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New mum Dawn Neil is able to keep an eye on baby Robert through a revolutionary video link in the neonatal unit at Wishaw General Hospital.

Robert was born six weeks prematurely and while he was given the finest care there is Dawn looked on through the babycam.

Chairman's Foreword

The year 2005-06 has been an eventful year for NHS Lanarkshire. Tim Davison was appointed as Chief Executive in May 2005 to succeed David Pigott who retired. I took up the post as Chairman of the NHS Lanarkshire Board in November 2005 as successor to Mr Lex Gold. I would like to pay tribute to the excellent leadership that Lex and David provided for NHS Lanarkshire.

The Board enjoyed a successful Annual Review in August 2005 with the Minister for Health and Community Care and we have assiduously endeavoured to meet all the action points arising from that review. We were successful in meeting the large majority of our waiting time targets. We have looked carefully at our service for urgent cancer referrals and taken appropriate steps to meet all our targets during the current year. We were able to meet almost all of our strategic goals whilst delivering a budget surplus of £11.649m which was used to reduce our cumulative deficit to £8.393m. I must thank all staff who worked so hard to deliver these successful outcomes.

The year was, of course, notable for the Picture of Health review and consultation, which attempted to set out a clear strategy for NHS Services in Lanarkshire for the long term, consistent with the Scottish Executive Strategy 'Delivering for Health'. The Picture of Health Strategy has subsequently been approved by the Deputy Minister for Health and Community Care and we have now begun the early stages of the implementation process. Implementation will be challenging and we will undertake to keep all staff and all patients and their families and carers fully informed and involved in the process. The prize will be a better, more effective and responsive health service with key action in Health Improvement; strengthening Primary Care; supportive and enhancing local services; improving Mental Health Services and modernising the Acute Hospital Service.

I am grateful to all our clinical staff and to the members of the key stakeholder groups who worked so hard to advise the Board and to help shape the modernisation strategy. I look forward to the continuation of our partnership as we strive together to improve health and deliver for the people of Lanarkshire a first class health service.



Ken Corsar | Chairman

Introduction

The year 2005/06 has been one of significant progress and substantial achievements across a number of fronts:

- ◆ Single system working has been fully implemented, with two Community Health Partnerships (CHPs), together with integrated management arrangements within acute services, coming into being on 1 April 2006. These are further strengthening joint working both within the NHS family and with external partners;
- ◆ The target of no patient waiting more than 26 weeks for outpatient, inpatient or day case treatment was achieved at December 2005, and work is now focused towards achieving the 18 week guarantee by December 2007;
- ◆ Substantial progress towards recurring financial balance, with year end underspends of £11.617m revenue and £3.533m capital;
- ◆ The framework for service change - A Picture of Health - was completed and issued for consultation. These proposals for change were developed in partnership with patients, carers, staff, voluntary organisations, local authorities, other health boards and a variety of other interested parties. Planning is now under way to implement A Picture of Health and the largest investment ever made in health care in Lanarkshire will result in new health centres, new services by GPs and community staff and more specialised inpatient care in our three general hospitals;
- ◆ Health improvement has continued to be a top priority for NHS Lanarkshire, with the completion of the Evidence Base for Lifestyle Interventions for Health Improvement 2006, and the further development of partnership work in regeneration areas to tackle inequalities;
- ◆ Pay modernisation has progressed, and with Agenda for Change on target to meet national targets for assimilation during 2006;
- ◆ Continued good progress regarding Healthcare Associated Infection (HAI), with systems and structures strengthened as a result of a single system approach;
- ◆ Participation in regional planning across a number of areas, with agreement to develop cardio-thoracic services regionally at the Golden Jubilee National Hospital.



A booklet which gives a full update on the progress of A Picture of Health is being circulated widely in Lanarkshire

These, and other key highlights, are described more fully in the sections that follow.

Letter from the Deputy Minister for Health

In August 2006 the Deputy Minister for Health and Community Care, Lewis Macdonald, carried out an annual accountability review of NHS Lanarkshire looking at the overall performance of the system and making recommendations.

Here is a summary of his follow-up letter to Ken Corsar, Chairman of NHS Lanarkshire.

Dear Ken,

I am writing to summarise the main points and actions agreed during our discussion at the Annual Review and associated meetings in Hamilton on 1 August.

I would like to thank you, Tim Davison and the rest of your team for organising a very successful and productive visit. The Health Department team and I thoroughly enjoyed the chance to speak to a range of NHS staff and patients. The constructive nature of our discussions at the various meetings was both interesting and worthwhile.

I commented that this had clearly been a busy year for the Board. Good progress had been made towards achieving challenging targets around waiting times and delayed discharge.

