

Lanarkshire NHS Board

14 Beckford Street
Hamilton ML3 0TA
Telephone 01698 281313
Fax 01698 423134
www.nhslanarkshire.co.uk



Meeting of Lanarkshire NHS Board, Wednesday
25th July 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 D Clark, Non Executive Director
Mr T Currie, Non Executive Director
Mr T Davison, Chief Executive
Dr A Graham, Medical Director
Mr M F Hill Modernisation Director
Mrs R Lyness, Director, Acute Services
Councillor E McAvoy, Non Executive Director
Councillor J McCabe, Non Executive Director
Mrs N Mahal, Non Executive Director
Dr D C Moir, OBE, Director of Public Health
Mrs M Nelson, Non Executive Director
Mr I A Ross, Director of Strategic Implementation, Planning and Performance
Mrs S Smith, Non Executive Director
Mr W Sutherland, Non Executive Director
Mr H Sweeney, Employee Director
Mr P Wilson, OBE, Director for Allied Health Professions, Nursing and Midwifery

IN ATTENDANCE Mr N J Agnew, Corporate Affairs Manager/ Board Secretary
Mr C Brown, Communications Manager
Mr C Cunningham, Locality General Manager
Mr P McCrossan, Chairman, Area Allied Health Professions Advisory Committee
Mrs L Paterson, Engagement Director, Pricewaterhouse Coopers
Mrs C Potter, Deputy Director of Finance
Mr K A Small, Director of Organisational Development
Mr M White, Engagement Manager, Pricewaterhouse Coopers

APOLOGIES: Mrs S Goldsmith, Director of Finance
Mr A Lawrie, Director, South Lanarkshire Community Health Partnership
Mrs D McCormick, Non Executive Director
Mr C Sloey, Director, North Lanarkshire Community Health Partnership
Mr G Walker, Director of Human Resources
Mrs K Hamilton, Communications Manager
Mr E J H Mallinson, Consultant in Pharmaceutical Public Health
Dr V J Sonthalia, Chairman, Area Medical Advisory Committee

94.

WELCOME

The Chairman welcomed members to the meeting. He extended a particular welcome to Rosemary Lyness who was attending her first formal meeting of the NHS Board since taking up post as Director of Acute Services. He also welcomed Lindsey Paterson and Mark White of Pricewaterhouse Coopers, who were in attendance for the Board's consideration of the External Audit Report on the Annual Accounts 2006/07.

95.

CHAIRMAN'S REPORT

The Chairman reported on the principal issues considered at the meeting of the Cabinet Secretary with NHS Chairs on 23rd July 2007, which had included:

- Recognition of the NHS staff role in relation to the terrorist incident at Glasgow Airport on 30th June 2007 and the UK Review of vetting arrangements for the recruitment of staff.
- The report, to be issued imminently, on the revised resource allocation and the Arbutnott Formula.
- The commencement of consultation in August 2007 on preparations for a major statement on an Action Plan for Health, to include: a maximum 18 week waiting time for the whole patient journey from December 2011; patient safety; health care associated infections; productivity in relation to new contracts; IT systems; health improvement, with a particular emphasis on partnership with Local Authorities; and consultation in relation to achieving manifesto commitments, particularly around the introduction of health checks for individuals over 40 years of age and direct elections to Health Boards.
- The setting up of a Ministerial Task Force chaired by Shona Robison, with Health Board representation to consider the response to health inequalities and the impact of deprivation.
- Organ donation
- An update on Modernising Medical Careers
- Staff absence
- Pay issues
- The forthcoming publication of a consultation paper on Independent Scrutiny Panels.
- Mental Health

The Chairman also confirmed that the Board's Annual Review, originally scheduled for 6th August 2007, would now be held on 19th November 2007.

The Chairman confirmed that the Cabinet Secretary would, that day, issue a statement confirming the appointment of Andrew Walker, Senior Lecturer in the Department of Bio- statistics at Glasgow University, as Chairman of the Independent Scrutiny Panel appointed to evaluate submissions from NHS Lanarkshire and NHS Ayrshire and Arran in relation to the review of Accident and Emergency Services. The other membership of the Panel remained to be confirmed, but would include: a Clinician appointed by the Royal Colleges; an Accountant or Financier appointed by the Chartered Institute for Public Finance and Accountancy (CIPFA), and a consumer representative appointed jointly by the Scottish Health Council and Scottish Consumer Council.

96.

MINUTES

The minute of the meeting held on 27th June 2007 was submitted for approval and signature.

