

Lanarkshire NHS Board

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Meeting of Lanarkshire NHS Board, Wednesday
28th March 2007, 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 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. C. Brown, Communications Manager
Mr. R.W. Shorter, Planning Manager, Primary Care (For item)
Mr K A Small, Director of Organisational Development
Dr V J Sonthalia, Chairman, Area Medical Advisory Committee
Miss M M Taylor, Consultant in Dental Public Health

APOLOGIES: Mr. D. Clark, Non Executive Director
Dr. A. Graham, Medical Director
Councillor J. McCabe, Non Executive Director
Mrs. K. Hamilton, Communications Manager
Mr P McCrossan, Chairman, Allied Health Professions Advisory Committee
Mr E J H Mallinson, Consultant in Pharmaceutical Public Health

33.

CHAIRMAN'S REPORT

The Chairman reported on the principal issues discussed at the meeting of NHS Board Chairs with the Minister for Health and Community Care on 26th March 2007 as follows:

- Out of Hours planning for Easter
- Scottish support for the UK White Paper on Regulation of the Medical Profession
- Strengthening Managed Clinical Networks
- Agenda for Change
- Wheelchair Services
- Patient Safety
- E-health
- Modernising Medical Careers

The Chief Executive spoke to the issue of Modernising Medical Careers, and emphasised the co-ordinated approach being taken in Scotland. The Director of Human Resources reported that Dr. Jane Burns was leading work on an impact assessment in NHS Lanarkshire.

The Chairman extended congratulations to the Consultant in Dental Public Health on her appointment as Chief Dental Officer for Scotland. He also extended his congratulations to the Director, Acute Services, on his appointment as Director of Strategic Implementation, Planning and Performance, and confirmed that this post would also carry the designated responsibility as Deputy Chief Executive. He advised that the post of Director for Acute Services would be advertised on 30th March 2007. He confirmed that Martin Hill, Modernisation Director, would retire from the National Health Service at the end of August 2007. He also reported that Mr. Sutherland and Mrs. Nelson had been reappointed as Non Executive Directors of the NHS Board for further four year terms from April 2007 and July 2007, respectively. He confirmed that Dr. Alison Graham had now officially joined NHS Lanarkshire as the Board's Medical Director.

34.

MINUTES

The minute of the meeting held on 28th February 2007 (circulated), was submitted for approval and signature.

THE BOARD:

1. Approved the minute for signature.

35.

A PICTURE OF HEALTH

a) **Summary Progress Report**

The NHS Board considered a Summary Progress Report on A Picture of Health Implementation (circulated).

The Modernisation Director highlighted the principal elements of the Progress Report, involving: formal approval of the Programme Initial Agreement; progress in the approval process for the Outline Business Cases for Airdrie Resource Centre and Coatbridge Health and Dental Centre (both of which, since the preparation of the Board papers, were now the subject of formal approval from SEHD); the development of a Primary Care Strategy and Impact for Patients; the Standard Business Case for Cumbernauld Community Casualty Unit; the development of Acute Services Clinical Modelling; Communications, including the placing of displays headlining the main A Picture of Health changes in Hairmyres, Monklands and Wishaw Hospitals and in Cumbernauld Health Centre and Lanark Health Centre; and Programme and Project Management appointments.

In the specific area of Risk Management the Modernisation Director explained that Offrisk Consulting had been appointed to work with the designated Lead Executive Directors in the development of a Risk Register around the ten key strategic risks previously identified. He also confirmed that W.S. Atkins had been appointed to undertake work on site requirements, including for the Mental Health Unit at Monklands Hospital. It was envisaged that specialist technical, financial and other advisers would be appointed by the end of May 2007.

THE BOARD:

1. Noted the A Picture of Health Summary Progress Report.
2. Asked to receive a further report.

Modernisation
Director

b) Cumbernauld Community Casualty Unit

The NHS Board received, for consideration, the Standard Business Case for the Cumbernauld Community Casualty Unit (circulated).

The Director of the North Lanarkshire Community Health Partnership reminded members that Ministerial Approval to proceed with A Picture of Health was predicated on a number of key service developments in advance of any changes to Acute Service provision in Lanarkshire, with one such development being the establishment of the Community Casualty Unit within the Cumbernauld locality. He explained that the Standard Business Case before the Board set out: the proposed models; the transitional management plans; car parking and travel plans, and the preferred option to deliver the facility, together with the intended capital and revenue consequences.

