

Lanarkshire NHS Board

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Meeting of Lanarkshire NHS Board, Wednesday
30 July 2008, at 9.30 am in the Board Room,
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
Mrs D McCormick, Non Executive Director
Councillor J McCabe, 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
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 Nurses, Midwives and the Allied Health Professions

IN ATTENDANCE: Mr N J Agnew, Corporate Affairs Manager/ Board Secretary
Mrs S Dunne, Deputy Director of Organisational Development
Mr S Kerr, Head of Planning, North Lanarkshire Community Health Partnership
Ms M Morkis, Communications Manager
Dr V J Sonthalia, Chairman Area Medical Advisory Committee

APOLOGIES: Mr T Currie, Non Executive Director
Councillor E McAvoy, Non Executive Director
Mr C Sloey, Director, North Lanarkshire Community Health Partnership
Mrs L Khindria, Director of Strategic Human Resources and Workforce Development
Mr K Small, Director of Organisational Development

ACTION

88.

CHAIRMAN'S REPORT

The Chairman reported on the principal issues considered at a meeting of the Cabinet Secretary for Health and Wellbeing with NHS Board Chairs on 30th June 2008, as follows:

- Reducing Health Inequalities. This included the publication of Equally Well, the report of the Taskforce on Health Inequalities on which the Chairman served. The report would be considered in detail by the Board at a future date.
- Clostridium difficile
- Progress of legislation for direct elections to Health Boards
- Implementation of the NHS pay deal over 3 years.
- GP extended hours access, with an encouragement to systems to work with General Practitioners to improve uptake.
- An Environmental Health Strategy
- Alcohol misuse
- Health Eating Strategy
- Annual Reviews, with the Board's Annual Review scheduled for 6th August 2008

89.

MINUTES

The Minute of the Meeting held on 25th June 2008 was submitted for approval and signature.

THE BOARD:

1. Approved the minute for signature.

90.

MODERNISING MEDICAL CAREERS

The Medical Director gave a detailed presentation in which she outlined progress in recruitment over recent months towards the changeover date at the beginning of August. She reminded members of the numbers of posts in Lanarkshire, highlighted the specialties which had presented particular recruitment challenges and the detailed contingency planning on a specialty by specialty basis towards ensuring service sustainability. She updated members on recruitment numbers, including any remaining vacancies, and assured the Board that every conceivable measure had been put in place to ensure that the impact of the changeover on service delivery would be minimal.

In discussion, she acknowledged that the transition to Modernising Medical Careers was still in its early stages, but stressed that recruitment planning towards the changeover dates had developed significantly over the last year. She also reported on the ongoing dialogue with the Scottish Government Health Department, especially around the Fixed Term Specialty Training posts and ensuring that the West of Scotland and Lanarkshire received an equitable allocation of Specialty Training posts.

The Director of Acute Services outlined, for members, some key initiatives that had been put in place to support the changeover arrangements, including: a 6 months pilot at Wishaw General Hospital of nurses undertaking more major work; increasing the number of Hospital Emergency Care Team nurses during daytime hours; medical staff working up to 56 hours per week in some areas, which brought a significant additional cost; and the use of Physicians Assistants in Orthopaedics at Hairmyres Hospital.

The Chairman expressed his, and members, appreciation to the Medical Director and to Human Resources staff, especially medical staffing personnel, for their diligent contribution to recruitment planning and implementation for the changeover.

THE BOARD:

1. Noted the update report on Modernising Medical Careers.
2. Asked to receive a further report in August.

Medical
Director

91. **NEW HORIZONS – A PLAN FOR MODERNISING PRIMARY CARE SERVICES**

The NHS Board considered a report on the development of New Horizons, the Plan for Modernising Primary Care Services, including a Further Engagement Feedback Report and a finalised version of the Plan.

The Director of the South Lanarkshire Community Health Partnership gave a detailed presentation outlining the considerable amount of work undertaken through the Primary Care Programme Board over the course of the previous 18 months to develop a Plan for the Modernisation of Primary and Community Care Services. He reminded members that the Board had previously received interim updates on progress with the development of the Plan. He explained that the Plan in its final draft status had been circulated to a range of interested stakeholders and had been the subject of extensive engagement with stakeholders over recent months, with the outcome of that process reflected in the engagement feedback report and the final version of the Plan before the Board.

