

Minute of Lanarkshire NHS Board, Wednesday
26th April 2006, at 10.30am in the Board Room,
14 Beckford Street, Hamilton

CHAIRMAN: Mr P K Corsar, Non Executive Director

PRESENT: Mr J Anning, Non Executive Director
Dr J D Browning, Medical Director
Mr D Clark, Non Executive Director
Mr T Currie, Non Executive Director
Mr T Davison, Chief Executive
Mrs S Goldsmith, Director of Finance
Mr M F Hill Modernisation Director
Mrs D McCormick, Non Executive Director
Mrs N Mahal, Non Executive Director
Dr D C Moir, CBE, Director of Public Health
Mrs M Nelson, Non Executive Director
Mr I A Ross, Director, Acute Services
Mr W Sutherland, Non Executive Director
Mr G Walker, Director of Human Resources
Mr P Wilson, OBE, Director for Allied Health Professions,
Nursing & Midwifery

**IN
ATTENDANCE**

Mr N J Agnew, Corporate Affairs Manager/ Board Secretary
Mrs. K. Hamilton, Communications Manager
Mr E J H Mallinson, Consultant in Pharmaceutical Public Health
Mr G Sage, Interim Director, South Community Health Partnership
Mr K A Small, Director of Organisational Development
Miss M M Taylor, Consultant in Dental Public Health
Mrs K Thomas, Head of Workforce Development
Ms I McKie, Deputy Modernisation Director (for item 57).

APOLOGIES: Councillor E McAvoy, Non Executive Director
Councillor J McCabe, Non Executive Director
Mr C Sloey, Director, North Community Health Partnership
Mr H Sweeney, Employee Director
Mr P McCrossan, Chairman, Area Allied Health Professions Advisory
Committee

46. **RECEIPT OF PETITION FROM KILBRYDE HOSPICE APPEAL BOARD**

Mr. Tony McGuinness, Chairman of the Kilbryde Hospice Appeal, accompanied by supporters of the appeal, handed over a 54,000 plus signature petition, in support of the statement *We the undersigned welcome the opportunity of respectively petitioning NHS Lanarkshire to address the desperate need for inpatient palliative care beds in South Lanarkshire, through the medium of Kilbryde Hospice Appeal and their proposal to build a Hospice at Hairmyres Hospital, without delay.*

The Chairman received the petition, and confirmed that the submission would be reflected in the A Picture of Health Consultation report to be considered by the NHS Board at its meeting on 24th May 2006.

47. **CHAIRMAN'S REPORT**

The Chairman reported on the principal issues discussed at the meeting of NHS Chairs with the Minister for Health, on 27th March 2006, including: waiting times, with recognition of performance in achieving targets and emphasis on the need to maintain focus on the achievement of new targets: the need for financial balance; the requirement for robust arrangements for out of hours and NHS 24 over the Easter holiday; child protection; delayed discharges; the Local Delivery Plan; e-health; sexual health; anticipatory care and prevention 2010; and an update on workforce issues.

The Chief Executive reported that Chief Executives, Chairs, Chief Executives of Local Authorities and Chief Police Officers had been asked to reaffirm their commitment to child protection – the North and South Lanarkshire Child Protection Committees were drawing together a joint submission.

48. **MINUTES**

The Minute of the meeting of the NHS Board held on 22nd March 2006 (circulated), was submitted for approval and signature.

THE BOARD

1. Approved the Minute for signature.

49. **MATTERS ARISING FROM THE MINUTE**

i) **Sale of Former Law Hospital Site**

The Director of Finance confirmed that the conclusion to the sale of the former Law Hospital site was being pursued vigorously. Outline Planning Permission would likely be confirmed by South Lanarkshire Council on 19th May 2006, enabling the completion of the sale during 2006/2007.

THE BOARD:

1. Noted the position with regard to the sale of the former Law Hospital site.
2. Asked to receive a further report.

Director
of
Finance

50. **FINANCE**

The NHS Board considered a Finance Report for the year ended 31st March 2006 (circulated).

