Lanarkshire NHS Board

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Meeting of Lanarkshire NHS Board, Wednesday 31st October 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 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 K A Small, Director of Organisational Development** **Dr V J Sonthalia, Chairman, Area Medical Advisory Committee** **Mr D Feeley, Director of Healthcare Policy and Strategy, Scottish Government Health Department (for item 135)**
APOLOGIES:	**Mr T Currie, Non Executive Director** **Mr E J H Mallinson, Consultant in Pharmaceutical Public Health** **Mr P McCrossan, Chairman, Area Allied Health Professions Advisory Committee**

131. **CHAIRMAN'S REPORT**

The Chairman reported on the principal issues discussed at a meeting of NHS Chairs with the Cabinet Secretary on 1st October 2007, as follows:

- Annual Reviews
- Consultation on Better Health – Better Care
- Consultation on Independent Scrutiny
- Availability Status Codes
- Cancer Targets
- Audiology Waiting Times
- Audit Scotland Reports on Long Term Conditions and on Primary Care Out of Hours Services
- National and Local Strategies for dealing with alcohol abuse
- The setting up of a Ministerial Task Force on reducing health inequalities
- Shifting the balance of care to the community
- Achievement of the 'healthier' strategic objectives
- The review of the National Resource Allocation Committee recommendations.

The Chairman also reported that he and the Chief Executive had met with three of the four members of the Independent Scrutiny Panel on 10th October 2007, and confirmed that the principal issues discussed at the meeting were reflected in the update report to the Board on the Review of Accident and Emergency Services, which featured later in the Agenda.

At the invitation of the Chairman, the Medical Director updated members on the outbreak of Norovirus at Hairmyres Hospital. She explained that there had now been no new cases amongst patients or staff for two weeks, and confirmed that all wards which had been closed had now been re-opened. She highlighted the role which staff had played throughout the outbreak, through their contribution to bringing the situation under control and maintaining services. She commended staff at Monklands and Wishaw General Hospitals and in Primary Care for the support that they had provided during this time. She confirmed that, in light of the outbreak, the opportunity was being taken to further review infection control policies, and advised that this would be informed by the output from a debrief meeting which she had chaired on 29th October 2007, the outcome of which would be considered by the Corporate Management Team.

132. **MINUTES**

There was submitted for approval and signature the minute of the meeting held on 26th September 2007.

THE BOARD

1. Approved the minute, subject to the inclusion, at item 126 Review of Accident and Emergency Services, of a description of the presentation to the Board by the Director of Strategic Implementation, Planning and Performance, on the key elements of the capital and logistics report from Currie and Brown. — Board Secretary

133. **LOCAL DELIVERY PLAN**

a) Waiting Times and Delayed Discharges

The NHS Board considered a report on the Waiting Times and Delayed Discharges position at 30th September 2007.

The Director of Acute Services explained that the paper before the Board provided an overview of targets to be sustained or delivered by 31st December 2007. She explained the progress against each target, viz: inpatients/daycases true waiting lists; inpatients/daycases availability status codes; outpatient waiting times; cataract targets; hip fractures; accident and emergency four hour wait; cancer waiting times; diagnostic waiting times; waiting times for cardiac treatment/cardiac surgery; and

delayed discharge. She stressed that against a rating scale of green, representing 'on target', and amber representing 'off target but will recover to meet the target', and red representing that the target will not be met within the timescale, ratings extended over green and amber only. She highlighted particular pressure on two targets, viz: the 18 week outpatient target and the cancer target, both of which had represented pressures for a number of months. She explained that actions were in place to deliver each guarantee by 31st December 2007, and that the revised plans for outpatients and cancer were progressing in line with the revised trajectories. She stressed 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 31st March 2008. She advised that consideration was also being given to the implications of delivering the 18 week guarantee from receipt of referral to treatment, which the Scottish Government would ask NHS Boards to deliver by 31st December 2011. She explained that, in addition, NHS Lanarkshire was exploring with the Scottish Government Health Department Delivery Directorate, the option of entering into a strategic partnership to facilitate dialogue around delivery of the 18 week pathway from referral to treatment, and to inform guidance around process and practice.

