

Lanarkshire NHS Board

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Meeting of Lanarkshire NHS Board, Wednesday  
28<sup>th</sup> November 2007, at 9.30 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  
Mr D Clark, Non Executive Director  
Mr T Currie, Non Executive Director  
Mr T Davison, Chief Executive  
Mrs S Goldsmith, Director of Finance  
Dr A Graham, Medical Director  
Mr A Lawrie, Director, South Lanarkshire Community Health Partnership  
Mrs R Lyness, Director, Acute Services  
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 for Strategic Implementation, Planning and Performance  
Mr C Sloey, Director, North Lanarkshire Community Health Partnership  
Mrs S Smith, Non Executive Director  
Mr W Sutherland, Non Executive Director  
Mr H Sweeney, Employee Director  
Mr G Walker, Director of Human Resources  
Mr P Wilson, OBE, Director for Allied Health Professions, Nursing and Midwifery

**IN ATTENDANCE** Mr N J Agnew, Corporate Affairs Manager/ Board Secretary  
Mrs K Hamilton, Head of Communications  
Mr P McCrossan, Chairman, Area Allied Health Professions Advisory Committee  
Dr V J Sonthalia, Chairman, Area Medical Advisory Committee  
Dr C Clark, Consultant in Public Health Medicine (For item 152)  
Mrs R Campbell, Public Health Nutritionist (For item 152)  
Mrs M Lees, Professional Head, Dietetics (For item 152 )  
Mrs A M Lee, Breastfeeding Co-ordinator (For item 152)  
Mr K A Small, Director of Organisational Development

**APOLOGIES:** Mr K A Small, Director of Organisational Development

144. **CHAIRMAN'S REPORT**

The Chairman reported to members on the conduct of the Annual Review, held on 19<sup>th</sup> November 2007, which had included: meetings between the Cabinet Secretary with the Area Clinical Forum and with the Area Partnership Forum; a visit to facilities within the Coatbridge Locality; and the Annual Review, proper, which had involved discussion of the Board's performance in the delivery of a range of key targets, and had concluded with responses to questions raised by the public. The Chairman advised that the Annual Review outcome, including any actions for the Board to take, would issue in the form of a letter from the Scottish Government Health Department, and would be included, in full, within the Board's Annual Report 2006/07.

The Chairman also reported on the principal issues considered at the recent meeting of NHS Chairs with the Cabinet Secretary for Health and Wellbeing on 26<sup>th</sup> November 2007, as follows:

- Responses to Consultation on Better Health, Better Care, and the publication of a three year Action Plan on 12<sup>th</sup> December 2007.
- Waiting Times Targets, where system performance on delivery was complimented by the Cabinet Secretary.
- The launch of a Local Healthcare Bill, in June 2008 following consultation commencing in December 2007. This would strengthen local representation on Health Boards, including through the prospect of directly elected members.
- Arrangements for Scottish involvement in UK legislation on the Regulation of Healthcare professions.
- Launch of the Healthcare Associated Infection Screening Programme
- Launch of the Strategy for Healthcare Sciences
- Priority treatment for war veterans, where their condition had been caused by action in service.
- Promoting additional flexibility in access to primary care healthcare facilities and services, and the phasing out of prescription charges.
- A presentation by Audit Scotland on reports issued to date and actions, and a preview of eleven Audit Scotland reports to be published in 2008.
- A presentation on the Strategic Spending Review and the National Resource Allocation Committee (NRAC) Review.
- A concordat between Central Government and Local Authorities, with opportunities to strengthen joint working between Health and Local Authorities.
- The development of a new Performance Management Framework, which would have five objectives, fifteen outcomes and forty five indicators.

145. **MINUTES**

The NHS Board received, for approval and signature, the minute of the meeting held on 31<sup>st</sup> October 2007.

**THE BOARD**

1. Approved the minute for signature.

146. **REVIEW OF ACCIDENT AND EMERGENCY SERVICES**

The NHS Board considered a progress report on the Review of Accident and Emergency Services.

The Director for Strategic Implementation Planning and Performance highlighted the principal elements of the report, in relation to the identification of opportunity costs and their submission to the Independent Scrutiny Panel; Weighting and Scoring of Options; the launch of the Interim Report of the Independent Scrutiny Panel; Public Engagement by the Independent Scrutiny Panel; and other issues, including engagement events with staff to provide an update on the Review of Accident and Emergency Services, and to hear their views and proposals about future potential

arrangements. He reminded members that a joint Seminar with the Area Clinical Forum and Area Partnership Forum was scheduled for 17<sup>th</sup> December 2007, at which the risks associated with each scenario would be identified and assessed, with the outcome of that process helping to inform the Board in its deliberations to decide the configuration of Accident and Emergency Services. He advised, also, that Board Officers had met recently with constituency MSPs on 26<sup>th</sup> November 2007, and would meet with list MSPs on 10<sup>th</sup> December 2007, to update them on the progress of the review.

