

Lanarkshire NHS Board

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Meeting of Lanarkshire NHS Board, Wednesday
29th August 2007, at 9.30 am in the Board Room,
NHS Lanarkshire, 14 Beckford Street, Hamilton

CHAIRMAN: Mr P K Corsar, Non Executive Director

PRESENT: Mr J A Anning, Non Executive Director
Mr D Clark, Non Executive Director
Mr T Currie, Non Executive Director
Mr T Davison, Chief Executive
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 R Lyness, Director, Acute Services
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 for Strategic Implementation, Planning and Performance Management
Mr C Sloey, Director, North Lanarkshire Community Health Partnership
Mrs S Smith, Non Executive Director
Mr W Sutherland, Non Executive Director
Mr G Walker, Director of Human Resources

IN

ATTENDANCE

Mr N J Agnew, Corporate Affairs Manager/ Board Secretary
Mrs K Hamilton, Head of Communications
Mr E J H Mallinson, Consultant in Pharmaceutical Public Health
Dr V J Sonthalia, Chairman, Area Medical Advisory Committee

APOLOGIES:

Mr H Sweeney, Employee Director
Mr P Wilson, OBE, Director for Allied Health Professions, Nursing and Midwifery
Mr K A Small, Director of Organisational Development
Mr P McCrossan, Chairman, Area Allied Health Professions Advisory Committee

108.

CHAIRMAN'S REPORT

The Chairman reported on his recent attendance at a major local Conference on Alcohol and Drug Services in North and South Lanarkshire organised by the Lanarkshire Alcohol and Drug Action Team.

109.

MINUTES

The NHS Board, received, for approval and signature, the minute of the meeting held on 25th July 2007.

THE BOARD:

1. Approved the minute for signature.

110.

A PICTURE OF HEALTH – A REVIEW OF ACCIDENT AND EMERGENCY SERVICES

The NHS Board considered an update report on the progress of the review, and a paper setting out an Agreement on the Process to Review the Accident and Emergency Services in Lanarkshire and Ayrshire.

The Director for Strategic Implementation Planning and Performance Management updated members on the progress of the Review, in terms of: the development of clinical scenarios, which continued to be refined following discussion with clinical groups and the project group; the commitment to undertake wide engagement with staff and clinical specialty groups throughout the Review; communication with other bodies, including NHS Ayrshire and Arran, the Scottish Executive Health Department, and Pricewaterhouse Coopers who would provide Project Assurance to the Board; the work programme including, for each scenario, financial analysis, capital and logistics, and implications for the ambulance service; and engagement with the Chairman of the Independent Scrutiny Panel, towards ensuring that the submission of the Board's proposals would be developed and completed in a manner that was agreed with the ISP. He stressed the need for a clear and open process in relation to the eventual decision on the provision of Accident and Emergency Services within NHS Lanarkshire, and referred to the paper, prepared by the Modernisation Director, which outlined the process that was to be followed, and which would lead to the Health Board recommending a preferred option to the Cabinet Secretary in relation to the configuration of Accident and Emergency Services.

The Modernisation Director explained that the Agreement paper described the process and timetable for undertaking the review of Accident and Emergency Services in Lanarkshire and in Ayrshire and Arran, in light of the Government's decision to ensure that Accident and Emergency Services continued at the main hospital sites in both areas. He stressed that the Review, in both areas, involved a complex set of issues, all of which needed proper consideration in pursuit of the best outcome for patients. He explained that, in acknowledgement that it may be necessary to alter some aspects of the process as it proceeded, the paper before the Board had been discussed with, and agreed by, the principal parties viz: The Independent Scrutiny Panel; the Scottish Executive; both NHS Boards (subject to agreement at Board meetings); and Pricewaterhouse Coopers. He stressed also that the Health Board's process of review would engage widely with local Clinicians, Managers and representatives of the Patient Partnership Fora, whilst the independent Scrutiny Panel would engage more widely with public and community interests. He stressed also that, at the point of determining a recommendation, the Health Board would require assurance that stakeholders had been appropriately involved in the Option Appraisal. He outlined from the paper the main stages in the process leading to a recommendation from the NHS Board to the Cabinet Secretary and a Ministerial decision. He highlighted, in particular: the Option Appraisal process; generating the options; identifying the evidence; benefits criteria; stakeholder engagement; scoring the options; the identification of a preferred option; financial analysis; and the decision process. He confirmed that, in accordance with best practice, a detailed Project Plan would be prepared to deliver the Agreement, and to act as a basis for future evaluation of the Accident and Emergency Review process.