The Director drew members' attention, in particular, to performance on Cancer. She confirmed that all 23 actions identified as a result of the Cancer Performance Support Team visit to Lanarkshire in June 2007, had now been implemented, and stressed that ongoing delivery was the subject of close monitoring. Against this level of progress, the Cancer Performance Support Team had reduced the frequency of its visits to Lanarkshire. She explained that the up-to-date figures showed NHS Lanarkshire performing at a level of 89.6% against the 62 day waiting time guarantee for urgent GP referrals, against a Scottish average of 90%. She advised that whilst the weekly performance against all 9 tumour types had improved during September, there remained particular pressures around lung cancer and lymphoma, the detail of which was being worked through with clinicians and Managers. She advised that it was anticipated that performance would, in future, operate at a more stable level, moving towards 95% delivery by the end of calendar year 2007. She reminded members of the arrangements in place for the validation of data submitted to the Information and Statistics Division, and confirmed that quarter three data was now being validated. She advised, also, that there was now no 'backlog', viz: pre-1st August 2007 patients, in the system awaiting the commencement of treatment.

In response to a question from the Chairman, the Director acknowledged the potential impact of Christmas and New Year holidays on waiting time performance. She explained that this issue was being addressed through the development of a forward planning tool, with each of the tumour leads, specialists and general managers developing a matrix to assist in the management of performance during this time.

She confirmed that the dialogue with the SGHD Delivery Directorate about planning for the 18 week referral to treatment target, included clarity about coverage of the targets to specialties and treatments. She advised, also, that a bid for NHS Lanarkshire to be a pilot site for the introduction of the target was being prepared for submission to the Department. She confirmed, also, that planning currently was underway for the delivery of maximum waiting times of 16 weeks for inpatients and daycases and 16 weeks for outpatients by April 2008.

In the area of delayed discharges, the Director acknowledged the extent of co-operation from North Lanarkshire Council and South Lanarkshire Council in the dialogue around delivery of the April 2008 targets. She confirmed that agreement had been reached with South Lanarkshire Council on flexibility to enable the Council to bring forward placements and on the implementation of a range of other actions, aimed at delivering the targets.

THE BOARD:

1. Noted the report on the waiting times and delayed discharges performance at 30th September 2007.

2. Asked to receive a further report. — Director of Acute Services

b) Finance and Capital

The NHS Board considered a Finance Report for the month ended 30th September 2007.

The Director of Finance explained that that financial position to 30th September 2007 showed an underspend of £6.844m against the forecast year-end surplus of £3.791m per the approved Financial Plan and the Local Delivery Plan. She advised that recent correspondence from the Scottish Government Health Department had clearly indicated that any surplus beyond that set out in the approved LDP, was unlikely to be honoured in future financial years. She reminded members that the LDP included both the planned in-year position of £3.971m, and the carry-forward from 2006/07 of £7.961m, bringing the original forecast, per the LDP, to £11.932m.

The Director of Finance explained that the reported position showed a further improvement against last month's position, particularly within Primary Care Services, as a result of an underspend on prescribing, with early indications suggesting that this may continue, and may add a further £3m to the surplus for the year. She advised that this had not yet been reflected in the forecast before the Board, and would be picked up through the mid-year review process. She explained that from the early work on the mid-year review process, and taking account of the issues reported to the Board, it was clear that management action would be required to minimise the underspend as the end of the financial year approached. Towards this, some priority proposals had now been agreed by the Corporate Management Team, through the work undertaken over the last few months on non-recurring proposals and 'invest to save' schemes, including the refurbishment of premises which were not already included in the Capital Programme and any early refurbishment that might be possible at Monklands Hospital.

The Director of Finance also highlighted the specific issues in relation to the financial performance within the Acute Division; Primary Care and Headquarters/Area Wide Departments, as well as performance in Service Agreements/Other Health Care Providers.

The NHS Board considered a capital report for the period April to September 2007.

The Director of Finance reported that capital expenditure of £4.81m had been incurred to date, against planned expenditure of £26.812m for the year. She advised that the forecast year-end position was an underspend of £13.5m, against an original planned underspend of £11.2m. She reported that, taking into account the underspend of £18.7m arising from 2006/07, NHS Lanarkshire could, potentially, have a cumulative underspend on capital of the order of £33m by 31st March 2008. She advised that she was seeking to secure from the NHS Board agreement to approach the Scottish Government Health Department to request that the cumulative underspend be carried forward until such time as NHS Lanarkshire required the resources, in addition to which, agreement was sought that consideration be given to other areas of short term investment outwith the approved Capital Plan which would have a strategic benefit, without comprising the longer term affordability of the Capital Plan, whilst recognising any potential impact on the revenue position of 'non –added value' capital investment.

