

Lanarkshire NHS Board

14 Beckford Street  
Hamilton ML3 0TA  
Telephone 01698 281313  
Fax 01698 423134  
[www.nhslanarkshire.co.uk](http://www.nhslanarkshire.co.uk)



Meeting of Lanarkshire NHS Board, Wednesday  
30<sup>th</sup> April 2008 at 9.30 am in the Board Room,  
NHS Lanarkshire, 14 Beckford Street, Hamilton

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

**PRESENT:** 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 of Acute Services  
Councillor J McCabe, Non Executive Director  
Mrs D McCormick, Non Executive Director  
Mrs N Mahal, Non Executive Director  
Dr D C Moir, CBE, Director of Public Health  
Mrs M Nelson, Non Executive Director  
Mr I A Ross, Director for Strategic Implementation, Planning and Performance  
Mr C Sloey, Director, North Lanarkshire Community Health Partnership  
Mrs S Smith, Non Executive Director  
Mr W Sutherland, Non Executive Director  
Mr H Sweeney, Employee Director  
Mr P Wilson OBE, Director for Nurses, Midwives and Allied Health Professions

**IN ATTENDANCE:** Mr N J Agnew, Corporate Affairs Manager/ Board Secretary  
Mrs K Hamilton, Head of Communications  
Mr K A Small, Director of Organisational Development  
Miss S Kilpatrick, Head of Cancer Services  
Mrs P Milliken, Head of Change and Innovation  
Dr V J Sonthalia, Chairman, Area Medical Advisory Committee  
Mr R Peat, Head of Picture of Health/CHP Delivery

**APOLOGIES:** Mr J A Anning, Non Executive Director  
Councillor E McAvoy, Non Executive Director  
Mr G Walker, Director of Human Resources

36. **CHAIRMAN'S REPORT**

The Chairman reported on the principal issues considered at the meeting of the Cabinet Secretary for Health and Wellbeing with NHS Chairs on 28<sup>th</sup> April 2008, as follows:

- Remote and rural health care
- Annual review procedures, with the Board's Annual Review being scheduled for 6<sup>th</sup> August 2008.

- A review of the role and function of the seven Special Health Boards.
- Marked improvement in cancer waiting times performance
- Healthcare acquired infections strategy and screening pilots. It was noted that the Chief Executive chaired the National Group on this issue.
- NHS Pay
- GP extended hours
- Consultation on an updated e-health strategy, with a closing date of 12<sup>th</sup> May 2008.
- The national paediatric renal neurology network,
- The publication of the report on the review of free personal care
- The health promoting health service.

The Chairman reported also that he had recently attended the launch of Shellcat, the internet based library service for NHS staff. He had signed an agreement with the Department for Work and Pensions/Job Plus in relation to a local employment partnership, and had attended an evening launch of the North Lanarkshire Youth Council in Coatbridge.

He reported that on 16<sup>th</sup> May 2008, NHS Health Scotland would hold its Board meeting in Lanarkshire, within the South Lanarkshire Council offices. At the conclusion to the business meeting, officers of NHS Lanarkshire would have a discussion with NHS Health Scotland Board members about actions on alcohol in Lanarkshire. The Chairman encouraged as many Board members as possible to attend the Board meeting.

He announced that on 19<sup>th</sup> May 2008 a national event on the subject of Board Effectiveness, would be held at the Beardmore Hotel and Conference Centre, with input from Board members. The outputs from the meeting would be reported back to the full Board.

The Chairman reminded members that Gordon Walker would retire from his position as Director of Human Resources in early August. He advised members that Lynne Khindria, currently Deputy Director of Human Resources, had been appointed as his successor. He also confirmed that Dr. Gregor Smith, currently Lead Locality General Practitioner in Hamilton, had been appointed to the position of Divisional Medical Director, Primary Care, succeeding Shiona Mackie who had recently retired.

37.

### **MINUTES**

The minute of the meeting held on 26<sup>th</sup> March 2008 was submitted for approval and signature.

### **THE BOARD:**

1. Approved the minute for signature.

38.

### **MATTERS ARISING**

- a) **Financial Plan 2008/09 to 2012/13**

The NHS Board considered a revised Financial Plan 2008/09 to 2012/13.

The Director of Finance reminded members that the Financial Plan was approved by the NHS Board at its meeting on 26<sup>th</sup> March 2008. She advised that the schedule attached to the paper provided a further update following feedback on the draft Financial Plan from the Scottish Government Health Directorate (SGHD) Finance Division. She reported that discussions had been held early in April with SGHD about the proposed Financial Plan and the National Resource Allocation Committee (NRAC)

assumptions within it, and advised that following that meeting, a further review of the Five Year Plan had been undertaken. This involved the reduction in the level of assumed NRAC funding from £20m to £14m during the period 2009/10 to 2012/13, which was included at £3m per annum in 2009/10 and 2010/11, with a slight increase to £4m for the following two years, on the assumption that the outcome of the next Spending Review would be more favourable.

