

Lanarkshire NHS Board

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Meeting of Lanarkshire NHS Board, Wednesday  
28<sup>th</sup> February 2007, at 10.30 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  
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  
Mrs S Smith, Non Executive Director  
Mr W Sutherland, Non Executive Director  
Mr H Sweeney, Employee Director  
Mr G Walker, Director of Human Resources  
Mr P Wilson, OBE, Director for Allied Health Professions, Nurses and Midwives

**IN  
ATTENDANCE**

Mr N J Agnew, Corporate Affairs Manager/ Board Secretary  
Mrs K Hamilton, Communications Manager  
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  
Mr R Wright, General Manager, I M & T

**APOLOGIES:** Councillor E. McAvoy, Non Executive Director  
Mr P McCrossan, Chairman, Allied Health Professions Advisory Committee  
Mr E J H Mallinson, Consultant in Pharmaceutical Public Health

17. **WELCOME**

The Chairman welcomed members and attendees to the meeting. He extended a particular welcome to Robin Wright who was attending for the agenda item on the E-

Health Strategy.

18.

### **CHAIRMAN'S REPORT**

The Chairman reported on the principal issues considered at the Minister's meeting with NHS Board Chairs on 26<sup>th</sup> February 2007, as follows:

- Planning out of hours services for Easter
- Reducing waiting times and maintaining performance in this area, especially in relation to Cancer and Availability Status Codes.
- The Strategic Spending Review to be published around September 2007.
- Vaccine storage
- Issues highlighted by the Deputy Minister in relation to: Looked After and Accommodated Children; Vulnerable Adults; the Delivery Framework for Rehabilitation; and the relationship between the NHS and the Prison Service.
- The recently launched Action Plan for Alcohol.
- The review of the Keep Well Pilots and the announcement of new pilot areas.
- The Commission for Racial Equality and racial equality monitoring.
- Standards for health and homelessness.
- Pandemic flu update including the republication of the UK Pandemic Influenza Strategy.
- A presentation on outcomes in community care.
- A presentation on chronic disease management, with mention of the care management pilots operating in Coatbridge, East Kilbride and Clydesdale.

The Chairman reported, also, on a meeting of West of Scotland NHS Chairs on 8<sup>th</sup> February 2007, when discussion had included: regional planning issues; the relationship with the Scottish Health Council and IT developments.

The Chairman highlighted recent Ministerial visits, by the Minister for Health and Community Care, to the Healthy Valleys Project and Lanark Health Centre on 13<sup>th</sup> February 2007 when the Minister had heard plans for the development of a Community Casualty Unit at Lanark Health Centre; and Ministerial attendance at the recent Graduation Ceremony for Minor Illness and Injury Nurse Treatment Service (MIINTS) nurses at Bell College.

The Chairman reported on NHS Board Chairs' private meeting when the Chief Executive of the NHS in Scotland had spoken about the soon to be issued Guidance on the Conduct of Business and Dealing with Enquiries During the Election Period, which would commence officially on 3<sup>rd</sup> April 2007.

The Chairman reported on confirmation of the date for the Board's Annual Review which would be held on 6<sup>th</sup> August 2007.

19.

### **CHIEF EXECUTIVE'S REPORT**

The Chief Executive updated members on progress in the implementation of Modernising Medical Careers. He emphasised that robust arrangements were in place to manage the implementation, with particular regard to the impact of the recruitment arrangements for Specialty Trainees. He explained that there was in place a West of Scotland Regional Group, comprising Medical Directors of West of Scotland Boards, himself and the Chief Executive of NHS Greater Glasgow and Clyde, which had a remit to exercise oversight of the appointment arrangements. This included securing an equitable share of Specialty Trainee posts for the West of Scotland. To date there had been partial success in this area, in that the allocation of Specialty Trainees to the West of Scotland had increased from 42% to 47%, but remained short of the 52% West of Scotland share of the all Scotland population. The Chief Executive explained, also, that the lack of proportionality and the distribution of middle grade doctors within the West of Scotland had, until now, prejudiced Lanarkshire. He highlighted the need for Lanarkshire to provide the training opportunities to attract