In discussion, a question arose in relation to the impact of the review outcome on the Board's ability to meet legislative requirements, particularly in the area of mental health. The Director of the North Lanarkshire Community Health Partnership stressed that the Board did, and would continue to, meet its legislative requirements in the provision of mental health services, although there was a demonstrated and acknowledged need to invest substantially in the further development of services and the facilities from which they were provided. He confirmed that work with clinicians would continue, towards identifying alternative options in the event that the outcome of the review of Accident and Emergency Services resulted in a need to re-prioritise developments in other areas of A Picture of Health. The Modernisation Director explained that the opportunity costs of the Review would become clearer once the relative costs of the alternative scenarios, and their impact on the Board's development aspirations, was known.

The Modernisation Director reminded members that public engagement and public consultation had featured, largely, during the development of, and consultation on, A Picture of Health, in accordance with the extant National Guidance. He confirmed that it was the Board's intention to engage members of the public in the scoring element of the processes leading to its decision in January 2008, with the process for engagement being agreed with the Independent Scrutiny Panel. He stressed that it was, however, the explicit responsibility of the The Independent Scrutiny Panel as part of its remit to take forward the wider public consultation.

Councillor McCabe stressed that whilst he had supported the retention of Accident and Emergency Services at Monklands Hospital, he had also supported the totality of A Picture of Health, and therefore had material concerns about the potentially significant impact of the outcome of the Review on the Board's ability to preserve its planned investment in the priority developments in Primary Care and in Mental Health.

The Chief Executive explained that in the overall financial analysis, the additional cost of retaining three Accident and Emergency Departments was but one of a number of additional costs that had arisen since the Board's decision, in December 2005, to consult on A Picture of Health. Of these additional costs, he highlighted the level of uplift to the Board as, potentially, the most significant. He also highlighted the cost of meeting the Ministerial commitment to a total waiting time of 18 weeks from referral to treatment, and the NHS Lanarkshire increasing share of the escalating cost of the new Sick Children's Hospital in Glasgow, all of which, when taken together, presented a different range of affordability issues that would require to be worked through in detail in a revised Financial Plan.

THE BOARD:

1. Noted the update report on the work in relation to the review of Accident and Emergency Services.
2. Approved the Agreement on the process to review the Accident and Emergency Services.
3. Asked to receive a further report.

Director of
Strategic
Implementation
Planning and
Performance
Management

111.

MODERNISING MEDICAL CAREERS

The NHS Board considered a report on Modernising Medical Careers.

The Medical Director explained that the report built on previous reports to the Board about the planning for and implementation of the second phase of Modernising Medical Careers (MMC). She outlined the position with regard to establishments and the recruitment process. She reported on the position with regard to 'unplaced

doctors', in pursuit of the decision by the Cabinet Secretary for Health and Wellbeing to offer continuity of employment to doctors who were in training programmes at 31st July 2007 and who had not secured an offer of continued training under MMC. She also highlighted ten gaps under MMC and stressed that NHS Lanarkshire was actively seeking to recruit to these gaps. She stressed that action had been taken to minimise the impact on the service, by increased Consultant input, and ensuring where possible an even distribution of unfilled posts. Therefore, all rotas were being covered, although there were some concerns with regard to New Deal compliance.

The Medical Director explained that MMC would remain as an area of risk for NHS Lanarkshire, particularly with regard to the overall number of FTSTA posts and Lanarkshire's fewer ST posts, relative to other Board areas in the West of Scotland Deanery. She confirmed that close working with the West of Scotland Regional Workforce Group would continue to consider future projections and the possible redistribution of posts within the West Deanery. She advised, also, that NHS Lanarkshire was adapting to an evolving situation with recruitment processes, as well as to a change in the skill mix of doctors in training.