The Director of Finance explained that, to offset the NRAC reduction, and to minimise the impact on the underlying financial position, the profile of how the revenue consequences of the Capital Investment Programme were reduced had been revised, in particular, including Airdrie Resource Centre and the Acute Mental Health Development. She explained the proposal that these particular developments were funded on a non-recurring basis during the construction period, with recurring funding included in the Financial Plan after their completion. She advised that, due to the extent to which the level of assumed NRAC Resource had been reduced during the planning period, recurring balance could not be sustained, and that, to ensure that the planned investment programme was not compromised, an increased cash releasing efficiency savings (CRES) target was required. This was reflected in the schedule before the Board, showing that from 2010/11 onwards, the Board would require c. £4.5m of recurring savings to ensure that the organisation did not significantly move into recurring deficit. She stressed that, if this CRES target was deemed not achievable, planned investment would require to be delayed and/or reduced. She highlighted the major challenges which this situation presented for the Board, the Corporate Management Team and the wider organisation, and highlighted the need for management action to ensure that the approved programme of investment across both Primary Care and Acute Services could be delivered, that pay and supplies cost increases were managed within the level of resources available, that other local, regional and national priorities could be met, and that the additional recurring savings could be delivered.

In discussion, the Director of Finance confirmed the indications from SGHD about their level of comfort with the level of surplus carry forward in the early years of the Plan, and advised that this would be confirmed formally. She also confirmed that there was no envisaged impact on the estimated completion dates of developments, since these would be supported by non recurring funding.

#### **THE BOARD:**

1. Noted the impact of the changes to the level of NRAC funding in future years and the impact of this in the longer term financial position.
2. Noted the increased CRES target applied for 2010/11 onwards.
3. Approved the revised Financial Plan for the period to 2008/9 to 2012/13.
4. Noted that the Corporate Management Team would consider further the financial challenges facing the organisation, with an update at a future NHS Board meeting.

Director  
of Finance

39.

#### **BETTER CANCER CARE**

The NHS Board considered a proposed response to Better Cancer Care.

The Director of Acute Services explained that the paper before the Board was intended to: provide the Board with information on the Better Cancer Care discussion document; brief the Board on the engagement process undertaken by the Board to inform a response to the document; request approval for the Board's response.

The Head of Change and Innovation gave a presentation in which she outlined the background and the key elements of the discussion document, and the local engagement process. She explained that the document requested comments in relation

to chapters covering the topics of: prevention; screening; diagnosis and treatment; palliative care; assuring quality of care; putting patients at the centre; and delivery. She explained that, under the Delivery section of the document, the Scottish Government identified new cancer drugs, service planning, e-health, and clinical leadership as priority issues. She advised that, in addition to responding to the issues within the National document, the proposed response from NHS Lanarkshire highlighted other local priority issues. She explained that a comprehensive local engagement process was undertaken during the period mid March to mid April 2008, including engagement with patients, public (through the Patient Partnership Forums and Public Partnership Forums), Primary and Acute Care professionals, St. Andrew's Hospice, Support Groups and Centres and the voluntary/third sector.

She explained that, during the local consultation process, it became clear that providing better cancer care could not be delivered by the NHS in isolation, and that this required an integrated care management system to deliver physical, mental, emotional and financial support. This would involve looking beyond the traditional boundary for Primary and Secondary Care, and towards a multi-agency package of care, delivered across health and social welfare systems, with long-term benefits being achieved by focussing, increasingly, on the need to keep people healthy rather than simply treating illness.

The Head of Cancer Services presented, in detail, the key issues in the proposed response, in relation to: putting patients at the centre; cancer survivorship; losing awareness; deprivation; a step change in health improvement; effective care and local and specialist access; palliative care; delivery of care and improvements in information systems.

She highlighted issues in relation to the Lanarkshire service infrastructure model, around the commitment to comprehensive engagement on the Cancer Centre, and building on recent work in Lanarkshire which improved performance on the 62 day target. She explained that, beyond the 62 day target, clinical staff responsible for treating urgent patients were, at the same time, responsible for looking after non-urgent referrals, and that managing the patient pathway in an integrated manner shortened the waiting time for all patients. She outlined the key elements in establishing the NHS Lanarkshire Cancer Centre, involving: a chemotherapy unit with extended hours; inpatient haematology beds; oncologist outpatient clinics and other outpatient clinics; and information/education centre; a call line, operating as a single point of contact for the patients; counselling/complimentary therapies; and support for carers. She also highlighted key external relationships with St. Andrew's Hospice, the Maggie's Centre, Macmillan and Marie Curie, and issues in relation to non-recurring funding, and the potential for relationships with charities, the lottery, local business and pharmaceutical companies.

She suggested that the future for cancer services would involve an integrated, multi-agency approach involving Acute Services, Community Health Partnerships, Public Health, Education and Social Work, within an increased emphasis on education to decrease lifestyle related cancers. She explained that industrial cancers, e.g. mesothelioma, may reduce, in addition to which there may be a reduced incidence by vaccination and other biological therapies. She highlighted the significant potential for increased Scottish survival rates through a combination of earlier presentation (screening/education), and service redesign.

In discussion, there was recognition of the incidence of cancer in the under 75 years age groups, and the impact of cancer on younger adults and children, as well as the need for enhanced support for children whose parents had cancer. There was recognition, also, of the continuum from diagnosis and the start of treatment through to palliative care, and the public perception of palliative care as end of life care, when it might more appropriately be regarded as long term support.

