

Lanarkshire NHS Board

14 Beckford Street  
Hamilton ML3 0TA  
Telephone 01698 281313  
Fax 01698 423134  
[www.nhslanarkshire.co.uk](http://www.nhslanarkshire.co.uk)



Meeting of Lanarkshire NHS Board, Wednesday  
24<sup>th</sup> January 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  
Mrs S Goldsmith, Director of Finance  
Mr M F Hill Modernisation Director  
Mr A Lawrie, Director, South Lanarkshire Community Health Partnership  
Councillor J McCabe, 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  
Mr H Sweeney, Employee Director  
Mr P Wilson, OBE, Director for Allied Health Professions, Nurses and Midwives

**IN ATTENDANCE** Mr N J Agnew, Corporate Affairs Manager/ Board Secretary  
Mrs K Hamilton, Communications Manager  
Mr P McCrossan, Chairman, Area Allied Health Professions Advisory Committee  
Professor A MacLennan, Principal and Chief Executive, Bell College  
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 T Davison, Chief Executive  
Councillor E McAvoy, Non Executive Director  
Mrs S Smith, Non Executive Director  
Mr W Sutherland, Non Executive Director  
Mr G Walker, Director of Human Resources  
Mr E J H Mallinson, Consultant in Pharmaceutical Public Health

1. **WELCOME**

The Chairman welcomed members and attendees to the meeting. He extended a particular welcome to Professor MacLennan, Principal and Chief Executive of Bell College, Hamilton.

2. **CHAIRMAN'S REPORT**

The Chairman reported on a recent meeting with representatives of the St. Andrew's Hospice Board to discuss their continuing role and contribution in the delivery of palliative care as part of the Board's overall approach to the further development of palliative care services. Discussions at the meeting had been positive, and the outcome would be reflected in an updated Palliative Care Strategy which would be brought to the NHS Board in Spring/Summer for consideration.

The Chairman also highlighted the recent launch by the Minister for Health and Community Care in East Kilbride of the National Handwashing Campaign. He referred to the substantial pressures on Acute and Primary Care Out of Hours Services over the festive period and he acknowledged the contribution of staff across the service to responding to the additional demands placed on services. The Chairman also confirmed that an offer of individual briefings with Constituency and List Members of the Scottish Parliament, with an interest in Lanarkshire, had been made. When a response was received from MSPs, arrangements would be made to convene meetings at the earliest opportunity.

3. **MINUTES**

There was submitted for approval and signature, the minute of the meeting of the NHS Board held on 20<sup>th</sup> December 2006.

**THE BOARD:**

1. Approved the minute for signature.

4. **A PICTURE OF HEALTH**

a) **Programme Initial Agreement**

The Board considered a Programme Initial Agreement for A Picture of Health (circulated).

The Modernisation Director explained that the purpose of the Programme Initial Agreement was to summarise and describe, in a cohesive fashion, NHS Lanarkshire's planned developments for Acute, Community, and Primary Care premises over the coming eight year period. He advised that the document provided the strategic context for the individual Business Cases which would be required to support the implementation of the Board's plans. He stressed that the content of the document had been subject to wide discussion, both within NHS Lanarkshire and, informally with Scottish Executive colleagues.

He referred members, in particular, to Section 7 of the document, which set out the overall programme plan and timetable for delivery for the key developments. He stressed that the timing of the projects was, to an extent, determined or constrained by the scale and complexity of projects, interdependencies across A Picture of Health, the availability of sites and external factors such as wider scale redevelopments, of which the Health Service was one of several players. He advised that NHS Lanarkshire had sought advice on the critical path for implementation from Currie and Brown and confirmed that an overall Gantt Chart was being developed. He stressed also that the overall timing and costs for each development would be reviewed on an ongoing basis and that each Business Case would reflect an up-to-date timetable and costs as it was produced.

The Modernisation Director also highlighted Section 6 of the document, setting out the Programme and Project Management mechanisms, and stressed that they

recognised the guidance contained in *Improving Delivery through Programme and Project Management* (Health Facilities Scotland), as well as the requirements of the *Scottish Capital Investment Manual*.

The Director of Finance highlighted the key role which the Director of Strategic Implementation Planning and Performance Management would play in driving forward the implementation of the A Picture of Health developments, in accordance with the Programme Plan and Timetable for Delivery. She advised that, subject to the Board's approval, the Programme Initial Agreement would be circulated to the Scottish Executive Health Department, for approval through the Capital Investment Group. Subsequently, individual Business Cases would be brought to the NHS Board for sign-off, prior to their submission to the Departmental Capital Investment Group for approval.

In discussion, the Modernisation Director confirmed that disposals would form part of individual Business Cases, with the proceeds of sale from disposals supporting the capital developments.