THE BOARD:

1. Approved the minute for signature.

EXTERNAL AUDIT REPORT

The NHS Board considered a report from Price Waterhouse Coopers on the Annual Accounts 2006/07.

The Deputy Director of Finance reminded members that at its meeting on 27th June 2007, the Annual Accounts had been presented to and endorsed by the NHS Board, following their approval earlier that day by the Audit Committee. When the Board had considered the Annual Accounts, it had received the External Audit Report in draft, and had agreed to give further, detailed consideration to the report at its meeting in July. The Deputy Director of Finance confirmed that, in the interim, meetings between Finance Department representatives and Pricewaterhouse Coopers had been held to agree on a set of management actions, which were now reflected in the report before the Board.

The Engagement Director from PwC explained that the audience for the Report was not only the NHS Board, but also the Auditor General, who would use the report findings to inform the production of his summary report for the NHS in Scotland. She referred members to the Executive Summary of the Report which confirmed that both the Opinion on the true and fair view on the financial statements and the Regularity Opinion were unqualified. She also highlighted the Board's satisfactory performance against its three financial targets viz: that the net resource limit should not exceed the revenue resource limit; the capital resource limit; and the cash requirement target. She highlighted the position in relation to the underlying recurring deficit and the accumulated or historic, deficit carried forward into 2006/07 and confirmed that the Board had been successful in delivery the two clear financial objectives within the Financial Plan for 2006/07 viz: to clear the accumulated brought forward deficit and to achieve in- year operating balance.

The Engagement Director also highlighted the key issues in relation to: the Audit process and accounting issues; systems of Internal Control; Governance Arrangements; prevention and detection of fraud and irregularities; performance – waiting times; service sustainability and modernisation; and Audit Scotland performance work. She highlighted, amongst Other Business Matters, the work undertaken by Pricewaterhouse Coopers on behalf of Audit Scotland to review issues outlined by Elaine Smith, MSP in correspondence of August 2006 to the Auditor General.

In response to issues raised in discussion, the Engagement Director undertook to reflect further on the references within the Report, in relation to: unadjusted differences/ accruals, having regard to compliance with accounting standards, and the work undertaken by the National Support Team with NHS Lanarkshire in relation to cancer waiting times.

The Chairman expressed his appreciation to Pricewaterhouse Coopers for presenting the Annual Report, and for their work with Board staff in its preparation.

THE BOARD:

1. Noted the External Audit Annual Report 2006/07 and approved the actions proposed.
2. Remitted the further consideration of the Annual Report and actions to the Audit Committee at its meeting on 11th September 2007.

Director of
Finance

A PICTURE OF HEALTH

The NHS Board considered a report on A Picture of Health.

The Director for Strategic Implementation, Planning and Performance explained that the paper was provided to inform members about progress in respect of the Review of Accident and Emergency Services, and work that was continuing in relation to the other aspects of A Picture of Health. He explained that work had commenced with a core clinical group, led by the Medical Director, to scope the potential scenarios which could be implemented in providing Accident and Emergency Services across three hospital sites. Subsequently, the product of this work was further assessed and debated at a workshop attended by a wide multi-professional group of employees of NHS Lanarkshire, NHS Ayrshire and Arran and the Ambulance Service. When the Accident and Emergency scenarios had been developed further and agreed they would be assessed against the criteria specified by the Cabinet Secretary viz: high quality; safe and sound; sustainable; patient-centred; value for money; and consistent with National Policy. The requirements of each scenario would be analysed in terms of workload and costs and the risks in implementation of each scenario would be identified. Currently, it was not the intention that any preferred option would be identified when the submission was made to the Independent Scrutiny Panel. The Director advised that engagement with the wider clinical community would develop each of the scenarios to ensure that at the time of submission to the Independent Scrutiny Panel each scenario would include a full description of how it was intended to provide services.

He advised that a Project Group had been established to drive the process and ensure compliance with the timescale set by the Cabinet Secretary, which would see the NHS Lanarkshire submission presented to the September Board meeting. As the Project Group took forward its remit, it would report on progress to the Corporate Management Team. The group would not only rely on internal support, but also would link through individual members of the Group to other external organisations, including: the Scottish Executive; NHS Ayrshire and Arran; the Scottish Ambulance Service; NHS Forth Valley; NHS Greater Glasgow and Clyde and the Board's Technical Advisors, Currie and Brown Limited.

