

Lanarkshire NHS Board

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Meeting of Lanarkshire NHS Board, Wednesday  
25<sup>th</sup> October 2006, at 9.30 am in the Board Room,  
NHS Lanarkshire, 14 Beckford Street, Hamilton

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

**PRESENT:** Mr J A Anning, Non Executive  
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  
Mr A Lawrie, Director, South Lanarkshire Community Health  
Partnership  
Councillor E McAvoy, Non Executive 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 C Sloey, Director, North Lanarkshire Community Health  
Partnership  
Mrs S Smith, Non Executive Director  
Mr W Sutherland, Non Executive Director  
Mr H Sweeney, Employee Director  
Mr G Walker, Director of Human Resources  
Mr P Wilson, OBE, Director for Allied Health Professions, Nurses and  
Midwives

**IN  
ATTENDANCE**

Mr N J Agnew, Corporate Affairs Manager/ Board Secretary  
Mr H Campbell, Associate Medical Director, Wishaw General Hospital  
(for item 96a )  
Mr I Hair, Head of Planning & Performance Management, North  
Lanarkshire Community Health Partnership (for item 97)  
Mrs K Hamilton, Communications Manager  
Mrs J Hope, General Manager, Womens, Diagnostic and Cancer  
Division (for item 96a)  
Mr P MCrossan, Chairman, Area Allied Health Professions Advisory  
Committee  
Mrs T Rennie, Lead Cancer Nurse Specialist (for item 96a)  
Mr R W Shorter, Planning and Development Manager, Primary Care  
(for item 98)  
Dr V J Sonthalia, Chairman, Area Medical Advisory Committee  
Miss M M Taylor, Consultant in Dental Public Health

**APOLOGIES:** Dr J D Browning, Medical Director  
Councillor J McCabe, Non Executive Director  
Mr E J H Mallinson, Consultant in Pharmaceutical Public Health  
Mr K A Small, Director of Organisational Development

94.

### **CHAIRMAN'S REPORT**

The Chairman reported on the principal issues discussed at the meeting of NHS Chairs with the Minister for Health and Community Care on 2<sup>nd</sup> October 2006, including:

- Waiting Times, especially for Cancer;
- Finance;
- Agenda for Change;
- Modernising Medical Careers;
- Health Improvement, especially in relation to Smoking Cessation, Alcohol Strategy and Sexual Health Strategy;
- Mental Health, which the Minister highlighted as a key issue;
- Planned Care Improvement with a 75% overall target for day case rates;
- Childrens' Services, with regard to *Getting it Right for Every Child*;
- Application of the Citistat principles to performance management;
- Patient Safety;
- E.Health

The next meeting of NHS Chairs with the Minister for Health and Community Care would be held on 30<sup>th</sup> October 2006.

The Chairman reported, also, on the launch in Lanarkshire, by the Deputy Minister for Health and Community Care on 24<sup>th</sup> October 2006 of 'Keeping Well', the working title for Prevention 2010. This issue would be discussed further at the meeting of NHS Chairs with the Minister on 30<sup>th</sup> October 2006.

95.

### **MINUTES**

The minute of the meeting held on 27<sup>th</sup> September 2006 (circulated) was submitted for approval and signature.

#### **THE BOARD:**

1. Approved the minute for signature.

96.

### **A PICTURE OF HEALTH**

#### a) **Progress Report on Outstanding Specialty Proposals**

The NHS Board considered a progress report on Outstanding Specialty Proposals (circulated).

The Modernisation Director reminded members that following the public consultation exercise regarding *A Picture of Health*, the Board had considered a range of proposals at its meeting on 27<sup>th</sup> June 2006 which subsequently received approval from Lewis Macdonald, Deputy Minister for Health and Community Care on 21<sup>st</sup> August 2006. However, at its meeting on 27<sup>th</sup> June 2006, it was considered that there were a number of services where further clarification and discussion was required with staff and patients to agree an appropriate configuration of identified clinical services. It was therefore agreed that a progress report would be provided to the NHS Board in October. The Modernisation Director advised that over the past few months, further discussions with clinical staff, stakeholders and patients had taken place in respect of: the establishment of a Lanarkshire Cancer Centre; the provision of rheumatology inpatient services; the provision of dermatology inpatient services; Continuing care beds for older people and Palliative Care Services.

He explained that since June, further discussions had been undertaken with staff, stakeholders and patient representatives regarding the clinical design and service delivery of: Continuing Care for older people; rheumatology inpatient beds; and Palliative Care Services, which would take account of the criteria used for the

configuration of other services, principally, quality of care, costs and access. At present, there had been no firm conclusions to enable proposals to be presented to the Board, and work would therefore continue to refine the development of a planned way forward.

