

Lanarkshire NHS Board

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

**CHAIRMAN:** Mr T Currie, 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  
Mrs L Khindria, Director of Strategic Human Resources and  
Workforce Development  
Mr A Lawrie, Director, South Lanarkshire Community Health  
Partnership  
Mrs R Lyness, Director, Acute Services  
Councillor J McCabe, 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 C Sloey, Director, North Lanarkshire Community Health  
Partnership  
Mrs S Smith, Non Executive Director  
Mr H Sweeney, Employee Director  
Mr P Wilson OBE, Director for Nurses, Midwives and the  
Allied Health Professions

**IN ATTENDANCE:** Mr N J Agnew, Corporate Affairs Manager/ Board Secretary  
Mr D Browning, General Manager, Property and Support Services  
Division (For item 102)  
Mrs. K. Hamilton, Communications Manager  
Mrs P Milliken, Head of Change and Innovation  
Mr K A Small, Director of Organisational Development  
Dr V J Sonthalia, Chairman Area Medical Advisory Committee

**APOLOGIES:** Mr P K Corsar, NHS Board Chair  
Councillor E McAvoy, Non Executive Director  
Dr D McCormick, Non Executive Director  
Mr I A Ross, Director for Strategic Implementation, Planning and  
Performance  
Mr W Sutherland, Non Executive Director

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98.

**WELCOME**

**ACTION**

The Chairman welcomed members to the meeting. He extended a particular welcome to Lynne Khindria who was attending her first formal meeting of the NHS Board following the retriial of her predecessor, and to David Browning, who was attending to speak to the item on Carluke Community Health Centre.

99.

**CHAIRMAN'S REPORT**

The Chairman reported on the formal appointment of Lynne Khindria as an Executive Director of the NHS Board by the Cabinet Secretary for Health and Wellbeing. He also reported that Susan Goldsmith would leave her position as Director of Finance with NHS Lanarkshire at the end of October to take up the position of Director of Finance with NHS Lothian on 1<sup>st</sup> November 2008. He confirmed that interviews for her replacement in Lanarkshire were scheduled for 30<sup>th</sup> September 2008.

100.

**MINUTES**

The NHS Board received, for approval and signature, the minute of the meeting held on 30<sup>th</sup> July 2008.

**THE BOARD:**

1. Approved the minute, subject to noting the inclusion of Mrs. N. Mahal as an apology and noting that Mrs. Deirdre McCormick's title should be Dr. Deirdre McCormick.

101.

**MATTERS ARISING**

a) **Modernising Medical Careers**

Dr. Graham updated members in relation to Modernising Medical Careers and the wider medical workforce issues.

She explained that the changeover at the beginning of August had operated satisfactorily with all services being maintained. She highlighted remaining vacancies across specialties and in particular locations, and stressed that efforts continued to recruit to those positions, particularly in pressure areas such as emergency medicine, especially at Wishaw General Hospital. She highlighted the key actions being taken on recruitment and with colleagues in general practice, as well as elements of the contingency plans in place. She also explained that rotas were compliant, but remained fragile in some areas. She advised that the position within Lanarkshire mirrored the experience in other parts of the NHS in Scotland. She reported that the Chief Executive was leading a group on behalf of the West of Scotland and NHS Board Chief Executives, aimed at highlighting and securing solutions to the medical workforce challenges which the Region and constituent NHS Boards faced. This issue had been the subject of discussion at the meeting of NHS Board Chief Executives during the month and would be further discussed at the NHS Board Chief Executive meeting in September.

The Chief Executive highlighted material changes to Home Office Immigration Rules which impacted on systems' ability to routinely recruit international medical graduates. He advised that the Director of Human Resources at SGHD was currently in negotiation with the Home Office about the circumstances under which recruitment of international medical graduates would be permissible, provided that all efforts to recruit from the European pool had been exhausted.

Medical  
Director

The Director of the North Lanarkshire Community Health Partnership stressed the importance of taking a view across the totality of the workforce, and highlighted the position of mental health and neonatology, where alternative staffing models which were less doctor dependant were being pursued.