In the area of work with Local Authorities and others, issues around skin cancer and the unrestricted access to sunbeds were highlighted. Whilst it was acknowledged that there were limits in the powers available to local authorities around licensing, it was noted that North Lanarkshire Council had removed sunbeds from its leisure facilities and that South Lanarkshire Council currently had this matter under active consideration.

It was felt that the national discussion document could have presented clearer evidence on the feelings of individuals suffering from, or otherwise affected by, cancer, and that the Board's response should emphasise the importance of positioning individuals firmly at the centre of the approach to achieving better cancer care.

The Director for Strategic Implementation, Planning and Performance outlined the work currently being taken forward on the development of the Palliative Care Strategy and current, significant expenditure in this area. This included consideration of how services and expenditure might be managed more cohesively, taking account of the extant Audit Scotland Report on this subject. The Chairman confirmed the intention to bring the revised Primary Care Strategy to the Board within the next few months.

Director for  
SIPP

The Head of Cancer Services acknowledged that, beyond the focus on achieving a start to treatment within 62 days for urgent referrals, there was a challenge for the system in relation to follow up, including tracking the patient beyond that point. She explained that this was a feature of the service for some, but not all, tumour types. She also acknowledged the need to focus on the key priorities, other than the 62 day target and the development of the Cancer Centre, and for the approach to be informed by building upon actions that were demonstrably successful, both in Lanarkshire and in other parts of the NHS system. She highlighted the need, locally, to ensure that there was, across the three acute sites, an equitable service across tumour types.

The Director of Acute Services stressed that achievement of the 62 day target for urgent referrals was but a part of overall cancer care in Lanarkshire. She reminded members that there was in place a Cancer Action Group and a Cancer Steering Group. She explained that the Head of Cancer Services would undertake a review of the composition and remit of the Cancer Steering Group, in order to ensure that it could take a multi-agency, multi-disciplinary, view of cancer priorities.

The Chief Executive highlighted, as a key issue, the need to focus on the means of bringing together the constituent elements to establish the Cancer Centre, including establishing the five day oncology beds, which may be capable of being put in place prior to the establishment of the Centre.

It was agreed that the response to the National Document would comment, in particular, on the National target to reduce mortality rates from cancer in the under 75s and in the most deprived sections of the population, relating this target, specifically, to Lanarkshire and the challenges that its achievement presented. This element of the response would be informed by extant data within the Annual Report of the Director of Public Health 2006.

The Director of Finance confirmed that the Financial Plan included assumptions based on modelling for all new drugs and technologies.

#### **THE BOARD:**

1. Approved the draft response to the Scottish Government Discussion Document '*Better Cancer Care*'. subject to amendment to reflect the key issues raised in discussion.

Director of  
Acute  
Services

**LEARNING DISABILITIES ASSESSMENT AND TREATMENT CENTRE**

The NHS Board considered an Outline Business Case for the Learning Disabilities, Assessment and Treatment Centre.

The Director for Strategic Implementation, Planning and Performance, explained that the Outline Business Case was for the development of a Learning Disabilities Assessment and Treatment Centre, 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 advised that, if approved, the OBC would be submitted to the Scottish Government Health Directorate Capital Investment Group.

The Director of the North Lanarkshire Community Health Partnership explained that the preferred option for the provision of Learning Disabilities Assessment and Treatment Services within Lanarkshire was through the provision of a new, purpose-built 12 bed unit, incorporating a therapy suite for both inpatients and outpatients, designed with extensive end-user input, and located on the Kirklands Hospital site, Bothwell. He reminded members of the principal issues which led to Board approval for the consideration of Kirklands Hospital as an alternative site to the original proposition involving Strathclyde Hospital as the preferred site. He explained that the approach to the OBC took account of a number of reports and reviews over recent years which set out the evidence and the rationale to support the proposed change in service delivery, viz: The Same as You? (Scottish Executive 2000); We want a life (NHS Lanarkshire 2000); People with Learning Disabilities in Scotland, Health Needs Assessment Report (NHS Health, February 2004). He explained that, through the Learning Disability Strategic Framework, NHS Lanarkshire had established a Project Board, with a remit to develop the proposal for an assessment and treatment centre, integral to the learning disability community service, with the Outline Business Case being the result of this work. He stressed the extent to which NHS Lanarkshire had worked in partnership with North and South Lanarkshire Councils, Service Users, Relatives, Carers and Advocates, to ensure that the development was end-user led, including significant engagement with a wide range of identified stakeholders. He explained that the assessment and treatment centre would complete the decommissioning of in-patient learning disability services, with all residents discharged to community settings, and would provide short-term assessment and treatment, returning patients to the most appropriate community environment for their ongoing care and support. He advised that direct public funding was the procurement route that had been assessed as delivering the best performance and value for money for the development. He explained that milestones had been identified, in accordance with the wider capital investment programme and the agreed Partnering Framework, which would see a completion date of February 2010 followed by service commissioning in March 2010.

The Director of Finance confirmed that the revenue for the development was reflected in the Financial Plan, and that the Capital Plan had been updated to reflect Inflation and Optimism bias.

In discussion, the Director for Strategic Implementation, Planning and Performance confirmed a level of confidence that the envisaged start on site for the development in February 2009 would be achieved. He confirmed the intention to agree, with the contractor, a target maximum price and timescale for the delivery of the facility.

