

Lanarkshire NHS Board

14 Beckford Street  
Hamilton ML3 0TA  
Telephone 01698 281313  
Fax 01698 423134  
[www.nhslanarkshire.co.uk](http://www.nhslanarkshire.co.uk)



Meeting of Lanarkshire NHS Board, Wednesday  
23rd August 2006, at 10.00 am in the Board Room,  
NHS Lanarkshire, 14 Beckford Street, Hamilton

**CHAIRMAN:** Mr P K Corsar, Non Executive Director

**PRESENT:** Mr J A Anning, Non Executive Director  
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 Community Health Partnership  
Councillor E McAvoy, Non Executive Director  
Mrs D McCormick, Non Executive Director  
Mrs N Mahal, Non Executive Director  
Mrs M Nelson, Non Executive Director  
Mr I A Ross, Director, Acute Services  
Mr C Sloey, Director, North Community Health Partnership  
Mrs S Smith, Non Executive Director  
Mr W Sutherland, Non Executive Director  
Mr H Sweeney, Employee Director  
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  
Mrs A Neilson, Nurse Consultant, Child Protection (for item no. 89)  
Dr V J Sonthalia, Chairman, Area Medical Advisory Committee  
Miss M M Taylor, Consultant in Dental Public Health

**APOLOGIES:** Councillor J McCabe, Non Executive Director  
Dr D Moir, CBE, Director of Public Health  
Mr G Walker, Director of Human Resources  
Mr E J H Mallinson, Consultant in Pharmaceutical Public Health  
Mr K A Small, Director of Organisational Development

81. **WELCOME**

The Chairman welcomed members to the meeting. He extended a particular welcome to Sandra Smith who was attending her first meeting since her appointment as a Non Executive Director, and to Alan Lawrie, who was attending his first meeting since taking up his post as Director of the South Community Health Partnership.

## **CHAIRMAN'S REPORT**

The Chairman referred to the letter to him of 21<sup>st</sup> August 2006 from the Deputy Minister for Health and Community Care, which was in response to his letter of 29<sup>th</sup> June 2006 asking for the Deputy Minister's approval of NHS Lanarkshire's proposals for the future direction of health services in Lanarkshire, following consideration by the Board on 27<sup>th</sup> June 2006.

The Chairman highlighted the Deputy Minister's conclusion that he was satisfied that NHS Lanarkshire's proposals for health improvement, strengthening Primary Care, supporting and enhancing local services, upgrading mental health services and modernising acute hospital services, were consistent with, and would deliver, the aims set out in *The National Framework for Service Change in Scotland*, and in *Delivering for Health*. The Deputy Minister was also satisfied by the Scottish Health Council's Report that NHS Lanarkshire took sufficient steps to involve patients, the public and staff in relation to significant service change proposals, and that the consultation process used was in accordance with existing Executive guidance. The Council had also confirmed that it was satisfied with the procedures adopted by NHS Lanarkshire in arriving at options for consultation. Accordingly, the Deputy Minister had concluded that the proposals provided a sound basis for the future provision of comprehensive, high quality, safe and sustainable health care services for the people of Lanarkshire. At the same time, he acknowledged the specific concerns in relation to Monklands Hospital that had been raised during the consultation and in subsequent representations to him – he considered that these concerns must be responded to, and in his letter, set out his requirements of NHS Lanarkshire in this regard, including his expectations on the Board as it moved forward to develop the detailed proposals in the Outline Business Case phase, and further into the implementation phase.

In recognition of the current poor condition of Primary Care premises in the Monklands area, the Deputy Minister wished to see the early development of the Business Cases for the Airdrie Resource Centre and the Main Street, Coatbridge Primary Care Centre developments, to bring forward the completion of these schemes by the spring of 2009. He also wished the Board to accelerate the introduction of the remaining Primary Care developments across Lanarkshire, and confirmed that he would bring forward capital funding into 2007/08, to facilitate the earliest possible provision of the Cumbernauld Community Casualty Unit in particular.

The Deputy Minister noted and welcomed the fact that implementation of the commitments to take action to further improve the provision of community based care in the Airdrie and Coatbridge areas, was already underway, through the introduction of more flexible ways of working for primary care professionals, the recruitment of 17 whole time equivalent, additional community nurses, and the recruitment of a specialist nurse for Long Term Conditions.