**THE BOARD:**

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

Medical  
Director

102.

**CARLUKE COMMUNITY HEALTH CENTRE**

The NHS Board considered a Full Business Case for Carluke Community Health Centre.

The Director of the South Lanarkshire Community Health Partnership explained that the Carluke Community Health Centre development would replace the existing Carluke Health Centre which was constructed in 1974, and would be located close to Carluke Town Centre within easy reach of the local community. He reminded members of the strategic context for the development around the Scottish Government's aims set out in Better Health Better Care and the NHS Lanarkshire aspiration to facilitate the delivery of these aims through the development of a whole system service modernisation programme, designed to improve the patient journey and experience, with a critical aspect being improvement to the capacity and capability to meet the health care needs within local communities. He stressed that Carluke Community Health Centre was a significant development within the Capital Programme and explained that the facility would include: dedicated suites of consulting rooms for outreach services and integrated work with partners; treatment rooms; student and research accommodation; accommodation for two General Medical practices; podiatry; speech and language therapy; dentistry; physiotherapy; adult mental health; health education; alcohol and drug services; and community nursing team offices. He stressed that the facility would contribute to the Board's and South Lanarkshire Council's aim of improving a range of services in accordance with the Long Term Conditions Strategy, the Oral Health Strategy, the Substance Misuse, Corporate Action Plan and the Mental Health Strategy and would also enhance performance against Local Delivery Plan HEAT and Community Care targets. He advised that beyond the Board's approval, the Full Business Case would be submitted to the Scottish Government Health Department in September 2008 for approval, followed by site mobilisation in October 2008, completion of the development in June 2010 and service commencement in July 2010. He highlighted the material risks in relation to delay in moving the project forward and the way in which these risks were being managed.

The General Manager for Property and Support Services gave a detailed presentation to the Board on the Procurement Strategy being pursued for this and some other developments within the Capital Plan.

In discussion, the Director of Finance reminded members that the Five Year Financial Plan approved by the Board in March 2008 was based on a considered update of the cost of capital schemes. She stressed that the Board would take a robust approach to cost containment in delivering the eight priority projects within the Capital Plan, including maintaining a careful and ongoing review of risk in relation to the other schemes.

The General Manager for Property and Support Services acknowledged the issue of contractor viability as a feature of the construction industry currently, but stressed that the procurement approach being adopted by the Board, involving bundling of projects, should enhance contractor viability. He also confirmed that internal resources, and the use of external technical advisors in accordance with the

Scottish Capital Investment Manual requirement, should ensure that NHS Lanarkshire was resourced to manage the scale of the Capital Plan. He also highlighted the significant role for the Board's technical advisers in working with and on the Board's behalf to achieve the maximum value in delivering the capital projects.

**THE BOARD:**

1. Approved the Full Business Case for Carluke Community Health Centre.
2. Approved the capital investment of £13.609m.
3. Agreed to the submission of the Full Business Case to the Scottish Government Health Department Capital Investment Group for approval.
4. Noted the financial and programme risk associated with delay in approval.

Director of  
Finance

103.

**RISK MANAGEMENT ANNUAL REPORT**

The NHS Board considered a Risk Management Annual Report 2007/08.

The Medical Director advised that the Annual Report had already been considered by the Audit Committee and by the Risk Management Steering Group. She explained that it outlined: the Risk Management Department; Risk Management Performance for the year; the Workplan for the year; National and Local Developments in the area of risk management; recommendations considered by the Risk Management Steering Group; Risk Management Internal Audit actions, and a summary of the Risk Management Workplan for 2008/09. She advised that the Workplan for the current year covered a number of key drivers, including preparations for the NHS QIS Review of Clinical Governance and Risk Management in September 2009. She also advised that the Director for Nurses, Midwives and the Allied Health Professions was leading work to carefully review the actions arising from the 2006 NHS QIS Review as a precursor to the completion of a self assessment in September and October, prior to the follow up review in 2009. She confirmed that progress with the preparations for the NHS QIS visit would be the subject of reports to the Board and its Governance Committees over the coming months.

