Lanarkshire NHS Board

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NHS
Lanarkshire

Meeting of Lanarkshire NHS Board, Wednesday 26th May 2010 at 9.30 am in the Board Room, 14 Beckford Street, Hamilton

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

PRESENT:
Mrs L Ace, Director of Finance
Mr J A Anning, Non Executive Director
Mrs A Armstrong, Chair, Area Clinical Forum
Mr T Currie, Non Executive Director
Mr T Davison, Chief Executive
Dr A Graham, Medical Director
Mrs L Khindria, Director of Human Resources
Dr H S Kholi, Director of Public Health and Health Policy
Mr A Lawrie, Director, South Lanarkshire Community Health Partnership
Mrs LMacer, Employee Director
Mrs N Mahal, Non Executive Director
Mrs M Nelson, Non Executive Director
Mr I A Ross, Director of Planning
Mrs S Smith, Non Executive Director
Mr W Sutherland, Non Executive Director
Mr P Wilson, OBE, Director for Nurses, Midwives and the Allied Health Professions

IN ATTENDANCE:
Mr N J Agnew, Board Secretary/Corporate Affairs Manager
Mrs K Hamilton, Head of Communications
Mr K A Small, Director of Organisational Development
Mr R Garscadden, Head of Planning, Acute Services
Dr J Darnborough, Consultant in Public Health Medicine (for item 64)
Mr G Lindsay, Chief Pharmacist, Primary Care and Community (for item 65)

APOLOGIES:
Mr D Clark, Non Executive Director
Mrs R Lyness, Director of Acute Services
Councillor E McAvoy, Non Executive Director
Councillor J McCabe, Non Executive Director
Mr C Sloey, Director, North Community Health Partnership

ACTION

59. **WELCOME**

Mr. Corsar welcomed members and attendees to the meeting. He extended a particular welcome to Roy Garscadden, who was deputising for Rosemary Lyness, and to Jennifer Darnborough and George Lindsay, who were attending to present particular agenda items.

60. **CHAIRMAN'S REPORT**

Mr. Corsar reported that the Cabinet Secretary for Health and Wellbeing had visited Lanarkshire on 10th May 2010, when she had been introduced to the 'Time to Care' Quality Initiative within Ward 9 (Cardiology) at Hairmyres Hospital, following which, she had formally launched the National Healthcare Quality Strategy for Scotland. The Cabinet Secretary for Health and Wellbeing had also visited Lanarkshire on 24th May 2010, when she had officially opened the Medical Education Centre at Kirklands Hospital.

Mr. Corsar reported on the principal issues discussed at the meeting of the Cabinet Secretary for Health and Wellbeing with NHS Chairs on 24th May 2010, as follows:

- A review of performance year 2009/10, with recognition by the Cabinet Secretary of a strong performance for the system overall, and appreciation of staffs' contribution.
- Satisfactory system performance against the delayed discharge targets.
- Emphasis on the scrutiny to which Local Delivery Plan performance would be subjected, with particular regard to ensuring that waiting time and HEAT Targets were appropriately aligned to Financial Plans and Workforce Plans.
- Workforce issues, with an emphasis by the Cabinet Secretary for Health and Wellbeing, on the imperative of ensuring that workforce changes should not impact on the delivery of quality services.
- An update on the Health Board Election Pilots in Fife and Dumfries and Galloway.
- Implementation of the National Carers Strategy, with recognition that Lanarkshire was well placed to respond because of the preparatory work already undertaken in this area.
- Quality Improvement and the application of LEAN methodology.

Mr. Corsar reported that Mrs. Khindria would leave her position as Director of Human Resources with NHS Lanarkshire to take up a position with NHS Lothian on 5th July 2010. He acknowledged the valuable contribution which Lynne had made to the work of the Board, and to Human Resources, during her time in post, particularly in the area of further strengthening the established partnership arrangements. He explained that, from 5th July 2010, Mr. Small would take up the position of Interim Director of Human Resources for NHS Lanarkshire until March 2011. He advised that, during this time, the Organisational Development; Equality, Diversity and Spirituality; and Corporate Objectives elements of Mr. Small's portfolio as Director of Organisational Development, would be led, respectively, by Susan Dunne, Paul Wilson and Nan Reid. Board members joined Mr. Corsar in extending to Lynne and to Kenny their appreciation and best wishes for success in their new roles.

