

Lanarkshire NHS Board

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Meeting of Lanarkshire NHS Board, Wednesday
25 April 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 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
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 C Sloey, Director, North Lanarkshire Community Health Partnership
Mrs S Smith, Non Executive Director
Mr H Sweeney, Employee Director
Mr G Walker, Director of Human Resources
Mr P Wilson, OBE, Director for Allied Health Professions, Nursing and Midwifery

IN ATTENDANCE Mr N J Agnew, Corporate Affairs Manager/ Board Secretary
Mr C Brown, Communications Manager
Mr 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
Mrs K Thomas, Head of Workforce Development

APOLOGIES: Mr T Currie, Non Executive Director
Councillor E McAvoy, Non Executive Director
Councillor J McCabe, Non Executive Director
Mr I A Ross, Director, Acute Services
Mr W Sutherland, Non Executive Director
Mrs K Hamilton, Communications Manager
Mr P McCrossan, Chairman, Allied Health Professions Advisory Committee
Mr E J H Mallinson, Consultant in Pharmaceutical Public Health

47. **WELCOME**

The Chairman welcomed members to the meeting. He extended a particular welcome to Alison Graham, who was attending her first meeting since taking up post as

Medical Director, and to Kate Thomas, who was attending for the Board's consideration of the Workforce Plan. He expressed his and the Board's appreciation to Jim McCabe and to Eddie McAvoy for their contribution to the work of the Board during their 6 year terms of office, which formally concluded with the Local Government Elections. The Chairman also expressed appreciation to Margie Taylor, who was shortly to take up the position of Chief Dental Officer for Scotland, for almost 14 years of service to NHS Lanarkshire, during which time she had contributed significantly to the development and implementation of initiatives to improve Dental and Oral Health in Lanarkshire.

48. **MINUTES**

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

THE BOARD:

1. Approved the minute for signature.

49. **MATTERS ARISING FROM THE MINUTE**

a) **Local Delivery Plan**

The NHS Board considered the Local Delivery Plan 2007/08 Approval Letter of 30 March 2007 from the Chief Executive of the NHS in Scotland (circulated).

The Modernisation Director explained that in considering the Board's Local Delivery Plan, the Department had looked at 3 main factors, viz: the adequacy of the Planned Performance Trajectories to deliver Ministers' key targets as set out in HEAT (Health Improvement; Efficiency; Access; Treatment Appropriate to Need); that the Board had made a full assessment of the risks associated with delivering the targets and had robust arrangements in place to manage those risks; and that the supporting Financial Plans would enable the Board to continue to meet financial targets whilst implementing the Local Delivery Plan. The Chief Executive of the NHS in Scotland had confirmed that the Board's Local Delivery Plan addressed these factors. In confirming approval of the Plan, the Chief Executive had taken the opportunity, also, to highlight key issues for the Board, in relation to: Sickness Absences; Cancer Waiting Times; Quality Improvement Scotland Clinical Governance and Risk Management Standards, and Workforce Planning and Integration within the Financial Plan. The Modernisation Director confirmed that these issues would be addressed in the implementation of the Local Delivery Plan during 2007/08.

Mrs Nelson, Chair of the Health and Clinical Governance Committee, expressed a concern that, due to a clash of meeting dates, the meeting of the Health and Clinical Governance Committee scheduled for 16 April 2007 had had to be cancelled. This was regrettable given the importance which NHS Quality Improvement Scotland had attached to the contribution of the Health and Clinical Governance Committee within the organisation. The Chairman noted this concern, and confirmed that action would be taken to avoid a recurrence of this situation.

THE BOARD

1. Noted the Local Delivery Plan 2007/08 approval letter from the Chief Executive of the NHS in Scotland.
2. Noted that any actions arising would be addressed in the implementation of the Local Delivery Plan during 2007/08.