He explained that the work of the group would involve completing an analysis for the scenarios which would be developed, and would cover: Workforce; Value for Money; Impact on other Picture of Health Investments; Capital and Logistical implications; implications for the Scottish Ambulance Service; Cross Boundary Flow; and Full Cost Analysis. NHS Lanarkshire, along with NHS Ayrshire and Arran, would utilise the services of a Health Economist, whose remit would include taking forward a critique of the scenarios identified and the associated evidence for their function, conducting a primary analysis around the population data and work identifying further data and evidence sources. The Director advised that the proposed process methodology and timeframe for completion, which both NHS Lanarkshire and NHS Ayrshire and Arran were following, had been made explicit to the Scottish Executive, from whom a formal response was awaited.

The Director advised that informal discussions had been held with Pricewaterhouse Coopers, the Board's External Auditors, regarding the review of Accident and Emergency Services and PwC had reacted favourably to the information provided to them regarding the methodology adopted. PwC would work with the Board to provide project assurance, reviewing the work and key milestones, and formally reporting to the Project Group on completion of the Review. The PwC report would also be made available to the Independent Scrutiny Panel.

The Director expressed the importance of engagement and communication. He confirmed the intention that there would be wide engagement with staff and clinical specialty groups throughout the Review, which would involve describing the possible scenarios and initiating discussion on the proposals, with these engagement events

also helping to refine the scenarios and identify actions to be taken in implementing them. These events would include representation both from Acute and Primary Care clinical staff, the professional Advisory Groups of the Board and Medical Staff Associations. The Director reminded members that the responsibility for public engagement would lie with the Independent Scrutiny Panel. It was, however, intended to have engagement with the North and South Public Partnership Fora, as established Forums for consumer engagement.

The Director acknowledged the importance of ensuring that in the period leading to the consideration of the scenarios by the NHS Board at its meeting in September, it would be vital for Board members to be fully conversant with the progress of the Review and the emerging scenarios, and for Board Members to have an opportunity to contribute to the development of the submission to the Independent Scrutiny Panel. It was intended, therefore, that Seminars for the Board would be held on the morning of Friday 17th August 2007 and on the afternoon of Monday 17th September 2007.

He confirmed that work continued on a number of other aspects of A Picture of Health. He reminded members of the previous intimation to the Board that the precise impact of the Review of Accident and Emergency Services on individual projects would differ according to the possible Accident and Emergency models which would be implemented at Monklands Hospital. He stressed, however, that planning work continued across all projects previously identified as part of A Picture of Health, and stressed that the Board would be advised when any project had reached a stage where a financial or contractual requirement to be met which may not proceed due to the timing of the Accident and Emergency Services Review. He advised that during the past month there had been established 22 specialty clinical groups co-chaired by a Lead Primary Care Clinician and a Lead Acute Care Clinician. These groups would ensure that planned service changes would be based on a single Lanarkshire Model of Care which would not only provide the most effective services, but which would also ensure an improved patient journey. To support this aim, the Groups had been established with the involvement of a number of clinical and support staff, and a clear work programme.

In discussion, the Director for Strategic Implementation, Planning and Performance explained that the criteria against which the alternative scenarios would be assessed had been drawn from the statement by the Cabinet Secretary to Parliament on 6th June 2007 and from her subsequent letter to the Board Chairman requesting a review of Accident and Emergency Services. He advised that the criteria had also been informed by work undertaken by NHS Lanarkshire, in concert with NHS Ayrshire an Arran and SEHD, and explained that the criteria definitions may develop further during the Review period. He acknowledged the importance of public opinion, and whilst the responsibility for public engagement would lie with the Independent Scrutiny Panel, he highlighted the importance of drawing on the substantial work in this area which had previously been undertaken as part of the consultation on A Picture of Health.

It was suggested, also, that there would be merit in aligning the criteria against which the scenarios would be assessed by the Independent Scrutiny Panel with the areas in which the Project Group would complete an analysis of the scenarios. The Director for Strategic Implementation, Planning and Performance confirmed that the work of the Project Group would also include re-visiting the issues of Deprivation and Transport which had featured prominently during the consultation on A Picture of Health. He also advised that it was the intention to make the original working papers on A Picture of Health available to the Independent Scrutiny Panel, with the aim of assisting the Panel in setting its work in context.