The Director of Finance explained the position with regard to primary care developments and ring-fenced allocations. She drew members' attention to the section of the report outlining the position with regard to Major Capital Developments, which set out: schemes underway; schemes at business stage case; schemes at early stages of planning; schemes dependent on the outcome of the Accident and Emergency Review; and schemes at initial scoping stage; she stressed that the Board would not be in a position to make any financial commitment to these schemes until the outcome of the Accident and Emergency Review was known and there was clarity about the financial position overall, taking account of the recommendations of the National Resource Allocation Committee Review and the Comprehensive Spending Review.

The Director of Finance reminded members of the Government position with regard to PFI, and their commitment to continuing with the modernisation agenda for Scotland, through identifying an alternative vehicle for access to capital, potentially through a 'Hub', which was akin to a Joint Venture. She reported the potential for NHS Lanarkshire to be a pathfinder in this area, and on discussions with North and South Lanarkshire Councils to date in this regard.

In discussion, the need was highlighted for clear communication with staff about the system's financial performance, stressing that whilst performance to date was encouraging, there remained a need for care in avoiding new commitments that would increase the Board's revenue expenditure.

From the major capital developments – schemes at business case stage, the Director of Finance highlighted the Coatbridge Dental and Integrated Resource Centre, reported as still on programme for completion in September 2009. She reminded members that this scheme involved an agreed partnership with North Lanarkshire Council, the Glasgow Dental School and National Education Scotland. She confirmed that the programme was well advanced, and was currently out to tender, with the Full Business Case likely to be complete in early 2008. She advised that such was the level of progress and commitment, that it would be necessary to proceed with the scheme as originally planned.

The Chairman of the Area Medical Advisory Committee welcomed the proposed investment in the development of Primary Care premises. He highlighted the need for further investment in premises in the Primary Care setting which fell outwith A Picture of Health, but required early investment. He also highlighted the need for investment in further developing the IT infrastructure in Primary Care. The Director of Finance advised that the Directors of the North and South Lanarkshire Community Health Partnerships were in dialogue about identifying other Primary Care premises that required investment. The Director of the South Lanarkshire Community Health Partnership confirmed that consideration was currently being given to the further development of the IT infrastructure in the Primary Care setting.

THE NHS BOARD:

1. Noted the actual revenue underspend of £6.844m as at 30th September 2007.
2. Noted the forecast year end surplus of £11.932m per the approved Financial Plan.
3. Noted that there would be a further surplus identified by the mid year review.
4. Noted the forecast capital underspend of £13.508m at 31st March 2008.
5. Noted that monthly monitoring and action was required to ensure that the year end forecast on capital was managed accordingly, and that this was being taken forward through the Capital Investment Group, with consideration being given to further areas of potential investment.
6. Agreed that further discussion should be pursued with the Scottish Government Health Department with regard to carry forward of capital underspends to future years.
7. Asked to receive further reports on finance and capital.

Director of Finance

c) Primary Care Out of Hours Services

The NHS Board considered a report on Primary Care Out of Hours Services to September 2007.

The Director of the South Lanarkshire Community Health Partnership explained that the report had been compiled to provide the Board with an up-to-date position on the performance of the Out of Hours Service, and included NHS 24 figures for August which were omitted from the previous month's report due to the non availability of data from NHS 24. He explained that there had been a rise in levels of activity within the Service, partly seasonal and partly related to the existence of a winter vomiting virus. He reported that home visiting performance continued to be monitored weekly by the Out of Hours Service Management Team, and that all efforts were being made to meet standards. He advised that the service was continuing to achieve improved performance in relation to handling complaints, both with regard to the timeliness of the response and the thoroughness of investigation. He reported, also, that the Quality Standards Group had signed off an asthma protocol which was the first in a new series of protocols for use within the Out of Hours Service.

He highlighted a number of key actions for the service, including: continuing to work towards achieving attainment of Level 4 of the NHS Quality Improvement Scotland Out of Hours standards for Out of Hours Services; review of the data from the pilot exercise with Wishaw, Accident and Emergency Department to develop a reliable system for transferring appropriate patients from A & E to Out of Hours Services; self-assessment by the Out of Hours Service Management Team, of key areas, with a report to the Audit Committee and the Board in December 2007; progressing the Clinical Governance Workplan, a key action being to reach agreement on working practices for Child Protection in Out of Hours Services with an educational session for Out of Hours staff planned for November 2007; and ongoing discussion on the potential role and function of Out of Hours as an Emergency Response Centre.

THE BOARD:

1. Noted the report on Primary Care Out of Hours Services for September 2007.
2. Asked to receive a further report.

Director SLCHP

134. **REVIEW OF ACCIDENT AND EMERGENCY**

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

The Director for Strategic Implementation, Planning and Performance, explained that the paper was intended to inform the Board of the current position in relation to the Review of Accident and Emergency Services, as requested by the Cabinet Secretary, and to request approval to reduce the number of scenarios in the Options Scoring Event.