The Chairman reported that a meeting was being sought with the Independent Scrutiny Panel, with the aim of having a meaningful discussion with Panel Members about some of the more complex issues, particularly around Workforce and Cost. He advised that the Director of Finance had recently had a helpful meeting with the Finance member of the Independent Scrutiny Panel, around cost, and that the Medical Director was seeking a meeting with the Clinical Member of the Panel to have a similar discussion around Workforce. The Director of Finance briefed members on the key issues raised during her meeting with the finance member of the ISP.

In response to discussion about the Independent Scrutiny Panel Interim Report, published on 12<sup>th</sup> November 2007, the Chief Executive highlighted the need to provide additional clarity about the principal drivers for change, and the risks associated with the scenarios, to provide a context for the Board's submission. He highlighted some of the financial considerations in relation to the scenarios, at polar ends of the spectrum, including in relation to the use of public funding.

There was recognition that several factors had changed since the original A Picture of Health consultation, and these, also, would require to be highlighted in contextualising the Board's submission. Whilst further work remained to be undertaken, to help inform the Board's decision in January 2008, it was felt that the preferred scenario should be one which had a level of inbuilt flexibility to enable the Service to respond to change in the future, including the aspirations of Consultant staff to sub-specialise.

#### **THE BOARD:**

1. Noted the progress report on the Review of Accident and Emergency Services.
2. Asked to receive a further report.

Director for  
Strategic  
Implementation  
&  
Performance

147.

#### **COMPLAINTS**

The NHS Board considered Complaints Annual Reports for 2006/07 for the Acute Division and for the North and South Lanarkshire Community Health Partnerships.

The Director of the North Lanarkshire Community Health Partnership explained that the Complaints Reports set out in detail the Board's performance in the management of formal and informal complaints, and were not merely a record of those complaints received, but provided clear information on the lessons learned and the actions taken to improve the quality of services. He advised that the reports provided data in response to the key issues identified in extant national guidance on the management of complaints. He highlighted the fact that the number of formal complaints received was a small proportion of the number of patient episodes (1:12 in the Acute Services Division). He highlighted the principal issues in complaints viz: clinical treatment; staff attitude; behaviour or communication; and waiting times, and advised that these issues had been consistent over the years. He reported that in response to the recent Scottish Consumer Council Report on the experience of members of the public in contacting their NHS Board, the Head of Patient Affairs, in conjunction with the Deputy Director of Organisational Development, was leading the development of 'customer care standards', which would inform the content of 2008/09 induction and,

'customer care' training programmes in order to support staff to deliver high quality, 'customer-focussed' services.

The Director stressed that the Board had an excellent record against the target of responding to formal complaints within twenty working days, and advised that in 2006/07 the Acute Services Division met the target in 99% of cases, with Community Health Partnerships, due to frequently longer lines of communication, meeting in the target in 83% of cases, compared with the national average of 59%. It was noteworthy that NHS Lanarkshire was the best performing Board in this regard in Scotland. It was notable, also, that NHS Lanarkshire was the first Board in Scotland to establish an independent Information and Advisory Service for members of the public through a consortium of Citizens Advice Bureaux.

Arising from discussion, the Director of the North Lanarkshire CHP undertook to pursue the availability of any relevant benchmarking information in relation to other NHS Board areas, particularly with regard to the ratio of complaints to patient episodes. Director NLCHP

### **THE BOARD:**

1. Noted the Complaints Annual Reports 2006/07 for the Acute Division and the Community Health Partnerships.
2. Noted the NHS Lanarkshire performance in the efficient and effective management of complaints in 2006/07.
3. Noted the actions taken to improve staff performance in the management of complaints resolution.
4. Noted the Service Improvements that resulted from the Review of Complaints.
5. Noted that the Board's Annual Report would include a section on complaints handling.
6. Noted that the Operating Management Committees received Complaints Reports on a quarterly basis.

148.

### **PHARMACEUTICAL CARE SERVICES PLAN**

The NHS Board considered a draft Pharmaceutical Care Services Plan.

The Director of the South Lanarkshire Community Health Partnership explained the background to a requirement for NHS Boards to produce a draft Pharmaceutical Care Services Plan, to be submitted to the Scottish Government Health Department by 30<sup>th</sup> November 2007, with Board approval. He advised that the responsibility for producing the Plan was given to the Chief Pharmacist, and that a small team of pharmacy professionals had worked over the past 10 weeks to pull the Plan together. The Group had met with Bill Sutherland, as the nominated Non-Executive Director of the Board, and also a representative from the Local Community Pharmacy Contractors.

The Director explained that the Plan outlined the epidemiology of Lanarkshire, set out both existing service standards and those to which the Board would aspire, and included a Locality by Locality comparison with current provision. He advised that this analysis allowed conclusions to be reached on what 'gaps' existed between current service and that desired, with these gaps, in the main, relating to supervised consumption services, needle exchange schemes, and private consultation areas and, to some degree, later opening times. He explained that it had been assessed that a number of these issues could be addressed without financial risk in each of the localities, and where this could not be achieved in a resource neutral manner, a new service would be required. Such new services were currently deemed to be at a cost of less than £350,000 over a period of years, and would be contained within resources already available to Primary Care.