middle grade doctors. He explained that he chaired a Sub Group of the Regional Group, with a remit to oversee the distribution of specialty trainees across the five West of Scotland Boards, viz: Forth Valley; Greater Glasgow and Clyde; Lanarkshire; Ayrshire and Arran; Dumfries and Galloway. He confirmed that the first round of interviews was to be concluded by April, with a second round to be concluded by June. He highlighted risk to the system in the short term in the areas of rota compliance and service sustainability, and in the longer term in relation to securing increased numbers of senior grade doctors for Lanarkshire.

The Chief Executive confirmed that progress in the implementation of Modernising Medical Careers would be the subject of regular update reports to the NHS Board from April 2007.

Medical  
Director

20.

### **MINUTES**

The minute of the meeting held on 24<sup>th</sup> January 2007 was submitted for approval and signature.

### **THE BOARD:**

1. Approved the minute for signature.

21.

### **A PICTURE OF HEALTH**

The NHS Board considered a progress report on a Picture of Health Implementation (circulated).

The Modernisation Director explained that the purpose of the paper was to summarise progress to date with the principal workstreams in implementing 'A Picture of Health'. He confirmed that the Programme Initial Agreement, approved by the Board in January, had been submitted to the Scottish Executive Health Department. Close contact with Health Department colleagues was continuing, with meetings diaried in the coming weeks to discuss a range of issues, including the Business Case process and the Primary Care Strategy.

The Modernisation Director reminded members that the Deputy Minister for Health and Community Care, in approving A Picture of Health, asked the West of Scotland Regional Planning Group to prepare a plan confirming that the planning, timing and specifications for Acute hospitals in Ayrshire and Arran, Forth Valley, Greater Glasgow and Clyde and Lanarkshire were being taken forward on a regional basis, with full involvement of the Scottish Ambulance Service. He referred members to the draft plan included within the progress report, which had been drafted with the involvement of all specified Health Boards and the Scottish Ambulance Service, and had been endorsed by the Regional Chairs at their recent meetings. He stressed that a series of meetings with GPs in Coatbridge, Cambuslang, Rutherglen, Cumbernauld and Kilsyth was currently underway, to confirm future referral patterns, to help inform the new catchment populations. The outcome of these discussions would inform the final version of the Regional Plan which was expected to be completed and submitted to the Deputy Minister in March.

The Modernisation Director explained that an A Picture of Health Action Group which met fortnightly under the Chief Executive's Chairmanship, had previously identified 33 priority projects and workstreams, all of which were being actioned and lay across the full spectrum of different stages. He referred members to the headline summary of the current stages included within the Progress Report. He confirmed that Project Teams had been established to action all workstreams, reporting through the Programme Boards.

The Modernisation Director confirmed that recruitment was underway to strengthen the management capacity at all levels, to deliver the change programme. Also,

specialist expertise was being commissioned to advise the Board on legal, financial and technical matters relating to the major capital developments, part of which would also support Performance Management and a regular production and updating of GANTT Charts. In addition, other short-term advice was being procured to support the development of a detailed risk register reflecting all aspects of risk management, and the delivery of accredited project management skills training and development for a wide range of staff to reflect current best practice.

The Modernisation Director explained that a Stakeholder Engagement Group had been established to co-ordinate and set standards for the engagement of the widest range of stakeholders in support of delivering the change programmes, bringing together communication specialists, public and staff and dealing with both internal and external communication and engagement. A staff sounding board was being created and would meet in March, and two Managers' briefings had been held with more planned. Local MSPs had been contacted and individual meetings had been arranged, both to deal with specific issues and to keep them apprised of changes planned. In order to keep the public informed, display Boards featuring the changes in their areas would be placed in Monklands, Wishaw and Hairmyres Hospitals, and specific information about Community Casualty Units would be placed in Lanark and Cumbernauld, all during March.

The Modernisation Director stressed that the Board would receive progress reports at future meetings on the implementation of A Picture of Heath, over and above the presentation of individual Business Cases for approval.