The Deputy Minister also acknowledged as very important the Prevention 2010 initiative, covering Coatbridge, Airdrie and Wishaw, due to commence in the Autumn. He acknowledged that Lanarkshire was at the forefront of the NHS in Scotland with this project, which was supported by £2m of Executive funding, and that prevention 2010 would bring resources to bear on improving the health of the most disadvantaged people in North Lanarkshire, with the prospect of significant change over time. Importantly, Prevention 2010 would also help people to access the right care, making sure their chronic diseases were detected, monitored and managed more effectively, thereby enabling them to avoid unplanned visits to accident and emergency services. The Deputy Minister stressed that the Board should link closely Prevention 2010 to its long-term condition strategy, and track the impact of the project, and other measures to improve primary care, on A & E attendances. He also expressed his wish to see the project include amongst its objectives, the reduction in avoidable A & E presentations, and his expectation that the Board would drive this initiative forward, to maximise benefits to patients, and ensure excellent primary care services were available in areas of most need.

The Deputy Minister acknowledged the level of concern he had heard about transport issues, and in particular, about the difficulties for relatives and other visitors in travelling from the Monklands area to Wishaw and Hairmyres – in response to these concerns, he required, and was given by the Board, the assurance that a shuttle bus service would operate between Monklands and the other two hospital sites. He acknowledged the close involvement of the Scottish Ambulance Service in the development of NHS Lanarkshire's plans for modernising hospital services through *A Picture of Health*, and the key contribution which highly-trained ambulance paramedics, who usually were the first NHS personnel to reach a patient in an emergency, could make, through their ability to undertake a wider range of emergency procedures than ever before, particularly in relation to stabilising the patient at the scene of the emergency, before transporting them to the nearest appropriate hospital. In recognition of the requirement for the people of Lanarkshire to continue rely on a swift and effective response when they called an emergency ambulance, and to enable the Ambulance Service to keep up with the improvements that the Board was proposing, the Deputy Minister had reached agreement with the Scottish Ambulance Service that they would deploy, in Lanarkshire, by the end of the current year, an additional 43 paramedic and ambulance technician staff, together with a number of new emergency ambulance vehicles – these additional staff would provide rapid response and full accident and emergency ambulance services, to ensure a first class service for Lanarkshire residents.

The Deputy Minister emphasised his expectation that NHS Lanarkshire would play a full part in the newly established West of Scotland Regional Transport for Health Sub Group, which would bring together NHS Boards and their transport planning partners, including the Scottish Ambulance Service, Local Authorities and Community Transport providers, to allow them to develop innovative, integrated transport solutions that would enable access to health care facilities for patients, carers, visitors and staff. The Deputy Minister had confirmed that the Executive would be making available ring-fenced funding in the region of £150,000, nationally, over 2 years to enable the infrastructure to be established.

The Deputy Minister referred in his letter to the issue of capacity, and the key criticism he had heard of an alleged lack of capacity in Wishaw General Hospital to deal with urgent GP referrals. Accordingly, he made clear his expectation that the necessary additional emergency care capacity at Hairmyres and Wishaw General Hospitals should be in place before the proposed changes were implemented to acute hospital provision in Monklands.

He welcomed the Board's assurances that the Community Casualty Unit at Monklands Hospital would be an integrated community casualty and GP Out of Hours Service, operating 24 hours a day, 7 days a week, staffed for the full duration by emergency practitioner nurses, with the GP input still to be finalised. He also welcomed the confirmation that expanded community casualty units at Cumbernauld and Lanark would have extended opening hours during the evenings and over weekends with the two major Accident and Emergency Units and the 5 Community Casualty Units together providing the people of Lanarkshire with a comprehensive network of emergency services.

The Deputy Minister, having heard arguments against the separation of planned and unscheduled care on separate sites, noted the Board's proposals to deliver planned care at the two emergency hospitals, as well as from the planned care site. He noted the opportunities which this afforded the Board to carry out complex surgery requiring ITU back-up at Hairmyres and Wishaw General Hospitals, with the dual benefit of protecting planned list time, and ensuring that emergency cases could be managed in the most efficient way for patients. He also accepted the case that it was the higher volume, lower complexity surgery which most often was disrupted on mixed sites, leading to higher cancellation rates, longer waiting times and less efficient use of staff, theatres and other resources. He specifically asked the Board to ensure that

these principles, and the benefits patients could expect in terms of shorter waits for elective care and higher quality emergency care, were clearly communicated.

