

Meeting of Lanarkshire NHS Board, Wednesday
28th April 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
Mrs A Armstrong, Chair, Area Clinical Forum
Mr T Currie, Non Executive Director
Mr T Davison, Chief Executive
Mrs L Khindria, Director of Human Resources
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 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 K Hamilton, Head of Communications
Mr K A Small, Director of Organisational Development
Mrs H Gourlay, Healthcare Associated Infection Manager (item 49 a)
Mrs P Milliken, Head of Clinical Governance and Risk Management (item 49 b)
Mr M Kennedy, Project Director, Case/Condition Management (for item 50 a)

APOLOGIES: Mr D Clark, Non Executive Director
Dr A Graham, Medical Director
Councillor E McAvoy, Non Executive Director
Councillor J McCabe, Non Executive Director

46.

WELCOME

ACTION

Mr. Corsar welcomed members and attendees to the meeting. He extended a particular welcome to: Mrs. Gourlay; Mrs. Milliken and Mr. Kennedy who were attending to speak to particular items on the agenda.

Mr. Corsar reported that the stakeholder board member issue had been resolved

nationally, and that , as a result, Anne Armstrong, Chair of the Area Clinical Forum and Lillian Macer, Employee Director, had been confirmed by the Cabinet Secretary as Non-Executive Directors of the NHS Board with effect from 1st October 2009, to serve a four year term of office in the first instance.

Mr. Corsar confirmed that the date for the Board's Annual Review was Thursday 12th August 2010.

Mr. Corsar referred to recent correspondence with Board members about a stakeholder event on Accident and Emergency Services, and encouraged members to take up the invitation to attend. He also explained the intention to hold two Board Seminars over the coming months, viz: on the afternoon of 23rd June 2010, to consider Quality, and Accident and Emergency; and on the afternoon of 25th August 2010, to begin to consider financial planning going forward. He encouraged Board members to maximise their attendance at these Seminars.

Mr. Corsar extended congratulations to the First Steps Project (a joint endeavour between South Lanarkshire and NHS Lanarkshire, offering support, assistance and guidance to young mothers classed as potentially vulnerable), on the achievement of a COSLA National Excellence Award.

Dr. Kholi briefed Board members on the public health response to a confirmed case of tuberculosis. He outlined: the background; contact tracing for staff and patients; and other actions, including the setting up of a helpline. He stressed that the risk to other individuals arising from this case was assessed as low.

47. **MINUTES**

The NHS Board received, for approval and signature, the minute of the meeting held on 24th March 2010.

THE BOARD:

1. Approved the minute for signature.

48. **MATTERS ARISING**

a) **Medical Workforce**

Mrs. Lyness reported that the medical workforce pressures outlined to the Board in March remained. She explained that a major event was planned for 10th June 2010, involving a wide group of stakeholders, to examine carefully the provision of Accident and Emergency and Emergency Medicine Services within Lanarkshire. She stressed that, on a day to day basis the ongoing pressures continued to be managed. She highlighted the requirement to consider the contribution of specialties throughout the hospitals, in support of Accident and Emergency. She reported that, within Neonatology, the contribution of Advanced Neonatal Nurse Practitioners was proving successful and that, in Gynaecology, the immediate pressures had been addressed through having Consultant staff on-call. She advised that consideration was, however, being given to a locum appointment. She reported on the appointment of 11 Consultants, mostly as replacements. This number included 2 Consultants for Accident and Emergency at Wishaw General Hospital, bringing to 5, the number of substantive Consultants on that site. She advised that Consultant recruitment for Accident and Emergency at Monklands Hospital would now be taken forward. She explained that the pressures within Accident and Emergency, typically, manifested themselves in the time that patients waited for assessment, but that, overall, this did not lead to breaching the maximum four hours waiting time to the commencement of treatment. She reported that recruitment of Foundation Year 1 and Foundation Year 2 staff for the August 2010 intake was underway.

THE BOARD:

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

Dr. Graham

PATIENT SAFETY AND QUALITYa) **Healthcare Associated Infection**

The NHS Board considered an update on Healthcare Associated Infection.

