

Lanarkshire NHS Board

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Meeting of Lanarkshire NHS Board, Wednesday  
29 October 2008, at 9.15 am in the Board Room,  
14 Beckford Street, Hamilton

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

**PRESENT:** Mr J A Anning, Non Executive Director  
Mr D Clark, Non Executive Director  
Mr T Davison, Chief Executive  
Mrs S Goldsmith, Director of Finance  
Dr A Graham, Medical Director  
Mr A Lawrie, Director, South Lanarkshire Community Health Partnership  
Mrs R Lyness, Director, Acute Services  
Councillor E McAvoy, Non Executive Director  
Dr 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, North Lanarkshire Community Health Partnership  
Mr W Sutherland, Non Executive Director  
Mr H Sweeney, Employee Director  
Mrs L Khindria, Director of Strategic Human Resources and Workforce Development

**IN ATTENDANCE:** Mr N J Agnew, Corporate Affairs Manager/ Board Secretary  
Mrs K Hamilton, Communications Manager  
Mr K A Small, Director of Organisational Development  
Dr V J Sonthalia, Chairman Area Medical Advisory Committee  
Dr H S Kohli, Director of Public Health (Designate)  
Mrs A Armstrong, Divisional Nurse Director (Community and Primary Care)  
Mrs S Stewart, Associate Director of Nursing, Wishaw General Hospital

**APOLOGIES:** Mr T Currie, Non Executive Director  
Councillor J McCabe, Non Executive Director  
Mrs S Smith, Non Executive Director  
Mr P Wilson, OBE, Director for Nurses, Midwives and the Allied Health Professions

**ACTION**

125.

**CHAIRMAN'S REPORT**

The Chairman reported that on 8<sup>th</sup> October 2008 he and Mr. Anning had attended

the final event for the NHS 60<sup>th</sup> Anniversary celebrations, which was a tea for carers and volunteers. He expressed his gratitude to Mr. Sweeney and to the Volunteering Co-ordinator for arranging the event, and restated his thanks to Mr. Sweeney for his lead role in co-ordinating all of the events held within Lanarkshire to mark the 60<sup>th</sup> Anniversary of the NHS.

The Chairman also reported on the principal issues considered at the meeting of the Cabinet Secretary for Health and Wellbeing with NHS Chairs held on Monday 27<sup>th</sup> October 2008. These were:

- HEAT Targets 2009/10
- The remit for the National Study on the functioning and operation of Community Health Partnerships
- Winter Planning
- The Launch of Better Cancer Care
- Workforce Issues in relation to Better Health, Better Care
- Healthcare Associated Infection
- The Launch of the Palliative Care Strategy
- Confirmation of the Equally Well Test Sites, which included North Lanarkshire
- Information Governance and Security

126. **MINUTES**

The NHS Board received, for approval and signature, the minute of the meeting held on 24<sup>th</sup> September 2008.

**THE BOARD:**

1. Approved the minute for signature.

127. **MATTERS ARISING**

a) **Information Governance**

i) **Person Identifiable Data on the Law Hospital Site**

The Director for Strategic Implementation, Planning and Performance reported on the receipt of the report of the NHS Quality Improvement Scotland Improvement Review in relation to Strathmartine Hospital. He advised that the conclusions and recommendations within the Review Report did not raise any new issues of materiality that had not been addressed in the report on the presence of Person Identifiable Data on the Law Hospital site, presented to the Board in September. He explained that the recommendations within that report were now being implemented, in the first instance through the drafting of a Policy for the safe removal, transfer and disposal of records on retraction from NHS sites, followed by an updated Policy on Records Management, both of which documents would be approved by the Board's Information Governance Committee. He advised that a Form of Undertaking had now been received from the Office of the Information Commissioner, and that the Assistant Information Commissioner had confirmed that the Person Identifiable Data from the Law Hospital site could now be disposed of.

**THE BOARD:**

1. Noted the update on the follow up to the Report on the presence of Personal Identifiable Data on the Law Hospital site.

ii) Information Governance

The Director of the South Lanarkshire Community Health Partnership reported that following the publication of a National e-Health Mobile Data Protection Standard, a new Policy and Guidance on Information Governance and Data Protection, focussing particularly on mobile/portable storage devices, such as laptops; USB memory sticks; CDs; DVDs; MP3 players and mobile phones, had been produced and issued to all staff on 24<sup>th</sup> October under cover of a communication from the Director of Public Health, as the Board's Caldicott Guardian.