The Director of the North Lanarkshire CHP explained that, within the context of the State Hospital Discharge Programme and the need for local secure accommodation, a full risk assessment for mental health and learning disabilities had been completed at all levels. He explained that the facility made provision for up to three beds for low secure care, compared to the 0.9 bed currently available to Lanarkshire in the facility at

Dykebar, with higher levels of secure care for Lanarkshire residents being provided in the facilities at Rowanbank and in the State Hospital.

**THE BOARD:**

1. Approved the Outline Business Case for the location of the Assessment and Treatment Centre within the Kirklands Hospital site, Bothwell.
2. Noted the estimated capital investment of £7.645m.
3. Noted the recurring revenue investment of £0.820m, which included capital charges of £0.378m, within the context of the overall Learning Disabilities Financial Framework.
4. Authorised the submission of the Outline Business Case to the Scottish Government Health Directorate Capital Investment Group for approval.

Director for  
SIPP

41.

**MODERNISING MEDICAL CAREERS**

The NHS Board considered an update on Modernising Medical Careers, (MMC) implementation.

The Medical Director explained that the Scottish Government had issued a further Consultation Document on the recommendations of Professor Sir John Tooke arising from his independent inquiry into Modernising Medical Careers. Following the close of consultation, the Scottish Government now aimed to issue a report on the process by May 2008.

She reported that the West of Scotland Regional Medical Training Distribution Sub Group continued to meet regularly to ensure that the Service was integrated into the long and short-term planning, and the decision making process for Medical Training Workforce Establishments, including agreeing the distribution of junior medical staff for the five Health Boards within the West of Scotland and training numbers for August 2008. She emphasised that the Group continued to address the inequities in the distribution of training opportunities across the West of Scotland, and that NHS Lanarkshire was now starting to see improvement in training opportunities within the surgical specialties, particular general surgery and orthopaedics and trauma, for August 2008.

She explained that, at the present stage of recruitment, it was difficult to quantify the exact service impact from the implementation of Modernising Medical Careers. She advised that all specialties were beginning to consider the impact of Fixed Term Specialist Training (FTST) reductions, the changes to General Practitioner Vocational Trainee posts, and possible solutions, and that when all specialties had been reviewed, the Risk Register would include an overall service impact assessment. However, at this stage, common themes of concern emerging from MMC implementation, included training issues, skill mix and recruitment, all of which would be detailed and quantified when the NHS Lanarkshire Risk Register had been reviewed.

The Medical Director reported that interviews for the recruitment of run through Grades for 2008 had been completed by 17<sup>th</sup> March 2008, and that all candidates had been asked by National Education Scotland to rank their preferences for the interviews they had attended, such that NES could, thereafter, offer posts. She outlined the timetable for concluding the process to offer posts, and advised that, dependent on the number of posts left unfilled, there would either be a further wave of offers or a second round of national recruitment. She also stressed that the position about junior doctors and the European Working Time Directive Legislation that was to be achieved by August 2009 was actively being assessed, including through Directorates being asked to identify the service implications of reducing the working week to a maximum of 48 hours, and the preferred means of replacing the service commitment currently being

provided by junior doctors. She stressed that, although not directly part of Modernising Medical Careers, the solutions to these working pressures would need to link; therefore, responses from Directorates and solutions would be discussed by the Modernising Medical Careers Steering Group.

The Medical Director sought to reassure the Board that all possible avenues would be explored in an attempt to recruit to posts, and to mitigate the impact of any difficulties on service continuity. She advised that the report to the Board in June 2008 would set out any implications for Lanarkshire arising from this recruitment round.

The Chief Executive highlighted the importance of ensuring that the Board continued to be sighted in progress on this issue over the coming months, in order that the position could be seen within the context of the caveat to the recommendations submitted to the Cabinet Secretary on the Review of Accident and Emergency Services, viz: that NHS Lanarkshire was supported by NHS Education Scotland (NES) in its attempt to recruit and retain a sustainable medical workforce, including the resolution of the specific issues associated with the Board's reliance on Fixed Term Specialist Training posts. He stressed the extent of the challenge for the Board in retaining a sustainable medical workforce, given the fragility of a number of medical staffing rotas across the system.

The Medical Director explained that the conclusion to the recruitment processes in England may carry implications, positively or negatively, for the recruitment position in Scotland. She acknowledged the emphasis placed by the Director of Acute Services on the need to ensure that appointees had the necessary level of clinical experience and competence.

**THE BOARD:**

1. Noted the update report on Modernising Medical Careers (MMC) implementation.
2. Asked to receive a further report in May.

Medical  
Director

42.

**SCOTTISH PATIENT SAFETY PROGRAMME (SPSP)**

The NHS Board considered a paper on the Scottish Patient Safety Programme (SPSP).

The Medical Director explained that the paper was presented to the Board to provide members with an update on the progress of the implementation of the Scottish Patient Safety Programme, including early risk identification, and to provide information on the next stage of the National Programme Events. She explained that the Programme initial goals would drive improvement in: Intensive Care Units; Medicines Management; General wards; peri-operative care; and safety leadership. This would mean that, over the next five years, steps would be taken to: ensure early interventions for deteriorating patients; deliver evidence based care to prevent deaths from heart attacks; prevent adverse drug events, central line infections, surgical site infections, ventilator associated pneumonia and pressure ulcers; reduce staphylococcus aureus infections; prevent harm from high alert medications; reduce surgical complications; deliver evidence based care for congestive heart failure; drive a change in the safety culture in NHS organisations and provide evidence for national initiatives and programmes.