**Modernisation
Director**

A PICTURE OF HEALTH

The Modernisation Director highlighted a number of strands of work in progress, as follows:

- Potential lessons for Lanarkshire arising from the consideration being given to Paramedic Services pilots in other parts of Scotland involving the use of innovative approaches to reduce avoidable and unnecessary hospital admissions.
- Appointments to strengthen Project Team capacity and capability, including Robert Peat, CHP Delivery Manager and Joe Clancy, Change and Innovation Manager (Catchment Management).
- Recruitment to enhance Property and Support Services capacity.
- Work with advisors to strengthen the Project Management skills base.
- Consideration by the A Programme of Health Action Group of financial forecasting, especially in relation to capital costs.
- Ongoing catchment redesign, including dialogue with General Practitioners, patients and the public.
- Clinical modelling, including engagement with and leadership of clinical colleagues on design of the patient pathway.
- Further development of the Outline Business Cases for Acute developments.
- The appointment of a Project Team to take forward the detailed planning in relation to the Cumbernauld Community Casualty Unit, for which the Standard Business Case was approved by the Board in March. Mr Sloey advised the Board that an objection in relation to the design of the facility, which previously had been rejected by North Lanarkshire Council Planning Department, had now been lodged with the Scottish Executive.

THE BOARD:

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

**Modernisation
Director**

LONG TERM CONDITIONS

The NHS Board considered a Long Term Conditions: Community Health Partnership Self-Assessment Toolkit (circulated).

The Director of the South Lanarkshire Community Health Partnership explained the background to the development of the Self-Assessment Toolkit, which had a dual purpose of providing a mechanism for local baseline assessment, as well as driving a more generic approach to long-term conditions management across the NHS in Scotland. He advised that NHS Lanarkshire and its partners had undertaken a process of self-assessment which sought to outline current services and acknowledge the gaps in the manner in which these services were delivered, organised and supported. The process had also considered what appropriate and relevant actions were required to further improve the management of services to patients with long-term conditions, identifying what was going well, as well as those areas that would require further

concentration and sustained development. He stressed the extent to which the development of the Self-Assessment Toolkit in Lanarkshire had involved stakeholders, through an “all stakeholder” workshop, with public and carer involvement, as well as the statutory Community Planning partners.

He explained that the Self-Assessment Toolkit was divided into 6 standards, viz: organisation of long-term conditions management; patient information and supported self-care; service design and multi-disciplinary/multi-agency working; interdisciplinary education and training; information and intelligence, and quality and delivery. He advised that a clear outcome from an initial internal assessment and the subsequent all stakeholder event held on 28 March 2007, was the need for the establishment of a Long-Term Conditions Action Team. This Team would have representation from all key stakeholders, including patient and carer representatives, working to Terms of Reference set out in the paper before the Board. The Team would be charged with progressing the Long-Term Conditions agenda and would meet to develop a more detailed action plan with targets, priorities and success criteria.

The Director reported on the assessment of the current baseline, which would inform key areas for development. He advised, also, that the development of the approach to Long-Term Conditions management would require investment, over time. However, it was too soon to make specific claims in relation to the overall requirements to implement the Long-Term Conditions Strategy. Accordingly, NHS Lanarkshire and its care partners would explore and investigate the resources that would be required to ensure that long-term changes were made to the patient/user/carer journey, with initial investment in planning and project management support to allow the development process to move forward.

The Director emphasised that the development of the draft Long-Term Conditions Strategy during 2006 involving all key stakeholders had established firm foundations upon which to build further clear actions both for the NHS and its key care partners. In addition, the revisiting of the Strategy through undertaking the self-assessment process had established a clear baseline from which to move forward. Key to this would be delivering and harnessing the skills of the collective workforce, and agreeing a sustainable approach to care for people with long-term conditions. He explained that the toolkit had been endorsed by the South Lanarkshire Health and Care Partnership and would shortly be presented to the North Lanarkshire Partnership. The completed self-assessment would now be lodged with the Scottish Executive Health Department by 30 April 2007.

In discussion, it was noted that Audit Scotland was due to report in June 2007 on its study of Managing Long-Term Conditions. There was recognition of the need to include the Board’s Health and Clinical Governance Committee in the evidence related to the submission of the Annual Report. There was acknowledgement, also, of the key contribution of the Voluntary Sector, particularly in relation to the condition specific Voluntary Sector agency role, and it was noted that there had been Voluntary Sector input to the local reference groups for the development of the strategy and the completion of the Toolkit.