The Director of the North Lanarkshire Community Health Partnership acknowledged an issue raised by the Chairman of the Area Medical Committee and the GP Sub Committee about the importance of ensuring that the Primary Care premises developments within Section 3 of the Programme Initial Agreement were aligned with the priorities identified by the Primary Care Premises Committee. He undertook to pursue this issue. He stressed that the Programme Initial Agreement should be viewed as a dynamic document, which would continue to be reviewed against the Board's Strategic Intentions.

Director  
North CHP

In response to an issue raised by the Leader of North Lanarkshire Council, the Director of the South Lanarkshire Community Health Partnership confirmed that the Primary and Community Care Premises developments for the Uddingston area encompassed Viewpark.

#### **THE BOARD:**

1. Approved the Programme Initial Agreement which reflected the Board's Ministerially approved Strategy, and agreed that this would be used as a reference document against which individual Business Cases would be signed-off by the NHS Board prior to their submission to the Scottish Executive Health Department for formal approval.
2. Approved the submission of the Programme Initial Agreement to the Scottish Executive Health Department for formal approval.

Director  
of  
Finance

#### b) **Emergency Hospital Services**

The Board considered a paper on Emergency Hospital Services (circulated).

The Modernisation Director reminded members that the Board's long term strategy for the provision of emergency hospital inpatient services was to provide for the needs of the population of Lanarkshire through a reconfiguration and modernisation of existing hospital sites and systems by late 2010. He stressed that the broad intention was that the Board would provide Acute Care Services for its own population through its own services, the exceptions to this being the populations of Cumbernauld and Kilsyth which, for the convenience of patients, would, from late 2010, be provided with emergency inpatient services at the new hospital at Larbert, currently being commissioned by NHS Forth Valley. He advised that planned care services for people living in these communities would continue as at present, with the majority continuing being referred to Monklands and the remainder to hospitals in Glasgow. He explained that detailed discussions were continuing with GP practices and with colleagues in Glasgow and Forth Valley, to plan the best way of managing the

implications of these changes, in order to ensure the best possible care for patients.

The Modernisation Director explained that NHS Forth Valley was expected to consider the Final Business Case for the new hospital at Larbert, at its next Health Board meeting later in January 2007. It was important, therefore, that at the same time, NHS Lanarkshire was able to commit to the arrangements required to secure the necessary services for the people of Cumbernauld and Kilsyth. He advised that a series of Director level (and some clinical) discussions had been taking place between NHS Lanarkshire and NHS Forth Valley since late 2005, formalised through a Joint Planning Steering Group established in October 2006. He stressed that work was ongoing to define the clinical model which NHS Forth Valley were adopting, and to agree the financial framework within which NHS Lanarkshire would pay for the hospital services involved, which had currently been anticipated within the Lanarkshire NHS Board's Financial Plan.

The Modernisation Director explained that at the time the paper before the Board was produced, specific details within the Final Business Case were still being finalised. In the meantime, the Board was asked to note that a constructive working relationship had been established with NHS Forth Valley, and that joint planning had been progressing positively.

The Director of Finance explained that financial arrangements for funding the Lanarkshire activity undertaken within NHS Forth Valley would be agreed with finance colleagues. She advised that negotiations to date had been around a fixed contribution from NHS Lanarkshire based on bed numbers to the NHS Forth Valley Unitary Charge, and a variable contribution based on activity, with NHS Lanarkshire committing to the lower end of the activity range. She advised that she was generally content with this approach, since the combination of a fixed and variable contribution provided NHS Lanarkshire with a measure of flexibility. She advised that the precise detail of the agreement would be confirmed.

The Modernisation Director explained that the continuing discussions with GP practices in the Cumbernauld and Kilsyth areas included GP concerns about the potential for planned care from those communities to also gravitate to the new Larbert Hospital, despite continuing access for residents to Monklands and to hospitals in Glasgow. He acknowledged the need to keep the operation of the arrangement under close review, and highlighted the role of the West of Scotland Regional Planning Group in identifying and managing the risks associated with patient flows.

The Chairman reminded members that a Regional Plan for the management of cross boundary activity was to be agreed by the West of Scotland Regional Planning Group, and that the Scottish Ambulance Service would be signatories to the agreement, with the Regional Plan being formally signed off by the Deputy Minister for Health and Community Care.

#### **THE BOARD:**

1. Approved, in principle the proposals for emergency hospital services as they related to the provision of emergency services for the populations of Cumbernauld and Kilsyth at the new hospital at Larbert.
2. Remitted to the Chief Executive the responsibility and authority for taking forward the necessary planning arrangements with relevant colleagues.

Chief  
Executive

#### 5. **CURRENT PARTNERSHIP ARRANGEMENTS AND MERGER WITH UNIVERSITY OF PAISLEY**

The Director for Allied Health Professions, Nurses and Midwives emphasised the importance of the Board's relationship with Bell College to the ongoing supply of appropriately qualified nurses. He highlighted the NHS Lanarkshire role in assessing

the competence of nursing students, and the growth in their preparation, post-registration.

