

**MINUTE OF THE SECOND MEETING OF THE PERFORMANCE MANAGEMENT GROUP HELD ON THURSDAY 25 JANUARY 2007 AT 9.00AM IN THE BOARD ROOM, NHS BOARD OFFICES, BECKFORD STREET, HAMILTON.**

<b>PRESENT:</b>	Mr M Hill	Modernisation Director (Chair)
	Mr J Anning	Chair, North Lanarkshire CHP
	Mr P K Corsar	Chair, NHS Board
	Mr T Currie	Chair, Acute Division
	Mrs S Goldsmith	Director of Finance
	Mr A Lawrie	Director, South Lanarkshire CHP
	Mrs D McCormick	Chair, Area Clinical Forum
	Mr I Ross	Director, Acute Division
	Mr C Sloey	Director, North Lanarkshire CHP
	Mr G Walker	Director of Human Resources
<b>IN ATTENDANCE:</b>	Mrs N Reid	Head of Performance Management
<b>APOLOGIES:</b>	Mr N Agnew	Corporate Affairs Manager/Board Secretary
	Mr T Davison	Chief Executive
	Mrs N Mahal	Chair, South Lanarkshire CHP
	Dr D C Moir	Director of Public Health
	Mr K Small	Director of Organisational Development
	Mr H Sweeney	Employee Director
	Mr P Wilson	Director for Allied Health Professionals, Nurses and Midwives

**1 MINUTE OF MEETING HELD ON NOVEMBER 2 2006**

Approved as a correct record of proceedings.

**2 MATTERS ARISING**

**2.1 Citistat Early Adopter Bid**

The contents of the Scottish Executive's response letter were noted. Lanarkshire would be in the next round, and awaited further contact from SEHD.

**Action : Modernisation Director**

**2.2 Summary Report to Board on 22 November 2006**

It was agreed that the Summary Report had been useful both in format and content.

There was discussion on the need to avoid duplication of reports going both to Board and to this Group. It was agreed that Finance and Waiting Times, due to their on-going significance, should continue to go to both. Delayed Discharges and the Out of Hours Services Report should come to this Group only. The latter would be a main report quarterly, with brief monthly updates in-between.

**Action: Modernisation Director; Acute Director; South CHP Director; Finance Director**

**2.3 Programme of Reports for 2007**

The update was noted, subject to certain dates requiring further update in light of more recent agreement on schedules of Board meetings.

### **3 MID YEAR MEETING WITH SEHD**

The Modernisation Director and Finance Director gave verbal reports on the content of this meeting, which had taken place on 20 November 2006. The key areas that had been covered were:

- o Broader understanding of Picture of Health business cases;
- o Waiting times, noting Lanarkshire's good progress;
- o Additional funding allocated by SEHD for cardiac services nationally, and agreed splits at regional level;
- o Action being taken in relation to Outpatient waits and ASCs.

The Modernisation Director advised that a follow-up letter had been received, and that a copy would be circulated to this Group.

***Action: Modernisation Director***

## **4 PERFORMANCE REPORTS**

### **4.1 HEAT / LDP Targets**

#### **4.1.1 Acute Division**

The Director – Acute Services reported on those areas rated as 'amber' at December 2006:

- o Outpatients, where focused work was underway in relation to the four specialties facing most pressure. In orthopaedics, there was active recruitment to consultant posts, interim cover by locums, and the roll out of the Extended Scope Practitioner by March 2007. In respiratory, demand was exceeding capacity with pressures arising due to sickness of consultant staff and the recent winter virus. An additional post had been created to provide further support at Monklands. Strengthened team working and streaming of patients was being progressed in dermatology. In ENT, a specialist nurse was now vetting referrals and streaming patients to the most appropriate clinic;
- o Cancer services had clear processes in place with individual case tracking and weekly reporting. It was noted that breaches often arose due to matters beyond the control of NHSL, e.g., patient choice to delay treatment, need for further examination at Beatson / Aberdeen PET scanner. There were also definitional issues regarding when the 62 days time clock should start, and these were subject to on-going discussion with the Delivery Unit;
- o Delayed Discharges comprised two sub-sets: those waiting in short stay beds, where Lanarkshire was meeting its targets, and those in long stay beds, where there were difficulties. Current problems were essentially centred on the fact that local authorities had no more funding to take people into care homes. The Director - CHP North noted that work was underway to review current projects in this area, with particular reference to exploring the potential for more effective use of the £3.1m delayed discharge monies. While facing problems, it was noted that NHS Lanarkshire and its local authority partners

