

Lanarkshire NHS Board

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Meeting of Lanarkshire NHS Board, Wednesday  
26 November 2008, at 9.15 in the Board Room,  
14 Beck ford Street, Hamilton

**CHAIRMAN:** Mr P K Corsar, Non Executive Director

**PRESENT:** Mr J A Anning, Non Executive Director  
Mr D Clark, Non Executive Director  
Mr T Currie, Non Executive Director  
Mr T Davison, Chief Executive  
Dr A Graham, Medical Director  
Mrs L Khindria, Director of Strategic Human Resources and  
Workforce Development  
Dr H S Kohli, Director of Public Health  
Mr A Lawrie, Director, South Lanarkshire Community Health Partnership  
Mrs R Lyness, Director, Acute Services  
Councillor E McAvoy, Non Executive Director  
Dr D McCormick, Non Executive Director  
Mrs N Mahal, Non Executive Director  
Mrs M Nelson, Non Executive Director  
Mr I A Ross, Director for Strategic Implementation, Planning and  
Performance  
Mr C Sloey, North Lanarkshire Community Health Partnership  
Mrs S Smith, Non Executive Director  
Mr W Sutherland, Non Executive Director  
Mr H Sweeney, Employee Director  
Mr P Wilson, OBE, Director for Nurses, Midwives and the Allied  
Health Professions

**IN ATTENDANCE:** Mr N J Agnew, Corporate Affairs Manager/ Board Secretary  
Mr A Goor, Interim Director of Finance  
Mrs K Hamilton, Communications Manager  
Mr K A Small, Director of Organisational Development  
Dr V J Sonthalia, Chairman Area Medical Advisory Committee  
Mr G Docherty, Health Promotion Manager  
Mrs E Russell, Assistant Health Promotion Manager

**APOLOGIES:** Councillor J McCabe, Non Executive Director

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**ACTION**

140.

**WELCOME**

The Chairman welcomed members to the meeting. He extended a particular welcome to Mr. Goor, Mr. Docherty and Mrs. Russell. He reported that the intention was to heighten the profile of Health Improvement, Health Inequalities, Public Health and Clinical Governance in discussion at NHS Board meetings.

141.

### **CHAIRMAN'S REPORT**

The Chairman reported on a series of National Awards made to NHS Lanarkshire staff. He advised that Lorna Shearer had received the Support Worker Award at the Scottish Health Awards for her work in the Health Spot Youth Project at Coatbridge Health Centre. In addition, Elspeth Wright and Ann Haynes had the winning poster in two categories at the recent Faculty of Public Health Scottish Conference, and Ceila Watt and Albert Yeung had won the 2008 Roger Anderson, poster prize, awarded by the British Association for the Study of Community Dentistry. The Chairman extended his and Board members congratulations to the staff concerned.

He reported on the principal issues considered at the meeting of the Cabinet Secretary with NHS Chairs on 24<sup>th</sup> November 2008 as follows:

- Organ donation policy and transplant procedures.
- Cancer waiting times, with significant progress in Lanarkshire highlighted.
- The review of the 2009/10 HEAT Targets
- Access to medicines for NHS patients, viz: the 'top-up' issue.
- Healthcare Associated Infection and the Consultation on the Establishment of a Healthcare Associated Infection – Independent Inspectorate.
- Medical Workforce pressures.
- Encouragement to NHS systems to work with Local Authority partners on delayed discharges
- Human Papilloma Virus Programme. This would be the subject of a report to a future meeting of the NHS Board.
- Confirmation of Equally Well test sites, including North Lanarkshire.
- The concept of mutuality. This could feature as a Board Seminar topic, possibly as part of a Board Seminar on the Scottish Patient Experience Programme.

The Director of Public Health briefed members on the principal issues and actions in relation to the resident at Hartwoodhill Hospital who was a confirmed case of Legionnaires' Disease.

142.

### **MINUTES**

The NHS Board received, for approval and signature, the minute of the meeting held on 29<sup>th</sup> October 2008.