Against a backcloth of concerns about the ability of neighbouring Board's to absorb any increased demand as a result of the proposals in *A Picture of Health*, the Deputy Minister confirmed that he was instructing the West of Scotland Regional Planning Group to ensure that the planning, timing and specifications for acute hospitals in Ayrshire and Arran, Forth Valley, Greater Glasgow and Clyde and Lanarkshire, were taken forward on a regional basis, with the full involvement of the Scottish Ambulance Service, resulting in the production of a plan by the Planning Group, which he would require to sign off, setting out clearly how this would be achieved.

The Deputy Minister made clear his keen awareness of the very strongly held concerns in the local area for the future of Monklands Hospital. He considered that local people needed certainty that this valuable local hospital would continue to provide them with a full range of appropriate services into the future, and he reinforced the commitment in *A Picture of Health* to planned investment in Monklands Hospital to secure its regeneration and renewal. Whilst acknowledging that the procurement route for the development of Monklands Hospital would need to be tested, and the route which demonstrated best value for money adopted, the Deputy Minister recognised that this may be a publicly funded route. He was therefore making the prudent step of ensuring that up to £100m was provided for in the NHS Scotland Capital Programme, to ensure that the regeneration could take place by 2010. This investment, which provided a clear commitment to the future of Monklands Hospital, would secure the 112 bed acute adult and old age psychiatry unit, and the development of new facilities for acute services.

The Deputy Minister recognised that whilst *A Picture of Health* included a proposal to locate specialist inpatient cancer services at Monklands Hospital, consideration of this proposal had not been concluded by the Board on 27<sup>th</sup> June. He acknowledged that the Board was undertaking further work on this issue, and that the Board supported the Executive's policy of providing cancer services that were as local and accessible as possible, while working with other Boards and the West of Scotland Cancer Centre, and the Cancer Clinical Networks, to ensure that these highly specialised treatments were delivered and available when patients required them. The Deputy Minister highlighted this as a particularly important issue in Lanarkshire because of the incidence of cancer in the area, and he stressed his expectation, as the Board considered future arrangements to provide the best cancer services for Lanarkshire patients, that the Board would consider carefully the disposition of cancer services right across Lanarkshire. In particular, he stressed that he would need to be convinced about any proposals that suggested a location other than Monklands Hospital for cancer inpatient services, whilst recognising that demonstrable clinical safety benefits must be given the highest priority. In light of this, the Deputy Minister wished to receive a realistic timetable for the consideration and engagement that needed to take place before the Board came to a decision on this very important matter.

In his conclusion, the Deputy Minister acknowledged the scale of the challenge posed to NHS Lanarkshire to progress the major agenda for service change and modernisation, and he recognised the hard work and deliberation by members of the Lanarkshire NHS Board, and the commitment of management and staff involved, in progressing the proposals.

The Chairman stressed the need for the Board to move into the implementation phase of the proposals at the earliest opportunity, thereby demonstrating to the resident population its commitment to delivering the wide-ranging and ambitious proposals in *A Picture of Health* across NHS Lanarkshire. This issue would be the subject of discussion at the Board Seminar scheduled for 21<sup>st</sup> September 2006, when members would begin to give consideration to the arrangements for implementing the approved proposals. He highlighted the requirement for these proposals to reflect the Board's

earlier commitment to wide engagement with patients, the public and staff during the implementation of the proposals.

**THE BOARD:**

1. Noted the letter of 21<sup>st</sup> August 2006 from the Deputy Minister for Health and Community Care, confirming his approval of the A Picture of Health proposals.
2. Agreed to give further detailed consideration to the implementation arrangements to secure the earliest possible delivery of the priority proposals.

83.

**MINUTES**

The minute of the meeting of the NHS Board held on 26<sup>th</sup> July 2006 (circulated), was submitted for approval and signature.

**THE BOARD:**

1. Approved the minute for signature.

84.

**MATTERS ARISING**

a) Law Hospital Site

The Director of Finance reported on discussion at a recent meeting which she and the Director, Acute Services, had had with the Board's Property Adviser, against a backdrop of Outline Planning Permission agreed, in principle, by South Lanarkshire Council, although Section 75, relating to roads and other services, remained to be finalised. It was now the intention to meet with the developers, to discuss issues related to access to the site and Title Transfer, including a possible change to the Missives to allow early Title Transfer.

**THE BOARD:**

1. Noted the position with regard to progress in the sale of the former Law Hospital site.
2. Asked to receive a further report.

Director  
of  
Finance

85.

**FINANCE**

The NHS Board considered a Finance Report for the month ended 31<sup>st</sup> July 2006 (circulated).