**THE BOARD:**

1. Endorsed the Risk Management Annual Report 2007/08.
2. Asked to receive progress reports on the arrangements for the NHS QIS Review of Clinical Governance and Risk Management in September 2009.

Medical  
Director

104.

**ANNUAL COMPLAINTS REPORT 2007/08**

The NHS Board considered Annual Complaints Reports for 2007/08 for the Acute Services Division and for the North and South Lanarkshire Community Health Partnerships.

The Director of the North Lanarkshire Community Health Partnership explained that the reports, which provided a record of those complaints received, performance against National Indicators and the actions taken to improve the quality of services, had already been considered by the Divisional Management Teams and by the Operating Management Committees. He stressed that complaints were considered seriously as part of the overall approach to continually improving the quality of services, and advised members that the Service also received a significant volume of testimonies to the quality of care, which exceeded the volume of complaints. He advised that the principal issues raised in complaints had been consistent over the years, covering: clinical treatments; staff

attitudes, behaviour or communication; and waiting times, with the local experience mirroring that of other NHS Board areas. He highlighted the fact that, within acute services, complaints had become increasingly complex, often involving more than one specialty. He advised that in 2007/08 the Acute Services Division had met the target of responding to formal complaints within 20 working days in 99% of cases and the Community Health Partnerships in 82% of cases, against a national average of 57%. He also advised that during the year the Scottish Public Services Ombudsman published seven reports following investigations into complaints about acute services and two reports regarding Family Health Services. He stressed that the system response to all complaints involved the identification of lessons learned and robust Action Plans which were implemented not only in the area giving rise to the complaint, but also in other areas where they might be of relevance. He also outlined the key elements of the Independent Advice and Support Service commissioned through the Citizens Advice Bureau. He reported on a National Equality Monitoring Pilot around complaints management which had not raised any material issues for NHS Lanarkshire.

In discussion, he acknowledged the potential relationship between complaints, areas of risk and medical workforce pressures, and explained that some complaints were about staffing levels and about waiting times. He stressed that the ongoing monitoring of complaints did not identify any particular areas of the service which accounted for a disproportionate number of complaints. He also acknowledged the emphasis placed by the Director for Nurses, Midwives and the Allied Health Professions on the contribution of leadership and anticipation to the avoidance of complaints, and reminded members that the work on the development of charge nurses' objectives, which had been the subject of a report to the Board in recent months, linked explicitly to complaints. He reported that work was ongoing on the development of customer satisfaction standards as a key element of the overall drive to enhance and maintain quality in the delivery of services.

**THE BOARD:**

1. Noted NHS Lanarkshire's performance in the efficient and effective management of complaints in 2007/08.
2. Noted the service improvements that arose following the review of complaints.
3. Noted that the Board's Annual Report 2007/08 will include a section on complaint handling.
4. Noted that the Operating Management Committees received complaints reports on a quarterly basis.

105.

**STRATEGIC ADOPTION OF LEAN**

The NHS Board considered a paper setting out a proposal for Lanarkshire to become an earlier adopter of a strategic approach to Lean in partnership with the Scottish Government Improvement Support Team.

The Director of Acute Services explained that to date the Board had adopted Lean methodology in a limited project and programme specific capacity. She advised that the Scottish Government Improvement Support Team had approached NHS Boards to invite expressions of interest to become early adopters for a strategic approach to Lean for the NHS in Scotland. She outlined the benefits of a strategic approach to Lean, the requirements of Improvement Support Team early adopter status, which included full commitment of the Board, Senior Managerial and

Clinical Leadership, and organisational readiness. She explained that she had been identified as an Executive Lead for Lean implementation and that the Board had an established change management capacity with the Change and Innovation Department and Practice Development Department having developed a team of practice scholars to support the organised ward initiative. In addition, a significant number of staff had already had access to Lean Clinical Systems Improvement Training from a variety of sources, and the revised Modernisation Board's structure provided an infrastructure to facilitate the strategic implementation of Lean.