#### **THE BOARD:**

1. Approved the minute for signature.

143.

### **MATTERS ARISING**

- a) **Modernising Medical Careers**

The NHS Board considered an update on Modernising Medical Careers.

The Medical Director highlighted from the report, the principal issues in relation to vacancies for Junior Medical Staff and Career Grade Staff where they had an impact on service or rota requirements. She highlighted the particular areas of pressure within the system, and outlined the continuing actions to mitigate their impact, including: a second national round of recruitment; international recruitment; the recruitment of additional physicians assistants; and further recruitment initiatives through traditional advertising and locum agencies. She stressed that every conceivable action was being taken to ensure service sustainability.

**THE BOARD:**

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

Medical  
Director

144.

**SMOKING CESSATION**

The NHS Board considered a report on Health Improvement: Smoking.

Mr. Docherty and Mrs. Russell gave a detailed presentation, highlighting: the scale of the problem; the HEAT Target; National Targets; Progress in Lanarkshire; and challenges and opportunities. They stressed that the Smoking Cessation Service was now available across all areas and the three Acute sites and was easily accessible through one single telephone and text number. They explained that service throughput and quit rates were good and compared favourably to the Scottish average, with NHS Lanarkshire close to meeting the National HEAT Target. They highlighted the key actions required to ensure that the HEAT Target was met, including: increased emphasis on referrals; reviewing the Service Model and supporting the implementation of the Pharmacy Scheme. They also highlighted key service priorities, including further developing the service to meet the needs of specific target groups, such as pregnant women, and the need to increase the focus on the wider smoking education and prevention agenda, in line with the Smoking Prevention Action Plan.

In discussion, it was noted that there was within the system the funding and the potential to further expand capacity within the current pool. The contribution of General Practitioners and GP prescribing was highlighted as a key issue, and whilst the preference was for GPs to refer patients to the Smoking Cessation Service, the preference for some GPs to prescribe was acknowledged. There was recognition that relapse rates were higher amongst heavily addicted smokers and the consequent need to consider further extending the current maximum 12 weeks support for this Group. Mrs. Russell sought to reassure the Board that the Smoking Cessation Service was sensitive to social and economic factors and their impact on smoking and quit rates.

The Director of the North Lanarkshire Community Health Partnership confirmed discussion with Dr. Kohli as Executive lead, about developing a resource plan for the totality of the health improvement agenda. Dr. Kohli acknowledged that the prevalence of smoking was reducing; however, he stressed that smoking remained a major health inequalities issue for the Board, requiring sustained commitment and resource.

The Chairman expressed his and members appreciation to Mr. Docherty and to Mrs. Russell for their attendance and for the information presented to the Board.

**THE BOARD:**

1. Noted the report on Health Improvement: Smoking and endorsed the continuing endeavour to address this health improvement challenge.

## **LEARNING DISABILITIES ASSESSMENT AND TREATMENT CENTRE**

The NHS Board considered a full Business Case for the Learning Disabilities Assessment and Treatment Centre.

The Director for Strategic Implementation, Planning and Performance explained that the Full Business Case for the development of a Learning Disabilities Assessment and Treatment Centre at Kirklands Hospital was in line with National Policy and provided the Board with details of the Service Model and the capital and revenue funding requirements for the development. He stressed that the FBC had been shaped by the overall clinical strategy and that it had been developed through processes which included significant advocate and service user involvement.

The Director of the North Lanarkshire Community Health Partnership explained that the Full Business Case set out the case to support NHS Lanarkshire proceeding with the development of a Learning Disabilities Assessment and Treatment Centre at Kirklands Hospital, to provide accommodation for twelve single, en-suite bedrooms with associated day and therapeutic living space, and a limited range of outpatient therapies for those patients assessed as unable to access community based therapies.