The Director of Finance reminded members that the detailed Finance Reports presented to the Board over the last few months had highlighted a potential range of the forecast surplus of between £7.509m and £13.009m. She confirmed that the actual financial position at the end of March showed an underspend of £11.617m, compared with the original forecast year end surplus of £0.083m, highlighted within the Financial Plan approved by the Board in July 2005. She advised that, as a result of the year end underspend, NHS Lanarkshire would be in a position to further reduce the accumulated deficit brought forward from previous financial years. This had

peaked at £20.4m as at 1st April 2004, reducing slightly to £20.042m as at 1st April 2005, and the financial performance achieved during 2005/2006 would see this reduce to £8.425m as at 31st March 2006. This represented a major achievement for the organisation, particularly at a time of ongoing service pressure, delivery of waiting times targets, continuation of the pay modernisation agenda, increasing complexity of drug regimes and ever increasing demands across the service, and was a credit to all staff and managers within NHS Lanarkshire. This performance put the system on target to return to recurring financial balance in 2007/2008.

The Director of Finance outlined the principal elements of performance in relation to the Revenue Resource Limit; the Corporate Division and the Acute and Primary Care Operating Divisions, the Corporate Recovery Programme and Capital.

She also confirmed that on the basis of year end performance, SEHD was content to approve the Board's Financial Plan. She would bring a Capital Plan for 2006/07 to the Board at its meeting on 24th May 2006 and bring a longer term Capital Plan and forecast to the Board at its meeting on 28th June 2006.

Director of
Finance

The Chief Executive explained, in detail, the Accumulated Deficit and the Operating Deficit and the contribution of Arbutnott to the Board's Financial position. He also stressed to members the need to recognise that important decisions continued to be made on substantial investments in services in key areas.

In discussion, the Director of Finance confirmed that NHS systems had authority within the financial regulations to carry forward a surplus of up to 1%. She also highlighted a potential risk on resource transfer, where a financial pressure could result from the Learning Disability Hub coming on stream in advance of the closure of Kirklands Hospital. She confirmed that the Financial Plan was predicated on avoiding this scenario.

THE BOARD:

1. Noted the revenue underspend of £11.617m for the year ending 31st March 2006.
2. Noted the capital underspend of £3.533m for the year ending 31st March 2006.
3. Noted that final confirmation of performance against the revenue and capital resource limits would be reported in the Annual Accounts for 2005/06, to be presented to the Audit Committee on 29th June 2006, following external audit review.
4. Asked to receive a further report.

Director of
Finance

51.

WAITING TIMES

The NHS Board considered a Waiting Times Report to March 2006 (circulated).

The Director, Acute Services, confirmed that in March 2006 NHS Lanarkshire had maintained the National Waiting Time Guarantee that no patient should wait over 26 weeks for an inpatient, daycase or outpatient appointment. In addition, no patient was waiting longer than 8 and 18 weeks for angiography and angioplasty respectively.

He confirmed that the Capacity Plan continued to be refined and updated, with clinical directors in the new directorates of surgical and critical care services and emergency

and medical services now involved directly in the detail of the plan and influencing the assumptions on which the capacity plan was based. This was an ongoing process and would, as appropriate, lead to adjustment in the trajectory for each specialty that featured in the delivery plan. A financial plan to underpin delivery of all waiting time guarantees was work in progress. Orthopaedics remained a particular pressure, and the pace of implementation would be influenced by service redesign and the availability of capacity – access to additional orthopaedic capacity had been approved through the independent sector, funded by the Scottish Executive.

He confirmed that the trajectory for the delivery of outpatient and Availability Status Code (ASC) guarantees, remained the end of calendar year 2007. A programme to introduce New Ways Guidance, to improve the management of outpatient appointments, was at an advanced stage, and would shortly be shared with colleagues in Primary Care – the details of the proposals would be discussed with General Practitioners prior to implementation.