Mr. Corsar reported that, on 25th May 2010, John Mitchell had retired from his position as Chair of the South Lanarkshire Public Partnership Forum. He acknowledged the substantial contribution that John had made, through establishing and leading the PPF, to the point where it was now firmly established as a key part of the mechanisms through which the NHS Board engaged with stakeholders. He also acknowledged John's previous contribution to health and health services in Lanarkshire, through his membership of the former Lanarkshire Health Council.

61. **MINUTES**

The NHS Board received, for approval and signature, the minute of the meeting held on 28th April 2010.

THE BOARD:

1. Approved the minute for signature.

62. a) **MATTERS ARISING**

Medical Workforce

Dr. Graham reported that the second round of National Recruitment for the August 2010 intake was underway. She advised that posts remaining unfilled beyond that stage would be the subject of a third round of recruitment, which would be local (West of Scotland). She reported that, currently, there were unfilled vacancies within the GP training programme and within general medicine, and that there were Locum Appointments for Training, within General Medicine, which were proving difficult to fill. She advised that, generally, the numbers of posts were unchanged, but that there was a reduction within psychiatry. She also highlighted skill-mix changes as an issue which further exacerbated the pressures. She reported that NHS Lanarkshire was currently operating with a 12% vacancy factor for Consultant posts, and a 26% vacancy factor for Specialty Doctor posts. She highlighted significant pressures within emergency medicine, general medicine and care of the elderly, and less severe pressures within surgery and orthopaedics. She reminded members of the emergency medicine event for stakeholders on 10th June 2010, the principal focus of which would be on the identification of sustainable solutions, and outlined some of the key issues that would require to be considered.

Mr. Davison reminded members that, following the Board meeting on 23 June 2010, a Board Seminar would focus on Quality, including the consideration of the key issues arising from the Mid-Staffordshire Inquiry, principal amongst which was difficulties within Accident and Emergency. He also reminded members that a Board Seminar would follow the Board meeting on 25th August 2010 to undertake 'Horizon Scanning', around the financial prospects for the remainder of 2010/11, and for 2011/12 and 2012/13. He highlighted the challenge for the Board in reconciling the need for further significant investment in the Acute Workforce to sustain emergency services, with the delivery of the agreed policy objectives, around: shifting the balance of care; recognising mental health services as a priority; and delivering a further 15% to 20% savings in the next financial year.

Members welcomed the focus of the Emergency Medicine Seminar on identifying sustainable solutions. Whilst the involvement, to date, of Non Executive Directors in the consideration of this issue, through seminars and discussion at Board business meetings, was acknowledged as helpful, it was suggested that consideration might usefully be given to enhanced Non Executive Director input to the ongoing dialogue. Mr. Corsar confirmed the intention to bring Non Executive Directors together over the coming months to consider some specific issues, when the opportunity would be taken to consider the means of achieving enhanced Non Executive Director input to the planning processes, either through the creation of a specific Committee, the focus of which would be service modernisation, or through heightening the focus for discussion of these issues within existing groups, such as the Modernisation Board and the Clinical Governance Committee.

THE BOARD:

1. Noted the update on Medical Workforce.
2. Endorsed the focus of the 10th June 2010 Emergency Medicine Seminar on the identification of sustainable solutions.
3. Asked to receive a further report. Dr. Graham

63. **PATIENT SAFETY AND QUALITY**

a) Healthcare Associated Infection

The NHS Board considered an update on Healthcare Associated Infection.

Dr. Graham reported that performance against the range of targets continued to be encouraging. She highlighted staphylococcus aureus bacteraemias, which now sat at the lowest ever level in Lanarkshire. She reaffirmed the report to the Board in April, that NHS Lanarkshire had met the HEAT target for SABs. She highlighted, also, encouraging progress in relation to Clostridium Difficile. She reported on enhanced surveillance and reporting for staphylococcus aureus bacteraemias, and on the consideration of lessons learned from experience in dealing with Norovirus over the winter months, which could inform the approach for the future. She highlighted current and new initiatives within the report across the range of HAI issues, and reported on continued improvement in hand hygiene performance. She reported that there had been no significant outbreaks during the month. She advised that the MRSA Pathfinder Report was currently with the Cabinet Secretary for Health and Wellbeing, and that a decision was awaited on the national roll-out of screening. She confirmed that, in the meantime, MRSA screening was being implemented in Lanarkshire.

