

Lanarkshire NHS Board

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Meeting of Lanarkshire NHS Board, Wednesday
27th June 2007, at 10.00 am in the Board Room,
NHS Lanarkshire, 14 Beckford Street, Hamilton

CHAIRMAN: Mr P K Corsar, Non Executive Director

PRESENT: Mr J A Anning, Non Executive Director
Mr T Currie, Non Executive Director
Mr T Davison, Chief Executive
Mrs S Goldsmith, Director of Finance
Dr A Graham, Medical Director
Mr M F Hill Modernisation Director
Mr A Lawrie, Director, South Lanarkshire Community Health Partnership
Councillor E McAvoy, Non Executive Director
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
Mrs S Smith, Non Executive Director
Mr W Sutherland, Non Executive Director
Mr H Sweeney, Employee Director
Mr G Walker, Director of Human Resources

**IN
ATTENDANCE**

Mr N J Agnew, Corporate Affairs Manager/ Board Secretary
Mrs K Hamilton, Communications Manager
Mr E J H Mallinson, Consultant in Pharmaceutical Public Health
Mr K A Small, Director of Organisational Development
Dr V J Sonthalia, Chairman, Area Medical Advisory Committee
Mr R Peat, Head of Picture of Health,
Ms. E. Clark,

APOLOGIES: Mr. D. Clark, Non Executive Director
Mr P Wilson, OBE, Director for Allied Health Professions Nursing and Midwifery
Mr P McCrossan, Chairman, Allied Health Professions Advisory Committee

78.

WELCOME

The Chairman welcomed members to the meeting. He extended a particular welcome to Eddie McAvoy and Jim McCabe who were attending their first formal meeting of the NHS Board since their re-appointment by the Cabinet Secretary for further four year terms of office with effect from 11th June 2007. The Chairman also welcomed Robert Peat and Elaine Clark, who were attending the Board as part of their induction and personal development programmes.

79.

CHAIRMAN'S REPORT

The Chairman reported that along with the Chief Executive and other Senior Board Officers, he had met on 11th June 2007, separately with constituency MSPs and list MSPs to discuss the proposed arrangements for the review of Accident and Emergency Services at Monklands Hospital following the Cabinet Secretary's statement to Parliament on 6th June 2007. Further meetings with the constituency and list MSPs would be held later in the summer.

The Chairman reported, also, on the meeting of NHS Chairs with the Cabinet Secretary and her Deputy on 18th June 2007, when discussion had included:

- The cross cutting agenda in relation to health and wellbeing.
- Partnership working with local authorities
- The publication of an Action Plan for Health and Wellbeing by the end of 2007.
- Progress on waiting times and an emphasis on further concerted action in relation to cancer and availability status codes.
- Annual Review procedures
- Workforce issues and the national pay settlement
- Staff Governance standards
- Compliance with Commission for Racial Equality expectations
- The forthcoming survey of patient experience to guide the NHS
- Alcohol
- Smoking
- Obesity
- The review of free personal care
- According priority to dentistry
- Flexible GP opening times
- Modernising Medical Careers

The Chairman reported that officers of the Board had met with officers of NHS Ayrshire and Arran to co-ordinate efforts in relation to the review of Accident and Emergency Services, with further meetings planned during the review period.

The Chairman reported that he and the Chief Executive, along with their counterparts in health and other public sector organisations across Scotland had met with the First Minister on 26th June 2007, when he had placed emphasis on the provision of public services that, increasingly, were accountable, effective and efficient.

80.

MINUTES

The minute of the meeting held on 30th May 2007 was submitted for approval and signature.

THE BOARD:

1. Approved the minute for signature.

A PICTURE OF HEALTH

The NHS Board considered a paper on the review of Monklands Accident and Emergency Services and its impact on 'A Picture of Health'.