He summarised the key issues in the process since the Board meeting on 26th September 2007 including: the submission to the Independent Scrutiny Panel on 28th September; a meeting of the Chairman and Chief Executive with the Independent Scrutiny Panel on 10th October 2007; comments received from the ISP on the strength of the submission and further work required; public engagement by the Independent Scrutiny Panel; weighting and scoring of the options; reduction of scenarios for scoring; and opportunity costs. He reported, also, on a visit undertaken by the Independent Scrutiny Panel to Monklands Hospital on 23rd October 2007; a Seminar on risk assessment scheduled for 17th December 2007 for Board Members, the Area Partnership Forum and the Area Clinical Forum, and a number of events during late November/early December across NHS Lanarkshire for all staff, to provide an update on the Review and to hear their views and proposals about future potential

arrangements.

He explained that the potential reduction of scenarios had been discussed in various fora over recent weeks and was highlighted in the submission document sent to the ISP. He advised that, following the ISP comments in relation to the draft evidence pack, and after further discussion within the Corporate Management Team and the Project Group, it was considered that the removal of two scenarios was appropriate. Firstly, Scenario A was very similar to Scenario B, but Scenario A did not include any observation beds, whereas Scenario B did. Feedback from medical staff had indicated that it would be difficult to operate the Accident and Emergency Department without the ability to observe patients for a period to inform a decision about whether they needed to be admitted. Secondly, Scenario E was the same as Scenario G in terms of staffing and accommodation available at Monklands Hospital. However, Scenario G would also allow the development of more sub-specialisms for certain patient groups, in line with clinical best practice. This would include orthopaedics. He explained that, in light of this information, the Board was requested to approve the removal of Scenario A and Scenario E from the scoring exercise.

THE BOARD:

1. Noted the report on the review of Accident and Emergency Services.
2. Approved the removal of Scenario A and Scenario E from the scoring exercise.
3. Asked to receive a further report.

Director Strategic Implementation Planning & Performance

135. **BETTER HEALTH BETTER CARE**

The NHS Board received an in-depth presentation on Better Health, Better Care from Derek Feeley, Director of Healthcare Policy and Strategy at the Scottish Government Health Department, copies of the Discussion Document having previously been issued to members.

Mr. Feeley reminded members of the strategic context for Better Health, Better Care, in terms of the Kerr Report and Delivering for Health. He also reminded members that Delivering for Health was an Action Plan for the Kerr Report and had a focus on long term conditions management, localisation and consensus. He highlighted the key areas for discussion in Better Health, Better Care, in relation to: patients' experience of care; best value; taking responsibility; tackling health inequalities; providing anticipatory care for long term conditions; giving children the best possible start; and continuous improvement in services. He also highlighted the key dimensions of quality, in relation to: safety; effectiveness; patient-centredness; timeliness; and equity. He invited discussion around: what more might the Discussion Document and the ensuing action plan contain; the priorities and actions; experiences and targets for the service.

In discussion, a number of key issues were raised by Board members, as follows:

1. Mental health service users and advocates would be keen to understand the tangible, measurable benefits of national designation as a priority service.
2. Prioritisation is the most fundamental challenge which the system faces. There is a need to reconcile the, apparently, conflicting messages about strategic priorities and balancing investment between secondary care and primary care and mental health.
3. There is a need for further clarity on the priorities in relation to health improvement, shifting the balance of care and primary care.
4. There are wide ranges of efficiency gain, and NHS Lanarkshire is, demonstrably, efficient, considering its funding position.
5. Additional pressure on the uplift to the Board to generate efficiencies to

support the funding of priorities, would present the system with major challenges.