performed well in Scotland wide comparisons, and that the method of setting the target is inequitable in that it is an absolute 20% improvement.

**Action: Acute Director; CHPs Directors**

#### **4.1.2 CHP North**

The Director – CHP North spoke to papers on Smoking and Alcohol on behalf of both CHPs.

In relation to smoking, an overall 5.2% reduction in the smoking population was required. He outlined how localities were now calculating the numbers of people required to go through cessation in order to meet their share of the 5.2%. The strategic approach was concerned with optimising numbers through cessation and ensuring that services and practices were evidence based, and appropriately targeted. It was proposed to increase the number of proxy measures to include quitters at 3 months and at 1 year, and to progress work in relation to identifying numbers of smokers from GMS contract systems.

Following further discussion, the Group agreed to adopt the additional smoking proxies and to ask the CHPs to progress work as indicated in the paper.

With regard to Alcohol, the Director – CHP North highlighted the wider factors influencing uptake, and the role of the ADAT. The evidence, as had been presented by ADAT to the Board, was that the most effective measures were legislative and pricing, and the least effective were prevention work. In the ensuing discussion it was noted that there was no direct action by NHS Lanarkshire that was likely to have significant impact on population drinking habits. Therefore, the approach proposed was to continue to target on-going preventive activities, such as Streetbase and SHAW related work, and to monitor the extent of the problem by introducing 3 new proxies concerned with offences, assaults and hospital admissions.

Following further discussion, the Group agreed to adopt the additional alcohol proxies and to ask the CHPs to progress work as indicated in the paper.

**Action: CHP Directors**

#### **4.1.3 CHP South**

The Director – CHP South spoke to Target T02T – Emergency Re-admission 65+, which was showing as amber at December 2006. He outlined the difficulties experienced in measuring against this target. The optimum data was to be obtained from SMRs, however, there was a delay in processing SMRs nationally, and so a local system of monitoring based on CHI linked data had been developed from July 2006. While this was useful, it did not go behind the basic re-admission data to note the reason for the re-admission. This more detailed information was essential to allow proper identification of potentially avoidable re-admissions, as opposed to any that might be planned or otherwise appropriate. This more detailed information was available from SMRs, and so the focus of work now was to address delays associated with this source.

The Director – South CHP outlined the key actions being taken and which were expected to impact favourably on this target. These were: Care Management pilots; Keep Well; and the Care Homes Project.

The Modernisation Director noted that MCNs might usefully be invited to contribute to this work.

**Action: CHP Directors**

#### **4.1.4 Corporate**

The HR Director highlighted the range of work underway as part of the Sickness Absence Project. Significant management effort was now going into this, underpinned with revised policy and training. An audit of impact was underway and would report in approximately two months.

The Chairman – Acute Division enquired if comparisons were made with other sectors. The HR Director advised that there was national benchmarking for the NHS in Scotland, and that NHSL performance was below the national average position. It was noted that management action was being taken more consistently and clearly following the launch of the Sickness Absence Project, and that some impacts had already been noted. The aforementioned audit would give a fuller picture once completed.

**Action: HR Director**

#### **4.2 Delivering for Health Quarter 3 Return**

The Group noted that 5 items in the Quarter 3 return had been rated as amber. These were:

- All Laboratory Departments should participate in the UK National benchmarking scheme organised by the University of Keele.
- Ensure on-line access to test results and clinical letters through SCI store.
- Draft Implementation of the local elements of the Child and Adolescent Mental Health Services Framework.
- Start Implementation of the Child and Adolescent Mental Health Services Framework.
- CHPs and Primary Care Teams work with Scottish Neuroscience Council to scope level N1 of the single service. Work on unplanned neurological activity in conjunction with Community Casualty Service.