The Director explained that the draft of the Pharmaceutical Care Services Plan before the Board had been produced in line with the extant National Guidance, and reflected

general views from the Community Pharmacy Contractors. It had also been matched against the draft Primary Care Modernisation Plan, which was due to come to the Board by the end of the Financial Year. He explained that the next iteration of the Plan would be required early in the New Year, once the Scottish Government Health Department had had an opportunity to review all Plans across Scotland. He confirmed that comments from the Scottish Government Health Department, and any further advice provided, would be taken on Board at that time. The next iteration of the Plan would require to take account of travel time standards as they affected rural communities, and the impact of the implementation of the Chronic Medication Service under the new Pharmacy Contract. In addition, the Plan would need to be clearer about the links between the epidemiology and the implementation of the Plan. The further work required, would include consideration of the way in which the Plan would interface with the work of the Pharmacy Practices Committee.

Mr. Sutherland endorsed the comments from the Director of the South Lanarkshire Community Health Partnership. He stressed that the draft Plan had been developed through a pragmatic approach, having regard to the extant National Guidance that was available.

#### **THE BOARD:**

1. Approved the first draft of the Pharmaceutical Care Services Plan for submission to the Scottish Government Health Department.
2. Asked to receive a further iteration of the Plan in due course.

Director  
SLCHP

149.

#### **CHILD PROTECTION**

The NHS Board considered an update report on preparations for the inspection of Child Protection Services by Her Majesty's Inspectorate of Education (HMIe), in February and March 2008.

The Director for Allied Health Professions, Nursing and Midwifery reminded members of the background to the upcoming inspection of Child Protection Services, which would be set against the national set of quality indicators, details of which had previously been presented to the Board and were re-submitted, for information. He explained that preparation for the inspection was focussed on improving the current service, as measured by the National Quality Indicators, and confirmed that all responsible agencies were working co-operatively in this endeavour through the Child Protection Committees of North and South Lanarkshire Council. He advised that assessment was key to identifying the areas that needed strengthening. He referred members to the summary of the Local Authority inspection outcomes, which identified: the external assessments undertaken by HMIe of other Local Authorities and which were in the public domain; the multi-agency, self-assessment for both North and South Lanarkshire Councils; and the NHS Lanarkshire Self Assessment. He reported a reasonable belief that child protection in Lanarkshire would withstand comparison with any service elsewhere in Scotland, but assured the Board that there was absolutely no complacency in this regard, with action plans being reviewed regularly. He advised that action planning would be strengthened by: the return of Anne Armstrong to the senior professional leadership position; the commencement of a new Nurse Consultant in Child Protection; and further appointments in Child Protection Facilitators staff, and secretarial support. These arrangements would be further strengthened by the co-location of the Specialist Child Protection Committees' development staff of both Councils and NHS Lanarkshire, which had been in place for several months. He outlined, for members, the significant issues that had arisen since the previous report to the Board, in relation to: specialist medical staff rosters; case supervision; and case records, and confirmed the actions being taken forward in these areas.

The Director outlined the next steps in the preparations for the Inspection. This included the continuation of the self-assessment and improvement process, up to and beyond the inspection, both unilaterally within NHS Lanarkshire, and on a multi-agency basis, under the aegis of the North and South Lanarkshire Child Protection Committees. He advised that the formal notification of the Inspection had now been received, and outlined the principal stages in the inspection process. He confirmed that an Interim Report on the progress of the inspection would be brought to the Board in February 2008, with the final inspection report being brought to the Board in May 2008.

The Chairman of the Area Medical Advisory Committee commented on elements of the Primary Care contribution to Child Protection, and stressed the importance to the process of ready access to complete patient records.

#### **THE BOARD:**

1. Noted the update report on preparations for the inspection of Child Protection Services by Her Majesty's Inspectorate of Education.
2. Agreed that Child Protection Services and progress in the arrangements for the HMIe Inspection would be the subject of a Board Seminar to be held on the morning of Friday 8<sup>th</sup> February 2008.
3. Asked to receive an Interim Report on the inspection in February 2008, and the final inspection report in May 2008.

Board  
Secretary

Director  
AHPs  
Nursing &  
Midwifery

150.

#### **LONG TERM CONDITIONS**

The NHS Board considered a progress report on Long Term Conditions Action Team objectives 2007/2008 and implementation of the Long Term Conditions Strategy.

The Director of the South Lanarkshire Community Health Partnership explained that the report provided the Board with an update on the progress achieved to date in establishing the Long Term Conditions Action Team objectives 2007/2008 and implementing the Long Term Conditions Strategy. He outlined for members the key issues in this regard. This included: Interim Evaluation of the Integrated Care Management Pilots preliminary data, which showed that compared with baseline information hospital admissions of those included in integrated care management had dropped slightly although this was not statistically significant. However, anecdotal reports from patients, their families and professionals involved, suggested that the quality of care had improved. Since its launch in October 2006, targeted at all patients between the ages of 45-64 registered with a GP in the pilot sites, 18,781 invitations had been issued and 7,235 patients had attended the Keep Well Initiative, for screening, with a variety of referrals being made to both statutory and voluntary services. The award of £200,000 to NHS Lanarkshire to take forward Telehealth/Telecare with the caveat that the development linked with the Local Authorities and was subject to robust evaluation. The project would require further investment from NHS Lanarkshire, estimated at £350,000, and this was currently being worked through in detail, in anticipation of the project formally commencing early in 2008. In the area of self-management, the Diabetes and Respiratory Managed Clinical Networks self-assessment proposals had been agreed and signed off by the Long Term Conditions Action Team, and funding had been issued to take forward the proposed self-management programmes. The Long Term Conditions Self Assessment Toolkit, which was a working document subject to version control, would be updated and reissued quarterly to those identified as having specific responsibility in this area, allowing progress to be identified and the outcome score recalculated. To date, good progress had been made towards compliance, and this would be verified by ongoing assessment.