The Chief Executive advised members that he served as the Chief Executive lead on the National Long-Term Conditions Workstream led by the Chief Medical Officer. He suggested that it would be appropriate to undertake further work to rank the identified priorities, with a focus on self-care/self-management, including how this aspiration could be properly resourced and supported. In this regard, the Director of the North Lanarkshire Community Health Partnership highlighted the contribution in this area from “Keep Well”, the Care Management pilots and the Expert Patient initiatives.

In acknowledging the issues raised, the Director of the South Lanarkshire Community Health Partnership highlighted the need for a level of additional planning and project

management support to the action team in taking forward its remit. He also reported on a favourable response to a bid to the national Co-creating Health Initiative for funding of the order of £600,000 for development of the COPD Managed Care Network. He advised members that the Board already invested substantially in self-supported care for individuals with Diabetes, and on the imminent commencement of a pilot on tele-health, a key aim of which was to reduce the level of inappropriate demand on secondary care.

Discussion highlighted the need to give further consideration to the cost and manpower implications of implementing the actions within the toolkit, and acknowledged the extent to which the results of evaluation had contributed to the development of the comprehensive action plan. It was noted that evidence of the impact of improved long-term conditions management on Acute referrals was equivocal, however, there was available study evidence to demonstrate that improved long-term conditions management improved the quality of care provided outwith the Hospital setting. In recognition of the importance of demand management in the Primary Care setting, further consideration would be given to instituting pilot initiatives to generate local evidence of the beneficial impact of improved long-term conditions management. The Chairman of the Area Medical Advisory Committee, whilst supporting the use of the long-term conditions toolkit, highlighted the historical development of long-term conditions management within Secondary Care and the consequent development of the skills base in that setting. He highlighted the need, in developing long-term conditions management in the Primary Care setting, to recognise the need to transfer to that setting the key clinical resource skills.

THE BOARD:

1. Noted the baseline Community Health Partnership Self-Assessment Toolkit.
2. Noted the evidence presented and the integral action plan, responsibilities and timescales.
3. Supported the establishment of the Lanarkshire Long-Term Conditions Action Team, and asked that the Action Team consider further the issues highlighted in discussion.
4. Asked to receive further reports on a bi-annual basis.

**Director
South Lanarkshire
CHP**

52.

WORKFORCE PLAN

The NHS Board considered an NHS Lanarkshire Workforce Plan (circulated).

The Director of Human Resources reminded the Board of the statutory requirement on all Boards to produce an Annual Workforce Plan. He explained that when he presented the first Workforce Plan to the Board in April 2006, this represented the start of a process which would be developed and refined over time. He stressed the extent to which Workforce Planning was, and would remain, an iterative process, with any public plan only describing the position at a point in time. Therefore, once the Plan was submitted to the National Workforce Unit, there would be further discussion with the Unit on the form and content of the Plan.

The Director of Human Resources explained that when the first version of the Plan was constructed, the strategic thinking around the Picture of Health process, although a key driver for the Workforce Plan, was still in progress. Accordingly, when the Board was discussing its vision for the future, it acknowledged that it would take at least 2 years to produce the definitive Workforce Plan which would underpin the A Picture of Health proposals.

He referred members to Section 3 of the Plan, which described the arrangements which had been put in place to oversee Workforce Development activity, and the specific arrangements which had been put in place around A Picture of Health implementation. He stressed the enormity of the challenges in Learning and Development, related to the implementation of A Picture of Health, and referred members to Section 10 of the Plan which set out the Board's approach in these areas, including realigning the Partnership structure around Education, Training and Development, to meet these challenges.

The Director of Human Resources acknowledged the work of the Programme Boards, which now were in full operation and were beginning to consider workforce issues using the revised Toolkit. However, given that the Programme Boards had different structures and were at different stages in the development of their thinking, most of the projections in the Workforce Plan were based on known organisational changes, rather than the workforce model which would arise as a result of visionary changes to service delivery. In addition, workforce issues arising from Regional Workforce Development, which affected NHS Lanarkshire, were reflected in the appropriate sections of the Plan.

