

Lanarkshire NHS Board

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Meeting of Lanarkshire NHS Board, Wednesday
19th December 2007, at 9.00 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 Currie, 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
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 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
Mrs L Khindria, Acting Director of Human Resources
Mr K A Small, Director of Organisational Development
Dr V J Sonthalia, Chairman, Area Medical Advisory Committee

APOLOGIES: Mr. E.J.H. Mallinson, Consultant in Pharmaceutical Public Health
Councillor E McAvoy, Non Executive Director
Councillor J McCabe, Non Executive Director
Mr G Walker, Director of Human Resources

158. **WELCOME**

The Chairman welcomed members to the meeting. He extended a particular welcome to Lynne Khindria, in her capacity as Acting Director of Human Resources.

159.

CHAIRMAN'S REPORT

The Chairman reported on the principal issues considered at a meeting of the Cabinet Secretary with NHS Board Chairs on 17th December 2007, as follows:

- Publication of the Audit Scotland Report – Overview of Scotland's Health and NHS Performance in 2006/07
- The abolition of prescription charges, including the phasing-in arrangements and the consequences for NHS Boards.
- Better Health, Better Care – Publication of Action Plan
- New HEAT targets for the Local Delivery Plan
- Workforce issues
- Cancer Waiting Times, where the Cabinet Secretary expressed her appreciation to Boards for performance against the target.
- Progress in the deliberations of the Health Inequalities Taskforce, on which the Chairman served.
- Publication of the Healthcare Sciences Strategy
- Executive and Senior Managers pay
- Winter Planning

The Cabinet Secretary confirmed her desire for meetings to continue, but with Boards contributing, increasingly, to shaping the agenda.

The Chairman reported that he, along with the Chief Executive, the Director for Strategic Implementation, Planning and Performance, the Director of Finance, the Medical Director and the Head of the Acute Programme, had met on 5th December 2007 with the Director General for Health and Wellbeing, to discuss the progress of the Review of Accident and Emergency Services.

160.

MINUTES

The minute of the meeting held on 28th November 2007 was submitted for approval and signature.

THE BOARD:

1. Approved the minute for signature, subject to noting at Item 154b, Waiting Times, that the Director of Acute Services reported, for cancer, that the unvalidated up-to-date performance was 100%, whilst the validated data for the last quarter had been 75%, and 85% for the first month in quarter 3. The unvalidated performance figure therefore represented demonstrable progress over recent months.

161.

REVIEW OF ACCIDENT AND EMERGENCY SERVICES

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

The Director for Strategic Implementation, Planning and Performance highlighted the principal issues around progress, relating to: engagement with staff; the second submission to the Independent Scrutiny Panel; and meetings with Constituency and List Members of the Scottish Parliament. He also outlined the next steps in the Process. He advised that discussions had taken place during December with the Scottish Government Health Department, about progress to date, and to clarify arrangements for the Board's submission to the Cabinet Secretary, beyond its meeting on 30th January 2008. He reminded members that the final report from the Independent Scrutiny Panel should be received by the Board no later than 10th January 2008, and would be distributed to the Area Clinical Forum and to the Professional Advisory Committees, in order that they could provide a combined view to the NHS Board, to inform its deliberations on 30th January 2008.

THE BOARD:

1. Noted the progress report on the Review of Accident and Emergency Services.
2. Endorsed the second submission to the Independent Scrutiny Panel.
3. Asked to receive a further report.

Director for
Strategic
Implementation
Planning &
Performance

162.

BETTER HEALTH, BETTER CARE

The NHS Board received the '*Better Health, Better Care: Action Plan*, launched on 12th December 2007 by the Cabinet Secretary for Health and Wellbeing.

The Chairman explained that the document was, primarily, for noting at this stage, given that it had only recently been published, and that the Board would return to the Action Plan early in the New Year, when more detailed consideration would be given to the arrangements for its implementation in Lanarkshire.

THE BOARD:

1. Noted the Better Health, Better Care: Action Plan.
2. Agreed to receive proposals, early in 2008, for implementation.

Director for
Strategic
Implementation
Planning &
Performance

163.

NO SMOKING POLICY

The NHS Board considered a draft No Smoking Policy.

The Director of Public Health explained that the paper before the Board was intended to advise members of the draft Public Health No Smoking Policy, and the proposed consultation with staff on issues related to the practical application of the Policy. She advised that smoking outdoors on NHS Lanarkshire's premises was giving mixed messages about the Board's commitment to health improvement, and that the current arrangements were not preventing exposure to passive smoking by staff and the public indoors, most notably due to tobacco smoke from outside the front doors of the acute hospitals, leading to complaints and critical comments.