The Director of the North Lanarkshire Community Health Partnership highlighted the background to the full Business Case and the key issues, including significant national and local strategy documents, such as *'The Same as You'?* (Scottish Executive 2000); *'We want a life'* (NHS Lanarkshire 2000); and *'People with Learning Disabilities in Scotland, Health Needs Assessment Report'* (NHS Health Scotland, February 2004). He explained that the Learning Disabilities Assessment and Treatment Centre was included within the Master Programme previously approved by the Board, that the Supply Chain Partner had been appointed, and that the planned programme timescales had been provided to the Scottish Government.

He highlighted the extent to which current facilities did not allow the delivery of a number of key strategic objectives, and outlined the principal objectives of the Project to address these areas. He stressed that implementation of the preferred option would result in the achievement of substantial benefits for patients, for staff and for members of the general public.

The Director for Strategic Implementation Planning and Performance explained that the economic situation and the construction market had brought benefits to the Board through not insignificant Capital and Revenue cost reductions for the development. He highlighted the extent to which the progress of the development would be taken forward in partnership with the developer in an atmosphere of openness and shared risk, with the Board benefiting from a guaranteed price. He also highlighted the potential for the Board to benefit further as a result of any sub-contractor cost reductions. He acknowledged the need to maintain a substantial focus on the progress of the development, particularly with regard to the continuing solvency of the Supply Chain.

The Interim Director of Finance confirmed that the development was affordable within the Capital Programme and the Revenue Plan.

### **THE BOARD:**

1. Approved the Full Business Case for the Learning Disabilities Assessment and Treatment Centre, to enable implementation.
2. Approved the Capital investment sum of £7.344m.
3. Agreed to the submission of the Full Business Case to the Scottish

Interim

146.

**COMMUNICATIONS AND ENGAGEMENT**

The NHS Board received for consideration a progress report on the implementation of the outcome of the Communications Engagement Audit.

The Head of Communications reminded members that in March 2008 the Board had been presented with the results of a survey which had been commissioned to gauge the public's views on how NHS Lanarkshire communicated and engaged with them.

She explained that the paper before the Board was intended to provide members with an update on the progress that had taken place since then. She outlined the principal actions, including: work by the stakeholder engagement group to identify key deliverables from the survey results; the development of a programme grid to identify the actions to address each of the key survey results; the presentation of the survey results and actions to the North and South Public Partnership Forums; the wide dissemination of the results to staff, members of the public and other key stakeholders; and the management of the development and monitoring of the programme grid through the Stakeholder Engagement Group. She highlighted, in particular, two key areas of significant progress, viz: the development of a Customer Care Policy and Standards and a Guide to Written Communications and further web development. She also confirmed that a further public engagement survey would take place in three years, to establish the effectiveness of the actions taken.

The Chairman acknowledged the work undertaken since the conclusion to the communications and engagement survey, and noted that this was in keeping with the concept of mutuality in the delivery of public services, promoted by the Scottish Government.

The Head of Communications explained that the further development of the website would be overseen by a Web Manager, part of whose remit would include the reconciliation of devolution of authority to amend the website with control of web content. She confirmed that the Web Manager's remit encompassed training for staff in this regard. She also confirmed that the monitoring arrangements for the website would include an analysis of hits. She acknowledged the key relationship between General Practices and the public, and confirmed the intention to share the Customer Care Policy and Standards and Guide to Written Communications with practices.

The Directors of the North and South Lanarkshire Community Health Partnerships explained that the analysis of complaints and the current National Survey of General Practice may highlight issues that the introduction of these documents might help to address.

The Head of Communications acknowledged the importance of the availability of meaningful information to the public. She reminded members that the public engagement and communications survey results had concluded that respondents did not particularly wish further information, especially a Newsletter, sent to them. However, the opportunity would be taken to consider the current level of information made available to the public, and what more might be useful, including through the new website which would have a subscribe/unsubscribe facility. Consideration would also be given to the potential for making The Pulse more widely available. She highlighted the increased level of positive media reporting of health issues. She also explained that NHS Lanarkshire linked with North and South Lanarkshire Councils in relation to their household distribution of the Council Newsletters. She acknowledged an issue raised in discussion about ease of access to information in its various forms for members of the public,

Head of

including particular groups, such as those who had suffered a stroke, and undertook to consider this issue further. Communications

**THE BOARD:**

1. Noted the Progress Report on the Public Engagement and Communications Survey, and accepted the recommendation that a further survey would take place in three years.