The Director explained that the most recent published information on cancer for the four main tumour types, indicated progress in delivery of National Waiting Time Guarantees in breast, lung and ovarian with significant improvements still required in respect of colorectal. He outlined the material actions being taken within NHS Lanarkshire, including the introduction of a system of information collection and reporting that tracked urgent GP referrals and provided real time information, to further improve performance in these areas, and move towards compliance with the Ministerial guarantees for cancer.

He advised that, in March 2006, the maximum wait for access to diagnostic services did not exceed 26 weeks – this was in line with the current Waiting Time Guarantee. A Diagnostic Collaborative had been established with responsibility for examining current capacity and service delivery across Lanarkshire, including assessing the potential for service redesign. He outlined the work in hand, including joint work between primary and secondary care, which would inform the adoption of single patient pathways and the emergence of a capacity plan for delivering diagnostic national waiting time guarantees.

The Director reminded members of the guarantee for unscheduled care to be achieved by 31st December 2007, which would require NHS Lanarkshire to ensure that patients waited a maximum of no more than 4 hours from arrival to discharge or transfer for accident and emergency treatment. He confirmed that the position at the end of March 2006 indicated 82% compliance with the guarantee, and further work was in hand with the aim of moving incrementally towards full compliance by December 2007.

In discussion, the Director confirmed, in relation to orthopaedics, that the product of work undertaken with the Centre for Change and Innovation was now being implemented across all sites. In addition, the designation of a clinical lead for orthopaedics should contribute materially to improving performance in this area, as would the imminent introduction of the Referrals Management Centre.

The Chief Executive asked that information on quantification against waiting time targets, including the numbers of patients complying with and exceeding the trajectory targets, and remedial actions, be included in future reports to the NHS Board. He also confirmed that the Corporate Management Team would give further consideration to performance management arrangements for waiting time targets, within the overall context of reporting on Local Delivery Plan Performance.

Director
Acute
Services

THE BOARD:

1. Noted the Waiting Times Report to March 2006.

2. Asked to receive a further report.

Director
Acute
Services

52.

DELAYED DISCHARGES

The NHS Board considered a report on the Delayed Discharges position at 15th April 2006 (circulated).

The Director, Acute Services, confirmed that NHS Lanarkshire had 65 delayed discharges at 15th April 2006 – this was within the delayed discharge target of 66 that had to be achieved by 15th April 2006, and represented a significant achievement given the previous concerns about the system's ability to achieve the target. He confirmed that delivery had been achieved through effective partnership working with a robust process in place to identify individual needs of patients on the basis of a community care assessment undertaken on a multi-disciplinary and multi-agency basis. He outlined further partnership actions which had contributed to this success, including the bringing forward of some care home funding from April 2006 to fund placements in March 2006.

The Director highlighted issues in relation to Adults with Incapacity, and patients under 65 years of age where, in the latter category, the number of delayed discharges was an increasing issue. Detailed discussions would shortly be initiated between partners to identify the nature and extent of the problem across Lanarkshire and to examine solutions to enable appropriate care and support to be provided to those patients. The opportunity would also be taken during May 2006 to explore with the Scottish Executive the potential for accessing change and innovation funding to enable pilot work to be undertaken in respect of patients in this category.

The Director reported that the Scottish Executive had published details of delayed discharge targets to be achieved by 15th April 2007 and 15th April 2008 as follows:

- For 2006/07, to reduce all delays over 6 weeks by 50%.
- For 2006/07, to free up 50% of all beds occupied by delayed discharge patients in short term beds.
- For 2007/08 to reduce to 0 patients delayed over 6 weeks.
- For 2007/08, to reduce to 0 those delayed in short stay beds.

Discussions would be held during May 2006 between Partners and the Scottish Executive, to consider the targets for 2006/07 and 2007/08. The outcome of these discussions would be reported to a future meeting of the NHS Board.