He stressed that the Standard Business Case had been developed through a Multidisciplinary Project Team with service user representation, and had been reviewed and approved through the Acute Division Management Team and the Primary Care Service and Property Strategy Group. He confirmed that the proposals had also been shared in draft with colleagues within the Planning Department of North Lanarkshire Council, to ensure potential concerns about the development could be raised and addressed at the earliest opportunity. He advised that the Planning Application had been recorded by North Lanarkshire Council on 16th March, and should the Board approve the Standard Business Case, it was anticipated that the Planning Department would conclude its considerations of the application by 2nd April 2007, provided that there were no formal objections raised.

He advised that the Board was asked to approve the Standard Business Case, and to invite the Project Team to deliver the scheme in accordance with the timetable set out within the Business Case. He stressed that the Project Team would cover two distinct elements, viz: construction of the facility led by the Property and Support Services Division; and Service Model Delivery, led through David Hume, covering: Development of Clinical Protocols and Operating Procedures; a Recruitment Strategy; a Training and Development Plan; A Communication Strategy; A Travel Plan and I M & T developments. Progress against the key milestones would be reported to the NHS Lanarkshire Capital Investment Group and the NHS Board would be kept advised of progress also.

The Director explained that the costs of the development would involve Capital of £1,233,045 recurring revenue of £353,750 and non recurring revenue in 2007/08 of £79,375.

The Chief Executive assured the Board that a running total of the revenue consequences of capital developments would be strictly maintained during the A Picture of Health Investment Programme. He confirmed that for developments such as the Cumbernauld Community Casualty Unit and the Lanark Community Casualty

Unit, there were start-up costs, but not double running costs, given that the transition would be from three Accident and Emergency Departments to two Accident and Emergency Departments and five Community Casualty Units.

In response to a question from the Chairman of the Area Medical Advisory Committee, the Director of the North Lanarkshire Community Health Partnership confirmed that discussions on transport had been held with the Scottish Ambulance Service. He emphasised that the key focus was local access, and that where there was a requirement for ambulance transport, this would likely be to an Accident and Emergency Department.

THE BOARD:

1. Approved the Standard Business Case for the Cumbernauld Community Casualty Unit, including the Capital, Recurring Revenue and Non Recurring Revenue Costs.

c) Primary Care Strategy

The NHS Board received a presentation on the emerging Primary Care Strategy.

The Director of the South Lanarkshire Community Health Partnership explained that the starting point for the Strategy was an assessment of the extent of the development of Primary Care in Lanarkshire, the new Primary Care contracts, including the Quality and Outcomes Framework which was delivering quality and management of chronic disease and the key roles of Pharmacists and Optometrists, both of which professions were subject to new contracts also. He reminded members that the drivers for change included: the Ministerial requirements arising from approval of A Picture of Health; the expectations of a workload shift from hospitals; major changes to population demography, patient expectations and disease profiles; the use of new contracts to improve services; and Delivering for Health. He emphasised that a key element in the development of the Strategy would be clarity about what needed to be delivered, by whom, and at what cost and within what Strategic context. He explained that the context by which stakeholders would judge success, would include: improved patient self care/management; improved access; improved privately owned buildings; contribution to the solution for Accident and Emergency targets and emergency admissions; contribution to the Joint Futures Agenda; the development of genuinely integrated care pathways; and the availability of exemplary information for clinical decision making. The context for judgement of success by SEHD and NHS Lanarkshire would, however, encompass integrated health and social care; reduction in the health inequalities gap; reduced hospital admissions and enhanced community rehabilitation; reduced waiting times for elective and emergency care; sustainability and delivery of the Long Term Conditions Strategy.

The Director explained that embarking on the development of the Strategy had included: exhaustive testing of the aspirations and defining how they would be achieved, over what timescale and using which models of care; and describing the cornerstones of care viz: unscheduled care (outside of hospital); care for people with long term conditions; extended Primary Care and health improvement. He explained that this work had identified a range of key emergent themes for unscheduled care, long term conditions, extended Primary Care, premises, e-health and workforce, all of which were reflected in the developing Strategy. He explained that the key impacts on the patient, would involve: streamlined access to unscheduled care, with multiple rapid locally available options; better ways of managing their conditions and reducing reliance on doctors and hospitals; One Stop Shops for many public services; fast access to diagnostics and the availability of the results locally; and maintenance of care at home. He confirmed that the further stages in the development of the Strategy, would involve: further refinement of the outcomes and critical success factors; production of a high level financial model; and continued refinement of the clinical models across the patient journey with secondary care.