He emphasised that the Workforce Plan reflected the position at 30 April 2007 and highlighted the ongoing work to ensure that outputs were based on the inputs of service planning, workforce demand and demography. He stressed that individual parts of the Plan were tested for affordability, availability and adaptability, against Delivering for Health and against the Local Delivery Plan. He stressed, also, the requirement for the Workforce Planning Projections to be signed off by the Director of Finance and referred members to Section 8 of the Plan which addressed this issue.

He reminded members that Scotland's health remained poor and that Lanarkshire's health remained poor in comparison to Scotland. He suggested that this comparison perhaps explained the high staff sickness levels. He also highlighted a workforce increase of 1.1% between September 2005 and September 2006, and advised that whilst this was less than the Scottish figure of 2.8% for the same period, account had to be taken of the Board's Retraction Programme around, for example, Learning Disability, and the success of the Redeployment and Cost Reduction Programmes. It had to be noted, also, that the increase quoted did not include expansion of Bank arrangements which were not captured in the ISD census. He referred members to Section 8 of the Plan which set out the projections for the workforce for up to 10 years based on current knowledge and information. This, overall, predicted an increase in the workforce.

The Director of Human Resources also referred members to Section 6 of the Plan which described in more detail activity and progress within the A Picture of Health Programme Boards. He also stressed that workforce projections were affected by issues outwith the A Picture of Health process, and highlighted, as one example, the impact on the workforce as a result of Waiting Time Guarantees. He explained that recruitment and retention remained much as before in that challenges were addressed as they arose. He stressed the significant success in recruiting to Consultant vacancies, and highlighted the extent to which this achievement was related to the clarity about the strategic direction provided by A Picture of Health.

In conclusion, the Director of Human Resources explained that an Action Plan had been put together which headlined the work which would be undertaken during 2007/2008, towards the production of next year's Workforce Plan.

The Director of Finance spoke to Section 8 of the Plan which dealt with Workforce Projections and Affordability. She explained that a pragmatic approach had been taken to the development of the Workforce Projections, and stressed that they had been tested against the Board's current financial projections and were therefore affordable within the overall context of the projections over the initial 3 year period. She emphasised, however, that the uncertainty around the next Spending Review

meant that these projections would require to be continually reviewed as the future financial framework became clearer, and as the proposals for A Picture of Health Implementation were developed.

In discussion, the Director of Human Resources explained that the Workforce Development Group had as part of its remit the identification of the key workforce priorities. He confirmed that the Workforce Toolkit featured in the robust approach to the development of projections and assumptions as part of the A Picture of Health process. He also confirmed that a paper setting out high level information on workforce numbers, would be brought back to the NHS Board later in the year.

**Director of
Human Resources**

There was recognition of the contribution of Bank Aide, and the extent to which its use had increased as a direct consequence of the significantly reduced reliance on Agency staff in Lanarkshire. However, the Director for Allied Health Professions, Nursing and Midwifery acknowledged the need to review the continued growth of the Bank, which currently represented approximately 6% of the workforce and to place this within a strategic context.

In response to a question from the Chairman about NHS Dentistry, the Consultant in Dental Public Health explained that there were agreed targets for the numbers of Dentists per head of population. She highlighted the contribution of Dental Access Initiative, in developing population access to Dentists, and the recent recruitment of Polish Dentists. She also highlighted the extent to which Dental School numbers had increased and the training of Dental Therapists. She stressed the need to attract Dentists to Lanarkshire through continued support for the Dental Access Initiative.

The Chairman of the Area Medical Advisory Committee explained that the demography of General Practice was changing with more General Practitioners opting to work part-time, and stressed that whilst overall numbers had not changed, hours of work were now markedly different. He highlighted the extent to which the system's financial position over recent years had impacted on the Practice staff baseline and stressed the need for further investment in this area. He confirmed that there was Local Medical Committee support for Practices to set out their current workforce profile, with an indication of how this had changed over the years and how it was predicted to change over future years. The Head of Workforce Development confirmed her willingness to be engaged in this process with Practices and with the Primary Care Services Manager.

The Chairman expressed his appreciation to the Director of Human Resources and to the Head of Workforce Development and their staff for their contribution to the production of the Workforce Plan.