The Chief Executive explained that further clarity was required from the Executive on the extent to which the NHS Board would be expected to decide on a preferred position in relation to the alternative scenarios for Accident and Emergency Services. Further clarity on this issue would also emerge once the Independent Scrutiny Panel

had been established. The Chief Executive also advised that it was likely that it would be open to the Board to benchmark the alternative scenarios for Accident and Emergency Services against the original proposals. Whilst acknowledging that the schemes where it was recommended that the planning and/or construction continued, reflected key strategic imperatives, he stressed the need for the Board to consider the progress of all schemes on a case by case basis, having regard to the additional capital and revenue costs of the alternative model of services at Monklands Hospital, and their impact on the total capital sum available for the A Picture of Health developments. He also explained that there were three major cost factors that the Board should be aware of, which would impact on the Board's capital and revenue position in the current and future years, viz: the finalised model of A & E Services for Monklands Hospital and the associated capital and revenue costs; the level of uplift available to the Board, contingent upon the outcome of the upcoming capital Spending Review; and the conclusion to the review of the Arbuthnott Formula. He acknowledged that, within localities, there were public, and indeed staff expectations, in relation to previously announced developments, but stressed the need for the Board to operate within its Capital and Revenue limits. Accordingly, the Board would be required to objectively assess the priority of the remaining developments, having regard to the opportunity cost of the additional capital and revenue expenditure required at Monklands Hospital. The Deputy Director of Finance confirmed that finance staff were already engaged in an exercise to model financial planning scenarios based on a range of assumptions around levels of uplift available to the Board and their impact.

THE BOARD:

1. Noted progress on the review of Accident and Emergency Services.
2. Noted that two Seminars for the Board would be held on 17th August and 17th September 2007, to inform members further of progress in developing the submission to the Cabinet Secretary, which would be considered by the NHS Board at its formal meeting on 26th September 2007.
3. Asked to receive further reports.

Director for
Strategic
Implementation
Planning and
Performance

99.

MODERNISING MEDICAL CAREERS

The NHS Board considered a report on Modernising Medical Careers.

The Medical Director explained that the report was intended to update members on progress in recruitment for the changeover date of 1st August 2007. She outlined the position in relation to: Foundation Training; Specialty Training; individuals without job offers; and the National Education Scotland role with regard to documentation for applications. She confirmed that, within the NHS in Scotland, the interviewing progress had been completed, with job offers being made to successful candidates. She advised that each NHS Board was required to identify any gaps not filled with Specialty Trainees or Fixed Term Specialty Training Appointees. Where gaps were in recognised NES funded training posts, Boards were to offer a three-month contract to appropriately qualified individuals, through a recruitment process, locally determined. During this time, NES would advertise nationally for these posts, with the intention of making offers for a nine-month duration starting from 1st November 2007. The Medical Director confirmed the instruction from the Cabinet Secretary to NHS Boards to offer doctors in recognised training posts who did not have an offer of a job for 1st August 2007, a new contract for up to three months, or until they received a job offer, whichever was the sooner.

The Medical Director explained that within NHS Lanarkshire, those individuals who did not have an offer of a job for 1st August 2007 and also met the criteria, had been identified, and confirmed that it was the intention to use this cohort to fill any vacant posts, and also to offer suitable individuals any other posts, such as Health Board funded posts.

The Medical Director highlighted risks in relation to Service Continuity; Finance; Human Resources; and a Mobile Workforce. She stressed the effort being made to manage these risks and to ensure service continuity, both in relation to maintaining the elective workload as far as possible and sustaining emergency activity. She also confirmed that whilst it would be possible to complete General Medical Council Registration checks and Occupational Health checks prior to individuals taking up post, this would not be possible in all cases for Disclosure checks. Disclosure Scotland had given an assurance to the Service that they would expedite any outstanding checks. It was recognised, however, that a number of appointees were already employed by the NHS, and would, therefore, have current Disclosure clearance.

The Chairman expressed appreciation to the Medical Director and to Human Resources and other staff involved in the preparations for the introduction of the second phase of Modernising Medical Careers on 1st August 2007.

THE BOARD:

1. Noted the report on Modernising Medical Careers.
2. Asked to receive a further report at its meeting in September.

100.

ADULTS WITH COMPLEX NEEDS

The NHS Board considered a Progress Report on the development of Outline Business Cases for the mental health re-provision for adults with complex needs at Caird House in Hamilton and at Coathill Hospital, Coatbridge.