He acknowledged the need for the organisation to fundamentally review the person identifiable data which it held, in order to ensure that information was held in strict accordance with the principles of the Data Protection Act. He confirmed that this issue would be addressed in the wider Information Governance Improvement Plan currently being prepared, which would be approved by the Information Governance Committee and brought to the NHS Board for endorsement.

The Director of Acute Services briefed members on a recent information breach at Wishaw General Hospital, and the action taken with the aim of avoiding a recurrence of the circumstances which gave rise to this particular incident.

**THE BOARD:**

1. Noted the update on progress in the development of an Information Governance Improvement Plan, and agreed to consider the Improvement Plan at a future meeting.

Director  
SLCHP

128.

**DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2007**

The NHS Board considered the Annual Report of the Director of Public Health 2007 on the Health of the People Within the Lanarkshire NHS Board area.

The Director of Public Health gave a detailed presentation on the principal elements of her Annual Report, in the areas of: Health Improvement; Health Protection; and Health Service Provision.

She explained that, for the fifth year in succession, the population within the Board's area had increased and, for the year covered by the Annual Report, was 560,042. She also highlighted projected increases in the older age groups through the 2030s. She reported that life expectancy was increasing, moreso in South Lanarkshire than in North Lanarkshire. She also highlighted a continuing downward trend in smoking during pregnancy and in early deaths from coronary heart disease in the under 75 years age group.

In relation to the Health Inequalities, the Director of Public Health highlighted three levels of potential interventions, around: structural or regulatory interventions; policies and initiatives; and individual or family interventions. She reminded members of the inverse care law, viz: *'The availability of good medical care tends to vary inversely with the need for it in the population served'*, and against this, stressed that the distribution of medical care needed to change to provide more and better services for those with the greatest need. She stressed that despite huge changes in healthcare, the inequalities gap remained and that deprivation was widespread in Lanarkshire, and was not uniformly spread. She explained that a range of health initiatives was being undertaken, targeted at areas of deprivation, and highlighted the focus on securing good health for the whole population, including through engaging people in improving and maintaining their own health.

She highlighted the importance of healthy eating, and reminded members that in November 2007, the Board had approved a Healthy Eating Policy, a Strategy and Action Plan for nutritional care in hospitals, and a Breastfeeding Policy. She highlighted the priority accorded to mental health, and the endeavour in Lanarkshire in the context of the National Programme for Improving Mental Health and Wellbeing through: web based information resources; a Mental Health Arts and Film Festival; minority ethnic mental health improvement work; the 'See Me' Campaign; and local implementation of the Scottish Choose Life Strategy.

She reminded members of the publication in recent months of *Working for a Healthier Tomorrow* (The Black Report), which had evidenced the effect of work and worklessness on the health of individuals, families and society. She highlighted high rates of incapacity benefit in the West of Scotland, with significant levels of sickness absence due to musculoskeletal and mental health problems. She explained that, in Lanarkshire, there were programmes of physiotherapy and stress counselling support available to help individuals to remain in employment and to re-enter the workforce. She acknowledged that it was inappropriate for individuals to be at work unless they were fit, but highlighted the contribution of workplace adjustments to accelerate recovery and resumption of work without causing harm. She highlighted the level of young people relying on benefits, and the need for them to be convinced of the improved wellbeing through gainful employment.

The Director of Public Health highlighted the increasing pharmacy role through the Minor Ailments Scheme, which formed part of the new Pharmacy Contract, and health protection through immunisation and supply of vaccines, as well as pandemic flu planning and anti-viral medication. She also highlighted the trend and the performance of Lanarkshire against the rest of Scotland in the prescribing of antidepressants and antimicrobials.

She highlighted from her report the key issues in relation to: communicable disease incidence; the performance in Lanarkshire against National Screening Programmes and a range of Needs Assessments, in relation to breastfeeding; oral health and older people; alcohol-related brain damage; obstructive sleep apnoea; violence; Hepatitis C; oral health knowledge and early years; childrens' wheelchairs; infertility; reducing cervical cancer by human papilloma virus vaccination; and rehabilitation following traumatic brain injury. She drew members' attention, in particular, to the issue of Violence and the evidence that in Scotland the murder rate was five times greater than in England and Wales. She highlighted data in relation to serious assaults and domestic abuse and the associated consequences, including disability, disfigurement, impact on psychological wellbeing, as well as the consequences for relatives, friends and broader society.