Dr. Graham confirmed that the Healthcare Environment Inspectorate was undertaking a visit to Hairmyres Hospital on 25th and 26th May 2010, the report of which would be available by 16th June 2010 at the latest for confirmation on factual accuracy. She confirmed that the Action Plan arising from the HEI Inspection visit to Monklands Hospital in November 2009, had been delivered, with the exception of the recommendation relating to the placement of alcohol hand gel at the main entrance to the hospital. She assured members that the decision not to proceed with this measure had been based on a robust risk assessment, but that action was being taken to enhance the signposting at the hospital main entrance, as an additional measure to encourage the use of alcohol hand gel within the hospital.

Mrs. Armstrong welcomed and commended the progress in relation to Healthcare Associated Infection, with particular regard to the performance on staphylococcus aureus bacteraemias. She highlighted the higher levels of staphylococcus aureus bacteraemias, generally, within Accident and Emergency Departments, and suggested that this should be recognised in National Target setting.

THE BOARD:

1. Noted the update on Healthcare Associated Infection.
2. Commended the progress to date, especially in relation to staphylococcus aureus bacteraemias.
3. Asked to receive a further report. — Dr. Graham

b) Clinical Governance

The NHS Board considered a paper on Clinical Governance.

Dr. Graham explained that the paper was presented to provide a progress report to the Board on Quality Assurance, with a focus on the Scottish Patient Safety Programme. She highlighted the work in hand, following the launch of the NHS Scotland Quality Strategy on 10th May 2010, to implement the Strategy within NHS Lanarkshire, having regard to the key Strategy aims, around delivering: caring and compassionate staff and services; clear communication and explanation about conditions and treatment; effective collaboration between clinicians, patients and others; a clean care environment; continuity of care; and clinical excellence.

Dr. Graham explained that the report included an update on progress with implementation of the Scottish Patient Safety Programme Workstreams, around: critical care; general ward; medicines management; perioperative; and leadership, which demonstrated that the Programme was now firmly embedded within NHS Lanarkshire. She drew members attention to the section of the report dealing with the introduction and spread of electronic reporting, which included

reporting to frontline clinical teams on key issues of significance in relation to patient safety. This included the facility to provide feedback to staff who reported concerns, which had been highlighted as a deficit in the Francis Inquiry Report on the Mid-Staffordshire NHS Trust.

THE BOARD:

1. Noted the update report on Clinical Governance.
2. Asked to receive a further report. — Dr. Graham

64. **HEALTH IMPROVEMENT – CERVICAL SCREENING**

The NHS Board received a presentation on the Cervical Screening Programme.

Dr. Darnborough outlined the principal elements of the Programme. She highlighted cervical cancer, deaths and registrations, for the period 1991-2007; cervical screening uptake for Lanarkshire and Scotland for the years ending 31st March 2000-2009; the percentage of uptake of females who had a record of a previous smear taken within the last 5.5 years for Lanarkshire and Scotland for the year ending 31st March 2009 by age group.

Dr. Darnborough reminded members that the local recommendations from the 2008/09 Director of Public Health Annual Report, involved: opportunist discussions prompted by electronic or hard copy tag to non-attendees notes; use of SCCRS to personalise invitations; use of a teaser letter for defaulters; and educational interventions. She explained that the outcome, 12 months on, included: GP Clinical System/SCCRS integration, with 95 of 98 Practices having a link in place; the introduction of personalisation of invitations; and the use of teaser letters for defaulters. She outlined educational interventions, including two year update Seminars; CHE work to promote cervical screening among South Asians and work with the traveller community and Keep Well; and a new suite of evidence-based resources intended to be helpful for women and for staff.

Dr. Darnborough outlined the percentage uptake of cervical screening by locality, by Community Health Partnership and for Lanarkshire as a whole. She explained that developments for the Cervical Screening Programme, included: the redevelopment of training materials; a move towards direct referral to colposcopy; further work with hard to reach groups; the introduction of Humanpapilloma Virus surveillance – Test of Cure; and a review of the age range and frequency of screening.

Dr. Darnborough explained that consideration was being given to the use of SCCRS, as a basis to examine uptake of screening by deprivation. She confirmed, also, that data on uptake, by Practice, was being used as a basis for targeted intervention with Practices where uptake was low. Given that the use of customised letters and teaser letters by Practices was cost-neutral, Dr. Darnborough would, in discussion with Mr. Lawrie and Mr. Sloey, consider the further extension of their use. Dr. Darnborough advised that attendance figures for colposcopy had remained fairly stable. She also elaborated on the significance of Test of Cure.