The Director of Strategic Implementation, Planning and Performance reminded members that at its meeting in June 2007, the Board had been informed that the Standard Business Cases had been approved by the Capital Investment Group, and that further work was being progressed in relation to the Outline Business Cases. He confirmed that this work was ongoing, with the aim of ensuring that the correct models of care and provision of services were included to meet the needs of patients. He advised that the Project Group would continue with the review of the Outline Business Cases, and would amend them taking account of financial issues, the Modernisation Programme and all other aspects of the plan, with the Outline Business Cases being presented to the NHS Board at its meeting in August 2007. He confirmed, also, that the Project Group continued to work to the timescales set out in the original schedule, which envisaged both Caird House and Coathill Hospital opening in November 2009.

THE BOARD:

1. Noted the progress report on the development of Outline Business Cases.
2. Agreed to receive Outline Business Cases at its meeting in August 2007.

Director of
Strategic
Implementation
Planning and
Performance

101.

EMERGENCY PLANNING

The NHS Board considered a report on emergency planning.

The Director of Public Health reminded members that emergency preparedness remained an increasingly high profile responsibility for NHS Boards, and stressed the importance for the Board in being updated regularly on emergency planning matters. She highlighted the principal issues in relation to emergency planning that NHS Lanarkshire was currently dealing with. She stressed that the focus in emergency planning had been on preparation for a flu pandemic, for implementation of mass smallpox vaccination, should the need arise, and on the further development of business continuity planning. She also advised that the report highlighted, in

particular, recent training and exercises at national, regional and at local level, both within the NHS and with key partners in North and South Lanarkshire Council, Strathclyde Police and Strathclyde Fire and Rescue and the Scottish Ambulance Service. She also highlighted the training provided for Executive Directors, following the introduction of formal Executive Director on call arrangements.

THE BOARD:

1. Noted the report on Emergency Planning.
2. Asked to receive a further report in six months.

Director of
Public Health

102.

LOCAL DELIVERY PLAN

a) Finance

The NHS Board considered a report on finance for the month ended 30th June 2007.

The Deputy Director of Finance reported that the financial position to the end of June showed an underspend of £1.140m, which included a range of cost pressures and offsetting benefits across the system, and was broadly in line with the position expected per the approved Financial Plan. She reminded members that the Five Year Financial Plan 2007/08-2011/12, approved by the Board in February 2007, identified a forecast year-end recurring surplus of £4.988m (a non-recurring overspend of £1.017m), to achieve a forecast in-year surplus of £3.971m. She advised that in addition to the forecast in-year surplus, the approved Annual Accounts for 2006/07 and identified a carry forward surplus of £7.961m to the current financial year, bringing the potential surplus for the year to £11.932m. She reported that a process was underway to examine the impact of this on the management of the overall position, both in the current year and in the longer term. The Deputy Director of Finance also highlighted relevant issues in relation to Revenue Resources; Acute Division and Primary Care performance; Headquarters/Area wide Departments; Service Agreements/Other Health Care providers; and savings. She reminded members that the Capital Plan for 2007/08, approved by the NHS Board in June 2007, set out forecast expenditure of £25.131m against a number of schemes. She reported that the expenditure for the first quarter of the current financial year was £1.043m, but stressed that capital expenditure often was heavily weighted towards the end of the financial year; as such, it was not appropriate to extrapolate that figure as an estimate of the likely spend for the year.

In discussion, the Deputy Director of Finance explained that capital investments that did not add value to the estate were charged to the Board's revenue position. She also confirmed that consideration was being given to the management of waiting list/waiting times funding within the Acute Division, against a backcloth of having received £1m less in this area than had been anticipated from SEHD.

THE BOARD:

1. Noted the actual revenue underspend of £1.140m as at 30th June 2007.
2. Noted the forecast year end surplus of £3.971m per the approved Financial Plan.
3. Noted that £2.8m of the £3m recurring savings target for the year had been identified to date.
4. Noted that a process was underway to manage the non-recurring position in-year and that further reports would be provided to the NHS Board over the coming months.
5. Noted that capital expenditure of £1.043m had been incurred to date, against the planned expenditure for the year of £25.131m.
6. Asked to receive a further report.

Director
of Finance

b) Waiting Times and Delayed Discharges

The NHS Board considered a report on Waiting Times and Delayed Discharges.

The Director, Acute Services, referred members to the overview of the targets reported in the paper. She advised that, for the inpatient/daycase true waiting list, the Division had met the maximum waiting time of 18 weeks for all patients at December 2006 (12 months in advance of the guarantee date of 31st December 2007). Furthermore, the Division had sustained that position since December 2006, and would continue to deliver against the 18 week maximum wait. She reported on the capacity planning exercise underway to support this performance. She reminded members that Availability Status Codes required to be eradicated by December 2007. She outlined positive performance towards the achievement of that aim, and explained that whilst the figures for ASCs had increased slightly from May to June 2007, it still was considered that the target for December 2007 would be achieved, and highlighted the initiatives being pursued in this regard., She also confirmed that the current actual figure of 1320 ASCs was in line with the planned trajectory.