The Board had exercised sound financial control and had made significant progress towards achieving financial balance. The Board's performance was even more impressive in that this had been achieved while taking forward significant work on A Picture of Health. I agreed that the Board had achieved a strong position from which it could move forward. I was also encouraged to hear positive feedback from both the Area Clinical and Area Partnership Forums on their involvement in developing service redesign proposals. It was clear that partnership working was embedded throughout the system and my visit to the Sinclair Integrated Day Service at Coathill Hospital had provided an excellent example of the patient benefits that could be achieved through this.



Looking forward, I encouraged the Board to continue applying the principles of "Delivering for Health" as it progressed with service redesign. It would be important to make further progress in delivering care closer to home and away from acute hospital settings where appropriate. As you were aware, preventative care would be especially important and given Lanarkshire's poor health status in comparison with the rest of Scotland, it was vital that you continue to drive forward the health improvement agenda as a priority. I wanted to see continued evaluation of these initiatives to ensure that the right investment is targeted at the right areas for maximum results. If the Board got this right it would achieve a significant step towards increasing healthy life expectancy.

Action points

**Picture shows (from left):
Charlotte Winterbottom, Senior
Social Care Worker Ann Boland,
Cathy Barry, Senior Charge Nurse
Pamela Lochrie and Deputy Health
Minister Lewis Macdonald**

I was satisfied that the Board was fully aware of the challenging waiting times targets that lie ahead and you are fully aware of the importance of continuing to make good progress towards achieving these. In particular, the Board needs to ensure it has robust plans in place to reduce cancer diagnosis and treatment waiting times. This should be addressed as a priority and I would hope to see improvements soon. You would continue to refine your workforce plan and would pursue innovative solutions to recruiting to vacant posts, working with neighbouring Boards on a regional basis where necessary. Finally, on finance, we agreed that you would keep in close contact with us about your progress towards achieving recurring financial balance.

Board to:

- ◆ Continue to work with your planning partners to strengthen transport linkages and access to healthcare facilities across Lanarkshire.
- ◆ Continue to work closely with neighbouring NHS Boards to ensure planning of major service redesign is undertaken on a regional basis.
- ◆ Continue to scrutinise progress and improve performance against targets for Healthcare Associated Infection.
- ◆ Continue to evaluate the impact of health improvement interventions to refine practice and enable better targeting of investment.
- ◆ Continue to develop innovative approaches to make contact with and meet the needs of hard to reach and deprived communities.
- ◆ Ensure that complete smoking cessation data is entered on the national database.
- ◆ Continue to strengthen primary and community care services and shift the balance of care away from acute settings where appropriate.
- ◆ Continue to sustain performance against current waiting time targets and make progress towards achieving future waiting time targets and elimination of Availability Status Codes in good time.
- ◆ Reduce significantly cancer diagnosis and treatment times.
- ◆ Continue to refine your workforce plan and consider innovative solutions to recruitment and retention.
- ◆ Maintain sound financial management and keep in close contact with us as you continue to strive towards achieving financial balance.
- ◆ Reduce reliance on non-recurring resources.

Healthcare Associated Infection

NHS Lanarkshire has complied with the Scottish Executive proposal by placing alcohol gel at, or near, every patient's bedside. This initiative is part of the drive to promote the ethos that Infection Control is everybody's responsibility and to reflect this, visitors were requested to use the product.

An evaluation carried out four months after implementation of the alcohol initiative, noted that 56% of visitors used the alcohol gel in Lanarkshire Acute Division.

Work is continuing to raise the awareness of the alcohol hand gel and to increase its usage.

Healthcare professionals within NHS Lanarkshire continue to apply a wide range of approaches to reduce MRSA infection in healthcare settings, including:

- ◆ Standardised and highly visible posters displayed throughout sites;
- ◆ Pocket sized leaflets developed for use in some areas, highlighting the Chief Medical Officer's (CMO) top tips;
- ◆ Visitor and patient leaflets issued during outbreaks of vomiting and/or diarrhoea, that provide advice on how to prevent spread;
- ◆ Infection Control Awareness Week used as an IC focus, with campaigns, displays, and information stands at all main hospital sites. Displays include the opportunity for individuals to test their hand hygiene using an UV box.



Ultra violet light boxes to show up how effective hand washing has been are now widely used in NHS Lanarkshire

NHS Lanarkshire recognises that staff skills, knowledge and competencies need to be developed continuously in order to ensure that effective practices are maintained at all times. To this end, the following are examples of action taken during 2005/06:

- ◆ **Cleanliness Champions Programme** - at the end of March 2006, 477 staff had registered on the programme, 109 having completed. A total of 354 continue to undertake the programme, with 14 having withdrawn. The Infection Control Nurses play a pivotal role in the mentoring process of the majority of delegates. A number of disciplines are undertaking the programme including clinical support workers, domestic staff, nursing, and AHP staff. Local initiatives initiated by recently trained Cleanliness Champions include the introduction of colour coded aprons in critical care areas to minimise cross infection and the distribution of a pocket sized version of the CMO's five top tips in selected areas to the visiting public.
- ◆ **Topical Sessions** - in 2005, this included an Study Day held jointly with Bell College and with input from a Senior Medical Officer from the Scottish Executive Department, infection control teams, and Health Protection Scotland. The day consisted of presentations, talks, workshops and other opportunities for learning for NHS Lanarkshire and other staff. It is intended to repeat it and to build upon its content year on year. A variety of other topical sessions are conducted throughout the year to meet the needs of the organisation and its staff.

