

Lanarkshire NHS Board

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Minute of Lanarkshire NHS Board, Wednesday
25 January 2006, at 10.30am in the Board Room,
NHS Lanarkshire, 14 Beckford Street, Hamilton

CHAIRMAN: Mr P K Corsar

PRESENT: Mr J Anning, Non Executive Director
Dr J D Browning, Medical Director
Mrs S Goldsmith, Director of Finance
Mr M F Hill, Modernisation Director
Councillor J McCabe, Non Executive Director
Mrs D McCormick, Non Executive Director
Mrs N Mahal, Non Executive Director
Dr A W Majumdar, Non Executive Director
Dr D C Moir, CBE Director of Public Health
Mrs M Nelson, Non Executive Director
Mr I A Ross, Chief Executive, Acute Operating Division
Mr C Sloey, Chief Executive, Primary Care Operating Division

IN ATTENDANCE Mr N J Agnew, Corporate Affairs Manager/ Board Secretary
Mrs K Hamilton, Communications Manager, Acute Operating Division
Mr E J H Mallinson, Consultant in Pharmaceutical Public Health
Mrs C Potter, Deputy Director of Finance
Mr G Sage, Interim Director, CHP South
Mr K Small, Director of Organisational Development

APOLOGIES: Mr D Clark, Non Executive Director
Mr T Currie, Non Executive Director
Mr T Davison, Chief Executive
Councillor E McAvoy, Non Executive Director
Mr W Sutherland, Non Executive Director
Mr H Sweeney, Employee Director
Mr G Walker, Director of Human Resources
Mr P Wilson, OBE, Director of Nursing
Mr P McCrossan, Chairman, Allied Health Professions Advisory Committee
Miss M M Taylor, Consultant in Dental Public Health

1. **WELCOME**

The Chairman welcomed members to the meeting. He extended a particular welcome to Mr Sage, who was attending his first formal meeting of the NHS Board since taking up his position as Interim Director of the South Community Health Partnership.

2. **CHAIRMAN'S REPORT**

The Chairman advised that the next meeting of NHS Board Chairs with the Minister

was scheduled for 30 January 2006. He would report on the principal issues arising from the meeting at the February meeting of the NHS Board.

3. **MINUTES**

The Minute of the meeting of the NHS Board held on 21 December 2005 was submitted for approval and signature.

THE BOARD:

1. Approved the Minute for signature.

4. **FINANCE**

The NHS Board considered a Finance Report for the period ended 31 December 2005 (circulated).

The Director of Finance reminded Members that the detailed Mid-Year Financial Review, presented to the Board in October 2005, identified a Forecast surplus of £3.254m for the year, after providing £4m against Invest to Save Schemes. The actual Financial Position to the end of December 2005 showed a year to date underspend of £3.365m, which was beyond the earlier expectations. An initial assessment of the results for the period indicated that there were further significant savings against the Prescribing Budget, as well as additional unplanned savings against Headquarters Budgets. In addition, it was clear that progress with redeployment, and the requirement to generate recurring savings, had limited the level of voluntary severance which could be undertaken at that time. As a consequence, the Year End Forecast had been revised, and showed a surplus within a potential range from £7.509m to £13.009m.

The Director of Finance reported, also, on the Revenue Resource Limit position at December 2005, including details of the allocations notified during the month. She also highlighted performance within the Corporate Division and the Acute and Primary Care Operating Divisions, and on performance against the Corporate Recovery Programme, which showed a net In-Year shortfall of £1.381m, against the £9.666m target. She reported a Forecast underspend of £3.515m against the Capital Resource Limit for the year, primarily due to the timing of the development of the West of Scotland Medium Secure Unit, and other factors, including the timing of the move of Headquarters Staff onto a central location. She confirmed that an updated Capital Plan would be brought to the Board at a future meeting.