The Director of Finance reported that the actual financial position to the end of July showed an overspend £0.412m, compared with an overspend of £0.433m at the end of June – this reflected a slight improvement in the overall position, due mainly to the transfer of funding from the Financial Plan into pay budgets, to support the backfill costs associated with additional annual leave for Agenda for Change. She stressed that work was progressing on the assessment of the likely year end outturn, in comparison to the planned surplus, particularly to agree contingency plans around the sale of the Law site, and to ensure emerging pressures were managed – it was anticipated that an early indication of this position would be reported to the NHS Board at the September meeting, with a full report provided at the Board Seminar in early November, following the formal mid-year review process.

The Director of Finance explained that, at this time, the key issues of concern remained consistent with those highlighted previously, viz: recurring shortfall against

the Corporate Recovery Programme; completion of the sale of the Law Hospital site; the extent of the projected roll-out of Herceptin; energy prices; the Beatson development; and waiting times. Further work was required to review and quantify a range of other risks and/or benefits, which may further impact on the position, including completion of the Agenda for Change assimilation process and payment of arrears, and the national uplift for Service Agreements with other NHS Boards. As a priority, measures must be identified to offset cost pressures and the shortfall in the Corporate Recovery Programme – this should include: management of pressures by both the Acute Division and the North and South Community Health Partnerships; potential slippage on all developments to be identified; and further savings targets to be applied to Headquarters/Corporate functions. Other options to manage the likely year-end position would be considered through the mid-year review process.

The Director of Finance confirmed the Revenue Resource Limit of £765.574m for NHS Lanarkshire at the end of July 2006, and highlighted movements from the June position. She also highlighted the financial performance within the Acute Division; Primary Care; and Headquarters and area wide Departments.

The Director of Finance reminded members that, as reported to the Board in July, a proposal setting out a national standard uplift to be applied to the NHS Scotland Service Agreements had been issued to the National Directors of Finance Group in late June. No final decision had yet been made on this issue at a national level, but internally, work had begun to quantify the impact of this proposal, and to assess this against the level of funding provided for both pay and prices uplifts within the Financial Plan – this may present a financial risk. In addition to pressures relating to the pay and prices uplift, an issue had arisen in relation to activity levels within both acute and primary care sectors in Lothian – a meeting had been held with Lothian University Hospitals to discuss the apparent increase in activity and a further assessment of the financial impact of this was required.

The Director of Finance stressed that the Corporate Recovery Programme remained a key component of the approved Financial Plan, in order to meet the financial target for the year, to move towards a recurring balanced position, and to achieve the Efficient Government Targets set out by the Scottish Executive. She reminded members that the Financial Plan included a target of £8m against the Corporate Recovery Programme, and that early indications showed a forecast recurring shortfall against this target of £2.162m, offset by £0.610m additional non-recurring savings, leaving an in-year shortfall of £1.552m to be addressed.

The Director of Finance explained that the rate of actual expenditure in the first four months of the year from the Capital Plan approved by the Board in April 2006, had been low, although this was often the case with capital investment – many of the major projects were still at the planning stage and it was anticipated that expenditure would pick up over the coming months. To date, capital expenditure of £1.505m had been incurred against the net allocation of £31.687m; however, £11.5m of planned expenditure related to the repayment of Brokerage.

In discussion, the Director, Acute Services and the Director of the North Community Health Partnership, explained for members the issues relating to the introduction and roll-out of Original Pack Dispensing, including the linkages to discharge planning and medical certification at hospital level; acute and primary care compliance with the Joint Formulary and the campaign to tackle waste in prescribed medicines.

The Chairman and the Chief Executive reassured the Board that every possible avenue was being explored, in pursuit of the aim of achieving a break-even position at the financial year end. The Chief Executive confirmed that the Finance Seminar for Board members on 8<sup>th</sup> November 2006, would include a focus on decisions on cost minimisation at an executive level, as well as reporting further clarity on the position with regard to the sale of the former Law Hospital site, and the impact of Agenda for Change assimilation costs.

### **THE BOARD:**

1. Noted the actual revenue expenditure position of a £0.412m overspend as at 31<sup>st</sup> July 2006.
2. Noted that further cost saving measures would be required to achieve in-year financial balance.
3. Noted that an early assessment of the likely year-end forecast would be outlined at the September meeting of the NHS Board, with a robust mid-year review exercise completed for the Board Seminar in November.
4. Asked to receive a further report.

Director  
of Finance

86.

### **WAITING TIMES**

The Board considered a report on waiting times (circulated).