Single System Approach

Implementation is well progressed, with establishment of a single system Healthcare Associated Infection (HAI) Control Service and governance structure led by a Nurse Consultant with an Infection Control Doctor. A senior manager has been identified as the organisation's Infection Control Manager. A pan-Lanarkshire Infection Control Committee provides a focal point for a consistent approach to decision making and endorsement of relevant documents.



Infection Control Awareness Week 2006 poster campaign

Working together for a healthier Lanarkshire

Extracts from the Report
of the Director of Public Health
by Dr Dorothy C Moir, CBE

This year's report from NHS Lanarkshire Director of Public Health Dr Dorothy Moir highlights information on two risk-taking lifestyle factors, smoking and excess alcohol consumption which affect health and the most common diseases and causes of death.



It focuses in particular on smoking in pregnancy and excessive consumption of alcohol, both of which have a detrimental effect on the health of children as well as those who smoke and consume alcohol to excess. Smoking is a key risk factor for coronary heart and cerebrovascular disease and while premature deaths from these conditions are decreasing steadily due to a decline in smoking and improved treatments in healthcare, the overall trend in deaths from chronic obstructive airways disease has shown no improvement between 1990 and 2000 and only a small downward trend between 2001 and 2005.

Promoting healthy lifestyles across the age spectrum is an ongoing activity and progress has been made in 2005, in particular, through the launch of the health promoting nursery in the majority of Lanarkshire nurseries attended by 14,000 preschool children.

A survey of food and drink provision in nurseries in 2005 confirmed the majority provided healthier choices more often and most of the time, compared with 2003, while the lunch menus in all primary schools in North and South Lanarkshire met the nutrient standards specified in Hungry for Success.

Preparation for the new legislation on banning smoking in all enclosed public places, along with new Scottish Executive targets to reduce smoking in pregnant women, young people and those living in deprived areas, featured prominently in public health work in 2005. The need to provide accessible and equitable smoking cessation services, monitored through the national smoking cessation database, to achieve the national targets, remained a challenge.

Dental disease occurs more frequently in children from deprived backgrounds where 5-year-olds are three times more likely to suffer from severe dental decay. Children's oral health, despite improvements in the last 20 years, is another ongoing challenge for NHS Lanarkshire.

Communicable disease control is a key aspect of public health practice. In 2005, a smaller number of notifiable and reportable diseases occurred in Lanarkshire, although the number of cases of mumps was much higher than in previous years as were the number of hepatitis C reports and diagnoses of HIV reported.

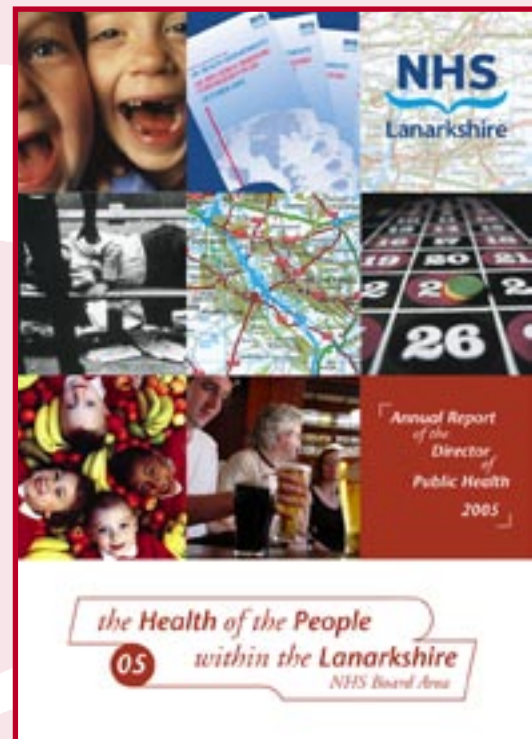
Childhood vaccination remained very high with over 97% uptake in two-year-olds for all vaccine preventable diseases, except MMR which has, however, increased to 89.4% compared with 86% in June 2003.

Considerable progress is reported in environmental health matters with North and South Lanarkshire Councils implementing their strategies for identifying contaminated land and poor air quality. Food safety management systems have been introduced to local catering businesses and assistance provided to those with unsafe private water supplies identified through ongoing surveillance. Both make an important contribution to the reduction in food-borne and water-borne infections.