THE BOARD:

1. Approved the NHS Lanarkshire Workforce Plan and its submission to the Scottish Executive Health Department.
2. Agreed to receive, later in the year, high-level information on Workforce numbers.

**Director of
Human
Resources**

53.

MODERNISING MEDICAL CAREERS

The NHS Board considered a paper on Modernising Medical Careers (circulated).

The Medical Director explained that the paper was presented to provide members with an update on progress in the implementation of Modernising Medical Careers, the UK-wide reform of Postgraduate Medical Training, which had the aim of improving medical training by offering more focussed, competency-based training. She

explained that, in August of 2005, MMC was introduced and Doctors were appointed to Foundation Year 1 and Foundation Year 2 in 2006. She advised that in August 2007, the first competency-based specialty training programmes would begin. She reported on current activity in relation to the Selection and Recruitment Programme for the specialty training posts, and the extent to which this had meant committing Medical and Human Resources staff to the recruitment process within a tight time-frame. She also reported on progress towards the completion of interviews.

The Medical Director also highlighted a number of current issues and actions which were being addressed including: the development of an Action Plan to allow Consultant staff to attend further interviews whilst minimising the impact on Clinical Services; the examination of numbers of specialty training posts for August 2006 through a West of Scotland Group; the development of a detailed Action Plan to address the needs of this group of Doctors in training with regard to their induction in Lanarkshire Hospitals; and the continuation of the Project Board, with its active involvement in developing the Medical workforce in line with A Picture of Health.

The Medical Director stressed the level of commitment to the full implementation of MMC in Lanarkshire, and the wish to continue to offer high quality teaching and support to Doctors in training, as this would contribute materially to recruitment and the future sustainability of Clinical Services.

The Chief Executive stressed that the implementation of MMC, which heralded a move to a trained Doctor Service as opposed to a trainee Doctor Service, carried financial risks which would require to be managed. The Director of Finance explained that additional funding for gaining specialties was non-recurring, and there would, therefore, require to be a realignment of funding between specialties to sustain continuing commitments.

The Medical Director confirmed that further information about the distribution of posts, both current and future for most specialties, would be brought to the NHS Board in May.

THE BOARD:

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

Medical Director

54.

CORPORATE OBJECTIVES 2007/08

The NHS Board considered the Corporate Objectives 2007/08 (circulated).

The Director of Organisational Development explained that the Corporate Objectives for NHS Lanarkshire for 2007/08 were a combination of national and local priorities with the Local Delivery Plan HEAT Targets highlighted. These were: to improve life expectancy and healthy life expectancy for the people of Lanarkshire; to continually improve the efficiency and effectiveness of the NHS in Lanarkshire; to deliver continuous improvement in response to patients' needs for quicker and easier access in use of NHS Services; and to provide treatment appropriate to individuals, ensuring that patients received high quality services that met their needs.

He explained that the Corporate Objectives had been developed by members of the Corporate Management Team and would now be utilised to: inform production of individual personal objectives for Executive Directors for 2007/08; and to cascade the priorities to Corporate Directorates, the Acute Division and the Community Health Partnerships, to create common understanding and commitment to the Board's delivery agenda. He advised that, following the Board's consideration and approval of the objectives, a more "user friendly" version would be produced for public and wider use.

The Consultant in Dental Public Health explained that over and above the targets set out in the Corporate Objectives, there were other Dental targets in the Dental Action Plan. She would liaise with the Director of Organisational Development towards capturing these elements.

It was noted that whilst some of the delivery dates extended beyond 2007/08, there were in-year milestones towards the trajectories.

The Director of Organisational Development highlighted the extent to which the development of the Corporate Objectives reflected joint working with key partners. He stressed that Corporate Plans across Partner agencies should, increasingly, be shared, and undertook to consider this issue further within the overall context of existing planning mechanisms.

**Director of
Organisational
Development**

THE BOARD:

1. Approved The Corporate Objectives 2007/2008.
2. Asked to receive progress reports on delivery during the course of the year.

**Director of
Organisational
Development**

55.

REVIEW OF COMMITTEE ARRANGEMENTS

The NHS Board considered a paper on the Review of Committee Arrangements (circulated).