The Modernisation Director reminded members of the key elements of the Cabinet Secretary's decision, announced to Parliament on 6th June 2007. He explained that whilst final details of the process of review, through which options would be developed, remained to be finalised in discussion with the Scottish Executive, the Cabinet Secretary had emphasised the need for the Board to develop options as quickly as possible. She had also made clear that the independent scrutiny process, which would follow the preparation of options by the Board, would include taking the account of the views of all stakeholders including local people. He confirmed that, once the Independent Scrutiny Panel had been appointed and their membership and Terms of Reference made known, the Board would seek initially to ensure the common definition of review criteria, and thereafter, to ensure a full explanation and understanding of the various scenarios and the complex raft of risks and consequences attaching to them.

The Modernisation Director highlighted the principal elements of the Board's proposed review process. He also explained that the Review would have an impact on the rest of developments planned to deliver *A Picture of Health* because: a change in the profile of Accident and Emergency Services in the hospitals would affect the Business Case for some schemes; the eventual decision could have significant financial consequences which would adversely affect the affordability of the Board's Programme of Schemes; and the redirection of management and other resources to undertake the Review would lead to a slowdown in the planning of other schemes. He highlighted the schemes which it was recommended should continue to planning and/or construction, unaffected where possible by the Monklands A & E Services Review, and the Schemes where it was recommended work should continue, where possible up until the completion of formal Business Cases, but not proceeding beyond the point of contractual or financial commitment, until the clinical sustainability and affordability could be confirmed, with this only being possible once a decision on the Accident and Emergency Service Model was known.

The Chief Executive explained that there were three major cost factors which the Board should be aware of, which would impact on the Board's Capital and Revenue position in the current and future years. These were: the finalised Model of A & E Services for Monklands Hospital and the associated capital and revenue costs; the level of uplift to the Board, contingent on the outcome of the upcoming Spending Review; and the conclusion to the review of the Arbuthnott Formula.

Councillor McCabe, whilst welcoming the Cabinet Secretary's decision, acknowledged the potential for the additional level of investment required in Monklands Hospital to impact adversely on other elements of the Capital Investment Programme under *A Picture of Health*, and urged that efforts be made to maintain the impact to a minimum.

The Chairman of the Area Medical Advisory Committee cited the critical clinical staffing issues, which had been a key driver for the *A Picture of Health* proposals for Modernising General Hospital Services. He stressed the importance of securing clinical support for any alternative service model, with an overriding consideration being the maintenance of a clinically safe service.

The Chief Executive acknowledged this position. He confirmed that the analysis which the Board would undertake, across the range of scenarios graded up to Level 3 services, would encompass: recruitment to the models; sustainability; Capital and Revenue costs, and the opportunity costs that they would represent; and clinical risk and patient safety. He stressed that the Board would be required to consider and

approve this analysis prior to the submission of proposals for consideration by the Independent Scrutiny Panel.

The Director of Finance confirmed that work would also be taken forward during the Review process in relation to profiling the Board's expenditure across Services and Sectors, with a view to undertaking a comparison with the position nationally.

The Chief Executive, whilst stressing that the schemes where it was recommended that the planning and/or construction continued reflected key strategic imperatives, acknowledged 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.

THE BOARD:

1. Noted the Cabinet Secretary's decision.
2. Endorsed the process now in train to review the Monklands Accident and Emergency Services.
3. Approved the initial assessment of the impact of uncertainty on the 'A Picture of Health' Development Programme.
4. Called for Progress Reports at future meetings of the Board.

Director for
Strategic
Implementation
Planning &
Performance

82.

ADULTS WITH COMPLEX NEEDS

The NHS Board considered position papers on the development of Outline Business Cases for adults with complex Needs at Caird House, Hamilton and at Coathill Hospital, Coatbridge.

The Directors of the South and North Community Health Partnerships explained that Standard Business Cases for the developments had been approved by NHS Lanarkshire's Capital Investment Group in March 2006. Subsequently, architects and design teams were appointed in May 2006. However, a combination of factors had resulted in the cost of both developments breaching NHS Lanarkshire's £5m delegated limit for the approval of Capital Projects. Hence, there was now a requirement to produce Outline and Full Business Cases, for consideration by the NHS Board, and thereafter, submission to the Scottish Executive Health Department Investment Group for approval to proceed. Subject to further work to complete the Outline Business Cases, particularly focussing on affordability in both Capital and Revenue terms, it was envisaged that the Outline Business Cases for both projects would be brought to the NHS Board for consideration at its meeting in July 2007.