As avian influenza spread across the world during 2004 and 2005, Lanarkshire's preparedness to meet the challenge of a global epidemic improved markedly during 2005. National, regional and local preparedness increased and NHS Lanarkshire worked closely with representatives from both North and South Lanarkshire Councils to develop the procedures and arrangements that will be required should a pandemic occur.

Assessment of the health and healthcare needs of the resident population of an area informs health service planning and each annual report includes prioritised needs assessment which makes recommendations for development of local services. This year, it includes consideration of gambling which is an increasing public health concern and also reports on the implementation of earlier needs assessments, including tackling stigma and discrimination for those with severe and enduring mental health needs.

Copies of the Annual Report of the Director of Public Health (below) are available online at www.nhslanarkshire.org.uk or by writing to:
Dr Dorothy Moir,
Director of Public Health,
NHS Lanarkshire,
14 Beckford Street,
Hamilton ML3 0TA.



Improving health in Lanarkshire

NHS Lanarkshire has published its evidence base for lifestyle interventions to improve health. Life expectancy is increasing and death rates of the main causes of death are decreasing over time, but the relative gap between Lanarkshire and Scotland is not decreasing.

Health inequalities are the product of a complex and inter-related set of circumstances, involving social, economic, and other factors. In order to successfully address these problems, a system-wide approach is necessary, and NHS Lanarkshire has focused on the potential of its Community Planning Partnerships to tackle the underlying causes jointly with other partners. The priorities on a pan-Lanarkshire basis are to reduce smoking and excess alcohol consumption, improve diet, increase physical activity and improve mental health.

NHS Lanarkshire was pleased to support the implementation of the legislation to ban smoking in public places from March 2006. To this end, we undertook a substantial review of our smoking cessation services during 2005/06.

NHS Lanarkshire faces particular challenges in creating change from the long tradition of bottle feeding to promoting breast milk as the optimal infant food for babies. It is well documented that there is a strong association between deprivation and low breastfeeding rates. While the Scottish breastfeeding rate at six weeks is 38% the Lanarkshire rate lags somewhat at 26% (2005). The Lanarkshire Breastfeeding Strategy Review (2004) highlighted the benefit of agencies working in partnership to improve this part of the Lanarkshire health profile.

Oral health in Lanarkshire's population is poor and is a long-standing problem, linked to wider structural, social, cultural and economic factors. NHS Lanarkshire is tackling this through its Dental

Action Plan. Ninety-five percent of nurseries are now in the tooth-brushing programme, health visitors are distributing packs to children under one year, and all nursery children and children starting school are being given packs for home use. Lanarkshire is participating in the West of Scotland Child Smile programme, targeting children at risk of developing dental disease.

NHS Lanarkshire contributed to the development of the new Scottish Nutritional Guidance for Early Years, published in January, which will be used to develop the existing nutrition and oral health packs for nurseries. This complements the nursery toothbrushing programme, and Health Promoting Schools and Nurseries schemes. In relation to schools, NHS Lanarkshire has provided input and advice to the development of nutrient standards in all primary schools as part of implementation of *Hungry for Success*, together with advice leading to decisions to make a phased withdrawal in both local authorities of carbonated drinks from all school tuck shops and vending machines.

Waiting times

One of our main priorities is to ensure that people do not wait for diagnosis and treatment any longer than is necessary and that waiting times are kept to a minimum.

We are required to deliver Ministerial waiting times guarantees as part of our continuing commitment to improve access to services. We remain on target to deliver these guarantees.

Having achieved and sustained the December 2005 guarantee of no patient waiting more than 26 weeks for out patient, inpatient or daycase treatment, NHS Lanarkshire is now focusing on work to ensure that the 18 week target by December 2007 is met. Our local objective is to deliver the 18 week wait for inpatients and daycases by December 2006, twelve months ahead of time.



Hairmyres Hospital A&E waiting area

We have sustained and improved our performance to ensure:

- ◆ no woman will wait longer than one month from diagnosis of breast cancer to first treatment
- ◆ that the maximum wait for receipt of urgent GP referral for all cancers to first treatment is 62 days
- ◆ the maximum wait for cardiac intervention will be 16 weeks from GP referral through rapid access chest pain clinic or alternative or no patient will wait more than 16 weeks for treatment after they have been seen as an outpatient by a heart specialist and the specialist has recommended treatment.