The Director explained that the outpatient numbers waiting over 18 weeks had stabilised, and advised that, during June and July, staffing resources had been concentrated upon ensuring that there were no breaches in the areas where there were currently time-limited guarantees. She assured the Board that plans were in place to deliver the guarantee of no patients waiting longer than eighteen weeks at the end of December 2007, and although these included short-term arrangements, it was essential that there was long-term sustainability to deliver the guarantee. She confirmed that this sustainability would be achieved through redesign and investment within the Acute Division, as set out in the paper before the Board. She highlighted, in particular, the consideration being given to Dermatology around the significant impact of triaging and treating patients more locally, recognising the contribution of primary care. She also highlighted Orthopaedics and the contribution of an extended scope practitioner at Hairmyres Hospital, with the intention being to roll out this initiative to Monklands and Wishaw General Hospitals. Particular efforts also were being pursued within gynaecology and within ear, nose and throat through significant redesign, with the aim of delivering the targets in those specialties by December 2007.

The Director reported that the cataract outpatient target was in line with the trajectory, with some slippage around inpatients/day cases which would be recovered over the period to September. She outlined the position in relation to the targets for hip fracture, particularly with regard to the capacity planning exercise being taken forward and the issue of theatre availability for trauma cases. She reminded members that the current target for Accident and Emergency 4 hour wait was 95% treated and discharged, admitted or transferred, with the target rising to 98% by the end of 2007. She advised that a performance level of 96% had been achieved in May and had been sustained during June, reflecting the range of measures introduced to improve service delivery. She also reported that the reconfiguration of beds at Wishaw General Hospital should contribute further to maintaining progress towards the December target, as should the proposed move of thoracic inpatient services to the Golden Jubilee National Hospital by the end of the year, through the creation of surge bed capacity on the site. She reported on performance in diagnostic waiting times, where the maximum waiting time from referral to a range of diagnostic investigations should have been nine weeks by the end of July 2007, but had been delivered in Lanarkshire at the end of March and had since then been sustained. She also advised that the investment programme agreed recently by the Diagnostic Collaborative would deliver a maximum wait of four weeks for each modality in radiology by the end of August. She highlighted, also, planned continued investment in endoscopy to ensure that current waiting times were maintained and improved, and advised that additional capacity was required to address the increased demand that had occurred due to the waiting time guarantees for cancer.

Against the waiting time target that all urgent referrals with suspected cancer should currently wait a maximum of 62 days from urgent GP referral to treatment, the Director reported that performance in breast, colorectal, ovarian and lung had improved over recent months and was reflected in the June return. She reported that issues remained around a further five tumour types, which were currently being addressed, and stressed that the need to sustain performance across the reported four tumour types had also been emphasised. She reported that the National Cancer Support Team had undertaken a diagnostic visit to Lanarkshire to meet with Managers and Clinicians to walk the patient pathway for selected tumour types, and to share their conclusions and advise on areas of improvement. She confirmed that the report from the visit was now available and was currently being discussed with Clinicians and Managers with a view to producing a formal response by the end of July 2007, which would be accompanied by an Action Plan. She advised, also, that a Lanarkshire Cancer Action Team had now been established under her Chairmanship, with a remit to oversee the implementation of the Action Plan and the delivery of sustainable solutions to the issues highlighted during the support team visit. She confirmed the intention to report further on the Cancer Support Team report conclusions and the local Action Plan to the NHS Board at its meeting in August 2007.

In the area of delayed discharges, the Director reported that there had been an increase in the number of patients waiting over six weeks. She advised that dialogue was continuing between NHS Lanarkshire and South Lanarkshire Council, with the aim of identifying options to reduce the numbers of patients waiting over six weeks and delivering a sustainable solution in line with the trajectory for delivering the National target for April 2008 that no patient who was clinically ready for discharge should be delayed more than six weeks.

THE BOARD:

1. Noted the report on waiting times and delayed discharges.
2. Asked to receive a further report, including in relation to the visit of the National Cancer Support Team to Lanarkshire.

Director
Acute
Services

c) Primary Care Out of Hours Services

The NHS Board considered a report on Primary Care Out of Hours Services activity and performance for June 2007.