The Director of Finance advised the Board that the Outline Business Cases would be submitted to the Scottish Executive Health Department on confirmation of planning permission from the respective Local Authorities.

THE BOARD:

1. Noted the position in relation to the development of Outline Business Cases for adults with complex needs at Caird House, Hamilton and Coathill Hospital, Coatbridge.
2. Asked to receive the Outline Business Cases for consideration at its meeting in July 2007.

Director South
Lanarkshire CHP
Director North
Lanarkshire CHP

83.

GENDER EQUALITY SCHEME

The NHS Board considered a draft Gender Equality Scheme.

The Director of Organisational Development explained that there was a requirement on the Board to fulfil a Gender Equality Duty from 6th April 2007. This imposed on the Board general duties in relation to eliminating unlawful discrimination and harassment and promoting equality of opportunity, and specific duties, around publishing a Gender Equality Scheme by 29th June 2007, with a three year cycle of review and Annual Reports, and publishing an Equal Pay Statement by 28th September 2007, again with a three year cycle of review.

The Director of Organisational Development explained that the production process for the Gender Equality Scheme had included: public, staff and trade union engagement; the production of a first draft which had been considered by the Equality, Diversity and Spirituality Committee; NHS Board consideration and approval of the Executive Summary and the Final Draft; and formal Publication.

The Director of Organisational Development also highlighted and explained the key elements of the Scheme, in relation to Commitment and Leadership; Public and Staff Engagement; Population Demographic Profiles; Gender and Health Inequalities; Workforce; NHS Lanarkshire's Gender Objectives; the Gender Equality Action Plan; and Monitoring, Evaluation and Reporting arrangements.

The Employee Director, as Chairman of the Equality, Diversity and Spirituality Committee, highlighted the Action Plan, with particular regard to the groups which would have a key role in monitoring delivery of the Scheme. He also commended the Director of Organisational Development and the Board's Equality Officer for their contribution to the development of the Scheme. He acknowledged the need to mainstream gender equality, especially in relation to Health Improvement and Health Inequalities. He also advised that the Equal Opportunities Policy had recently been reviewed by the Human Resources Forum, and was aligned to the Gender Equality Scheme.

The Director of Finance explained that there were no immediately apparent significant resource issues associated with the introduction of the Scheme, but acknowledged that elements relating to recruitment and flexible working may carry resource implications.

THE BOARD:

1. Approved the Gender Equality Scheme for publication, subject to clear communication of the Scheme's aims and objectives, and ongoing monitoring of the implementation of the Action Plan.

Director of
Organisational
Development

84.

MODERNISING MEDICAL CAREERS

The Medical Director explained that the total numbers of staff available to Lanarkshire on the basis of the recruitment processes to date looked encouraging. She highlighted, however, continuing concerns in relation to Specialty Trainees and Fixed Term positions, and advised that confirmation of the numbers of staff for General Medicine were awaited. She confirmed that work was in hand to populate rotas in preparation for 1st August 2007. She advised that there was, currently, a 84% acceptance for Specialty Trainee posts, although 30-40% of appointees were from outwith Scotland. She advised that whilst there was a 40% acceptance rate for FTSTAs for Scotland, the acceptance rate for the West of Scotland was of the order of 60% with a confidence of achieving close to 100% acceptance. The Medical Director explained that whilst detailed information about offers and acceptances was known

for Scotland and for the West of Scotland, this level of detailed information was not currently available for Lanarkshire, which carried implications for offering contracts and populating rotas. She confirmed that there were both specialty and site induction plans in place and that Senior staff cover would be in place for both emergency theatres and trauma theatres. Further consideration was currently being given to the means of covering elective activity, with the aim of maintaining this as far as possible. She confirmed there was an escalation policy in place, and that the maximum effort was being expended on planning for 1st August 2007 to ensure that there was no detriment to Primary Care and with the aim of avoiding cancellation of elective activity.