Work is now progressing to ensure that the capacity plan delivers the waiting time targets set by the Scottish Executive in the following areas by December 2007:

- ◆ no patient will wait longer than 18 weeks for inpatient, daycase or outpatient treatment
- ◆ there will be no more than 1500 patients with an ASC code

- ◆ by December 2007 no patient waits longer than four hours for treatment in the A&E department from time of arrival
- ◆ no patient waits longer than 18 weeks from referral to treatment for cataract surgery
- ◆ the maximum wait from admission to specialist unit for hip surgery following fracture will be 24 hours
- ◆ no patient will wait more than nine weeks for any MRI or CT scan or other key diagnostic tests.

The number of people waiting more than six weeks to be discharged from hospital into a more appropriate care setting will be reduced by 50% from April 2006 to April 2007 and to zero by April 2008. Additionally, the number of patients delayed in short-stay beds will be reduced by 50% from April 2006 to April 2007, and to zero in April 2008. The target in each category is ten patients over six weeks and nine patients in short stay specialties. By April 2008 the NHS Lanarkshire Partnership will reduce delays in both categories to zero.

Keep Well

NHS Lanarkshire launched Keep Well, which is piloting a new approach to improving the health of people in North Lanarkshire.

Keep Well is a pilot project which will proactively engage and reach people aged 45-64 who are registered with a GP in Airdrie, Coatbridge and Wishaw. It includes a short health check followed by the support they need to make positive changes to improve their health.

North Lanarkshire Community Health Partnership Director Colin Sloey, of NHS Lanarkshire, said: "We know that for many people in these communities quality of life and life expectancy are much poorer than elsewhere in Scotland.



NHS Lanarkshire Chairman Ken Corsar with senior colleagues from NHS Lanarkshire at the Keep Well launch

"They have higher rates of conditions such as coronary heart disease and diabetes. Yet too frequently the first time either they or the health service know they are at risk is when they need emergency care and end up in an acute hospital.

"Keep Well gives us an opportunity to reverse that trend - extending their life expectancy as well as increasing the number of years that they are healthy. I would encourage everyone in the target group to attend their Keep Well appointment. It could make a huge difference to their health."

GPs will send people in the target group a letter inviting them for a short health check.

The health check will identify if they have, or are at risk of, heart disease or diabetes. A nurse will discuss the results of the health check with them immediately after it has taken place.

If necessary, the community nurse will work with the person to see how best to improve their health in a way that suits them. This could include specialist advice, GP prescribed medication or support around diet, exercise, smoking or drinking.

The project is a partnership between NHS Lanarkshire and North Lanarkshire Council and is receiving £1m funding for each of its two years from the Scottish Executive.

NHS Lanarkshire is committing a further £420,000 to the support the project and North Lanarkshire Council is contributing £200,000.

The Lanarkshire pilot is also taking an innovative approach to working with the independent sector. AstraZeneca is associated with the project, offering an initial contribution of £100,000 towards the screening process, which is being carried out by Refer2Us. Sanofi Aventis is contributing around £100,000 to fund the project's initial case finding work.

"Keep Well is the type of initiative that North Lanarkshire Council is very proud to be part of," said Mary Castles, Assistant Chief Executive of North Lanarkshire Council.

"It will bring direct and measurable health benefits to our residents in areas where they are most needed, and I look forward to watching the project succeed and grow as it continues into the future."

Making sure your voice counts

scottish
health
council

Extracts from a Scottish Health Council report into NHS Lanarkshire's A Picture of Health consultation process

The Scottish Health Council has a remit to consider whether NHS Boards have adequately consulted their local populations in relation to significant NHS service change, in accordance with existing guidance. This report makes an assessment of how well NHS Lanarkshire informed and involved patients, carers, members of the public and staff in its 'A Picture of Health' consultation.

The Board outlined its health improvement agenda in 'A Picture of Health', which aimed to "improve the health of the people of Lanarkshire, by working together with people to prevent ill health, promote wellbeing and to deliver high quality health services to those in need." Lanarkshire NHS Board approved 'A Picture of Health' in October 2004.

The Scottish Health Council has evaluated the consultation process by reviewing the materials and the distribution arrangements employed by the Board, by seeking feedback on the process from members of the public, local community groups and staff; and by attending a wide range of public meetings, briefing sessions and workshops.

The Scottish Health Council finds that NHS Lanarkshire did take sufficient steps to involve patients, the public, and staff, in relation to significant NHS service change proposals (health improvement, strengthening primary care, supporting and enhancing local services, mental health services in the future, and modernising specialist hospital services), and that the consultation process used is in accordance with the existing guidance.

We are aware that the most controversial aspect of this consultation was around the siting of Accident and Emergency Services. However, existing guidance sets out quite clearly what is expected of Boards.

We are satisfied that NHS Lanarkshire has demonstrated compliance with this guidance, and the various stages of the process have been detailed in this report. Clearly there is strong disagreement in some communities with the decision that NHS Lanarkshire has made. It is not our role to have a view on the merits of the decision, but to ensure that the Board can demonstrate that it has followed Scottish Executive guidance on consultation.