Head of  
Communications

147.

**PATIENT FOCUS PUBLIC INVOLVEMENT**

The NHS Board considered an update on the Patient Focus and Public Involvement Strategy 2006/2010 Action Plan.

The Director for Strategic Implementation Planning and Performance reminded members that in December 2006 the Board had approved the PFPI Strategy on the basis that the Action related to the Strategy should be reviewed every six months to note developments and progress. He stressed that the PFPI Strategy reflected the Board's commitment to work in partnership with the people of Lanarkshire to improve health, reduce health inequalities and build trust and confidence in relationships with the public, staff and organisations. He explained that the Action Plan provided a summary of a range of workstreams, each with individual Action Plans and Governance Arrangements to ensure their implementation, and reflected progress made to the end of October 2008. He advised that three main indicators had been identified as measures of overall achievement in relation to Patient Focus Public Involvement, viz: patient feedback through the Better Together Programme; Public and Patient Partnership Forum Feedback utilising a survey; and the Scottish Health Council Annual Assessment. He highlighted the positive progress in each of these key areas, and in relation to additional priorities, including: Better Together; The Carer Information Strategy; Transport Initiatives; Refreshing Volunteering; Advocacy; and Review of Contracts with Voluntary Organisations. He reminded members that the Carer Information Strategy had been approved by the Board in 2007, and confirmed that this was moving through implementation through the Carer Advisory Groups in North and South Lanarkshire. He acknowledged the substantial contribution of volunteering, and undertook to bring to a future meeting of the Board a report on Volunteer Development and Use of Voluntary Sector Organisations. He advised that the Board was committed to achieving Investor in Volunteering status by 2011.

Director for  
SIPP

The Director for Nurses, Midwives and the Allied Health Professions explained that a major stakeholder event for volunteers would be held during 2009 to which Board Members would be invited. He also confirmed that there was in post a dedicated Volunteering Co-ordinator Manager.

**THE BOARD:**

1. Noted the update on the Patient Focus and Public Involvement Strategy 2006/2010 Action Plan.
2. Asked to receive at a future meeting a report on volunteer development and use of voluntary sector organisations.

Director for  
SIPP

148.

**E-HEALTH**

The NHS Board considered a quarterly update on e-health, including the status of approved projects and prevailing local, regional and national issues.

The Director of the South Lanarkshire Community Health Partnership explained that work on e-health related developments was progressing broadly in line with the agreed plan, with priorities having been revised in accordance with the National E-Health Strategy and additional programmes of working having

commenced in the areas of GP IT Community Nursing and Allied Health Professions support and information governance. Regional initiatives had been approved in areas of renal medicine and chemotherapy prescribing and these would be implemented within a regional work programme during 2009/10. He confirmed that the programme of work that would conclude with the award of a contract to replace the Patient Management System was progressing to plan. In addition, a new target for universal use of the Community Health Index had been set, and a programme of work would take place over the next three years to adopt the Community Health Index as the primary patient identifier across all service areas.

Director for  
NNAHPs

#### **THE BOARD:**

1. Noted the report on e-health.
2. Asked to receive a further quarterly update.

Director  
SLCHP

149

#### **LOCAL DELIVERY PLAN**

a) **Finance**

The NHS Board considered a Finance Report for the period ended 31<sup>st</sup> October 2008. The Interim Director of Finance explained that the actual position to 31<sup>st</sup> October 2008 reflected an underspend of £8.604m, in line with the cumulative planned outturn of £14.835m. He advised that the early indications from the outcome of the mid-year review were that taking account of potential non-recurring investment proposals, cost pressures and offsetting benefits, the potential surplus remained broadly in line with that approved in the Five Year Financial Plan and Local Delivery Plan. He reported that capital expenditure of £10.891m had been incurred to date against the Plan of £36.524m for the year. He advised that the forecast underspend had been reduced to £4.7m, in comparison to the estimate of £6.4m reported in the previous month. He reported that this level of underspend would require approval from the Scottish Government Health Department to ensure that the resources were 'banked' for future years. He reassured members that the banked capital funds would be available during 2009/10 to fund the progress of capital developments.