The Director also highlighted some specific actions for the Service. The Long Term Conditions Action Team would continue to update the Self Assessment Toolkit on a quarterly basis, and provide updates as requested to the Scottish Government. The Diabetes and Respiratory Managed Clinical Networks would take forward the implementation of the Diabetes and Chronic Obstructive Pulmonary Disease self-management programmes. The tele-health/tele-care Project Board would produce a Project Initiation Document and take forward the project in the New Year.

The Director of the North Lanarkshire Community Health Partnership endorsed the explanation about the progress of the Keep Well Project. He highlighted, in particular, the extent to which the initiative had led to the identification of significant numbers of individuals with previously undiagnosed conditions, and significant numbers of individuals with previously diagnosed conditions, which were not treated to standard. He explained that service responses had included the prescribing of statins and ACE inhibitors and referrals to Smoking Cessation Services. He advised that the focus of activity during the second year of the initiative would be directed to improving the level of 'Did Not Attend' and improving the level of uptake amongst Category 1 and 2 deprivation indices. He confirmed that an evaluation of the initiative would be considered by the Corporate Management Team, and thereafter by the NHS Board.

The Director of the South Lanarkshire Community Health Partnership acknowledged the linkages with the Audit Scotland Report on Long Term Conditions, and confirmed that a report on NHS Lanarkshire responses to the actions within the Report would shortly be considered by the Audit Committee and by the Health and Clinical Governance Committee.

**THE BOARD:**

1. Noted the report outlining progress to date on achieving the Long Term Conditions Action Team objectives and implementing the Long Term Conditions Strategy.
2. Asked to receive a copy of the Self-Assessment Toolkit Evaluation Summary.

Director  
SLCHP

151.

**CO-ORDINATED, INTEGRATED AND FIT FOR PURPOSE: A DELIVERY FRAMEWORK FOR ADULT REHABILITATION SCOTLAND**

The NHS Board considered a Progress Report on the Delivery of the Action Plan for Implementation of Co-ordinated, Integrated and Fit for Purpose: A Delivery Framework for Adult Rehabilitation in Scotland.

The Director for Allied Health Professions, Nursing and Midwifery and the Associate Director for Allied Health Professions outlined, for members, the progress in the implementation of the actions. They reminded members that the agreed approach to implementation was through the establishment of a Steering Group, comprising key representatives from Primary and Secondary Care, SALUS the Lanarkshire Occupational Health and Safety Service, Social Work, Housing and the Voluntary Sector. Dr. Sarah Mitchell, National Project Lead for the Rehabilitation Framework, was a standing member of the Steering Group, and was keen to use NHS Lanarkshire in the evaluation process for the framework. It was the intention to have a Local Rehabilitation Co-ordinator post established in each Board area, funded through the Scottish Government, and working across both health and social care. It was expected that the funding for this post would be released before the end of 2007. Thus far, the Steering Group had decided that there was merit in dovetailing the actions contained in the Delivery Framework with the work of existing A Picture of Health Programme Boards, since many of the actions contained within the Framework were already under consideration by the Programme Boards. The Steering Group also was in the process of developing a communications map, to ensure proper communications channels were established with each of the Picture of Health Programme Boards. The Steering

Group intended to carry out a benchmarking exercise, to accurately identify current Services within North and South Lanarkshire Councils, North and South Lanarkshire Community Health Partnerships and the Acute Division, based on a template to capture the relevant data, which would allow a mapping of current service provision to be compiled.

In addition, to these actions, a Falls Group, under the Chairmanship of the Coatbridge Locality General Manager and the Interim Professional Lead for Physiotherapy, had been set up, to review the current Falls Prevention and Bone Health Services, and bring forward any requirements necessary to ensure that NHS Lanarkshire would meet the recommendations from the Health Department by March 2008. Further direction around the requirement for Community Health Partnerships to appoint a Falls Lead or Co-ordinator, with management responsibility, to liaise with relevant agencies within their geographical region, was awaited from the Scottish Government Health Department.

#### **THE BOARD:**

1. Noted the progress report on the delivery of actions to implement co-ordinated, integrated and fit for purpose: a Delivery Framework for adult rehabilitation in Scotland.
2. Noted the establishment of a Steering Group and a Falls Group to oversee the delivery of the actions.
3. Noted the intention to appoint a Local Rehabilitation Co-ordinator, subject to confirmation of funding from the Scottish Government Health Department.
4. Noted that further direction around the requirement to appoint a Falls Lead or Co-ordinator was awaited from the Scottish Government Health Department.
5. Asked to receive a report by March 2008 on the deliberations of the Falls Group, and a further progress report on the implementation of the Rehabilitation Framework in May 2008.