She confirmed that NHS Lanarkshire had appointed a Programme Manager, and explained that the Programme had five workstreams, viz: medicines management; critical care; leadership; peri-operative care; and general wards, each with an executive sponsor and a team leader. She outlined progress to date in relation to the workstreams. She also highlighted National Programme Events which would have

NHS Lanarkshire input, and emerging risks that had resulted from the risk identification processes. She advised that the Health and Clinical Governance Steering Group received scheduled progress reports at each of its meetings. She confirmed that the Implementation Plan for the Programme would be further strengthened and that a Scottish Patient Safety Programme Risk Register would be developed.

The Medical Director explained that the Programme Manager had begun to explore the various options and existing systems which could be utilised to support the Programme, and to identify any system or process gaps/constraints which may prove detrimental to meeting the implementation timelines. She explained that the appointment of the Head of Clinical Governance and Risk Management would enable consideration to be given to existing and related organisational infrastructures, and how best these could support the Scottish Patient Safety Programme.

In discussion, the Medical Director explained the contribution of Executive Leadership/Walkrounds to the Programme, which included feedback to staff within 48 hours on any issues raised. She acknowledged the potential for this to heighten staff expectations about change. She advised that operational issues raised during the walkrounds would be reported to the Director of Acute Services. She explained that the Corporate Management Team would, on 12<sup>th</sup> May 2008, give further, detailed consideration to the arrangements for the Executive Leadership Walkrounds, and reminded members of the intention to hold a Board Seminar on Clinical Governance, at which the implementation of the Scottish Patient Safety Programme in Lanarkshire could be covered in more detail.

The Chairman of the Area Clinical Forum suggested that the issue of patient safety required to be seen in the context of the discussion on Modernising Medical Careers, with particular regard to the maintenance of safe rotas and the numbers and competencies of staff.

The Chairman reported that, along with the Director for Nurses, Midwives and the Allied Health Professions and the Chair of the Area Clinical Forum, he had attended a National Scottish Patient Safety Programme Leadership Event the previous day at which it had been suggested that all Board members should be fully trained in the programme procedures, and that quality and safety should feature prominently on the agenda for all NHS Board meetings.

#### **THE BOARD:**

1. Noted the paper on the Scottish Patient Safety Programme (SPSP).
2. Asked to receive further reports.

Medical  
Director

43.

#### **CORPORATE OBJECTIVES 2008/2009**

The NHS Board considered the Corporate Objectives for NHS Lanarkshire for 2008/09.

The Director of Organisational Development explained that the Corporate Objectives were captured under the traditional four headings used within the Local Delivery Plan, agreed with the Scottish Government Health Department for consistency. These were:

- Improve life expectancy and healthy life expectancy for the people of Lanarkshire (addressing health improvement and health protection priorities).
- Continually improve the efficiency and governance of NHS Lanarkshire (addressing health and clinical, corporate and financial and staff/workforce

development governance priorities)

- Deliver continual improvement in response to patients' needs for quicker and easier access in use of NHS services (addressing waiting times, access targets, service modernisation/planning and PFPI priorities)
- Provide treatment appropriate to individuals, ensuring that patients receive high quality services that meet their needs (addressing treatment, hospital admission and quality of care priorities).

He stressed that the Corporate Objectives captured and integrated the delivery challenges contained within the HEAT targets, Local Delivery Plan and Local NHS Lanarkshire priorities for 2008/09.

#### **THE BOARD:**

1. Approved the Corporate objectives for 2008/09, in the knowledge that, thereafter, the objectives would be cascaded throughout NHS Lanarkshire to inform the production of Divisional/Directorate, team and individual performance plans for 2008/09.
2. Asked to receive mid year and end year reports on progress in the delivery of the Corporate Objectives 2008/09.

Director of  
OD

44.

#### **MODERNISING MENTAL HEALTH SERVICES**

The NHS Board considered a progress report on the implementation of Modernising Mental Health Services in Lanarkshire.

The Director of the North Lanarkshire Community Health Partnership explained that the report had been prepared to inform Board members of the progress being made in delivering the agreed service developments within the NHS Lanarkshire Mental Health Services Strategy. In so doing, it set out how these developments were enabling NHS Lanarkshire to report improved performance against the targets and commitments detailed within the National Framework document 'Delivering for Mental Health'.

He reminded members that the latest iteration of the Lanarkshire Mental Health Strategy was agreed in 2006/07, and had as its fundamental principles;

- To rebalance care away from institutional settings towards community based provision.
- To improve access to a wider range of evidence based therapies.
- To improve the provision of services within hospital or community based, in fit for purpose premises.
- To create a more cohesive pathway between inpatients and community services.
- To promote a recovery based model to improve the focus on positive mental health and wellbeing.
- To deliver on national service targets and commitments
- To comply with the Mental Health Legislation.