Mrs. Gourlay explained that the report provided an update on performance in relation to Healthcare Associated Infection, using the National Reporting Template, with the key issues covered, including: 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 Three Year Delivery Plan; surgical site infection surveillance; antimicrobial prescribing; implementation of the MRSA National Screening Programme; and Healthcare Environment Inspections.

Mrs. Gourlay highlighted the performance in meeting the staphylococcus aureus bacteraemias target, which required a reduction of 15% by 2011. She outlined the contributory factors to bacteraemias. She also highlighted the improved hand hygiene performance and the endeavour in this area. She reported that the experience in dealing with Norovirus over the winter months would be the subject of a debrief, with the aim of identifying lessons that would inform the future approach to the management of Norovirus. She highlighted the position with regard to surgical site infection. She also confirmed that the Healthcare Environment Inspectorate visit to Hairmyres Hospital was scheduled for 25th and 26th May 2010, with a visit to Wishaw General Hospital scheduled for the end of September 2010. She confirmed that the Action Plan arising from the HEI Inspectorate visit to Monklands Hospital in November 2009, had been delivered, with the exception of the placement of alcohol hand gel at the main entrance to the hospital. She assured members that the decision not to proceed with this measure had been based on a robust risk assessment, but that action was being taken to enhance the signposting at the hospital main entrance, as an additional measure to encourage use of the alcohol hand gel within the hospital.

Mrs. Gourlay acknowledged the substantial progress in the area of antimicrobial prescribing which, as well as contributing to the overall endeavour to reduce HAI, had the potential to contribute cost reductions.

Mrs. Armstrong commended the reported performance in achieving the staphylococcus aureus bacteraemias target. Mr. Davison highlighted the improved performance in excess of 90% for medical staff on hand hygiene, and reinforced the substantial progress that had been made in the area of antimicrobial prescribing. He explained that the reported performance was particularly encouraging to him, as Chair of the National MRSA Programme Board.

THE BOARD:

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

Dr. Graham

b) **Clinical Governance**

The NHS Board considered a paper on Clinical Governance, outlining progress on Quality Assurance, with a focus on clinical effectiveness.

Mrs. Milliken highlighted the work that had been taken forward over recent months, as part of the National Quality Strategy, Stage 1 implementation, in relation to: a Board wide engagement programme; the submission to SGHD of potential quality measures to inform the development of national measures of healthcare quality; the submission to SGHD of examples of existing high quality healthcare service and quality improvement approaches; and individual and Board level commitments to change. She outlined the work that had been taken forward in relation to quality assurance and the development of a Quality Dashboard, as a basis for enhanced reporting on quality to the NHS Board. She explained that the

product of this work would feature in the Seminar for Board members scheduled for 23rd June 2010. She reported on the commencement of work on the development of a new pan-Lanarkshire Clinical Quality Service, bringing together the Clinical Governance staff supporting Primary Care and the Clinical Effectiveness staff supporting acute care, with the new service being structured specifically to support the pan-Lanarkshire, person-centred workstreams.

Mrs. Nelson reported on the consideration of the draft Quality Dashboard by the Clinical Governance Committee on 19th April 2010. She advised that whilst the Committee endorsed the Dashboard, members had asked that further consideration be given to expanding the elements relating to Primary Care and Community Services.

THE BOARD:

1. Noted the update report on Clinical Governance.
2. Asked to receive a further report.

Dr. Graham

50.

HEALTH IMPROVEMENT

a) Welfare Reform and Tackling Health Inequalities

The NHS Board considered a report on the response to Welfare Reform and Tackling Health Inequalities. Dr. Kholi explained that the report was provided to outline, for members, the recent changes within the Welfare system, and to describe related activity by NHS Lanarkshire.

