

Meeting of Lanarkshire NHS Board, Wednesday
27 September 2006, at 9.30 am in the Board Room,
NHS Lanarkshire, 14 Beckford Street, Hamilton

CHAIRMAN Mr P K Corsar, Non Executive Director

PRESENT Dr J D Browning, Medical Director
Mr D Clark, Non Executive Director
Mr T Currie, Non Executive Director
Mr T Davison, Chief Executive
Mrs S Goldsmith, Director of Finance
Mr M F Hill Modernisation Director
Mr A Lawrie, Director, South Lanarkshire Community Health Partnership
Councillor E McAvoy, Non Executive Director
Councillor J McCabe, Non Executive Director
Mrs D McCormick, Non Executive Director
Mrs N Mahal, Non Executive Director
Dr D C Moir, CBE, Director of Public Health
Mrs M Nelson, Non Executive Director
Mr I A Ross, Director, Acute Services
Mr C Sloey, Director, North Lanarkshire Community Health Partnership
Mrs S Smith, Non Executive Director
Mr H Sweeney, Employee Director
Mr W Sutherland, Non Executive Director
Mr G Walker, Director of Human Resources
Mr P Wilson, OBE, Director for Allied Health Professions, Nurses and Midwives

IN ATTENDANCE Mr N J Agnew, Corporate Affairs Manager/ Board Secretary
Mrs K Hamilton, Communications Manager
Mr E J H Mallinson, Consultant in Pharmaceutical Public Health
Mr K A Small, Director of Organisational Development
Dr V J Sonthalia, Chairman, Area Medical Advisory Committee
Miss M M Taylor, Consultant in Dental Public Health

APOLOGIES Mr J A Anning, Non Executive Director
Mr P McCrossan, Chairman, Area Allied Health Professions Advisory Committee

94. **CHAIRMAN'S REPORT**

The Chairman reported on the principal issues discussed at the meeting of Chairs of NHS Boards and Special Health Boards with the Minister for Health and Community Care on 28 August 2006, when the Minister had placed emphasis on Boards' responsibilities in relation to: meeting targets for the delivery of Cancer Waiting Times; the preparation of robust Winter Plans; tackling alcohol misuse and its impact

on Health and Health Services; and undertaking systematic patient surveys as part of the processes to inform further quality improvement.

95. **MINUTES**

The minute of the meeting of the Lanarkshire NHS Board held on 23 August 2006 was submitted for approval and signature.

THE BOARD:

1. Approved the minute for signature, subject to noting at item 90. Dental Action Plan, concluding sentence of the penultimate paragraph to read – She advised that, currently, the ratio of Dentists to population size within Lanarkshire was lower than the Scotland ratio, with an additional approximately 110 Dentists required to meet the target.

96. **A PICTURE OF HEALTH**

The Chairman reported on a debate in the Scottish Parliament on Thursday 14 September 2006, on a motion, in the name of Shona Robison, Scottish National Party, on Health *That the Parliament does not accept the case put forward for the downgrading of the Accident and Emergency Unit at Monklands Hospital and calls on the Scottish Executive to re-examine its decision to approve this downgrading.* He advised that, at Voting, an amendment motion by the Deputy Minister for Health and Community Care was carried on the basis of 65 votes for, 45 against and 11 abstentions.

The Chairman reported also on a reference by Elaine Smith MSP to Audit Scotland, challenging the financial considerations in A Picture of Health, on the extent to which they fully took account of extant Treasury guidance, including taking account of whole-life costs. In this regard, he reminded members that the Board's deliberations on 27 June 2006 had included the consideration of a detailed paper on Finance. He explained that Audit Scotland had asked Pricewaterhouse Coopers, as the Board's Appointed Auditor, to investigate the issues raised in the reference by Elaine Smith, and that confirmation of the timescale for completion of the investigation was awaited. He advised that the Director of Finance was preparing a response to Pricewaterhouse Coopers, with commissioned support from Scott Moncrieff. The progress of this matter would be the subject of further reports to the NHS Board.

a) Response to Deputy Minister for Health and Community Care

The NHS Board considered a letter of 11 September 2006 from the Chairman in response to the letter of 21 August 2006 from the Deputy Minister for Health and Community Care, confirming his approval for the Board's A Picture of Health proposals, along with a News Release of 20 September 2006 confirming the Board's commitment to the delivery of the proposals which had Ministerial approval (circulated).

The Chairman explained that his letter to the Deputy Minister for Health and Community Care was, essentially, firm confirmation of the Board's commitment to working diligently to secure the earliest possible implementation of the A Picture of Health proposals which had Ministerial approval, across Primary Care, Community Services and Hospital Services. Already, priorities had been established to meet the challenges set by the Deputy Minister for Health and Community Care. An assurance had been given that the changes to Accident and Emergency Services at Monklands Hospital would only take place once the expanded services at Wishaw General and Hairmyres Hospitals, and the Community Casualty Units at Cumbernauld and Lanark,

were in place. Confirmation had also been given that the expanded Community Casualty Units at Cumbernauld and Lanark would have extended opening hours during the evenings and over weekends, and that the Monklands Hospital Community Casualty Unit would be open 24 hours, 7 days a week.