He explained that the Plan identified the key drivers for change and context within which Primary Care Services were operating at present, and described some of the evidence based factors that supported shifting the balance of care. He outlined the four cornerstones of care that needed to be developed in Primary Care Services, viz: unscheduled care (out of hospital); care for patients with long-term conditions; extended Primary Care, and Health Improvement; and explained that the Plan identified the desired outcomes for each cornerstone, along with the measures that would be used to identify success in fulfilling these outcomes. He acknowledged the existence of a number of well developed strategies already being implemented in Lanarkshire, including those for Mental Health, Learning Disabilities and Sexual Health, and stressed that the Plan provided a synopsis of the interdependencies with these key strategies. He stressed that the cornerstones of care could not be delivered without appropriate supporting infrastructure, and highlighted Section 6 of the Plan which addressed this issue in the areas of e-health, workforce and the Primary Care Capital Programme. He reported that the Plan described the Resource requirements for the Strategy, many of which were already built into the Board's current financial Plan. He acknowledged that the delivery of key features of the Plan were resource dependent and stressed that the pace with which some elements of the Plan were implemented would be dependent upon the Board's Financial Plan, achievement of Cash Releasing Efficiency Savings (CRES) targets, and the availability, in future years, of funding from the Scottish Government. He explained that following approval for the Plan by the Board, a detailed Action Plan would be developed over the next six months,

monitored by the Primary Care Acute Services Improvement Board, with the Action Plan and its formulation being informed by the engagement feedback report and through the inclusion of key stakeholders, such as the Public Partnership Forums, Carers Organisations and the Local Authorities in the process. He stressed that detailed feedback on the finalisation of the Plan and the arrangements for its implementation would be provided to all who had contributed to the process to date.

In discussion, he emphasised the importance of maximising the benefits of the new Dental, Pharmacy and Optometry Contracts in taking forward the implementation of the Plan. He acknowledged the traditional approach to palliative care articulated within the Plan, and the need to broaden this in the further development of the Plan to more fully reflect the wider range of groups who benefit from palliative care.

The Chief Executive confirmed the intention to bring an updated Palliative Care Strategy to the Board for approval following the anticipated publication of the National Framework for Palliative Care in October. He also reminded the Board that dialogue with the East Kilbride Hospice Appeal Board about the type of inpatient facility in East Kilbride was ongoing.

The Chair of the Area Clinical Forum confirmed that the Plan, in its developmental stages, had been the subject of a Clinical Framework 'Open Space' event, when there had been significant interest expressed in optimising the multi-professional contribution to its implementation.

The Director of the South Lanarkshire CHP highlighted the distinctively Lanarkshire elements of the Plan, particularly around the long term conditions agenda. He acknowledged the importance of clear communication with the public about any change in service provision, and confirmed that this would be addressed through a number of means, including Public Partnership Forum involvement in the action planning and the development of a Communications Strategy for each constituent element of the Plan. He also acknowledged the need to underpin implementation of the Plan with work on cultural and organisational development, and to extend good practice, including through the further development and roll out of self-supported care packages, and to improve available data on health and clinical outcomes, including in relation to the contribution of the Quality and Outcomes Framework and HEAT outcome data.

The Chief Executive highlighted the importance of focussing, increasingly, on Health Inequalities and the need to articulate more clearly the Board's Strategic approach in this area. This work would be taken forward by the Director of Public Health working with the Directors of the North and South Lanarkshire Community Health Partnerships, having regard to 'Equally Well', towards articulating explicitly the strategic vision around Health Inequalities and Health Improvement. He acknowledged the need to focus on healthcare associated infection in Primary and Community Care settings, and confirmed that this would be addressed through the Board's HAI Action Plan, involving explicit discussion with HAI personnel around such issues as decontamination and linkages with the Prescribing Management Group about the prescribing of broad spectrum antibiotics. The Director of the South Lanarkshire CHP undertook to ensure that the finalised version of the Plan explicitly acknowledged the importance of HAI and articulated the linkages to the HAI Action Plan.

Director of
Public Health

The Director of Finance confirmed that the resource implications of implementing the Plan reflected discussions with her, and she confirmed that she would have further discussions on this matter as part of the process to finalise the Plan and develop an Action Plan.

The Director of the South Lanarkshire CHP confirmed that the Plan would be

amended to reflect the principal issues raised in discussion, and that a detailed Action Plan would be developed over the next eight to twelve weeks, including more explicit information about targets and outcomes and resource implications. The revised version of the Plan would be circulated to Board members for information.

THE BOARD:

1. Approved 'New Horizons', the Plan for Modernising Primary Care Services, subject to amendment to reflect the principal issues raised in discussion.
2. Agreed to consider the detailed Implementation Action Plan at a future meeting.

Director
SLCHP

92.

BREASTFEEDING

The NHS Board considered a progress report on implementation of the Breastfeeding Policy approved in November 2007.