Mr. Kennedy gave a presentation in which he outlined the background to the initiative, viz: The Welfare Reform Act (2009), which contained reforms to the Welfare and Benefit System, to improve support and incentives for people to move from benefits into work. He explained that Pathways to Work, would be replaced in April 2011, with Job Centre Plus led 'personalised' interventions, and that from 2011, the Government intended to limit, to two years, the time on benefit for those deemed fit to work, with those individuals remaining unemployed, who refused an offer of a Government – funded job, losing benefit entitlement. He advised that all incapacity benefit recipients would be screened and put on other benefits, and that incapacity benefit would be withdrawn by 2014. He confirmed that the Fit Note had been introduced to encourage General Medical Practitioners to consider an individual's ability to work whilst recovering from their health problem. He advised that the Condition Management Programme provided by NHS Lanarkshire would change to a broader 'Health Related Support Service', and would receive significantly less funding via a partnership agreement between Job Centre Plus and NHS Lanarkshire. He reported that NHS Lanarkshire was leading the Scotland – wide Fit for Work Pilot Programme (Working Health Services Scotland), which was aligned to the Fit Note and supported employees of Small and Medium Enterprises to return rapidly to work following sickness absence.

He outlined the principal activities in which NHS Lanarkshire was engaged, including: undertaking service review in order to meet new challenges within Welfare Reform; proactively engaging with the Department for Work and Pensions and the Scottish Government to influence future service design; ensuring that 35% of all clients gained work, with a further 20% engaging in training or further education; reducing anxiety levels by over 33%, and depression levels by 40% in relevant clients; and ensuring a minimum of 75% of clients self-reported improvement in physical function.

He stressed that NHS Lanarkshire was one of the leading health organisations in the UK in supporting health and work activities, with this activity having a significant role in reducing both health and financial inequality, and contributing significantly to the NHS Lanarkshire Equally Well test site. He advised that the Service aligned closely to 'Towards a Mentally Flourishing Scotland', 'Health Works' and 'Better Health, Better Care; Action Plan', Strategies. He stressed that the next year would be a challenging one in terms of finance available, and the maintenance of high quality services.

Mr. Kennedy acknowledged the importance of instilling, in individuals, confidence that they would gain employment, and belief that they would have the ability to function in employment. He explained that the initiative included a focus on perceived impediments to gaining employment. He acknowledged the key role for General Practitioners, particularly around the introduction of the Fit Note, and reported early signs that GPs were beginning to embrace this change. He acknowledged, however, that accurate measurement of the impact of the introduction of the Fit Note would only be achieved over a longer timeframe. Mr. Sloey reported that the Mental Health and Long Term Conditions Teams had established targets for referrals into the service.

Mr. Kennedy explained that the targets highlighted within the report to the Board were derived from the reasonable expectations of the Board and its key partners in this endeavour. He also reported early signs that the upturn in the economy was having a beneficial impact.

THE BOARD:

1. Noted the report on NHS Lanarkshire's response to Welfare Reform and Tackling Health Inequalities.

b) **Improving the Nutrition of Women of Childbearing Age, Pregnant Women and Children Under 5 in Disadvantaged Areas**

The NHS Board considered a report on: Information on Breastfeeding rates for the period ending September 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 less than five years of age in deprived communities.

Mr. Wilson reminded members of the background to the issue. He highlighted the NHS Lanarkshire performance against the HEAT breastfeeding target for the period ending September 2009, which showed that breastfeeding rates had remained fairly static between March 2009 and September 2009, and were still falling short of the arithmetic trajectory by 3.3%. He stressed that this performance should be seen in the context that the data was a 12 month rolling average and, therefore, September 2009 covered the period from October 2008 to September 2009, which was six months before improvements were made in supporting women to breastfeed, such as, the introduction of support workers in the Maternity Unit.

He highlighted, for members, a range of additional actions aimed at supporting mothers to breastfeed, and explained that these would be the subject of evaluation. He highlighted the appointment of a Clinical Governance Co-ordinator to support the monitoring and evaluation of the programme of work to improve maternal and infant nutrition in Lanarkshire, including determining the impact of the portfolio of funded projects. He also highlighted the recent successful launch of the 'Mind the Bump' DVD, an educational tool for pregnant women, and undertook to issue this to Board members.

Mrs. Macer, who had attended the launch of the DVD, highlighted and commended the role of Healthcare Support Workers. Mrs. Armstrong acknowledged the improvements in breastfeeding performance in Lanarkshire, but suggested that against the backdrop of performance falling short of the trajectory, consideration might usefully be given to other, as yet untried and untested, approaches to encourage uptake and maintenance of breastfeeding.