In discussion, the need was recognised for further dialogue with other professions, in order to maximise the opportunities presented by the new pharmacy and optometry contracts. The Chair of the Area Clinical Forum welcomed the challenges and opportunities which the Strategy presented for substantial development of Primary Care Services, incorporating all professions. She acknowledged that there would be issues of cultural change to address around patient self management and ownership of their health and healthcare, which would also require changes in the way in which practitioners traditionally functioned.

The Director of Finance stressed the importance of the development of the Strategy for the Business Case process, and the associated need to clearly articulate the benefits.

THE BOARD:

1. Noted the Progress Report on the emerging Primary Care Strategy.
2. Agreed to receive the final Strategy for consideration at a future meeting.

Director
South
Lanarkshire CHP

36.

EVIDENCE BASE FOR LIFESTYLE INTERVENTIONS FOR HEALTH IMPROVEMENT 2006

The NHS Board considered a Consultation Report on the Evidence Base for Lifestyle Interventions for Health Improvement 2006 (circulated).

The Director of Public Health outlined the consultees to whom the Evidence Base had been issued, including the Chief Executive of the NHS in Scotland, the Chief Medical Officer, the Director of Health Improvement at SEHD, amongst other senior officials within the Scottish Executive Health Department, to whom the document had been sent for information. She advised that ten completed questionnaires had been returned, including from: South Lanarkshire Council Social Work Resources; North Lanarkshire Council Social Work; North Lanarkshire Police Division; the North Lanarkshire Area of Strathclyde Fire and Rescue; East Mains Community Council; Biggar Community Council; and the lead clinician for the Diabetes Managed Clinical Network. She confirmed that all respondents who had returned a completed questionnaire had rated the Evidence Base document and the individual chapters highly, and had confirmed their strong report for the direction set out. Respondents had identified what they regarded as priority lifestyle intervention areas, and this information would be helpful in moving the Evidence Base to the next stage. In addition, strong support for the direction set out within the Evidence Base had been confirmed by the Area Clinical Forum and the Board's principal Professional Advisory Committees.

The Director of Public Health explained that the focus on implementation of the Evidence Base would be at a locality level within the North and South Lanarkshire Community Health Partnerships. This would be reflected in the element of the Corporate Objectives for 2007/08, dealing with: *To Improve Life Expectancy and Healthy Life Expectancy for the People of Lanarkshire through Health Improvement /Health Protection.*

The Director of Public Health advised, also, that the Evidence Base document would feature largely within the upcoming South Lanarkshire Council Health Improvement Planning event, which would involve in excess of 100 delegates.

THE BOARD:

1. Noted the Consultation Report on the Evidence Base, and agreed the next steps, through implementation at a locality level within the North and South Lanarkshire Community Health Partnerships.

37.

CARERS INFORMATION STRATEGY

The NHS Board considered a consultation report on the Carers Information Strategy 2007-2010 (circulated).

The Planning Manager, Primary Care, explained that following a three month period of widespread consultation, the draft strategy had been amended to take account of comments and suggestions, and the final Strategy was presented for the Board's approval. He explained that, arising from consultation, there was broad agreement on the strategic direction, and a welcome for the increased level of investment in carers issues, although there remained some points of detail relating to the implementation of the Strategy proposals, which it was proposed would be addressed through the development of an Action Plan recognising differences of approach in North and South Lanarkshire.

He advised that following endorsement of the Strategy by the Board as the Lead Agency, and subsequently by North and South Lanarkshire Councils and the two representative carers organisations, the Action Plan would be developed in partnership with carers, represented through North Lanarkshire Carers Together and South Lanarkshire Carers Network, and with the North and South Lanarkshire Strategy Groups. This process would commence with a workshop launch of the Strategy, to which all stakeholders would be invited, and which would reflect on examples of good practice issued by the Scottish Executive Health Department in December 2006. He stressed that within NHS Lanarkshire, a Lead Manager for implementation of the Strategy had been identified in each of the Community Health Partnerships and in the Acute Division, to take forward Carers issues in partnership with key stakeholders. He stressed, also, that future reviews of the Strategy and its implementation would be undertaken through the North Lanarkshire and South Lanarkshire Carer Strategy Groups, which reported to their respective Health and Care Partnerships. He confirmed that a full Equality and Diversity Impact Assessment would be undertaken alongside development of the Action Plan.