The Director for Nurses, Midwives and the Allied Health Professions explained that since the Board's approval of the Breastfeeding Policy in November 2007, improvement in the Breastfeeding rate had become a national (HEAT) Target, and was one of the Board's Corporate Objectives for the year. He reminded members of the background to the issue, and the factors which made improvement in the breastfeeding rate a particular challenge for Lanarkshire. He explained that efforts to improve breastfeeding rates in Lanarkshire dated from the publication of the Breastfeeding Strategy in 1996. He highlighted the target trajectory and current rates for the percentage of babies recorded as exclusively breastfed at six to eight weeks. This showed a figure of 19.4% at September 2007, 17.3% current at March 2008 and a projection of 23.5% at March 2011. He stressed that what appeared to be a modest improvement target still represented a significant challenge for Lanarkshire. He outlined the factors which made the issue a challenge, including a general lack of societal support; relative poverty and affluence which enabled or inhibited the attitudes and practicalities of breast feeding and processes of care within maternity units, where much shorter lengths of stay and greater emphasis on the safe (and fulfilling) birth experience had, arguably, been to the detriment of establishing successful breastfeeding.

He explained that progress on the issue would be subject to the current performance management arrangements. He confirmed that a Breastfeeding Strategy Group and an Action Group were established and stressed that action would continue to refresh and develop the Strategy, with the emphasis being on improving practice and delivering improvements to the breastfeeding rates. He also stressed that health improvement approaches, which tended to be longer term and societal, along with sustained breastfeeding once initiated would continue to be important, with much greater emphasis being placed on the women's experience during pregnancy and immediately after birth, including the role of midwives, public health nurses, specialist support workers and others during the antenatal and postnatal period. He explained that an objective assessment of women's experiences in Lanarkshire on deciding whether or not to choose breastfeeding had been commissioned, and that the outcome would be used to target actions and resources. He confirmed that some additional resources had already been obtained from NHS Education Scotland as part of the Practice Development approach and highlighted the need for these and any further additional resources to be linked explicitly to specific objectives and auditable outcomes.

The Chief Executive acknowledged the substantial endeavour towards improving breastfeeding rates which, thus far, had proven to be stubbornly resistant. He highlighted the need for new and more imaginative approaches to improving breast

feeding rates and suggested that lessons might be learned from other countries that had delivered demonstrable improvement in this area. He confirmed that further progress reports, based on the renewed endeavour, would be brought to the Board.

Councillor McCabe undertook to reflect further on the potential Council contribution to improving the position, around ease of access to facilities for breast feeding within Council premises.

The Chair of the Area Clinical Forum suggested that it would be appropriate to consider what further opportunities there might be to develop more evidence-based practices for midwives and public health nurses in relation to breastfeeding.

The Chairman acknowledged that the experience in Lanarkshire of trying to secure material improvement in breastfeeding rates reflected the pattern in other areas of Scotland. He suggested that this might point to a need for an enhanced national focus and increased Departmental support for the endeavour, and undertook to raise the issue at the next meeting of NHS Board Chairs with the Cabinet Secretary for Health and Wellbeing.

THE BOARD:

1. Noted the report on Breastfeeding.
2. Asked to receive a further report in December.

Director for
Nurses, Midwives
& AHP

92.

E-HEALTH

The NHS Board considered a progress report on E-Health.

The Director of the South Lanarkshire CHP explained that the report provided the Board with an update on the status of approved projects and prevailing local, regional and national issues. He advised that work on e-health related developments was progressing broadly in line with the agreed plan. He advised that NHS Lanarkshire was encouraged by the broad aims of the revised NHS Scotland E-Health Strategy, the main thrust of which was in line with those initiatives being pursued by NHS Lanarkshire in its current workplan. He explained that NHS Lanarkshire was working with four other NHS Boards in a collaborative approach to the procurement of a Patient Management System, which was a key element of the National Strategy and would constitute a major part of the E-Health agenda during the next 12-18 months.

The Director of Finance reported that, nationally, Finance Directors were considering the financial framework for the delivery of the E-Health Strategy.

THE BOARD:

1. Noted the E-Health Progress Report.
2. Asked to receive a further report in January 2009.

Director
SLCHP

93.

LOCAL DELIVERY PLAN

a) Finance

The NHS Board considered a Finance Report for the period ended 30th June 2008.