In discussion, the Director of Finance confirmed that prescribing data was being provided more timeously than previously, in addition to which, the quality of the data was improved. This allowed robust modelling and forecasting of prescribing trends. The Consultant in Pharmaceutical Public Health highlighted the potential for the timing of the availability of prescribing data to show a further slight improvement, on the introduction of the planned electronic transmission of data.

THE BOARD:

1. Noted the actual revenue underspend of £3.365m as at 31 December 2005.
2. Noted the range of the Forecast surplus of between £7.509m and £13.009m, against the Revenue Resource Limit for the year 2005/2006.
3. Noted the Forecast underspend of £3.515m against the Capital Resource Limit for the year 2005/2006.
4. Agreed to receive an updated Capital Plan at a future meeting.

Director of Finance

5. Asked to receive a further report.

5.

WAITING TIMES

The NHS Board considered a Waiting Times Report to December 2005 (circulated).

The Chief Executives of the Acute and Primary Care Operating Divisions confirmed that, at 31 December 2005, there were no patients in Lanarkshire waiting over 26 weeks for an inpatient, day case or outpatient appointment. NHS Lanarkshire had, therefore, delivered the National Waiting Time Guarantees set by the Scottish Executive Health Department. In addition, NHS Lanarkshire was sustaining the Guarantee that no patient should wait longer than 8 and 18 weeks, respectively, for angiography and angioplasty.

The next challenge was to sustain that position, and to progress, incrementally, towards delivery of the improved National Waiting Time Guarantee that no patient would wait over 18 weeks for an inpatient, day case or outpatient appointment by 31 December 2007. In addition, all patients with Availability Status Codes, must be removed from the Waiting List within the same time period. Accordingly, work was in progress to revise the Capacity Plan, to identify the capacity required to deliver the improved Waiting Time Guarantees. The Capacity Plan would reflect discussions with the National Waiting Time Unit about access to the Golden Jubilee National Hospital and the independent sector during 2006/2007. It was anticipated that further permanent investment would be required to increase internal capacity, and details of that investment would be brought forward as soon as possible.

The report highlighted specific National Waiting Time Guarantees which the Scottish Executive Health Department were looking to NHS Boards to deliver by 31 December 2007, viz: a maximum wait for cataract surgery of 18 weeks from referral to completion of treatment; a maximum wait for admission to a specialist unit for hip surgery, following fracture, of 24 hours; a maximum wait for Cardiac Intervention of 16 weeks from GP referral through Rapid Access Chest Pain or equivalent, to Cardiac Intervention; and a maximum wait of 4 hours from arrival to discharge or transfer for Accident and Emergency Treatment. Work was in progress to identify the capacity required to deliver those National Waiting Time Guarantees, and indications of capacity implications and actions to be taken during 2006/2007 would emerge during January/February 2006.

Members were reminded that the NHS Board, together with all other West of Scotland NHS Boards, had indicated to the Scottish Executive Health Department that they would be unable to deliver the National Waiting Time Guarantee that the maximum wait from receipt from a General Practitioner of an urgent referral for cancer to treatment should not exceed 62 days by 31 December 2005. The level of compliance for each main tumour type remained to be confirmed. NHS Lanarkshire had embarked on a programme of action to improve information capture and reporting, and to provide additional support to clinical staff, including the recruitment of 6 patient cancer trackers; the introduction of a single referral protocol for each main tumour type; and the use of software to electronically track patients through the patient journey. Information generated by these initiatives would inform the identification of pressure areas and issues around capacity, and the identification of the actions required to address those areas. The first quarter of 2006 would be used to test the processes introduced, and the robustness of information gathered, and the opportunity would be taken to explore with clinical staff how best to interpret and act on the information gathered.

It was reported that work was in progress, towards achievement of the requirement that, by 31 December 2007, no patient should wait more than 9 weeks for a key diagnostic test. This work included: confirmation of current service baselines and definitions; establishing common and consistent information capture and reporting on activity and performance; and undertaking initial modelling to identify the nature and

extent of additional activity required to deliver the National Waiting Time Guarantees. Indications of capacity implications and actions to be taken during 2006/2007 would emerge during January/February 2006.

