

Lanarkshire NHS Board

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Meeting of Lanarkshire NHS Board, Wednesday  
24<sup>th</sup> February 2010 at 10.00 am in the Board Room,  
14 Beckford Street, Hamilton

**CHAIRMAN:** Mr W Sutherland, Non Executive Director

**PRESENT:** Mrs L Ace, Director of Finance  
Mr J A Anning, Non Executive Director  
Mr D Clark, Non Executive Director  
Mr T Currie, Non Executive Director  
Mr T Davison, Chief Executive  
Dr A Graham, Medical Director  
Dr H S Kohli, Director of Public Health and Health Policy  
Mr A Lawrie, Director, South Lanarkshire Community Health Partnership  
Mrs R Lyness, Director of Acute Services  
Mrs N Mahal, Non Executive Director  
Mr I A Ross, Director of Planning  
Mr C Sloey, Director, North Lanarkshire Community Health Partnership  
Mrs S Smith, 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 A Armstrong, Chair, Area Clinical Forum  
Mrs K Hamilton, Head of Communications  
Mrs R Hibbert, Divisional Human Resources Director, South Lanarkshire Community Health Partnership  
Mrs L Macer, Employee Director  
Mr K A Small, Director of Organisational Development  
Mr B Rooney, Manager, Cambuslang and Rutherglen Community Health Initiative (For item 19)  
Ms L McCranor, Manager, Health Valleys ( For item 19 )

**APOLOGIES:** Mr P K Corsar, Non Executive Director  
Mrs L Khindria, Director of Human Resources  
Councillor E McAvoy, Non Executive Director  
Councillor J McCabe, Non Executive Director  
Mrs M Nelson, Non Executive Director

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15.

**WELCOME**

**ACTION**

Mr. Sutherland welcomed members and attendees to the meeting. He extended a particular welcome to Mrs. Hibbert, who was attending on behalf of Mrs.

Khindria, and to Mr. Rooney and Ms. McCranor, who were attending to present on the agenda item on Healthy Living Centres.

16. **CHAIRMAN'S REPORT**

Mr. Sutherland advised members that Mr. Corsar would be taking a period of leave of absence, due to a family health issue, and that, in his capacity as Vice Chair, he would undertake the Chair's duties in the interim.

Mr. Sutherland reported on the principal issues considered at the Cabinet Secretary's meeting with NHS Chairs on 22<sup>nd</sup> February 2010, as follows:

- An update on the influenza A (H1N1) Vaccination Programme
- Finance – the timescale for confirmation of budget allocations and acknowledgement of the challenges systems faced.
- The imminent issue of a circular on Executive and Senior Managers pay.
- A review of Public Sector Boards and Direct Elections to NHS Boards.
- Imminent clarification of the position with regard to Stakeholder Board Members, particularly Employee Directors and Area Clinical Forum Chairs.
- A presentation from the Chief Medical Officer on Medical Equalities.
- A presentation on Patient Safety.

17. **MINUTES**

The minute of the meeting held on 27<sup>th</sup> January 2010 was submitted for approval and signature.

**THE BOARD**

1. Approved the minute for signature.

18. **MATTERS ARISING**

a) **Medical Workforce**

Dr. Graham reported that, as a result of a further recruitment round in February, some of the outstanding vacancies had been filled. She advised that pressures remained, due to an accumulation of vacancies, maternity leave and sick leave, affecting emergency medicine, especially at Wishaw General Hospital, and care of the elderly, where consideration was being given to contingency arrangements. She highlighted Consultant concerns about the quality of trainees, and confirmed that this currently was being considered. She reported that work was ongoing, nationally and locally, on Reshaping the Medical Workforce. She confirmed that a report on the outcome of work to identify options for further efficiencies in the management of activity within emergency medicine, would be considered by the Corporate Management Team on 18<sup>th</sup> March 2010, and that a report on the implementation and impact of the initiatives would be brought to the Board in June 2010.