He outlined the current position, in relation to: the transition to a shift in emphasis on community based provision; feedback from the healthcare policy and strategy, mental health division at SGHD about the key strengths of current provision; the extremely positive feedback from recent Mental Health Delivery Unit Annual Review visits; developments in psychological therapies and old age psychiatry; and a pilot project to extend existing psychiatric assessment teams through the crisis resolution and home treatment service in the East Kilbride and Hamilton localities. He explained that, having created a pool of funding from service redesign, the latter part of 2007/08 had

been focussed on prioritising this investment to achieve expected improvements and to meet national targets, specifically, in the areas of: old age psychiatry, adult services – crisis standards and acute readmissions; psychological therapies; child and adolescent mental health services; forensic services; eating disorders; substance misuse services; and Hartwoodhill Hospital.

He explained that, following the bed rationalisation programme, discussions were underway with both North and South Lanarkshire Councils, through the partnership structures, about the way in which the remaining recurring funding of £860,000 could be utilised, with emerging proposals around extending the integrated day service model currently in operation at Coathill Hospital to other localities, ring fencing a level of resources to support the rollout of the intensive home support pilot and the further development of crisis services. He advised that the year ahead presented significant challenges to all of the partners involved in delivering improved mental health services, in relation to: completion of business cases for major capital developments; development and implementation of six Integrated Care Pathways; delivery of a Mental Health Collaborative Programme to support performance against the HEAT targets; the further progression of the service models for each sub-specialty, including the ongoing development of the workforce; and modernising alcohol and drug services using a programme of service redesign to match the six national reports produced by Quality Improvement Scotland on Harmful Drinking.

The Director of the North Lanarkshire CHP emphasised that, when taken together with the planned Capital Developments, NHS Lanarkshire, despite its low starting point, was making significant measurable progress in Delivering for Mental Health for the people within the Board's communities, and that significant improvements could already be described in relation to the issues highlighted at both the Board's Annual Review, and in the Mental Health Delivery Unit Report.

In discussion, he outlined the key elements of the repatriation plan for Hartwoodhill Hospital, and the linkages with the facilities planned for Coathill Hospital and Caird House, and the new Acute Mental Health Unit at Monklands Hospital.

#### **THE BOARD:**

1. Noted the progress report on Modernising Mental Health Services.

45.

#### **PATIENT FOCUS PUBLIC INVOLVEMENT**

The NHS Board considered an updated Patient Focus Public Involvement Strategy Action Plan.

The Director for Strategic Implementation, Planning and Performance, explained that the report was intended to provide an update for the Board on the implementation of the Patient Focus and Public Involvement Strategy 2006/2010, and to request Board approval for the revised Action Plan for the Strategy. He reminded members of the background to the development of the Strategy, and explained that the updated Action Plan, which provided a summary of a range of workstreams each of which had individual Action Plans: outlined the progress made as at March 2008; set out for each of the workstreams a lead officer, an Executive lead and the governance arrangements to ensure implementation; identified three main key indicators as measures of overall achievement in relation to patient focus public involvement. He explained that since the finalisation of the Strategy in 2006, additional workstreams for PFPI had arisen, viz: Better Together (Scotland's Patient Experience Programme); the Carers Information Strategy; Transport Initiatives; Refreshing Volunteering; Advocacy; a Review of Contracts with voluntary organisations, all of which were reflected in the updated Action Plan. Also, actions arising from the survey and report by the Scottish

Consumer Council on the experience of members of the public in contacting their NHS Board had led to the commissioning of the communications and engagement audit, the results of which had been the subject of a report to the Board at its meeting in March. In addition, some changes had taken place in the actions identified as a response to the decision to retain full Accident and Emergency Services at Monklands Hospital.

The Director for Strategic Implementation, Planning and Performance emphasised that the annual planning cycle developed by the Modernisation Board, included a commitment to review the Patient Focus Public Involvement Action Plan on an annual basis.

**THE BOARD:**

1. Noted the progress in relation to the Patient Focus Public Involvement Strategy Action Plan.
2. Approved the updated Action Plan.
3. Asked to receive periodic reports.

Director for  
SIPP

46.

**FOOD, FLUID AND NUTRITIONAL CARE IN HOSPITALS**

The NHS Board considered a paper which provided the objectives in relation to the Food, Fluid and Nutritional Care in Hospitals Policy and Strategic Plan, to be delivered within NHS Lanarkshire during 2008/09.

The Director for Nurses, Midwives and the Allied Health Professions reminded members that the Food, Fluid and Nutritional Care Policy and Strategic Plan had been approved by the Board at its meeting in November 2007, on the basis that the annual objectives would be brought before the Board each year, underlining the importance that the Health and Clinical Governance Committee attached to them. He outlined the key objectives for 2009, as follows:

1. Repeat the patient journey audit, following implementation of new admission documentation.
2. Implement protected meal times across all sites.
3. Repeat the nutritional screening audit following the implementation of a training programme.
4. Ensure meaningful public partnership involvement in Food, Fluid and Nutritional Care.
5. Improve the presentation, palatability and choice of therapeutic meals available while maintaining their effective nutritional content.
6. Undertake a food, fluid and nutrition training needs analysis.
7. Implement the quality standards and performance indicators set out in the policy and strategic plan and undertake pre and post implementation audit.
8. Review the case for implementing specialist nutritional teams.
9. Support the implementation of the national, catering and nutrition specification.
10. Review ward arrangements, so that all patients requiring assistance with food, fluid and nutrition, receive it.

**THE BOARD:**

1. Noted the Food, Fluid and Nutritional Care in Hospitals, Policy and Strategic Plan Objectives for 2008/2009.
2. Asked to receive a further progress report on implementation of the objectives, along with objectives for 2009/10.