Professor MacLennan explained that the key challenges associated with the merger were: under participation in Higher and Further Education in Lanarkshire and the West of Scotland; high levels of people who were economically inactive; low levels of graduate output; globalisation; the need for Scotland to become a knowledge-based economy and demography and competition. He highlighted Scotland's demographic challenge, where the numbers of publicly funded secondary school students in Scotland were projected to continue a downward trend through to 2014, in addition to which, the projected change in the age structure of Scotland's population from 2001 to 2026 showed increasing numbers aged 60 and over and decreasing numbers below those age groups. He also highlighted comparative information about student populations which showed significantly higher percentages of young full time first degree entrants from low participations neighbourhoods attending Bell College and Paisley University, than other Universities throughout Scotland.

Professor MacLennan highlighted the opportunities that the merger presented. These included addressing the current limited degree level offer in Lanarkshire, considerable scope to offset demographic decline and to grow by ensuring appropriate mix of provision not only to school leavers, but also post-college students and part-time students in Lanarkshire, the development of a new approach with the College Network, with all of these opportunities being increasingly achievable through the University presence that the merger would create. He also highlighted the key elements of college partnerships in relation to: aligned academic planning; building on a shared commitment to strengthen regional further education and higher education; working together to widen participation in higher education; a joint approach to recruitment, retention and progression; exploration of further education and higher education co-location and international collaboration.

Professor MacLennan stressed the benefits of the merger, in terms of: strengthening both Bell College and the University of Paisley; creating a larger institution with a more sustainable subject base; the major contribution that the merged institution would make to the NHS in Scotland through having the largest Nursing School; the creation of a University for Lanarkshire; proposed new campus developments; the development of 'Centres of Excellence'; the achievement of benefits for learners; and ensuring a positive response to demographic challenges.

He highlighted the key steps towards the conclusion of the merger, involving Ministerial approval in March 2007 and a planned merger date of 1<sup>st</sup> August 2007 under the proposed name of the 'University of the West of Scotland'.

Professor MacLennan also highlighted a number of key developments in the Bell College School of Health studies. He explained that the portfolio of degree and post graduate students, included: BSc Inter Professional Practice (Health and Allied Professions); MSc Health Studies; MSc Nursing studies and MSc Specialist Practice. He highlighted examples of continuing professional development Health and Social Care Courses in relation to: Cleanliness Champions; Unscheduled Care in Out of Hours Health Care; Business Planning in Health Care; Contemporary approaches to Epilepsy Care; Health Care issues in Diabetes; Pain; Palliative Care; Loss, Grief and Bereavement. These were delivered through accredited modules with courses tailored to meet the individual needs of employers and staff. He highlighted also, the clinical simulation facilities within Bell College, in particular in the area of Midwifery. He also stressed the role of the Clinical Faculty in enhancing the partnership between clinicians and academic staff and undertaking relevant education and research.

The Modernisation Director highlighted the importance of education to the health and well-being and the strength of communities. With this in mind, he enquired about the College's continuing focus, beyond merger, on social inclusion.

Professor MacLennan highlighted the extent to which Bell College, currently, was focussed on social inclusion. He also stressed the contribution of research to informing and making more credible the education agenda. He highlighted the College's work with schools to widen access and with adults seeking access to further education. He expressed a confidence that the continuation of this approach, beyond the merger, would result in an inclusive high quality University which would build on a record of success in working in and with Communities.

Professor MacLennan also acknowledged the need to maintain a strong partnership with NHS Lanarkshire, in order to ensure that the curriculum reflected changing service models.

In response to a question from the Chairman about workforce planning and reported shortage of nurses within the UK, the Director for Allied Health Professions, Nurses and Midwives highlighted the national work in Scotland aimed at forecasting the number of nurses required in future years. He also stressed the extent to which NHS Lanarkshire had a relatively stable nursing workforce, with 97% of posts filled on a continuing basis. He also highlighted the work underway to develop the support worker role. Whilst acknowledging that staff numbers were important, he suggested that it was more important to focus on roles, including as a consequence of changes in other professions.

In response to an issue raised by the Chairman of the Allied Health Professions Advisory Committee, Professor MacLennan acknowledged the scope that the merger would bring to develop the linkages with the Allied Health Professions which, traditionally, had been with Glasgow Colleges and Universities.

The Chairman thanked Professor MacLennan for his attendance and for the information shared with Board members.

#### **THE BOARD:**

1. Noted the presentation on Bell College; Current Partnership Arrangements and Merger with University of Paisley.

#### 6. **PUBLIC HEALTH LEGISLATION IN SCOTLAND: A CONSULTATION**

The Board considered a response to the Consultation on Public Health Legislation in Scotland (circulated).