In discussion, the Modernisation Director acknowledged the need to manage the risk of individuals self referring to other than their designated emergency hospital, especially in respect of flow from the West Monklands area to Glasgow and the South East of Glasgow to Hairmyres.

He also acknowledged the need to continue to work closely with the Scottish Ambulance Service in recognition that workforce developments within SAS had a two to three year planning lead time where the enhanced use of paramedics was required.

The Director of the North Lanarkshire Community Health Partnership highlighted the extent of capital and revenue investment in developing a Community Casualty Unit in Cumbernauld, bringing additional benefits to the communities in that locality.

The Communications Manager acknowledged the importance of the availability of local information about the Community Casualty Units. She confirmed that notices about the Cumbernauld Community Casualty Unit would be posted within the area during the course of the following week, and that the arrangements for the introduction of the notices had been discussed the previous week with Cathie Craigie, MSP.

In response to a question from the Chair of the Equality, Diversity and Spirituality Committee, the Director for AHPs, Nursing and Midwifery, as the lead Executive Director for engagement, confirmed that the remit of the Stakeholder Engagement Group encompassed the wider Equality, Diversity and Spirituality Agenda and also embraced the agreed Organisational Values and Partnership working, within a framework and standards for engagement.

The Chief Executive acknowledged the buoyancy of the construction market, nationally and internationally as a risk factor which would require to be monitored and managed intensively, including through making capital schemes as attractive as possible for potential contractors.

The Chairman of the Area Medical Advisory Committee highlighted some of the key assumptions around regional planning and suggested that, as yet, there remained unknown factors, such as transport, for example. He also highlighted the need to

reconcile patient choice with the concept of managed catchments. He reported on discussions within the Area Medical Advisory Committee and its General Practitioner Sub Committee, when the need was highlighted to ensure appropriate levels of clinical engagement, especially from secondary care and primary care medical clinicians, in the planning processes for the implementation of A Picture of Health.

The Modernisation Director confirmed that the Board already had available substantial evidence of current patient flows to inform the planning assumptions about future patient flows both within Lanarkshire and regionally. He stressed that Lanarkshire residents who traditionally used Glasgow hospitals would continue to have access there except for the population of Cumbernauld and Kilsyth where, because of the planned changes to Stobhill Hospital and the development of the new Larbert Hospital, the Board's plans were predicated on 95% of all emergency patients flowing to the new Larbert Hospital. He acknowledged the need to further develop the current level of engagement with General Practitioners and the public in those localities.

It was acknowledged that the involvement of clinicians, whilst already extensive across secondary care and primary care, would require to be further enhanced, preferably through utilising the many existing mechanisms for engagement. The Director for AHPs, Nursing and Midwifery confirmed that the Stakeholder Engagement Group was finalising a framework for clinical engagement under the aegis of the Area Clinical Forum. The Chair of the Area Clinical Forum highlighted the need for greater clarity about the current mechanisms for engagement and confirmed that this would be reflected in the framework document. She also highlighted as an issue to be addressed, the capacity and ability of clinicians to engage, due to the many competing demands on their time. She stressed the importance of the material involvement of the parent Professional Advisory Committees in the planning for the implementation of A Picture of Health.

The Director of the South Lanarkshire Community Health Partnership explained that work had been undertaken to map across lead clinicians in Primary Care to specialty and disease areas in acute, and he suggested that the further engagement of clinicians could be enhanced through utilising these established mechanisms. In an endorsement of this position, the Director, Acute Services, explained that the development of the proposals for the implementation of Acute Services developments was being taken forward through a Project Board and a number of Sub Project Boards, all of which had major clinical input. In addition, five workshops, well attended by clinicians from secondary care and primary care, had been held. He undertook to share information about these mechanisms with the Chairman of the Area Medical Advisory Committee.

Director  
Acute  
Services

The Chief Executive stressed the requirement for the Chairman of the Area Medical Advisory Committee to be provided with sufficient information to enable him to understand the extent of clinical involvement currently in all of the A Picture of Health implementation areas, in order that he might contribute to discussions about the further enhancement of the arrangements.