The Director, Acute Services, explained that there had been a decrease, during July, in the total number of inpatients and daycases waiting over 18 weeks, in addition to which, the number of orthopaedic patients waiting continued to fall in line with the trajectory. The majority of patients waiting over 18 weeks were day cases, with around 60% in cataracts and endoscopy. – there was work in progress as part of the cataract and diagnostic collaborative to redesign both services, with a view to establishing more appropriate patient pathways. In the interim, additional capacity had been commissioned through more effective use of existing resources and, as appropriate, internal waiting lists. The Director confirmed that there would be no patients waiting over 18 weeks in either service at 31<sup>st</sup> December 2006. He outlined the challenge which the system faced in relation to orthopaedics, and the range of actions being taken to address this issue, including continued reliance on internal waiting list initiatives and access to The Golden Jubilee National Hospital and continued use of the Independent Sector through a contractual agreement to the end of the calendar year 2006, thereby addressing the current shortfall in capacity. He stressed that the continued commitment was to deliver the 18 week guarantee for orthopaedics by 31<sup>st</sup> December 2006. Whilst the number of outpatients waiting over 18 weeks had increased, it remained in line with the trajectory. In addition, medical paediatrics was being managed within the waiting time guarantee.

The Director explained that there continued to be a month on month reduction in the number of patients with an Availability Status Code. He advised that a Project Board with responsibility for full implementation of New Ways Guidance would shortly be established to reflect the complexity associated with introduction of New Ways and delivery of the guarantee that there would be no patients with an ASC code by 31<sup>st</sup> December 2007.

The Director, Acute Services, outlined the initiatives in the area of Cancer, with particular regard to the actions being taken in relation to colorectal and lung cancers, with the aim of ensuring that, as a minimum, all patients would receive a diagnosis by the end of August, and would receive their first treatment in September. In addition, a new system of management had been introduced to more effectively manage GP urgent referrals for colorectal and lung cancers with effect from 3<sup>rd</sup> July 2006, and this would ensure that all referrals from that date would be managed within the 62 day guarantee. 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.

In the area of Diagnostics, the Director explained that an Action Plan to deliver the maximum wait of 9 weeks by 31<sup>st</sup> March 2007 had been produced – this included both

short-term initiatives to remove the patients currently waiting longer than 9 weeks, and permanent investment to increase capacity to enable the 9 week guarantee to be sustained. Also, progress on the radiology element of diagnostics was continuing, with a mapping event planned for late August to agree the optimal patient pathway for each modality. In the knowledge that a demand for examination already existed, particularly in CT & MRI scanning, internal and external initiatives were planned, to provide additional capacity between September and December – this would, in the first instance, equalise waiting times across Lanarkshire, with a move thereafter to further reduce the maximum wait. Proposals for permanent investment, as appropriate, would follow agreement on the optimal patient pathways.

The Director stressed that work continued through the Unscheduled Care Collaborative, to reduce waits in Accident and Emergency to less than 4 hours. This had seen an improvement in the performance of NHS Lanarkshire, from 87% to 90% compliance with the guarantee in July, achieved through adoption of additional measures, including the introduction of ‘See and Treat’, and the creation of discharge lounges.

The Director explained that the opportunity would be taken to further refine and improve the information made available to the NHS Board, to increase awareness of the waiting time position, and 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 of the North Community Health Partnership emphasised the extent of joint working on waiting times issues between the Acute Division and Primary Care. In this regard, the Chief Executive highlighted the need to improve the level of information routinely provided to general practitioners on waiting times, especially in relation to feedback on waiting times for cancer referrals. The Director, Acute Services, outlined the national element to redesigning unscheduled care, including the sharing of best practice, both nationally through the Unscheduled Care Team, led by the Chief Executive, and regionally. The role of the Change and Innovation Programme Board’s in this area was also noted.

The Chief Executive highlighted comparative Accident and Emergency activity between Lanarkshire, with approximately 15,000 attendances per month, and other broadly comparable NHS Board areas. Whilst the need to recognise comparatively poor health status in Lanarkshire was acknowledged, the higher levels of Accident and Emergency attendances, a number of which, demonstrably, were inappropriate, highlighted the need for the substantial development in developing primary care capacity and infrastructure set out within A Picture of Health.