The Director of Public Health explained that the response to Consultation had been informed by: in-depth consideration of the proposals within the Board's Department of Public Health; consideration by Scottish Directors of Public Health; discussion with the Royal College of Physicians of Edinburgh, and national and regional consultation events, which included input from NHS Lanarkshire.

She highlighted the principal elements of the Consultation response, with particular regard to the proposition that it would be useful to have an additional notification system for defined diseases, such as cancer, heart disease, stroke, chronic obstructive airways disease and alcoholic liver disease, and the proposed definition of an 'environmental health concern'.

The Director of Public Health explained that the closing date for Consultation responses was Friday 12<sup>th</sup> January 2007. She advised that the response before the Board had been submitted, in order that the Department of Public Health's considered views on this important issue could be taken account of in the analysis of Consultation responses.

The Director of Public Health acknowledged the need to consider further the Designated Medical Officer role, and confirmed that this would be taken forward in discussion with North and South Lanarkshire Council. She confirmed, also, that the issue of responsibility for the payment of compensation in respect of excluded staff had been the subject of discussions with North and South Lanarkshire Councils.

The Chairman of the Area Medical Advisory Committee and the GP Sub Committee expressed a concern about the implications for General Practitioners of proposals for developing an additional notification system for non-communicable diseases with particular regard to the additional reporting that this would bring to an already robust system for the collection of disease and prevalence data through the new GMS Contract and the Quality Outcomes Framework.

#### **THE BOARD:**

1. Endorsed the consultation response on Public Health Legislation in Scotland.
2. Asked that the outstanding issues, raised in discussion, be taken forward in discussion with relevant interests.

Director  
of Public  
Health

7.

#### **LEARNING DISABILITY HUB**

The Board considered a report on the Learning Disability Service Assessment and Treatment Centre.

The Director of the North Lanarkshire Community Health Partnership explained that the update report had been prepared to advise the Board of the current stage of development with the Learning Disability Assessment and Treatment Centre, and to highlight a number of potential changes to the Scheme from that set out in the original Business Case approved by the Board.

He outlined the background to the situation, leading to the presentation to the Board of a Final Business Case in October 2006, at which point the Project Implementation Team was invited to review the design of the project to achieve a cost reduction whilst minimising the impact on clinical service delivery; and to reduce the schedule of accommodation requirements by relocating a number of clinicians out of the Centre and into community bases. He advised that the review carried out by the Design Team had indicated that the Assessment and Treatment Centre could be delivered at significantly less expense on the Kirklands Hospital site, as one of the existing cottages could be used to accommodate the clinical teams. This would reduce the size of the new build, but would retain all of the clinical benefits of co-locating the multi-disciplinary teams that were set out in the Business Case. Equally, as there were fewer constraints presented by the topography of the land, the complexity of delivering the facility would be reduced and this too would reduce the cost of preliminaries.

The Director of the North Lanarkshire CHP stressed that the stakeholders involved in the original options appraisal had been re-engaged to consider the implications of retaining the Learning Disability Assessment and Treatment Centre services on the Kirklands site in order to more fully deliver the clinical benefits as set out in the original Outline Business Case. This approach would not only enhance the service quality by facilitating better team working within the Assessment and Treatment Centre, but would also lessen the capital requirements and the subsequent revenue impact to deliver the new facility.

The Director of Finance explained that the Board had authority to approve Full Business Cases up to the value of £5m. She highlighted the potential for the Full Business Case to exceed that level, thereby requiring SEHD approval. The Director of the North Lanarkshire CHP confirmed that the further work to be taken forward by

the Design Team would inform a decision on this matter.

The Modernisation Director explained that the wider Estates Rationalisation Review that had taken place as part of the A Picture of Health process, had identified that the retention of the Kirklands Hospital site would now be more advantageous to NHS Lanarkshire, as it could accommodate not only the Learning Disability Clinical Services, but could also provide for a single NHS Lanarkshire Headquarters. He explained that a feasibility study on a single NHSL Headquarters on that site was underway, and that the outcome would be brought to the Board at a future meeting.

#### **THE BOARD:**

1. Noted the update report on the Learning Disability Service Assessment and Treatment Centre.
2. Endorsed the approach outlined within the report and invited the Project Implementation Team to bring forward the revised Final Business Case in August 2007. Director North CHP
3. Noted that a feasibility study on a single NHSL Headquarters on the Kirklands Hospital site was underway and agreed to receive a report at a future meeting. Modernisation Director

8.

#### **SHARED SUPPORT SERVICES**

The Board considered a response to the Final Business Case for the NHS Scotland Shared Support Services Project (circulated).