Mr. Davison explained that screening, generally, brought increased laboratory costs. He advised that the next national screening programme to be introduced was for Abdominal Aortic Aneurysm, and advised that whilst the costs of the screening would be met by the Government, the costs of any subsequent surgical intervention required, viz: stenting, would bring additional costs to Lanarkshire of the order of £0.3m with a lengthy payback period of approximately 10 years.

THE BOARD:

1. Noted the report on Health Improvement – Cervical Screening.

65 **CONTROL OF ENTRY TO THE PHARMACEUTICAL LIST**

The NHS Board considered a paper on applications to provide NHS Pharmaceutical Services: Review of Control of Entry Arrangements.

Mr. Lindsay explained that the report was presented to the Board, with: a proposed response from NHS Lanarkshire to the Scottish Government, consultation on the Pharmaceutical Services Control of Entry Arrangements; an explanation of how this had been prepared; and feedback received from local stakeholders. He outlined the consultation process, leading to the preparation of the draft response before the Board, which had been shared widely with a broad range of local stakeholders, viz: the Area Pharmaceutical Committee; the Area Pharmacy Contractors Committee; the Area Medical Advisory Committee; the Local Medical Committee; the Medical Director – Primary Care; the Leader, North Lanarkshire Council; the Leader, South Lanarkshire Council; members of the NHS Lanarkshire Pharmacy Practices Committee; the Director of the North Lanarkshire CHP; and the Public Partnership Forum Co-ordinator. He explained that, as well as suggesting refinements to the detail of the Regulations governing entry, the proposed response majored on: enhancing the status of Health Board prepared pharmaceutical care services plans as the key standard against which to judge the need for a new contract; significantly revising the appeal procedure, which had, in effect, become a rerun of the original application; and agreeing the concept of a preliminary hearing by the Chair of the Pharmacy Practices Committee, with the purpose of avoiding the time and expense of holding a full PPC Hearing for applications which had no real chance of success, because they were so similar to recent, failed applications.

Mr. Sutherland and Mrs. Smith, as co-Chairs of the Pharmacy Practices Committee, confirmed their involvement in the consultation processes, and their support for the consultation response.

Discussion highlighted the merits of the Pharmacy Practices Committee having a clear understanding of the outcomes of appeals to the National Appeal Panel, both in terms of the proportion of successful appeals and the reasons for their success, to inform learning for members of the Committee.

Mr. Davison explained that when the amended Regulations were issued to the Service, careful consideration should be given to the way in which they are communicated to the wide range of interests, and to the arrangements for administering them locally.

THE BOARD:

1. Noted the response to the Scottish Government consultation on the NHS Pharmaceutical Services Control of Entry Arrangements.
2. Authorised submission of the response to the Scottish Government.
3. Asked to receive, for consideration, the amended Control of Entry Regulations. — Mr. Lawrie

66. **PRISONER HEALTHCARE**

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The NHS Board considered a report on Prisoner Healthcare.

Mr. Lawrie explained that the report provided the Board with information on the background and work that had been undertaken to date around the transfer of responsibility for the healthcare of prisoners from the Scottish Prisons Service (SPS) to NHS Scotland. He outlined the background to the transfer, and summarised the key issues for the NHS, articulated within the Project Initiation Document and Risk Register before the Board. He stressed that the Project Initiation Document had been developed in conjunction with a range of stakeholders, most importantly, HMP Shotts. He drew members' attention to Section 6 and 7 of the PID, which outlined the anticipated benefits that flowed from the work, as well as the current and anticipated risks. He highlighted, in particular, some of the more prominent risks for the Project Board, relating to: the Medical Model to be delivered, post October 2011, given the current contracted out service and the tenure of the contract; the financial envelope that would ultimately be provided to NHS Lanarkshire to operate the range of healthcare services in HMP Shotts; the implementation of a new Clinical Information and

Management System and its links to the current GP IT implementation; and the maintenance of quality services during a time of transition.

Mrs. Khindria reported that TUPE, the Transfer of Undertakings Regulations, would apply to the staff transfer in this case. She highlighted a key issue around the fact that the staff concerned enjoyed Civil Service Pension conditions, which, unlike the NHS, were non-contributory.

