

**MINUTE OF THE MEETING OF THE PERFORMANCE MANAGEMENT COMMITTEE HELD ON THURSDAY 20 SEPTEMBER 2007 AT 10.30 AM IN THE COMMITTEE ROOM, NHS BOARD OFFICES, BECKFORD STREET, HAMILTON.**

<b>PRESENT:</b>	Mr I A Ross	Director of Strategic Implementation, Performance & Planning (Chair)
	Mr P K Corsar	NHS Board Chairman
	Mr J A Anning	Chairman, North Lanarkshire Community Health Partnership Operating Management Committee
	Mrs S Goldsmith	Director of Finance
	Mrs R Lyness	Director, Acute Services
	Mr A Lawrie	Director, South Lanarkshire Community Health Partnership
	Mr H Sweeney	Employee Director
<b>IN ATTENDANCE:</b>	Mrs N Reid	Head of Performance Management
	Mr S Kerr	Head of Planning & Performance, North CHP ( <i>representing Mr C Sloey</i> )
	Mrs L Khindria	Deputy Director of Human Resources ( <i>representing Mr G Walker</i> )
<b>APOLOGIES:</b>	Mr T Currie	Chairman, Acute Operating Management Committee
	Mrs N Mahal	Chairman, South Lanarkshire Community Health Partnership Operating Management Committee
	Mr T Davison	Chief Executive
	Dr D C Moir	Director of Public Health
	Mr G Walker	Director of Human Resources
	Dr A Graham	Medical Director
	Mr P Wilson	Director for Allied Health Professionals, Nurses and Midwives
	Mr N J Agnew	Corporate Affairs Manager/ Board Secretary
	Mrs D McCormick	Chair, Area Clinical Forum
	Mr C Sloey	Director, North Lanarkshire Community Health Partnership
	Mr K Small	Director of Organisational Development

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**1 MINUTE OF MEETING OF PERFORMANCE MANAGEMENT COMMITTEE HELD ON JUNE 21 2007**

Approved as a correct record.

**2 MINUTE OF MEETING OF CMT – PERFORMANCE MANAGEMENT HELD ON AUGUST 27 2007**

Approved as a correct record.

**3 HEAT REPORTS FOR AUGUST 2007**

### 3.1 Acute Division

Mrs Lyness tabled an update report and highlighted the following key points:

- New software was being introduced to facilitate phasing out of **ASCs** by December. Thereafter, the definitions in *New Ways* would be used to 'stop' and 'start' the waiting time clock for patients unable to attend for certain reasons. They would be recorded as part of the overall waiting list management system, and not as a separate category as at present;
- The trajectory for **Outpatients** had been revised with SGHD, and good progress was now being made towards the December target. Dermatology had posed particular problems, and GP colleagues were being utilised to support new ways of working. The trend of overall growth in Outpatient referrals was being examined. Mr Ross asked if any work had been done to review referral patterns by practice. Mrs Lyness confirmed this was underway, looking at patterns by locality, specialty and practice. In response to a question from Mr Anning, Mrs Lyness advised that there were some differences in clinical opinion and practice amongst dermatologists, and that work was in hand to reach an agreed approach;
- Good progress was being made in relation to **cataracts**;

*(Mrs Goldsmith joined the meeting)*

- There had been a dip in performance in relation to **hip fractures** during July. Following investigation, a management system had been put in place to escalate cases through the system. Mr Ross noted the increased pattern of demand on orthopaedics by children in the summer. Mrs Lyness advised that trauma audit nurses had been given an extended role to co-ordinate patient flow and this was proving valuable in managing demands. Additional resources and theatre slots were being examined. Mr Sweeney asked about staffing of any extended theatre sessions, with Mrs Lyness advising that this would be ad hoc and via the on call rota system;
- **A&E** performance was very good, with further redesign plans in progress to ensure sustainability;
- Good progress was being made in relation to **cancer**, with 18 of the 23 action points agreed with the national Cancer Support Team now fully implemented, and the remaining actions well in hand. Mrs Lyness advised that an embedded timeline for each tumour type pathway was a key element, and Lanarkshire's progress in this had been recognised by the national Team. In colorectal, further work was ongoing regarding the pathway, and with links to gastrointestinal services. For lung, the issue was predominantly one of recruitment and development of the team. The Cancer Services Manager was now in post, with the Head of Cancer Services advertised. Weekly meetings were taking place regarding pathways and key milestones. Pathology services were facing additional demands as a result of increased throughput and a service review was underway. In response to a question from Mr Corsar, Mrs Lyness confirmed that the pathology issue was increased volume of activity as a result of increased demand.