She emphasised that, overall, the implementation of MMC in Lanarkshire on 1st August 2007 had been largely successful, and emphasised that close monitoring of the situation would continue, with further updates being provided to the Board on a quarterly basis.

The Medical Director acknowledged the need to begin early to prepare for the changeover in August 2008. She advised that under the auspices of the Chief Medical Officers Group, on which she served, a small Steering Group had been established to consider any lessons arising from the 2007 experience, and how they might inform the preparations for 2008. She advised that NHS Lanarkshire's interests were also served through the Chief Executive's Chairmanship of the West of Scotland Regional MMC Group. She explained that feedback on the experience of junior doctors would feature in the planning for 2008, through British Medical Association representation on the Chief Medical Officer Group, and through an analysis of the results of a satisfaction survey of doctors in Lanarkshire.

The Chairman expressed his, and members, appreciation to the Medical Director and to the Human Resources Medical Staffing Team for their material contribution to the successful implementation of the second phase of Modernising Medical Careers on 1st August 2007.

THE BOARD:

1. Noted the update report on the implementation of the second phase of Modernising Medical Careers.
2. Agreed to consider future updates on a quarterly basis.

Medical
Director

112.

CANCER SERVICES

The NHS Board considered a report on Cancer Services.

The Director of Acute Services explained, in a detailed presentation, that the report was intended to advise the Board on the most recent actions within NHS Lanarkshire to improve waiting times for cancer treatment, in order to fully comply with the 62 day guarantee for treatment for urgent GP referrals by the end of December 2007. She reminded the Board that, in June, the Cancer Performance Support Team (CPST), undertook a diagnostic visit in Lanarkshire to assess performance against the 62 day waiting time guarantee, the format of this visit mirroring visits undertaken previously by CPST to a number of other NHS Boards across Scotland. She confirmed that the assessment focussed on five key areas, viz: Leadership; Systems and Processes; Clinical Engagement; Inter-Hospital Transfer Agreements; and Breach Analysis –

Use of Data. She explained that the report before the Board described the main points arising from the CPST visit to Lanarkshire, and outlined the main points of the Action Plan designed to address the CPST recommendations, and ensure full compliance in Lanarkshire with the Waiting Time Guarantee by December 2007. She stressed that the response by NHS Lanarkshire focussed on a number of key areas, including: the capture and analysis of information; pathway management; clinical engagement; service management, and reporting arrangements, and she explained the specific Lanarkshire response in relation to each of the 23 CPST recommendations. She stressed that the detail of the Action Plan was being implemented through a newly established Cancer Action Group, which she chaired, with membership including the Medical Director, Lead Clinicians and Nurses for each tumour type, Managers and Clinical Audit leads.

The Director also highlighted two areas in particular, viz: Data Sources and Management and Reporting Arrangements. She explained that there were currently two recognised methods of data collection within NHS Lanarkshire, against each tumour type. These were: the Board's Clinical Audit Department, as a retrospective data source, which was well established across the nine tumour types and was designed specifically as a clinical audit tool to drive improvements in service quality, and weekly reporting, the prime purpose of which was to track patients through their journey, identify and resolve any issues that constrained progress, and deliver the guarantee. She advised that, at present, the Scottish Executive used the retrospective data from the Board's Clinical Audit Department to monitor and report on waiting time performance at national level. She highlighted the key distinction between the data sources, being that the Clinical Audit Report was retrospective, against the weekly tracking source which captured and reported real-time patient information. She explained that whilst, to date, there had been no reconciliation of the two sources of information, it was intended to introduce a single source for reporting, which had at its core, clinical and general management engagement, with a process having been established to ensure that all data was verified and signed off by the Director of Acute Services and the Medical Director prior to its submission to the Scottish Executive.