#### **THE BOARD:**

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

Modernisation  
Director

22.

#### **E-HEALTH**

The NHS Board considered a report on E-Health.

The Director of the South Lanarkshire Community Health Partnership explained that the report described revised governance arrangements for E-Health within NHS Lanarkshire and set out a proposed Implementation Plan for E-Health developments

during the period 2007-2009. He explained, in detail, the revised governance arrangements, involving: an E-Health Executive Group; an E-Health Clinical Delivery Group; a Clinical Lead for E-Health; a Programme Management Office; individual Project Boards; Information Governance and Stakeholder involvement. He also highlighted the 2007/2009 Workplan in the areas of: Patient Identification (CHI); Allied Health Professions Support Systems; PACS/Radiology Information System; Systems to manage patients with long term conditions; System to support Vascular Services Managed Clinical Networks; System to support surgical pre-assessment and post-operative wound management; tele-health and unscheduled care; Sexual Health Information System; Hospital electronic prescribing and medicines administration; GP IT and associated community systems; Emergency Care Summary; further development of the health/social care interface; support for General Dental Practitioner contracts; NHS mail for clinical communication; chemotherapy prescribing; office efficiency; and telecommunications review.

He also highlighted the resource issues associated with the proposed programme of work, and confirmed that these would be manageable within the five year Capital Plan which allocated £1.5m per annum for E-Health Investment up to 2009.

The Director explained that E-health reports would be provided to the Board on a quarterly basis, to provide updates on progress against the plan, and to bring other relevant matters to the attention of the Board.

The General Manager, IT explained that although there were seventeen areas for development and implementation during the planning period, other demands would likely emerge that would require the development of additional projects.

Arising from discussion, the Director of the South Lanarkshire CHP acknowledged the key importance of governance, particularly with regard to the need for clarity about accountability and responsibility for delivery of projects. He also undertook to include dental input to the E-Health Executive Group. He acknowledged the requirement to pursue linkages with the Local Authorities in relation to structural arrangements.

Director  
South CHP

#### **THE BOARD:**

1. Noted the E-Health Report.
2. Agreed to receive quarterly progress reports.

Director  
South CHP

23.

#### **LEARNING DISABILITY ASSESSMENT AND TREATMENT CENTRE**

The NHS Board considered a paper on the Learning Disability Service Assessment and Treatment Centre (circulated).

The Director of the North Lanarkshire Community Health Partnership explained that the report had been prepared to update the Board on the outcome of the stakeholder engagement which had taken place as a consequence of the proposals to move the Assessment and Treatment Unit from the previously preferred site at Strathclyde Hospital to the existing site at Kirklands Hospital. He reminded members of the background to this issue and reported on the processes for the development of the revised Full Business Case, which would be presented to the NHS Board at its meeting in August 2007, at the pre-tender stage. He stressed the recognition that the Full Business Case would require to identify the inflationary uplift of the actual construction start date and to include optimism bias. He stressed also that the Project Implementation Group would monitor progress through the Project Programme and would ensure that Stakeholder Groups, including clinical staff, were engaged at critical stages of the process.

He explained that the Board was asked to invite the Project Implementation Group to develop the revised Full Business Case, which would include Kirklands Hospital site

as part of the Option Appraisal process, to identify the site which would most effectively provide the Service and to ensure the best value for money, with the opportunity to fully deliver the clinical benefits within a Community Learning Disability Service Model.

The Chief Executive reported that the emerging preferred new direction for establishing a single Corporate Headquarters was within the Kirklands Hospital site utilising existing office accommodation there. Formal proposals in this regard would be brought to a future meeting of the NHS Board.

**THE BOARD:**

1. Agreed to invite the Project Implementation Group to develop the revised Full Business Case for the Learning Disability Service Assessment and Treatment Centre.
2. Agreed to receive the revised Full Business Case in August 2007.
3. Noted the report on the development of proposals for a single Corporate Headquarters, and agreed to receive formal proposals at a future meeting.