The Director, Acute Services, outlined the work undertaken during recent months to develop a clinical model for Cancer that was supported by clinical staff, key stakeholders and patients' groups, which had been translated into the establishment of a service model, and which described how services were to be organised for cancer services. He stressed that the way forward, described in the paper before the Board, had the support of senior clinical staff within the Acute Division., The NHS Lanarkshire Cancer Group, the Lanarkshire Cancer Nurse Specialist Group, patients representatives who attended a workshop in September, and the Beatson Oncology Centre. Arising from these deliberations, the NHS Board was requested to:

- Note the content of the progress report.
- Approve the establishment of the new Lanarkshire Cancer Centre based at Monklands Hospital which would consist of a purpose-designed facility for the treatment of the great majority of cancer patients within Lanarkshire. The centre would include:
  - Specialist outpatient facilities for all consultant led Oncology and the majority of consultant led Haematology.
  - The daycase facility for Oncology and the major daycase facility for Haematology.
  - A five day inpatient Oncology ward.
- Note that:
  - Nurse led chemotherapy clinics for appropriate treatments would be extended to all three sites to maximise local access,
  - Non-malignant Haematology outpatients and daycases would continue to be seen on all three sites.
  - Haematology inpatient beds would be at Hairmyres Hospital in view of the highly dependent nature of that small group of patients and a small satellite day case unit would be provided in association.
- Note that 70% of breast surgery for cancer would be undertaken at Monklands Hospital.
- Approve the establishment of the Maggie's Cancer Caring Centre at Monklands Hospital.

The Director explained that this framework would provide a clear way forward, and would enable the commencement of planning work with all appropriate clinical staff, patients and the public, to create the new Cancer Centre in accordance the outlined service model.

In discussion, he re-emphasised that the proposals before the Board reflected unequivocal support for the establishment of the Cancer Centre at Monklands Hospital, and were the product of bringing together all clinicians involved in Cancer Care from across NHS Lanarkshire.

The Chairman of the Area Medical Committee, whilst supporting the proposed model, expressed a concern about haematological malignancies being treated as day cases at Monklands Hospital given their need for medical and surgical support.

Mrs. Rennie confirmed that this issue had been considered in the discussions, and she emphasised that provision was included within the Service Model for the creation of a satellite day unit at Hairmyres Hospital for this purpose, co-located with the Haematology Inpatient Service.

The Director, Acute Services, stressed that further intensive work would be undertaken with clinical staff, to produce clarity about the precise nature of the

Services to be provided on the Hairmyres Hospital site, where the Haematology inpatient component of cancer services would be located, with the aim of ensuring that there would be no compromise to outcomes or to clinical safety. This consideration would also extend to the transport needs of patients and their carers, as part of the Transport Impact Assessment that would be undertaken. This would include the existing network of voluntary drivers and the limited-stop shuttle bus service which was planned as part of the overall proposals for Modernising Hospital Services.

Mr. Campbell emphasised the extent to which the clinical safety of patients was a paramount consideration in the development of the proposals, and he explained that the selection of patients for treatment either on the planned care site or the emergency care site would be based on judgements by clinicians informed by assessment of the patient.

The General Manager for the Womens, Diagnostic and Cancer Division, acknowledged the importance of ensuring that staffing, and the skill set of staff both on the planned care site and the emergency care site was appropriate. She explained that, currently, there were highly qualified and experienced staff providing cancer services across the three hospital sites, and she emphasised the substantial opportunities that the proposals would present for the further development of all staff skills.

The Director, Acute Services, reassured the Board that agreement from Maggie's for the siting of the Maggie's Cancer Caring Centre at Monklands Hospital was based on their full involvement in discussions about the development of the clinical model. He also confirmed that the Capital implications of the siting of the Cancer Centre and the Maggie's Cancer Caring Centre at Monklands Hospital could be addressed within the context of the up to £100m of capital, earmarked by the Scottish Executive Health Department for the major redevelopment of Monklands Hospital as a planned care site.

#### **THE BOARD:**

1. Noted the content of the progress report.
2. Approved the establishment of the new Lanarkshire Cancer Centre based at Monklands Hospital.
3. Approved the establishment of the Maggie's Cancer Caring Centre at Monklands Hospital.
4. Agreed that the proposals should be submitted to the Deputy Minister for Health and Community Care for consideration.

Chief  
Executive

#### b) Dermatology Services

The Director, Acute Services, reported on the development of proposals for Dermatology Services. He highlighted the extent of dialogue to date about the preferred future clinical model for dermatology services, involving discussion between colleagues in primary and secondary care, with input, also, from users and carers and the wider community, including a workshop involving staff, patients and key stakeholders to consider the future clinical and service models for dermatology. He advised that following the workshop in September, it was considered and agreed that the most appropriate location for inpatient beds in the future service model should be on the planned care hospital site. It was intended that once formal approval was received to this outcome, detailed planning would take place to develop the new model involving all appropriate stakeholders.

The Chair of the Area Clinical Forum highlighted the need to develop the extended roles of nursing staff within the clinical model. She also highlighted the small number of paediatric dermatology cases for which the most appropriate location was the Paediatric Unit and the associated requirement to give further consideration to the

training and competencies of nursing staffs in this area. The Director, Acute Services, acknowledged these views, and explained that they could be addressed through the work currently underway on the development of clinical pathways for children, led by the Director of the North Lanarkshire Community Health Partnership.

**THE BOARD:**

1. Noted the contents of the progress report.
2. Approved the outline service model described which would provide inpatient beds on the planned care hospital site, with the continuation of the current service model of outpatients and daycases on all three acute hospital sites.
3. Noted that approval would allow detailed planning to commence, in further detail on the development of dermatology services in parallel with the other planned changes in Acute Hospital Service provision.
4. Agreed that the proposals should be submitted to the Deputy Minister for Health and Community Care for consideration.