The Planning Manager reported that within the last few days, further detailed comment on the Draft Strategy had been received from SEHD. He advised that a number of the issues were addressed within the revised Strategy, and confirmed that any remaining issues would be addressed in moving forward with the next steps. This position would be confirmed to SEHD by the Departmental deadline of 31st October 2007.

THE BOARD:

1. Noted the Consultation Report on the Carers Information Strategy.
2. Approved the revised Strategy and the next steps in its implementation, including the development of a detailed Action Plan to implement the Strategy within the cost identified in the Board's Financial Plan.

38.

PRIMARY CARE OUT OF HOURS SERVICES

The NHS Board considered a report on Primary Care Out of Hours Service key performance indicators and preparations for Easter. (circulated).

The Director of the South Lanarkshire Community Health Partnership outlined the performance of the Out of Hours Service during January and February 2007, recognising the extreme pressures which the Service was under during January, due to high levels of respiratory and flu like illness in the community. He outlined the preparations for Easter, which were at an advanced stage, in relation to: the main centres at Monklands, Wishaw and Hairmyres Hospitals; Cumbernauld and Lanark; the availability of additional cars and General Practitioners; and additional nursing resources to see, treat and discharge patients presenting with minor ailments and

illnesses. He emphasised that planning for Easter took full account of lessons learned from experience over the festive season, and confirmed that there was in place a senior manager rota to provide support over the period. It was confirmed, also, that the immediate run up to Easter would see major media campaigns about access to primary care services over the Easter holiday.

The Chief Executive explained that Christmas and New Year 2007/08 would involve an extended five day period for Primary Care Services, and confirmed that, already, consideration was being given to managing activity over that period, including through operating walk-in arrangements in strategic locations.

THE BOARD:

1. Noted the report on Primary Care Out of Hours Services key performance indicators and preparations for Easter.
2. Asked to receive a further report.

Director
South
Lanarkshire
CHP

39.

EMERGENCY DENTAL SERVICE

The NHS Board considered a report on the Out of Hours Emergency Dental Service (circulated).

The Consultant in Dental Public Health outlined the background and the policy context to the setting up of the Out of Hours Emergency Dental Service, which had been operational since March 2006. This recognised that a single integrated system, providing a service for participating General Dental Practitioners patients, as well as those of the Community Dental Service and unregistered people would be the best model. She outlined the three fundamental constituents of the system, viz: a triage service operated by NHS 24 but employing dental nurses at peak times; a weekend and public holiday service, to which patients could be referred by NHS 24; and a weekday service, provided by a rota of local Practitioners. She reported on: the number of calls triaged per week and the percentage of calls taken at weekends; clinic attendance by patient residence and clinic attendance by age; treatment categories; and registered vs unregistered patients.

She explained that the service, staffed by Local Dental Practitioners and Dental Nurses, had been successfully introduced and had provided a comprehensive service for the people of Lanarkshire. She advised that the way forward, potentially, could involve: triage for Ayrshire and Arran and Dumfries and Galloway; an increase in the number of dentists on the rota; an increase in overnight triage; and telemedicine.

The Chairman expressed his appreciation to the Consultant in Dental Public Health, and to the Dental Practice Adviser and the Director of the salaried Community Dental Service, for their contribution to the successful establishment and operation of the Service to date.

THE BOARD:

1. Noted the report on the Lanarkshire Integrated Out of Hours Emergency Dental Service.

40.

ANNUAL REVIEW 2006/07

The Modernisation Director explained that the report before the Board was intended to update members on the progress of the actions arising from the Deputy Minister's Annual Review carried out on 1st August 2006. He also advised that the Minister's 2007 Annual Review of NHS Lanarkshire would take place on Monday 6th August

2007 within the South Lanarkshire Council Headquarters, Hamilton. Scottish Executive Guidance on the Annual Review meeting and preparations was expected to issue in April, whereupon detailed planning would be taken forward with the full involvement of the Chairman, the Chief Executive and the Corporate Management Team. A further, more detailed report on the proposed arrangements, agenda and submissions would be brought to future meetings of the NHS Board.