Mr. Wilson acknowledged the need to maintain the focus on the endeavour to further improve breastfeeding performance. He suggested that the availability of the results of the monitoring and evaluation of the programme and the impact of the portfolio of funded projects, would help to inform future approaches to improving breastfeeding rates in Lanarkshire, focusing and building upon the key message about the demonstrable health benefits for women and children.

THE BOARD:

1. Noted the report on improving the nutrition of women of childbearing age, pregnant women and children under 5 in disadvantaged areas, and commended the efforts of the staff involved in the endeavour to improve breastfeeding rates.
2. Asked to receive a further report at a future Board meeting.

Mr. Wilson

51.

FIRE POLICY AND PROCEDURES

The NHS Board considered a revised NHS Lanarkshire Fire Policy and Procedures document.

Mr. Ross outlined the background to the revised Fire Policy and Procedures, which had followed a review of Health and Safety and Fire Safety arrangements within Lanarkshire. He reported that an outcome of the review had seen the transfer of Executive Lead responsibility for fire safety from the Director of Human Resources to the Director of Planning, with effect from 1st August 2009. He outlined the principal elements of the revised arrangements, including the roles of the Nominated Officer (Fire); the Property and Support Services Division; and the NHS Lanarkshire Fire Safety Committee. He confirmed that the revised Fire Policy and Procedures document had been agreed by the Fire Safety Committee on 24th March 2010, and had subsequently been approved by the Corporate Management Team on 1st April 2010. He stressed that the revised document built upon the previous Policy and Procedures, strengthening a number of aspects of the arrangements for fire safety. He highlighted, as a key area of work being undertaken at the present time, the completion of Fire Risk Assessment Compliance Reports. He explained that the intention was to complete the Fire Risk Assessments towards the end of the current calendar year, with an outcome being the identification of a prioritised list of works to be undertaken to improve fire safety. He advised that an annual Fire Safety Report, covering the period April 2009 to March 2010 was currently being compiled, and would be presented to a future Board meeting. He acknowledged the ongoing Fatal Accident Inquiry into the fire within Rosepark Nursing Home in 2004, and confirmed that, when published, the Sheriff's Determination would be considered carefully, to identify any conclusions and recommendations that might bear upon the approach to fire safety within the NHS Estate.

Discussion highlighted the requirement for the Board to be assured about the Governance arrangements for fire safety in relation to independent sector providers with whom NHS Lanarkshire had healthcare contracts.

Mr. Davison suggested that it would be appropriate for the Fire Policy and Procedures document to be explicit about the arrangements for sites owned and operated by NHS Lanarkshire, and about those sites which NHS Lanarkshire did not own, but clinically operated. He re-affirmed that consideration would be given to the Sheriff's Determination in the Rosepark Nursing Home Fatal Accident Inquiry, focussing on the implications for the Board in relation to healthcare contracts with independent sector providers.

THE BOARD:

1. Approved the revised Fire Safety Policy and Procedures document, subject to a further amendment to reflect the issues highlighted in discussion about governance in relation to contracts with independent sector providers, and asked that the revised Fire Policy and Procedures be implemented across all locations.

Mr. Ross

REVIEW OF HEALTHCARE CONTRACTS WITH INDEPENDENT SECTOR PROVIDERS

The NHS Board considered a report on the issues and actions in relation to health care contracts held by NHS Lanarkshire with independent sector providers, following the meeting of The Contract Review Group held on 7th April 2010.

Mr. Ross reminded members of the background to the issue, including the remit for the Contract Review Group established under his Chairmanship. He drew members' attention to the principal issues and actions identified at the meeting of the Contract Review Group held earlier in the month. He highlighted the ongoing negotiations, being taken forward in partnership, in relation to the contract in Cumbernauld with Four Seasons Healthcare which expired in March 2012; and the continued use and potential development of Quarriers Independent Hospital, which was the subject of consideration amongst West of Scotland NHS Boards. He also acknowledged recent media coverage of performance of NHS systems in relation to therapeutic diets, and confirmed that NHS Lanarkshire performance in this area, both in relation to NHS premises and contracts with independent sector providers, was being pursued by the Director for Nurses, Midwives and the Allied Health Professions. He confirmed that the progress of the actions listed would be considered further by the Contract Review Group in August, following which, a further briefing would be provided to the NHS Board on 25th August 2010.