Services had already been concentrated on to 2 sites (from 3) and further review would look at skill mix and the wider laboratory services and how these might be configured to optimise service capacity. Mr Ross noted that there had been issues regarding definitions, with the suggestion that different Boards had been applying these differently. This had been raised with the national Team, and variances across Boards were being further examined. It was noted that different data systems at national and local level may have contributed to this;

- The 2006/07 **diagnostics** target had been achieved ahead of schedule and good progress was now being made to further improve this;
- **Cardiac** targets were being met and sustained;
- Mrs Lyness advised that there were ongoing issues in relation to **delayed discharges**, and that discussions were in hand with local authority colleagues. The aim was to reach long-term sustainable solutions, while at the same time putting in place any necessary short-term expedients as part of the Winter Plan.

**Action:** **Mrs Lyness**

### 3.2 CHPs

Mr Lawrie noted that the dataset for CHPs was now more complete, however, a few items remained outstanding from external partners and these were being followed up. The reliance on infrequent surveys for national data was a concern, given the time-lag. More local survey work, e.g., South Lanarkshire datazone survey, NHS Glasgow's Health & Well-being survey in Camglen, would be useful in plugging this gap.

Mr Lawrie highlighted four current areas of concern in relation to CHP HEAT targets:

- **Sickness absence.** This would be considered further under Corporate section (below);
- **Anti-depressant prescribing.** The target was to reduce the rate of increase, year-on-year. Latest data suggested that this had not yet levelled out and started to reduce. The alternative psychological therapy services had been introduced, but it was recognised that these would take time to impact. The project and associated action plan was being closely monitored at practice level and would be followed-up accordingly. Mr Anning enquired about long-term users, and it was noted that these were subject to review by GPs as part of the Prescribing Plan;
- **Emergency re-admissions of over 65s.** The data for this target had an 18 month time lag and so locally CHI data had been developed to provide a more up-to-date rolling average. Initially this provided only numbers, but from October would also be able to give reasons for re-admission, allowing specific follow-up work to be planned. A range of actions were targeting this, including the

Care Homes project, the Care Management pilot, and self-care initiatives within diabetes and COPD.

Mr Kerr added that the quarterly performance review process for localities was being further developed and would increasingly be able to give better information from locality level, both on HEAT targets and on other service priorities. He noted that dental information was now available and indicated good performance in relation to the toothbrushing initiatives in schools and nurseries.

In relation to the additional paper on **teenage pregnancies**, the recent increase in rate within Lanarkshire was noted. The paper highlighted the wide range of actions being taken as part of the Sexual Health Strategy implementation, and members were satisfied that this was comprehensive. Mr Corsar suggested that these actions should be benchmarked with Tayside, a Board facing particularly high rates, to see if there was anything else that could be done in Lanarkshire.

**Action: Mr Lawrie; Mr Sloey**

### **3.3 Corporate**

#### ***E01T Forecast Revenue Expenditure***

Mrs Goldsmith reported an improving position, with the RRL year-to-date figure for August being £2.6m. An Invest to Save paper would come to a future CMT meeting.

It was noted that provision had been made for Agenda for Change reviews, and that this would be regularly updated in the light of actual numbers and outcomes.

Mr Corsar asked about the likely impact of Equal Pay claims. Mrs Khindria reported that this was being examined nationally at present. The impact was likely to be in 1-2 years, and it was likely that any claims would be settled nationally.

#### ***E02T Sickness Absence***

Mrs Khindria tabled a graph setting out trends since October 2006. She reported that there were some concerns regarding the target at national level, noting that the NHS had a target of 4% compared with other public sector targets of around 6-7%. Requests had been made to review this at national level, as it was felt that 4% was unrealistic. Notwithstanding that, Mrs Khindria suggested that Lanarkshire might be able to achieve around 4.8% by March 2008, based on previous seasonal patterns and assuming no major problems over the winter period.

During discussion, it was noted that Agenda for Change may in some cases have incentivised sickness absence by paying full enhancements during periods of absence.