In discussion, the Director of Public Health explained that the mechanism for taking forward the recommendations and actions arising from her Annual Report was through the Health Plan, including increased investment as a consequence of the Board's Revenue position. She also explained that the work of the Service Improvement Boards, reporting to the Modernisation Board, was evidence-based, and that evaluation of health improvement projects was ongoing, and sat within the remit of individual Consultants in Public Health Medicine.

The Director for Strategic Implementation, Planning and Performance explained that the issues highlighted in the Director of Public Health Annual Report and the linkages to the Health Plan fundamentally informed the planning cycle overseen by the Modernisation Board. The Director of the North Lanarkshire Community Health Partnership explained that the Director of Public Health Annual Report was the foundation for the Health and Wellbeing components of the Single Outcome Agreements, for which the Local Authorities were the lead agency. He also stressed that the Report was used as the foundation for the development of strategy and informed service planning and the prioritisation of investment.

The Chairman reminded members of the paper presented to the Board on an evidence-based approach to Deprivation, Health Inequalities and Health Improvement, as part of the A Picture of Health Consultation.

The Director of Acute Services acknowledged discussion on sleep apnoea. She noted the outcome of research funded by Chest Heart and Stroke Scotland which confirmed this to be a major contribution to road accidents and highlighted the need for the development of specialist services locally. She highlighted the contribution of Respiratory Physicians and Ear, Nose and Throat Surgeons in this area and confirmed that she would shortly have a half day meeting with representatives of those specialties, with the aim of scoping the service development requirements.

The Chair of the Area Clinical Forum reminded members of previous Director of Public Health recommendations on epilepsy and linkages to the Board's Long Term Conditions Strategy. She stressed the importance of an evidence base to inform expenditure in this area and highlighted the role of the relevant Service Improvement Boards in this regard.

The Director of the North Lanarkshire Community Health Partnership explained that all localities in Lanarkshire were showing reductions in antidepressant prescribing, and he highlighted the further development of psychological therapies as a contributing factor to this improved performance.

The Chief Executive reminded members of the 'Inverse Care Law', highlighted by the Director of Public Health in her presentation, and explained that some of the prescribing trends reinforced the need to invest further in the development of Primary Care Services and in psychological therapies.

The Chairman encouraged relevant Executive Directors to ensure that the Annual Report increasingly informed the Community Planning Processes with key partners, including ensuring that the recommendations were taken forward through the planning mechanisms to inform the use of available resources. He suggested that it would be appropriate to identify lead officers for each recommendation. He also asked that a retrospective audit of annual reports for the last 5 years be undertaken, to assess, as far as possible, the implementation of recommendations and any resulting progress in key areas.

Director of  
Public Health

#### **THE BOARD:**

- i) Endorsed the Annual Report of the Director of Public Health 2007 on the Health of the People Within the Lanarkshire NHS Board area.
- ii) Asked that the Annual Report be used, increasingly, to inform the planning processes, including the Community Planning processes with key partners.

Director of  
Public Health  
And relevant  
Executive Directors

The NHS Board considered the HMIE report into the Inspection of Services to Protect Children and Young People in the North Lanarkshire Council area.

The Divisional Nurse Director (Community and Primary Care) explained that the report followed the inspection of services to protect children and young people in the North Lanarkshire Council area from February – April 2008. She explained that the inspection was of all of the Agencies which contributed to the protection of children and young people within the Council area and therefore included: NHS Lanarkshire; the relevant Police Division; Social Work; Housing; Leisure Facilities and the Reporter's Office. She advised that the report was in keeping with the oral feedback by the Inspectors in April 2008. She referred members to Appendix 1 of the report, from which it could be seen that of the 18 Quality Indicators, 9 were rated Very Good, 5 were rated Good and the remainder were rated Satisfactory, with none rated Weak or Unsatisfactory. She advised that this placed North Lanarkshire within the top 5 of Council areas thus far inspected.

She advised members that a multi-agency development plan had already been formulated and that this would be reviewed in the light of the report from HMIE; however, it was not expected that any significant changes to that development plan would be needed. She explained that the Board's Corporate Objectives for 2008/9 had an important section on further improving NHS Lanarkshire's Child Protection arrangements, particularly in relation to case management, and she advised that these would require little revision in the light of the report from HMIE.