Mr. Ross

Discussion highlighted the importance of the Board's Governance responsibility, to seek assurance in relation to the delivery of standards in relation to health care contracts with independent sector providers. The role and responsibility of the Care Commission for the regulation and inspection of Care Homes, was noted, and the need was highlighted to engage with the Care Commission, in taking forward the further work to clarify arrangements for the Board fulfilling its governance responsibilities in this area, taking account of the extant Memorandum of Understanding between NHS Lanarkshire and the Care Commission.

THE BOARD:

1. Noted the report on the Review of Healthcare Contracts with independent sector providers.
2. Asked to receive a further report on the arrangements for discharging the Board's Governance responsibilities, including in relation to the previous agenda item around Fire Policy and Procedures.
3. Asked to receive a further update on the progress of the key issues and actions following the meeting of the Contract Review Group in August.

Mr. Ross

LOCAL DELIVERY PLAN 2010/11 TO 2012/13

The NHS Board considered the final Local Delivery Plan 2010/11 to 2012/13.

Mr. Ross explained that the Local Delivery Plan had been produced in line with Scottish Government Health Directorate guidance, and comprised 24 HEAT targets, with 35 associated measures for 2010/11. He highlighted the principal changes to the targets and measures since 2009/10. He referred members to correspondence from the Director General Health and Chief Executive NHS Scotland, which supported the Local Delivery Plan. He explained that some further work to complete the Local Delivery Plan process was in hand, to ensure that appropriate action would be taken by lead Executive Directors. He explained that the correspondence requested that the NHS Board provide assurance to the Scottish Government Health Department at the end of April about the delivery of efficiency savings on a recurrent basis. He reminded members that three distinct seminars and monthly Board meetings had been held to develop a robust and sustainable Financial Plan, approved by the Board on 24th March 2010, and confirmed the intention to submit the Financial Plan Savings Schedule, approved by the Board, to the Scottish Government Health Department.

Mrs. Lyness explained that the level of non-recurring funding available to NHS Lanarkshire for Waiting Time Initiatives would be reduced, and that, to take account of this, work on remodelling the Waiting Time Delivery Plans was underway. Mr. Davison advised that the impact of the reduction in the total funding available for delivery of the waiting time targets would be highlighted to SGHD.

Mrs. Khindria reported that the workforce plan would require to be submitted to the Scottish Government Health Department in late May/early June for approval, and confirmed that the Plan would be brought to the NHS Board at its meeting in June.

Mrs. Khindria

THE BOARD:

1. Noted the final agreed Local Delivery Plan for 2010/11 to 2012/13 and the content of the correspondence from the Director General Health and Chief Executive of the NHS in Scotland.
2. Noted that performance against trajectories would be reported as part of the quarterly corporate performance report, with selected targets continuing to feature monthly as standing items on the Board agenda.
3. Agreed to consider the Workforce Plan in June 2010.

Mrs. Khindria

54.

CORPORATE OBJECTIVES 2010/11

The NHS Board considered the Corporate Objectives for NHS Lanarkshire for 2010/11.

Mr. Small explained that the Corporate Objectives blended National HEAT targets, the Local Delivery Plan 2010/11, and other corporate priorities, into a single document for wide distribution throughout NHS Lanarkshire and strategic partners. He stressed that the format of the Corporate Objectives was consistent with previous years, with the priorities captured under the broad headings: Health Improvement/Health Protection; Continuous Improvement in Governance Efficiency; Continuous Improvement in Access to Services; and Provision of High Quality Treatment that meets peoples needs. He explained that the Corporate Objectives reflected a diverse, challenging and demanding set of priorities for NHS Lanarkshire, and that individual Executive Directors would interpret and reflect the priorities, consistent with the specific nature of their leadership roles. He advised that the Corporate Management Team had identified two areas of activity which, it was considered, should be given pre-eminence in 2010/11, viz: financial performance/cash releasing efficiency savings (CRES); and Quality of Service (Healthcare Associated Infection, Patient Safety, Clinical Governance , Health and Safety).

