

Lanarkshire NHS Board

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Meeting of Lanarkshire NHS Board, Wednesday  
24 September 2008, at 9.30 am in the Board Room,  
14 Beckford Street, Hamilton

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

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

**IN ATTENDANCE:** Mr N J Agnew, Corporate Affairs Manager/ Board Secretary  
Mrs K Hamilton, Head of Communications  
Mr S Kerr, Head of Planning, North Lanarkshire Community Health Partnership  
Mr K A Small, Director of Organisational Development  
Dr V J Sonthalia, Chairman Area Medical Advisory Committee  
Mrs J Hope, Divisional General Manager, Women's, Cancer and Diagnostics Division (for Item 113)  
Mrs S Stewart, Acting Associate Director of Nursing, Wishaw General Hospital (for Item 113)

**APOLOGIES:** Councillor E McAvoy, Non Executive Director  
Councillor J McCabe, Non Executive Director  
Dr D McCormick, Non Executive Director  
Mrs M Nelson, Non Executive Director  
Mr C Sloey, Director, North Lanarkshire Community Health Partnership

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**ACTION**

109. **WELCOME**

The Chairman welcomed members to the meeting. He extended a particular welcome to Judith Hope and Susan Stewart who were attending to present the Maternity Strategy.

110.

**CHAIRMAN'S REPORT**

The Chairman reported that, following due process, Bill Sutherland had been appointed to the position of Vice Chair of the NHS Board.

The Chairman reported on the principal issues considered at the meeting of NHS Board Chairs with the Cabinet Secretary for Health and Wellbeing on 22 October 2008, as follows:

- Better Cancer Care
- Healthcare Associated Infection
- Winter Planning
- Staff Survey
- Standard National Uniform
- Smoking Cessation Bill
- GP Contracts
- Delayed Discharges
- Dentistry
- Same Day Surgery
- A Mutual NHS

In their Private Meeting, NHS Chairs had received a presentation from Alison Graham on Modernising Medical Careers.

111.

**MINUTES**

The Minute of the Meeting held on 27 August 2008 was submitted for approval and signature.

**THE BOARD:**

- i) Approved the minute for signature.

112.

**MATTERS ARISING**

- a) Medical Workforce

The Medical Director updated members on the range of issues in relation to Medical Workforce. She reported on the position with regard to Modernising Medical Careers recruitment following the changeover date in August, and highlighted the vacancies which remained across Lanarkshire and the challenges that this presented. She stressed that service sustainability was the paramount consideration and confirmed that every conceivable option was being pursued to ensure that service delivery was not unduly compromised. She highlighted the pressures in Emergency Medicine and Accident and Emergency and outlined the specific actions being taken in these areas. She reminded members of the issues in relation to Fixed Term Specialty Training posts (FTSTAs), and confirmed the approach being taken to address the issues locally, regionally and nationally, including through discussions involving representatives of other NHS systems, National Education Scotland and SGHD. She reassured members that there was an awareness of the requirement for European Working Time Directive compliance by August 2009, and confirmed that rotas were the subject of ongoing review to ensure that Lanarkshire moved incrementally towards compliance. She also sought to reassure the Board that the issues reported at successive Board Meetings in relation to Modernising Medical Careers represented an important part of the wider

approach to managing Medical Workforce issues in Lanarkshire, which was focussed not only on addressing short-term difficulties but also on achieving sustainability in the medium and longer terms.

The Director of Acute Services endorsed the reported pressures on Accident and Emergency Services. She stressed that the maximum effort was being made to identify solutions, and she acknowledged the material contribution of the Minor Illness Injury Nurse Treatment Service (MINTS), to sustaining services, particularly at peak times.

The Chairman of the Area Medical Advisory Committee reported that the Medical Workforce challenges in Lanarkshire were regularly considered by the Committee. He acknowledged the recruitment challenges that Lanarkshire faced when competing with other Health systems throughout the UK for limited numbers of staff. He also highlighted the potential to build upon the existing Primary Care Out-of-Hours arrangements, through maximising the contribution of General Practitioners to supporting Accident and Emergency Departments.