In discussion, the Medical Director assured members that the maximum help and support was being provided to the current cohort of junior medical staff working within NHS Lanarkshire. She confirmed, also, that some of these staff may be in a position to assist from 1st August 2007 through supplementing training numbers. She also confirmed that communication with Primary Care about the staffing arrangements in hospitals from 1st August 2007 was a key feature of the Implementation Plan. She advised that under Modernising Medical Careers training programmes for junior medical staff would be improved, with a service increasingly based on trained doctors rather than doctors in training, but acknowledged that the recruitment processes had highlighted deficiencies which should be addressed for future recruitment programmes.

The Chief Executive stressed the requirement for careful activity planning for August 2007, particularly with regard to maintaining the elective workload. He stressed, also, the need to factor the implications of Modernising Medical Careers into the sustainability analysis around the Review of Accident and Emergency Services.

THE BOARD:

1. Noted the update report on the implementation of Modernising Medical Careers.
2. Stressed the need for a clear Communications Plan
3. Asked to receive a further report.

Head of
Communications
Medical
Director

85.

WINTER PLANNING

The NHS Board considered a report on Winter Planning Arrangements for 2007/08.

The Director of the South Lanarkshire Community Health Partnership outlined the progress which the Lanarkshire Partnership had made, to date, in planning for winter 2007/08. This had included participation in a national event in May, attended by all partner agencies, viz: NHS Boards; Local Authorities; the Scottish Ambulance Service and NHS 24, at which the opportunity had been taken to reflect on previous experience, to consider examples of good practice and to agree how improvements in winter planning should be taken forward at Health Board, Regional and National Level. The Director explained that the paper before the Board was intended to identify for members the steps that it was proposed to take in Lanarkshire to achieve the objectives arising from the event, and to identify with whom responsibility rested for delivering the varied element of the winter plan. He explained that the key objectives included: a winter plan that was genuinely whole-system, with evidence of engagement and commitment by all partner agencies; a demonstrated ability to respond to surges in activity in both community/primary care and secondary care settings; the availability of a Draft Winter Plan by 31st August 2007; and a winter plan which should complement similar plans of neighbouring NHS Boards.

The Director explained that lessons learnt from the most recent and previous winters were being applied to the planning for 2007/08. He highlighted the principal elements of the approach to winter planning, a key element of which would be access to real time information, which was considered crucial to ensure an informed response to the

pressures of winter. He outlined a range of actions that would be taken forward in the community, in primary care services and at NHS 24, including:

- the production of a clear and concise directory of the opening hours and times of all the independent contractors in Lanarkshire.
- making clear arrangements with all GP practices in Lanarkshire to ensure that they are fully functioning on the working days prior to and between Christmas and the New Year.
- the development of a plan to 'flex' the capacity and capability of the Out of Hours Primary Care Services on public holidays and weekends over the Christmas and New Year period.
- maximising the potential of the highly skilled GP and Nursing workforce in the Out of Hours Service over the winter period.
- attempting to take demand away from Out of Hours and Emergency Secondary Care Services.
- sourcing sufficient additional accommodation which can, if necessary, be brought into use, to take on board Primary Care work from Accident and Emergency Departments.
- a review by each locality of the Services where there is a need to continue and maintain a normal weekday service, focussing on Long Term Conditions Teams, Specialist Nurses and some Allied Health Professions Services.
- maximising potential alternatives through the Minor Ailments Scheme of the new Pharmacy Contract.
- identifying and resourcing Accident and Emergency activity which could and should be dealt with by Primary Care Services.
- creating, within the four Community Hospitals, additional capacity for secondary care at times of significant pressures.
- putting in place an enhanced Nursing Home service within the East Kilbride area.