Discussion highlighted the importance of ensuring that reporting on the Delivery of the Corporate Objectives linked with performance reporting for the Local Delivery Plan, and reporting to the Board on other key issues. Medical workforce pressures was acknowledged as an ongoing risk to delivery. Mrs. Khindria assured members that this issue was the subject of intensive work, which would be further informed by the Accident and Emergency event planned for 10th June 2010, which would, in turn, inform the workforce plan to be brought to the Board on 23rd June 2010. Mrs. Lyness stressed that the work in relation to medical workforce would link closely with service modernisation plans, with the resultant clinical model informing the resource requirements, including medical staff. The need was highlighted to ensure that workforce planning included recruitment plans for medical staff, since the availability of resources was not, in itself, an impediment to recruitment.

Mr. Davison highlighted the need to recognise the impact of the financial position, going forward, given the current uncertainty about the availability of funding for future years. He emphasised the endeavour around Medical Workforce Planning, in the context of moving to a trained doctor workforce, and the need to link this work to workforce planning for other professions. He stressed that the endeavour in relation to medical staffing was intended to inform the actions required to achieve a sustainable medical workforce, in particular in relation to the major challenge of expanding middle grade staffing.

THE BOARD:

1. Approved the Corporate Objectives for 2010/11, and endorsed the Corporate Management Team proposal on the pre-eminence of Finance and Quality.
2. Noted that individual Executive Director objectives would be considered by the Remuneration Sub Committee.

55.

LOCAL DELIVERY PLAN 2009/10

a) Finance

The NHS Board considered a Finance Report for the period to 31st March 2010.

Mrs. Ace explained that the unaudited year-end figures showed that the Board was achieving its revenue, capital and efficiency targets, and that the final audit work was due to commence in May 2010. She explained that the revenue position was in line with the agreed Financial Plan, to spend all in-year income, and use £2.836m of the £14.895m carried forward funds, to leave £12.059m as at 31st March 2010. She advised that there were significant variations from the original plan underlying that position, notably: GP prescribing; the costs of services from other health and social care providers; and the CNORIS Scheme. She stressed that the financial position was actively managed throughout the year, and slippage, reserves, and an improved position around energy and pay estimates, and an enhanced achievement of efficiency savings, balanced off the overspends in these areas, to maintain the target position. She advised that across Scotland, all NHS Boards had had to revise their capital plans, mid-year, to take account of lower than expected receipts from property sales due to the economic conditions and the high level of existing commitments. She explained that the year-end capital spend was £49.2m against the revised budget of £49.298m. She confirmed that the Board was managing a substantial portfolio of mental health and primary and community care developments during the year, and that these had proceeded well against plan. She advised that the early financial planning for 2010/11, and work done to identify and implement enhanced efficiency savings for the year, boosted the Board's ability to guarantee full achievement of its 2% savings target for 2009/10.

THE BOARD:

1. Noted the revenue underspend of £12.059m, and the capital underspend of £0.007m to be carried forward to 2010/11, subject to external audit review and Scottish Government Health Department approval.
2. Noted that final confirmation of performance against both the Revenue Resource Limit (RRL) and the Capital Resource Limit (CRL), would be reported in the Annual Accounts for 2009/10, to be presented to the Audit Committee and the NHS Board in June 2010, following external audit review.

b) Waiting Times

The NHS Board considered a report on Waiting Times Performance to 31st March 2010.

Mrs. Lyness reported that, at 31st March 2010, NHS Lanarkshire had met all stage of treatment targets. She confirmed, also, that performance was ahead of trajectory for the 31 day cancer target from diagnosis to treatment, and that performance against the Accident and Emergency targets was also satisfactory. She highlighted work, nationally and locally, on demand management. She confirmed that the Waiting Times Report presented to the Board in May, would include a description of the ongoing work on shifting assessment to the Primary Care setting, using other than Consultant staff. She stressed that the focus would continue, around the management of demand, service redesign, and plans to meet the 18 week referral to treatment target. She advised that a report on the work undertaken in relation to patient journeys had also been completed, and that the outcome would contribute to supporting the endeavours around demand management.