The Chairman explained that to meet the challenges set by the Deputy Minister, Executive and Communications Groups had been established, to ensure meaningful engagement with patients, staff and partner agencies, to drive forward the implementation of the proposals in A Picture of Health, and to ensure a focus on the immediate priorities. These included, early implementation of: the Main Street, Coatbridge Primary Care Centre Development (to be completed by Spring 2009); the new Airdrie Resource Centre (to be completed by Spring 2009); the Cumbernauld Community Casualty Unit (to be in place by December 2007/early 2008); the introduction of more flexible ways of working for Primary Care, the recruitment of 17 additional Community Nurses and the appointment of a Specialist Nurse for Long Term Conditions (currently being implemented); and the introduction of Keep Well, the new name for Prevention 2010 (being launched in October 2006).

The Chairman explained that ahead of the planned changes in Hospital Accident and Emergency Services, a commitment had been given to: working closely with the Scottish Ambulance Service to ensure additional resources were deployed in Lanarkshire to handle both Emergency and Patient Transport activity – this over and above the additional 43 Paramedic and Ambulance Technician staff and new Ambulance vehicles being employed in Lanarkshire by the end of the year as agreed by the Scottish Executive and the Scottish Ambulance Service; introducing a shuttle bus service between the 3 Acute Hospitals; vigorously pursuing transport solutions through the West of Scotland Transport Partnership, and particularly the Regional Transport for Health Sub Group, to enable access to healthcare facilities for patients, carers, visitors and staff, and continuing the joint working with neighbouring Boards, including setting out in a Regional Plan, to be signed off by the Deputy Minister, the planning, timing and specifications for Acute Hospitals in the West of Scotland.

The Chairman explained that progress reports on the implementation of the priority A Picture of Health proposals would be brought regularly to the NHS Board, to assure members on the fulfilment of the commitments given to the Deputy Minister.

THE BOARD

- i) Noted the letter of 11 September 2006 from the NHS Board Chairman to the Deputy Minister for Health and Community Care, and the News Release issued on 20 September 2006.
 - ii) Asked to receive further reports on the progress of implementation arrangements.
- b) Implementation Arrangements

The Modernisation Director explained the structure for progressing the priority A Picture of Health proposals, including the roles of: the Modernisation Board; the Executive Action Group; the Engagement Group; the Capital Investment Group; and the 7 Programme Boards, in the areas of: Health Improvement/Protection; Primary Care/Long Term Conditions; Acute; Maternal and Child Health; Mental Health/Learning Disability; Older People's Services; and Regional Planning.

He outlined the areas for strengthening organisational capacity, in relation to: Regional Planning and Cross Boundary Flow and Catchment Management; Transport Planning; Clinical Service Redesign; PFI contract negotiations; Finance input to Acute Business Cases; Capital Planning; information management and administrative support.

The Modernisation Director explained that the next steps would involve: the completion of initial programming of the “Critical Path”; completion of the scoping of capacity requirements; and addressing capacity gaps. The next steps would also include progress reports to the Board in October on Cancer, Palliative Care, Dermatology, Rheumatology and Continuing Care of the Elderly, and an Outline Business Case for the Airdrie Resource Centre and, in November, would involve: a draft Programme Initial Agreement; programme/project management arrangements; and progress reports on individual projects.

The Modernisation Director also outlined the first tranche of priority developments in the areas of: Mental Health; Acute; Older People; and Community/Primary Care, and the second tranche priority developments in Mental Health; in Older People; Community/Primary Care and Corporate. He highlighted, as key, recognition of the relationship and inter-dependency of developments, and stressed the intention to adopt a disciplined approach to the project management of the implementation arrangements.

In response to a question raised by the Leader of North Lanarkshire Council about the coverage of the development proposals in Primary Care/Community, the Director of the North Lanarkshire Community Health Partnership explained that the priority developments reflected the outcome of an objective assessment of the functional suitability of the Primary Care and Community estate. He acknowledged the need, in time, to address the development of other elements of the Primary Care/Community estate including within the Viewpark area.

The Chief Executive explained that the priority developments highlighted to the Board were not exclusive, and that additional modest capital investment would be available for replacing or extending other Primary Care facilities. The Director of the South Lanarkshire Community Health Partnership confirmed that this issue was being addressed as part of the work he was leading on the development of a Primary Care Strategy which would be brought to the NHS Board for consideration in the New Year.