Actions that were continuing included:

- Improving staff access to the Employee Counselling Service;
- Extending staff access to the fast track physiotherapy service;

- Research into all areas where there were high levels of short term absence, and also areas with very low levels, to identify good practice;
- A continuing high profile for sickness absence on all management agendas;
- Further work regarding use of the Family Friendly Policy, to ensure its application instead of sickness absence, where appropriate. This would include collecting details of levels of sickness absence and levels of other absence, to see if there were any correlations suggesting inappropriate use.

#### ***E04T Use of CHI***

Mr Lawrie explained that the key elements were reinforcing use among staff, and ensuring that label printers were available to facilitate this. Further label printers had been provided and staff training and awareness was on-going.

**Action: All Executive Directors**

## **4 ANNUAL REVIEW**

Mrs Reid highlighted progress in four main areas:

#### ***Self-Assessment***

This had been circulated as a draft on 31 August 2007, with comments requested by 17 September 2007. An updated copy was tabled, including all contributions received up to 19 September. Mrs Reid advised that Dr Moir was checking elements of section 3 and would confirm editing requirements in the next day or so. The teenage pregnancy section would require updating in light of the recent new figures on Lanarkshire's rate, and this had been highlighted to Dr John Logan. The section on day case rates (E02T) was being provided by Mrs Lyness.

Mrs Reid emphasised the need for all concerned, and particularly panel members, to be content with what was written in the Self-Assessment, as this document would be used by SGHD to formulate questions for the Annual Review. The CMT was to sign off the final version at its meeting on Thursday 27<sup>th</sup> September, therefore, any amendments need to be with Mrs Reid on Tuesday 25<sup>th</sup>, to allow the final version to be circulated on Wednesday 26<sup>th</sup>.

**Action: All Executive Directors / Mrs Reid**

#### ***Public Questions and Public Advert***

A public Question and Answer session is a new element in Annual Reviews this year. Mrs Reid tabled a flow chart setting out the key stages of preparation and timelines in preparing for this session. This had been agreed with Scottish Health Council, whose role is to receive and sort questions prior to passing them to NHSL for preparation of answers. Associated with this new element was the need for the public advert to be placed in the press much earlier. A copy of the advert, which would be placed from next week, was tabled.

### ***Patient Experience Meeting***

Mrs Reid advised that 6 patients had been identified by the Public Partnership Fora in North and South Lanarkshire. A pre-meeting was to be held with this group on 16 October.

### ***Pre-meeting with SGHD***

It was confirmed that the pre-meeting with Carmel Sheriff of SGHD would be held on Wednesday 7 November 2007 at 10.00am in the Board Room, Beckford Street.

*(Mr Corsar left the meeting)*

## **5 PFPI PORTFOLIO ASSESSMENT TEMPLATE**

Mr Ross reminded members that details of this new assessment system, launched by Scottish Health Council (SHC) earlier in 2007, had been presented to the June meeting. Subsequently, the first draft template for Lanarkshire had been presented to the August 27 meeting of the CMT – Performance Management, when it had been approved in principle. The final completed template was now presented for approval. It was noted that in addition to the document circulated, there were a further 50 pieces of supporting evidence that were required to accompany the submission.

There was discussion regarding the volume of detail and work associated with completing this template on a quarterly basis. Of particular concern was the indication that feedback on the first return would take about 6 weeks, at which point NHS Lanarkshire would have progressed its second return to first draft stage. Mrs Reid noted that SHC was hosting a series of regional seminars to review the operation of this new template and that appropriate feedback would be given.

The template was approved for submission to SHC on 27 September 2007. The next completed template would come to the December meeting or approval.

**Action: Mrs Reid**

## **6 ANNUAL PROGRAMME OF REPORTS**

Referring to the programme, Mr Ross suggested that the Group might consider what other areas of activity should be subject to scrutiny at this level. For example, it may be that 'hot topics', e.g., HAI, should be the subject of a more detailed discussion at one meeting per annum. Mr Anning suggested that a Group such as this should perhaps focus less on the full detail of all targets, and more on key 'hot spots' or exceptions.

Mention was made of Audit Scotland reports, and the need for assurance regarding accountabilities and performance management for each report or subject area.

Mr Ross indicated that further consideration would be given to this.

**Action: Mr Ross**

**7 DATE OF NEXT MEETING**

Thursday 13 December 2007 from 10.30 to 12.30 in the Board Room,  
Beckford Street.