Director  
For AHPs,  
Nursing &  
Midwifery

152.

#### **NUTRITION AND HEALTH**

a) **Healthy Eating Policy**

The NHS Board considered a Healthy Eating Policy for staff and visitors 2007/2010.

Mrs. Campbell, Public Health Nutritionist, explained that the paper before the Board was intended to present the Healthy Eating Policy for staff and visitors and the associated Action Plan for approval. She gave a detailed presentation, highlighting the principal elements of the policy. She explained that eating a diet rich in fruit and vegetables, high in dietary fibre, and low in fats, sugar and salt, made a significant contribution to health and the prevention of disease. She stressed that the aim of the Healthy Eating Policy was to promote and improve the nutritional health of staff, visitors and outpatients, and it was essential that NHS Lanarkshire was an exemplar in the promotion of healthy eating and provision of food and drink choices. She advised that the Policy should be considered in conjunction with the Food, Fluid and Nutritional Care of Patients in Hospital: Policy and Strategic Plan, also before the Board today, which set out a detailed Action Plan for meeting the nutritional needs of patients in hospital. She explained that the Healthy Eating Policy provided a Framework for Action to raise the importance of healthy eating amongst staff and visitors, and outlined: the relationship to other existing policies and strategies; current dietary patterns; diet related ill health; targets for the provision and promotion of healthier food and drink choices in dining areas and vending machines; and groups that required special consideration.

She explained that the Healthy Eating Policy would be implemented across all NHS Lanarkshire premises; therefore, the Policy and issues relating to its implementation would become part of the regular, ongoing discussions with the Private Finance Initiative Consortia, and internally within Property and Support Services. It was

recognised that some sites had dining facilities provided by the WRVS, for example, which were open to the public, and these providers and other retail outlets operating on NHS Lanarkshire premises, would be encouraged to comply with the Healthy Eating Policy. She referred members to the Action Plan, which detailed the key areas for action, timescales, lead officers and cost implications.

In discussion, Mrs. Campbell acknowledged the importance of healthy eating in schools. She explained that the issue of Diet was included in the Joint Health Improvement Plans with the Local Authorities. This included a programme of work around 'Hungry for Success' and she confirmed that this work was embedded within educational establishments in both North and South Lanarkshire Council areas. She highlighted, also, the introduction in 2008 of the Nutrition in Schools Act, which would add additional emphasis to this endeavour, and outlined the work that had already started in nurseries.

Discussion also highlighted the important linkages between activity and diet. There was recognition, also, of the need to work with the operators of private sector outlets within NHS premises, towards achieving a step change in the produce available for sale. Members were, however, encouraged by the introduction and roll-out of the 'Roots and Fruits' Initiative within the entrances to the three acute hospitals.

#### **THE BOARD:**

1. Approved the Healthy Eating Policy for staff and visitors and the associated Action Plan.
2. Asked to receive an update on the progress of implementation in May 2008.

Director of  
Public Health

#### b) Food, Fluid and Nutritional Care in Hospitals, Policy and Strategic Plan

The NHS Board considered a Food, Fluid and Nutritional Care in Hospitals, Policy and Strategic Plan.

The Director for Allied Health Professions, Nursing and Midwifery explained that food, fluid and nutritional care in hospitals, had become a matter for concern throughout the UK. He stressed that it was both fundamental that people who were ill needed nutrition and fluid to get well, and complex, because of the difficulties that there may be in getting the right volume and type of nutrition and the right levels of hydration into the human body. He advised that concern had focussed, particularly, on patients who were deemed to be more at risk, viz: the elderly, those who had a disability and whose stay in hospital may be longer term; however, it had to be recognised that many patients in acute hospitals also had significant nutritional needs, and that the older person with an extended stay in an acute hospital was particularly vulnerable. He advised that NHS Quality Improvement Scotland had published a set of six standards in December 2003, and in August 2006, had assessed Boards against three of these standards, viz: policy and strategy; assessment, screening and care planning; and education and training for staff. He advised that each standard had four levels viz: development, implementation, monitoring and review of impact, with most Boards in Scotland being in a position similar to Lanarkshire, in that they were at the development and implementation stage.

The Director explained that the proposed Policy and Strategic Plan had been formulated by a multi-professional group, and addressed all six of the NHSQIS Standards and added to them, by incorporating: explicit clinical standards; key performance indicators; and linking objective setting and review with the Board's annual cycle. He advised that the resource consequences of improving food, fluid and nutritional care would become clearer as implementation, monitoring and review became well established, in addition to which, there would be new requirements which would have to be met, for example, the National Catering and Nutritional Specification which currently was the subject of consultation, and suggested greater access to

calorific intake than was currently the case in acute hospitals, where continental breakfast, a soup and sandwich lunch and cooked supper, without in-between meal snacks, was the norm.