Chief  
Executive

c) Airdrie Resource Centre

The NHS Board considered an Outline Business Case for Airdrie Resource Centre (circulated).

The Director of the North Lanarkshire Community Health Partnership explained that the Community and Primary Health Care facilities at Airdrie Health Centre and Adam Avenue Clinic were no longer fit for purpose and service provision was restricted, as the environment could not support the delivery of a modern health care service. He advised that, for some considerable time, NHS Lanarkshire had been exploring options to address these problems, and specifically to replace both premises, along with premises of several General Practitioners not located in the Health Centre or Clinic, in a new facility that was fit for purpose, appropriate in size and which promoted joint working, both within the extended health care team and with colleagues in Social Work. He advised that the development of the Airdrie Primary Care Resource Centre had been confirmed as a high priority, and was a key driver in the delivery of *A Picture of Health*. He explained that the major benefits of the development would include, delivery of The Kerr Report, through the provision of better and more accessible services to manage a wider range of conditions locally within a primary care setting; development of further joint working between health and local authority staff; bringing together a number of GP practices who currently operated from disparate locations within the town; the opportunity to deliver an enhanced range of services to patients; provision of a purpose built facility designed to enable the provision of a modern health care service which complied with all current and anticipated service requirements; and improved access to service for patients.

He explained that a number and range of options were reviewed in the Business Case, and that the preferred option arising from the option appraisal, delivering best value for money and achieving the greatest benefits, was a Capital-funded new build at Graham Street in Airdrie.

The Director of Finance explained that estimated costs for the Project of £22,968,000 included external and known abnormal site costs, VAT, professional fees, site purchase, equipment and the cost of specialist IT/Telecommunications Services. She advised that the full capital cost, recognising inflation over the development period, was likely to be in the region of £24.5m, and this was the amount built into the Board's Capital Plan. She further advised that revenue costs for the new build project were £1,617,000 per annum, and were consistent with the financial modelling undertaken for *A Picture of Health*. She explained that the existing revenue budgets for the facilities at Airdrie Health Centre and Adam Avenue Clinic totalled £386,000 and advised that during the Full Business Case preparation, the level of releasable

budget would be firmed up and further detailed analysis of the additional revenue costs would be undertaken.

The Director of Finance explained that leased and PPP/PFI options had been explored; however, the analysis had demonstrated that these options would not deliver best value for money, and it was therefore proposed that a capital solution was approved.

The Director of Finance explained that discussions with the proposed developer, and with North Lanarkshire Council, had identified that car parking availability within the town centre environs was at a premium, and that additional car parking required to be provided to support the introduction of the scheme. She stressed that planning approval would not be granted if additional parking was not addressed. She advised that the OBC included a contingency of £250,000 to contribute towards the cost of providing additional car parking. However, the developer estimated that the cost of providing suitable car parking could be as much as £3m; however this level of expenditure was unlikely to be considered value for money by the District Valuer, and would seriously compromise the affordability of the Business Case. She stressed that both North Lanarkshire Council and the developer were aware of NHS Lanarkshire's position on this issue and were working to consider other options, since the matter must be resolved by the time of Full Business Case.

The Chairman of the Area Medical Committee acknowledged the need to consider the Airdrie Resource Centre development within the overall context of the *A Picture of Health* aspirations for Primary Care. However, he expressed a concern about the implications for the approval of opportunistic developments by the Premises Committee.

The Director of Finance explained that the aspirations within *A Picture of Health* would require to be the priority call on Capital Revenue funding, within the context of the detailed financial modelling which had already been undertaken, and that unplanned developments would require to bid for funding.

The Chief Executive highlighted the need to ensure that the Outline Business Case for the Airdrie Resource Centre development was sustainable and represented value for money. He stressed that the outstanding issues in relation to car parking were being actively pursued, including at a meeting with North Lanarkshire Council that afternoon, and suggested that subject to the outcome of that meeting and further dialogue with the other parties, the Outline Business Case should be brought back to the NHS Board, either in November or December, for further consideration and approval.

**THE BOARD:**

1. Noted the outline Business Case for the Airdrie Resource Centre development.
2. Agreed to review the Outline Business Case, in November or December, subject to a satisfactory conclusion being reached on the Car Parking issue.

Director  
of Finance

97.

**PATIENT FOCUS PUBLIC INVOLVEMENT**

The NHS Board received a presentation on the Patient Focus and Public Involvement Strategy.

The Head of Planning and Performance Management for the North Lanarkshire Community Health Partnership reminded members that the Board had previously approved the draft Patient Focus and Public Involvement Strategy for consultation. He stressed that patient focus/public involvement was the Board's core business, as it was central to understanding needs, improving health, reducing inequalities and

improving and delivering services. He advised that the Strategy brought together the key agendas that would deliver Patient Focus Public Involvement, viz: Health Improvement; Reducing Inequalities; Service Redesign; Service Monitoring; Resource re-distribution; Diversity; and Volunteering.