Director for  
NMAHP

47.

### **LOCAL DELIVERY PLAN 2008/09 TO 2010/11**

The NHS Board considered the Local Delivery Plan 2008/09 to 2010/11.

The Director for Strategic Implementation, Planning and Performance explained that the Board was being provided with a copy of the final Local Delivery Plan 2008/09, as accepted in the letter of 28<sup>th</sup> March 2008 to the Chief Executive from the Director General for Health and Wellbeing and Chief Executive of the NHS in Scotland. He reminded members that the LDP was produced in line with Scottish Government Health Directorate Guidance, issued in December 2007, containing 30 HEAT targets for 2008/09, of which 29 were applicable to NHS Lanarkshire. He explained that the draft LDP, approved by the Board on 27<sup>th</sup> February 2008 had been reviewed by SGHD during February and March, with revisions agreed and the final version signed off with SGHD on 28<sup>th</sup> March 2008. He explained that in addition to the LDP there was presented a separate finance template that had been submitted to SGHD as part of the overall Local Delivery Plan package. He drew members attention to Target H3 within the LDP, relating to Childhood Obesity. He advised that final guidance on this target was only issued by SGHD on 14<sup>th</sup> April 2008, when Boards were asked to submit revised trajectories and narratives by 26<sup>th</sup> May. He explained that the Director of Public Health and the Public Health Nutritionist were leading work in this area, and that the revised section of the LDP about target H3 would be issued as soon as it was signed off.

#### **THE BOARD:**

1. Noted the final agreed Local Delivery Plan, and the arrangements in hand to secure completion of a revised Section on target H3.
2. Asked to receive a mid year and an end year report on progress in the Local Delivery Plan.

Director for  
SIPP

48.

### **LOCAL DELIVERY PLAN**

a)

#### **Finance**

The Director of Finance reported that, subject to external audit review, the revenue surplus for the year was £12.137m, broadly in line with the approved Financial Plan for the year, and the forecast that had been reported to the NHS Board over recent months. She reported, also, that a capital underspend of £19.516m had been achieved, and confirmed the current assumption that this underspend would be made available by SGHD from 2009/10 onwards. From the year end position, she highlighted, in particular, Divisional Performance; Technical Accounting issues; Financial Plan Adjustments; Service Level Agreements/Resource Transfer/Independent Sector issues; Corporate Management Team approved schemes; and premises investment. She highlighted, from Provisions, Agenda for Change, including for PFI Contracts, and the costs of HPV vaccination.

In discussion, the Director of Finance acknowledged the potential for uncertainty around an Audit view of Provisions, but confirmed a level of confidence that the Provisions reported were robust and justified. She also explained that the profile of the Capital Plan suggested that the Board would require the underspend of £19.516m on Capital during the first five years of the Plan. She stressed the imperative of ensuring that investment in Monklands Hospital was protected, and that the Board would be able to access, in the next planning period, the up to £100m previously committed to Monklands Hospital by the previous administration.

The Chief Executive explained that the capital underspend of £19.516m would require

to be utilised, non recurrently, to mitigate the impact of the Board not receiving the full NRAC outcome within the timescale envisaged. He stressed that whilst SGHD had not yet approved the level of NRAC uplift assumed in the Financial Plan, they had approved the assumptions on which this was based.

The Chairman echoed Non Executive Director comments in extending to the Chief Executive, the Director of Finance, and other members of the Executive Team, his congratulations on the successful year end position reported to the Board.

**THE BOARD:**

1. Noted the Finance Report for the year ended 31<sup>st</sup> March 2008.
2. Asked to receive a further report.

Director of  
Finance

b) **Waiting Times**

The NHS Board considered a report on the Waiting Times position at 31<sup>st</sup> March 2008, compared to the planned trajectory identified in the Local Delivery Plan.

The Director of Acute Services confirmed that the majority of targets were being delivered, with performance in four areas below the target level. She advised that New Ways continued to impact on the reporting of in-patients, day cases and outpatients, and had contributed to four patients exceeding the 18 week maximum wait for outpatients. She stressed that pressure on the four hour wait at Accident and Emergency had been considerable on all three sites, and had resulted in performance of one per cent below the national target level. She advised that the hip fracture target had also been exceeded, with two patients not being treated within the guarantee period, and that the position in respect of delayed discharges had improved, although pressures remained around the over six week target.

She explained that the new waiting time targets took effect from 1<sup>st</sup> April 2008 for delivery by 31<sup>st</sup> March 2009, and were being taken forward in the context of the 18 week referral to treatment targets to be achieved by 31<sup>st</sup> December 2011, with details of waiting time targets for 2008/09 being captured in the Local Delivery Plan for that period. She reported on confirmation from the Scottish Government that additional funding would be provided to the NHS Board in 2008/2009 to facilitate delivery of the Waiting Time targets, and confirmed that there was work in progress to capture the actions that would require to be taken to deliver each waiting time target, with those actions being contained in Clinical Business Plans for each specialty. She advised that the Scottish Government had asked the NHS Board to set out its proposals for taking forward the 18 week referral to treatment target, in line with the available guidance, with proposals to be submitted to the Scottish Government by 30<sup>th</sup> April 2008. She reported anticipation that additional funding would be provided to support the work, subject to acceptance of the proposals by the Scottish Government.