The Director advised that, more immediately, the Corporate Management Team had considered the resources arising from the Strategy and had agreed: £65,000 per year for two years (non-recurring) for further audit, training and monitoring; £32,000 per year (recurring) for dietetic assistance to await the overall financial consideration for 2008/2009; £378,5000 (recurring) for specialist nutrition teams to be deferred, pending the availability of more compelling evidence of their effectiveness. He advised that the Board was asked to agree the Policy and Strategic Plan for the improvement of Food, Fluid and Nutritional Care for Patients in Hospital for the period 2007/2010, and note that, as with other policies, it would evolve, with further revisions being brought to the Board each year in April.

Mrs. Nelson, Chair of the Health and Clinical Governance Committee, welcomed the Policy and Strategic Plan which, she confirmed, would be considered by the Health and Clinical Governance Committee at its meeting on 17<sup>th</sup> December 2007.

The Director for Allied Health Professions, Nursing and Midwifery confirmed that the actions within the Action Plan for 2008 were ambitious, but that every effort would be made to achieve delivery. He also acknowledged communication with patients about the Policy and Strategic Plan as an important issue, and confirmed that this would be taken forward through the Head of Patient Affairs. He explained that the quality of meals provided in hospitals was actively monitored, but acknowledged the need to assess patient satisfaction, particularly around the extent to which this improved over time. He acknowledged the implications of the Policy and Strategic Plan for nursing staffs, but emphasised that their role was crucial to successful implementation, and that this would be pursued through the already established nursing staff groups in hospitals. In this regard, the Employee Director explained that the Policy and Strategic Plan was developed in partnership with the staff side.

The Professional Head for Dietetics confirmed that the Policy and Strategic Plan took full account of the extant Audit Scotland Report on Catering in Hospitals. She explained that somewhere of the order of 40% of patients admitted to hospital were malnourished (undernourished). She confirmed that analysis of the reasons for this alarming finding was underway. She explained that this was an issue particularly for multiple admissions, mainly involving older people. The approach to addressing this issue included nutritional screening for all patients on admission, and where they were considered to be at risk, a more detailed assessment of their nutritional requirements would be undertaken. There would be a requirement, also, to recognise the ongoing situation, through robust discharge and follow up arrangements.

The Chair of the Area Clinical Forum stressed that the nutritional care of patients whilst in hospital was fundamental to the ethos of care. Whilst acknowledging the difficulty in predicting the level of malnutrition in some areas, she stressed that Ward areas which routinely provided care for elderly patients should be organised accordingly to assess patients' nutritional status, their nutritional needs, and to respond accordingly during their stay in hospital. She advised that, currently, there were some good examples in the Community Hospitals of patient and family involvement in nutrition which, she suggested, would merit extension to the Acute Hospitals. Whilst supporting this view, the Director for Allied Health Professions, Nursing and Midwifery explained that the pace of activity on some acute wards was a determining factor in the extent to which full attention could be paid to nutritional standards.

#### **THE BOARD:**

1. Approved the Food, Fluid and Nutritional Care in Hospitals: Policy and Strategic Plan 2007/2010.
2. Noted that the Policy and Strategic Plan would evolve, and asked to receive

Director for  
AHPs,

further iterations in April each year.

c) Joint Breastfeeding Policy

The NHS Board considered a Joint Breastfeeding Policy.

Mrs. Lee, Breastfeeding Co-ordinator, explained that production of a Breastfeeding Policy was an essential requirement of the Unicef Baby Friendly Accreditation process that the Maternity Services and Localities were working towards. She advised that the policy before the Board was a key component of NHS Lanarkshire's Breastfeeding Strategy (2004), and would support implementation of the Infant Feeding Guidelines, launched in 2006. She stressed that the policy was produced by a multi-disciplinary group, and had been endorsed by the NHS Lanarkshire Breastfeeding Strategy Group. It had been appraised by UNICEF, and met all of their criteria; however, an Annual Review of the Policy would be required. She explained that the aim of the policy was to ensure that the health benefits of breastfeeding were considered with all women, so that they could make an informed decision about how they would feed their baby, to enable health staff to create an environment where more women chose to breastfeed their babies, and to encourage liaison between all health professionals to ensure seamless delivery of care. She advised that Invest to Save funding had been approved to support localities through the staged approach to UNICEF accreditation.

In discussion, Mrs. Lee explained that UNICEF compliance demonstrated the success of an approach based on education and training. She highlighted the need for substantial support for women and the development of staff skills. There was recognition that decisions about breastfeeding were significantly influenced by social class, and were linked with the Index of Multiple Deprivation.

The Chief Executive suggested that it would be appropriate to give consideration to pursuing a range of new, different and innovative approaches to increasing and maintaining the level of breastfeeding, given the Board's performance in this area. He suggested that initiatives might include the identification of a breastfeeding 'champion' on each shift.

Mrs. Lee acknowledged the merits of this approach. She highlighted pressure on the midwife team as an issue. She stressed the importance of the first 72 hours following birth, and confirmed that the Policy would focus on this period, providing concentrated midwife support for mothers at this time. She confirmed, also, that the suggestion of a breastfeeding champion would be pursued.