In discussion, the Director, Acute Services confirmed that there was no evidence to suggest that achievement of the April 2006 target had impacted adversely on patients or relatives. He also explained that the bringing forward of funding from April 2006 had reflected the partners' focus on the use of resources to support the achievement of the target, including through additional home support, where appropriate.

The Chairman offered congratulations on the achievement of the April 2006 target, which reflected clear success in partnership working.

THE BOARD:

1. Noted the report on the Delayed Discharges position at 15th April 2006.
2. Asked to receive a further report at the NHS Board meeting on 28th June 2006.

Director
Acute
Services

53.

PRIMARY CARE OUT OF HOURS SERVICES

The NHS Board considered a report on Primary Care Out of Hours Services (circulated).

The Interim Director, South Community Health Partnership, highlighted the principal elements of the report, in relation to performance during February/March 2006: operational issues, including the Easter holiday and preparations for the May holiday; IT; the newly introduced emergency dental service; pandemic influenza; NHS 24/Lanarkshire satellite centre and community nursing activity. He highlighted, in particular, the Easter holiday, where the indications were that the service managed well – a detailed report would appear in the next report on Primary Care Out of Hours Services to the NHS Board.

In discussion, members expressed interest in the newly established Emergency Dental Service. The Consultant in Dental Public Health explained that action would be taken to further publicise the service. In the meantime, participating dentists included access details on their Practice answering service.

THE BOARD:

1. Noted the report on the Primary Care Out of Hours Service.
2. Asked to receive a further report.

Director
CHP
North

54.

COMMUNITY HEALTH PARTNERSHIPS

The Interim Director, South Community Health Partnership, reported that the Human Resources Programme was virtually complete, with only 1 post, viz: lead General Practitioner for Clydesdale locality, to be filled. The organisational development programme was progressing, through locality events and development events for clinical staff. The North and the South Community Health Partnership Operating Management Committees had held their inaugural meetings, and Terms of Reference would be finalised shortly. Financial budgets had been drafted and proposals for the reimbursement of independent contractors, inputting to Community Health Partnership management arrangements, were being finalised.

Mr. Currie, as Chairman of the Acute Operating Management Committee, confirmed that the OMC had also held its inaugural meeting, when there had been agreement to place emphasis on developing linkages between Acute Services and the Community Health Partnerships, and also to focus Committee Business on a number of the more material issues, particularly in the areas of quality of care and performance management.

The Chief Executive explained that the sharing of Operating Management Committee minutes across the Community Health Partnerships and the Acute Division, should contribute materially to whole system performance, including managing demand and supply issues.

The Director, Acute Services, reported that preliminary discussions on shared objectives had been held between Acute Services and the North and South Community Health Partnerships. From this, a number of areas of shared objectives had been identified, and further consideration would be given to the management and reporting arrangements across acute and the Community Health Partnerships.

THE BOARD:

1. Noted the report on implementation of Community Health Partnerships, and the linkages with Acute Services.
2. Asked to receive further reports.

Directors,
Acute Services
And CHPs

55.

A PICTURE OF HEALTH

a) Public Consultation

The Modernisation Director reminded the Board that the consultation on the principal document would close on 28th April 2006. Comments on the reports on *Modelling the impact of hospital reconfiguration on cross boundary patient flows for emergency inpatient care between Lanarkshire, Glasgow and Forth Valley*, and *Capital and logistical implications of either option 2 or 3 for the provision of hospital services*, published on 20th April 2006, would be accepted up to 15th May 2006. Thereafter, a consultation report would be presented to the NHS Board at its meeting on 24th May 2006.