THE BOARD

- i) Noted the implementation arrangements for the A Picture of Health Priority Developments.

- c) Coatbridge Dental and Integrated Resource Centre

The NHS Board considered the Outline Business Case for the Coatbridge Dental and Integrated Resource Centre Development (circulated).

The Director of the North Lanarkshire Community Health Partnership explained that the Board was asked to approve the Outline Business Case for the provision of facilities to provide a Dental Centre incorporating outreach training in Coatbridge in a new facility with General Practice and Community Mental Health accommodation. He reminded members that the Scottish Executive had provided funding of £4.426m for the development of the Centre from the Primary and Community Care Premises Modernisation Programme, and advised that the Business Case outlined the proposed use of that Capital funding to support the development of a Training Centre for Dental students and Dental Therapists in the West of Scotland, as well as a Centre for the Community Dental Service.

He advised that in evaluating the options for developing the facility, consideration was given to whether there would be benefit in advancing the planned scheme for GP and Community Mental Health Service accommodation in Main Street, Coatbridge (from 2010/2011 in the Capital Plan), to develop a larger building incorporating both services. He outlined the key elements of the Option Appraisal, and advised that in terms of Capital expenditure and value for money, the option to develop a larger facility on the Main Street to improve GP, Mental Health and Dental accommodation, was by far the most beneficial, as it offered the opportunity to bring together a range of services in a short timescale and at less cost than pursuing them as separate projects. Accordingly, it was recommended that the Board proceed with the development of a new facility on the Main Street to provide a Dental Centre, accommodation for 2 GP Practices and replacement accommodation for the Community Mental Health Team. This option enhanced joint working with North Lanarkshire Council, as it would involve collocation with the Council Service Point, a Community Café, the Registrar and a Library. It would also enable the demolition and redevelopment of a disused building, enhancing the visual appearance and providing economic activity to the Main Street of a relatively deprived area.

The Consultant in Dental Public Health emphasised the scale of the Dental Centre Development, serving an area of demonstrable need. She also highlighted the key clinical advantages that the development would bring, including through the recruitment of Dentists and the creation of a reservoir of Dental Therapists. The centre would also present a valuable opportunity to extend the Community Dental Service to people with special needs, and others who otherwise would not have access to services through the General Dental Service. Consideration would also be given to relocating the Emergency Dental Service and the Homeless Service to the Centre. The Consultant in Dental Public Health advised that following consideration of the Outline Business Case by the National Education Scotland (NES) Board, the development would be widely promoted, including to the local community.

The Director of Finance reported on assurance from the District Valuer about the value for money of the favoured option. She advised that the costs presented included Optimism Bias at the current market rate. She advised, also, that the timescale for the delivery of the development mitigated against the consideration of the Private Finance Initiative funding route, although this was, ultimately, subject to Scottish Executive Health Department approval. She explained that the revenue impact of the development would bring an additional £415,000 per annum, which would be a first call on the provision within the Financial Plan for the additional cost of A Picture of Health Capital Developments.

THE BOARD

- i) Approved the Outline Business Case for the development of Coatbridge Dental and Integrated Resource Centre, incorporating a facility for Dental Outreach Training.
 - ii) Approved Capital Expenditure of £9,965,520, of which £5,539,520 would be funded from the NHS Lanarkshire Capital Allocation (brought forward from 2010/2011 in the original Capital Plan) and £4,426,000 from the grant from the Primary and Community Care Premises Modernisation Programme.
- d) Health Improvement

The NHS Board considered the Evidence Base for Lifestyle Interventions for Health Improvement 2006 (circulated).

The Director of Public Health reminded members that the A Picture of Health Framework identified as one of its key aims, turning around Lanarkshire's poor health, and signalled the intention that NHS Lanarkshire would shortly engage and consult with the public and the wider professional community on the Strategy for Health Improvement, embracing a range of actions to be carried out with individuals and local populations, often in partnership with North Lanarkshire and South Lanarkshire Councils, in the areas of: Smoking; Healthy Eating; Physical Activity; Mental Health; Alcohol; Sexual Health; Oral Health; Drug Misuse and Ultra Violet Radiation. She explained that given Lanarkshire's main causes of morbidity and death, there was a need to tackle these lifestyle factors, and adverse life circumstances, and to provide effective treatment for Coronary Heart Disease, Cancer (Lung, Breast, Colorectal, Ovarian), Mental Health, Stroke and Respiratory Disease (COPD, Asthma), if health was to improve.

The Director of Public Health emphasised that the importance of ensuring that lifestyle interventions brought about the greatest improvement in health from available resources, was recognised. She explained that lifestyle interventions were generally delivered, either through specific initiatives from ring-fenced funds, or through services provided by either Community Health Partnerships or the Acute Division. She advised that a review of the recommendations set out in Appendix 1 to the Evidence Base, had identified that the majority could be delivered through the prioritisation of existing resources, although some limited investment was identified as required to support interventions for Healthy Eating and Mental Health. Access to non-recurring funds to support training was also identified as a potential requirement, and these would be considered through the annual financial planning process.