The Chairman explained that the paper was presented to the Board in fulfilment of the commitment, when the Board approved the new Committee Arrangements, to review them after a period of time. He advised that the Review had, substantially, been informed by the outcome of 1:1 meetings which he had had with individual Non Executive Directors, but also by other organisational factors. He highlighted the principal propositions arising from the Review, as follows:

- The creation of a Property Committee as a Sub Committee of the Audit Committee, to ensure that property disposals, property acquisitions and leases, were set within a proper governance framework.
- Neena Mahal to demit office as Chair of the Equality, Diversity and Spirituality Committee, but to remain as a member of the Committee, with Hugh Sweeney being appointed as Chair, and an expansion of the membership through the appointment of Sandra Smith.
- Rationalisation of the Executive support for Committees, around a designated Executive Lead, supplemented as appropriate by other Executive Directors, and Senior Managers, as the Committees business dictated.
- The replacement of the Performance Management Group with a Performance Management Committee and review of performance of the HEAT and Out-of-Hours targets at formal meetings of the Corporate Management Team.
- Assigning patient focus to the remit of the Health and Clinical Governance Committee, with public involvement being assigned to the remit of the

- Engagement Group, which the Board Chairman would join.
- Discussion of Non Executive Director Term of Membership on Committees at the Chairman's Annual Review meetings with individual Non Executive Directors.

Whilst there was support for the proposed assignment of Patient Focus and Public Involvement to the Health and Clinical Governance Committee and the Engagement Group, respectively, there was recognition of the requirement still to have a designated Director with responsibility for Patient Focus Public Involvement. There was acknowledgement, also, of the need to recognise linkages between PFPI and Equality, Diversity and Spirituality, particularly in relation to maintaining the associated Action Plans and the need to address the Community Development elements of engagement, especially in relation to hard to reach communities.

The Chief Executive confirmed that beyond the Board's approval of the proposals, it would be the intention to review and reorganise the communications and engagement structures, with a report on the outcome being brought to a future meeting of the Board. He stressed that the principal role of the Engagement Group would be to oversee the engagement processes, and confirmed the intention to continue to have a designated Executive Director with overall responsibility in this area.

THE BOARD:

1. Approved the revisions to the NHS Board Committee Arrangements arising from the Review processes.

56.

PRIMARY CARE OUT OF HOURS SERVICES

The NHS Board considered a report on Primary Care Out of Hours Services (circulated).

The Director of the South Lanarkshire Community Health Partnership explained that the purpose of the report was to provide the Board with information on both the levels and standards of service delivery for the month of March 2007 and also over the Easter period. He highlighted performance for March 2007 in terms of activity levels and response times. He also highlighted service delivery issues for March 2007 in relation to frontline staff, multi-disciplinary service delivery and complaints, and service development issues addressed in March 2007 in the areas of Education and training, NHS Quality Improvement Scotland and Pharmacy. He highlighted the principal elements of the service provided over the Easter period, along with delivery issues in relation to the relocation of the Primary Care Centre at Monklands Hospital and directing patient demand. In summary, he confirmed that the changes to service delivery had had a positive impact over the Easter period and were well received by staff. He confirmed that an evaluation of the service would be carried out and that this would inform decisions on whether any changes made over the period should be made permanent.

Arising from discussion, the Director undertook to consider further, performance on call-back times. He also confirmed that NHS Lanarkshire was linking with NHS 24 in relation to the audit of the appropriateness of triage.

THE BOARD:

1. Noted the report on Primary Care Out of Hours Services for March 2007 and Easter 2007.
2. Asked to receive a further report.

**Director
South CHP**

57.

LOCAL DELIVERY PLAN

a) Finance

The NHS Board considered a Finance Report for the year ended 31 March 2007 (circulated).