The Director of Finance reminded members of the background to the Shared Support Services Project, including the stated project objectives to: provide enhanced information to finance customers, with easier access to better data and reporting including improved comparative costing of care; free up professional finance staff in each NHS Board to carry out more value added activities in support of Local Health Plans; and release cash savings for NHS Scotland to invest in improving frontline patient care. She advised that NHS Boards had now been asked to endorse the draft Final Business Case formally, based on: the benefits for each Board and NHS Scotland overall; the overall Economic Financial Case; the high level migration strategy adopting an incremental approach to implementation; and the Board identifying the necessary resources locally.

The Director of Finance advised that as part of the review of the Final Business Case, NHS Lanarkshire Shared Services Project Board had considered a number of criteria, including: the identification and management of risks; evidence to support the savings and associated cost figures; the capacity of the service to achieve at least the standards of internal control already in place; project management and governance arrangements; sustainability of the service before and leading up to migration; the sufficiency of the level of assurance to protect NHS Lanarkshire and its Accountable Officer from criticism in the event of any control failures, or failures to realise the anticipated savings; and whether all of the relevant costs savings benefits and potential difficulties had been identified.

The Director of Finance highlighted the principal elements of the Final Business Case, which had been developed by the Shared Support Services Project in consultation with NHS Boards, with full implementation envisaged by 2009. She highlighted a number of key concerns, with particular regard to: the Strategic Case; the Economic Case; the Financial Case (affordability); and the Management Case. She stressed that all discussion, consultation and activities relating to the SSS Project, had been conducted within NHS Lanarkshire in partnership with the local Project Board and Senior Human Resources Personnel. She advised that the membership of the local Project Board reflected those finance areas impacted by the Project, Staff Side,

Employee Director, Shared Support Services Board lead, Internal Audit and the HR Directorate.

She explained that given NHS Lanarkshire's support for the principle of shared services, it was disappointing that concerns about the draft FBC were such that its endorsement could not be recommended, due to: limited assurances in relation to Governance; outstanding Human Resources issues; and the economic and financial case versus risks to NHS Boards.

The Director of Finance acknowledged issues raised in discussion about the need to take account of the impact and outcome of Agenda for Change, the management of risk and the pursuit of further efficiencies, and clarification of turnover and savings issues. She emphasised the extent to which the concerns within NHS Lanarkshire were reflected in other health systems.

She explained that the emerging concerns about the draft Final Business Case had been reported to the Audit Committee at its meeting on 12<sup>th</sup> December 2006. She advised the Board that the reasons for NHS Lanarkshire rejecting the draft FBC would likely reflect the reasons for rejection by other systems. She highlighted the need for further reflection on the issues highlighted, including whether it would be appropriate to consider Shared Support Services on a Regional rather than on a National basis.

Members acknowledged that to endorse the draft FBC currently would not be in the best interests of NHS Lanarkshire, or indeed the wider NHS in Scotland. However, the principle of Shared Support Services was recognised, and it was felt that further planning work was required at a national level to develop a workable model. This should include better analysis of the true costs of the Project, with this information informing change and the benefits that would be derived from implementation of the Project.

The Director of Public Health highlighted the importance of robust Support Services to business continuity, in pursuit of the Board's responsibility as a Category 1 Responder under the Civil Contingencies Act 2004.

#### **THE BOARD:**

1. Agreed the recommendation to reject the draft Final Business Case.
2. Agreed that the paper before the Board, and more detailed comments provided by the local NHS Lanarkshire Project Board should be submitted to NHS National Services Scotland.
3. Asked to receive a further report.

Director of  
Finance

#### 9. **ANNUAL REPORT 2005/06**

The Board considered the Annual Report 2005/06 (circulated).

The Chairman highlighted the principal elements of the Annual Report, in relation to: substantial achievements across a number of fronts; the Annual Review in August 2006; Health Care Associated Infection; the Director of Public Health Annual Report; Improving Health in Lanarkshire; Financial Performance; Workforce Modernisation; and Complaints. He advised that the Annual Report would be widely distributed.

In discussion, the Director for Allied Health Professions, Nurses and Midwives, as the executive lead for engagement acknowledged the need to ensure that Public Partnership Forum representatives were properly engaged, as part of the overall Communications and Engagement Strategy. He confirmed the intention to meet with

the Operating Management Committee Chairs and the PPF Co-ordinators to discuss this specific issue.

**THE BOARD:**

1. Noted the Annual Report 2005/06.

10.

**PRIMARY CARE OUT OF HOURS SERVICE**

The Board considered an Out of Hours Service Report on activity over the festive period (circulated).