The Chief Executive explained that the pace at which the Capital Programme was moving forward was producing benefits around revenue affordability. He acknowledged the need for the submission of Full Business Cases to the Board to be accompanied by assurances for members about revenue affordability, and he reminded members that this position would be contingent upon the Board's assumptions on the outcome of the National Resource Allocation Committee Review being realised.

The Director for Strategic Implementation Planning and Performance, confirmed that the Full Business Case for the developments for Adults with Complex Mental Health Needs at Coathill Hospital and Caird Street, Hamilton would, respectively, be brought to the NHS Board in December 2008 and January 2009.

#### **THE BOARD:**

1. Noted the actual revenue underspend of £8.6m as at 31<sup>st</sup> October 2008.
2. Noted the forecast cumulative surplus remained extant at £14.8m, following the initial draft of the mid year review.
3. Noted the forecast year end capital underspend of £4.7m.
4. Asked to receive a further report.

Interim Director  
of Finance

b) Waiting Times

The NHS Board considered a report on waiting times.

The Director of Acute Services reported that all HEAT waiting time guarantees had been achieved in October. Considerable progress had been made against waiting time guarantees for inpatients, daycases and outpatients against both the 12 and 15 week guarantees, and that progress would continue during November and December, with the expectation that trajectories would be exceeded by the end of calendar year 2008, moving to a 12 week maximum wait by 31<sup>st</sup> March 2009. Whilst New Ways continued to present challenges, particularly in outpatients, it was anticipated that revised New Ways definitions would assist management of the waiting list. She reported that the delivery of the delayed discharge guarantees at the annual census on 15<sup>th</sup> April 2008 had been sustained and was again reflected in the local census on 15<sup>th</sup> November. She highlighted from the report performance against the objective of delivering a maximum wait of 12 weeks for inpatients, daycases and outpatients and, for diagnostics, to improve on the National Guarantee of 6 weeks to a maximum wait of 4 weeks by 31<sup>st</sup> March 2009. She also reported on the next steps towards delivery of the 18 week referral to treatment time by 2011, including delivery of the waiting time guarantees on the trajectory by 31<sup>st</sup> March 2009, and the progress of deliberations within the 18 week RTT Project Board. She confirmed that NHS Lanarkshire would be an early adopter site for LEAN in Scotland and explained the way in which the strategic deployment of LEAN in Lanarkshire would be taken forward. She reported that the Emergency Referral Centre had commenced on 24<sup>th</sup> November 2008, and on Optimum Reperfusion Activity since the recent commencement of the Service.

The Chairman commended the waiting times performance being delivered within the Acute Division.

**THE BOARD:**

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

Director of  
Acute  
Services

c) Primary Care Out of Hours Services

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

The Director of the South Lanarkshire Community Health Partnership reported that demand on the service was normal for the time of year. He highlighted improvements in response times for home visiting during the month. He confirmed that Winter Planning had been the key focus during the month, with the Plan being on schedule. He reported that an exploratory meeting had been held with NHS Quality Improvement Scotland and the Primary Care Division to explore the feasibility of developing a more comprehensive set of Key Performance Indicators for Out of Hours Services that would ultimately be adopted across Scotland.

He restated the focus on winter planning and explained that the service continued to work to complete rotas for the festive period, with no rota shortfalls anticipated.

**THE BOARD:**

1. Noted the report on Primary Care Out of Hours Services for October 2008.
2. Asked to receive a further report.

Director  
SLCHP

d) Healthcare Associated Infection

The NHS Board considered an update report on Healthcare Associated Infection.