The Director for Acute Services explained that there was work in progress across the workflows of the Unscheduled Care Collaborative. He explained, also, that the opportunity was being taken to reflect on current Action Plans associated with the prevention of admission, managing the patient journey and discharge, with this work forming part of the collaborative working with primary care. He also outlined a range of actions which would be considered over the coming months, including:

- reducing inpatient elective activity during the first two weeks of January to create surge capacity for medical emergencies.
- increasing same day admissions by 5%.
- front-loading elective inpatient activity during December
- increasing ward rounds to facilitate patient discharge
- reducing medical outpatient activity
- involving Major Minor Injury Illness nurses in the introduction of skill mix for clinical assessment of unplanned activity
- sharing clinical staff within areas of increased pressure
- increased availability of diagnostic and pharmacy services over the weekend and public holiday period
- maximising the skill set of specialist nursing staff in admission avoidance and reduction in length of stay
- advising staff on services available in the community over weekend and public holiday periods
- extended hours of bed management
- enhancing the interface between Out of Hours and Accident and Emergency to ensure safe pathways for patients requiring specific interventions
- identifying and sourcing flexible services provided by rapid response/early supported discharge

- increasing access to support services at Out of Hours and during periods of increased pressure
- identifying appropriate staffed off-site capacity to provide inpatient accommodation during periods of significant pressure
- adopting robust reporting to incorporate primary and secondary care intelligence
- increasing access to patient transport to facilitate timeous discharge
- proactive management of activity to deliver waiting time guarantees

He highlighted for members the potential for the planned transfer of thoracic inpatient services to the Golden Jubilee National Hospital in October 2007 to be delayed. He advised that a meeting of interests was to be held later that day, in order to consider the implications for Lanarkshire, including a risk assessment exercise to be taken forward with NHS Greater Glasgow and Clyde and the Golden Jubilee National Hospital.

The Director of the South Lanarkshire Community Health Partnership highlighted the Manpower issues associated with winter planning. He also stressed that Partnership arrangements with North and South Lanarkshire Councils, as part of the Winter Planning process, were already well established, and stressed that close dialogue with the local authorities would continue in finalising the Winter Plan for 2007/08. He advised that a Project Board, comprising representation from all partner agencies, would oversee the preparation of the Winter Plan. He confirmed that it was intended to establish an Executive on-call rota across primary and secondary care, with links to other partner agencies that would operate during the winter period, and advised that the opportunity would be taken over the coming period to be explicit about the role and responsibilities of the executive lead and relationships with partner agencies.

THE BOARD:

1. Noted the report on Winter Planning 2007/08 by the Lanarkshire Partnership.
2. Endorsed the approach to the development of the Winter Plan and the proposed actions across the Community Primary Care Services, NHS 24 and Acute Services.
3. Asked to receive a copy of the Winter Plan at its meeting in August or September 2007.

Director, South Lanarkshire CHP
Director Acute Services

86.

E-HEALTH

The NHS Board considered an update report on the implementation of E-Health.

The Director of the South Lanarkshire Community Health Partnership reminded members that, in February 2007, the Board was provided with a report which considered the development of a new Governance structure for the e-health agenda and outlined a tactical workplan which covered the period 2007/09. He explained that the report before the Board provided members with an update on both the activity which had been undertaken, related to the agreed e-health workplan, and also the associated governance arrangements, in addition to which, it provided information on prevailing local, regional and national issues pertaining to the e-health agenda. For each of the workplan areas and projects, he outlined the main elements of progress and the status. He also explained that the e-health Clinical Delivery Group was responsible for delivering each of the elements of the programme and for representing specialty and professional interests in the programme. He advised that the e-health Strategy Group met on a six weekly basis to review performance and consider issues of timescale, resourcing and any conflicts in delivery.

In discussion, the Director of Finance expressed a concern about the implications of the national decision on Family Health Service Systems, and confirmed that, pending further movement, the Board could resource a level of project implementation, non-recurrently.