Director  
North CHP  
Modernisation  
Director

24.

**EQUAL OPPORTUNITIES WORKFORCE MONITORING**

The NHS Board considered a Briefing Paper on Equal Opportunities Workforce Monitoring (circulated).

The Director of Organisational Development reminded members that the Race Relations Amendment Act 2002 placed a number of statutory requirements on public bodies. These included general duties and a number of specific duties. He explained that the purpose of the Briefing Paper was to report to the Board specifically in relation to the Employment Duty (Monitor) which encompassed: workforce; recruitment; training; disciplinary process; grievance process; performance assessment; and people leaving the organisation.

He explained that NHS Lanarkshire had made good progress in compliance with the general and most of the Specific Duties but, like most NHS Boards in Scotland, currently fell short of full compliance with the Statutory Duty in relation to the requirement to monitor the categories of activity within the workforce in relation to ethnicity. He highlighted similar statutory requirements in relation to disability and age, and explained that, again, the Board currently fell short of full compliance with these statutory duties. In addition, the Board fell short of fully monitoring activity within the workforce in relation to gender, sexual orientation and religion.

He outlined the status of Board compliance in relation to each aspect of the workforce monitoring duty, viz: monitoring the workforce; monitoring applications for employment and promotions; monitoring applications for training and training received; monitoring performance appraisals; monitoring disciplinary action, grievances and harassment and monitoring staff leavers. He explained that the challenge of full compliance focussed mainly on the limited development nationally and locally of effective human resources IT systems. He confirmed that he had established a small working group of the Board's Human Resources and IT staff to address full compliance with the statutory duties and good employment practice, with the working group establishing a project plan and prioritising progress to create enhanced compliance with the statutory duty through the further development of data capture and reporting systems. Progress and performance improvement would be led by the working group and would be monitored through reports to the Board's Equality, Diversity and Spirituality Committee, the three Operating Management Committees, the Human Resources Forum and the Staff Governance Committee.

The Director of Human Resources reported on the likelihood of the phased implementation of an electronic staff record for the NHS in Scotland, although the precise timescale for this remained to be confirmed.

**THE BOARD:**

1. Noted the Briefing Paper on Equal Opportunities Workforce Monitoring.
2. Noted the establishment of a Working Group, under the Chairmanship of the Director of Organisational Development to address full compliance with the statutory duties and good employment practice.
3. Endorsed the approach that where the ideal solution depended on development of a national IT System, and development of such a system was not being progressed according to a locally acceptable timescale, steps would need to be taken to influence national system development timescales and interim local systems would need to be developed and implemented.
4. Agreed that the risk associated with non-compliance with the statutory duties outlined in the paper should be recorded in the Board's Strategic Risk Register.

Director  
of  
OD

25.

**LOCAL DELIVERY PLAN**

a) Performance Management Group

The NHS Board received and noted the minute of the second meeting of the Performance Management Group held on 25<sup>th</sup> January 2007, and a Summary Report highlighting the key issues arising from the meeting. (circulated).

Modernisation  
Director

The Modernisation Director explained that consideration was being given to further refining the performance arrangements at a corporate level, and advised that the product of this work would be brought forward to a future meeting.

b) Finance

The NHS Board considered a Finance Report for the month ended 31<sup>st</sup> January 2007 (circulated).

The Director of Finance explained that the actual financial position to the end of January showed an underspend of £2.038m compared with an underspend of £0.215m at the end of December. She explained that following the December results, a further assessment of financial performance for the year was undertaken and emphasised that this work was sufficiently robust to give confidence on the delivery of financial balance in 2006/07. She highlighted the movements since the mid-year review was completed in October and the other contributory factors, the impact of which was sufficient to place the forecast year-end surplus within the range £2.9 to £5.1m. She outlined the principal issues in relation to the year end forecast, and the key elements in relation to: revenue resources; performance in the Acute and Primary Care Divisions and in the Headquarters/Area Wide Departments; Service Agreements/other health care providers; and capital expenditure.