The General Manager of the East Kilbride Locality reported on the analysis of activity and performance, including dental performance and community nurse performance, and in relation to clinical governance around clinical incidents and complaints. He advised that activity figures for June 2007 demonstrated continued strong performance, with a slight improvement across most of the indicators with the exception of calls triaged locally, which showed a slight decrease. He stressed that it was anticipated, however, that performance would show an increase during July since, commencing on 1st July 2007, the local centre would no longer close in the middle of the day at weekends. He confirmed that the complaints standard had been met during the month, with complaints continuing to be a source of valuable learning. He advised that a 12 month resubmission was made to NHS Quality Improvement Scotland, regarding 'The Provision of Safe and Effective Primary Medical Services Out of Hours'. He advised that NHS Lanarkshire Out of Hours Services continued to be registered at Level 3, where 'The provider is largely compliant with the Standards', with work continuing towards the goal of Level 4 registration. It was noted that the Out of Hours Service continued to have an integral role in the future of unscheduled care in NHS Lanarkshire, and in relation to the winter planning process. Plans were also underway on a pilot exercise to integrate appropriate Accident and Emergency activity with Primary Care during the Out of Hours period, thereby maximising the use of available staff resources in the short term, and in the longer term using the

information generated to inform future planning.

THE BOARD:

1. Noted the report on Primary Care Out of Hours Services activity and performance.
2. Asked to receive a further report.

Director
South CHP

103.

GOVERNANCE MINUTES

The NHS Board considered Governance Minutes, as follows:

a) Health and Clinical Governance Committee – 11th June 2007

Mrs. Nelson, Chair of the Committee, highlighted from the minute the discussion on the development of the Food, Fluid and Nutritional Care in Hospital, Policy and Strategic Plan which, it was anticipated, would be brought to the NHS Board over the coming months, for approval. She also reminded members that the NHS Quality Improvement Scotland Network, which was due to hold its next meeting on 21st August 2007, was intended to serve as a forum for all non-executive Directors, not just those who served as members of Health and Clinical Governance Committees. As such, she encouraged fellow Non Executive Directors to support the Network. She advised that, due to a clash of dates with a key meeting on the review of Accident and Emergency Services, it would be necessary to reschedule the next meeting of the Committee scheduled for 13th August 2007.

b) Equality, Diversity and Spirituality Committee – 19th June 2007

Hugh Sweeney, Chairman of the Committee, highlighted from the Minute discussion on the Gender Equality Scheme which had now been published; recognition of the need to better capture workforce monitoring data; and the roll-out of equality and diversity training over the summer and autumn.

c) North Lanarkshire Community Health Partnership Operating Management Committee – 6th June 2007

Mr. Anning, Chairman of the Committee, highlighted from the minutes the discussion on Public Partnership Representation which, although having developed, still required a young persons' representative. He acknowledged the suggestion from the Chief Executive that this might appropriately be pursued through the North Lanarkshire Council Young Carers Network. He highlighted the acknowledgement by the Committee that Dr. Alastair Cook would be leaving Lanarkshire to take up a secondment at the Scottish Executive, and the recognition of his contribution to the work of the Committee. He highlighted also the consideration given to the Audit Scotland CHP self-assessment checklist and, as part of the discussion on the Finance Report, the impact of vacancy management initiatives in relation to the number of vacant posts and any impact on service delivery. The Director of Organisational Development explained that the vacancy management processes adopted in Lanarkshire were consistent with the approach, generally, throughout the NHS in Scotland. He also highlighted the challenge for management in reconciling notice periods and lead time to recruitment.

d) South Lanarkshire Community Health Partnership Operating Management Committee – 9th July 2007

Mrs. Mahal, Chair of the Committee, highlighted from the minute discussion on waiting time initiatives, and members' desire to better understand the impact on primary care and the distribution of funding. The Director for Acute Services undertook to consider this issue further and to report back to the Committee.

Director
Acute
Services

The Committee Chairman also highlighted the availability to the Committee of more meaningful performance information in relation to the Cambuslang and Rutherglen locality, where it was noted that Lena Collins had been appointed to the position of General Manager.

e) Performance Management Committee – 21st June 2007

Members noted the principal issues considered by the Committee.

104. **DATE OF NEXT MEETING**

Wednesday 29th August 2007

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

The Board approved a Motion to move into private session for the remainder of business, due to the 'Commercial In-Confidence' nature of the item.

106. **CONTRACT ARRANGEMENTS FOR SOFT HM SERVICES AT HAIRMYRES HOSPITAL AND WISHAW GENERAL HOSPITAL**

The NHS Board considered a paper on the provision of Soft HM Services at Hairmyres and Wishaw General Hospitals.