You can read and download the complete document as well as reports on NHS Lanarkshire's overall Patient Focused Public Involvement performance from www.scottishhealthcouncil.org



Financial performance for NHS Lanarkshire 2005/06

Financial Targets

The Scottish Executive Health Department sets three budget limits for NHS Boards on an annual basis. These limits are:

- ◆ **Revenue Resource Limit** - a resource budget for ongoing operations.
- ◆ **Capital Resource Limit** - a resource budget for new capital investment.
- ◆ **Cash Requirement** - a financing requirement to fund the cash consequences of the ongoing operations and the new capital investment.

NHS Boards are expected to stay within these limits and will report on any variation from the limits as set.

Performance against Financial Targets

NHS Lanarkshire met its Capital Resource Limit and Cash Requirement in the year ended 31 March 2006. It exceeded its Revenue Resource Limit by £8.393m.

The excess against the Revenue Resource Limit (RRL) includes the brought forward deficit from 2004/05 of £20.042m. During 2005/06 an in-year surplus of £11.649m was achieved, reducing the cumulative deficit to £8.393m.

In addition to the successful reduction of the historic debt, considerable progress was made in addressing the ongoing underlying gap between income and expenditure, with both recurring and non recurring savings achieved through a robust Corporate Financial Recovery Programme.

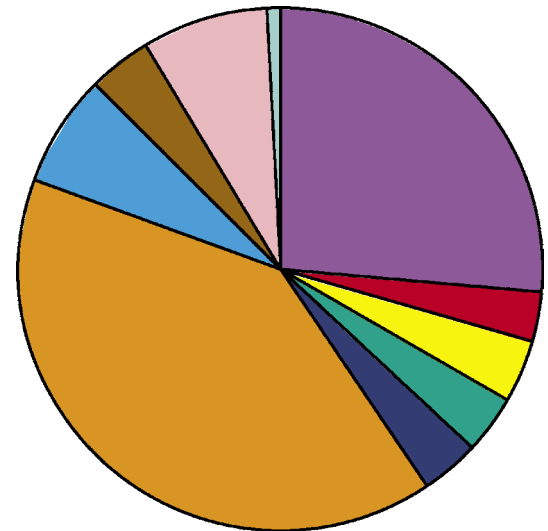
These are major achievements for the organisation, particularly at a time of ongoing service pressures, delivery of waiting times targets, continuation of the pay modernisation agenda, increasing complexity of drug regimes and ever-increasing demands across the service, and is a credit to all staff and managers within NHS Lanarkshire.

We have adopted a robust plan which will address the challenging financial position while at the same time recognising our commitment to patient care and the development of services.

NHS Lanarkshire will eliminate the deficit by using additional investment and making efficiencies in support services, management costs and other areas across the system. Areas for modernisation are being reviewed and some clinical services are being redesigned.

Total expenditure by Lanarkshire NHS Board on Hospital, Community and Family Health Services

	2005-06 £million	Restated 2004-05 £million
Family Health Services	213.0	204.0
Maternity	24.6	22.3
Learning Disabilities	30.1	27.6
Geriatric Continuing Care	28.7	26.7
Resource Transfers	28.6	23.2
Acute	320.0	287.1
Mental Health	56.2	51.6
Geriatric Assessment	31.0	29.3
Community Services	62.5	59.8
Other	4.9	9.0
	<u>799.6</u>	<u>740.6</u>



Operating Cost Statement for the year ended 31 March 2006

Restated 2005 £'000		2006 £'000	2006 £'000
	Clinical Services Costs		
536,639	Hospital and Community	586,619	
21,693	Less: Hospital and Community Income	26,500	
514,946			560,119
204,002	Family Health	213,398	
11,257	Less: Family Health Income	11,641	
192,745			201,757
707,691	Total Clinical Services Costs		761,876
10,159	Administration Costs	11,564	
0	Less: Administration Income	0	
10,159			11,564
13,237	Other Non Clinical Services	16,364	
13,722	Less: Other Operating Income	19,038	
(485)			(2,674)
221	Local Health Councils		0
717,586	Net Operating Costs		770,766

SUMMARY OF REVENUE RESOURCE OUTTURN

717,586	Net Operating Costs (as above)	770,766
(188)	Less: Capital Grants (to) / from Public Bodies	(1,361)
(34,551)	Less: FHS Non Discretionary Allocation	(37,714)
(174)	Less: Local Health Council Allocation/Expenditure	0
(36)	Less: Other Allocations	0
682,637	Net Resource Outturn	731,691
662,595	Revenue Resource Limit	723,298
(20,042)	Saving/(excess) against Revenue Resource Limit	(8,393)

MEMORANDUM FOR IN YEAR OUTTURN

20,418	Brought forward deficit (surplus) from previous financial year	20,042
376	Saving/(excess) against in year Revenue Resource Limit	11,649

Workforce Modernisation

Agenda for Change

Agenda for Change is a pay modernisation scheme designed to make the pay structures within the NHS simpler and fairer. The vast majority of posts within NHS Lanarkshire have been through the matching process with only a small number still to be finalised. The December 2005 national target of 85% matched was exceeded locally.