The Director of the South Lanarkshire Community Health Partnership explained that the report had been compiled in order to provide an initial analysis of the activity undertaken by the Primary Care Out of Hours Service over the festive period, covering the two four day blocks. He highlighted the principal elements of the report, in relation to: analysis of demand over the period by day and type of activity; response times during the period; capacity planning; and an initial analysis of the issues. He stressed that further work was being undertaken, through interrogation of the Adastral Computer System, with regard to the clinical component of the calls, and advised that this would assist in identifying further additional actions which could be taken in future bank holiday periods to manage demand appropriately. In addition, the Out of Hours Service and secondary care would jointly undertake a detailed debrief once the service has returned to normal levels, in order to begin planning for future breaks and in particular winter 2007/08.

The Director of the South Lanarkshire CHP explained that 9,793 calls to NHS 24, out of a total of 94,000 calls, related to residents of NHS Lanarkshire, equating to an increase in total of over 15% on the activity in the same period for 2005/06. In total, just under 60% of patients received direct treatment, and of those, 21% received a home visit. He advised that the numbers treated and in particular the number receiving home visits as a percentage of the total was far greater than was usually the case, hence the impact on response times at the Primary Care Emergency Centres.

He highlighted from the initial analysis of demand, issues in relation to: surges in demand; response times; limitations of premises; weekday input from surgeries; response by doctors; the clinical content of calls; absenteeism due to the respiratory virus; and co-operation with Accident and Emergency. He stressed that there had been no reported clinical incidents to date.

The Director explained that there were a number of possible approaches to future planning of the service over extended periods, and he highlighted issues in relation to: wider consultation; more detailed contingency and escalation procedures; the planning of daily management duties; and a whole system approach to unscheduled care.

The Chairman highlighted the fact that against significantly increased activity levels, the service had nevertheless coped well in responding to demand, and he commended staff within NHS Lanarkshire, both in Primary Care and Secondary Care, for their contribution to this performance.

**THE BOARD:**

1. Noted the Out of Hours Service Report on activity over the festive period.
2. Asked to receive a report on the outcome of the further work being undertaken through interrogation of the Adastral Computer System in regard to the clinical component of the calls.

Director  
South  
CHP

11.

## **LOCAL DELIVERY PLAN**

### a) Finance

The Board considered a finance report for the month ended 31<sup>st</sup> December 2006 (circulated).

The Director of Finance explained that the actual financial position to the end of December showed an underspend of £0.215m compared with an underspend of £0.146m at the end of November, representing a further improvement and reflecting an ongoing move towards financial balance for the year. She highlighted the likelihood that there would be further improvement on this forecast position, and confirmed that an update of the mid-year review estimates was currently underway in view of the December results. She advised that at this stage there was no change to the year end forecast position per the mid-year review. She explained that a further detailed assessment of the year end position was nearing completion, and this addressed the potential risks and benefits highlighted in the previous finance report. She explained that these potential risks, principally, related to the Law sale, Agenda for Change and the new Pharmacy Contract, and highlighted the principal issues relating to each of these areas. She also highlighted the principal elements of financial performance for the Acute Division, Primary Care, Headquarters/area wide Departments, along with issues relating to Service Agreements/Other Health Care Providers, the Corporate Recovery Programme, and Capital Expenditure.

The Director of Finance reported significant progress in relation to the Law sale. Roads consent now looked unlikely to be required and the developer would during the next week submit an application for planning permission. Therefore, the development would have all statutory consents except in relation to the Scottish Environment Protection Agency (SEPA) and Scottish Water. She highlighted the possibility of achieving Title Transfer, but explained that even without that it may be possible to achieve 'Virtual Certainty', enabling the sale to be booked. These issues were currently the subject of discussions with Pricewaterhouse Coopers and between SEHD and Audit Scotland.

In relation to Agenda for Change, the Director of Finance highlighted a potential benefit of the order of £2-3m, however, the precise impact of back payments was not yet known.

The Director of Finance reported that indications suggested the additional costs of the new Pharmacy Contract may not be as high as expected, and as a result, there may be slippage of the order of £4m on the funding set aside locally. However, this would not be known with certainty until post 31<sup>st</sup> March 2007.

The Director of Finance highlighted a concern in relation to Capital, where expenditure was slow in coming through. However, the expectation remained that capital expenditure in excess of £10m, which was required to achieve the forecast year end position, would be achieved during the period January to March 2007. This position would be closely monitored by the Capital Investment Group. The Modernisation Director reported that the A Picture of Health Action Group had recently approved the expansion in the number of capital planners to enhance system capacity in relation to the substantial capital planning issues associated with the implementation of A Picture of Health.

### **THE BOARD:**

1. Noted the actual revenue underspend of £0.215m as at 31<sup>st</sup> December 2006.
2. Noted the forecast revenue underspend of £0.219m at 31<sup>st</sup> March 2007.
3. Noted the forecast capital underspend of £20.346m at 31<sup>st</sup> March 2007

assuming all anticipated capital receipts were achieved.