Discussion highlighted the need to ensure that an appropriate level of resource was transferred from the Scottish Prison Service to the NHS. Mrs. Armstrong highlighted the fact that nursing staff transferring would bring a range of different skills and experience, and she confirmed that any consequent quality issues would be considered by the relevant Board Advisory Committees. Members noted the specific inclusion within the Risk Register of the requirement to manage patient expectations, especially around prisoner awareness of their rights under the Human Rights Act. Mr. Lawrie and Mr. Sloey confirmed that they were liaising in relation to the specific mental health issues associated with the prisoner population. Mr Lawrie explained that NHS Lanarkshire was also in discussion with NHS Lothian, around future healthcare provision for prisoners in HMP Addiewell, given the high proportion of the prison population who were from Lanarkshire. Mr. Wilson suggested that there was a requirement for a national Managed Care Network of some description to be established after the change had taken place, as a means of ensuring that there were linkages on an all-Scotland basis in relation to care issues shared by local NHS systems.

THE BOARD:

1. Noted the establishment of a Local Implementation Group with HMP Shotts to oversee the transition.
2. Noted the contents of the current Project Initiation Document including the various risks and issues. — Mr. Lawrie
3. Asked to receive further updates, in due course, and as a minimum, at the halfway point in the Project (February 2011).

67. **PERFORMANCE REPORT**

The NHS Board considered a quarterly Corporate Performance Report for the period to 31st March 2010.

Mr. Ross explained that the report encompassed: the HEAT template; Healthcare Acquired Infection; the Scottish Patient Safety Programme; Child Protection; Senior Charge Nurses/Team Leaders Review; Health Improvement and Health Protection Service Improvement Board; Corporate Objectives Year-End Report and Analysis 2009/10; Annual Review 2009, mid-year progress reports; review of the quarterly Corporate Performance Report 2009/2010; and the programme of reports for 2010/11, and was intended to allow the Board to review performance, and to consider any further action required, particularly in relation to those areas falling below target.

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He explained that the HEAT report comprised a summary of all 29 HEAT Targets and 40 associated measures applicable to NHS Lanarkshire in 2009/10, with more detailed reports on **H**ealth; **E**fficiency; **A**ccess, and **T**reatment. He explained that a traffic light system had been adopted for ease of highlighting variance. He drew members attention to the ten target areas where their was a variance, and explained the contributory factors and, where appropriate, the action being taken to bring performance back in line with trajectory.

THE BOARD:

1. Noted the quarterly Corporate Performance Report for the period ended 31st March 2010.
2. Asked to receive a quarterly Corporate Performance Report for the period ended 30th June 2010, at its meeting in August 2010. — Mr. Ross

68. **BOARD DEVELOPMENT**

The NHS Board considered a report on the Developing Boards Diagnostic Action Plan.

Mr. Corsar explained that the paper proposed and sought the agreement of Board Members to an outline Action Plan that had been developed in response to the themes arising from the completion of the Board Diagnostic Tool in December 2009 and January 2010. He advised that the aims and actions suggested, had been drawn together by a small planning group, including himself, the Vice Chair, the Board Secretary and the Deputy Director of Organisational Development. He explained that the actions were intended to provide a process through which the key themes emerging from the completion of the diagnostic tool could be addressed. He reported that completion of the Diagnostic tool had provided reassurance about the Board's overall effectiveness across the different domains; however, two potential areas had emerged that could be further developed, viz: the need to more clearly articulate the Boards strategic intent; and how this might be achieved and used to further enhance stakeholder engagement. Mr. Corsar referred members to the Action Plan which set out the way in which these themes would be addressed.

Discussion confirmed unanimous support from Board Members for the outcome of the Diagnostic Tool process, and the proposed way forward. Mr. Small suggested that it would be appropriate to exploit the national Diagnostic Tool to the maximum benefit, adding genuine value to the discharge of the Board's responsibilities. Mrs. Hamilton confirmed that a substantial public engagement survey was currently underway, and that the results, which would be available in early June 2010, should be helpful in providing an external dimension to the internal findings from the Diagnostic Tool.