Significant work is now underway to complete Knowledge & Skills Framework (KSF) outlines for all posts in Lanarkshire. This has involved a major training programme for managers on how to carry out this work, with 927 staff receiving training. A second phase of training is underway to provide support to managers and reviewers on completing Personal Development Plans linked to KSF outlines.

Consultants Contract

Now that the new Consultant contract has been implemented, NHS Lanarkshire has put considerable effort into the Job Planning process for 2005/06. NHS Lanarkshire has processes in place which have been circulated to all Consultant staff, and also has an

agreed Pay Progression Policy that clearly outlines the requirements of Consultants and Medical Managers to review job plans on an annual basis.

New General Medical Services (GMS) Contract

The introduction of the new contract has enabled NHS Lanarkshire to work with practices to ensure that all patients have access to essential GMS services five days a week between 08.00 and 18.00 hours. The Protected Learning Scheme was piloted in Hamilton LHCC in January/February 2006. The scheme is designed to provide time for practices to address their professional development needs. Practices participating in the scheme are closed between 13.00 and 18.00 hours one afternoon a month. NHS 24 and the NHS Lanarkshire Primary Care Out of Hours Service provides telephone triage and medical cover for the practices. The pilot sessions were very successful, and, subject to funding, the scheme will be rolled out in 2006/07.

Modernising Medical Careers

Modernising Medical Careers (MMC) has provided a new set of training arrangements for the medical workforce and is helping to drive the redesign of the whole clinical workforce. This has provided NHS Lanarkshire with the opportunity to streamline a range of services in maximising the use of medical staff available, which will result in increased efficiency and effectiveness.

Workforce Plan

NHS Lanarkshire's first Workforce Plan was completed in 2006. Its principal purpose is to integrate workforce planning into service and financial planning, to produce robust forward projections, and to identify challenges. It has been developed within the National Workforce Planning Framework and Guidance using a model agreed through the West of Scotland Regional Workforce Steering Group and a Toolkit developed locally to ensure a consistent approach from those individuals and groups contributing to the plan.

Complaints

It is clear from the cards and letters received directly by our wards and departments that patients and their families greatly appreciate the care our staff deliver. Beyond these, however, we actively seek feedback on our services so that we can better understand what went well and what we could have done better. Such feedback is invited in our general outpatient, day case and inpatient booklets, through our comments and suggestions leaflets, as well as through surveys.

However, there will be occasions when things do not go as well as they might have or when we have failed to meet expectations. In these circumstances, we hope that patients or their relatives will feel able to discuss the issues with staff. If they do wish to make a more formal complaint we have a procedure in place that reflects the guidance to the NHS.

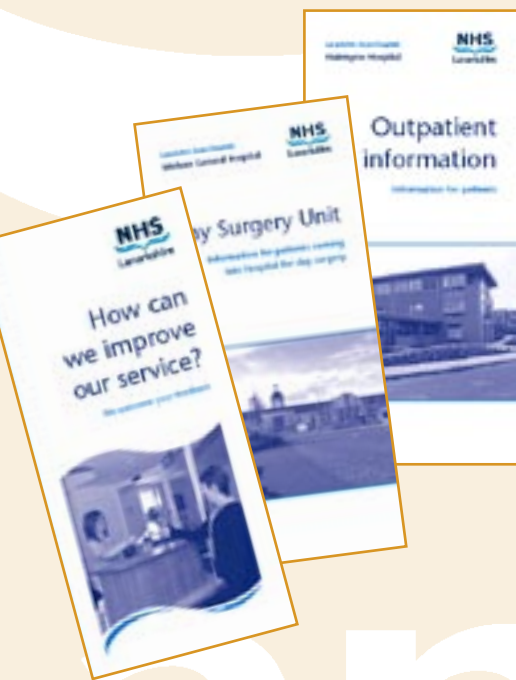
This report reviews performance in managing formal complaints received during 2005/06, comparing this with the experience of previous years. Selected data are also given on informal concerns raised with the hospital complaints officers.

The Acute Services Division, which is responsible for services at our three general hospitals, received 571 formal complaints in 2005/06, a marginal increase on the previous year. This represents a very small fraction of the total number of patient episodes and in fact equates to one formal complaint for every 1161 patient episodes. Within the Primary Care Division, responsible for a wide range of services both in hospitals and the community, 126 formal complaints were received.