4. Noted that a further assessment of the year end forecast was nearing completion, and would be reported to the Corporate Management Team in early February and formally to the NHS Board at the February Board meeting.

Director  
of  
Finance

b) Waiting Times

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

The Director, Acute Services, reported that the 6 month guarantee for inpatients and daycases had been maintained, with no patients waiting over 18 weeks at the end of calendar year 2006. He also confirmed that this position would be sustained during 2007. This performance represented delivery of a Ministerial waiting time guarantee twelve months in advance of the guarantee date of 31<sup>st</sup> December 2007. He highlighted the continuing pressures in orthopaedics, and the initiatives being pursued to address this issue, including recruitment of additional permanent staff, linked to service redesign, and the negotiation of additional capacity at the Golden Jubilee National Hospital for the period December to March 2007, with the potential to extend the arrangement beyond that date. He highlighted the continued reliance on some internal and external waiting list initiatives and explained that due to bed pressures in December and early January, additional capacity had had to be negotiated in the independent sector. He advised that the Cataract Collaborative continued to implement improvements to the patient pathway, with no patient waiting over 18 weeks at the end of calendar year 2006, and confirmed that the new referral procedure for cataracts, implemented from November 2006, was working well, with optometrists making all cataract referrals to a central referral point in Lanarkshire.

The Director advised that the number of outpatients waiting over 18 weeks had increased and was above the trajectory. Whilst it had been anticipated that the gradual reduction in the number of patients waiting over 18 weeks would continue, this had not been the case and the reasons for this were currently being investigated. Work was also continuing to examine current patient pathways and in particular to identify opportunities for service redesign, including through the increased involvement of Allied Health Professions and specialist nursing staff and exploration of the contribution that Primary Care could make to demand management.

The Director explained that there had been a further reduction in the number of patients with an availability status code reflecting more robust management of the ASC list, linked to implementation of New Ways Guidance. He confirmed that the Project Board, established to deliver the National Guarantee by 31<sup>st</sup> December 2007 had met, with further meetings agreed for 2007.

In the area of Cancer the Director confirmed that performance in breast cancer had met the expected target. The figure for colorectal was however below trajectory at 89% compliance. Compliance for lung cancer was 69%. He confirmed that since December 2007 weekly reporting had been introduced on five further tumour types viz: upper gastrointestinal; urology; lymphoma; melanoma and head and neck. There also was work in progress to further refine the patient information captured for each of those tumour types, and this would, in time, enable performance on those tumour types to be routinely reported to the NHS Board.

The Director confirmed that Action Plans for Endoscopy and Radiology were being implemented, as reflected in the reduced maximum waits in line with the trajectory. 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, with capacity also being increased in line with the agreed Business Cases through the purchase of equipment and software upgrades. He confirmed also that performance of 95% for December for unscheduled care was in

line with the trajectory, although there continued to be considerable pressure on the system that was currently being worked through.

The Chairman acknowledged the continued satisfactory performance across the range of waiting time targets, against a backcloth of the extreme pressures which the system faced over the festive season, and acknowledged the efforts of staff in contributing to this performance.

**THE BOARD:**

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

Director  
Acute  
Services

c) Delayed Discharges

The Board considered a report on the delayed discharges position at 15<sup>th</sup> January 2007 (circulated).

The Director, Acute Services, explained that there were 56 delayed discharges in Lanarkshire at 15<sup>th</sup> January 2007, representing a reduction of 2 from the previous month. 10 of these patients were in short stay specialties, which was above the April 2007 target of 9 patients. 32 patients had been in hospital more than 6 weeks. He explained that there were equal pressures in both North and South Lanarkshire with, in the majority of instances, patients awaiting funding for nursing home placement. He emphasised that continuation of this trend would result in an inability to deliver the target of 10 patients in the more than 6 weeks category by 15<sup>th</sup> April 2007, and explained that this issue was being addressed 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. He stressed that the scope of the review had been agreed and had the support of NHS Lanarkshire and both North and South Lanarkshire Councils and would have direct user and carer involvement at various stages. The first phase of the review would be completed by the end of February 2007, with a report to the Central Monitoring Group in March 2007, and the outcome would also be shared with the Lanarkshire Partnership through existing mechanisms. The outcome of the Review would inform future service direction and resource allocation.

**THE BOARD:**

1. Noted the report on the delayed discharges position at 15<sup>th</sup> January 2007.
2. Asked to receive a further report.

d) Draft Local Delivery Plan 2007/08

The Board considered the Draft Local Delivery Plan 2007/08 (circulated).

