from September 2009. She reported that referral criteria had been agreed for the majority of tumour types for GP referrals of 'suspicious cancer', with the remainder representing work in progress. She advised it was anticipated that this work would be completed by the end of the calendar year 2009, with implementation early in the New Year. She reported that, in November, performance against the maximum 4 hour Accident and Emergency target was 98%, but that continued pressures on emergency medicine, combined with high levels of junior doctors' sickness absence, had led to an increased reliance on Consultants being resident on-call for Accident and Emergency at Wishaw General and at Hairmyres Hospitals. She reported that, at the monthly delayed discharge census, there were nine patients outwith the guarantees. She stressed that there had been significant work undertaken with partner agencies over the subsequent period, with an expectation that the Lanarkshire Partnership would deliver the guarantees in December. She outlined the next steps for waiting times, around: agreement on the actions required to deliver the 31 day cancer targets; identification of the service and cost implications of delivering and sustaining the improved waiting time guarantees; progress against the current waiting times within the overall context of delivery of the 18 weeks referral to treatment target by 31st December 2011.

THE BOARD:

1. Noted the report on Waiting Times Performance.
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 November 2009.

Mr. Lawrie reported that, overall, activity remained higher than expected when compared with last year, with the increased demand seeming to be related to high levels of viral illness in the community. He confirmed that the service had coped with the demand, principally by flexing the workforce at peak times, and by utilising doctor triage at weekends. He reported that an educational evening with Mental Health Services had been held, and that the development of providing community psychiatric nurse telephone consultation services within the Out of Hours hub at peak times was being progressed as part of winter planning. He reported that a new set of target ranges for home visits had been agreed by the Out of Hours Management and Governance Group, and referred members to the data on performance accompanying the report which reflected the new target ranges. He confirmed that winter plan actions were now complete, and that all planned developments were in place. He explained that the Out of Hours Service was continuing to monitor carefully, resource and demand over the winter period, and was maintaining good communication with colleagues in NHS Lanarkshire and in other Boards across Scotland, including NHS 24, about demand on their services.

THE BOARD:

1. Noted the report on Primary Care Out of Hours Performance for November 2009.
2. Asked to receive a further report.

Mr. Lawrie

181. **GOVERNANCE MINUTES**

The NHS Board received, for consideration, Governance Minutes, as follows:

- a) Clinical Governance Committee: 8th December 2009.
- b) South Lanarkshire Community Health Partnership Operating Management Committee: 30th November 2009.
- c) North Lanarkshire Community Health Partnership Operating Management Committee: 2nd December 2009
- d) Acute Operating Management Committee: 24th November 2009.

Mr. Currie, Committee Chair, highlighted the principal issues considered by the Committee, with particular regard to the discussion on waiting times, with a focus on the delivery of the 18 week referral to treatment target. It was agreed that this would be the subject of more detailed consideration at a future meeting of the Board.

Mrs. Lyness

182. **DATE OF MEETING: WEDNESDAY 27TH JANUARY 2009**

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

The NHS Board approved a Motion to move into private session for the remainder of business, due to the 'Commercial' – In Confidence' nature of the items.

184. **PHARMACY PRACTICES COMMITTEE**

- a) Pharmacy Practices Committee Minute: PPC/09/08 – 22nd October 2009

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

- b) Pharmacy Practices Committee Minute: PPC/09/09 – 22nd October 2009

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