The Director for Strategic Implementation, Planning and Performance Management explained that the paper was intended to inform the Board of the current position in relation to the provision of Soft HM Services at Hairmyres and Wishaw General Hospitals, in order that the Board might approve the next steps in the contracting process for these services. He reminded members of the previous considerations given to the issue in relation to Hairmyres Hospital, including Board approval in October 2006 for the extension of the contract provided by ISS Limited in a manner which demonstrated clearly value for money and avoided market testing of services, which was considered to pose a substantial financial risk. He also reminded members of subsequent developments, including the Unison challenge to the position, the receipt by NHS Lanarkshire of positive Counsel Opinion to proceed to agreement, and Unison representations to the then Minister for Health and Community Care and, more recently, to the Cabinet Secretary for Health and Wellbeing. He advised members of a response from the Cabinet Secretary to Unison on 23rd July 2007 which, in essence, confirmed her earlier view that she was satisfied that NHS Lanarkshire had taken appropriate steps to determine its legal position, and that the Board had undertaken a robust and independent assessment which had demonstrated that, within the context of the existing contract, the proposed negotiated settlement delivered value for money for the taxpayer. The Cabinet Secretary confirmed to Unison that, that being the case, she had no locus to intervene.

The Director explained that the contract for the provision of Soft FM Services at Wishaw General Hospital differed from that for Hairmyres, in that the Wishaw contract obliged both parties to consult with each other to ascertain whether agreement could be reached on arrangements to allow the services to continue to be provided by Summit Healthcare and its approved service providers, SERCO Limited without the need for a market testing exercise, taking into account the need to demonstrate value for money. He advised that the paper before the Board, prepared by the Negotiation Team, outlined the position reached on negotiations, and had been supported by the Corporate Management Team at its meeting on 19th July 2007. This clearly demonstrated that negotiations had reached a stage where value for money could be demonstrated, and would enable the provision of Soft FM Services to be continued at Wishaw General Hospital by the current service providers, SERCO Health FM Limited, for a further seven year period from May 2008.

The Director reported on further discussions with Unison, held recently, following which Unison had written setting out a challenge to the contract at Hairmyres and Wishaw General Hospitals based on the legal position on gender equality.

The Director of Organisational Development explained that the opportunity had been taken to seek legal advice in relation to the Unison correspondence. He advised that this advice indicated that Prospect and ISS were not classified as Public Authorities, and therefore the gender and other equality duties were not applicable to them. Accordingly, Prospect and ISS were not required to produce equality schemes. The legal advice indicated that the performance of Prospect and ISS in relation to equality matters fell to be dealt with under the terms of the Procurement and/or Contracting Section of the NHS Lanarkshire Equality Schemes. He stressed that, given the Board's commitment to continuous improvement in relation to equality, it was the intention to enter into discussions with Prospect and ISS to determine how they would demonstrate effective workforce and other fields of equality monitoring.

The Director for Strategic Implementation, Planning and Performance Management advised that in her letter of 23rd July 2007 to Unison the Cabinet Secretary had explained in relation to Wishaw General Hospital that, should a negotiated settlement be proposed by NHS Lanarkshire, she would wish to be assured that the proposed settlement demonstrated value for money, but until a final decision had been reached, did not consider it appropriate to intervene.

THE BOARD:

1. Noted the paper on the provision of Soft HM Services at Hairmyres and Wishaw General Hospitals.
2. Approved the agreement for a formal contract to be agreed between NHS Lanarkshire and Prospect Healthcare for the provision of Soft HM Services at Hairmyres Hospital.
3. Approved the report of the Negotiation Team on the contract at Wishaw General Hospital which demonstrated that the negotiated agreement between NHS Lanarkshire and Summit Healthcare provided value for money, and agreed that formal contract documentation should be concluded by both parties by 31st July 2007 subject, in this instance, to Cabinet Secretary confirmation on Value for Money.

Director,
Strategic
Implementation
Planning &
Performance
Management

107.

PHARMACY PRACTICES COMMITTEE

The NHS Board received the Minute of the meeting of the Pharmacy Practices Committee held on 5th June 2007.

Mr. Sutherland, Chairman of the Committee, outlined the purpose for which the Committee had met, its principal deliberations and its decisions. He explained that it was open to the Applicant and interested parties to appeal the Committee's decision to the National Appeal Panel.

THE BOARD:

1. Noted the minute.

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