In discussion, the Annual Review action involving continuing to work with planning partners to strengthen transport linkages and access to health care facilities across Lanarkshire, was highlighted. The Modernisation Director explained that Consultants had been commissioned to undertake further, detailed transport impact assessments around Monklands, Hairmyres and Wishaw General Hospitals and the main Primary Care sites. Further work would also be undertaken in relation to visitor access, particularly during evenings and weekends.

THE BOARD:

1. Noted the Progress Report on actions arising from the 2006 Annual Review and the arrangements for the 2007 Annual Review on 6th August 2007.
2. Asked to receive further reports.

Modernisation
Director

41. **LOCAL DELIVERY PLAN**

a) **Local Delivery Plan 2007-2008**

The NHS Board considered the Local Delivery Plans 2007/08 (circulated).

The Modernisation Director explained that Scottish Executive Guidance on completion of the 2007/08 Local Delivery Plan requested that plans be prepared and submitted in the required format by 16th February 2007. He reminded members that NHS Lanarkshire's draft plan was considered at the Board meeting on 24th January 2007, and in more detail at the Performance Management Group meeting on 25th January 2007. Subsequently, the draft plan was lodged with the Scottish Executive Health Department by the due date. Since that time, queries and requests for more information had been received from policy leads at the Scottish Executive Health Department, and all requests had been responded to. These were reflected in the final version of the Local Delivery Plan before the Board, which was now with the Scottish Executive Health Department for final sign-off.

The Director of Finance highlighted the Local Delivery Plan requirement to also submit a Capital Plan to the Department. Development of the Capital Plan was currently in hand, reflecting the A Picture of Health Capital Investment, and would be submitted to a future meeting of the NHS Board.

THE BOARD:

1. Approved the final version of the Local Delivery Plan 2007/08.
2. Agreed to consider the Capital Plan at a future meeting.

Director of
Finance

b) **Finance**

The NHS Board considered a Finance Report for the month ended 28th February 2007 (circulated).

The Director of Finance reported that the financial position to the end of February showed an underspend of £2.209m, compared with an underspend of £2.038m at the end of January. She highlighted, as the most significant issue to note in relation to the year end forecast, the impact of 'booking' Law Hospital sale. This had become

possible, because 'virtual certainty', had now been reached, with the achievement of detailed planning consent on 27th February 2007 and the removal of objections from SEPA and Scottish National Heritage. This allowed the receipt to be recorded as revenue income. She advised that the net value of the receipt was anticipated at £17.7m, and with a net book value of £5m, this would translate into a revenue benefit in the region of £11m to £12.7m, subject to confirmation of some costs. She advised that the impact of the Law Hospital sale would allow NHS Lanarkshire to clear the brought forward deficit in totality and, subject to formal approval by the Scottish Executive Health Department, to carry forward a surplus into 2007/08. She confirmed that the current forecast year-end surplus was in line with that highlighted in the previous month's report, viz: within the range £5.5m to £7.7m.

The Director of Finance also highlighted: the revenue resources position: performance in acute, primary care and headquarters/area wide departments; Service Agreements - other Health Care providers; and Capital. In relation to Capital, she advised that capital expenditure of £8.043m had been incurred against the net allocation of £21.927m, with a year end underspend forecast at £19.348m. Whilst the Scottish Executive Health Department had confirmed a capital carry forward of £12.554m to 2007/08, based on the forecast position as at January 2007, it was essential, given the extensive and complex capital investment programme over the coming years, that the full carry forward of circa £19m was agreed by SEHD, and a formal request in this regard would be made to the Department.

The Chief Executive acknowledged the extent of the partnership effort with the South Lanarkshire Council Planning Department in securing the necessary detailed planning consents to enable the Law sale to progress to the point where it could be 'booked' in 2006/07.

The Chairman expressed appreciation to the Director of Finance and her staff, and indeed all NHS Lanarkshire staff, for their contribution to the delivery of the financial performance and position reported to the Board.