The Director of Finance reported that the actual position to 30th June 2008 reflected an underspend of £1.5m against the in-year forecast of £3.1m, largely as a result of underspends against mental health pay budgets within the North Lanarkshire Community Health Partnership together with NHS Lanarkshire wide services. She explained that work was already underway to further develop a non-recurring plan for the year, recognising the potential slippage against approved financial plan commitments; emerging cost pressures within the system; and the remaining balance of the programme on general refurbishment and premises investment which commenced in the previous financial year. A formal update on this issue would be provided to the NHS Board at its next meeting. She reported that capital expenditure of £3m had been incurred to date against the plan of £35m for the year, and that the forecast revenue cumulative surplus for 31st March 2009 remained at £14.8m. She highlighted ongoing support for management action to contain the surplus within the forecast set out in the Local Delivery Plan, including the use of the non-recurring plan currently in development. She also highlighted the significant number of traditional earmarked allocations to the NHS Board to fund a wide range of initiatives.

In discussion, she confirmed that the position on pay was broadly in line over a three year period; however, she highlighted a risk around the potential financial consequences of the outcome of Agenda for Change reviews. The Director of Human Resources also highlighted a potential risk around the 'reopener' clause in the national pay settlement, given the current level of inflation.

THE BOARD:

1. Noted the actual revenue underspend of £1.514m as at 30th June.
2. Noted the forecast in-year end surplus of £3.050m per the approved Financial Plan.
3. Noted the forecast cumulative surplus of £14.835m as at 31st March 2009.
4. Noted the forecast year end capital underspend of £0.970m per the approved Financial Plan.
5. Asked to receive a further report.

Director of
Finance

b) Waiting Times

The NHS Board considered a report on the waiting times position at 30th June 2008.

The Director of Acute Services confirmed that the report was set against the waiting time guarantees that NHS Boards had been asked to deliver by 31st March 2009. She reported that all HEAT waiting time guarantees had been achieved in June. She highlighted the fact that New Ways continued to present challenges, particularly in outpatients, and confirmed that dialogue was continuing with ISD and the Scottish Government Health Department to deliver solutions. She reported that at the Annual Delayed Discharge Census carried out on 15th April 2008, the NHS Board had delivered the two guarantees required., and that this position had been sustained since April and was again reflected in the local census on 15th July.

She reminded members that the Board had previously been advised of the intention to deliver a level of performance in selected areas in excess of the National Waiting Time Guarantees, viz: inpatients; daycases and outpatients, with the objective of delivering a maximum wait of twelve weeks and in diagnostics to improve on the National Guarantee of six weeks to a maximum wait of four weeks by 31st March 2009.

She reported that the guarantees to be delivered by 31st March 2009 were being taken forward in the context of the 18 week referral to treatment target to be achieved by 31st December 2011, with additional funding being provided to the NHS Board by the Scottish Government in 2008/09 to facilitate delivery of the waiting time targets.

She highlighted performance against the Accident and Emergency maximum four hour wait target which for the month was 98% with less fluctuation in performance during the month and over twelve hour waits drastically reduced. For Cancer, she highlighted quarter 1 performance of 94.5%, which was higher than the Scottish average and 22% higher than the same period in the previous year.

She reported that the Project Board to deliver the eighteen week referral to treatment target had held its first meeting in June and that the programme plan for the eighteen week RTT had been approved by the Scottish Government. She confirmed that a Project Manager had been appointed and would take up post on 1st August 2008 and that the overall clinical lead for the eighteen week RTT had also been appointed, with work in progress to appoint Clinical Leads for individual specialties and primary care. She also confirmed that an implementation plan was in place for the Emergency Response Centre. She acknowledged performance on MRI scanning and confirmed that access arrangements were being reviewed with a potential need to purchase additional capacity.

THE BOARD:

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

c) Local Delivery Plan

Primary Care Out of Hours Services

The NHS Board considered a report on Primary Care Out of Hours Services for June 2008.

The Director of the South Lanarkshire Community Health Partnership explained that demand on the service was in line with expected, and that there were no material staff or other issues to report. He highlighted the extent to which the Out of Hours Service continued to support Accident and Emergency by taking 600 transfers during June and confirmed that this was viewed by Accident and Emergency colleagues as a valuable contribution. He also highlighted: the establishment of regular links with other community services such as Community Pharmacy; the continuation of the Educational Programme for staff; and the development of Patient Group Directives for patients requiring palliative care medications. He explained that the Service would continue to monitor the levels of demand for the purpose of matching resources accordingly and confirmed that work was ongoing with Acute colleagues in addressing the need for additional accommodation across the three main sites. He advised that the detailed review of out of hours home visiting was continuing with the aim of continually improving performance and that development work continued on the pilot project of hosting a mini Primary Care Centre within a Community Pharmacy and with Acute colleagues on redesigning emergency care.