In the area of Management and Reporting Arrangements, the Director highlighted the appointment of an Interim Cancer Service Manager with effect from 16th July 2007, with a key responsibility to support Lead Clinicians and General Managers to implement the recommendations contained within the CPST Report, and to deliver the waiting time guarantee. In addition, a series of weekly and monthly meetings had been established for each of the tumour types, involving lead clinicians, Managers and Clinical Audit leads to review and agree the capture/interpretation/recording and reporting of information for clinical audit and tracking purposes. Also, agreement had been reached with the CPST on the arrangements that would apply to reporting on referrals received before 1st August 2007 (described as 'backlog'), and referrals from 1st August 2007. She confirmed that the backlog for each tumour type had been identified and arrangements put in place, following discussion with clinicians, to ensure that this backlog would be removed by 30th September 2007. She explained that additional capacity had been introduced in response to increased activity, but that the full extent of additional capacity required to deliver a sustainable solution for each tumour type would emerge over the period to 30th September 2007. She highlighted the detailed arrangements in place to track patients along the pathway to treatment, and explained that the volume of patients being tracked across the tumour types was variable, as was the cancer yield, ranging up to 10%.

The Director advised that internal reporting mechanisms were being introduced to provide the Chairman and the Chief Executive with a weekly performance report that detailed progress against the reduction of the backlog to 30th September 2007, and tracking of new referrals from 1st August 2007. She confirmed, also, that in September 2007, progress on compliance with the 62 day guarantee for all nine tumour types would be reported to the NHS Board, along with an update report on progress to remove the backlog.

The Director of Acute Services explained that most of the areas identified by the CPST during its visit had already been identified through the local management processes, but acknowledged that the CPST involvement had provided an added focus and impetus to the local actions. She explained, also, that the CPST conclusions and recommendations from their visit to Lanarkshire were similar to those reported in other Board areas that CPST had visited. She advised that there already had been some additional investment to support the further actions required, and that consideration was being given to expanding the specialist nursing input to cancer services, as well as the appointment of an additional colorectal surgeon later in the year, and the need for further investment in Consultant staffing in respiratory medicine.

The Medical Director emphasised the extent of the effort and commitment that had gone into putting in place the arrangements in the areas highlighted by the Director of Acute Services, to improve cancer waiting time performance and achieve the waiting time guarantee for urgent GP referrals by December 2007. She highlighted, as fundamental to the process, the multi-disciplinary team consideration of cases, and the inclusion of relevant key actions within Consultant Job Plans.

She highlighted the work currently in hand with General Practitioners around referral of urgent cases, and she advised that the yield of 10% was not inconsistent with experience throughout Scotland. She reminded the Board of the need not to lose sight of the importance of also managing the levels of referrals that were non-malignant. In an endorsement of this position, the Chairman of the Area Medical Advisory Committee stressed the importance to patients and General Practitioners of the earliest possible diagnosis excluding cancer. He also emphasised the extent to which General Practitioners were operating according to the agreed referral protocols for urgent cases.

The Chief Executive reminded members that the cohort of staff whose contribution was essential to the delivery of the cancer waiting time targets, also had key roles and responsibilities in relation to the delivery of other key targets around outpatients, inpatients, unscheduled care and diagnostics, often accompanied with significant responsibilities related to management, training and the recent introduction of Modernising Medical Careers. He highlighted the inter-relationship between the Board's recommendations to the Cabinet Secretary on Accident and Emergency Services and the future arrangements for inpatient services. He reminded members of the extent to which medical staffing in Lanarkshire compared unfavourably with other areas, bringing significant pressures on specialist resources to maintain specialist services across three acute sites. He explained that the cancer targets related only to a small minority of the totality of cancer referrals that also required to be seen within waiting time guarantees, and advised that the yield of cancers from routine referrals often was higher than for urgent referrals.

The Chairman acknowledged the substantial effort that had been expended on comprehensively reviewing the arrangements for managing urgent cancer referrals, and on the implementation of actions in response to the Cancer Performance Support Team recommendations. He stressed the importance of maintaining the focus on the actions, and placed particular emphasis on the contribution of the weekly monitoring and reporting arrangements outlined by the Director of Acute Services.

THE BOARD:

1. Noted and agreed the Action Plan designed to deliver the recommendations of the Cancer Performance Team and ensure compliance with the 62 day guarantee by December 2007.
2. Agreed the method of gathering and analysing data to improve monitoring of the services.
3. Agreed the proposed management and reporting arrangements.