THE BOARD:

1. Noted the year to date underspend of £2.209m.
2. Noted that the sale of the Law Hospital site would be 'booked' as at 27th February 2007.
3. Noted the forecast year end revenue surplus of £5.5m to £7.7m.
4. Noted the forecast year end capital underspend of £19.348m.
5. Asked to receive a further report.

Director of
Finance

c) Financial Plan 2007/08 to 2011/2012

The NHS Board considered an overview of the Financial Plan 2007/08 to 2011/12 (circulated).

The Director of Finance explained that the report was intended to provide the NHS Board with an overview of the Financial Plan for the five year period 2007/08 to 2011/2012. She stressed that the plan was predicated upon a number of assumptions, particularly in relation to the resource uplift from 2008/09 onwards. She advised that formal notification of the Revenue Resource Limit for 2007/08 was issued by the Scottish Executive Health Department on 1st February 2007. This confirmed an uplift of 6%, with a further 0.71% in recognition of the move forward to Arbutnott parity. These uplifts equated to £46.2m in total, bringing the NHS Lanarkshire total general allocation to £735m for the forthcoming financial year, excluding funding for primary medical services, which would be confirmed by SEHD at a later date.

The Director of Finance referred members to the summary of the overall plan for the five year period, which highlighted the brought forward deficit, the breakdown of the additional sources of funding, planned utilisation of funding, and the Cash Releasing

Efficiency Savings target for each year. She asked the NHS Board to note that the indicative financial position 2007/08 was positive, with reasonable certainty that financial balance could be achieved in year. Importantly, the contribution from uncommitted reserves and Arbuthnott gain enabled the Board to return to recurring balance, and this was clearly extremely positive as the Board embarked on a period of significant strategic change at a time when the financial outlook was less positive. Accordingly, a recurring CRES target had been set for 2007/08, to ensure that the Board established a level of reserve to support the initial commitment from A Picture of Health.

The Director of Finance cautioned, however, that based on the current planning assumptions, the position was less positive from 2008/09, when the annual uplift from SEHD was likely to reduce from 6% per annum to 4%. Initial assumptions had been made in respect of additional funding for the move towards Arbuthnott parity, but this needed further testing and was linked to changes to the Arbuthnott Formula and for other Health Board areas. She highlighted the key assumptions/risks around this, in relation to: national tariffs; resources; prescribing/new drugs; waiting times; Arbuthnott; pay uplifts (including Agenda for Change and other associated pay issues); the new Children's Hospital; A Picture of Health; and CRES. She stressed the essential requirement that the planned surplus in 2007/08, both in-year and on a recurring basis, was achieved, to secure longer term financial sustainability.

The Director of Finance outlined the key planning assumptions for 2007/08, in relation to: SEHD uplift; pay issues; non-pay uplifts; drugs; local investment; A Picture of Health; and National and Regional priorities. She also highlighted the position in relation to delivery of a CRES target across the organisation, and the contribution to the Efficient Government Cash Releasing Targets.

In relation to the Financial Plan 2007/08 to 2011/12, the Director of Finance stressed that the long term affordability of the overall plan, and thus the A Picture of Health investments, was critically linked to the level of uplift, including Arbuthnott, the margin between this and the agreed pay awards and the level of recurring savings which could be released each year.

In discussion, the Risk Assessment in relation to the Financial Plan was noted. There was recognition, also, of the need to achieve further cash releasing efficiency savings without compromise to the quality of care.

THE BOARD

1. Noted the financial pressures facing NHS Lanarkshire during 2007/08 and beyond.
2. Noted the anticipated funding levels and planned utilisation of these resources during the five year period 2007/08 to 2011/12.
3. Noted the CRES targets required to achieve a balanced financial position over the five year plan.
4. Noted the assumptions and risks highlighted.
5. Approved the financial plan for formal submission to the Scottish Executive Health Department by 31st March 2007, which would be subject to future revisions to reflect clarity on planning assumptions and the ongoing management of the risks highlighted.

d) Waiting Times

The NHS Board considered a report on Waiting Times Performance (circulated).

The Director, Acute Services, explained that the six month guarantee for inpatients and daycases had been maintained, with no patients waiting over 18 weeks at the end of February 2007, representing continued delivery of a Ministerial Waiting Time Guarantee twelve months in advance of the guarantee date of 31st December 2007.