Members were advised that significant work had been undertaken across Lanarkshire to prepare a prioritised action plan for the delivery of the Unscheduled Care Guarantee that, by December 2007, patients would wait a maximum of no more than 4 hours from arrival to discharge or transfer for Accident and Emergency treatment. Allied to this, a Diagnostic Visit by the Centre for Change and Innovation had taken place on 19 December 2005, and the subsequent formal report would inform the preparation of the action plan that had to be submitted to the Scottish Executive by the end of February 2006.

The Chairman commended the Divisional Chief Executives for the substantial achievement in delivering the 31 December 2005 Ministerial Guarantees for inpatients, day cases and outpatients, and asked that this commendation be conveyed to staff across the Acute and Primary Care Divisions.

THE BOARD:

1. Noted the Waiting Times Report at 31 December 2005.
2. Asked to receive a further report, including trajectories towards the delivery of the December 2007 Ministerial Guarantees.

**Divisional
Chief Executive:**

6. **DELAYED DISCHARGES**

The NHS Board considered a report on the Delayed Discharges position at 15 January 2006 (circulated).

The Acute Division Chief Executive reported that there were 90 Delayed Discharges at 15 January 2006, against the Scottish Executive Health Department target of a maximum of 66 Delayed Discharges at 15 April 2006. He explained that the ability to deliver the Delayed Discharge target was influenced by a number of factors including: patients awaiting funding for Nursing Home accommodation; early access to home care for all patients, where home care comprised all or part of the care package; patients aged under 65 years awaiting appropriate accommodation in the community; and patients awaiting discharge to another NHS facility.

He highlighted as the most significant factor, the patients awaiting funding for Nursing Home accommodation, of which there were 31. On an assumption of £16,000 for each placement, the annual cost to discharge 31 patients to Nursing Home accommodation was calculated at £496,000. Whilst there existed an option to discharge all 31 patients through the use of healthcare monies, this would carry funding implications for the Local Authority from 1 April 2006. This issue would be discussed further between Health and the Local Authority at the next meeting of the Joint Funding and Resources Committee, and the outcome of those discussions would determine the ability of the Lanarkshire Partnership to achieve the Delayed Discharge target at 15 April 2006.

The Divisional Chief Executive highlighted the continuing work to improve and strengthen the management of Delayed Discharges, through each Locality Area Group, and the work in progress to jointly commission additional home care to facilitate earlier discharge and, through improved use of inpatient beds, to increase the number of patients discharged to another NHS facility. It was noteworthy that no patients currently undergoing Community Care Assessment had exceeded 30 days, in addition to which, the improved use of off-site beds had reduced the number of discharged patients occupying Acute Hospital beds.

The Divisional Chief Executive reminded members that the Scottish Executive was

currently reviewing the criteria to be adopted in 2006/2007 to calculate Delayed Discharges – the outcome of this review would inform the target setting for that period, and it was understood that a discussion paper would be issued during January 2006 with an invitation to Partnerships to comment.

The Leader of North Lanarkshire Council highlighted the potential for the cost of each placement to increase from April 2006, and the issues which bore on this position, including the financial settlement to Local Authorities and other issues, mainly pay related, which would exert financial pressure on Local Authorities.

THE BOARD:

1. Noted the report on the Delayed Discharges position at 15 January 2006.
2. Asked to receive a further report.

**Acute Division
Chief Executive**

7. **A PICTURE OF HEALTH**

The NHS Board considered the A Picture of Health Public Consultation Summary Document (circulated).

The Modernisation Director updated members on the progress in the arrangements for the launch of the Public Consultation for a 3 months period from 30 January 2006. This would involve a launch event for invited stakeholders, followed by a media briefing. Household distribution of the Summary Consultation Document would also begin that day. In addition, the full A Picture of Health Document would be issued to approximately 1,000 stakeholders.