The Director of Public Health gave a presentation, focussing on the incidence and trend in relation to the principal lifestyle factors highlighted and the main causes of morbidity and death. She explained that a Rapid Impact Assessment had been completed for each lifestyle intervention described in the Evidence Base, which had helped to inform the recommendations set out. She explained that the Evidence Base for each of the lifestyle factors was considered in the context of Lanarkshire's poor health, and: National Policy; current lifestyle status; current service provision; evidence for interventions and recommendations. She advised that the Evidence Base had been developed through an inclusive process, involving Public Health; Local Authority Planners; and clinical and managerial representatives from across NHS Lanarkshire. She advised also that given the level of engagement to date, and the substantial support for the commitment to the implementation of Health Improvement proposals from respondents to the A Picture of Health Consultation, it was proposed to embark on an 8 week period of focussed consultation on the Evidence Base, involving: NHS Lanarkshire staff and independent contractors; North and South Lanarkshire Councils; Public Partnership Forums; and Members of the Scottish Parliament. The Consultation would run during October and November 2006, with a report on the Consultation outcome being brought to the NHS Board subsequently, along with an Implementation Plan, with timelines, for taking forward the agreed recommendations early in 2007. This process would be overseen by the Health Improvement Group of the Modernisation Board.

The Director of Public Health stressed the requirement for the Board, increasingly, to pursue Health Improvement through lifestyle interventions, for which there was an Evidence Base. She highlighted the World Health Organisation Health Promoting Hospitals Standard which was being adopted in NHS Lanarkshire, and the role of NHS Lanarkshire as an Exemplar Employer. She stressed the importance of a genuinely holistic approach to Health Promotion and Health Improvement, and highlighted the team approach to this involving Health Promotion Practitioners across the system, focussing on a family approach within areas of deprivation.

In discussion, members confirmed their unequivocal support for the Evidence Base approach for lifestyle interventions for Health Improvement. The issue of alcohol was highlighted, in particular, and it was agreed that the Alcohol and Drug Action Team Corporate Plan would be brought to a future meeting of the NHS Board. Members were reminded that the programme for the Board Seminar on 7 December 2006, would focus on Health Improvement and on Primary Care Developments.

THE BOARD

- i) Endorsed the Evidence Base for Lifestyle Interventions for Health Improvement 2006 and the proposals for Consultation.
- ii) Agreed to consider the Alcohol and Drug Action Team Corporate Plan at a future meeting.
- iii) Asked to receive a further report.

Director,
North CHP

Director of
Public Health

97.

LOCAL DELIVERY PLAN

- a) Efficiency and Governance – Finance

The NHS Board considered a Finance Report for the month ended 31 August 2006 (circulated).

The Director of Finance explained that the report provided the Board with the summary financial position for the 5 months ended 31 August 2006, and an early indication of the likely year-end position. She advised that the actual financial position to the end of August showed an overspend of £0.606m, compared with an overspend of £0.412m at the end of July. She also highlighted the material factors which had contributed to this increase from the trend seen in previous months.

She confirmed that work had progressed on the assessment of the likely year end outturn in comparison to the planned surplus. As reported previously, a number of pressures had emerged during the first few months of the year, including the recurring shortfall against the Corporate Recovery Programme, the risk around the completion of the sale of the Law Hospital site and expenditure on service agreements with other Boards, in particular NHS Lothian. She advised that a detailed report would be brought to the NHS Board in October, following a robust review of the mid-year results. However, based on the position to 31 August, an initial assessment of the year end had been considered, and where feasible, both risks and/or benefits had been quantified. A high level summary of the potential year end position, showed a best case scenario of a surplus of £0.002m and a worst case scenario of a deficit of £2.370m.

The Director of Finance explained that the initial review had highlighted that, without the Law sale, delivery of break-even at the year end would be extremely challenging. Furthermore, even at mid-year stage, there continued to be material issues, the precise impact of which was as yet unclear, including Agenda for Change, agreement on uplifts for Service Level Agreements with other Health Boards, and the impact of the new Pharmacy Contract. As a consequence, it was necessary to plan for the worst case and a number of management actions had been identified. In the event that the Law sale was successful in the current year, the benefits of this management action would be carried forward to the next year.

The Director of Finance also highlighted the principal issues in relation to: revenue resources; performance in the Acute Division, Primary Care and Headquarters/area-wide departments; Service Agreements/other Healthcare Providers; the Corporate Recovery Programme (CRP), and capital. She explained that it was anticipated that many of the issues would be highlighted in more detail at the Board Seminar in November 2006; however, in advance of that date, a detailed review of the Capital Investment Programme would be undertaken in October and presented to the Board at the October meeting. This review would cover, as a matter of priority, the current level of capital spend, likely capital receipts and resultant year-end forecast, as well as capital charges, impairments and valuation issues as necessary. Work to assess the phasing of future years capital investment would also be taken forward.