The Director of Strategic Human Resources and Workforce Development endorsed the recommendation from the Director of Acute Services. She emphasised the extent of staff involvement, including the Employee Director, in Lean training.

The Director of Finance confirmed that she would work closely with the Director of Acute Services towards ensuring that efficiencies arising from the further implementation of Lean were appropriately captured.

The Chairman commended the Lean approach to the Board, particularly given its bottom up approach involving frontline staff, but he emphasised the requirement for management commitment to ensure the overall success of the initiative.

#### **THE BOARD:**

1. Agreed a commitment to progress with the strategic adoption of Lean, including the submission of a bid for early adopter status to the Improvement Support Team at the Scottish Government Health Department.

Director of  
Acute Services

106.

#### **LOCAL DELIVERY PLAN**

a) **Finance**

The NHS Board considered a Finance Report for the period ended 31<sup>st</sup> July 2008.

The Director of Finance explained that the actual position to 31<sup>st</sup> July 2008 reflected an underspend of £5.006m against the cumulative forecast of £14.835m. She reminded members that work was underway to review the non-recurring position and to develop options for the utilisation of these resources in-year. She explained that an initial overview was provided to the Corporate Management Team in July, although this required further refinement and discussion with the Scottish Government Health Directorates to determine the national view on retained surpluses for future years, and the extent to which these resources needed to be protected for future investment. She advised that capital expenditure of £7.581m had been incurred to date against the plan of £35m for the year. She confirmed that the forecast revenue cumulative surplus as at 31<sup>st</sup> March 2009 remained at £14.8m. She stressed that there was 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.

The Director of Finance highlighted from the report, performance within the Acute Division, Primary Care and Headquarters/area wide Departments. She also highlighted Service Level Agreements/other Health Care providers and the Efficiency Programme where work was ongoing to identify the potential for cost savings for 2009/10 by mid October in order that this could be built into the Financial Plan. She confirmed that details of the Efficiency Programme would be reported to the Board at its meeting in October.

Director of  
Finance

#### **THE BOARD:**

1. Noted the actual revenue underspend of £5.006m as at 31<sup>st</sup> July 2008
2. Noted the forecast in-year end surplus of £3.050m per the approved Financial Plan.
3. Noted the forecast cumulative surplus of £14.835m as at 31<sup>st</sup> March 2009.
4. Noted the revised forecast year end capital underspend of £0.867m.
5. Asked to receive a report for the period ended 31<sup>st</sup> August 2008 at its meeting in September.
6. Asked to receive the Efficiency Programme at its meeting in October 2008.

Director of  
Finance

b) Waiting Times

The NHS Board considered a report on the Waiting Times position at 31<sup>st</sup> July 2008 against the Waiting Time Guarantees that NHS Boards had been asked to deliver by 31<sup>st</sup> March 2009.

The Director of Acute Services reported that all HEAT Waiting Time Guarantees had been achieved in July. She advised that New Ways continued to present challenges, as confirmed by the second quarter performance figures published that morning. She highlighted the HEAT areas which, against the traffic light system of monitoring, were 'Amber', and explained the particular issues in Dermatology and Orthopaedic Outpatients along with confirmation of the actions being taken to address the situation.

She reported that the Delayed Discharge position at 15<sup>th</sup> April 2008 had been sustained since that time and was again reflected in the local census on 15<sup>th</sup> August. She reminded members of the intention to deliver a level of performance in selected areas in excess of the National Waiting Time Guarantees, viz: inpatients; daycases and outpatients, with the objective of delivering a maximum wait of twelve weeks and in diagnostics to improve on the national guarantee of six weeks to a maximum wait of four weeks by 31<sup>st</sup> March 2009.

She reminded members of the new waiting time guarantees to be delivered by 31<sup>st</sup> March 2009 and confirmed that Clinical Business Plans for each specialty were available that described the actions that would be taken to deliver the guarantees. This included the eighteen week referral to treatment target where the measures to ensure delivery included a Project Board, a Programme Plan, a Project Manager, an overall Clinical Lead and Clinical Leads for individual specialties and primary care.