Mr. Davison reported that the issue of medical workforce was being considered also at a regional level through a group which he Chaired, and at a National level, through the Reshaping the Medical Workforce Group, which he co-chaired. He stressed that the overall objective was to move from reliance on trainees to a trained doctor workforce. He explained that, within three to four years, substantial numbers of Certificate of Completion of Training (CCT) holders would become available, creating a sizeable recruitment pool. He advised that issues of affordability formed part of the work of the National Reshaping the Medical Workforce Group.

Mrs. Lyness reported that the largest group where there were pressures was Specialty Doctor posts, where recruitment efforts to date had been unsuccessful.

### **THE BOARD**

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

Dr. Graham

#### b) **FINANCIAL PLAN**

Mr. Davison confirmed that the Financial Plan would be brought to the Board in March 2010 for approval. He reminded members of the processes followed so far for the development of the Financial Plan, which included Board Seminars, and confirmed that encouraging progress was being made. He reminded members that 120 projects had been identified with the aim of generating savings to address the gap between expected income and planned expenditure which, due to some additional cost pressures, was now £18.5m. He explained that achievement of the 120 schemes, on time, would realise approximately £15m of savings during 2010/11, leaving approximately £3m of further savings to be identified to bridge the gap. The outcome of this further work would feature in the report to the Board in March. He highlighted the unremitting pressures on the Board, and indeed NHS systems throughout Scotland, arising from the financial consequences of new drugs, new technologies and new Scottish Intercollegiate Guidelines Network (SIGN) Guidelines. He advised that the financial savings plan, within the overall context of the Local Delivery Plan 2010/11 to 2012/13, would be the subject of dialogue with the Scottish Government Health Department. He reassured members that the 120 saving schemes had been developed through processes which involved engagement with the Area Partnership Forum and the Area Clinical Forum, and with the Scottish Health Council, the Scottish Government Health Department and Members of the Scottish Parliament. He highlighted, for members, the projects which, on the basis of advice from the Scottish Health Council, would most likely require formal consultation and engagement.

### **THE BOARD**

1. Agreed that members had been appropriately informed about the detail of the financial savings proposals, recognised the processes of engagement associated with the proposals, and confirmed support for the proposals to be pursued.
2. Agreed to consider a finalised Financial Plan in March 2010.

Mrs. Ace

#### 19. **PATIENT SAFETY AND QUALITY**

##### a) **Healthcare Associated Infection**

The NHS Board considered an update report on Healthcare Associated Infection, encompassing: performance against Health Efficiency Access Targets; infection prevalence rates; cleanliness of clinical facilities; progress against the National Clostridium Difficile Action Plan; progress against key issues within the Healthcare Associated Infection Taskforce Three Year Delivery Plan; surgical site infection surveillance; antimicrobial prescribing; implementation of the MRSA National Screening Programme; and a Healthcare Environment Inspection.

Dr. Graham confirmed continuing progress across a number of key areas. She advised that Clostridium Difficile rates remained low, but highlighted cases at Wishaw General Hospital, which currently were being investigated by the Healthcare Associated Infection Team. She stressed that there was no evidence to link the cases, and that measures had been put in place to address the issue. She also highlighted the incident of Norovirus, and the impact and management of the

virus. She reaffirmed her assurances to the Board in January about the increased endeavour on hand hygiene, through the activities of the Hand Hygiene Co-ordinators, with the aim of further improving performance in this important area.

**THE BOARD:**

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

Dr. Graham

b) **Clinical Governance**

The NHS Board considered a Progress report on Clinical Governance.