The Head of Planning and Performance Management advised that the Strategy and Action Plan had been issued to key stakeholders, and had been posted on the NHS Lanarkshire website from the end of June 2006. He reported that comments had been received from: Volunteer Centre, South Lanarkshire; Strathclyde Fire and Rescue; Strathclyde Police; South Lanarkshire Social Work Department; the Scottish Health Council; Lanarkshire Managed Clinical Networks; the Acute Division; John Anning; Wishaw Community Health Partnership; and East Kilbride Community Health Partnership Locality. He advised that all responses were supportive of the aims and the thrust of the Strategy, and recognised the importance of the priority themes and ensuring their delivery. Respondents had raised a number of detailed points about the implementation of the Action Plan and the wording of some paragraphs, and these would be reflected in the implementation process. He explained that the final text of the Strategy and Action Plan and the associated funding should be signed off by the Corporate Management Team and the NHS Board at future meetings. Progress against the 2006/07 workplan priorities would be reported to the Corporate Management Team in December 2006 and to the Community Health Partnership and Acute Operating Management Teams, with progress also being reported to the Scottish Health Council, using the self-assessment tool, by the end of January 2007.

The Modernisation Director stressed the requirement to mainstream Patient Focus Public Involvement, and advised that the processes to ensure that this was achieved would include the identification of a designated Executive Director with responsibility for PFPI.

The Head of Planning and Performance Management acknowledged the potential contribution of public involvement in Governance Committees at NHS Board level; however, he highlighted the need for a comprehensive supporting structure, for public involvement, and suggested that this, moreso, was now in place through the establishment of the Public Partnership Forums. He also explained that the progress and the success of the Strategy would be subject to evaluation by the Scottish Health Council, with the ultimate measure of success being the extent to which the NHS Board was achieving demonstrable reductions in health inequalities through working in partnership.

#### **THE BOARD:**

1. Noted the report on the Patient Focus Public Involvement Strategy Consultation.
2. Agreed to consider the finalised version of the Strategy, Action Plan and funding at a future meeting.

Modernisation  
Director

98.

#### **CARERS INFORMATION STRATEGY**

The NHS Board considered a Carers Information Strategy 2007 to 2010 and consultation proposals (circulated).

The Planning and Development Manager explained that Scottish Executive Health Department Letter 22 of 2006 required Board's to submit an NHS Carers Information Strategy, in collaboration with partners including Local Authorities, Carer Organisations and Carers by the end of October. He advised that the draft Strategy before the Board had been written with the Partners around the North and South Lanarkshire Carers Strategy Groups, and with input from appropriate NHS Lanarkshire colleagues. He stressed that the two Carers Strategy Groups had agreed that a draft should be written to reflect the Health Department Letter, and issued for

formal consultation from November 2006 to January 2007, and that it should be seen in the context of broader Carer Strategies already agreed in North and South Lanarkshire through the two Carers Strategy Groups. He emphasised that there had already been pre-consultation engagement with the Carers Strategy Groups over the last few months.

He outlined the context for the Strategy, and highlighted the principal elements in relation to: Information and Signposting; Key Partners in Care; Engagement; and Young Carers. He stressed the importance of how carers were informed and empowered, and highlighted the contribution of carer information lines and the Home from Hospital Discharge Packs, as well as the roles of the Carers Support Team and the crucial importance of maintaining carers health. He advised that advice was offered to General Medical Practitioners in Lanarkshire, in relation to the delivery of the Directed Enhanced Service for carers, under the new GMS contract, encompassing the registration of carers, the identification of a liaison person, the introduction of a referral protocol to signpost carers and an annual report. In the area of how carers are informed and empowered he reported that the South Lanarkshire Carers' Network and North Lanarkshire Carers Together had Freephone Carers Information Lines in place.

The Planning and Development Manager highlighted the importance of staff carer awareness, and the initiatives in this regard which formed part of the Strategy. He also highlighted the elements of the Strategy which addressed the issue of training for carers.

He explained that there would be systematic delivery of the Strategy through a wide network, encompassing the key contribution of Community Pharmacies and General Medical Practitioners, given their centrality to the community. He highlighted the importance of monitoring the impact of the Strategy, and explained that this would be taken forward through a number of mechanisms, including: NHS Quality Improvement Scotland; the General Medical Services, Directed Enhanced Service for Carers; and the Joint Performance Information and Assessment Framework. He highlighted proposed new investment to underpin the implementation of a number of elements of the Strategy, including: the Carers Support Team; the Re-print of the Discharge Pack; Staff Training; and the General Medical Services, Directed Enhanced Service for carers.

The Director for Allied Health Professions, Nurses and Midwives impressed upon the Board the substantial contribution of informal caring, and welcomed the Carers Information Strategy as an important step in the provision of additional support to carers.

In welcoming the draft Strategy, members suggested that the link to condition specific support, although implicit within the document, would benefit from being more explicitly stated. It was also felt that in its finalised form, the Strategy might be more specific about patient information given to carers.

The Modernisation Director acknowledged that the Strategy raised issues of capacity, not only for NHS Lanarkshire, but also for the Local Authorities and he suggested that these might reasonably be met through the additional investment envisaged, and through the provision of training and better information.

The Director of Finance confirmed to the Board that there was provision, within the Capital Financial Plan, for the additional investment required to implement the Strategy.

#### **THE BOARD:**

1. Approved the draft Carers Information Strategy for consultation which, amongst other things, would facilitate formal sign-up from the Chairs of North Lanarkshire Carers Together and the South Lanarkshire Carers

Network and from the Chief Executives of North and South Lanarkshire Councils.