**THE BOARD:**

1. Noted the report on the waiting times position at 31<sup>st</sup> March 2008.
2. Asked to receive a further report.

Director  
Acute  
Services

c) **Primary Care Out of Hours Services**

The NHS Board considered a Primary Care Out of Hours Report for March 2008.

The Director of the South Lanarkshire Community Health Partnership reported that the

demand for service had increased during March, principally due to the Easter break. During this period, the service responded to 3,833 callers, which was approximately 2000 calls more than the Service would routinely deal with during this time. He advised that the Service had also continued to support Accident and Emergency Services during March, with the employment of additional doctors to take case transfers proving to be particularly beneficial, and the Out of Hours service taking 921 transfers from Accident and Emergency during March. He highlighted a slight shift in the pattern of demand over the past month, with more calls being transferred from NHS 24 later in the day at weekends, with this thought to be related to the increasing call-back queues at NHS 24. He stressed that this activity would be monitored over the next month.

He highlighted actions for the Service, in relation to: a review of the activity and functioning of the service over the Easter break; a detailed audit of Out of Hours home visiting; monitoring of the pattern of call demand; and the continuation of support to Accident and Emergency, along with audit work to inform longer term solutions.

#### **THE BOARD:**

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

Director  
SLCH

49.

#### **STAFF TRAVEL PLAN**

The NHS Board considered a paper which provided an update on the development of a Staff Travel Plan for NHS Lanarkshire.

The Director for Strategic Implementation, Planning and Performance, explained that the first priority for NHS Lanarkshire, in accordance with Scottish Government targets, was to produce a Travel Plan for staff by 31<sup>st</sup> March 2008 for all major hospitals. He stressed that whilst the document before the Board focussed on the three acute sites, the objectives and targets would be overarching for the whole organisation.

The Head of Picture of Health/CHP Delivery explained that it was not a Government priority for Health Boards to produce a Travel Plan for patients and visitors; however, NHS Lanarkshire had surveyed patients and visitors, as well as staff, to obtain baseline information about their modes of travel, and whilst the objectives of the staff travel plan did not focus on the needs of patients and visitors, it was expected that they would improve transport access and facilities for everyone using NHS Lanarkshire services.

He explained that a Travel Plan was a range of measures along with objectives developed by an employer to encourage staff to use sustainable transport modes and to reduce reliance on the car, especially single occupancy car use, and that travel plans were intended to promote the use of public transport, car sharing and active travel, (walking and cycling). He stressed that the development of the travel plan for NHS Lanarkshire had been taken forward in conjunction with Strathclyde Partnership for Transport (STT) and their Travel Plan Officers. He outlined the principal objectives of the travel plan, in relation to: promoting active travel; increasing uptake in walking and cycling; investing infrastructure to make active travel more attractive and viable; providing greater transport advice; reducing reasons for unnecessary travel; promoting the use of public transport; making public transport more economically attractive to staff; and reducing single occupancy vehicle travel. He highlighted the progress in actions to date, and the way forward, involving the development of an implementation programme by the Strategic Transport and Access Group, once the measures were approved by the Board, along with an Action Plan, Communication Plan and Monitoring Programme, to ensure that targets were delivered and could be sustained. He advised that a further survey of staff would be undertaken before March 2009, to

determine progress towards achieving the stated measures.

He stressed that travel planning was a long term commitment, and aimed to increase the use of sustainable travel, and would only be achieved by influencing the behaviour of staff, and subsequently, patients and visitors. He advised that the objectives set out in the Travel Plan, and the associated Travel Plan measures, would help to establish the first steps in achieving the development of sustainable transport within Lanarkshire.

**THE BOARD:**

1. Noted the report and approved the NHS Lanarkshire Staff Travel Plan.
2. Asked to receive further progress reports, as appropriate.

Director  
For SIPP

50. **GOVERNANCE MINUTES FOR CONSIDERATION**

a) **Acute Operating Management Committee: 21<sup>st</sup> February 2008**

The NHS Board considered the minute of the meeting of the Acute Operating Management Committee held on 21<sup>st</sup> February 2008.

Mr. Currie, Committee Chair, reported that the Operating Management Committee had held a further meeting on 24<sup>th</sup> April 2008, when members had considered a range of key issues, including progress in consultant recruitment; significant improved performance in cancer waiting times; continuing pressures on Accident and Emergency Services; and the successful transfer of thoracic inpatient services to the Golden Jubilee National Hospital.

51. **DATE OF NEXT MEETING**

Wednesday 28<sup>th</sup> May 2008 at 9.30am.

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

The NHS Board considered and approved a motion to move into private session for the remaining item of business, due to the fact that the official report on the matter had not yet been published.

53. **HMIE INSPECTION OF CHILD PROTECTION SERVICES**

The Director for Nurses, Midwives and the Allied Health Professions shared with members the principal issues in relation to the recently concluded HMIE Inspection of Child Protection Services in North and South Lanarkshire, including the key elements of the verbal feedback from Inspectors, which largely had been positive for both Council areas, both in relation to the arrangements for the inspections and the assessment of services. He confirmed that the Inspection Reports were anticipated around August/September 2008, at which point, they would be the subject of formal reports to the NHS Board.

Director  
NMAHP