The Director of Public Health explained that the revised policy was prepared at the request of the Corporate Management Team, and that it covered everyone in or on NHS Lanarkshire premises, and extended No Smoking to all outdoor areas of such premises, and all vehicles parked on them. It also allowed for specialist support for staff who wished to quit smoking, reporting procedures when people were seen smoking on the premises, and a deferred implementation date for psychiatric inpatients to enable adequate preparation for this vulnerable group and specific care issues to be addressed. She stressed that the successful implementation of the Policy would need the co-operation of both staff and the public. She advised that there had, already, been limited consultations through the Partnership structures, and that staff side organisations were gathering comments from their memberships. She explained that it was anticipated that, subject to comments from the Board, staff side organisations and the proposed wider consultation with NHS employees, the policy would be ratified by the Human Resources Forum. A campaign to inform the public of the changes would take place in due course. It was intended that the final policy, including a report on consultation, would be presented to the Board at its meeting in March 2008.

In discussion, the Director of Public Health explained that there were already No Smoking Policies in place in some other NHS Board areas, and confirmed that the approach adopted in these areas had, to an extent, helped to inform the proposed

approach to the introduction of the policy in Lanarkshire. She advised that there was no legislative basis for enforcement of the policy amongst patients and the public, but that enforcement for staff could be pursued through the recognised discipline procedures.

The Employee Director and the Acting Director of Human Resources stressed that there would be increased support for staff who smoked, and the Director of the North Lanarkshire Community Health Partnership confirmed that he had asked the Area Health Promotion Manager to take forward work with SALUS, the Lanarkshire Occupational Health and Safety Service, towards making available a higher level of smoking cessation support for staff. The Employee Director reported some concerns about the role envisaged for staff in enforcing the policy, and confirmed that further consideration would be given to this issue during the consultation.

The Director of Acute Services highlighted the potential for engagement with the Local Authorities about a possible role for Community Enforcement Officers in assisting to enforce the policy on NHS Lanarkshire premises.

The Director for Allied Health Professions, Nursing and Midwifery, acknowledged that there was an issue to be considered around advice and support to staff in relation to inpatients in the acute sector who wished to smoke. He explained that these situations would require a judgement by ward staff, having regard to the balance of risk to the patients concerned.

THE BOARD:

1. Noted the draft No Smoking Policy, and endorsed the draft policy for consultation to 31st March 2008.
2. Asked to receive a consultation report, and a finalised version of the No Smoking Policy.

Director of Public Health

164.

EQUALITY, DIVERSITY AND SPIRITUALITY

The NHS Board considered a progress report on Equality, Diversity and Spirituality.

The Director of Organisational Development explained that the report described progress with a number of key themes which featured as priorities within the NHS Lanarkshire, Equality, Diversity and Spirituality Action Plan 2007/08. He highlighted progress on seven key themes, viz: Equality, Diversity and Spirituality Governance Arrangements; the Diversity Champions Project; Equality and Diversity Impact Assessment; Spiritual Care; Equality and Diversity Training; Community Engagement; and Workforce Equality Monitoring. He confirmed that progress in these areas had been considered by the Equality, Diversity and Spirituality Committee at its meeting on 18th December 2007.

In discussion, the Director of Organisational Development explained that the Diversity Champions Project was in its early stages, and that further work would be taken forward to publicise their role.

THE BOARD:

1. Noted the progress report on Equality, Diversity and Spirituality.
2. Asked to receive a further report in March 2008.

Director of Organisational Development

165.

LOCAL DELIVERY PLAN

a) **Finance**

The NHS Board considered a Finance Report for the month ended 30th November

2007.

The Director of Finance explained that the financial position to 30th November 2007 showed an underspend of £8.225m. She advised that the Local Delivery Plan 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. She confirmed that the reported forecast in October on the outcome of the mid-year review exercise, which placed the potential surplus in the range of £11.5m to £19.5m, remained extant. She advised that capital expenditure of £3.601m had been incurred to date, against the updated plan of £27.871m for the year.

THE BOARD:

1. Noted the actual revenue underspend of £8.225m as at 30th November 2007.
2. Noted the range for the forecast year end surplus between £11.5m and £19.5m as identified per the mid-year review.
3. Noted the forecast capital underspend of £15,654m for the year.
4. Asked to receive a further report.

Director of
Finance

The Director of Finance explained that, in line with the previous months report to the Board, ongoing agreement was required that appropriate management action be taken to minimise the likely year-end underspend and to seek, as far as possible, to contain the surplus within the forecast set out in the Local Delivery Plan.

She explained that the purpose of the paper was to provide the Board with a summary of proposals received for non-recurring premises investment to be undertaken during the current financial year, and confirmed that the proposals had already been considered, not only by the Corporate Management Team, but also by the Capital Investment Group. She outlined the process by which the proposed expenditure of £8,464,287 would be managed, and highlighted a number of issues to be considered in relation to the risks associated with the investment programme. She outlined the proposed expenditure on works to be managed by NHS Lanarkshire staff in the areas of: redecoration; flooring; signage; external works – roads and footpaths; and equipment supply. She also highlighted a range of minor works and major works, and explained that external Consultants would be appointed to manage these projects within defined localities, reporting to a Maintenance Manager from the Property and Support Services Department.