2. Asked to receive a report on feedback from the consultation in February 2007, along with proposals for implementation.

Board  
Secretary

99.

### **PRIMARY CARE OUT OF HOURS SERVICE**

#### a) **Primary Care Out of Hours Services Activity**

The NHS Board considered a report on Primary Care Out of Hours Services Activity during September 2006 (circulated).

The Director of the South Lanarkshire Community Health Partnership explained that the outcome of the second NHS QIS Review of NHS Lanarkshire's Primary Care Out of Hours Services confirmed that the service had again been assessed at Level 3 out of the four assessment levels, four representing the highest level of assessment. He highlighted the principal elements of performance during September, including activity by NHS 24 and the Lanarkshire satellite, activity by dental nurses, activity by patient outcome, and response times. He also highlighted service delivery issues in relation to frontline staff and training issues around IT, the Emergency Care Summary and Nurse Training, as well as Service Development in relation to multi-disciplinary service delivery, the completion of an updated NHS QIS Action Plan and work to finalise the Festive/Winter plan.

In discussion, the Director acknowledged an issue raised by the Chairman of the Area Medical Committee about the relevance of response times in relation to all time categories. He advised that a system upgrade being installed during the month should contribute to maintaining satisfactory performance in this area. He also acknowledged an issue raised by the Chair of the Area Clinical Forum about the need to ensure that nurses, whilst managing patients autonomously where appropriate, were working holistically and to protocols. He undertook to consider this issue further for the next Annual Service Review.

#### **THE BOARD:**

1. Noted the report on Primary Care Out of Hours Service Activity during September 2006.
2. Asked to receive a further report.

Director,  
South CHP

#### b) **Out of Hours Service - Winter and Capacity Plan**

The NHS Board considered an Out of Hours Service – Winter and Capacity Plan (circulated).

The Director of the South Lanarkshire Community Health Partnership explained that the Plan before the Board built on winter and capacity planning undertaken during each of the previous two years. He highlighted the elements of the plan related to ensuring that there was service capacity over the festive period, including the work undertaken on filling rotas. He also confirmed that the costs associated with the winter plan fell within the resource envelope in the budget. He advised that the draft plan had been lodged with the Scottish Executive Health Department, and feedback was awaited.

The Director, Acute Services, emphasised that the Out of Hours Service winter and capacity plan linked with the overall winter plan for the system, which was due for completion by the end of October.

**THE BOARD:**

1. Noted the Out of Hours Service – Winter and Capacity Plan.
2. Asked to receive a report on the effectiveness of the planning arrangements, at a future meeting.

Director,  
South  
Lanarkshire CHP

100.

**LOCAL DELIVERY PLAN**

Efficiency and Governance

a) Financial Performance

The NHS Board considered a report on Financial Performance to 30 September 2006 (circulated).

The Director of Finance reported that the actual financial position to the end of September showed an overspend of £0.901m, compared with an overspend of £0.606m at the end of August. She advised that this represented a considerable increase in the trend seen in previous months and explained that the principal reason for the movement in the net overspend was the impact of the introduction of the pneumococcal vaccines for children, and expenditure on theatre supplies across the three Acute hospital sites. She stressed that although this was a disproportionate increase in the overspend seen in early months, the year-end focus remained one of break-even.

She explained that the mid-year review work to provide a robust and detailed assessment of the likely year end outturn, in comparison to the planned surplus, was nearing completion. She reported that the emerging pressures during the first half of the year included the recurring shortfall against the Corporate Recovery Programme, the risk around the completion of the sale of the Law Hospital site, expenditure on Service Agreements with other Boards, in particular NHS Lothian, and the impact of the roll out of Original Pack Dispensing across NHS Lanarkshire. She confirmed that a detailed report would be provided to the NHS Board at the Seminar in early November, following a robust review of the mid year results and, where feasible, any further risks and/or benefits would be quantified. She explained that the high level summary of the potential year end position showing the best case/worst case scenarios per the August Finance Report, was a surplus of £0.002m and a deficit of £2.370m. She emphasised that without the Law sale, delivery of break-even at the year end would be extremely challenging, in addition to which, there continued to be significant unknowns, including Agenda for Change, agreement on uplifts for Service Level Agreements with other Health Boards, and the impact of the new Pharmacy Contract. She highlighted management actions, previously reported to the Board, which were now being formally implemented across the system in order to address the ongoing risks around achievement of the break-even position, viz: management of any new and existing pressures by both the Acute Division and the Community Health Partnerships; potential slippage on all developments to be identified; delay in release of new allocations; further savings targets to be applied to Headquarters/Corporate functions; delay in minor works schemes; and tighter control and management of vacancies for non clinical posts.

The Director of Finance highlighted other aspects of financial performance in relation to: Revenue Resources; the Acute Division; Primary Care; Headquarters/Area wide Departments; Service Agreements/Other Health Care Providers and the Corporate Recovery Programme.

**THE BOARD:**

1. Noted, with some concern, the actual revenue overspend of £0.901m as at 30<sup>th</sup> September 2006.
2. Noted the ongoing risks affecting the year end position.

3. Noted the necessary management action to support a break-even position.
4. Noted that a detailed report on the mid year review would be presented to the November Board Seminar.
5. Asked to receive a further report.