4. Noted the current performance levels against the main tumour types.
5. Asked to receive a further report.

Director of
Acute Services

113

PUBLIC HEALTH LEGISLATION

The NHS Board considered a response to the Public Health (Scotland) Bill: Powers and Functions of Scottish Ministers, Health Boards and Local Authorities – Role of the ‘Competent’ Person and Medical Examination – Consent Issues.

The Director of Public Health reminded members that at its meeting on 1st January 2007, the NHS Board had considered and approved a response to the consultation on proposed amendments to the public health legislation in Scotland. She advised that in fulfilment of its undertaking to issue a report on the consultation process by Spring 2007, the Department had issued information to the Service which set out the consultation responses, in particular relating to three key areas, viz: the powers and functions of Scottish Ministers, Health Boards and Local Authorities; role of the ‘competent’ person; and medical examination – consent issues, and had asked for further comment from consultees. She advised that she had co-ordinated the Board’s response, both through dialogue internally with Public Health professionals in Lanarkshire and, more widely, through contacts with the Public Health Network throughout Scotland. She explained that to meet the consultation deadline of 31st July 2007, the response before members had been lodged with the Scottish Executive Health Department, and was submitted to the NHS Board for ratification. She highlighted the principal elements of the further consultation and the Board’s response, in particular relating to support for the need for a Statutory Designated Medical Officer role, on the basis that it had served the public well to date, and the need for the power of medical examination to require a competent medical examination by suitably qualified professionals.

THE BOARD:

1. Noted the further issues which were the subject of consultation, and ratified the consultation response lodged with the Scottish Executive Health Department.

114.

ADULTS WITH COMPLEX NEEDS

The NHS Board considered Outline Business Cases for developments for adults with complex needs/low secure unit, at Coathill, Coatbridge and at Caird House, Hamilton.

The Directors of the North and South Lanarkshire Community Health Partnerships reminded members that a position paper was presented to the Board in June 2007, to provide an update on progress in the development of Outline Business Cases. They also reminded members that the modernisation of mental health services, to enable delivery of services fit for the 21st Century, was a key element of A Picture of Health. They explained that national legislation and direction had been to move from institutional care to more care provided within the Community, resulting, in Lanarkshire, in a gradual reduction in beds in a number of hospital sites, notably Hartwoodhill, Cleland and Roadmeetings. They advised that the proposed closure of Hartwoodhill and Airbles Road had presented the opportunity to review the overall bed configuration for mental health and to relocate these beds within the communities in both North and South Lanarkshire, through building new units at Caird House in Hamilton and at Coathill Hospital, Coatbridge comprising a total of 55 beds. They emphasised that these developments would provide step-down facilities to support the acute admission units for those patients who no longer required the degree of nursing and medical care offered within an acute inpatient setting. Importantly, these facilities would offer a service which was not limited to specific diagnostic groups, but was tailored to the needs of individuals who may have severe psychiatric disorders, complex social and mental health care needs, a poor network of social care

supports, and poor social functioning. They explained that the developments would provide a range of facilities, including: treatment and care of the highest possible quality in the least restrictive environment as close to the community as possible; a purpose built facility designed to enable the delivery of a modern healthcare service which complied with current Scottish Executive Health Department Guidance and service user expectations; an opportunity to deliver an enhanced range of services to this complex client group; and would support the delivery of modern mental health care and treatment through the provision of better and more accessible services to clients within their own communities.

The Director of Finance confirmed that the management of the decant costs associated with the transition, would be addressed within the overall context of the estates strategy. She also confirmed that the projects were affordable within the terms of the Financial Plan, provided that tenders fell within the range of the estimates, and that the Board would work with its Estates Advisers to review the Strategy for the disposal of the Hartwood and Hartwoodhill Hospital sites acknowledging that they sat within an Urban Regeneration Area.

The Chief Executive reiterated the position previously explained to the Board, viz: that pending clarification on the overall financial position, work would continue to plan development projects up to the point of commitment. He stressed that the Outline Business Cases before the Board were consistent with that position. He stressed also that the Board could not make substantial additional financial commitments until the revised Financial Plan was brought to the Board for consideration early in 2008, but acknowledged that the Board may require to consider individual cases earlier in the event that they represented a pressing need.