In discussion, the Director of Finance stressed that the process for progressing these works, and the risks associated with the investment programme, would be managed intensively, including through fortnightly meetings which she, personally, would Chair. She confirmed, also, that a nominated individual within the finance function would be charged with carefully monitoring progress on expenditure, and that progress in the investment programme would be included within the Finance Report to the NHS Board for the remainder of the financial year.

THE BOARD:

1. Noted the proposals for non recurring revenue bids – premises investment amounting to £8,464,287.
2. Approved the investment programme.
3. Asked to receive further reports.

Director of
Finance

b) **Waiting Times**

The NHS Board considered a report on Waiting Times.

The Director of Acute Services explained that the paper was intended to inform the NHS Board of the position at 30th November 2007 in relation to performance for waiting times, compared to the planned trajectory identified in the Local Delivery Plan.

She advised that the paper provided an overview of targets to be sustained or delivered by 31st December 2007, and detailed progress against each target, with an indication of action taken and/or planned to address slippage

She stressed that Action Plans were in place to deliver each guarantee by 31st December 2007. She explained that there was continued pressure on two targets, namely the 18 week outpatient target and the cancer target, both of which had represented pressures for a number of months. She stressed that revised plans for outpatients and cancer were progressing in line with the revised trajectories. She stressed, also, 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. In addition, NHS Lanarkshire had had discussions with the Health Delivery Directorate about their proposal that selected NHS Boards enter into a strategic partnership with them to facilitate dialogue around delivery of the 18 week pathway to treatment, and to inform guidance around the process and practice. NHS Lanarkshire had submitted an expression of interest in this initiative, and a response from the Health Delivery Directorate was awaited.

She explained that the NHS Board was asked to note progress to date against each target, and the actions proposed to ensure delivery of the waiting time guarantees by 31st December 2007. She stressed that there was a confidence that each target would be achieved. She explained that the NHS Board was also asked to note the proposal to further improve performance to 31st March 2008 and to note the dialogue with the Health Delivery Directorate on the possible establishment of a strategic partnership.

She reported that whilst there had been a significant reduction in the number of delayed discharges in short stay beds, and a small reduction in the number of patients over six weeks, there remained pressure on the delayed discharge target. She stressed that improving performance towards the delivery of the April 2008 target was the focus for management action, in partnership with both North and South Lanarkshire Councils.

In discussion, the Director of Acute Services explained the issues around the management of the numbers of urgent referrals including, for colorectal cancer referrals, the fact that patients presented in a number of different ways. She confirmed that there were processes in place to capture such referrals and to progress them along the agreed patient pathway.

The Chairman highlighted, from discussion at the meetings of NHS Chairs with the Cabinet Secretary, the new Concordat with Local Government around the ring-fencing of funding for delayed discharges. He asked the Director of Acute Services and the Directors of the North and South Lanarkshire Community Health Partnerships to maintain ongoing dialogue with Local Authority colleagues in this regard.

Directors
Acute Services
North CHP
and South
CHP

The Chairman expressed appreciation to the former and the current Directors of Acute Services, and to their staff, for the substantial achievement in delivering the waiting time guarantees by 31st December 2007.

THE BOARD:

1. Noted the report on Waiting Times Performance.
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.

The Director of the South Lanarkshire Community Health Partnership explained that the report provided the Board with the up-to-date position on the performance of the Out of Hours Service to November 2007. He explained that activity levels were slightly higher than for October 2007, which was in line with the predicted rise during winter months. He advised that detailed performance figures on Home Visits could not be generated in November due to ongoing IT Issues at NHS 24 and he stressed that remedial action had been taken by NHS 24 resulting in the system having been stable for the second half of November. He explained that an audit of home visit requests showed that a significant number were inappropriate, in terms of urgency, and advised that these results were being shared with partner organisations to inform future planning arrangements. He confirmed that educational sessions, covering Child Protection and Death Verification and Certification, had been well attended by Out of Hours Service clinical staff. He advised that winter planning was the main focus for the Out of Hours Service at present, with accommodation arrangements, recruitment and communications, all on schedule.

The Director of Acute Services reported on activity levels within the Acute setting, and confirmed that pressures earlier in the week were being managed. She acknowledged the positive relationship with the Primary Care Out of Hours Service and the close working between Acute Services, Primary Care and the Local Authorities.

THE BOARD:

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

Director
SLCHP

166. **GOVERNANCE MINUTES**

a) North Lanarkshire CHP Operating Management Committee

The NHS Board received and noted the minute of the meeting of the North Lanarkshire Community Health Partnership Operating Management Committee held on 5th December 2007.

167. **DATES OF MEETINGS DURING 2008**

The NHS Board received and noted a Schedule of indicative business meeting dates during 2008, as follows:

30th January
27th February
26th March
30th April
28th May
25th June
30th July
27th August
24th September
29th October
26th November
17th December

All meetings would commence at 9.30am.

168.

CHAIRMAN'S CLOSING REMARKS

The Chairman expressed his appreciation to members for their diligent contribution to NHS Board Business, and extended to them his best wishes for Christmas and the coming year.

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