Following discussion of each, approval was given to the return being submitted to SEHD.

**Action: Modernisation Director**

#### **4.3 SEHD Quarterly Factsheet Quarter 3 Return**

Following consideration of its contents, the Group approved the onward transmission of this return to SEHD.

**Action: Modernisation Director**

#### **4.4 Picture of Health Quarterly Report**

The Modernisation Director had prepared a paper outlining how this Group might receive reports in relation to A Picture of Health.

There was discussion of the range of groups centrally involved in Picture of Health, i.e., the Action Group, Modernisation Board and Programme Boards. The Chairman – Acute Division noted that, given the scale and significance of Picture of Health, it was critical that there was clarity around different groups' respective roles and responsibilities, and that these were not allowed to become fragmented. The Director of Finance emphasised the need to feature key milestones and priorities at Governance Committee level. Following further discussion, it was agreed that this should be reviewed by the A Picture of Health Action Group and that the Modernisation Director should bring back a further paper setting out the key milestones and workstreams, how the overall programme would be managed, and the roles and responsibilities of different groups.

**Action: Modernisation Director**

#### **4.5 Primary Care Out of Hours Services Report**

The Director – CHP South reported that this paper had been presented to the Board on 24 January and that there were no additional issues arising for this Group.

The Modernisation Director referred to a link between NHS Direct in England & Wales and the Met Office, which sought to give pro-active advice to people whose long term conditions were likely to be aggravated by adverse weather. It may be worth pursuing this locally to see if there was scope to reduce calls upon out of hours services.

**Action: CHP South Director**

### **5 DRAFT LOCAL DELIVERY PLAN 2007/08**

The Modernisation Director introduced the draft LDP, noting that it had been presented to the Board on 24 January. The Head of Performance Management highlighted the timetable to completion, i.e., final contributions to be in by 2 February at which point the full and final draft would be re-circulated to all those named within it, for final comment by noon on 9 February. Thereafter, the document would be translated into the required SEHD templates and forwarded by the due date of 16 February.

The Chairman - North CHP noted that there was some inconsistency in the length of narratives. The Head of Performance Management advised that H03T (Alcohol) and H04T (Physical activity), both of which had quite long narratives, would not in fact be sent to SEHD. While these were key targets, they had no key measures and so neither trajectories nor narratives were to be submitted to SEHD. The Head of Performance Management had continued to include them in the local version of the LDP as a reminder that they were still key targets, and would no doubt come back on to the SEHD system once key measures had been defined.

The Chairman – North CHP noted that H05T (MMR) and H08T (dental) had rather short narratives. The Head of Performance Management would take this up with the respective Consultants in Public Health Medicine and Dental Health with a view to providing more detailed information.

Subject to the above points being actioned, and remaining gaps being filled, the Group approved the draft LDP and the timetable for its completion and onward transmission to SEHD.

***Action: Modernisation Director***

**6 DRAFT PFPI ANNUAL ASSESSMENT**

The Modernisation Director reminded the Group of previous work by Scottish Health Council to assess Boards' performance in PFPI, noting that this was a revised approach introduced from 2006/07. He intimated that this draft was due to be discussed informally with representatives of the Scottish Health Council on 29 January.

Following discussion, the Group approved the draft, subject to completion of gaps, for onward transmission to the Scottish Health Council according the same completion timetable as agreed for the Local Delivery Plan.

***Action: Modernisation Director***

**7 PROGRAMME OF FUTURE MEEETINGS**

The programme of dates as circulated with the agenda was noted. The next meeting will be held on Thursday 22 February 2007 at 9.00am in the Board Room, Beckford Street.

Nan Reid  
25 January 2007