The Director, Acute Services, acknowledged issues raised by the Chairman of the Area Medical Committee about waiting time in orthopaedics. He reported on the recruitment of a sixth Consultant Orthopaedic Surgeon, based at Hairmyres Hospital, and the consideration being given to recruiting a sixth Consultant Orthopaedic Surgeon, to be based at Wishaw General Hospital and at Monklands Hospital. In addition, he confirmed that detailed consideration was being given to capacity issues within orthopaedics. He also explained that there was a facility whereby patients waiting to be seen at hospital could consult their GP who, if they considered it appropriate, could have a dialogue with the Acute Division, to review the priority accorded to the patient’s case.

The Director of the North Community Health Partnership confirmed that the Ministerial target for Accident and Emergency waiting would apply also to community casualty units, where the structured triage arrangements in place should contribute, materially, to easing the pressures on Accident and Emergency and minor illness minor injury facilities within hospitals.

**THE BOARD:**

1. Noted the report on waiting times.
2. Asked to receive a further report.

Director  
Acute  
Services

87.

**DELAYED DISCHARGES**

The Director, Acute Services, reported that there were 35 delayed discharges (8 in short stay facilities and 27 waiting over 6 weeks), at the 15<sup>th</sup> August 2006 census date; however, he reminded members that the measurement of delayed discharges was now undertaken in compliance with the revised Scottish Executive Health Department guidance. System performance in compliance with the Guidance would be the subject of future reports to the NHS Board.

**THE BOARD:**

1. Noted the report on delayed discharges.
2. Asked to receive a further report.

Director  
Acute  
Services

88.

**PRIMARY CARE OUT OF HOURS SERVICES**

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

The Director of the North Community Health Partnership outlined the principal performance issues, in relation to: activity by NHS 24/Lanarkshire satellite; activity by dental nurses; activity by patient outcomes; and response times, which confirmed that for 99% of callers completion of care by Out of Hours Services was achieved within four hours of handover of care by NHS 24.

He also highlighted the principal issues in relation to: service delivery; training; and service development, as well as activity by outcome and location, comparing July 2006 with June 2006. He reported that Dr. Colin Barrett, Clinical Director of the Out of Hours Service, had moved on to continue his work in developing Out of Hours Services in England, with Dr. Liz Duncan joining NHS Lanarkshire as Clinical Director, whilst retaining a half time commitment as Deputy Medical Director within NHS 24. He paid tribute the contribution which Colin Barrett had made to the setting up and development of NHS Lanarkshire's Out of Hours Service, during his time as Clinical Director.

In discussion, the Director explained that the focus in relation to the Emergency Dental Service, over recent months, had been to establish the service and assess its capacity based on General Dental Practitioner commitment to the service. The Consultant in Dental Public Health explained that given the level of General Dental Practitioner support, further consideration could be given to publicising the Service, although since its introduction, access information had been added to all General Dental Practitioners' answering services.

**THE BOARD:**

1. Noted the report on Primary Care Out of Hours Services.
2. Asked to receive a further report.

Director,  
North  
CHP

89.

**CHILD PROTECTION**

The Director for Allied Health Professions, Nurses and Midwives and the Nurse Consultant for Child Protection, gave a detailed presentation, highlighting the background to the development of Child Protection arrangements, and the key roles for the National Health Service, working closely in partnership with the Local

## Authorities as the Lead Agencies for Child Protection.

Drawing on a recent national audit of Child Protection arrangements, they highlighted the principal implications for partnership agencies, in relation to: revising and cascading policies and procedures; clarifying roles and responsibilities; establishing clear communication structures; promoting inter-agency working and training; sharing best practice and improving intra and inter-agency information sharing. They also highlighted the principal issues for agencies arising from the well publicised cases of Caleb Ness and Victoria Climbié, and a particularly significant Lanarkshire case which had occurred in 2004. From these cases, four key themes emerged, viz: procedures; communication, both intra and interagency; practice issues, and management issues, including case supervision.

The Director and the Nurse Consultant highlighted the categories of abuse for registration on the Child Protection Registers, viz: physical neglect; physical injury; sexual abuse; emotional abuse, and non-organic failure to thrive. They outlined the organisation of Child Protection arrangements within Lanarkshire, within which the Board and North and South Lanarkshire Councils reported to a Chief Officer's Group, and where, within NHS Lanarkshire, there was a Child Protection Action Group, with input from a Hospital Child Protection Forum and a Child Protection Link Nurse Forum. The management arrangements also included: the Director for Allied Health Professions, Nurses and Midwives as the Executive Director with Lead Responsibilities; a General Manager responsible for operational delivery; a lead paediatrician responsible for medical services; the nurse consultant responsible for systems and processes, and operational managers for Health Visiting and Accident and Emergency, etc. There also was a specialist service structure, headed by a Lead Paediatrician and the Nurse Consultant, with: Associate Specialists and Staff Grade Community Paediatrician; Child Protection Facilitators; link nurses in each of the localities; in the Community Health Teams; and for the Acute Division.