The Chief Executive restated the key issues around Modernising Medical Careers and the wider Medical Workforce, and emphasised the extent of the endeavour at a number of different levels to achieve sustainable solutions, including through ongoing close engagement with SGHD. He advised that the Department had agreed that from August 2009, 2 year fixed term contracts could be offered, thereby making posts more attractive, in addition to which the Department was pursuing with the Home Office the potential for pursuing a nationally orchestrated round of international fixed term recruitment. He emphasised the fragility of services, at times, as a result of hard to fill Junior Doctor vacancies, and reaffirmed the extent of the work being undertaken to identify sustainable, clinically safe solutions.

The Medical Director reassured members that through the ongoing engagement with Departmental Officials, there should be an awareness of the challenges at a political level. The Chairman reported that Medical Workforce was one of a number of issues which would feature in discussion at upcoming briefing meetings with Constituency and List Members of the Scottish Parliament. He expressed reassurance about the effort being made on a number of fronts to ensure the sustainability of services and expressed appreciation to the Medical Director and colleagues for their contribution to this endeavour. He highlighted the need for the Board to continue to maintain its focus on this critical issue.

**THE BOARD:**

- i) Noted the update report on Medical Workforce.
- ii) Asked to receive further reports.

Medical  
Director

113.

**MATERNITY STRATEGY**

The NHS Board considered a Maternity Strategy 2008 – 2013.

Mrs Hope and Mrs Stewart explained that the Strategy document set out the current service and how it needed to change and develop to reflect national policy and contemporary service models. They outlined the background to the issue, explained the elements of the current service model, and highlighted the principal

drivers for change, around national and regional framework; demographic data; workforce; and health promotion. They reassured members that the strategy document had been considered by a number of key groups including: the Childrens', Maternity and Womens' Services Board; the Acute Divisional Management Team; the Modernisation Board and the Public Partnership Forums. They outlined the key recommendations within the Strategy, as follows:

- Further develop early pregnancy services on the Wishaw site to provide a dedicated service for the diagnosis, medical and surgical management of miscarriage.
- Implement midwife led care for low risk women in line with the Keeping Childbirth Natural and Dynamic National Programme.
- Implement Scottish Women Held Maternity Records and audit them in line with recommendations in NHS Quality Improvement Scotland Maternity Standards.
- Respond to Chief Executive letter published in July 2008 with regard to the implementation of Combined Ultrasound and Biochemical screening in the first trimester of pregnancy.
- Implement routine Anomaly Scanning in the second trimester of pregnancy.
- Implement and evaluate a triage and assessment area within the Maternity Unit.
- Implement the NHS Lanarkshire Breastfeeding Strategy and achieve full World Health Organisation Baby Friendly status.
- Enhance the Public Health role of the midwife and involvement of Maternity Services in Strategy development for breastfeeding, smoking cessation; substance misuse; domestic abuse and teenage pregnancy.
- Continue implementation of the expansion of the neonatal unit cot base including creation of a transitional care area to ensure that neonatal care can be provided locally for all babies born in NHS Lanarkshire and continue to participate in the Nationally Cot Bureau.
- Develop the workforce in maternity and Neonatal Services to take account of the impact of Modernising Medical Careers and feedback from the Nursing and Midwifery Workforce and Workload Planning Project.
- Review and strengthen public engagement and involvement in Maternity Services and engage in national discussion relating to Maternity Services Liaison Committees.

Mrs Hope and Mrs Stewart explained that the financial framework within which the strategy had been developed, which was summarised within the strategy document, was matched with identified funding streams for all recommendations which required investment. They emphasised that the strategy had been developed in partnership with service users, staff representatives and other key stakeholders, and stressed that it provided a clear vision for Maternity Services from 2008 – 2011 which would ensure that NHS Lanarkshire would continue to provide a safe, effective and innovative service to women and their families.

In response to members' questions, Mrs Hope acknowledged the historical pressure on neonatal cots. However, she stressed that the increase in the neonatal cot base, which formed part of the strategy should further improve the position. The Director for Nurses, Midwives and the Allied Health Professions reassured members that the implementation of the strategy would provide the capacity to deliver any Lanarkshire women who wished to be delivered in Lanarkshire facilities.