The Director of Finance reminded members that the detailed Finance Reports presented to the NHS Board over recent months had highlighted a potential range for the forecast surplus of between £5.5m and £7.7m, taking account of the sale of the Law Hospital site and the Accumulated Deficit. She confirmed that the actual Financial Position to the end of March was in line with these projections, and showed an In-Year underspend of £15.465m, equating to a £7.072m carry forward surplus after clearing the brought forward deficit of £8.393m. She stressed that the most significant issue to note in relation to the Year End position, was that NHS Lanarkshire had now cleared the Accumulated Deficit brought forward from previous years. She reminded members that this had peaked at £20.400m at 1 April 2004. She stressed the magnitude of this achievement for the organisation and confirmed that the Financial Plan for 2007/8 saw the organisation returning to recurring balance at a time when it was embarking on a period of significant strategic change, the financial consequences of which were likely to be significant. Accordingly, ongoing robust financial management across the system was essential.

The Director of Finance also highlighted the financial performance in relation to: Revenue Resources; the Acute Division; Primary Care; Headquarters/Area-Wide Departments; Service Agreements/other Healthcare providers; the Corporate Recovery Programme; and Capital.

Members joined the Chairman in expressing appreciation to staff across NHS Lanarkshire for their contribution to the achievement of the Year End Outturn and the contribution that this would make to the delivery of the Board's Financial Recovery Plans.

THE BOARD:

1. Noted the In-Year surplus of £15.465m.
2. Noted the revenue carry forward of £7.072m, taking account of the £8.393m Accumulated Deficit brought forward.
3. Noted the capital underspend of £18.507m.
4. Noted that final confirmation of performance against the Revenue and Capital Resource Limits would be reported in the Annual Accounts for 2006/07, to be presented to the Audit Committee on 27 June 2007, following External Audit Review.

b) Waiting Times

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

The Chief Executive explained that, in total, there were 26 Waiting Time Targets, 22 of which NHS Lanarkshire was currently achieving. He highlighted those targets which remained a challenge for the system, in relation to: the maximum waiting time of 18 weeks for outpatients; the maximum 4 hour Accident and Emergency wait; and the 62 day maximum wait from GP urgent referral to commencement of treatment for Colorectal Cancer and Lung Cancer. He confirmed that, of the other 22 targets, in the areas of: inpatients and day-cases; inpatients/day-cases Availability Status Codes; Breast Cancer; and Diagnostics, many had been achieved and were being sustained, in

some cases in advance of the guarantee date for delivery. He stressed the substantial management effort that was being focussed on the 4 targets which presented particular challenges to the system, with the aim of achieving the delivery dates.

THE BOARD:

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

**Director
Acute Services**

c) **Delayed Discharges**

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

The Chief Executive explained that the paper indicated the Delayed Discharge position at 15 April 2007. He confirmed that on the annual census date of 15 April 2007, there were 7 patients in short-stay beds (against a target of 10), with 5 patients waiting over 6 weeks (similarly, against a target of 10). There were also a further 35 patients (of which 7 were in short-stay beds), who were in the health system, but were currently under 6 weeks. Those patients were undergoing their Community Care Assessment. The Lanarkshire Partnership had therefore delivered the national Delayed Discharge targets at 15 April 2007.

The Chief Executive reported that a multi-agency review of Delayed Discharges, initiated by the Lanarkshire Partnership, was complete and that the Review findings were currently being finalised. The draft report would, following consideration by the Central Monitoring Group, be presented to the NHS Board and to the North and South Lanarkshire Health and Care Partnerships. The Chief Executive highlighted the target for Delayed Discharges in 2007/08 viz: that there should be no Delayed Discharges in short-stay beds and no Delayed Discharges over 6 weeks by 15 April 2008, and confirmed that the Lanarkshire Partnership was seeking a meeting with the Scottish Executive to discuss the targets proposed for 2007/08.

THE BOARD

1. The Board noted the report on the Delayed Discharge position at 15 April 2007.
2. Asked to receive a further report.

**Director
Acute Services**

58. **DATE OF NEXT MEETING**

Wednesday 30 May 2007.

59. **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 business to be considered.

60. **PHARMACY PRACTICES COMMITTEE**

The NHS Board received the minute of the meeting of the Pharmacy Practices Committee held on 31 January 2007 (circulated).

THE BOARD

1. Noted the purpose for which the Committee had met, its principal deliberations, and its conclusions and decision.

NJA/OD
22 May 2007