The Modernisation Director explained that, during the consultation, there had been 14 public meetings and 17 local meetings with community groups. There also had been a series of staff meetings and a Staff Governance Conference, majoring on A Picture of Health on 21st April 2006. NHS Lanarkshire was engaging with the Scottish Health Council in the pursuit of Council's audit and evaluation of the consultation process. The product of this work, along with summaries of the public and staff consultation responses, would be faithfully reported to the Board at its meeting in May.

b) Modelling the Impact of Hospital Reconfiguration on Cross Boundary Patient flows for Emergency Inpatient Care between Lanarkshire, Glasgow and Forth Valley

The NHS Board considered a report on *Modelling the Impact of Hospital Reconfiguration on Cross Boundary Patient Flows for Emergency Inpatient Care between Lanarkshire, Glasgow and Forth Valley* (circulated).

The Modernisation Director outlined the principal elements of the report, which was based on an agreed set of planning assumptions aimed at balancing activity across West Central Scotland, having regard to securing the best clinical outcomes and patient safety.

In discussion, the Modernisation Director confirmed that the planned care site was envisaged to have 300 to 350 beds. Against the optimum bed occupancy level of 85%, quoted within the report it was confirmed that Wishaw General Hospital currently operated at a level of approximately 93% occupancy. General Practitioner views had been obtained through successive discussions with the Area Medical Committee and its GP Sub Committee and in meetings with General Practitioners in localities. Whilst operating managed catchments, General Practitioners would continue to have scope for flexibility under different circumstances. Discussions with the Scottish Ambulance Service had confirmed the Services' agreement to transporting patients to the site where services were provided and could best meeting patients needs, but with flexibility, also, for judgements by the Scottish Ambulance Service in particular circumstances. The Modernisation Director acknowledged that the timescale for the new hospital at Larbert was a material factor. He confirmed that NHS Forth Valley had identified a preferred bidder, and that the hospital would be sized to take account of the outcome of the NHS Lanarkshire consultation.

The Chief Executive acknowledged that, even within the 5 to 10 minute travel tolerances, quoted within the report, some patients would choose to attend their nearest hospital, rather than the nearest 'out of Health Board area' hospital, but the

impact of this was considered to be at the margin. He stressed the regional responsibility to ensure that, with the reduction from 15 Accident and Emergency Departments to 8 Accident and Emergency Departments across the West of Scotland, demand on the Units was as balanced as possible. He highlighted the potential for patients choosing a shorter travelling time, to wait longer to be seen, because the hospital they chose to attend was not zoned for the catchment in which they lived – the consequence of this could also see the patients diverted back to their designated hospital for admission.

The Modernisation Director acknowledged the substantial public communication issue associated with the concept of managed catchments. He advised that the concept would be introduced at an event with stakeholders on 27th April 2006. A Communications Strategy, around the implementation arrangements would be developed, and information about access arrangements would be made available to all households within the Board's area.

The Medical Director explained that clinically, in the vast majority of cases, an additional 5 to 10 minutes travelling time in emergencies, was not significant. He stressed the clinical advantage in patients attending or being taken to a hospital where they could be treated promptly by suitably qualified and experienced staff.

The Modernisation Director confirmed the intention to commission work to survey patients, specifically to establish the means of travel to hospitals, and the factors which influenced their decisions. Attempts had also been made to anticipate projected journey times in future years, and consideration had been given to the differential between journey times to inform a view about whether the predicted total journey times were reasonable. He restated the recognition of the further work required to ensure that the proposals were known and understood by the public, recognising the substantial lead time for a public information campaign prior to August 2009.

The Chief Executive emphasised that, under the proposals, approximately two thirds of Lanarkshire residents would experience no change in the arrangements for emergency care. For the remainder, approximately one third would require to attend a different hospital than they currently did for emergencies.

c) Capital and Logistical Implications of either Option 2 or 3 for the provision of Hospital Services

The NHS Board considered a report on '*Capital and Logistical Implications of either Option 2 or 3 for the provision of Hospital Services*' (circulated)

The Director, Acute Services, highlighted the principal elements of the report. He explained that the papers provided a very high level commentary and a broad order of costs for the options proposed under a Picture of Health, all of which would require development and testing to provide a viable implementation process and programme. While the total costs would have to be refined, it was not anticipated that there would be any major issues which would generate a significant movement in the differential between the options. He highlighted the total costs identified for each option as: Option 2 (Wishaw and Monklands Hospitals as level 3) £173m; and Option 3 (Wishaw and Hairmyres Hospitals as level 3) £133m.