**THE BOARD:**

1. Approved the Joint Breastfeeding Policy.
2. Noted that the NHS Lanarkshire Breastfeeding Strategy would be revised over the next six months, and asked to see the revised Strategy, along with a progress report on the implementation of the Policy.

Director  
of Public  
Health

153.

**NATIONAL RESOURCE ALLOCATION COMMITTEE**

The NHS Board considered a paper on the National Resource Allocation Committee.

The Director of Finance explained that the Board had an opportunity to respond to the Scottish Government Health Department on the recommendations of the National Resource Allocation Committee (NRAC), before the Cabinet Secretary considered whether the recommendations of the Committee should be accepted and implemented. She advised that the report provided the Board with a summary of the NRAC Report against its stated aims, and identified the impact of these changes for NHS Lanarkshire. She outlined the background to the Review and the reasons for change, and highlighted the differences between the Arbuthnott Formula and the NRAC formula. She also explained the implications of the Review recommendations for NHS Lanarkshire

which, if implemented, would increase NHS Lanarkshire's share of the funds for the NHS in Scotland from 10.8% to 10/98%, an annual increase in its revenue allocation of circa. £20m.

The Chief Executive, whilst welcoming the NRAC Review recommendations, highlighted to members the requirement for the Board to continue to benefit from Arbuthnott movement, pending a Government decision on the review recommendations and clarification of the timescale for their implementation.

#### **THE BOARD:**

1. Supported the recommendations of the National Resource Allocation Committee.
2. Supported the requirement for the changes to the formula to be implemented in as short a timeframe as possible.
3. Agreed to request the Committee to take forward the testing of the formula for primary care services as rapidly as possible.
4. Agreed to ask the Committee to review alternative options for a needs adjustment for cancer and respiratory disease.

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#### **LOCAL DELIVERY PLAN**

a) Finance

The NHS Board considered a Finance Report for the month ended 31<sup>st</sup> October 2007.

The Director of Finance explained that the financial position to 31<sup>st</sup> October 2007 showed an underspend of £7.305m. She advised that the Local Delivery Plan included both the planned in-year position of £3.971m and the carry forward from 2006/2007 of £7.961m, bringing the original forecast per the LDP to £11.932m. She advised also that the outcome of the mid-year review exercise had confirmed that the potential surplus would be in the range of £11.5m to £19.5m. She reported, also, that Capital Expenditure of £2.871m had been incurred to date, against the updated plan of £22.647m for the year.

The Director of Finance reminded members that, as advised in October, agreement was required that appropriate management action be taken to minimise the likely year end underspend and to seek, as far as possible, to contain the surplus within the forecast set out in the LDP, with agreement, in particular, required to further progress proposals to reinvest underspends up to £9m in premises and infrastructure, especially in primary care.

The Director of Finance also confirmed that modelling of the Financial Plan was underway, recognising the significant reduction in the level of income which the Board would receive, as a consequence of the Spending Review settlement. She advised that the outcome of this exercise would be considered by the Corporate Management Team prior to being brought to the NHS Board for consideration. She acknowledged the challenge in delivering a significant level of investment during the remainder of the financial year, but confirmed a confidence that this could be managed.

The Chief Executive explained that whilst a proportion of the envisaged expenditure would be Capital, the majority, involving investment in Health Centres, Clinics and owned wards, was non-value added and, therefore, was revenue in nature.

The Chairman of the Area Medical Advisory Committee welcomed the proposed investment in premises and infrastructure, particularly in Primary Care.

The Chair of the Area Clinical Forum highlighted the issue of vacancy management, and the potential implications for recruitment, especially where there were particular staffing pressures.

The Director of the North Lanarkshire Community Health Partnership explained that, in certain specialist areas, there was a dearth nationally of nursing workforce supply with the requisite qualifications, which impacted on the system's ability to recruit to teams. He highlighted the issue of Redesign in mental health, and explained, in detail, both efficiencies and material developments, including the recruitment of 36 of 55 additional posts. He outlined developments in relation to Child and Adolescent Mental Health Services Teams, Community Adult Services Teams, Elderly Teams and Psychiatric Assessment Teams. He also emphasised the requirement for the Board to invest, in order to address issues raised by the Mental Welfare Commission in relation to the intensive Psychiatric Care Units. He also reported on work with North and South Lanarkshire Councils, towards identifying the key areas in which to invest around rebalancing care, and confirmed the intention that this work would be concluded by March 2008.

The Director of Finance acknowledged concerns expressed about the continuing low level of capital expenditure. She re-stated the explanation previously given to the Board, viz: that she was in dialogue with the Scottish Government Health Department about the preservation of unspent Capital, and confirmed that she was giving further, active consideration to the capital spend position.

#### **THE BOARD:**

1. Noted the actual revenue underspend of £7.305m as at 31<sup>st</sup> October 2007.
2. Noted that the range for the forecast year end surplus was between £11.5m and £19.5m, as identified per the mid-year review.
3. Noted the forecast capital underspend of £15.240m for the year.
4. Approved proposals to invest up to £9m of revenue funding and premises, minor works and non-medical equipment, and that these would be further progressed by the Corporate Management Team and the Capital Investment Group, for future reporting back to the Board.
5. Asked to receive a further report.