THE BOARD:

1. Noted the performance of the Primary Care Out of Hours Service during June 2008.
2. Asked to receive a further report.

Director
SLCHP

94.

GOVERNANCE MINUTES

a) **Health and Clinical Governance Committee – 20th June 2008**

Mrs. Nelson, Chair of the Committee, highlighted discussion on healthcare associated infection. She reported on her visit during the previous week to the Renal Unit at Monklands Hospital, accompanied by the Project Manager for the Scottish Patient Safety Programme, when she had been struck by the extent of the endeavour aimed at reducing infection rates. She stressed the requirement for high-level senior management commitment and support to ensure that necessary actions were pursued timeously.

The Medical Director and the Director of Acute Services confirmed that there were processes in place involving the Project Manager and local Managers with the aim of ensuring that prioritised actions arising from Patient Safety Programme visits were implemented.

b) **Audit Committee – 11th June 2008 and 25th June 2008**

The NHS Board noted the minutes.

c) **Acute Operating Management Committee – 19th June 2008**

Members noted the discussion on the Development of the Maternity Strategy 2008 to 2013 which would be brought to a future meeting of the NHS Board for consideration.

d) **North Lanarkshire Community Health Partnership Operating Management Committee – 11th June 2008**

Members noted the discussion on attendance management and the formal approval of the Terms of Reference, which had been amended to reflect the changes to the management arrangements for the Northern corridor.

95.

ANY OTHER COMPETENT BUSINESS

a) **Gordon Walker**

The Chairman reminded members that the meeting marked Gordon Walker's last Board meeting prior to his retiral on 8th August 2008 on the completion of 40 years service. He paid tribute to Gordon's contribution to the Service in Lanarkshire and to the work of the NHS Board, and acknowledged his wider contribution to Human Resources within the NHS through his work nationally. He extended his and members best wishes to Gordon for his retirement.

96.

DATE OF NEXT MEETING

Wednesday 27th August 2008.

97.

MOTION TO MOVE INTO PRIVATE SESSION

The NHS Board approved a Motion to move into private session for the remaining items of business due to the 'draft' and the 'commercial-in confidence' status of the respective matters.

i) Patient and Staff Identifiable Information on the Law Hospital site

The NHS Board considered a draft report on patient and staff identifiable information on the Law Hospital site, prior to submission to the Information Commissioner, NHS Quality Improvement Scotland and the Scottish Government Health Department.

The Chief Executive outlined the circumstances around the discovery of patient and staff identifiable information on the former Law Hospital site; the immediacy of the management response and the specific actions taken to conduct a detailed search of the site and clear any remaining items or information; the investigation of the incident led by the Director for Strategic Implementation Planning and Performance; and the investigation findings and recommendations. He stressed that the materials discovered on the site were miscellaneous items of patient and staff identifiable information and that no complete medical records were found on the site. He also stressed that the recommendations arising from the investigation would be implemented with immediate effect, including the production of revised operational procedures for the checking and removal of records on partial or full retraction from sites, with any further revision to the recommendations in response to any material comments from the Information Commissioner, NHS Quality Improvement Scotland and the Scottish Government Health Department. He confirmed that following consideration of the report by the Information Commissioner, NHS Quality Improvement Scotland and the Scottish Government Health Department, the final report would be made public.

THE BOARD

1. Agreed the draft report.
2. Asked to receive a finalised version at a future meeting.

Chief Executive

ii) Law Sale Update

The Director for Strategic Implementation, Planning and Performance updated members in detail about the key issues around the Law sale, including progress towards Title Transfer envisaged for January 2009 and ongoing dialogue with the Developers about their continuing interest.

The Director of Finance and the Chief Executive explained the financial implications around the protracted timescale for concluding the sale and the potential revenue consequences of the sale not proceeding. The Director of Finance also confirmed discussions with SGHD about the financial treatment.

The Director for Strategic Implementation, Planning and Performance stressed that securing a conclusion to the sale within the timescale indicated was the focus for concerted management action.

THE BOARD

1. Noted the update on the sale of the former Law Hospital site.
2. Asked to receive a further report.

Director
SIPP

iii) Healthcare Associated Infection

The Medical Director updated members on the submission to Health Protection Scotland of data on deaths between December 2007 and May 2008 where clostridium difficile was recorded either as the underlying cause of death or a contributing factor. She also reported on the development of a Healthcare Associated Infection Action Plan and confirmed the intention to report to the Board on a monthly basis on system performance on HAI.

NJA/MB
21/8/08