Dr. Graham explained that the paper was provided as a progress report to the Board on Quality Assurance, with a focus on the Scottish Patient Safety Programme. She highlighted the principal elements of the report, in relation to: the arrangements for the launch and implementation of the NHS Scotland Quality Strategy; NHS Quality Improvement Scotland activity around peer visits, SIGN Guidelines and National Patient Safety Agency Alerts. She outlined the principal Scottish Patient Safety Programme measures and timelines for implementation, and the progress with the various workstreams. She stressed that the report confirmed continued good progress with implementation of the Scottish Patient Safety Programme in Lanarkshire, but highlighted some challenges in relation to meeting the data management requirements and ongoing programme spread in some areas, and confirmed the way in which these issues were being considered.

**THE BOARD:**

1. Noted the report on Clinical Governance.
2. Asked to receive a further report.

Dr. Graham

20. **HEALTH IMPROVEMENT – HEALTHY LIVING CENTRES**

The NHS Board considered a report on Healthy Living Centres.

Mr. Rooney and Ms. McCranor gave a detailed presentation on the work of the Healthy Living Centres, around policy and historical context; consultation and research; key health issues; programme activity, outputs and outcomes; volunteering, outputs and outcomes; successes and differences; the financial position; innovation and enterprise routes to sustainability; and collective gain, in relation to poverty and health inequalities, extended reach, leverage of additional investment, additionality and accountability. They stressed that the Healthy Living Centres had, thus far, had a successful journey and were currently fit for purpose, with an ambitious vision for the future.

Ms. McCranor acknowledged questions raised about evaluation of the success of activities and monitoring the lasting benefits. She explained that the Healthy Living Centres operated a bespoke database which monitored and tracked individuals participating in activities, enabling comparisons at the start, middle and conclusion to involvement. She confirmed, also, that there were systems in place to measure the extent to which activity through direct contact permeated to wider family contacts. She acknowledged the need for the further development of these systems, in order to fully and accurately gauge the reach of Healthy Living Centre activities and their impact.

Mr. Rooney acknowledged that the continuation of the Healthy Living Centres was dependent upon ongoing funding. He outlined the confirmed funding, to date, and advised that decisions on further funding applications were expected shortly. He confirmed that consideration had previously been given to the option of shared services across the three Healthy Living Centres, and although this had not been progressed at the time, it would be given further, detailed consideration, along with the consideration being given to a range of other efficiency measures.

**THE BOARD:**

1. Noted the report on Lanarkshire's Healthy Living Centres.

21.

**FREEDOM OF INFORMATION**

The NHS Board considered a revised Freedom of Information – Model Publication Scheme 2010-2014.

Mrs. Hamilton highlighted the principal elements of the Draft Model Publication Scheme, which was due for publication in July 2010. She invited members to submit any comments on the draft Scheme by the deadline indicated in the covering paper, in order that they might be considered in the finalisation of the Publication Scheme.

**THE BOARD:**

1. Approved the Freedom of Information – Draft Model Publication Scheme.

22.

**HAEMATOLOGY SERVICES**

The NHS Board considered a paper on the Concentration of Inpatient Haematology at Monklands Hospital.

Mrs. Lyness reminded members that the Cabinet Secretary for Health and Wellbeing had, in February 2008, approved the proposed concentration of inpatient haematology at Monklands Hospital. She also reminded members of the key drivers for the development, and confirmed that the commitment of Capital Investment of £5m to address clinical and infrastructure development of Monklands Hospital during 2010/11, would enable the concentration of inpatient haematology to now proceed. She explained that the paper provided an update on the steps being taken by the Haematology Project Team to deliver the new Inpatient Unit. She outlined the principal objectives of the project, and the key actions associated with progressing the development. She explained that the timescales would see the commissioning of new haematology and dermatology wards, and the transfer of inpatient haematology services from Wishaw General to Monklands Hospital in September 2010. She stressed that the Project Team had initiated a communications plan, which would ensure that all key stakeholders, including: staff directly affected; haematology patients; Public Partnership Forums; The Scottish Health Council and Hospital and Primary Care Clinicians, were informed of the outcomes from the project.

**THE BOARD:**

1. Noted the progression of the project and the staff issues associated with the Concentration of Inpatient Haematology Services for Lanarkshire at Monklands Hospital.