THE BOARD:

1. Noted the outcome of the work to complete the Board Diagnostic Tool.
2. Noted the key themes emerging.
3. Endorsed the Action Plan.
4. Agreed to the holding of a Board Seminar in September 2010, to look, in detail, at the themes, exploring how to achieve clarity around strategic intent in a way that supported effective stakeholder engagement.

69. **GOVERNANCE COMMITTEES**

The NHS Board considered Annual Reports from the Governance Committees.

Mr. Agnew explained that as a follow up to Board approval on 24th March 2010 of the proposals in relation to Best Value for Board Committee Working, Annual Reports from the Boards Governance Committees were presented viz:

a) Audit Committee
b) Clinical Governance Committee
c) Staff Governance Committee
d) Acute Operating Management Committee — Mrs. Khindria
e) North Lanarkshire Community Health Partnership Operating Management Committee
f) South Lanarkshire Community Health Partnership Operating Management Committee
g) Equality, Diversity and Spirituality Committee
h) Area Clinical Forum

He explained that the Annual Reports, encompassed: the name of the Committee; the Committee Chair; Members; Officer supports; frequency and dates of meetings; the activities of the Committee during the year; improvements overseen by the Committee; and matters of concern to the Committee. He advised that, attached to each of the Committee Annual Reports, was a copy of the up-to-date Committee Terms of Reference. He reminded members that when, in August 2009, the Board had considered Annual Reports from the Governance Committees for 2008/2009, it was agreed that the position of the Community Health Partnership Joint Strategy and Implementation Committee should be reviewed. He explained that finalising this action was deferred until the new organisational Structures within the Community Health Partnerships were established, but now that the new structures were in place, the review would be concluded and proposals would be brought to the Board at a future meeting for consideration.

Discussion acknowledged the added value that Governance Committee reports would bring to the finalisation of the Statement of Internal Control, which formed a key part of the Annual Accounts. However, completion of the Annual Reports had highlighted the need to strengthen some of the structural elements of the Terms of Reference for some Committees, and in other cases, to widen Committee Remits/Terms of Reference. This exercise would be taken forward by the relevant Executive Director and Officer supports, in concert with Committee Chairs. Whilst the Annual Reports had been signed-off by the respective Committee Chairs, the need was highlighted, for future years, to ensure that the opportunity was created for Committee members, also, to have an opportunity to comment on the Annual Reports. Where it had not already been done, Annual Reports would be taken to the next meetings of the respective Committees.

There was recognition that whilst the Annual Reports confirmed a strong focus of the Committees on performance, the enhanced participation of the Committees in the planning processes was highlighted as an area that might benefit from further consideration, within the context of the distinction between Executive and Non Executive Director roles.

THE BOARD:

1. Approved the Committee Annual Reports, and confirmed satisfaction that the Committees had fulfilled their Terms of Reference.
2. Re-affirmed the membership and Terms of Reference for the Committees.
3. Asked that consideration be given to the issues highlighted in discussion, and that work be taken forward, as appropriate, to update the structural elements and remits of the Committee Terms of Reference.

Relevant Executive Directors

70. **LOCAL DELIVERY PLAN 2010/11**

a) Waiting Times

The NHS Board considered a Report on Waiting Times Performance at 31st March 2010.

Mr. Garscadden reported that the March performance in relation to the Delivery of Guarantees for: cancer (62/31 days), outpatients (12 weeks), inpatients (9 weeks), day cases (9 weeks), and diagnostics (4 weeks), had been sustained into April 2010. He explained that, of significance in 2010/11, would be the increased emphasis placed by NHS Lanarkshire on evidencing progress against the 18 week referral to treatment (RTT). He highlighted Accident and Emergency performance of 99% for the month, and confirmed that the delayed discharge targets had been delivered. He explained that confirmation was awaited of the recurring and non recurring allocations that would be made available to NHS Lanarkshire to support the delivery of waiting time guarantees during the year. He stressed the substantial endeavour to build on the work commenced in the previous year, to strengthen system ability to respond to the challenges of delivering the new waiting time targets. He highlighted progress in relation to: e-referral (used by 95% of General Practitioners); the spread of electronic vetting arrangements; the opportunities to transfer the presentation of patients to the Community; the more efficient management of waiting lists, through closer joint work with General Practitioners; and the sharing of information between secondary care and primary care, in areas such as referral trends and the sharing of performance information with clinicians.