The Modernisation Director explained that SEHD Guidance on completion of the 2007/08 Local Delivery Plan was issued on 1<sup>st</sup> and 27<sup>th</sup> November, and 14<sup>th</sup> December 2007 requesting that plans be completed and returned to SEHD by 16<sup>th</sup> February 2007. He highlighted the key changes since 2006/07, in relation to: the MMR measure; the dental measure; the key measures for consultant productivity; the measure for 48 hour access; and 4 new key targets in relation to utilisation of the Community Health Index, reduction in prescribing of antidepressants, reduction in psychiatric re-admissions and reduction in all staphylococcus aureus bacteraemia (including MRSA).

The Modernisation Director explained that the draft LDP had been prepared in conjunction with executive leads and other named officers. He emphasised that it was not fully complete and was submitted as a 'work in progress' pending clarification of some final details. He advised that the Performance Management Group at its meeting on 25<sup>th</sup> January 2007 would be asked to approve the draft LDP 2007/08, subject to completion of the outstanding points and any other refinements that may subsequently be identified. This would allow the completed draft LDP to be submitted to SEHD by the due date of 16<sup>th</sup> February 2007, with the final version coming to subsequent meetings of the Performance Management Group and the NHS Board.

**THE BOARD:**

1. Noted the draft Local Delivery Plan 2007/08.
2. Noted that it would be considered by the Performance Management Group meeting on 25<sup>th</sup> January 2007.
3. Noted that the draft LDP 2007/008 would be lodged with SEHD by 16<sup>th</sup> February 2007.
4. Noted that a final version of the LDP would be submitted to future meetings of the Performance Management Group and the NHS Board.

Modernisation  
Director

12.

**GOVERNANCE MINUTES FOR CONSIDERATION**

a) Remuneration Committee

The Board considered the minute of the meeting of the Remuneration Committee held on 12<sup>th</sup> December 2006 (circulated).

The Director of Organisational Development explained the purpose for which the Committee had met and outlined the principal issues considered.

b) Acute Operating Management Committee

The Board considered the minute of the meeting of the Acute Operating Management Committee held on 14<sup>th</sup> December 2006 (circulated).

Mr. Currie, Chairman of the Committee, highlighted the principal issues considered, with particular regard to success in consultant recruitment and a presentation to the Committee on the successful Diagnostics Collaborative.

c) South Lanarkshire Community Health Partnership Operating Management Committee

The Board considered the minute of the meeting of the South Lanarkshire Community Health Partnership Operating Management Committee held on 13<sup>th</sup> November 2006 (circulated).

Mrs. Mahal, Chair of the Committee, explained the purpose for which the Committee had met and outlined the principal issues considered.

13.

**DATE OF NEXT MEETING**

Wednesday 28<sup>th</sup> February 2007.

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

The Board approved a motion to move into private session for the remainder of the business due to the 'Commercial In Confidence' nature of the agenda items.

15. **PHARMACY PRACTICES COMMITTEE**

The Board considered the minute of the meeting of the Pharmacy Practices Committee held on 27<sup>th</sup> November 2006. The purpose for which the Committee met and the Committee's decision were noted.

16. **NEGOTIATED SETTLEMENT: HAIRMYRES HOSPITAL**

The Board considered an update report on the Negotiated Settlement at Hairmyres Hospital (circulated).

The Chairman explained that the paper before the Board outlined the current position in relation to the negotiated settlement for soft FM services at Hairmyres Hospital and sought agreement on the next steps to conclude this exercise. He reminded members of the background to this issue, including the consideration given by the Board at its meeting on 25<sup>th</sup> October 2006 and the subsequent receipt of a letter dated 2<sup>nd</sup> November 2006 from McClure Naismith, which confirmed that, in their opinion, the Board was entitled to reach a negotiated settlement with Prospect Health Care in substitution for benchmarking which had failed due to the lack of adequate data, and as an alternative to market testing. He explained that following this, both Unison and the Acute Division had sought separate Counsel Opinion on the matter. The Chairman explained that whilst some further information was required by Counsel for the Acute Division to enable finalisation of Counsel Opinion, progress to date clearly indicated that Counsel's Opinion would support the steps taken by the Board in reaching the negotiated settlement.

The Chairman explained that although final advice from Counsel had still to be received, the Board was asked that when this advice was received, it be reviewed by him and the Chief Executive, on the basis that if they agreed that conclusive advice had been received, they would authorise the negotiated settlement to be approved, and concluding steps undertaken with the Consortium to finalise all appropriate documentation.

**THE BOARD:**

1. Noted the report on the current position in relation to the Negotiated Settlement for soft FM services at Hairmyres Hospital.
2. Noted that progress to date clearly indicated that Counsel's Opinion would support the steps taken by the Board in reaching the Negotiated Settlement.
3. Noted that final advice from Counsel was still to be received.
4. Authorised the Chairman and the Chief Executive to review the final Counsel Opinion and, if conclusive, to authorise the Negotiated Settlement to be approved and concluding steps undertaken with the Consortium to finalise all appropriate documentation.

Chairman/  
Chief  
Executive