THE BOARD:

1. Noted the content of the Progress Report, and in particular the action being taken on projects within amber status.
2. Noted that the governance arrangements were now in place and would be kept under review and that these mirrored Scottish Executive Health Department arrangements.
3. Noted that there was ongoing dialogue with the Director of Finance in relation to the resourcing of a number of posts required to project management the various projects on a non-recurrent basis.
4. Asked to receive a further progress report at a future meeting.

Director
South
Lanarkshire
CHP

87.

CAPITAL BUDGET

The NHS Board considered a paper on the Capital Budget 2007/08. The Director of Finance reminded members that SEHD had confirmed the capital allocation for 2007/08 in February 2007, comprising a general formula based capital allocation as well as specific ringfenced allocations for medical equipment and the Primary Care Modernisation Fund. She also reminded members that, through the Local Delivery Plan process, the Board was required to submit a five year financial plan in both revenue and capital terms to the SEHD. She advised that a Draft Five Year Capital Plan had been prepared, and over the last few months had been revised in line with ongoing discussions with the Capital Investment Group and the A Picture of Health Executive Action Group, and had been adjusted to reflect SEHD guidance in relation to optimism bias and inflationary uplift.

The Director of Finance outlined for members the impact of the Scottish Executive change in administration on the Capital Plan, in terms of the Cabinet Secretary's statement to Parliament on Accident and Emergency Services at Monklands Hospital. She advised that, recognising the impact of the associated issues, the Five Year Capital Plan remained work in progress and, as such, was not yet available for formal approval by the Capital Investment Group or the NHS Board. However, to ensure that immediate service investments were progressed timeously, and in recognition of strategic imperatives and/or significant partner involvement in a number of schemes, a proposed capital budget for 2007/08 was presented. The Director of Finance advised that from a Net Capital Allocation of £36.349m, capital expenditure of £25.131m was envisaged, with an anticipated net underspend of £11.218m at 31st March 2008. She advised that formal approval to carry this underspend forward to future years would be required from SEHD.

The Director of Finance outlined the principal elements of the Capital Allocation. She also outlined the proposed Capital Expenditure, in terms of: ongoing schemes brought forward from previous years; Primary Care premises; Modernising Mental Health and Learning Disability Services; Acute Services/Acute Mental Health; and a number of other projects. She reported that the capital budget for 2006/07 was underspent by £18.601m. She advised that due to the level of capital resource available to the Board, and the profile of the A Picture of Health Capital Investment, this funding was not likely required in 2007/08, and a formal offer would therefore be made to SEHD that these funds were 'banked' for future years, to be reinstated as part of the carry forward in 2008/09. The Director of Finance stressed that as part of the reporting mechanism the Capital Investment Group would receive a formal report on a monthly basis which would set out an actual expenditure against each line of the capital budget. Furthermore, through the routine monthly Finance report to the NHS Board, members would be provided with an update on the capital expenditure position.

THE BOARD:

1. Approved the Capital Budget for 2007/08.
2. Noted the current position in relation to A Picture of Health Capital Projects.
3. Noted the planned underspend of £11.218m for the year.
4. Asked to be updated on the Capital Expenditure position through the routine monthly finance reporting.

Director
of
Finance

88.

LOCAL DELIVERY PLAN

a) Finance

The NHS Board considered a Finance Report which set out the summary financial position for the two months ended 31st May 2007.

The Director of Finance explained that the financial position to the end of May showed an underspend of £0.732m, 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 stressed that the reported position did not take account of any benefit from the non-recurring carry forward relating to 2006/07, which would be subject to discussion with SEHD over the next month or two. The Director of Finance outlined the position with regard to Revenue Resources. She also highlighted the principal elements of financial performance for the Acute Division, Primary Care, Headquarters/Area Wide Departments, as well as Service Agreements/Other Health Care Providers and Cash Releasing Efficiency Savings, which remained a key component of the Financial Plan.

THE BOARD:

1. Noted the actual revenue underspend of £0.723m as at 31st May 2007.
2. Noted the requirement to continue to address the recurring and non-recurring savings targets for the year.
3. Noted the discussion required with the SEHD about the carry forward from 2006/07.
4. Asked to receive a further report.