Director of  
Finance

b) Capital Report to 30<sup>th</sup> September 2006

The NHS Board considered a report on Capital for the period to 30<sup>th</sup> September 2006 (circulated).

The Director of Finance explained that the purpose of the report was to provide the NHS Board with an overview of the capital expenditure position for the six months ended 30<sup>th</sup> September 2006, and an early indication of the likely year end underspend. She explained that NHS Lanarkshire had received a formula capital allocation of £23.644m for 2006/07, with a further £2.157m to meet the capital investment costs for medical equipment. In addition, the Board underspent against the capital resource limit in 2005/06 by £3.533m, with this carry forward from 2005/06 to be added to the capital allocation for 2006/07. She advised that a number of other capital allocations were assumed within the capital budget for the year, in relation to specific developments in Primary Care and funding for invest to save energy efficiency schemes, in addition to which, a reduction to the capital allocation was expected as the Board's contribution to the West of Scotland Medium Secure Unit. She confirmed that, in total, the initial capital budget assumed a net allocation of £31.687. However, since the capital plan was approved further allocations had been received from the Scottish Executive Health Department for Primary Medical Services and Diagnostic Waiting Times, as well as confirmation of the energy efficiency allocation. A further adjustment to the impact of the delay in the development of the West of Scotland Medium Secure Unit would add to the overall anticipated underspend at the year end. She confirmed that, at 30<sup>th</sup> September 2006, the Board had a revised capital allocation of £32.144m.

The Director of Finance explained that the rate of actual expenditure for the first six months of the year remained low, but with major projects reaching the approval stage, it was anticipated that the rate of spend would increase in the second half of the financial year. She advised that, to date, capital expenditure of £2.461m had been incurred, against a planned spend of £29.823m; however, she stressed that £11.5m of the planned spend related to the repayment of brokerage to the Scottish Executive Health Department, and would be deducted from the capital allocation over the coming months. She referred members to the summary of expenditure to date within the report and explained that it was evident from this analysis that there was likely to be a substantial year end underspend against the overall allocation. Whilst the initial capital budget for the year anticipated a £7.4m underspend, the current year-end forecast showed this having increased to £15.905m due mainly to the slippage of the West of Scotland Medium Secure Unit, delays in the Learning Disability Assessment and Treatment Centre Development, and potentially higher than anticipated capital receipts. She advised that in order to meet future investment plans within NHS Lanarkshire, these funds would be required to be carried forward into future years with approval being sought from the Scottish Executive Health Department on any carry forward.

The Director of Finance also highlighted Disposals, major capital developments, including: the Coatbridge Dental and Integrated Resource Centre; the Learning Disability Service Assessment and Treatment Centre and the Airdrie Primary Care Resource Centre; and Valuations. She stressed that the Capital Programme represented a huge investment in the health care facilities across NHS Lanarkshire and advised that the Capital Investment Group (CIG), was the overarching Group established to ensure Primary Care and Acute Planning was integrated across the system, and its remit would incorporate the outcomes of *A Picture of Health*, and the subsequent implications for the NHS Lanarkshire estate.

## **THE BOARD:**

1. Noted the actual capital expenditure to date of £2.461m.
2. Noted the forecast year end underspend of £15.1905m, the material factors contributing to that position, and the intention to seek approval from the Scottish Executive Health Department on any carry forward to enable the Board to meet future investment plans within NHS Lanarkshire.
3. Asked to receive a further report.

Director of  
Finance

### Access to Services

#### a) Waiting Times Performance

The NHS Board considered a report on Waiting Times Performance, reflecting the position at 30<sup>th</sup> September 2006 (circulated).

The Director, Acute Services, explained that the paper was intended to inform the NHS Board of the waiting times position at 30<sup>th</sup> September 2006, compared to the planned trajectory identified in the Local Delivery Plan 2006/07. He advised that the six month guarantee for inpatients and daycases had continued to be maintained, with good progress continuing to be made to reduce the number of patients waiting over 18 weeks. Orthopaedics remained a pressure, although agreement had now been reached to increase access to the Golden Jubilee National Hospital from November 2006, and this would enable the system to meet the 18 week maximum guarantee by the end of December. Additional capacity at the Golden Jubilee National Hospital had also been secured to the end of March 2007 and this would again help the system sustain the guarantee and continue to improve the waiting time in this specialty. Permanent investment continued to be the preferred approach, and work continued to recruit staff to support the specialty across all three sites.

He advised that the Cataract Collaborative was continuing, with the redesign of services and a range of actions were being implemented to improve performance, including improved utilisation of existing resources and facilities. Access was currently available within the Golden Jubilee National Hospital and it was considered that there would be no patients waiting longer than 18 weeks at the end of the calendar year.

The Director reported that the number of outpatients waiting over 18 weeks showed a significant rise in the month. Of the number of patients waiting over 18 weeks, 25% related to dermatology. Discussions had taken place with clinical staff and options to address the capacity were being taken forward, either through internal or external waiting list initiatives. Work was also taking place around modelling capacity and demand to ensure the achievement of a sustainable solution, part of which would require that a number of patients being referred to hospitals would be vetted, screened and treated accordingly, rather than being seen by Consultant staff. Work would also continue with Primary Care colleagues to look at the rise which had occurred in referrals to this specialty.