He also outlined the arrangements for staff and public consultation meetings, and explained the intention to maintain on the Picture of Health website updated Frequently Asked Questions. Media and communications training would be provided for staff presenting at the consultation meetings, in order that they would have the necessary skills to present key information clearly, and to respond positively to audience questions. Throughout the consultation period, updates would be provided for the media on an ongoing basis.

The Modernisation Director also outlined the ongoing work to further clarify the detail of the Capital and Revenue, and the logistical implications of the options for Acute Care, and the key Cross Boundary Flow issues, which currently were the subject of dialogue with Greater Glasgow and Forth Valley NHS Boards. He confirmed the intention to make public the further information on these issues during the consultation period.

He acknowledged the need to ensure significant briefing and involvement of Board Members throughout the consultation period, and confirmed that specific arrangements would be put in place to ensure that this was achieved.

He reported that NHS Lanarkshire was currently engaging with the Scottish Health Council, in their pursuit of the Ministerial request that Council offer a view on the fairness and openness of the consultation process.

The Chairman emphasised the importance of the availability of full and accurate information to the public. He also stressed the crucial need for members to be fully briefed on key issues, such that the NHS Board would be in the best possible position to take genuinely informed decisions at its meeting on 24 May 2006, when consideration would be given to a consultation report and the recommendations arising therefrom.

THE BOARD:

1. Noted the update report on A Picture of Health.
2. Asked to receive a further report.

**Modernisation
Director**

8. **COMMUNITY HEALTH PARTNERSHIPS**

The NHS Board considered a Community Health Partnerships Implementation Plan as at 6 January 2006 (circulated).

The Chief Executive of the Primary Care Operating Division explained that the Action Plan identified actions to be taken forward during January – March 2006, in the areas of: Human Resources Plan; Organisational Development Plan; Committee Structures; Scheme of Delegation; Premises for Localities; Translation of Corporate Objectives into Manageable Portfolios; Links to Glasgow; and the Team Building Programme. He highlighted, in particular, the requirement to develop an Organisational Development Plan which would communicate the processes to all staff across the organisation, with an emphasis on key issues, including: ensuring that there was a single Corporate Agenda for action; that the direction of travel set out within the CHP structures was designed to deliver on National Policy; and fulfilling the need to translate the Corporate Agenda and National Policy issues into local priorities for action.

In discussion, the Divisional Chief Executive confirmed that the financial implications of the major change around the introduction of Community Health Partnerships would be cost neutral. He explained the arrangements for patient and public involvement in CHPs, including through linkages with the Local Authorities and the Community Engagement Process, which would be the subject of annual evaluation against National Performance Indicators. He confirmed the intention to appoint an individual in each Community Health Partnership, who would carry responsibility for ensuring engagement of the key individuals, and taking forward the necessary training to prepare them fully for their new roles.

The Chairman acknowledged the substantial agenda associated with the move to Community Health Partnerships, and extended his appreciation to the Chief Executive of the Primary Care Operating Division for his lead role in taking forward the implementation arrangements.

THE BOARD:

1. Noted the progress report on the implementation of Community Health Partnerships.
2. Asked to receive a further report.

**Divisional
Chief Executive
Primary Care**

9. **COMMITTEE ARRANGEMENTS**

The NHS Board considered a paper on Committee Arrangements (circulated).

The Chairman reminded members of the previous consideration given to proposals for revisions to the Committee Arrangements, including approval for establishing 3 Operating Committees, viz: an Acute Division Operating Committee; a Community Health Partnership North Operating Committee; and a Community Health Partnership South Operating Committee, each Chaired by a Non Executive Director of the NHS Board.

He reported on Expressions of Interest in Operating Committee Chairmanship from 3 Non Executive Directors, namely: Terry Currie; John Anning; Neena Mahal, and proposed the appointment of these Non Executive Directors, as follows:

Chair, Acute Division Operating Committee – Terry Currie.

Chair, CHP North Operating Committee – John Anning.

Chair, CHP South Operating Committee – Neena Mahal.