She stressed that the protection of children and young adults was a critical issue and acknowledged that the Board rightly expected a high level of assurance about the NHS contribution, both in its own right, and as part of the multi-agency arrangements. She advised that the report from HMIE validated NHS Lanarkshire's internal self-assessment, the objectives set for 2008/9 and the overall development plan.

#### **THE BOARD:**

1. Noted the HMIE Report into the inspection of services to protect children and young people in the North Lanarkshire Council area.
2. Expressed satisfaction at the inspection findings and expressed appreciation to the Director for Nurses, Midwives and the Allied Health Professions and to relevant NHS Lanarkshire staff for their contribution to the preparations for the inspection and the inspection process.
3. Confirmed satisfaction with the arrangements to take forward the agreed actions through the delivery of a multi-agency development plan.
4. Asked that a progress report on the implementation of the development plan be taken to the Health and Clinical Governance Committee within an appropriate timescale.

Director for  
NNAHPs

130.

#### **SUPERVISION OF MIDWIFERY**

The NHS Board considered the Local Supervising Authority Annual Report 2007/08.

The Divisional Nurse Director (Community and Primary Care) explained that the practice and supervision of midwifery was regulated by the Nursing and Midwifery Council, with legal obligations placed on Health Boards as local supervising authorities, with this supervision overseen by the Local Supervising Authority Midwifery Officer for the West of Scotland Region. She stressed that the primary purpose of supervision of midwives was the protection of the public achieved through promoting good practice, preventing poor practice and intervening in unacceptable practice. She highlighted the principal elements of the Annual Report for 2007/08 which, against 34 key standards, showed that for

Lanarkshire, 32 were green and only 2 were amber, confirming a high level of compliance with standards. She emphasised that Lanarkshire was, demonstrably, one of the leading midwifery supervision authorities in Scotland and the UK, because successive Heads of Midwifery had shown exemplary leadership in developing midwifery supervision, which was separate and additional to their other responsibilities as the Head of Midwifery and Associate Nurse Director for Women and Diagnostic Services.

It was noted that the Annual Report had recently been considered by the Health and Clinical Governance Committee on 20<sup>th</sup> October 2008.

**THE BOARD:**

1. Endorsed the Annual Report on the statutory supervision of midwifery in Lanarkshire 2007/2008 and authorised its signing by the Chief Executive and submission to the Nursing and Midwifery Council.

Director,  
NMAHPs

131.

**WINTER PLANNING**

The NHS Board considered the draft Winter Planning 2008/09, including the leaflet *Guide to Lanarkshire Health Services this Winter and Festive Period* which would be distributed widely throughout the Board's area.

The Director for the South Lanarkshire Community Health Partnership explained that development of the plans for winter 2008/09 began with a debrief of the winter 2007/08 plan in late March 2008, and was followed by an event in August to begin the development of the current plan. He stressed that the Plan took account of guidance received from the Scottish Government in August 2008, in particular relating to a self assessment of the Out of Hours Plans. He advised that the winter plan sought to address a range of key elements, covering such issues as: the two four day breaks; the workforce requirements within the Accident and Emergency

Departments; the development of flexible 'surge' capacity, and the need to ensure compliance with waiting time guarantees. He reassured members that a detailed Action Plan for each part of the Service had been developed, and referred members to the high level summary within the papers outlining the actions that would be taken across the system, in the Acute and Primary Care sectors and in the Out of Hours Service. He explained that the capacity and actions outlined to ensure a robust service had an additional non recurrent cost to the order of £553,000. He stressed that to support the implementation of the winter plan, a whole system Action Plan had been developed and would be performance managed in its implementation. Also, local detailed plans, rotas, on call lists, etc and a communications exercise would now begin to be put in place. The Emergency Access Board would closely monitor progress or implementation, and a core group had been convened, on which all partners were represented, to oversee the implementation process.

The Director of Acute Services explained that in preparation for the winter period, a whole system table top exercise was planned for November. She emphasised the extent of planning within the Acute Division, including the development of clinically led scenarios around the three Acute Hospitals, and the development of locality plans which would include escalation policies.

The Director of the South Lanarkshire CHP noted members' requests for information about the arrangements for access to health services during winter and the festive period to be publicised as widely as possible using a range of communication mediums.