THE BOARD:

1. Noted the waiting time position at 31st March 2010, with delivery of key national waiting time targets, in line with the Local Delivery Plan for 2009/10.
2. Commended the contribution of staff to the achievement of this year end position.
3. Noted the planned actions to sustain, and, where appropriate, improve on waiting time guarantees.

c) Primary Care Out of Hours Services

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

Mr. Lawrie reported that demand for the Service during March had stabilised, and was more in line with that experienced in 2009. This return to a more level demand profile had contributed to improved home visiting performance, with key performance indicators all being met for the first time in the current year. He advised that the Out of Hours Service continued to support Accident and Emergency, where possible, and throughout March had taken 656 transfers. He explained that the Easter weekend had been busier than the previous year with the

demand higher than predicted. He outlined the way in which that increased demand was managed, including through the relationships between the Out of Hours Centres and Accident and Emergency Departments. He reported that a review of Patient Group Directions used by the Community Nurses in Palliative Care, had been carried out. This demonstrated that the Palliative Care PGDs had been a particular success, to date, with positive impacts on the quality of care provided to terminally ill patients in their own homes. He highlighted further actions for the service, which included an in-depth study of the significant increase in Out of Hours activity. He advised that a full report, outlining the relative impact of the causes of the dramatic rise in activity would be presented to the Board in July 2010.

THE BOARD:

1. Noted the performance of the Primary Care Out of Hours Service over March 2010/Easter.
2. Asked to receive a further report.

Mr. Lawrie

The NHS Board considered minutes of meetings of Governance Committees as follows:

a) Audit Committee – 9th March 2010

Mr. Sutherland, Committee Chair, highlighted from the issues considered, discussion on the External Audit – Interim Management Letter 2009/10, and the forecast of the year end financial position.

b) Clinical Governance Committee – 19th April 2010

Mrs. Nelson, Committee Chair, highlighted from the issues considered, discussion on the National HealthCare Quality Strategy, and the consideration of a Draft Quality Dashboard as a basis for enhanced reporting on quality to the NHS Board, and discussion on reporting on the breadth of ‘system failures’ to the Clinical Governance Committee.

c) Equality, Diversity and Spirituality Committee – 23rd March 2010

Mrs. Smith, Committee Chair, highlighted from the issues considered, discussion on the Single Equality Scheme, which had now been approved by the NHS Board.

d) Acute Operating Management Committee – 23rd March 2010.

Mrs. Nelson, Committee member, highlighted the special interest item on LEAN Deployment in Emergency Care, which included a presentation detailing the significant improvements in delivering emergency care at Monklands Hospital, including a shortened patient journey, improved working areas for staff and an increase in patient satisfaction.

e) North Lanarkshire Community Health Partnership Operating Management Committee – 25th March 2010

f) South Lanarkshire Community Health Partnership Operating Management Committee – 29th March 2010

Mrs. Mahal, Committee Chair, highlighted from the issues considered, the presentation on the role of Optometry in shifting the balance of care; Prescribing; and the Committee’s intention to focus, increasingly, on key Clinical Governance issues.

Mr. Davison highlighted the reference within the Minute to current breastfeeding figures, which placed South Lanarkshire Community Health Partnership at 22.6%, against a trajectory of 21.5%. He asked that breastfeeding performance be broken down by locality, in order to highlight variances, to inform the Board’s response on this issue at the upcoming Annual Review. He also asked for clarification about the extent to which the factors driving the higher performance in some areas, was understood.

57. **DATE OF NEXT MEETING**

Wednesday 26th May 2010.

58. **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 business.

Pharmacy Practices Committee – 21st January 2010

The NHS Board considered the minute of the meeting.

Mrs. Smith, Committee Chair, highlighted the purpose for which the Committee had met, and its conclusions and recommendations. She highlighted the current consultation on proposed amendments to the Control of Entry to the Pharmaceutical List Regulations, and advised that the consultation response would be brought to the NHS Board in May.