Mrs Hope explained that Assisted Conception Services were provided to Lanarkshire couples from Monklands Hospital and through a contract with the Sandyford Initiative in Glasgow. She confirmed that services for the termination of pregnancy were provided from the Womens' Health Unit within Wishaw General Hospital, with close linkages with the Consultant in Reproductive Health.

Mrs Stewart acknowledged issues raised in relation to Workforce Planning and any potential implications of the move of services in Glasgow to new facilities at the Southern General Hospital. She reassured members that there were no particular issues currently which impacted on the Board's ability to recruit and retain staff. She advised that the Nursing and Midwifery Council did not currently count neonatology experience as midwifery practice. This carried significant implications for Lanarkshire, which currently were being addressed through the organisation of services and the workforce. She advised that, when benchmarked against other NHS systems, particularly within the West of Scotland, NHS Lanarkshire Maternity Services compared favourably. She also confirmed that public health was an integral part of the Midwifery role. She acknowledged issues raised by the Chairman of the Area Medical Advisory Committee about the level of General Practitioner awareness of some aspects of the current services available at Wishaw General Hospital and undertook to revisit the communication arrangements. Mrs Hope confirmed that the newly appointed General Practitioner lead for Gynaecology was linked to the Maternity Strategy Group.

**Director of  
Acute Services**

#### **THE BOARD:**

- i) Approved the NHS Lanarkshire Maternity Strategy 2008 - 2013.
- ii) Delegated to the Acute Divisional Management Team the authority to take forward implementation of the Strategy, where this could be achieved within existing revenue resource limits.
- iii) Called for future progress reports against the key recommendations within the Strategy.

**Director of  
Acute Services**

114.

#### **OPTIMAL REPERFUSION**

The NHS Board considered a report on arrangements for introduction of the Optimal Reperfusion Service.

The Director for Strategic Implementation, Planning and Performance explained that the paper was presented to inform the Board of the current position in relation to the implementation of the Optimal Reperfusion Therapy Service within NHS Lanarkshire as part of the agreed West of Scotland Initiative. He reminded members of the background to the development and confirmed that implementation of the service was based on robust clinical evidence, recognised through Scottish Intercollegiate Guidelines Network (SIGN) Guidelines for Heart Disease published in February 2007, which acknowledged Optimal Reperfusion as the best method of treatment for ST Elevation Myocardial Infarction patients.

The Director for Acute Services explained that the paper provided an update on all of the key issues to support the implementation of the Optimal Reperfusion Service, including: completion of the Capital Equipment Replacement Programme in the Catheterisation Laboratory; completion of the Catheterisation Laboratory reconfiguration, increasing Day Unit capacity; reprofiling of the Optimal Reperfusion Service activity flows across the West of Scotland; Human Resources issues, including Acute Physician and on-call arrangements; financial issues, including income flows; communication and engagement arrangements; and Project Management and Risk Management arrangements. She stressed that the implementation arrangements would include robust monitoring of activity,

particularly during the initial months, including to confirm that activity and flows were in line with the planning assumptions.

In discussion, the Director for Strategic Implementation, Planning and Performance confirmed that the planning for the service, both locally and regionally, had included the Scottish Ambulance Service as a key partner. He confirmed, also, that the plans included arrangements for the repatriation of patients to Lanarkshire in appropriate cases. He advised that the Scottish Ambulance Service had purchased an additional 2 vehicles, specifically for the Optimal Reperfusion Service, and would have dedicated staff and critical transfer staff and arrangements in place to support the service.

The Chairman expressed appreciation to the Director for Strategic Implementation, Planning and Performance and to the Director of Acute Services and her staff for their contribution to the development of the services for Lanarkshire.

#### **THE BOARD:**

- i) Noted that all of the key elements for the Optimal Reperfusion Service were now in place and that the service was ready to commence in Lanarkshire on 1 November 2008.
- ii) Noted that there would be continued engagement and communication to ensure that all of the stakeholders were aware of the detailed arrangements as appropriate.
- iii) Noted that monitoring and evaluation of the service implementation for Hairmyres and the Golden Jubilee National Hospital would continue to be undertaken through the West of Scotland Cardiac Group.