The Director and the Nurse Consultant highlighted: referrals to Child Protection from health during 1<sup>st</sup> April 2005 to 31<sup>st</sup> March 2006; case conferences attended by health professionals for the same period; children on the Child Protection Register at 31<sup>st</sup> March 2005 for North Lanarkshire (90) and South Lanarkshire (115); and looked after children at 31<sup>st</sup> March 2005 for North Lanarkshire (700) and South Lanarkshire Council (476).

They outlined the role of social work, in: supporting families to maintain children within their own home and community, where appropriate; the duty to investigate; and if necessary, to provide appropriate care placements for children. The role of health professionals, included: assessing physical and psychological wellbeing of patients; observing, assessing, recording, referring and supporting; and specialist skills in relation to forensic examination of children, but not actually investigating allegations of child abuse. The importance of Action to Protect, was highlighted, with particular regard to: Child Protection Case Conferences; Registration on the Child Protection Register; the Child Protection Plan; the consideration of referrals to the Reporter; and the consideration of Child Protection Orders, Child Assessment Orders and Exclusion Orders.

The Director and the Nurse Consultant outlined improved systems and processes, including: the issuing of summary guidance for all staff; the social work referral system; the introduction of a risk assessment tool for Accident and Emergency; a 24 hour medical helpline; the existence of an assessment framework; the availability of an audit tool for child health records; the system to ensure clients would register with a GP had a named Health Visitor; and a tiered training programme. There also were: reporting mechanisms for child protection concerns; an information sharing policy; a policy for monitoring contact with children on the Child Protection Register; guidance on unseen children; and a policy for Disclosure Scotland and the Protection of Children (Scotland) Act 2003.

Work in progress, included: mandatory training for all staff; improved referral and monitoring systems; increased availability of advice and support systems; and case supervision for staff involved in complex cases. Key elements of inter-agency work, included implementation of 'Getting Our Priorities Right'; a pilot IT Project across North and South Lanarkshire, in relation to child protection alerts; the development and rationalisation of Child Protection Action Plans – where possible, across North and South Lanarkshire; the establishment of a West of Scotland Managed Clinical Network for Child Protection; the introduction of an interagency Significant Case Review Policy and Interagency Audit and Review of Child Protection Cases; preparation for multi-agency inspection; and the existence of a pan-Lanarkshire group, to consider a co-located Child Protection Strategic Unit.

The Director and the Nurse Consultant also highlighted some key current issues, in relation to HMI Inspection; boundary issues with Greater Glasgow and Clyde NHS Board; medical staff supply; integration of and with Local Authority Services; whether child abuse and neglect could be prevented; a standardised rate of abuse; and further audit.

In the course of discussion, the Nurse Consultant stressed the consideration being given to mandatory training and explained that during the last year, approximately 2,200 NHS staff had received child protection training, with all staff being given child protection guidance leaflets; however, there remained approximately 1000 staff who still required to undergo general child protection training. In recognition of the emergence and development of NHS 24, there was a policy in place with NHS 24, whereby relevant child protection information was routinely passed to the Lanarkshire Child Protection Team. The Director of the North Community Health Partnership explained that there were no legal restrictions in relation to the sharing of information on child protection issues.

The Director for Allied Health Professions, Nurses and Midwives, explained that there had been significant investment of resources in child protection in recent years, although there was not currently available comparative information with other NHS systems.

**THE BOARD:**

1. Noted the report on Child Protection.
2. Asked to receive a further report in the future.

Director for  
AHPs, Nurses  
and midwives

90.

**DENTAL ACTION PLAN**

The NHS Board considered a progress report on the Dental Action Plan (circulated).

The Consultant in Dental Public Health updated the Board on progress in the implementation, within Lanarkshire, of the Action Plan for Improving Oral Health and Modernising NHS Dental Services in Scotland.

She explained that the Action Plan addressed a number of issues in relation to: improving oral health; workforce development; and modernising dental services. She highlighted the key health improvement targets of 60% of five year olds with no obvious decay and 60% of 11 year olds with no obvious decay in their permanent teeth. Against this backdrop, she reported on the extent of extractions for children, including under general anaesthetic. She also highlighted the percentage of children with no obvious decay, comparing Lanarkshire with the all Scotland position.