Director
of
Finance

b) Waiting Times

The NHS Board considered a paper on Waiting Times, which set out the position at 31st May 2007 in relation to performance compared to the planned trajectory identified in the Local Delivery Plan.

The Director for Acute Services explained that the Plan had recently been updated to include the planned trajectory for 2007/08, particularly in relation to the significant milestone of 31st December 2007, by which time many of the guarantees had to be delivered. He advised that the six month guarantee for inpatients and daycases had been maintained, with no patients waiting over eighteen weeks at the end of May 2007 representing continued delivery of the waiting time guarantee twelve months in advance of the guarantee date. Although orthopaedics continued to represent a pressure, a range of actions continued to be pursued to address the situation. He advised that the number of outpatients waiting over eighteen weeks had reduced from 2986 to 2541 during May 2007. He advised that a detailed analysis of the position at the end of April had been undertaken which identified six specialties, viz: dermatology; ear, nose and throat; gynaecology; neurology; ophthalmology and orthopaedics, where there were particular pressures, and he confirmed the range of actions that were planned to address the situation, including work to improve the referral process between primary and secondary care and the development of a clinical model for each specialty which would, in time, identify the optimal patient pathway, with a clearer sense where patients should most appropriately be seen, when and by

whom. The Director reported that there had been a further reduction in the number of inpatients and daycases with an Availability Status Code, reflecting robust management of the ASC list, linked to the implementation of the National New Ways guidance.

He explained that performance in breast cancer had met the expected target, and that compliance with the target for colorectal, ovarian and lung cancers, was 92.3%, 100% and 82% respectively. He outlined a range of actions, targeted at breast, colorectal, lung and ovarian cancers, including the further development of referral protocols and the further development of the role of patient trackers, aimed at sustaining and improving the position towards achievement of the December 2007 targets. He advised also that similar actions to improve performance in a further five tumour types, viz: urology, upper gastrointestinal, head and neck, melanoma and lymphoma, were also being pursued, with the aim of removing any backlogs and managing new urgent referrals within the 62 day maximum period. He advised that the national Support Team was visiting Lanarkshire that day to undertake a diagnostic visit to examine patient pathways in selected tumours. He confirmed that the recommendations arising from the visit would be applied to further improve performance in key areas. The Director also reported performance in relation to Diagnostics, where no patient was currently waiting over nine weeks. He advised that by the end of calendar year 2007, it would be necessary to include investigations within an eighteen week total patient journey, and confirmed that discussions within the Diagnostic Collaborative were continuing in this regard. He advised that Unscheduled Care Performance in May had achieved 96% compliance, which was in line with the trajectory and was a level of performance that had been sustained over a number of weeks. He stressed that the actions introduced, which had contributed to this performance, were being monitored and reviewed by the Unscheduled Care Collaborative.

The Chief Executive reported that the Performance Management Committee had met on 21st June 2007, and had given detailed consideration to Waiting Times Performance, focussing especially on Cancer Performance.

THE BOARD:

1. Noted the report on the Waiting Times position at 31st May 2007.
2. Asked to receive a further report.

Director
Acute
Services

c) Delayed Discharges

The NHS Board considered a report on the Delayed Discharges position at 15th June 2007.

The Director of Acute Services explained that at 15th June 2007 there were seven patients in short stay beds (against a target of nil), with 26 patients waiting over six weeks (similarly, against a target of nil). There were also a further 54 patients (of which 5 were in short stay beds), who were in the health system, but currently were waiting under 6 weeks and were undergoing their community care assessments. He highlighted a significant increase in the number of patients waiting over six weeks, reflecting increased numbers of patients going through the system, and confirmed that the circumstances behind that increase was currently being examined. He advised that the most recent national quarterly census, undertaken on 15th April 2007, showed that the total number of delayed discharges in Lanarkshire hospitals compared favourably to hospitals in other NHS Board areas. He advised that the multi-agency review of delayed discharges, initiated by the Lanarkshire Partnership was complete, and confirmed that the review findings were currently being finalised. He advised that the Draft Report of the review would be considered by the Central Monitoring Group at its meeting in June 2007, following which, if supported, it would then be presented to the NHS Board and to North and South Lanarkshire Councils. The Director

reminded members that the target for delayed charges in 2007/08 was that there should be no delayed discharges in short-stay beds and no delayed discharges over six weeks by 15th April 2008. He confirmed that the Scottish Executive had indicated its intention over the next month, to discuss further the detail and implications of the proposed targets with NHS Boards.