The Chief Executive explained that a national event on winter planning had been held recently. He commended the winter plan to the Board and stressed that this represented the maturity of whole system planning.

**THE BOARD:**

1. Approved the NHS Winter Plan 2008/09
2. Asked to receive further ongoing progress reports on the run up to and during the Plan period.

Director  
SLCHP

132.

**ANNUAL REVIEW 2008**

The NHS Board considered a paper which introduced the Annual Review letter from the Deputy First Minister and Cabinet Secretary for Health and Wellbeing confirming the main points and actions agreed during discussion at the Annual Review held in Hamilton on 6<sup>th</sup> August 2008.

The Director for Strategic Implementation, Planning and Performance explained that the Annual Review letter confirmed the outcome of a very positive and helpful Annual Review Programme, including positive meetings with the Area Clinical Forum, the Area Partnership Forum, Patients and Service users. He advised that the Annual Review meeting acknowledged a number of the Board's achievements during 2007/2008, in the areas of: health improvement and reducing inequalities; shifting the balance of care; meeting waiting times targets and achievement of all three financial targets. He advised that the letter from the Cabinet Secretary confirmed the key action points arising from the Annual Review, and assured members that appropriate action would be taken by the designated lead Executive Directors for each action to ensure their delivery, with progress against the actions being overseen by the Corporate Management Team, and being the subject of reports to the NHS Board prior to the Annual Review 2009.

**THE BOARD:**

1. Noted the Annual Review letter and endorsed the proposed mechanisms for taking forward the agreed key action points.
2. Asked to receive a progress report on the implementation of the actions prior to the Annual Review 2009.

Director for  
Strategic  
Implementation  
Planning &  
Performance

133.

### **LOCAL DELIVERY PLAN**

a) **Finance**

The NHS Board considered a report on Financial Performance to 30<sup>th</sup> September 2008.

The Director of Finance reported that the actual position at 31<sup>st</sup> August 2008 reflected an underspend of £7.467m, in line with the accumulated planned outturn of £14.835m. She explained that the output of the mid-year review would shortly be considered by the Corporate Management Team, and indicated that there was potential for the surplus to exceed that approved in the Five Year Plan and the Local Delivery Plan. She stressed that there were, however, a number of issues which may offset this, including the implementation of new International Financial Reporting Standards to be introduced next year. She advised that the outcome of the mid-year review would be formally reported at the November Board and would demonstrate how the year end forecast would be delivered in line with the agreed plan.

The Director of Finance reported that capital expenditure of £9.199m had been incurred to date against the plan of £36.261m for the year. She stressed that an initial assessment of the likely year end position had been considered by the Capital Investment Group and that the initial forecast underspend of £6.451m compared with the original planned underspend of £0.97m per the Local Delivery Plan. She stressed the ongoing support for management action to contain the surplus within the forecast set out in the Local Delivery Plan, including the use of the non-recurring plan currently in development.

In discussion, she advised that the position with regard to the sale of the Law Hospital site should involve conclusion to the Missives by 31<sup>st</sup> January 2009, allowing Title Transfer to take place in February 2009. She highlighted issues with regard to the Developers who were currently on-site. She also outlined the position with regard to progress in each of the Board's priority developments, approved in March 2008.

#### **THE BOARD:**

1. Noted the Finance Report for the period ended 30<sup>th</sup> September 2008.
2. Asked to receive in November a Finance Report for the period ended 31<sup>st</sup> October 2008.

Director of  
Finance

b) **Waiting Times**

The NHS Board considered a report on Waiting Times Performance to 30<sup>th</sup> September 2008.

The Director of Acute Services reported that all HEAT Waiting Time Guarantees had been achieved in September. She advised that New Ways continued to present challenges, particularly in outpatients and that a revised set of New Ways definitions was currently being finalised and would be issued shortly to the Service. These would assist management of the waiting list. She confirmed that at the Annual Delayed Discharge Census carried out on 15<sup>th</sup> April 2008 the NHS Board delivered the two guarantees required of them and that that position had been sustained since April and was again reflected in the local census on 15<sup>th</sup> October.

She highlighted challenges in relation to Cancer, particularly around upper GI and colorectal. She advised members of the publication recently of Better, Faster Cancer Care, the national action plan, and confirmed that this would be carefully considered by the Acute Divisional Management Team to assess the extent to which its application in Lanarkshire could assist the endeavour on cancer.