23.

### **VASCULAR SERVICES**

Mrs. Lyness outlined, for members, the principal issues for the delivery of vascular inpatient services following the imminent retiral of a Consultant Vascular Surgeon at Wishaw General Hospital in April 2010. She explained that this would require careful consideration, to ensure ongoing clinical safety, having regard to the remaining Consultant Vascular Surgeons at Wishaw General and Hairmyers Hospitals, the safety and sustainability of a single-handed rota, and the relationship with Interventional Radiologists. She restated the clinical imperative of ensuring the safe delivery of patient services, and confirmed that careful consideration was being given to options to sustain services. Dr. Graham endorsed this view, and stressed that options for the future were the subject of urgent consideration.

Mr. Davison explained that a further update would be provided to the Board, including the need for consultation and engagement on the options brought forward.

### **THE BOARD:**

1. Noted the report on Vascular Services.
2. Asked to receive a further report.

Mrs. Lyness

24.

### **QUARTERLY PERFORMANCE REPORT**

The NHS Board considered a Quarterly Performance Report to December 2009.

Mr. Ross explained that the Quarterly Corporate Performance Report was provided to allow the Board to review performance across the range of HEAT Target areas, and to consider any further action required, particularly in relation to those areas falling below target. He explained that the HEAT report comprised a front page summary of all 29 HEAT Targets and the 40 associated measures applicable to NHS Lanarkshire in 2010, with additional reports providing more detail on individual Health Improvement Efficiency Access and Treatment Targets, using a traffic light system for ease of highlighting variance. He explained that at December 2009 there were 13 targets which were 'amber', and he drew members' attention to the description of these within the paper, including the commentary on the reasons for variance.

Discussion highlighted a need for some expansion of the narrative to better explain rationale for the categorisation of a target as 'amber', as opposed to 'red'. It was noted that amber signified a target that was below trajectory, but with a confidence about system ability to recover, whereas red signified a target below trajectory, where system ability to recover was in doubt.

### **THE BOARD:**

1. Noted the Quarterly Corporate Performance Report for the period to 31<sup>st</sup> December 2009.
2. Asked to receive the Quarterly Corporate Performance Report for the period to 31<sup>st</sup> March 2010 in May 2010.

Mr. Ross

25.

### **LOCAL DELIVERY PLAN 2009/2010**

a) **Finance**

The NHS Board considered a report on Financial Performance to 31<sup>st</sup> January 2010.

Mrs. Ace reported that, during January, the forecast overspend against the GP prescribing budget had increased from £3.6m to £4.4m, due to a continuing rise in the volume of prescriptions. She advised that, despite this, NHS Lanarkshire remained in position to meet its financial targets for 2009/10, due to tight control of pay budgets, particularly within the Community Health Partnerships, as the impact of preparations for the 2010 efficiency programme showed through. She stressed that maintaining target performance had required an internal realignment of resources to manage the pressures around GP prescribing, clinical negligence, the capacity plan and out of area services. She reported that slippage, reserves and an improved position around energy and pay estimates, had been used to cover these risks. She explained that the capital projects already underway were on track, and were being managed within the revised capital budget, and that efficiency schemes remained on track to deliver the 2% HEAT Target for 2009/10. Given these factors, the NHS Board would deliver its three key financial targets at 31<sup>st</sup> March 2010.

Discussion highlighted the need for early clarification of vacant possession issues, in order that the purchase of the land for the Airdrie Community Health Service Development could be concluded in 2009/10.

#### **THE BOARD:**

1. Noted the revenue underspend of £7.074m at 31<sup>st</sup> January 2010, and the expectation that NHS Lanarkshire would meet its financial targets in 2009/10.
2. Noted progress against the Capital Plan.
3. Asked to receive a further report.

Mrs. Ace

b) **Waiting Times**

The NHS Board considered a report on Waiting Times Performance at 31<sup>st</sup> January 2010.