The Medical Director highlighted material progress in key areas, including: meeting the health efficiency access and treatment target to achieve a 30% reduction in staphylococcus aureus bacteraemias by 2010; the prevention and management of clostridium difficile; improving hand hygiene compliance amongst NHS staff by meeting the target of at least 90% compliance by November 2008; and norovirus point prevalence. She also highlighted significant national reports, including: healthcare associated infection – inspection, assurance and public confidence; revised guidance on single room provisions; and external audit of the NHS cleaning monitoring framework. She stressed that whilst good progress was being made, significant work was required to ensure that the organisation would be fully compliant with the National Healthcare Associated Infection Agenda over the next three years.

**THE BOARD:**

1. Noted an update report on Healthcare Associated Infection.
2. Asked to receive a further report.

Medical  
Director

e) Sickness Absence

The NHS Board considered a report on the progress towards delivery of the Local Delivery Plan HEAT Sickness Targets of 4% by March 2009.

The Director of Human Resources reported that against a target for September of 4.92%, the actual performance was 4.88%. She highlighted the performance by Division and stressed the pro-active management of sickness levels through performance management policies. She reported on the progress of the EASY Project, and on a successful Seminar with staff side representatives held on 24<sup>th</sup> November 2008. She advised that the next month's report to the Board would include an extended explanation of staff support. She explained that by early December more than 9,000 staff would be covered by the EASY Project. She also reported on a recent visit by the Director General Health and Chief Executive of the NHS in Scotland to the Lanarkshire Occupational Health and Safety Service to hear about the project.

**THE BOARD:**

1. Noted the report on performance against the Local Delivery Plan HEAT sickness target of 4% by March 2009.
2. Asked to receive a further report.

Director  
Human  
Resources

f) Knowledge and Skills Framework

The NHS Board considered a report on performance against the Local Delivery Plan HEAT Knowledge and Skills Framework target of 100% of all Agenda for Change staff having a KSF based Personal Development Plan by 31<sup>st</sup> March 2009.

The Director of Organisational Development highlighted performance at October 2008. He reported on the initiatives in place to ensure delivery of the HEAT Target by March 2009, including an e-KSF Training Programme and proactive support for Managers and staff in completing the KSF PDP process.

**THE BOARD**

1. Noted the report on progress in working towards the achievement of a 100% KSF PDP target by 31<sup>st</sup> March 2009.
2. Asked to receive a further report.

Director  
OD

149. **GOVERNANCE MINUTES**

The NHS Board considered Governance Minutes as follows:

- a) Health and Clinical Governance Committee – 20<sup>th</sup> October 2008
- b) Acute Division Operating Management Committee – 23<sup>rd</sup> October 2008

Mr. Currie, Committee Chair, reported on a successful briefing on the Cash Releasing Efficiency Savings requirement, which had produced a number of encouraging suggestions. He also highlighted discussion on sickness absence performance and a visit to the cardiac catheterisation laboratory.

150. **PROGRAMME OF BOARD MEETINGS DURING 2009**

The NHS Board considered a proposed programme of Board meetings during 2009.

**THE BOARD:**

1. Approved the programme of Board meetings for 2009.

151. **BOARD SEMINARS**

The NHS Board considered a proposal for Board Seminars during 2009 on: Health and Clinical Governance Strategy; Equally well Action Plan and Reducing Health Inequalities; Staff Governance; Corporate Objectives; and the Scottish Patient Experience Programme.

Director  
Acute  
Services

**THE BOARD:**

1. Approved the Programme of Board Seminars 2009.

152. **DATE OF NEXT MEETING**

Wednesday 17<sup>th</sup> December 2008.

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

The NHS Board approved a Motion to move into private session for the remaining business due to the 'Commercial in Confidence' nature of the item.

154. **PHARMACY PRACTICES COMMITTEE**

The NHS Board considered the minute of the meeting of the Pharmacy Practices Committee held on 6<sup>th</sup> October 2008.

Mr. Sutherland, Committee Chair, highlighted the principal issues considered and the Committee's decision.

155. **WORKFORCE PLANNING**

The Medical Director provided a further update on the progress of Workforce Planning for 2009/10.

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