The Chairman of the Audit Committee confirmed that the issue of the Risk Assessment associated with the Law sale had been discussed at the most recent meeting of the Audit Committee, when members had been reassured as to the approach being taken to this matter.

The Director of Finance explained that there had been a change to the financial rules, and where health systems were reliant on capital receipts to address Accumulated Deficits, the Scottish Executive Health Department would make appropriate provision. She explained, also, that there were other pieces of surplus estate, and pending their declaration for sale, they would be recorded in the accounts at market value.

The Director of Finance also explained the issues in relation to Agenda for Change, including in relation to the availability of exact costs and the rephasing of budgets at an operational level. She confirmed the belief that the funding set aside for Agenda for Change in the financial modelling would be sufficient.

THE BOARD

- i) Noted the actual revenue overspend of £0.606m as at 31 August 2006.
- ii) Noted the planned management action to support a break-even position.
- iii) Noted that a robust assessment of the year-end capital position would be presented to the October Board meeting.
- iv) Asked to receive a further report.

Director of
Finance

b) Access to Services – Waiting Times

The NHS Board considered a report on Waiting Times (circulated).

The Director, Acute Services, explained that the report identified actual Waiting Time Performance for each Waiting Time Guarantee against the trajectory, as contained in the Local Delivery Plan 2006/07.

He explained that the NHS Board was performing in line with the trajectory for day cases and inpatients; however, Orthopaedics continued to present the greatest challenge, and work was ongoing with clinical and other staff to improve process and practice and maximise available capacity. He reported a consensus view that permanent capacity to deliver a sustainable solution represented the best way forward, and confirmed that steps were currently being taken to increase capacity through recruitment of additional staff. In the interim, there would be continued reliance on internal and external Waiting List Initiatives.

He reported that work was in progress as part of the Diagnostics Collaborative to redesign the Endoscopy Service, with a view to establishing more appropriate pathways. In the interim, however, additional capacity had been commissioned through internal Waiting List Initiatives, to increase capacity that would facilitate delivery of the 18 week maximum wait for inpatients and day cases, as well as the 62 day maximum patient journey from receipt of urgent GP referral to first treatment for selected cancers. He advised, also, that the Cataract Collaborative had recently completed its first phase redesign of the Cataract Service, with agreement on the most appropriate model of care for each stage of the patient journey. It was considered that the new model of care could be implemented at minimum additional cost through the better use of existing resources, but in the interim, there would be continued reliance on capacity at the Golden Jubilee National Hospital, thereby enabling the NHS Board to ensure that the maximum wait would not exceed 18 weeks by the end of calendar year 2006.

The Director explained that the number of outpatients waiting over 18 weeks had increased during August, and currently exceeded the trajectory. He explained that there were significant pressures on a number of medical specialties, including respiratory and dermatology, and advised that discussions were taking place with clinical staff to agree a way forward that would enable the NHS Board to sustain and improve upon the maximum wait of 26 weeks. The opportunity also was being taken to review each outpatient specialty with a view to identifying specific actions to move back in line with the trajectory by the end of calendar year 2006. In addition, medical paediatrics was being managed within the Waiting Time Guarantee, although increased pressures during August had seen the maximum wait rise to 26 weeks.

He reported that there had been an increase in the number of patients with an Availability Status Code, and confirmed that work had been commissioned to investigate and understand the reasons for the increase, which applied in particular to General Surgery, Ophthalmology, Orthopaedics and Urology. He advised that a Project Board, with responsibility for full implementation of New Ways Guidance, would be established during October 2006 to reflect the complexity associated with introduction of New Ways, and delivery of the guarantee that there would be no patients with an Availability Status Code by 31 December 2007.

The Director confirmed that the NHS Board was in line to deliver its commitment to the National Delivery Unit that 95% of all urgent GP referrals received since 3 July 2006 would, as appropriate, have received their first treatment for Colorectal, Lung, Breast and Ovarian Cancers, by 30 September 2006. This commitment would apply also to all patients who had been the subject of an urgent GP referral prior to 3 July 2006, and who were within the pathway of selected cancers. Discussions were continuing with NHS Greater Glasgow and Clyde to ensure that patients who attended the Beatson Oncology Centre for first treatment would receive that treatment within 62 days. Work was in progress to introduce the capture of real-time patient information on remaining tumour sites by the end of September. The opportunity would then be taken to assess the nature and extent of any additional capacity required to deliver the guarantees for those cancers. He advised that Lanarkshire had been selected as one of 2 NHS Boards to pilot a new electronic system to capture patient information relating to cancer. The pilot would commence on 9 October 2006, and patient trackers were currently being trained on use of the system.