The Director of Finance highlighted, in particular, the Law Hospital sale. She confirmed that recent progress, including the granting of detailed planning consent by South Lanarkshire Council to the developers, enabled a level of confidence that the sale could be included within the Annual Accounts for 2006/07. This would have a significant impact on the year-end outturn, increasing the range for the in-year position to a surplus of £5.5m - £7.8m.

**THE BOARD:**

1. Noted the year to date underspend of £2.038m.

2. Noted the forecast year-end revenue surplus of £2.9 to £5.1m, excluding the impact of the sale of the Law Hospital site.
3. Noted the forecast year-end revenue surplus would increase to £5.5m to £7.8m if the sale of the Law Hospital site was 'booked' by 31<sup>st</sup> March 2007.
4. Noted the forecast year-end capital underspend of £19.554m.
5. Asked to receive a further report.

Director of  
Finance

c) Waiting Times

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

The Director, Acute Services explained that the six month guarantee for inpatients and daycases had been maintained, with no patients waiting over 18 weeks at the end of calendar year 2006, representing delivery of a Ministerial waiting time guarantee 12 months in advance of the guarantee date. He highlighted continuing pressures in orthopaedics, and outlined the management actions being pursued to address the situation. He also highlighted the ongoing implementation of the Cataract Collaborative, and the improvements that that initiative was bringing to the patient pathway with no patient waiting over 18 weeks.

The Director explained that the number of outpatients waiting over 18 weeks had decreased, but remained above the trajectory. He stressed that the reasons for the fluctuations in performance in outpatients were being investigated with work continuing to examine current patient pathways and, in particular, to identify opportunities for service redesign.

He highlighted a further reduction in the number of patients with an Availability Status Code, and the work of the Project Board established to deliver the National Guarantee for ASCs by 31<sup>st</sup> December 2007.

The Director highlighted performance in Cancer where the expected targets for breast and colorectal cancer had been met. Compliance for lung cancer was 80% and work was in progress to address the reasons for the delay in the case of four patients who did not receive their treatment within the guarantee period. He confirmed that work was in progress to further refine the patient information captured for the nine tumour types which were the subject of reporting. This would, in time, enable performance on those tumour types to be routinely reported to the NHS Board.

The Director confirmed that the Action Plans for endoscopy and radiology were being implemented, as reflected in the reduced maximum waits, in line with the trajectory, with short-term initiatives shortly being replaced by permanent capacity to deliver and sustain the nine-week maximum wait by March 2007. He confirmed that for unscheduled care, the performance of 90% for January 2007, against performance of 95% for December 2006, was below the trajectory, reflecting considerable pressure on the system that currently was being worked through.

The Director explained that a meeting had taken place with representatives of the Scottish Executive to discuss Local Delivery Plans for 2007/08 waiting time targets, and he highlighted the key observations from that meeting. He explained that the Scottish Executive had indicated that they would provide financial support to assist delivery of waiting time guarantees during 2007/08, in addition to which access would continue to be provided to capacity at the Golden Jubilee National Hospital. He confirmed that NHS Lanarkshire was currently updating its capacity plan to deliver improved waiting times, and that work would continue on the programme of service redesign and actions to improve performance linked to permanent investment, within the overall context of 'A Picture of Health'.

In discussion, the Director of the South Lanarkshire Community Health Partnership explained that the commissioning of the Lanark Community Casualty Unit would, on the basis of approximately 5,000 attendances per annum from the Lanark and Carluke

areas at Wishaw General Hospital, contribute significantly to relieving the pressures on Wishaw General Hospital through providing more locally based minor injury and illness services for those communities.

### **THE BOARD**

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

Director  
Acute  
Services

d) **Delayed Discharges**

The NHS Board considered a report on the delayed discharges position at 15<sup>th</sup> February 2007.