115.

#### **CHILD PROTECTION**

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

The Director for Nurses, Midwives and the Allied Health Professions explained that the report followed the inspection of services to protect children and young people in the South Lanarkshire Council area from February – April 2008. He advised that a similar inspection had taken place for the North Lanarkshire Council area, and confirmed that the report, which would be published shortly, would be brought to the Board for consideration in October. He 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. He advised that the report was in keeping with the oral feedback by the Inspectors in April 2008. He 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. He advised that this placed South Lanarkshire within the top 5 of Council areas thus far inspected.

He 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. He 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 he advised that these would require little revision in the light of the report from HMIE.

He 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. He 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:**

- i) Noted the HMIE report into the Inspection of Services to Protect Children and Young People in the South Lanarkshire Council area.
- ii) Expressed satisfaction at the inspection findings and expressed appreciation to the Director for Nurses, Midwives and the Allied Health Professions and relevant NHS Lanarkshire staff for their contribution to the preparations for the inspection and the inspection process.
- iii) Confirmed satisfaction with the arrangements to take forward the agreed actions through the delivery of a multi-agency development plan.
- iv) 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  
NMAHPs**

116.

**SERVICES FOR OLDER PEOPLE IN NORTH LANARKSHIRE**

The NHS Board considered a report on improving services for Older People in North Lanarkshire.

The Director for Acute Services explained that the paper was intended to inform the Board of arrangements to develop and improve services for Older People in North Lanarkshire by reconfiguring rehabilitation beds in Coathill, Monklands and the Strathclyde Unit, Park Springs. She advised that the changes would provide access to the full range of assessment, diagnostic and rehabilitation services for Older People within Monklands Hospital in a fit for purpose physical environment by transferring beds from Coathill Hospital, in addition to which, the enhancement of rehabilitation provision at the Strathclyde Unit, Park Springs, would allow greater local provision for patients within the Bellshill and Wishaw Localities. She stressed that the proposals had been driven by Clinicians, and reassured members that North Lanarkshire Council had been fully involved in the planning arrangements. She advised that the paper set out the progress to date in planning for the transfer of Rehabilitation Services from the Glenshirra Ward at Coathill Hospital (27 beds), in December 2008 to Monklands Hospital, and the progress in a range of changes to improve services for Older People in North Lanarkshire. This would be achieved by: the development of a 24 bedded Geriatric Orthopaedic Rehabilitation Unit (GORU) and rehabilitation ward at Monklands Hospital; the redesignation of 10 NHS beds at Park Springs in Motherwell to provide additional rehabilitation beds, thereby providing additional capacity within Wishaw and Bellshill Localities; the formalisation of the intermediate care pilot within North Lanarkshire Council area to provide 10 beds within NLC residential facilities; the introduction of a 7 day supported discharge service from Monklands Hospital; a review of the service model at Wester Moffat Hospital to create surge capacity for Monklands Hospital over the Winter period; the consideration of options for service delivery within the Cumbernauld Locality and the implementation of an engagement and communications plan.

**THE BOARD:**

- i) Noted and approved the proposals to improve services for Older People in North Lanarkshire and agreed that the Implementation Plan could now be progressed. **Director of Acute Services**

117.

**PERSON IDENTIFIABLE DATA ON THE FORMER LAW HOSPITAL SITE**

The NHS Board considered the report on the Investigation into the presence of Person Identifiable Data on the former Law Hospital site.

The Director for Strategic Implementation, Planning and Performance explained that following the discovery of Person Identifiable Data on the former Law Hospital site on Thursday 10 July 2008, a thorough physical check of all buildings on the site was conducted over the next 5 days and any paper, Person Identifiable or otherwise, was removed from the site. An immediate investigation was launched, under his leadership, with the draft report of the investigation, including explicit recommendations aimed at avoiding any recurrence, being presented to members initially on 30 July 2008. He reminded members that, at that time, comment on the draft report was awaited from the Scottish Government Health Department, the Office of the Information Commissioner for Scotland and NHS Quality Improvement Scotland who undertook an Improvement Review into the presence of Patient Identifiable Data at Strathmartine Hospital.