He explained that beyond the confirmation of these appointments, an early task would be to populate the Operating Committees, in discussion with the Operating Committee Chairs, having regard to Non Executive Directors' previously expressed preferences for Operating Committee membership, and also their preferences in relation to the remaining NHS Board Committees.

THE BOARD:

1. Approved the appointment of the Operating Committee Chairs, as proposed.
2. Asked to receive a further report, addressing the membership of the Operating Committees and the remaining NHS Board Committees.

Board Secretary

10.

PRIMARY CARE OUT-OF-HOURS SERVICE

The NHS Board considered a report on the Primary Care Out-of-Hours Services (circulated).

The Chief Executive of the Primary Care Operating Division explained that the report focussed, primarily, on the performance of the service over the Festive period. He emphasised the extensive planning for the service over this time, including the close working within NHS 24. He highlighted overall activity during November and December 2005 and the comparative performance figures between Christmas/New Year 2004/2005 and 2005/2006, demonstrating an increase of 7.58% over the Christmas weekend and an increase of 11.9% over the New Year weekend. This reflected a combined increase of 9.9% in activity over the 2005/2006 period compared to the 2004/2005 Festive period, which was managed without the need to implement the Escalation Plan. Encouragingly, the level of call-backs had been negligible, and the profile of the time to service and treatment was assessed as satisfactory.

The Divisional Chief Executive reported that the NHS 24/Lanarkshire Integrated Satellite Centre had functioned extremely well over the Festive period, demonstrating the value of that local facility. He stressed the focus on staff training, including the linkages with the Acute Division and, in particular, the Major Minor Illness Injury Nurse Treatment Service (MINTS). Dr Majumdar requested further information about home visits and centre visits, and emphasised that, generally speaking, people could be managed more effectively within the clinical setting. The Divisional Chief Executive undertook to pursue this issue with the Divisional Medical Director, and to revert to Dr Majumdar.

**Divisional
Chief Executive
Primary Care**

The Chairman acknowledged the substantial work in planning for the Festive period, and commended the Divisional Chief Executive and all staff involved in this exercise, and in the delivery of Out-of-Hours Services over the period.

THE BOARD:

1. Noted the report on the Primary Care Out-of-Hours Service.

2. Asked to receive a further report.

11. **STRATEGIC RISK REGISTER**

The NHS Board considered the Strategic Risk Register (circulated).

The Medical Director explained that the Register had been considered and approved by the Financial Governance Committee on 29 September 2005. He explained that the Register reflected the 4 main Governance areas: Corporate; Financial; Health and Clinical; and Staff, and included Action Plans in each area. He emphasised the work that was in hand within the Divisions to develop the operational section of the Risk Register and advised that the Risk Management Steering Group would continue its responsibilities for the co-ordination of activity at both Corporate and Operational levels. He explained that there would be an Annual Report on Risk, which would be considered in the first instance by the Audit Committee, prior to submission to the NHS Board.

The Medical Director emphasised that the Strategic Risk Register addressed the issue of risk to the Organisation. He explained that there were criteria against which decisions on risk should be made, but acknowledged the need to ensure that sufficient guidance was available to staff, in order that they might make genuinely informed judgements about risk. He highlighted the role of the Datix system, a key aim of which was to ensure a commonality and consistency in incident reporting and recording.

THE BOARD:

1. Endorsed the Strategic Risk Register.
2. Asked to receive further reports, as appropriate, at future meetings.

Medical Director

12. **ITEMS FOR INFORMATION**

The NHS Board received and noted reports from the Area Partnership Forum meetings on 14 November, 25 November and 9 December 2005, and a report from the Human Resources Forum meeting on 18 November 2005, and noted that further meetings of the Area Partnership Forum and the Human Resources Forum would be held, respectively, on 20 February 2006 and 17 February 2006.

13. **DATE OF NEXT MEETING**

Wednesday 22 February 2006 at 10.30am.

NJA/OD
13 February 2006