In both cases the principal issues raised in formal and informal complaints were: clinical treatment; and staff attitude, behaviour or communication, both oral and written. This reflected previous local experience and the national picture.

The national target for responding to formal complaints is 20 working days. This was achieved in 94% of cases in the Acute Services Division and in 80% of complaint responses in the Primary Care Division.

Where an individual is unhappy with the response they receive to a formal complaint, we hope that they will feel able to speak with us so that their remaining concerns can be addressed. However, under the revised NHS complaints procedure introduced on 1 April 2005, complainants have the right to take their complaint directly to the Scottish Public Services Ombudsman should they be dissatisfied with the response they receive from NHS Lanarkshire. During 2005/06 the Ombudsman issued two reports on Acute Services Division complaints raised with it in previous years.



Summary

A “Patient Feedback” workshop was held in June 2005 attended by around 150 staff from both the Acute Services and Primary Care Divisions. The event explored the themes of “customer care”, suggestions and comments, handling verbal concerns, responding to formal complaints, the role of the Ombudsman, Freedom of Information, Fatal Accident Inquiries and medico-legal claims. Sessions raising awareness of the changes to the procedure were also separately delivered to staff across NHS Lanarkshire.

In preparation for the issuing of a Health Department Letter on the establishment of an independent advice and support service for complainants, discussions were held with representatives of Citizens Advice Scotland and local Citizens Advice Bureaux to put in place an interim service. The full service will be introduced in 2006/07.

As can be seen from this annual report, we feel that we have risen to the challenges of 2005/06 and delivered significant progress across a number of areas.

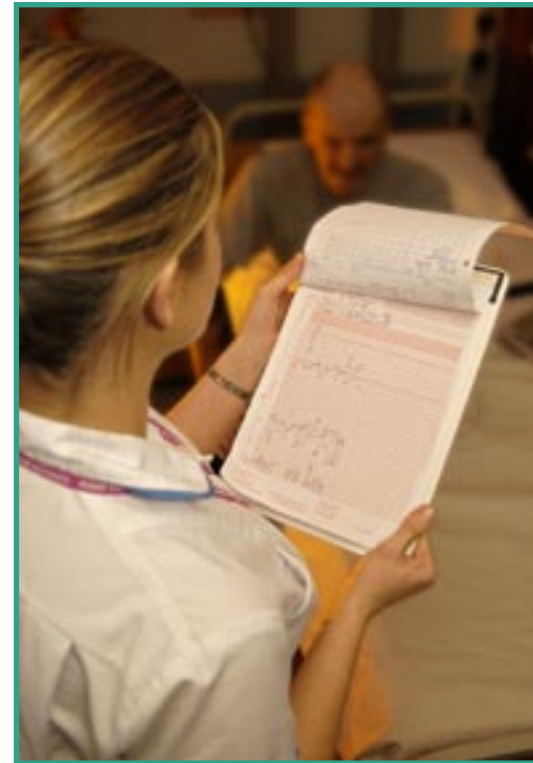
Our work is continuing apace, with a particular focus in 2006/07 on achieving the targets set in our Local Delivery Plan, each of which has been set out as an explicit Corporate Objective with a named lead.

Attaining recurring financial balance remains a top priority, and has been advanced considerably by the significant achievements of 2005/06.

It has been a considerable achievement to make considerable savings while maintaining the highest levels of patient care and we remain confident that the remaining deficit will be cleared in the coming year.

We look forward to focusing our attention on implementation of our service improvement framework - *a Picture of Health* - following its approval by the Deputy Minister for Health and Community Care.

These proposals for service improvement were developed in partnership with patients, carers, staff, voluntary organisations, local authorities, other health boards and others interested in health services, through a process of engagement launched in November 2004 and developed over an 18-month period.



A Picture of Health will lead to the largest investment in health and health services ever in Lanarkshire and result in:

- ◆ new health centres, clinics and other facilities
- ◆ new and expanded community and GP based services
- ◆ more specialised inpatient care in the three general hospitals

The changes will be phased in over several years - with the main changes being between 2008 and 2011 - and the planning will take into account what is needed most and where it is most needed.

NHS Lanarkshire has made a number of commitments including making changes to Accident and Emergency services in Monklands only after the expanded services at Hairmyres and Wishaw and the community casualty units at Cumbernauld and Lanark are in place.

We are also working closely with the Scottish Ambulance Service to ensure sufficient emergency cover and with transport partners to provide good bus links between the three general hospital sites.

The considerable progress made in 2005/06 in relation to waiting times will be built upon to achieve the further improvements and commitments

Contact details

Further information and an electronic version of this Annual Report and Accounts can be found on the NHS Lanarkshire website at www.nhslanarkshire.org.uk

For information on *A Picture of Health* please visit www.a-picture-of-health.org

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