He advised that the Scottish Government Health Department had recognised that prompt action was taken once data was discovered, and had impressed upon the Board the requirement to implement the recommendations arising from the investigation without delay, having regard to any material comment from the Office of the Information Commissioner and NHS Quality Improvement Scotland. He explained that the Assistant Information Commissioner had confirmed that he was content with the action taken by the Board in response to the discovery of Person Identifiable Data on the former Law Hospital site, and confirmed the intention to ask NHS Lanarkshire to give a Form of Undertaking to the Commissioner's Office regarding future procedures. He advised that, in response to the draft report, the Director of Patient Safety and Performance Assessment at NHS Quality Improvement Scotland had confirmed that many of the investigation findings mirrored exactly the conclusions following the Improvement Review at Strathmartine Hospital. She had, however, made several observations on the report, most of which were presentational and had been addressed in the final version, including a test of the incident against the principles of the Data Protection Act, and a commitment to invest further in ensuring that Information Governance was accorded sufficient priority at all levels throughout the organisation.

The Director for Strategic Implementation, Planning and Performance confirmed that he would have the lead role in progressing the implementation of the recommendations arising from the investigation, including the finalisation of revised Operational Procedures on Records Management, which would be approved by the Information Governance Committee. He also confirmed that when the report of the NHS QIS Improvement Review of Strathmartine Hospital was published, its findings and recommendations would be carefully reviewed to ensure that any of material relevance to NHS Lanarkshire were picked up in the implementation of the recommendations arising from the investigation of the Law Hospital incident.

**Director for Strategic Implementation, Planning and Performance**

**THE BOARD:**

- i) Noted and endorsed the final report of the Investigation into the Presence of Personal Identifiable Data on the former Law Hospital site.

- ii) Agreed the proposed way forward and agreed to receive an Information Governance Plan at a future meeting. **Director SLCHP**

118.

### **INFORMATION GOVERNANCE**

The NHS Board considered a report on Information Governance.

The Director of the South Lanarkshire Community Health Partnership explained that the report had been provided to update the Board on actions being taken in response to the need to enhance Information Governance related activities. He confirmed that the Information Governance Policies and Procedures in place across NHS Lanarkshire, along with the actions that emerged from them, had been the subject of preliminary review which had highlighted a need for a significant and focussed range of improvements. In response, the role of the Information Governance Committee had been strengthened with a reporting line to the Board's Health and Clinical Governance Committee. He advised that areas for early priority improvement had been identified and that an initial action plan to address them was in place. Whilst most of these initiatives were not resource intensive, a fully costed action plan would be presented to the Corporate Management Team by the end of October. He highlighted the need for a sustainable culture shift, achieved through a process of raising awareness, targeted improvements and specific objectives, and confirmed that this was being addressed.

#### **THE BOARD:**

- i) Noted the report on Information Governance.
- ii) Noted the initial work undertaken to determine compliance with relevant Statutory and Regulatory Frameworks, and the actions being put in place rapidly to ensure significantly improved levels of assurance.
- iii) Asked to receive an Information Governance Action Plan at a future meeting. **Director SLCHP**

119.

### **CAMGLEN AND THE NORTHERN CORRIDOR**

The NHS Board considered a report on progress in the Camglen and Northern Corridor Transfer Implementation.

The Director of the South Lanarkshire Community Health Partnership reminded members that in January and February 2008 the Lanarkshire NHS Board and the Greater Glasgow and Clyde NHS Board approved the proposed transfer of further accountability, Planning and Governance for the Localities of Cambuslang/Rutherglen and the Northern Corridor to NHS Lanarkshire.