**THE BOARD:**

1. Noted the report on the Waiting times position at 31<sup>st</sup> July 2008.
2. Asked to receive a report on the Waiting times position at 31<sup>st</sup> August 2008 at its meeting in September.

Director Acute  
Services

c) Primary Care Out of Hours Services

The NHS Board considered a Report on Primary Care Out of Hours Services for July 2008.

The Director of the South Lanarkshire Community Health Partnership explained that the report reflected continued good performance of the Service with demand in line with expected and no major issues to report. He highlighted: continuing out of hours service support to Accident and Emergency; the establishment of regular links with other community services; the introduction of a new tracker system for home visiting cars; and specific communication with newly registered GPs to attract them to work on a sessional basis with the Out of Hours Service. He also highlighted the ongoing detailed review of out of hours home visiting with the aim of continually improving performance.

**THE BOARD:**

1. Noted the report on Primary Care Out of Hours Services for July 2008.
2. Asked to receive a report for August at its meeting in September 2008.

Director  
SLCHP

d) Healthcare Associated Infection

The NHS Board considered an update report on health care associated infection.

The Medical Director reported that the review of the organisation of the Healthcare Associated Infection Service was well underway and was on track to be completed by 30<sup>th</sup> September 2008, with the aim of ensuring that NHS Lanarkshire continued to have the capacity and capability to meet the significant and growing agenda in this key area of practice. She advised on progress to date with the review of governance arrangements, including a reconfigured Lanarkshire Infection Control Committee which would be in place for September 2008, supported by a Committee Sub Structure. She reported that work was well advanced in relation to the review of the Infection Control Nursing Workforce, Departmental structure, connectivity with operational units and the public. She confirmed that a report outlining the findings of the review was planned by the end of September 2008.

The Medical Director reported on progress in relation to the key issues previously introduced to the Board in June 2008, as follows:

- Meet the health efficiency access and treatment target to achieve a 30% reduction in staphylococcus aureus bacteraemias by 2010.
- Improve hand hygiene compliance amongst NHS staff by meeting the target of at least 90% compliance by November 2008.
- Implement care bundles associated with the Scottish Patient Safety Programme and other care bundles as they are developed.
- Implement surveillance programmes relating to general medicine, care of the elderly and other areas as they are developed.

She highlighted, in particular, the focus on the prevention and management of clostridium difficile, overseen by the Healthcare Associated Infection Executive Action Group, with an Action Plan having been developed to ensure the consistent implementation of good practice. She advised that progress to date included:

- Development and implementation of the NHS Lanarkshire antimicrobial prescribing policy.
- Development of a weekly reporting mechanism to raise awareness and the profile of clostridium difficile.
- Compliance with the national hand hygiene target.
- Audit of signage within the Acute hospitals.
- Development of a draft Communication Strategy.
- Development of a draft risk assessment
- Development of an enhanced clostridium difficile surveillance tool
- Appointment of a Surveillance Nurse to facilitate the pilot of the surveillance tool at Hairmyres Hospital

The Medical Director referred to the two 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 'The Report on the Review of Clostridium Difficile associated disease cases and mortality in all Acute Hospitals in Scotland, Health Protection Scotland 2008'. She highlighted the principal recommendations from each of the reports and the NHS Lanarkshire current position with regard to compliance. She stressed also that the Action Plan before the Board was currently being reviewed to ensure that it took full account of the Report recommendations. She advised that whilst good progress was being made in a number of areas, further work was required to ensure that the organisation was fully compliant with the national Healthcare Associated Infection Agenda over the next three years. Therefore, the focus on HAI would continue, with monthly reports to the NHS Board on progress.

In discussion, the Medical Director acknowledged the importance of ensuring that the required standards in relation to the prevention and management of HAI extended to the community, including care homes. She explained that whilst the fundamental responsibility for Care Homes sat with the Care Commission, the Board would be content to share with the Commission relevant NHS Lanarkshire policies and procedures.