In the area of Diagnostics, the Director explained that work to date on Endoscopy had resulted in compilation of an Action Plan to deliver the maximum wait of 9 weeks by 31 March 2007. He reported, also, on progress on the radiology element of diagnostics including, in the first instance, work to equalise waiting times across Lanarkshire, enabling the Board to be in line with the trajectory for Radiology by the end of November 2006. He also reported that work continued through the Unscheduled Care Collaborative to reduce waits in Accident and Emergency to less than 4 hours, with the performance of NHS Lanarkshire in August improving from 90% - 91% compliance with the guarantee.

The Director explained that the opportunity would be taken, in future reporting, to further refine and improve the information made available to the NHS Board, to increase awareness of the waiting time position, the pressures on the service that may result in variation from the anticipated flight path, and the action being taken to address those issues.

In discussion, the Director emphasised that the responsibility for delivery of the guarantee of 62 days from GP urgent referral to the start of treatment for Lanarkshire residents referred to the Beatson Oncology Centre, remained with NHS Lanarkshire. He advised, also, that although the Beatson Oncology Centre would move to its new location at Gartnavel during 2007, some equipment and services had already transferred across. In relation to Unscheduled Care, he explained that there was available substantial data on 'See and Treat', which remain a key element in delivering the guarantee at each Acute Hospital site, and he undertook to make this available to members.

THE BOARD

- i) Noted the report on Waiting Times.
- ii) Asked to receive a further report.
- c) Treatment Appropriate to Individuals – Delayed Discharges

Director,
Acute Services

The NHS Board considered a report on Delayed Discharges (circulated).

The Director, Acute Services, explained that the report identified the number of Delayed Discharges at the monthly census date of 15 September 2006, presented against the 2 targets set by the Scottish Executive by which performance was measured viz: by 15 April 2007, reduce all delays over 6 weeks by 50% and free up 50% of all beds occupied by Delayed Discharge patients in short-stay beds. He explained that, based on past performance, the targets for the Lanarkshire Partnership were 10 and 9 respectively. He advised that at the September census there were a total of 65 Delayed Discharges, of which 22 were over 6 weeks and 13 were in short-stay beds. He emphasised that discussions were continuing within the Partnership to finalise the Action Plan to deliver the Delayed Discharge targets set for 2006/07.

THE BOARD

- i) Noted the Delayed Discharges Report to 15 September 2006.
- ii) Asked to receive a further report.

Director,
Acute Services

REVIEW OF ARBUTHNOTT

The NHS Board considered a paper on Improving the Arbutnott Formula (circulated).

The Director of Finance explained that the purpose of the paper was to advise the NHS Board on the draft options and recommendations for change, arising from the Review of the Arbutnott Formula, and whether these changes were likely to meet concerns raised by NHS Lanarkshire prior to the introduction of the Formula. She stressed that a fully functioning formula had not been produced at this stage and, therefore, it was not possible to demonstrate the impact that the review recommendations would have on NHS Lanarkshire's overall share of available resources.

The Director of Finance highlighted the element of the review relating to adjustments for demography and advised that the main objective of this area of research, was to review the sources of population data. She also highlighted the principal recommendations arising from the review. She advised that at the time of consultation, NHS Lanarkshire had raised concerns that the output of the GP element of the formula resulted in a below average resource need for prescribing, and that this seemed invalid. She explained that as the proposed adjustments only sought to refine the accuracy and stability of this element of the formula, this concern would not be addressed. However, since it could be argued that it was the Morbidity and Lifestyle Circumstances element which should address this, it was proposed that the recommendations did better reflect the populations using services in the allocation year.

The Director of Finance highlighted the principal elements of the review relating to age – sex, cost, weights, and the principal recommendations arising therefrom. She explained that it was difficult to argue with the logic of the age band recommendations, particularly giving the level of resource both the youngest and the oldest in communities utilised, even if this disadvantaged NHS Lanarkshire. However, it was considered that applying a Blue Book cost weight to the age sex structure as it was currently assessed, penalised Lanarkshire even further. It was therefore proposed to accept the recommendations, but to suggest that further work should be undertaken to refine national tariffs, recognising that the distribution of the allocation had an impact on average costs.

The Director of Finance also highlighted the principal issues and recommendations in relation to Adjustments for Morbidity and Life Circumstances. She advised that it would have been helpful to have seen the impact of the proposed changes on the Arbutnott "Share" given that poor Morbidity and Life Circumstances were such a significant feature in Lanarkshire. However, the use of intermediate data zones, in particular, which ought to better reflect the widespread nature of deprivation across Lanarkshire, was to be welcomed. Whilst it was difficult to comment on the use of the new needs indices, without seeing the impact, the flat funding, ie no Morbidity and Life Circumstances Adjustment for Cancer and other conditions within Mental Illness, was of concern, given the incidence of these diseases in deprived areas. It was therefore proposed that this specific recommendation was not supported.