The Director of Acute Services reminded members of the requirement to achieve an 18 week referral to treatment target by the end of 2011 and reported on the progress of deliberations within the Project Board, including a recent meeting with representatives of the Scottish Government Health Department at which there was discussion around the systems that NHS Lanarkshire had in place to assist in the incremental move towards compliance. She also confirmed that NHS Lanarkshire had been approved as a LEAN Early Adopter Site and undertook to bring back to a future meeting of the Board further information about how this initiative would be taken forward, and its contribution to further improving waiting times performance.

**THE BOARD:**

1. Noted the report on Waiting Times Performance to 30<sup>th</sup> September 2008.
2. Asked to receive at its meeting in November a report on waiting times performance to 31<sup>st</sup> October 2008.

Director  
Acute  
Services

c) Primary Care Out of Hours Services

The NHS Board considered a report on Primary Care Out of Hours Service for September 2008 and an Out of Hours Annual Report.

The Director of the South Lanarkshire Community Health Partnership explained that during the month demand on the service was in line with expected. He advised that the Out of Hours Service continued to support Accident and Emergency by taking 648 transfers from A & E during the month. He explained that, where possible, Out of Hours increased the number of appointments allocated to Accident and Emergency. He also advised that the Out of Hours doctor working in Wishaw General Hospital Accident and Emergency Department every evening from 6.00pm to midnight to assist with general medical service type patients coming into the Department had been well received as a valuable contribution. He advised that other community services, such as Community Pharmacy, were establishing regular links, with continued contact via the professional to professional line involving 19 referrals during September. He confirmed that the Alliance Pharmacy pilot commenced on 9<sup>th</sup> October 2008 and that an activity report would be produced monthly which would help to inform the bi-monthly stakeholder review of the Service.

He confirmed a major system upgrade to the dispatching model in the Adastr database. Whilst this, initially, had had a negative impact on performance around home visiting, the position had improved during October. He advised that the dental service was now part of the NHS 24 Emergency Dental Service. The NHS Lanarkshire EDS had seen a reduction in the triage of NHS Lanarkshire patients, and an increase in triaging of other Board areas: however, the benefit to NHS Lanarkshire patients was now that there was an overnight triage service in place.

He highlighted key actions for the Service, around: the continuation of Out of Hours doctors working in the Accident and Emergency Department at peak times; dealing with the rising number of patients who present with Primary Care type problems; the continuing detailed review of Out of Hours home visiting services with the aim of continually improving performance; ongoing work to overhaul the 'doctors bag', and continuing development work on the pilot project of hosting a mini Primary Care Centre within a Community Pharmacy, and work with acute colleagues on redesigning emergency care.

**THE BOARD:**

1. Noted the report on Primary Care Out of Hours Services performance for September 2008.
2. Asked to receive, at its meeting in November, a report on performance of the Out of Hours service for October 2008.

Director  
SLCHP

d) Healthcare Associated Infection

The NHS Board considered an update report on the Healthcare Associated Infection. The Medical Director highlighted the principal elements of the report in relation to:

- Meeting the health efficiency access and treatment targets to achieve a 30% reduction in Staphylococcus Aureus Bacteraemias by 2010.
- 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.

She reported that there was evidence of very good progress in these key areas. She also highlighted the strong linkages between the Scottish Patient Safety Programme and the organisation's endeavour to reduce healthcare associated infection. She highlighted two recent publications on the issue of healthcare association infection viz: *Guidance on prevention and control of clostridium difficile associated disease in health care settings in Scotland* and *Implementation of the electronic communication of surveillance in Scotland website: pre-roll out of communication and participation*, and confirmed the way in which these national reports were informing the approach in Lanarkshire. Whilst emphasising the good progress being in made in key areas, she stressed that significant work was required to ensure that the organisation was fully compliant with the National Healthcare Associated Infection Agenda over the next three years.

She explained that work was ongoing to extend the HAI endeavour to the Community Hospitals and that work would also be taken forward in this regard with Care Homes across Lanarkshire. She confirmed that an antimicrobial pharmacist had been appointed and that the appointment to a second post was being pursued.

**THE BOARD:**

1. Noted the update report on Healthcare Associated Infection
2. Asked to receive a further update at its meeting on 26<sup>th</sup> November 2008.

e) Sickness Absence

The NHS Board considered a Progress Report on working towards the achievement of a 4% sickness level by March 2009.