She highlighted the principal elements of the Core Programme, in relation to all

nursery schools being on the nursery toothbrushing programme; daily toothbrushing in the most needy 20% of targetted primary schools; the national Dental Inspection Programme to be fully implemented in all schools; all general health promotion programmes to have appropriate dental input; and the distribution of preventive packs to every child under one year, every child at nursery, infants aged 1-3 in areas of deprivation, and all children starting school. She outlined the principal elements of the 'Childsmile' Project, involving Health Visitor assessment following birth, and the designation of babies as low risk or increased risk, with a referral path for those at increased risk, involving the identification of a Dental Health Support Worker who would link with the dental practice about arrangements for the child to attend, and who would arrange follow up in cases of failure to attend.

The Consultant in Dental Public Health outlined the area coverage of dental health support workers. She also outlined the current and target levels for child registrations for 0-2 years; 3-5 years; and 6-12 years; charting the trend from 1997-98 through to 2004-05, and the target through to 2007-08. She also outlined the trend in adult dental registrations for the period from 1998-2005 and the trends in registration in older people for the period from 2000 to 2005.

The Consultant in Dental Public Health outlined the actions being pursued to attract and retain dentists, including: the dental access initiative with 16 new surgeries and £800,000 of investment; vocational training, with practitioners being encouraged to participate and the initiative being on course for the West of Scotland targets: and successful capital bids of the order of £5m, for developments in Coatbridge, East Kilbride and Biggar. She highlighted the Coatbridge development, in particular, which would see an additional 19 surgeries, bringing together: ten dental students; four therapy students; two Community Dentists; the facility to increase dental nurse training, and an option for specialists/dentists with special interests. The initiatives to attract and retain dentists also included help to dentists to buy existing practices and the provision of facilities in new developments in Airdrie, Hamilton and Kilsyth. The Consultant in Dental Public Health also outlined the upward trend in the number of General Dental Practitioners in Lanarkshire since 2001, and although this had plateaued at 2004/2005, the initiatives to attract and retain dentists should contribute materially to increasing the upward trend in future years. 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 take Lanarkshire to that level.

In discussion, the Consultant in Dental Public Health explained that whilst there was not a direct correlation between poor dental health and oral cancer rates, there was an association through common risk factors – oral cancer rates within Lanarkshire were high, and this was related directly to smoking and excess alcohol consumption, as the principal risk factors.

#### **THE BOARD:**

1. Noted the report on progress in the implementation in Lanarkshire of a National Dental Action Plan.
2. Asked to receive a further report in the future.

Consultant  
in Dental  
Public Health

91.

#### **DELIVERING FOR HEALTH**

The NHS Board considered a quarterly report on 'Delivering for Health' (circulated).

The Modernisation Director explained that the quarterly report to July 2006 set out the NHS Lanarkshire position in relation to progress against the principal actions in *Delivering for Health*, in the areas of: long term conditions; shifting the balance of care; diagnostics; e-health; unscheduled care; planned care; mental health services; child and maternal health; neuroscience; and other issues, including contributing to

Regional Workforce Plans and producing Board Workforce Plans. He outlined the status assessment for each of the actions which, for the majority, were 'green – objective on track to complete by agreed date'. For the small number of objectives where the status assessment was 'amber – objectives still likely to be achieved. But likely to be delayed', he explained the principal issues which bore on this assessment.

The Modernisation Director reminded members that it was the intention to consider in detail the issue of corporate performance management and the governance of the associated arrangements, including how these might be strengthened, at the Seminar for Board members scheduled for 21<sup>st</sup> September 2006. The Chief Executive highlighted the distinction between the Board's responsibility in relation to performance reporting, and the role of the Corporate Management Team, with input from the Operating Management Committee Chairs and the Board Chairman, for performance management.

**THE BOARD:**

1. Noted the Delivering for Health Quarterly Report to July 2006.
2. Asked to receive a further report.

Modernisation  
Director

92. **MINUTES FOR INFORMATION**

The NHS Board received and noted minutes, as follows:

- a) Equality, Diversity and Spirituality Committee – 28<sup>th</sup> March 2006
- b) Equality, Diversity and Spirituality Committee – 23<sup>rd</sup> May 2006
- c) West of Scotland Regional Planning Group – 2<sup>nd</sup> June 2006

93. **DATE OF NEXT MEETING**

Wednesday 27<sup>th</sup> September 2006 at 10.00am.

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