He explained that, since then, a formal Project Board had been established for the implementation, covering key stakeholders, including Staff Side Representatives and local General Practitioners. Eight workstreams had been established under the Project Board, co-chaired by key personnel from NHS Lanarkshire and NHS Greater Glasgow and Clyde which also included key stakeholders. Specific terms of reference and a workplan for each of the workstreams had been agreed, identifying the path to safe transfer by 1 April 2009. The workstreams covering

Human Resources, IM&T, Community Services and Prescribing/Pharmacy had made good progress, and the remaining workstreams were now firmly established and were making significant and definitive progress. He stressed that careful attention would be paid by the Project Board to the progress of these workstreams to ensure that they were in a state of readiness for the 1 April 2009. He highlighted the key actions required over the coming months which were of critical importance, and reassured members that the Project Board would pay particular attention to these areas.

In discussion, he acknowledged the importance of clarity around responsibility for Health Improvement, and confirmed that this was already being pursued by the Lanarkshire Community Health Partnerships in the Camglen and Northern Corridor Localities, in concert with the Local Authorities.

**THE BOARD:**

- i) Noted that good progress was being made with the Camglen and Northern Corridor Transfer Implementation.
- ii) Noted the priority actions that required management by the Project Board over the next 6 months.
- iii) Asked to receive a further progress report in February 2009.

**Director SLCHP**

120.

**SCHEME OF DELEGATION AND STANDING FINANCIAL INSTRUCTIONS**

The NHS Board considered an updated Scheme of Delegation and Standing Financial Instructions.

The Director of Finance explained that the Standing Orders regulating the business and proceedings of the Lanarkshire NHS Board were supported by a Scheme of Delegation and Standing Financial Instructions providing an overall Governance Framework within which the Board operated. She advised that the Standing Financial Instructions and a specific Financial Scheme of Delegation had been considered and approved by the Audit Committee in September, but had been further updated to reflect a number of changes across the organisation, both in terms of roles and responsibilities and how the organisation operated. She explained that the Standing Orders set out a schedule of decisions that were reserved for the Board or its Committees (or Sub Committees), including: Financial Strategy and Financial Plans; Standing Orders (including the Scheme of Delegation); Standing Financial Instructions; the establishment, Terms of Reference and reporting arrangements for all Committees and Sub Committees acting on behalf of the Board; arrangements for approval of significant items of Capital Expenditure or disposal of assets; financial and performance reporting arrangements; discharge of trustee arrangements in relation to Non Executive funds; and adoption of Annual Report and Accounts. She explained that the Scheme of Delegation presented was intended to provide clarity about the wider decision-making process and the extent of delegation and devolution of authority. She advised that this had been agreed by the Corporate Management Team and had been reviewed by the Audit Committee. She explained that there was no material change to the Standing Financial Instructions, with any changes largely reflecting changes in terminology and/or changes in Government Policy. She confirmed that the Standing Financial Instructions also were presented to the Audit Committee.

Mr Sutherland, Chair of the Audit Committee, confirmed that the Scheme of Delegation and the Standing Financial Instructions had been considered and endorsed by the Audit Committee.

**THE BOARD:**

- i) Approved the revised Scheme of Delegation and Standing Financial Instructions.

121.

**LOCAL DELIVERY PLAN**

- a) Finance

The NHS Board considered a Finance report for the period ended 31 August 2008.

The Director of Finance reported that the actual position to 31 August 2008 reflected an underspend of £6.144m, against the cumulative forecast of £14.835m. She confirmed that work on the formal mid-year review had commenced, taking account of potential non-recurring investment proposals, cost pressures and off-setting benefits, and advised that an initial overview of the position would be considered by the Corporate Management Team in early October, with the formal submission being brought to the NHS Board in November. She advised that, at present, the forecast revenue cumulative surplus as at 31 March 2009 remained unchanged at £14.8m.

She reported that Capital Expenditure of £9.468m had been incurred to date against the plan of £36.261m for the year. She advised that a number of areas required further investigation, particularly in relation to the extent to which the expenditure was “non-added value”, and that work was ongoing in relation to the preparation of a formal update on the Capital Plan for the current year and the longer term phasing of developments, supported through the significant progress being made with Business Cases.

The Director of Finance stressed that 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, was firmly in place.

She reported on the position with regard to progress with the Law sale. She confirmed that the long-stop date for the conclusion to the Missives was agreed as the end of January 2009. She confirmed also that further discussions were ongoing with Pricewaterhouse Coopers, the Board’s External Auditors, about the accounting treatment of any slippage in the conclusion to the sale into 2009/10.