Mr. Garscadden assured members that NHS Lanarkshire would sustain the stage of treatment waiting time guarantees to 31st March 2011, with confirmation being provided through reports circulated to the NHS Board. He stressed the considerable work underway to agree patient pathways for each specialty and, as appropriate, sub-specialty, with the focus being on high volume specialties and high priority pathways for recording of review and return for treatment attendances. He explained that, for those outcomes occurring outwith the outpatient setting, there was work in progress to identify, quantify and prioritise recording mechanisms by June 2010, and confirmed that admitted pathways for high priority pathways and high volume specialties would have 90% completeness by September 2010.

Mr. Garscadden outlined a proposal that reports to the NHS Board on waiting time performance, and progress against the 18 weeks referral to treatment target, would be presented in a revised, increasingly performance-focussed way, every two months.

Mr. Garscadden acknowledged that the facility of e-referral was not available for all independent contractors, such as optometrists and dentists, who were not, currently, part of the national IT Development Programme. He highlighted the Acute Division desire to see that programme accelerated to encompass these professions, and confirmed that a short term solution to allow optometrists to e-refer was being explored.

Mr. Garscadden acknowledged issues raised about the management of Did not Attends, particularly with regard to disputes, and notification of the NHS Lanarkshire approach to the public. He confirmed that there were in place clear access policies, and that New Ways specified the process for dealing with Did not Attends, and Could not Attends, for medical or social reasons. He advised that an updated definitions document would be issued to the Service shortly. He confirmed that the Acute Division had revisited the access protocol, recognising the need to communicate clearly to staff, General Practitioners and patients, with the aim of achieving universal awareness of the Policy. He further advised that as part of this process, appointment letters had been reviewed and revised as necessary to clarify the appointment arrangements and the means of notifying inability to attend.

Mr. Currie, Chair of the Acute Operating Management Committee, confirmed that the issues around access Policies had been considered in detail and endorsed by the Acute Operating Management Committee on 25th May 2010.

Mr. Garscadden acknowledged that there was, on occasion, a delay between a GP decision to refer and completion of the referral, accompanied by a short timescale between receipt of a referral in secondary care and the issuing of an appointment letter to patients. He confirmed that the better management of this interface would be an important part of the ongoing dialogue with General Medical Practitioners, and advised that New Ways defined the timescales for secondary care notifying patients of appointment arrangements. He explained the intention, in two months, to introduce an automatic call to patients to remind them about a hospital appointment, and invite them to confirm attendance, with this initiative targeted, initially, to key specialties.

THE BOARD:

1. Noted the report on Waiting Times Performance at 31st March 2010.
2. Noted the Waiting Time and Performance Guarantees on which NHS Lanarkshire would be measured in 2010/11, with particular reference to 18 weeks referral to treatment.
3. Agreed to consider Waiting Time Reports every two months. — Mrs. Lyness

b) Primary Care Out of Hours Services

The NHS Board considered a report on Primary Care Out of Hours Services for April 2010.

Mr. Lawrie reported that demand during April was in line with the previous year as a result of more even demand, and that the key performance indicators continued to be met. He highlighted the continued relationship between the Out of Hours Service and Accident and Emergency, and the particular contribution of this relationship to the management of activity over the Easter weekend. He explained that, to progress the communication around cash releasing efficiency savings, meetings with staff side representatives, community groups, Public Partnership Forum representatives, and several local Members of the Scottish Parliament, were scheduled for May, with staff meetings remaining to be scheduled. He advised that the service was ready to launch the electronic palliative care record and was expecting to go live with this in May. He explained, also, that the Service was linking with acute sites and working on the production of Business Continuity Plans, with an expectation that this work would be completed by the end of May/early June.

THE BOARD:

1. Noted the report on Primary Care Out of Hours Service performance for April 2010.
2. Asked to receive a further report. — Mr. Lawrie

71. **DATE OF NEXT MEETING:**

Wednesday 23rd June 2010.

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

The NHS Board approved a Motion to move into Private Session for the remaining items of business, due to the ‘Commercial In Confidence’ nature of the matters.

73. **PHARMACY PRACTICES COMMITTEE**

The NHS Board considered the minutes of meetings of the Pharmacy Practices Committee, as follows:

a) Pharmacy Practices Committee 1st March 2010.
b) Pharmacy Practices Committee 8th March 2010.

Mrs. Smith, Committee Chair, highlighted the purpose for which the Committees had met, and the Committee conclusions and decisions.