The Chief Executive reported on discussion on HAI at the recent meetings of NHS Chairs with the Cabinet Secretary for Health and WellBeing and the Chief Executives Group, when substantial emphasis was placed on the need for a concerted management effort in this area. He acknowledged the importance of management leadership and support and the need to empower managers at an operational level to identify and resolve issues which impacted on the organisation's performance on healthcare associated infection.

The Medical Director highlighted the linkages between the endeavour on healthcare associated infection and the implementation of the Scottish Patient Safety Programme in Lanarkshire, a key element of which was Executive walkrounds, which served to provide meaningful management support to operational staff.

**THE BOARD:**

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

Medical  
Director

e) Sickness Absence

The Director of Strategic Human Resources and Workforce Development explained that the sickness absence target for the service was a maximum of 4% by March 2009. She explained that at 31<sup>st</sup> July 2008 the NHS Lanarkshire performance was 5.01%. She stressed that whilst this represented significant progress, achievement of the March 2009 target presented a substantial challenge for Lanarkshire, as it did for other NHS systems. She outlined the principal actions being taken and planned towards delivery of the target, including an Absence Management Programme and the use of Human Resources processes, with the actions having staff side support.

In discussion, she acknowledged the need to take account of long term sickness absence, staff on no pay and the use of family friendly policies in assessing the organisation's performance on sickness absence. He also acknowledged the value of having available robust information on sickness absence and its contribution to total paid absence and trends in paid absence, along with the organisations spend on nurse bank and nursing overtime.

**THE BOARD:**

1. Noted the report on Sickness Absence.
2. Asked to receive a further report in September.

Director  
Strategic HR &  
WF Dev

f) Knowledge and Skills Framework

The NHS Board considered a report which provided an update on progress on implementation of the Agenda for Change Knowledge and Skills Framework (KSF), and on progress towards achievement of the National HEAT target to ensure that all employees covered by Agenda for Change had an agreed KSF Personal Development Plan (PDP) by 31<sup>st</sup> March 2009.

The Director for Organisational Development outlined the principal elements of the report in relation to: agreement on KSF post outlines; the assigning of KSF post outlines on the e-KSF system; staff training in e-KSF; and the number of knowledge and skills framework based Personal Development Plans in place across the organisation. He stressed that good progress was being made in implementation of the Knowledge and Skills Framework and Knowledge and Skills Framework based Personal Development Plans across NHS Lanarkshire and that continued progress towards full implementation would be managed and maintained as a priority throughout 2008/09.

**THE BOARD:**

1. Noted the progress report on Agenda for Change: Knowledge and Skills Framework.
2. Asked to receive a further report in September.
3. Agreed to hold a Board Seminar on Staff Governance.

Director of  
OD  
Board Secretary

107.

**GOVERNANCE MINUTES**

The NHS Board considered Governance Minutes as follows:

a) Health and Clinical Governance Committee – 19<sup>th</sup> August 2008

In addition to the principal issues considered by the Committee, Mrs. Nelson, Committee Chair, reported that she and other Non Executive Director colleagues had attended an NHS Quality Improvement Scotland Seminar on Clinical Governance on 21<sup>st</sup> and 22<sup>nd</sup> August 2008.

b) Equality, Diversity and Spirituality Committee – 24<sup>th</sup> June 2008

The Board noted the principal issues considered by the Committee and agreed to receive a progress report on Equality, Diversity and Spirituality at a future meeting.

c) Property Committee – 30<sup>th</sup> July 2008

The Board noted the principal issues considered at the inaugural meeting of the Committee.

d) South Lanarkshire Community Health Partnership Operating Management Committee – 21<sup>st</sup> July 2008

From the issues considered by the Committee, Mrs. Mahal, Committee Chair, highlighted the discussion on Waiting times, Allied Health Profession Services and Sickness Absence.

108.

**DATE OF NEXT MEETING**

Wednesday 24<sup>th</sup> September 2008.