6. Specific guidance from SEHD would be welcome about the expected use of the resource released by efficiency measures.
7. NHS Lanarkshire would find it extremely difficult to further reduce its cost base, given its historical underfunding, and the payment of resource to better funded health systems.
8. The acknowledgement of patients' and the publics' rights and responsibilities is welcomed, but there is a need for a substantial public education programme about future models for the provision of care.
9. Clarity on the extent of coverage of the 18 week referral to treatment target, and how local systems can influence the application of the target, will be welcomed, including whether the target will be applicable to all specialties and all conditions.
10. There is a need for significant levels of separation of planned and unplanned care, to avoid the ongoing turbulence in planned care as a consequence of unplanned care, and to rearrange unplanned care to increase programmed Consultant time on the elective workload.
11. To achieve success in the imperative of a shift towards health improvement, there will be a need to reconcile strategic alignment and patient-centredness. This will be influenced by patients' and the public's perceptions of the causes of illness.
12. There will be a need to align the 'presumption against centralisation', with Consultants' desire for opportunities to sub-specialise.
13. In attaching due weight to public opinion, there is a need for further clarity about the extent to which local NHS systems are expected to prioritise on the basis of assessed need and objective decisions which balance public opinion and expectations with strategic decisions which also take account of future projections around resources, and changing patterns of care and care models.
14. Improving primary prevention should be the responsibility not only of health but also key partner agencies.
15. The aims and aspirations within Better Health, Better Care should be supported by well-developed, reliable information systems within the context of a comprehensive e-health strategy.
16. For individuals with long term conditions, the ethos is focussed on the patient experience and their quality of life; however, there will be a need for clarity about outcome targets, including for measurement of the patient experience.
17. There is a requirement to consider the needs of 'older' people as opposed to 'elderly' people.
18. The emphasis within the document on individuals taking more responsibility for their health is overwhelmingly supported, but there is a need for further clarity about where the responsibility for encouraging individuals to take more responsibility for their health should reside.
19. There is support for the emphasis within Better Health, Better Care on 'guarantees appropriate to need', but there is a requirement for further debate about the methodology for setting the guarantees against assessed need.
20. There is a need for a balanced discussion around further reducing waiting times and the associated, demonstrable health gain, compared with the gain from investing the additional resource in other areas of health improvement and health care.

Mr. Feeley acknowledged the need for further clarity about the priority status of mental health, within the context of Delivering for Mental Health and the strategic mental health targets which were included in the Local Delivery Plan/HEAT process, which currently were under review. He also acknowledged prioritisation as a fundamental challenge for the service, within the context of the key objectives for A Healthier Scotland. He confirmed the intention to be as explicit as possible about

priorities within the Action Plan for the delivery of Better Health, Better Care. He also suggested that the pressure on systems to generate further efficiencies should be directly related to their relative efficiency.

Mr. Feeley noted the emphasis in the discussion on patients rights and responsibilities, and acknowledged the need for these to be clearly stated. He explained that the application of the 18 week referral to treatment target was currently under consideration, and invited NHS Lanarkshire to suggest to the Department ways in which local systems might be assisted to deliver the target.

He acknowledged that investment in health improvement activity was the key route to long-term benefit, and the need for patient-centredness to be understandable at a local community and at an individual level. He reminded the Board that the Cabinet Secretary's portfolio encompassed Health and Wellbeing and, therefore, included housing and social inclusion. There was, therefore, significant potential for partner agencies, jointly, to further develop the 'health' model, supported by a 'joined-up' approach from the Government. He undertook to attempt to clarify the process for developing guarantees appropriate to need, and confirmed that he had already asked for work to be undertaken to clarify the relative benefits of further investment in waiting times, against investment in other health improvement and health care priorities.

The Chairman expressed his, and members', appreciation to Mr. Feeley for his attendance and for his presentation to the Board.

THE BOARD:

Chairman
Chief Executive

1. Noted the issues raised in discussion about Better Health, Better Care, and remitted to the Chairman and the Chief Executive the responsibility for ensuring that these were reflected in a composite response from the Board to the Discussion Document.

136. **WINTER PLAN**

The NHS Board considered a progress report on the Winter Plan.

The Director of Acute Services and the Director of the South Lanarkshire Community Health Partnership highlighted the principal elements of the report, which described the actions which would be taken by NHS Lanarkshire and Partner Agencies to address the anticipated additional pressures on Health and Social Care Services over the period 1st December 2007 to 31st March 2008 and, in particular, the period from 17th December 2007 to 14th January 2008, during which there would be two four-day periods of weekend/public holidays. They stressed that the Winter Plan presented pro-active measures, as well as contingency measures that would be actioned as part of an agreed escalation policy. It would link explicitly to the performance of the Unscheduled Care Collaborative Programme, and would be informed by a process of information capture, monitoring and reporting, linked to an escalation policy that in turn would release additional capacity into the system. Importantly, the Winter Plan included an extensive Communication Plan for both staff and the wider public to ensure awareness of individual and collective roles and responsibilities, and guidance to the public on the actions they should take to 'keep well', and how to access services when required, particularly during the festive period.