In response to a question from the Chairman, the Director of Finance confirmed that the Board had received central funding for progressing Disability Discrimination Act compliance within Dental Practices, and that this issue was being take forward to consideration by the Capital Investment Group in October.

**THE BOARD:**

- i) Noted the Finance Report for the period ending 31 August 2008.
- ii) Asked to receive a further report.

**Director of  
Finance**

- b) Waiting Times

The NHS Board considered a report on the Waiting Time position at 31 August 2008.

The Director of Acute Services reported that all HEAT Waiting Time Guarantees had been achieved in August. She advised that New Ways continued to present challenges, particularly in outpatients, and confirmed that dialogue was continuing with ISD and the Scottish Government to identify deliverable solutions. She reported that at the annual Delayed Discharge Census carried out on 15 April 2008, the NHS Board had delivered the 2 guarantees required of them, namely that there should be no Delayed Discharge patient in short-stay beds and no patient waiting over 6 weeks, in addition to which, that position had been sustained since April and was reflected in the local census on 15 August.

The Director of Acute Services reminded members that the Board had previously been advised that it was intended to deliver a level of performance in selected areas in excess of the national Waiting Time Guarantees, viz: inpatients, day cases and outpatients, with the objective of delivering a maximum wait of 12 weeks, and in diagnostics, to improve on the national guarantee of 6 weeks to a maximum wait of 4 weeks by 31 March 2009. She referred members to the appendix to the report in which performance against both measures was captured.

She reaffirmed that the new Waiting Time Guarantees had taken effect from 1 April 2008, with delivery required by 31 March 2009, and confirmed that the guarantees were being taken forward in the context of the 18 week referral to treatment target to be achieved by 31 December 2011. She reported on confirmation from the Scottish Government that additional funding would be provided to the NHS Board in 2008/9 to facilitate delivery of the Waiting Time Guarantees. She advised that consultation was continuing with the service about Waiting Time definitions which, it was expected, would be agreed by the end of Calendar year 2008. She reported that clinical business plans for each specialty were available that described the actions that would be taken to deliver the Waiting Time Guarantees by 31 March 2009. She also reported on the progress of deliberations within the 18 week referral to treatment Project Board, including the approval of a programme plan by the Scottish Government and the contribution of a Project Manager, the overall Clinical Lead and Clinical Leads for individual specialties and Primary Care.

The Chairman acknowledged the good performance across the breadth of Waiting Times, but highlighted, in particular, performance on Cancer Waiting Times, which had shown a substantial improvement over the course of the last year.

#### **THE BOARD:**

- i) Noted the report on the Waiting Time Position at 31 August 2008.
- ii) Asked to receive a further report.

**Director of  
Acute Services**

#### c) Primary Care Out-of-Hours Services

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

The Director of the South Lanarkshire Community Health Partnership reported that demand on the service during the month was in line with expected, with no major issues to highlight. He confirmed that the Out-of-Hours Service continued to support Accident and Emergency by taking transfers from the 3 A&E Departments across Lanarkshire, with the number of cases transferring continuing to rise month on month. He advised that the pilot exercise of an Out-of-Hours

Doctor working in the Accident and Emergency Department at Wishaw General Hospital to see patients who presented with illnesses as opposed to injuries, had commenced during August, with Accident and Emergency staff valuing the experience that Out-of-Hours Doctors brought to the Department and the Doctors involved reporting that they found the work rewarding. He confirmed that further progress had been made towards reaching the key performance indicators for all home visits by supporting Hub staff with a new procedures manual and by further developing the reporting tool. A new cohort of Out-of-Hours Doctors had commenced work and had received their induction during August, with an induction session also being given to the new GP Registrars who commenced training in Out-of-Hours during August.

He highlighted actions for the service, in relation to: the production and launch of an Out-of-Hours Annual Report; the commencement of Winter Planning and detailed service action planning; planning of projects to be implemented in October relating to a new system for replenishing medication in the Doctors' bag and the launch of a Primary Care Centre within the Alliance Community Pharmacy in Airdrie; and attendance by NHS Lanarkshire personnel at the Annual National Out-of-Hours meeting.