He explained that, in addition to dermatology, work continued to review all out patient specialties and a number of actions had been put in place to agree how numbers could be reduced. Work had also commenced with Information Services to assess data quality to ensure that patients who were removed from the list were done so in timeous fashion.

The Director highlighted twelve patients in the specialty of Respiratory during September who exceeded the 26 week target, and confirmed that this was due to an administrative error. He explained that this particular specialty had capacity pressures in dealing with outpatients, and advised that plans were being implemented to address this issue and develop further capacity. Systems had now been revised and

staff had been reminded of the importance of micro-managing the waiting list to ensure that there was no repetition of this breach.

The Director reported that for inpatients/daycases Availability Status Codes the trajectory had not changed significantly during the month; however, there was a requirement to move nearer towards the target trajectory. New administrative arrangements to reflect the implementation of the National New Ways Guidance had commenced, and it was considered that there would be a reduction in numbers over the months leading to the end of the calendar year.

For cancer, the performance in relation to breast cancer had met the expected target. The figures shown for lung and colorectal were, however, below the expected position. This was due to some patients not receiving the treatment by the end of September, but where they had been referred to the hospital before 3<sup>rd</sup> July 2006. Of the 230 patients who were identified as the outstanding patients, two were colorectal and three were lung, who would receive their treatment in October. For patients who had been referred since 3<sup>rd</sup> July 2006, the performance figures for colorectal were 100% and for lung 93%, with one patient within the lung cohort who did not receive treatment within the 62 day period.

The Director explained that the results of the work reported to the Board in September to look at the patient pathway within Radiology, could now be seen, and all radiology waiting times were now meeting their trajectory or better. Progress had also been made in relation to endoscopy waiting times where increased capacity and improvements to the patient pathway had brought all examinations to their trajectory levels.

In the area of Unscheduled care, the Director reported that performance had fallen back during the month of September, following a period of constant improvement. A combination of factors had had an impact on performance, and actions had been taken, which had included the appointment of additional nursing staff, clarity of the junior doctors role, improved discharge arrangements, improved communication and outline plans to reconfigure beds to improve patient throughput. These actions were starting to impact already, and for the period to mid October 2006, performance had been maintained at 94%.

#### **THE BOARD:**

1. Noted the report on Waiting Times.
2. Asked to receive a further report.

Director  
Acute Services

#### **Treatment Appropriate to Individuals**

##### a) **Delayed Discharges**

The NHS Board considered a report on the delayed discharges position at 15<sup>th</sup> October 2006 (circulated).

The Director, Acute Services, reported that there were 74 delayed discharges at 15<sup>th</sup> October 2006, representing an increase of 9 from last month. 7 of the patients were in short stay specialties as defined by the Scottish Executive, a fall from 13 in the previous month and below the April 2007 target of 9 patients. 34 patients had been in hospital more than 6 weeks an increase from 22 patients in the previous month. The April 2007 target was 10 patients. The trend over recent months had been on average 20 patients who exceeded the 6 week period, and in the majority of instances those patients were awaiting funding for Nursing Home placement. Continuation of that trend would result in an inability to deliver the target of 10 patients in that category by 15<sup>th</sup> April 2007. It was intended to address this as part of a wider review of current initiatives funded through the delayed discharge budget in the context of best practice

and value for money. The planned review would look at each initiative funded through delayed discharge, to capture details of the services provided, the resources available and the pathway followed by the patient/client in accessing and receiving services. The intention was that the first phase of the review would be completed within 3 months, with a report to the Central Monitoring Group early in 2007. The outcome would also be shared with the Lanarkshire Partnership through existing mechanisms.

**THE BOARD:**

1. Noted the position on Delayed Discharges position at 15<sup>th</sup> October 2006.
2. Asked to receive a further report.

Director  
Acute  
Services

101. **GOVERNANCE MINUTES FOR INFORMATION**

a) Acute Operating Management Committee

The NHS Board received, for consideration, the minute of the meeting of the Acute Operating Management Committee held on 24<sup>th</sup> August 2006 (circulated).

Mr. Currie, as Chairman of the Committee, highlighted the principal issues considered by the Committee, including: the appointment of Consultants; budgetary concerns; waiting times; the policy of hiring from Eastern Europe; the pilot programme for Physicians Assistants, and a visit to the angioplasty service at Hairmyres Hospital.

b) North Lanarkshire Community Health Partnership Operating Management Committee

The NHS Board considered the minute of the meeting of the North Lanarkshire Community Health Partnership Operating Management Committee held on 9<sup>th</sup> August 2006 (circulated).

Mr. Anning, as Chairman of the Committee, highlighted the principal issues considered by the Committee. He reported that the public representative role within the CHP remained outstanding, and that the intention was to address this through a process of engagement.

c) South Lanarkshire Community Health Partnership Operating Management Committee

The NHS Board considered the minute of the meeting of the South Lanarkshire Community Health Partnership Operating Management Committee held on 4<sup>th</sup> September 2006 (circulated).

Mrs. Mahal, as Chairman of the Committee, highlighted the principal issues considered by the Committee. She reported on a very successful development event for the Acute and Community Health Partnership Teams on Performance Management held on 10<sup>th</sup> October 2006. Consideration had also been given to areas of good progress and areas which required further attention, along with the identification of priorities for the next six to twelve months.

d) Remuneration Committee

The NHS Board considered the minute of the meeting of the Remuneration Committee held on 20<sup>th</sup> September 2006.