The Director of Acute Services and the Director of the South Lanarkshire CHP drew members' attention, in particular, to: partnership involvement; the current status of the Winter Plan; key elements and costs of the Winter Plan; Primary Care/Out of Hours (NHS 24) Acute arrangements, including enhanced services, data and information, staff and Human Resources; Communication, Local Authority and Scottish Ambulance Service roles; and monitoring, reporting and escalation. They emphasised that there was a level of confidence in the robustness of the Winter Plan,

based on the approach adopted by Partner Agencies, that had been inclusive, with an inter-connection between Services. This included the identification of lead managers within each Partner Agency, with participation by clinicians from both Primary Care and Secondary Care. It was emphasised that the Winter Plan should be viewed very much as a 'live' document, with clarity about roles and responsibilities and an escalation process that would be implemented as required. As part of this process, the Plan would be tested through a tabletop exercise scheduled for 6th December 2007. Evaluation of the Winter Plan would be undertaken by Partner Agencies during the first quarter of 2008, with the outcome of the evaluation being reported to the NHS Board.

The Chairman expressed appreciation to the Director of Acute Services and the Director of the South Lanarkshire CHP for their contribution to the development of a comprehensive Winter Plan. He acknowledged, also, the contribution of Partner Agencies, most notably the Local Authorities, to this process.

THE BOARD:

1. Noted the Progress report on the Winter Plan.
2. Asked to receive further updates, as required, on material issues, and to receive a report on the outcome of the evaluation of the Winter Plan.

Director
Acute Services
Director
SLCHP

137. **ANNUAL REVIEW**

The NHS Board considered a report on the arrangements for the Annual Review 2007 which would be held on Monday 19th November 2007. Consideration also was given to the completed self-assessment document, encompassing: progress on 2006 review action points; health improvement and reducing inequalities; efficiency and governance; access; treatment; service change and redesign; and local service issues.

THE BOARD:

1. Noted the progress report on the arrangements for the Annual Review 2007 and the self-assessment document.
2. Asked to receive a report on the outcome of the Annual Review

Director for
Strategic
Implementation
Planning &
Performance

138. **E-HEALTH**

The NHS Board considered an E-Health Progress Report.

The Director of South Lanarkshire Community Health Partnership explained that the report was intended to provide members with an update on the progress of the previously agreed NHS Lanarkshire e-health tactical workplan, the Capital Plan for 2007/08, and work associated with the National E-Health Programme. He explained that the implementation of the previously agreed programme of work was progressing well, and that the main challenges to note related to the continued compliance with Community Health Index (CHI) targets, the introduction of the National Radiology Information System (RIS), and Picture Archiving Communications Systems (PACS). He advised that a targeted local programme was in place to address CHI, through engagement with relevant clinical groups in adopting good practice, in addition to which, the impediment to producing patient labels containing the CHI Number in Accident and Emergency Departments was being pursued nationally. In relation to the National Radiology Information System and the Picture Archiving Communications Systems, he advised that technical issues with the National RIS System that required resolution by the supplier had caused slippage to the Implementation Programme. However, a recovery plan was in operation and its

impact locally would be assessed during early November. In addition, negotiations to facilitate an exit from the existing PACS contract at Wishaw General Hospital, continued.

The Director explained that the Capital Plan 2007/08 had been prepared to address mainly infrastructure developments in support of current and future needs, in addition to which systems to support key priorities, including Cancer, Waiting Times and the stability of IT to support General Medical Practice had been addressed. Nationally, a revised e-health strategy by Spring 2008 was proposed within Better Health, Better Care. Work was proceeding with the important developments in Patient Management Systems for the Acute sector, and an integrated primary and community care system to support both primary care practitioners and community based nurses and allied health professionals.

The Director stressed that the development of e-health facilities in Lanarkshire continued in parallel with further development of the National e-health strategy. He emphasised that close engagement in the strategy development process was ensuring that the workstream in Lanarkshire remained consistent with the national direction. He explained that local priorities were being addressed through the recently implemented Governance arrangements that included an e-health Executive Group and a Clinical Leadership/Delivery Group, both of which were established in response to a national regimented structure.

In discussion, there was recognition of the cultural changes which impacted on individuals' working lives, including home-working, and the associated training and development, work/life balance and health and safety issues. The Director of the South Lanarkshire CHP acknowledged these issues and confirmed that they were being addressed through a substantial organisational development effort. The Director of Organisational Development confirmed the proactive approach to supporting this shift, including through the development of core competence in IT skills and further development into specialist areas.

THE BOARD:

1. Noted the E-Health Progress Report — Director
2. Asked to receive a further report in January 2008. — SLCHP

139. **DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT**

The NHS Board considered the Annual Report of the Director of Public Health 2006 on the health of the people within the Lanarkshire NHS Board area.