#### **THE BOARD:**

- i) Noted the Primary Care Out-of-Hours report for August 2008.
- ii) Asked to receive a further report.

**Director SLCHP**

#### d) Healthcare Associated Infection

The NHS Board considered an update report on the organisation's position regarding Healthcare Associated Infection.

The Medical Director reminded members of the background to the issue, including the current Management and Governance arrangements for HAI in Lanarkshire. She outlined, for members, progress in relation to:

- Meeting the Health Efficiency Access and Treatment Target to achieve a 30% reduction in Staphylococcus aureas bacteraemias by 2010.
- Improving hand hygiene compliance amongst NHS staff by meeting the target of at least 90% compliance by November 2008.
- Implementing care bundles associated with the Scottish Patient Safety Programme and other care bundles as they were developed.
- Implementing surveillance programmes relating to General Medicine, Care of the Elderly and other areas as they were developed.
- Prevention and management of Clostridium Difficile.
- National Cleaning Services compliance.

She highlighted 2 recent publications on the issue of Healthcare Associated Infection, viz: the *Independent Review of Clostridium Difficile Associated Disease at the Vale of Leven Hospital* and *Report on the Review of Clostridium Difficile Associated Disease Cases and Mortality in all Acute Hospitals in Scotland, Health Protection Scotland 2008*. She advised that each of these reports included a set of recommendations applicable to NHS Scotland, and confirmed that material issues arising from the reports which were of relevance to Lanarkshire would be reflected in the local Healthcare Associated Infection Action Plan.

The Medical Director stressed that whilst good progress was being made on all fronts, further concerted work was required to ensure that the organisation would be fully compliant with the national Healthcare Associated Infection agenda over the next 3 years.

**THE BOARD:**

- i) Noted the update report on Healthcare Associated Infection.
- ii) Asked to receive further reports.

**Medical Director**

e) Sickness Absence

The NHS Board considered a report on progress towards achievement of the 4% Sickness Absence target by March 2009.

The Director of Strategic Human Resources and Workforce Development explained that the target was one of the major challenges for the Board within the Corporate Objectives. She explained that in the current year a more proactive performance management approach to Sickness Absence was being pursued, through: Managers being held to account for their management of the issue, assisted by Divisional HR Directors and their teams; the implementation of the EASY Project, which was an early intervention service operated by the Occupational Health and Safety Service; individuals being more proactively managed through performance and disciplinary procedures; increased access to staff physiotherapy and Employee Counselling Services. She confirmed that the overall performance figure for July 2008 was 4.85%. She highlighted variations within Divisions and for staff groups, and confirmed the way in which these were being proactively managed.

**THE BOARD:**

- i) Noted the progress report on Sickness Absence.
- ii) Asked to receive a further report.

**Director of  
Human  
Resources**

122.

**GOVERNANCE MINUTES**

The NHS Board received, for consideration, Governance Minutes as follows:

a) Audit Committee 9 September 2008

Mr Sutherland, Committee Chair, highlighted from the Minute, discussion on the Scheme of Delegation and the Standing Financial Instructions; the Law Sale; and the Review of Performance Management arrangements and the legislative stocktake.

123.

**ANY OTHER COMPETENT BUSINESS**

a) Staff Survey

The Employee Director reported that the Staff Survey would be undertaken during the period from 27 October 2008 – 14 November 2008, with communication to staff through their payslips.

b) Director of Public Health and Director of Finance

The Chief Executive reported that Dorothy Moir and Susan Goldsmith, Director of Public Health and Director of Finance, respectively, would leave their posts at the end of October to move to other positions outwith

NHS Lanarkshire. He confirmed that Dr Harpreet Kohli would commence as Director of Public Health for NHS Lanarkshire on 1 October 2008, and that interviews for the Director of Finance position would be held on 30 September 2008.

124.

**DATE OF NEXT MEETING**

Wednesday 29 October 2008 at 9.30 am.

NJA/OD  
23 October 2008