THE BOARD:

1. Noted the report on the Delayed Discharge position at 15th June 2007.
2. Asked to receive a further report.

Director of
Acute
Services

d) **Primary Care Out of Hours Service**

The NHS Board considered a report on Primary Care Out of Hours Service.

The Director of the South Lanarkshire Community Health Partnership explained that the report was of a summary nature, focussing on the type of key performance indicators that Out of Hours Services were expected to measure across the NHS in Scotland. He explained the analysis of Out of Hours activity and performance and highlighted key issues of clinical governance. This demonstrated that, for May 2007, the Out of Hours Service had performed well and, in particular, had coped well over the May bank holiday. He advised that the Service was looking in detail at how it could help to achieve the four hours Accident and Emergency target at Wishaw General Hospital. In addition, a piece of work was currently in progress in relation to the development of the 'emergency response service' which initially, would operate on a pilot basis in conjunction with the Acute Service, the Scottish Ambulance Service and NHS 24. The Director confirmed that further reports on the progress of both of these initiatives would be brought back to the Board as part of the quarterly reporting cycle.

THE BOARD:

1. Noted the report on the Primary Care Out of Hours Service.
2. Asked to receive a further report at its meeting in September 2007

Director
South
Lanarkshire
CHP

89. **ANNUAL ACCOUNTS**

The NHS Board considered a report on the Draft Annual Accounts for the year to 31st March 2007 and the Draft Annual Accounts.

The Director of Finance confirmed that the Draft Annual Accounts had been presented to a meeting of the Board's Audit Committee earlier that day, at which the Committee had endorsed the Annual Accounts and had recommended their approval by the NHS Board.

Mr. Sutherland, as Chairman of the Audit Committee, highlighted from the Annual Accounts: the Statement of NHS Board Members' Responsibilities in Respect of the Accounts; the Statement on Internal Controls; and the Independent Auditors Report. He advised that the Auditors report had, in essence, been tabled at the meeting of the Audit Committee, and suggested that it would be appropriate, therefore, for the detailed consideration of the report by the NHS Board to be deferred to its meeting in July. He confirmed that the Board's Annual Accounts were unqualified, even allowing for the Auditors preference to have seen approximately £3m of capital receipt not set against the 06/07 accounts which would, in effect, have increased the year end surplus by that figure.

THE BOARD:

1. Adopted the Annual Accounts 2006/07.

90. **EXTERNAL AUDIT REPORT 2006/07**

The NHS Board received and noted the External Audit Report on the Annual Accounts 2006/07.

THE BOARD:

1. Noted the External Auditors Report.
2. Agreed to defer detailed consideration of the Report to the meeting in July 2007.

91. **GOVERNANCE MINUTES**

The NHS Board received and noted minutes of meetings of Governance Committees as follows:

- a) Audit Committee 25th May 2007
- b) Equality, Diversity and Spirituality Committee - 24th April 2007

In relation to the Equality and Diversity Spirituality Committee minute Mrs. Mahal, who chaired the meeting, reminded members that information about training needs in the area of Equality, Diversity and Spirituality had been circulated on 18th June 2007, including in relation to training events, and urged members to avail themselves of these opportunities.

92. **CONTRACT ARRANGEMENTS FOR SOFT FM SERVICES AT HAIRMYRES AND WISHAW GENERAL HOSPITALS**

Consideration of this item was deferred to the next meeting of the NHS Board in July.

93. **DATE OF NEXT MEETING**

Wednesday 25th July 2007 at 9.30 am.

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