102. **ANY OTHER COMPETENT BUSINESS**

i) European Health and Safety Awareness Week

The Employee Director advised the Board that this was European Health and Safety

Awareness Week, focussing particularly on Health and Safety and Young People. He explained that there were not significant numbers of the NHS Lanarkshire Workforce who were below the age of 21. Therefore, Health and Safety Awareness Sessions were being held in locations such as colleges, including Bell College, where a session was being held that day.

103. **DATE OF NEXT MEETING**

Wednesday 22<sup>nd</sup> November 2006 at 9.30am.

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

The NHS Board approved a Motion to move into private session for the remaining agenda item due to the 'Commercial – In Confidence' nature of the issue.

105. **NEGOTIATED SETTLEMENT: HAIRMYRES HOSPITAL**

The NHS Board considered a report on a Negotiated Settlement for Soft FMS Services at Hairmyres Hospital (circulated).

The Director, Acute Services, explained that the PFI contract at Hairmyres was a 30 year contract, which commenced in June 2001. The contract terms meant that payment was made on a monthly basis for the 30 year period to cover provision of the building and lifecycle costs, along with the provision of FM services, which were considered to be maintenance; catering; domestic; switchboard; security; laundry, etc. He advised that, within the contract, there was an arrangement that these services, excluding maintenance services, would be either benchmarked or market tested every seven years. He advised also on a mechanism within the contract where, if the FM provider's costs had arisen over 10% above inflation, they could ask for their costs to be benchmarked against other similar providers and subsequently would receive additional income or market test services. ISS Limited costs, demonstrably, had risen well above 10% since the commencement of the contract, and had therefore asked that their costs be benchmarked against other providers. It had not been possible to identify a source of suitable benchmarking and therefore ISS Limited had the opportunity to request market testing of services. The Director advised that, at this stage, it was considered that market testing presented a considerable risk for NHS Lanarkshire in relation to the possible increase in costs well above those additional costs which were being incurred by ISS Limited at that time for providing services at Hairmyres Hospital, and after discussion within the Corporate Management Team, it was agreed that a negotiation team be established to work with ISS Limited to pursue a negotiated settlement.

The Director explained that over a number of months the negotiation team had worked with ISS Limited to consider the options available, and the option that would ensure best value for money for the public sector, and provide stability and continuity at a time of considerable change in the Lanarkshire health system. In addition, advice received to date, and also experience within other PFI contracts, had suggested that prices had increased by over 40% when services had been market tested. It was therefore considered that the negotiated settlement outlined in the report to the Board provided the best way forward for NHS Lanarkshire in the provision of FM services avoiding risk and uncertainty and ensuring that the contract remained intact, with no diminution of the performance regime, along with the benefit of a contract which was inflated by the Retail Price Index minus 0.25%.

The Director emphasised that ISS Limited would have been entitled to increased income from NHS Lanarkshire in line with the contract as their costs had increased substantially and they would have received income through the benchmarking route, if a suitable provider could have been identified, or through market testing. He stressed that the negotiated settlement, therefore, provided the best way forward for provision of these services.

The Director highlighted to Board members the Unison opposition to a negotiated settlement. This was based on ideological opposition to this approach, a view that it would deny staff the opportunity to return to NHS employment, concern about staff governance issues and concern about a material increase in payments to ISS Limited without testing the market. Unison had also questioned the legality of a negotiated settlement, within the context of Law and Policy on NHS Procurement and the Management Existing Contracts. These concerns had previously been the subject of a detailed presentation by Unison to Board members.

The Employee Director tabled copies of a submission from Unison NHS Lanarkshire Branch on behalf of and supported by the Staff Side of NHS Lanarkshire Area Partnership Forum which set out the Unison (staff side) position.

The Director of Finance confirmed her support for a negotiated settlement as this would significantly reduce the additional costs to the Board. Furthermore, it would provide a platform from which to negotiate further for the larger Hairmyres site which would arise from its designation as an emergency care site under *A Picture of Health*. In an endorsement of this position, the Chief Executive reminded members that a principal benefit of the contract was the transfer of risk to the contract provider. He suggested that a potential way forward would be to ameliorate the principal Unison concerns while addressing the contract issue through a Negotiated Settlement.

Members noted the issues raised by Unison in their submission, but felt that these were capable of resolution through the contractual relationship with ISS Limited, and therefore were not material impediments to a negotiated settlement. The specific Unison concerns in the area of staff governance would be the subject of further negotiations with ISS Limited, within the context of the Staff Governance Standard which applied to directly employed staff in the NHS in Scotland. It was, however, felt that the issues raised by Unison in relation to the legal framework within which the negotiated settlement was developed, should be clarified, in order to confirm that the Board was not acting ultra vires.

**THE BOARD:**

1. Approved the recommended negotiated settlement for payment to the service provider (ISS Limited) provided through the main contractor Prospect Limited for the next nine years, subject to confirmation about the acceptability of the legal framework within which the negotiated settlement was achieved.
2. Asked that confirmation of the legal position be reported further to NHS Board members and to Unison

Director  
Acute  
Services

Director  
Acute  
Services