He stressed that careful and detailed planning would be required, to ensure that as far as possible ongoing health service provision was protected and potential risks minimised when working in fully operational environments – this was particularly applicable in the development of Monklands Hospital (whether a level 2 or level 3 hospital), where there were major logistical difficulties associated with the condition, configuration and servicing capacities of the existing estate.

In discussion, he confirmed that if Monklands was a level 2 hospital NHS Lanarkshire would require to make a revenue contribution to the costs of the consequences on the new Larbert Hospital. The Director of Finance stressed that this had to be seen within the context of the responsibility on NHS Lanarkshire to meet the costs of treatment for all Lanarkshire residents, either within Lanarkshire or elsewhere.

Members acknowledged that the main driver for the A Picture of Health proposals was safe and improved clinical care, but acknowledged the requirement to recognise the costs of the options, given the need for the affordability of A Picture of Health within the Board's projected financial plans.

The Director of Finance highlighted the need for the Board to have clarity about the potential impact that managing down the Optimism Bias and Contingencies would have on the cost differential between the options. It was noted that the Optimism Bias was 20% for Wishaw General and Hairmyres Hospitals, but was 24% for Monklands Hospital, because of the major logistical issues associated with developing the site.

The Chairman stressed the requirement for transparency in relation to the costs of the options, recognising that the costs set out in the paper remained high level, and would be subject to further refinement.

THE BOARD:

1. Noted the progress report on public consultation.
2. Noted the report on modelling the impact of hospital reconfiguration on cross boundary patient flows for emergency inpatient care between Lanarkshire, Glasgow and Forth Valley.
3. Noted the report on Capital and Logistical implications of either Option 2 or 3 for the provision of Hospital Services.
4. Asked to receive a further report.

Chief
Executive

56.

WORKFORCE PLANNING

a) **NHS Lanarkshire Workforce Plan**

The NHS Board considered the draft NHS Lanarkshire Workforce Plan (circulated).

The Director of Human Resources highlighted the principal elements of the Workforce Plan. He stressed the statutory requirement to produce a Workforce Plan, and outlined the principal areas of workforce development, in relation to: aligning planning processes; enhancing skills and competencies; developing new roles; addressing recruitment and retention; and increasing workforce productivity.

He explained the regional structure for Workforce Planning, and the Lanarkshire structure, including the role and remit and membership of the Workforce Development Steering Group, underpinned by a Medical Workforce Planning Group, a Nursing and Midwifery Workload and Workforce Planning Group, an Allied Health Professions Workforce Planning Group and a range of other Sub Groups.

The Director of Human Resources outlined the emerging key themes from the Workforce Plan, in relation to: developing workforce plans; affordability, availability and adaptability; numbers; purpose; new contracts; Agenda for Change; new roles; lower staffing ratios; ageing work age population; ageing workforce; medical staff; recruitment and retention; competency development; (Knowledge and Skills Framework) and challenging current models.

He stressed that a Picture of Health would dictate the Clinical Strategy which, in turn, would define the shape of the workforce and implementation of the Workforce Plan.

THE BOARD:

1. Approved the draft NHS Lanarkshire Workforce Plan, and its submission to the Scottish Executive Health Department.

Director
of Human
Resources

b) **Modernising Medical Careers (MMC)**

The NHS Board considered a paper on Modernising Medical Careers (MMC).