He confirmed that work was in progress across all specialties to confirm the capacity required through permanent investment to sustain the waiting time guarantee during 2007.

In relation to outpatients, he explained that the number waiting over 18 weeks had increased to 2546 during February 2007. He stressed that the reasons for the fluctuations had been identified, and that Action Plans to address those were currently being compiled. He confirmed that there had been a further reduction in the number of inpatients and daycases with an Availability Status Code, reflecting more robust management of the ASC list linked to implementation of the New Ways Guidance.

In relation to Cancer, he confirmed that performance in breast cancer had met the expected targets. Compliance for colorectal and lung cancers was 90% and 73% respectively, reflecting the fact that one colorectal patient and six lung patients had not received their first treatment within the guaranteed period of 62 days from GP referral.

The Director explained that the Action Plans for endoscopy and radiology were being implemented as reflected in the reduced maximum waits, in line with the trajectory, and he confirmed that the short term initiatives in endoscopy and radiology would shortly be replaced by permanent capacity to deliver and sustain the nine week maximum wait by March 2007. He highlighted the unscheduled care performance of 90% for February 2007, which was below the trajectory, reflecting considerable pressure on the system that currently was being worked through. He outlined the range of actions that were planned towards the better management of emergency activity, especially at Wishaw General Hospital.

THE BOARD:

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

Director
Acute
Services

e) **Delayed Discharges**

The NHS Board considered a report on Delayed Discharges (circulated).

The Director, Acute Services, explained that at present there were seven patients in short stay beds (against the target of ten), with eight patients waiting over six weeks (similarly, against a target of ten). He confirmed that there were a further thirty nine patients (of which seven were in short stay beds), who were in the health system but were currently waiting under six weeks. He advised that the opportunity had been taken to project forward to 15th April 2007 and, following analysis of all patients currently in the system, the expectation was that the Lanarkshire Partnership would deliver the delayed discharge target by 15th April 2007. He confirmed progress in the arrangements for a multi-agency review of delayed discharges, and advised that the Lanarkshire Partnership was seeking a meeting with the Scottish Executive to discuss the targets proposed for 2007/08, viz: that there should be no delayed discharges in short-stay beds and no delayed discharges over six weeks by 15th April 2008.

THE BOARD:

1. Noted the report on Delayed Discharges.
2. Asked to receive a further report.

Director
Acute
Services

42. **GOVERNANCE COMMITTEE MINUTES**

a) **Audit Committee**

The NHS Board received and noted the minute of the meeting of the Audit Committee

held on 14th March 2007 (circulated).

Mr. Sutherland, Committee Chairman, highlighted from the minute the material discussions with the Internal and External Auditors, particularly in relation to Finance and the 'booking' of the Law sale.

b) Acute Operating Management Committee

The NHS Board received and noted the minute of the meeting of the Acute Operating Management Committee held on 22nd February 2007 (circulated).

Mr. Currie, Committee Chairman, highlighted from the minute the detailed consideration given to the range of key performance indicators. He highlighted, also, the reported continuing progress in consulting recruitment, the presentation on the Planned Care Collaborative and the update on Agenda for Change.

c) North Lanarkshire Community Health Partnership Operating Management Committee

The NHS Board received and noted the minute of the meeting of the North Lanarkshire Community Health Partnership Operating Management Committee held on 7th February 2007.

43. **DATE OF NEXT MEETING**

Wednesday 25th April 2007.

44. **MOTION TO EXCLUDE THE PUBLIC AND THE PRESS**

The NHS Board approved a motion to exclude the public and the press for consideration of the remaining business, due to the 'Commercial-In Confidence' nature of the matters.

45. **PHARMACY PRACTICES COMMITTEE: 19TH JANUARY 2007**

The NHS Board received and noted the minute of the meeting of the Pharmacy Practices Committee held on 19th January 2007 to consider a pharmacy application in Coalburn (circulated).

Mr. Sutherland, Committee Chairman, outlined the reasons for which the Committee had met and its principal decisions.

46. **PHARMACY PRACTICES COMMITTEE: 19TH JANUARY 2007**

The NHS Board received and noted the minute of the meeting of the Pharmacy Practices Committee held on 19th January 2007 to consider a pharmacy application in Motherwell. (circulated).

Mr. Sutherland, Committee Chairman, outlined the reasons for which the Committee had met and its principal decisions.

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