The Director of Strategic Human Resources and Workforce Development highlighted sickness rate for August 2008 which, against a target for the month of 5.06%, was 4.84%. She also emphasised the proactive management of sickness absence and the principal elements of the EASY Project involving earlier intervention by the Occupational Health and Safety Service to support staff on sick leave, including their supported return to work. She confirmed that future reports would include information about the extent of long term absence.

**THE BOARD:**

1. Noted the progress report on work towards the achievement of a 4% sickness level by March 2009.
2. Asked to receive a further report at its meeting on 26<sup>th</sup> November 2008.

Director  
SR&WD

f) Knowledge and Skills Framework

The Director of Organisational Development reported on progress in relation to Knowledge and Skills Framework based Personal Development Planning, against the numbers of staff in Lanarkshire for whom post outlines were in place. He explained that Personal Development Plans linked to the post outlines should contribute to improving service delivery. He outlined for members the action being taken to improve system performance around the completion of KSF based Personal Development Plans. He acknowledged the challenge to the system in moving towards achievement of the HEAT target in this regard and the resource issues associated with its achievement.

**THE BOARD:**

1. Noted the progress report on the Knowledge and Skills Framework.
2. Asked to receive a further report at its meeting on 26<sup>th</sup> November 2008

Director  
OD

134. **GOVERNANCE MINUTES**

The NHS Board considered Governance Minutes as follows:

a) Staff Governance Committee – 8<sup>th</sup> September 2008

The Employee Director highlighted from the Minute the discussion on the Staff Survey which would shortly be introduced with the results being available early in the New Year.

b) Acute Operating Management Committee – 21<sup>st</sup> August 2008

c) North Lanarkshire Community Health Partnership Operating Management Committee – 20<sup>th</sup> August and 8<sup>th</sup> October 2008

Mr. Anning, Committee Chair, highlighted from the minutes, the substantial focus of discussion on performance management issues which was proving beneficial.

d) South Lanarkshire Community Health Partnership Operating Management Committee

Mrs. Mahal, Committee Chair, highlighted discussion around Allied Health Professions Services and Capacity Planning and the focus of discussion on health improvement.

135. **ANY OTHER COMPETENT BUSINESS**

a) **Patient Correspondence**

The Chairman briefed members on recent correspondence from a patient to all Board Members, and the actions being taken to address the issues raised.

b) **Travel Plan 2008 – 2011**

Copies of the NHS Lanarkshire Travel Plan Pocket Guide 2008-2011 were tabled for members. It was noted that the impact of the travel plan would be assessed through the Staff Survey.

c) **Dorothy Moir**

The Chairman reminded members that this marked Dr. Moir's final Board meeting prior to her departure at the end of October to pursue another role. He paid tribute to Dr. Moir's distinguished career in Public Health, her substantial contribution to Public Health in Lanarkshire, and her contribution to Public Health and Health Improvement in a number of key areas at a national level. He extended to Dr. Moir his and members' best wishes for the future.

d) **Susan Goldsmith**

The Chairman reminded members that this, also, marked Mrs. Goldsmith's final Board meeting prior to her departure at the end of October to take up a position as Director of Finance with NHS Lothian. He paid tribute to Mrs. Goldsmith's contribution to the work of the Board during her time as Director of Finance, with particular regard to her contribution to the management of the Board's financial position during challenging times, which saw the system return to financial balance in recent years, resulting in a cost efficient, cost effective Board system, recognised by the Board itself, external auditors and the Scottish Government Health Department. He extended to Mrs. Goldsmith his and members' best wishes for the future.

136. **DATE OF NEXT MEETING**

Wednesday 26<sup>th</sup> November 2008 at 9.30am.

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

The NHS Board approved a motion to move into private session for the remaining items of business.

138. **PHARMACY PRACTICES COMMITTEE**

The NHS Board received and noted the minute of the meeting of the Pharmacy Practices Committee held on 4<sup>th</sup> September 2008.

Mr. Sutherland, Committee Chair, highlighted the principal issues considered by the Committee and its decisions.

139. **WORKFORCE PLANNING**

The Medical Director updated members on the progress of workforce planning for 2009-10, with particular regard to the medical workforce. She outlined the current and future challenges and explained the action being taken locally, regionally and nationally to address them in the short, medium and longer terms.