The Medical Director outlined the principal elements of Modernising Medical Careers, including: the current position on implementation; the advantages and the challenges; potential solutions and potentially material problems. He highlighted, in particular, the fact that implementation of Modernising Medical Careers would result in a service shortfall of up to 25% of training posts, and reminded members that this was one of the key workforce drivers for the A Picture of Health proposals as they related to Modernising General Hospital Services. He explained that work was ongoing to clarify more precisely the full impact of Modernising Medical Careers, and the outcome of this work would link with the further development of the Workforce Plan. The Consultant in Dental Public Health explained that equivalent reform of training in Dentistry would apply, and would be particularly relevant to the specialty of oral and maxillofacial surgery.

THE BOARD:

1. Noted the paper on Modernising Medical Careers.

57.

SMALLPOX PLAN

The NHS Board considered a draft smallpox mass vaccination plan (circulated).

The Director of Public Health outlined the background to the Plan. She reminded members that NHS Lanarkshire and North and South Lanarkshire Councils already had in place Major Incident Plans and procedures that were well established, tried and tested, allowing the agencies to respond to a range of different emergency scenarios in an effective and co-ordinated manner. She stressed that the smallpox plan had been developed to support those arrangements, and to establish the very specific arrangements that would need to be established in Lanarkshire in the event that smallpox mass vaccination was required. She advised that the plan outlined national, regional and local management and co-ordination arrangements, and the key roles and responsibilities of the NHS and Local Authorities – these arrangements had been progressed and prepared using tried and tested integrated emergency management procedures, and brought together organisations which would have a major contribution to make in supporting an efficient and effective smallpox mass vaccination programme.

The Chairman acknowledged the substantial work that had gone into the production of the Smallpox Mass Vaccination Plan, which provided reassurance to the NHS Board about the detailed contingency planning that was in place.

THE BOARD:

1. Approved the draft Smallpox Mass Vaccination Plan and its submission to the Scottish Executive Health Department.

Director
Of
Public
Health

58.

REPLACEMENT OF HUNTER HEALTH CENTRE, EAST KILBRIDE

The NHS Board considered an Initial Agreement for the replacement of Hunter Health Centre, East Kilbride, with a new Primary Care Resource Centre (circulated).

The Deputy Modernisation Director explained that NHS Lanarkshire had been working with South Lanarkshire Council to develop proposals that would modernise Primary and Community Health Services in East Kilbride. She advised that, in addition to replacing Hunter Health Centre, the proposals in the Initial Agreement would result in the co-location of services currently dispersed across a number of locations in East Kilbride, and would considerably improve the quality and range of services.

South Lanarkshire Council had approved a paper, in principle, to develop the entire East Kilbride town and Civic Centre, and had asked NHS Lanarkshire to also approve this proposal, in principle, so that more detailed work could proceed. She explained that the proposed new Primary Care Resource Centre would be an integral part of a much larger development and, therefore the Council was seeking assurance that NHS Lanarkshire was committed to the Project.

The Deputy Modernisation Director explained that although the Board had approved the capital, in principle, as part of its Capital Investment Plan, it was required to approve the detail Business Case proposals for each of the major projects. In the case of projects where the capital expenditure exceeded £5m, the planning process started with approval of an Initial Agreement, which was then followed by considerably more detailed work to develop an Outline Business Case, followed by a Full Business Case. She stressed that each stage of the approval process required both NHS Board approval and Scottish Executive Capital Investment Group approval.

The Director of Finance highlighted for members the requirement for the costs of the development to be set within the totality of the Board's Capital Investment Profile.

The Deputy Modernisation Director acknowledged a suggestion from the Consultant in Dental Public Health to consider inviting General Dental Practitioners to locate within the new Primary Care Resource Centre.

Deputy
Modernisation
Director

THE BOARD:

1. Approved the Initial Agreement for the replacement of Hunter Health Centre, subject to confirmation of overall affordability within the Board's Capital Investment Profile.

59.

ANY OTHER COMPETENT BUSINESS

a) **Recruitment of Non Executive Director**

The Chairman advised members that interviews to appoint to the vacant non executive director position on the NHS Board were scheduled for 12th May 2006.

60 .

DATE OF NEXT MEETING

Wednesday 24th May 2006

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