The Director of Public Health highlighted specific issues from her Annual Report as follows:

- A comparison between affluent and deprived areas 2003/2006 in relation to cancer, CHD, smoking and pregnancy, teenage pregnancy and breastfeeding.
- Cancer age under 75, age/sex standardised mortality rate (deaths per 100,000 population)
- Percentage of pregnant women smoking (at routine visit)
- Pregnancies age 13-15 (rate per 1000 females aged 13-15)
- Percentage of babies breastfeed at 6 weeks
- First births, by deprivation quintile, Lanarkshire and Scotland 2004/2005
- A conceptual framework for globalisation and population health.

- Climate change and potential health effects in the UK

- Local action and health in relation to: life circumstances; lifestyles and an evidence base around alcohol, drugs, diet, mental health, oral health, physical activity, sexual health, smoking and ultraviolet radiation; consultation taken forward during 2006; and wide support from Community Health Partnerships, Local Authorities, the Police and the Fire and Rescue Service.

- Successive reports from 1997 to 2003 on alcohol misuse; alcohol related liver disease; alcohol-related brain damage, alcohol and young people, and alcohol and older people; alcohol related GP consultations and alcohol-related General hospital discharges.

- The top 20 alcohol deaths in UK Local Authorities, which placed North Lanarkshire Council and South Lanarkshire Council in an unenviable position, both for males and females.

- Alcohol action, around: health education and an advertising ban; fiscal measures including permitted driving levels, appropriate pricing, review of liquor licensing law; within primary care, mainstream prevention of relapse and the management of harmful drinking; and enhanced services through the new GMS contract.

- Deaths from coronary heart disease, persons under 75 years, Lanarkshire and Scotland.

- Cardiovascular disease prevention, both primary and secondary

- Defined daily doses of statins per 1000 weighted patients, by NHS Boards, 2003/04 and 2006/07.

- Dental Health - decay-free levels versus national targets, by Lanarkshire area 2005/06 for five year olds and eleven year olds

- Dental registration rates for Lanarkshire at 31st March 1995 to 31st March 2005.

- Notifications for reports of diseases (food poisoning, meningicocal infection, mumps, viral hepatitis) 1997 to 2006.

- Primary immunisation trends, children reaching two years, by quarter, 1995 to 2006.

- Hepatitis C, including an estimated 50% undiagnosed, and a continuing increase in the risk to Lanarkshire residents of acquiring HIV.

- Infectious Intestinal Disease, involving outbreaks of diarrhoea and vomiting, in care homes, long stay NHS wards and in Acute hospitals, usually with Norovirus as the causation.

- Implementing needs assessments, in relation to: eating disorders as a specialist area of mental health; diabetic retinopathy screening to reduce blindness in diabetics; clinical sexual health services against a backcloth of an increasing number with sexually transmitted infections.

- Ethnicity and health, with a recognised need to raise awareness of health problems, incomplete childhood immunisation, false beliefs, and travel prophylaxis for home visits for minority groups.

- Sudden cardiac death in young people which, although rare in those under 35 years, remained undiagnosed. Responses included assessment of family pedigree, including around susceptibility to a cardiac condition, a combined cardiac genetic in the West of Scotland, and a pathway of care mapped by the Coronary Heart Disease Managed Clinical Network.

- Diabetic treatment, with over 22,000 diabetics in Lanarkshire, most of whom were receiving conventional treatment and control; a small number who would benefit from administration of insulin by ongoing subcutaneous infusion.

- Child and adolescent mental health, with core universal services for all children and specific services targeted at children at greatest risk of mental ill health; a named mental health worker for every school; a service for children with learning disabilities; increased inpatient care for adolescents; and a focus on Attention Deficit Hyperactivity Disorder.

The Chairman congratulated the Director of Public Health on the production and presentation of an excellent report, which would serve as an invaluable source of information to inform the Board's priorities around health improvement and health care. He expressed appreciation, also, to staff within the Department of Public Health who had contributed to the production of the Report.

THE BOARD:

1. Endorsed the Annual Report of the Director of Public Health 2006 on the health of the people within the Lanarkshire NHS Board area.

140. **GOVERNANCE MINUTES**

The NHS Board received and noted minutes of meetings of Governance Committees, as follows:

a) Audit Committee 11th September 2007.

b) Health and Clinical Governance 18th September 2007.