The Director, Acute Services, explained that performance on delayed discharges was measured on the basis of numbers of delayed discharges in short-stay beds and those waiting over 6 weeks. He advised that, at present, there were 12 patients in short-stay beds (against a target of 10), with 15 over 6 weeks (similarly against a target of 10). He advised that there were a further 46 patients (of which 8 were in short-stay beds), who were in the health system but were currently under 6 weeks, and were undergoing their community care assessments. He highlighted the current actions being taken forward, involving a multi-agency review of all patients who were currently described as delayed discharge, to assess their current status and to identify reasons for delay with a view to resolution, and a multi-agency review of delayed discharges across Lanarkshire, focussed on the use to which the annual financial allocation of around £3m had been put, the impact that that had had in terms of outcomes, and the extent to which it demonstrated value for money.

The Director explained that the target for delayed discharges in 2007/08 was that there should be no delayed discharges in short-stay beds and no delayed discharges over 6 weeks by 15<sup>th</sup> April 2008. He advised that the Lanarkshire Partnership would be seeking a meeting with the Scottish Executive to discuss the targets for 2007/08.

### **THE BOARD**

1. Noted the report on the Delayed Discharge position at 15<sup>th</sup> February 2007.
2. Asked to receive a further report.

Director  
Acute  
Services

26. **GOVERNANCE MINUTES**

The NHS Board received and noted Governance Committee minutes, the purpose for which the Committees had met, and the principal issues considered, as follows:

- a) Staff Governance Committee – 4<sup>th</sup> December 2006
- b) Health and Clinical Governance Committee – 18<sup>th</sup> December 2006 and 19<sup>th</sup> February 2007.
- c) Audit Committee – 12<sup>th</sup> December 2006.
- d) North Lanarkshire Community Health Partnership Operating Management Committee – 6<sup>th</sup> December 2006.
- e) South Lanarkshire Community Health Partnership Operating Management Committee – 22<sup>nd</sup> January 2007.
- f) Equality, Diversity and Spirituality Committee – 1<sup>st</sup> December 2006 and 6<sup>th</sup> February 2007.

27. **BOARD SEMINARS**

The NHS Board noted the proposed programme of Board Seminars, as follows:

- a) Board Diversity Training Day – Friday 20<sup>th</sup> April 2007 (full day).
- b) Delivering for Mental Health – Friday 18<sup>th</sup> May 2007 (am).
- c) A Picture of Health – Implementation Progress Reports covering each of the Programme Boards – Wednesday 13<sup>th</sup> June 2007 (pm).
- d) Local Authority Partnership Arrangements, including Community Planning and Joint Future – Thursday 20<sup>th</sup> September 2007 (pm).

To this Programme would be added, Board Seminars on Staff Governance; ‘Delivering Care, Enabling Health’, and the Review of Community Nursing; and a meeting between representatives of the Board and NHS Quality Improvement Scotland, dates for which remained to be confirmed.

Corporate  
Affairs  
Manager

28. **ANY OTHER COMPETENT BUSINESS**

**Health and Safety Executive visit to NHS Lanarkshire**

The Chief Executive reported that the Health and Safety Executive would commence a visit to NHS Lanarkshire on Monday 5<sup>th</sup> March 2007, in continuance of their commitment to visiting all NHS systems in Scotland to inspect the status of Health and Safety Management.

29. **DATE OF NEXT MEETING**

28<sup>th</sup> March 2007.

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

The NHS Board approved a motion to move into private session due to the ‘Commercial-In Confidence’ nature of the items to be considered.

31. **NEGOTIATED SETTLEMENT – HAIRMYRES HOSPITAL**

The Director, Acute Services, reported on receipt of the final Counsel Opinion, which confirmed support for the steps taken by the Board in reaching the negotiated settlement. The Division’s legal advisers were satisfied with the Counsel Opinion, and action was being pursued with Prospect HealthCare towards signing of the Deed of Amendment. The Director confirmed that the Counsel Opinion had been shared with the Scottish Executive Health Department and with UNISON.

**THE BOARD:**

1. Noted the update report on the Negotiated Settlement – Hairmyres Hospital.

32. **PHARMACY PRACTICES COMMITTEE**

The NHS Board received and noted the minute of the meeting of the Pharmacy Practices Committee held on 27<sup>th</sup> November 2006.

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