The Director of Finance explained that the purpose of the review in relation to Excess Costs of Supply, was to find those factors outside the control of local decision-makers that were systematically correlated with higher costs of service delivery. Specifically, a market forces factor was considered and remoteness adjustments for community and hospital services were reviewed. She advised that it was difficult to comment on the remoteness adjustments proposed, although the suggestion to use actual costs for rurality seemed sensible however; with the introduction of Agenda for Change, the proposal to include a market forces factor for labour was not supported.

In the course of discussion, illness associated with younger age groups was highlighted as a fundamental issue for NHS Lanarkshire, which should be given emphasis in the response to the Arbuthnott Review recommendations.

THE BOARD

- i) Approved the response to improving the Arbuthnott Formula, and its submission to the Department, subject to amendment to reflect the issue highlighted in discussion. Director of Finance

99.

PRIMARY CARE OUT-OF-HOURS SERVICES

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

The Director of the South Lanarkshire Community Health Partnership explained that the report was intended to provide the Board with an update on service development, and assurance on standards of service delivery. He highlighted the principal elements of performance during September, including: activity by NHS 24/Lanarkshire satellite; activity by Dental Nurses; activity by patient outcome; and response times. He highlighted, in particular, the response times, which demonstrated that the majority of cases were dealt with within 3 hours, from handover of care by NHS 24 to completion of care by Out-of-Hours Services, with a significant proportion of these cases being dealt with within one hour. He also highlighted key elements of: service delivery; training; and service development.

He also explained that the production of an Out-of-Hours Service – Winter and Festive Capacity Plan, was in hand. This would be brought to the NHS Board in October for consideration.

THE BOARD

- i) Noted the report on Primary Care Out-of-Hours Services.
- ii) Asked to receive a further report, including the Out-of-Hours Service – Winter and Festive Capacity Plan. Director, South CHP

100.

ANNUAL REVIEW

The NHS Board received the letter of 13 September 2006 from the Deputy Minister for Health and Community Care to the Chairman, summarising the main points and actions agreed during discussion at the Annual Review and associated meetings in Hamilton on 1 August 2006 (circulated).

The Chairman highlighted the actions points agreed during the Annual Review, as follows:

- i) Continue to work with Planning Partners to strengthen transport linkages and access to healthcare facilities across Lanarkshire.
- ii) Continue to work closely with neighbouring NHS Boards to ensure planning of major service redesign is undertaken on a regional basis.
- iii) Continue to scrutinise progress and improve performance against targets for Healthcare Associated Infection.

- iv) Continue to evaluate the impact of Health Improvement Interventions to refine practice and enable better targeting of investment.
- v) Continue to develop innovative approaches to make contact with, and meet the needs of, hard to reach and deprived communities.
- vi) Ensure that complete Smoking Cessation data is entered on the national database.
- vii) Continue to strengthen Primary and Community Care Services and shift the balance of care away from Acute settings where appropriate.
- viii) Continue to sustain performance against current waiting time targets and make progress towards achieving future waiting time targets and elimination of Availability Status Codes in good time.
- ix) Reduce significantly cancer diagnosis and treatment times
- x) Continue to refine the Workforce Plan and consider innovative solutions to recruitment and retention.
- xi) Maintain sound financial management and keep in close contact with SEHD as NHS Lanarkshire continues to strive towards achieving financial balance.
- xii) Reduce reliance on non-recurring resources.

He explained that ongoing monitoring of progress with each of the foregoing actions would be a feature of the Performance Management arrangements, overseen by the Corporate Management Team, and reported to the NHS Board, the Governance Committees and the Operating Management Committees. A progress report on the actions would also be brought to the NHS Board prior to the financial year end.

THE BOARD

- i) Noted the Annual Review letter from the Deputy Minister for Health and Community Care and the actions arising from the Review.

101.

EQUALITY, DIVERSITY AND SPIRITUALITY

The NHS Board considered a paper on Diversity and Leadership – Leadership Framework (circulated).

The Director of Organisational Development reminded members that NHS Lanarkshire was fully committed to an agenda of continuous improvement across the complimentary agendas of Equality, Diversity and Spirituality. He confirmed that the Board's Equality, Diversity and Spirituality Committee had established a clear strategic agenda for action and improvement, working through a programme of prioritised annual objectives, focussing on improvement across a broad spectrum of activity, recognising the Board's Health Improvement, Healthcare and Employment responsibilities. He explained that the key headings for the agenda for action, were: Energising the organisation; demography and health; access and service delivery; Human Resources/workforce; Community Development, including patient focus public involvement; and monitoring and performance evaluation.