   Mrs. Nelson, Committee Chair, advised that a further meeting of the Committee had been held on 22nd October 2007, with a following meeting on 17th December, and an agreed programme of dates for meetings of the Committee during 2008.

c) Acute Operating Management Committee 30th August 2007.

d) North Community Health Partnership Operating Management Committee – 15th August 2007.

e) South Community Health Partnership Operating Management Committee – 3rd September 2007.

f) Equality, Diversity and Spirituality Committee – 19th June 2007.

g) Performance Management Committee – 20th September 2007.

141. **DATE OF NEXT MEETING**

Wednesday 28th November 2007.

142. **MOTION TO MOVE INTO PRIVATE SESSION**

The NHS Board approved a Motion to move into private session for the remaining item of business.

143. **FINANCIAL PLANNING PRIORITIES**

The NHS Board considered a progress report on financial planning priorities.

The Director for Strategic Implementation, Planning and Performance reminded members that the Financial Plan for 2007/08 to 2011/12, approved in March 2007, proposed a range of investments supporting service change and development, and provided estimates for a range of costs for which the Board had little or no choice, including pay and price uplifts, drug costs, and National and Regional priorities. He explained that over and above what was currently included in the Financial Plan, the Accident and Emergency Services Review would incur an additional level of revenue costs, ranging from £5.1m to £8.3m as set out in the submission to the Independent Scrutiny Panel on 28th September 2007. He advised that the ISP had now asked the Board to describe the impact of the additional costs in terms of the opportunity costs of investments where the Board had a choice over priorities. He stressed that, at this stage, it was not possible to directly relate the additional costs of the Accident and Emergency scenarios to a particular scheme or project-specific lists of developments, until the assessment of overall affordability was completed. He highlighted, as the critical factor in the affordability analysis, the level of uplift over the next three years, including assumptions on the level of cash releasing efficiency required, and the implementation of the National Resource Allocation Committee (NRAC) Review recommendations, which not only confirmed NHS Lanarkshire's relative underfunded position, but also significantly increased the level of resource required to bring the Board to its target share. He stressed that the outcome of both of these factors, including the timing of the implementation of the NRAC Review, was absolutely key to the extent to which previously agreed priorities could be funded.

The Director for Strategic Implementation, Planning and Performance Management explained that, nonetheless, there were clearly additional costs relating to the Accident and Emergency Services Review, and in advance of the affordability analysis, it was important that the Board had a sense of the priority order of investments which would determine the opportunity cost assessment. He advised that the outcome of the affordability assessment would be available in January, and would inform the decision that the Board would make at its meeting that month about the implementation of which scenario for Accident and Emergency Services it would recommend to the Cabinet Secretary. He highlighted the importance of ensuring that the assessment of priorities for the Financial Plan did not influence the benefits scoring for each scenario, and for this reason, the information included in the paper before the Board would not be available to the Independent Scrutiny Panel until 8th November 2007, after the scoring event the previous day.

He explained that given the changing financial landscape, there was a requirement for investments to be set in priority order, covering all financial demands, including those in the current Financial Plan. He advised that the expected financial demands were divided into two categories, viz: those unavoidable costs that required to be met, regardless of any future investment programme; and those revenue costs associated with 'A Picture of Health', planned investments (excluding those well advanced in the process of implementation), and planned developments currently identified but not funded. He advised that the unavoidable costs which would require to be met under any circumstances had been excluded from the prioritisation exercise. He explained the prioritisation process, and the contribution to that process of a weighting exercise undertaken by the Board, and scoring of the investment priorities by the Corporate Management Team. He highlighted, also, the report of a prioritisation of capital projects event in mental health, learning disabilities and primary care, held on 3rd October 2007, and involving a range of key stakeholders.

Director, Strategic Implementation Planning & Performance Management

In discussion, there was recognition that the prioritisation exercises undertaken were work in progress, which could not be concluded until the outcome of the Review of Accident and Emergency Services, the level of revenue uplift and the implementation of the NRAC Review recommendations, were known. Therefore, the combination of the information presented, could not, at this stage, be considered to be the definitive opportunity costs. Further work would be undertaken to refine the information, in order that the Board might return to the issue in January 2008, within the overall context of the affordability analysis. This further work would include as clear an articulation as possible of the benefits of delivering, and the risks in not proceeding with, the various projects.

THE BOARD:

1. Noted the report on financial planning priorities and the accompanying report on the prioritisation of capital projects in mental health, learning disabilities in primary care.
2. Agreed to defer approval of the financial planning priorities, pending further clarity about: the outcome of the review of Accident and Emergency Services; the revenue uplift position; and the National Resource Allocation Committee Review Recommendations.
3. Agreed that the financial planning information considered should be submitted to the Independent Scrutiny Panel, with a clear explanation of the context for the Report.
4. Asked to receive a further report.

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