Director  
of  
Finance

#### b) Waiting Times

The NHS Board considered a report on Waiting Times Performance.

The Director of Acute Services explained that the paper was intended to inform the NHS Board of the performance at 30<sup>th</sup> October 2007 for waiting times, compared to the planned trajectory identified in the Local Delivery Plan. It provided an overview of targets to be sustained or delivered by 31<sup>st</sup> December 2007, and detailed progress against each target, with an indication of action taken and/or planned to address slippage. She advised that the attachment to the paper provided a rating against each target in respect of progress, with green representing on target, amber representing off target but will recover to meet the target, and red representing that the target would not be met within the timescale. She stressed that, at present, ratings extended over green and amber only. She advised that there continued to be a pressure on two targets, namely the 18-week outpatient and cancer targets. Whilst both had represented pressures for a number of months, there was evidence that these pressures were lessening as planned activities took effect. For cancer, she explained that the unvalidated up-to-date performance was 100%, whilst the validated data for the last quarter was 85%, representing demonstrable progress over recent months. She assured the Board that action plans were in place to deliver each guarantee by 31<sup>st</sup> December 2007, and confirmed that the revised plans for outpatients and cancer were progressing in line with the revised trajectories. She reported, also, that there was work in progress to further improve performance in inpatients, daycases and outpatients, beyond December 2007, with an internal target of no patient waiting over 16 weeks by 31<sup>st</sup>

March 2008.

The Director highlighted performance on delayed discharge, against the national targets for April 2008. This showed a small reduction in the number of patients waiting over 6 weeks, although the number remained high and represented a considerable pressure on hospital beds. She stressed that work was progressing with both North and South Lanarkshire Councils, to ensure a more flexible approach and new ways of working. She reported a particular pressure that was emerging in relation to those patients in the under 65 age group, and explained that this was a growing problem and related in part to patients with chronic alcohol problems.

**THE BOARD:**

1. Noted the report on Waiting Times Performance.
2. Asked to receive a further report.

Director  
Acute  
Services

c) **Primary Care Out of Hours Services**

The NHS Board considered a report on Primary Care Out of Hours Services.

The Director of the South Lanarkshire Community Health Partnership explained that activity levels had reduced from the previous month's high, which was higher than normal due to a winter vomiting virus. The overall Home Visiting Performance had improved, and was continuing to be monitored weekly by the Out of Hours Service Management, with all efforts being directed towards meeting standards. The total number of calls being triaged within the local centre remained high; however, the percentage of calls relating to patients from NHS Lanarkshire had dropped a further two points to 23%. Ongoing dialogue was underway with NHS 24, along with an audit by staff in the local centre, for the purpose of understanding the root cause of this issue.

The Director explained that the Service was continuing to work towards achieving attainment of Level 4 of the NHS QIS Out of Hours Standards for Out of Hours Services. He stressed that this was an important strand of work, to provide assurance to the Board on the quality and safety of the Service being provided. He advised that learning from the initial pilot exercise within Wishaw General Accident and Emergency Department had been incorporated into a modified protocol which was now being tested prior to being rolled out across all three acute sites. This included weekly monitoring of the numbers and clinical appropriateness of referrals from Accident and Emergency to the Service. The Director stressed that winter planning was the major focus for the Service at present, with recruitment and associated activities on schedule, and discussion underway on the potential role and function of the Out of Hours Service as an Emergency Response Centre. He advised that the Quality Standards Group had agreed an educational programme for Out of Hours staff, covering Child Protection, which would be delivered in November. The Group had also met with the Depute Procurator Fiscal to agree guidelines for the role of Out of Hours Staff and Police Surgeons when verifying and certifying death; this would also be discussed with staff at the November educational meeting.

The Chief Executive advised members that the national launch of preparations for winter would take place on 30<sup>th</sup> November 2007.

**THE BOARD:**

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

Director  
SLCHP

The NHS Board received and noted Governance Minutes as follows:

- a) Acute Operating Management Committee – 25<sup>th</sup> October 2007
- b) CHP South Operating Management Committee – 12<sup>th</sup> November 2007
- c) Health and Clinical Governance Committee – 22<sup>nd</sup> October 2007

156. **ANY OTHER COMPETENT BUSINESS**

- i) **Annual Report 2006/07**

The NHS Board received, for consideration, a draft of the Annual Report and Accounts 2006/07. The Head of Communications advised that the Annual Report would be finalised on receipt of the Annual Review letter, and published at the earliest opportunity thereafter. She invited members to submit any comments on the draft Annual Report and Accounts to her as soon as possible.

**THE BOARD:**

- 1. Noted the Annual Report and Accounts 2006/2007.
- 2. Remitted to the Head of Communications the responsibility for finalising and publishing the Annual Report and Accounts, taking account of comments received from members and the inclusion of the Annual Review letter. Head of Communications

157. **DATE OF NEXT MEETING**

Wednesday 19<sup>th</sup> December 2007.

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