The Director of Organisational Development explained that the Scottish Executive Health Department was looking to support the Board in this area of work and, in particular, was keen to ensure that Board Members benefitted from personal development to promote an improved and common understanding of the importance of the Diversity agenda for NHS Scotland. Executive Directors and Senior Managers

had been invited to attend a National Diversity in Leadership event on 7 November 2006, which would provide an opportunity to hear from leaders across the public and private sectors regarding experience of positioning diversity in leadership, and informing the approach to be taken in this area across NHS Scotland. In addition, a series of Board Development Days had also been commissioned by the Scottish Executive Health Department. These events would take place between October 2006 and March 2007, and a date for NHS Lanarkshire would be confirmed.

THE BOARD:

- i) Noted the report on Diversity in Leadership – Leadership Framework.
- ii) Agreed to receive a progress report on Equality, Diversity and Spirituality at a future meeting.
- iii) Supported attendance of Executive Directors and Senior Managers at the SEHD National Event on 7 November 2006.
- iv) Delegate to the Board Secretary responsibility for making arrangements with SEHD for a one day Board Development Day on Diversity to be arranged in the period October 2006 – March 2007. Board Secretary

102.

GOVERNANCE MINUTES FOR INFORMATION

- a) Audit Committee – 29 June 2006

The NHS Board considered the Minute of the Meeting of the Audit Committee held on 29 June 2006 (circulated).

Mr Sutherland, Chairman of the Audit Committee, explained that a further meeting of the Committee had been held on 12 September 2006. This meeting marked the formal conclusion to Scott Moncrieff's term as the Board's Appointed Auditor, and the start of the audit commission, as Appointed Auditor, for Pricewaterhouse Coopers. At the meeting, the PwC Audit Approach for 2006/07 had been agreed. The opportunity also had been taken to discuss with PwC progress on the Risk Strategy, Risk Management and the role of the Risk Management Steering Group.

- b) Staff Governance Committee – 5 June 2006

The NHS Board considered the Minute of the Meeting of the Staff Governance Committee held on 5 June 2006 (circulated).

Mr Sweeney, Chairman of the Staff Governance Committee, explained that the principal issues considered by the Committee were Agenda for Change, where approximately 5,500 staff (65%), had been assimilated, and the Staff Survey.

- c) Area Partnership Forum

The NHS Board considered a report from the Area Partnership Forum meetings held on 5 June 2006 and 28 August 2006.

- d) Human Resources Forum

The NHS Board considered a report from the meeting of the Human Resources Forum held on 18 August 2006.

e) Acute Division Operating Management Committee

The NHS Board considered the Minute of the Meeting of the Acute Division Operating Management Committee held on 29 June 2006 (circulated).

Mr Currie, Chairman of the Committee, reported that a further meeting had since been held on 24 August 2006. He explained that further items of interest to the Committee had been identified, such as: the National Theatres Project; and Cancer, The Patient's Journey. He emphasised that an underlying theme in the Committee's deliberations was improvement in the quality of delivery.

f) North Lanarkshire Community Health Partnership Operating Management Committee

The NHS Board considered the Minute of the Meeting of the North Lanarkshire Community Health Partnership Operating Management Committee held on 14 June 2006 (circulated).

The Director of the North Community Health Partnership reported that a further meeting of the Committee had been held on 9 August 2006. He highlighted the focus of the Committee's deliberations in relation to linking performance review to the revised performance management arrangements outlined to Board Members at the Board Seminar held on 21 September 2006.

g) South Lanarkshire Community Health Partnership Operating Management Committee

The NHS Board considered the Minute of the Meeting of the South Lanarkshire Community Health Partnership Operating Management Community held on 10 July 2006 (circulated).

Mrs Mahal, Chairman of the Committee, explained that a further meeting had been held on 4 September 2006. She explained that a Development Day on Performance Management for the Community Health Partnership Planning Teams was scheduled for 10 October 2006.

h) Health and Clinical Governance Committee

The NHS Board considered the Minutes of Meetings of the Health and Clinical Governance Committee held on 31 July 2006 and 1 September 2006.

Mrs Nelson, Chairman of the Committee, confirmed that further meetings of the Committee were scheduled for 30 October 2006 and 18 December 2006.

103. **ANY OTHER COMPETENT BUSINESS**

i) Review of Area Clinical Forum and Professional Advisory Committees

Mrs McCormick outlined the arrangements for a Review of the Terms of Reference and modus operandi of the Area Clinical Forum and the Parent Professional Advisory Committees. This would include a collaborative discussion involving the Area Clinical Forum and the Corporate Management Team on 16 November 2006. She advised that the outcome of the Review would be reported to a future meeting of the NHS Board.

104. **DATE OF NEXT MEETING**

Wednesday 25 October 2006 at 9.30am.

NJA/OD 18 October 2006