Mrs. Lyness reported that the performance reported to the Board in January, across the range of waiting time guarantees, viz: outpatients, inpatients, daycases, diagnostics, cancer, accident and emergency and delayed discharges, had been maintained. She restated the endeavour towards delivery of the new waiting time guarantees in these areas, with particular regard to diagnostics, cancer and the 18 week referral to treatment target, and the levels of financial investment to support the endeavour.

Mr. Davison highlighted, for members, the high performance of Primary Care and Acute Services throughout the festive period, particularly given the increased levels of activity and the severe weather, and he confirmed that this compared favourably with the position nationally.

#### **THE BOARD:**

1. Noted the report on waiting times performance at 31<sup>st</sup> January 2010.
2. Acknowledged and congratulated staff in the Primary Care and Acute settings for the performance of the system during the winter months to date.
3. Asked to receive a further report.

Mrs. Lyness

c) Primary Care Out of Hours Services

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

Mr. Lawrie reported that, following the increased demands of the Christmas and New Year holiday period, the Out of Hours Service had settled in to a more standard pattern of demand throughout the rest of January, with additional staff being rostered at weekends as part of the Winter Plan. He explained that there was a high demand for home visits during January, partly related to the severe weather conditions, and whilst the target for one hour home visits was not reached, these calls were closely monitored, and 99% of patients were visited within two hours. He explained that the Out of Hours Service continued to support Accident and Emergency throughout January, taking 672 transfers, and by sharing medical staff when Accident and Emergency staffing levels were particularly tight.

Mr. Davison  
Mrs. Ace

Mr. Lawrie assured members that the Cash Releasing Efficiency Savings proposals should not compromise system capacity to continue to perform at the required levels within the Primary Care Out of Hours Service. He confirmed that the number of transfers from Accident and Emergency during January was consistent with the levels in previous months.

Mrs. Lyness explained that whilst medical staff had been shared when Accident and Emergency staffing levels were particularly tight, the sharing of staff between the Primary Care Out of Hours Centres and the Accident and Emergency Departments was not generally a feature of the operating arrangements.

Mr. Sloey explained that the CRES proposals relating to dental services did not apply to the Emergency Dental Service. He outlined the position with regard to the EDS triage service, and the incidence of Failed to Attend.

**THE BOARD:**

1. Noted the report on Primary Care Out of Hours Services for January 2010.
2. Asked to receive a further report.

Mr. Lawrie

26. **GOVERNANCE MINUTES**

a) Acute Operating Management Committee: 26<sup>th</sup> January 2010

Mr. Currie, Committee Chair, highlighted as a core item considered by the Committee, the progress of the winter planning arrangements.

b) South Lanarkshire Community Health Partnership Operating Management Committee: 25<sup>th</sup> January 2010

Mrs. Mahal, Committee Chair, highlighted the consideration given to the Director of Public Health Annual Report, Clinical Governance and the Community Health Partnership Review and Restructuring.

c) North Lanarkshire Community Health Partnership Operating Management Committee: 20<sup>th</sup> January 2010

The NHS Board noted the minute.

27. **DATE OF NEXT MEETING**

Wednesday 24<sup>th</sup> March 2010.

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

The NHS Board approved a Motion to move into Private Session for the remaining business.

29. **ROYAL COLLEGE OF EMERGENCY MEDICINE VISIT**

The NHS Board considered a report on feedback from The Royal College of Emergency Medicine visit to Lanarkshire on 12<sup>th</sup> February 2010.

Dr. Graham explained the principal issues arising from The Royal College of Emergency Medicine visit to Monklands Hospital Accident and Emergency, and the preceding Postgraduate Medical Education and Training Board visit to the department. She highlighted the key conclusions and recommendations from the visits, and confirmed the way in which these were being addressed.

**THE BOARD:**

1. Noted the report on the Royal College of Emergency Medicine visit.
2. Endorsed the way forward outlined.