THE BOARD:

1. Approved the Outline Business Cases for the development of Adults with Complex Needs (Low Secure Units at Coathill Hospital, Coatbridge and at Caird House, Hamilton), on the basis of capital costs on the preferred options at £5.199m and £8.144m, respectively.
2. Acknowledged that the projects could not progress beyond the point of contractual commitment, pending clarification of the Financial Plan, but agreed to consider the position further in the event that the need for either development became more pressing in the Interim.

115.

FUTURE ARRANGEMENTS OF THE CAMBUSLANG/RUTHERGLEN LOCALITY WITHIN SOUTH LANARKSHIRE COMMUNITY HEALTH PARTNERSHIP

The NHS Board considered a proposal for the future arrangements of the Cambuslang/Rutherglen locality within South Lanarkshire Community Health Partnership.

The Director of the South Lanarkshire Community Health Partnership explained that the Cambuslang/Rutherglen locality formally became part of the South Lanarkshire Community Health Partnership in April 2006. He advised that this had been agreed by both NHS Lanarkshire and NHS Greater Glasgow and Clyde as part of the Scheme of Establishment for the CHP, and ensured that there was co-terminosity of the South Lanarkshire CHP with South Lanarkshire Council. He explained that whilst the locality was part of the South Lanarkshire CHP, it was still contained within the NHS Greater Glasgow and Clyde boundary and, as such, was funded by and was accountable to NHS Greater Glasgow and Clyde. He advised that the Cambuslang/Rutherglen locality, together with the Northern Corridor (the area covering Steps and Moodiesburn which was part of the North Lanarkshire Community Health Partnership), were the only two areas left in Scotland where NHS and Council boundaries were not co-terminous. He explained that there had been

discussions over the past nine months between NHS Lanarkshire and NHS Greater and Clyde, with the aim of reviewing the management and operating arrangements for the locality within the South Lanarkshire Community Health Partnership, and to consider whether these were the most effective arrangements for the locality in the medium term.

The Director explained that on the basis of the discussions that had been held the paper before the Board outlined a proposed way forward for the future for the Cambuslang/Rutherglen locality, in particular, the main reasons for change, what the change would mean for patients, staff and contractors, and the relationship that would then exist with NHS Greater Glasgow and Clyde.

He explained that the proposed way forward would be to transfer responsibility for the Cambuslang/Rutherglen locality from NHS Greater Glasgow and Clyde to the South Lanarkshire Community Health Partnership. He stressed that the physical areas of Cambuslang and Rutherglen would still remain within the NHS Greater Glasgow and Clyde boundary; however, the full financial responsibility for staff and independent contractors would pass to the South Lanarkshire Community Health Partnership, which would fully manage the services on behalf of NHS Greater Glasgow and Clyde as an integral part of the wider Community Health Partnership, thereby allowing the Cambuslang/Rutherglen locality to work more efficiently, to share best practice more easily, and to communicate with ease with the rest of the South Lanarkshire Community Health Partnership. It would also allow the Cambuslang/Rutherglen locality to operate and develop a consistent approach with the rest of the Community Health Partnership with regard to a number of key arrangements.

The Director highlighted Section 6 of the proposal, which outlined a number of options and issues with regard to the contractual arrangements for both directly employed staff and independent contractors, and stressed that these issues would be fully examined during the three months of discussion with the Community Health Partnership and the Clinical Fora in both Health Board areas. He stressed, also, that the proposal had recently been considered and approved by the Greater Glasgow and Clyde NHS Board, and that future consultation would include the Public Partnership Fora and the Community Councils for the localities.

Mrs. Mahal, Chair of the South Lanarkshire Community Health Partnership, endorsed the direction of travel set out in the proposal before the Board, particularly with regard to the positive implications for performance management and the improved efficiency of services. Councillor McAvoy confirmed that South Lanarkshire Council had no material concerns about the proposed direction of travel.

The Director of the South Lanarkshire Community Health Partnership acknowledged an issue raised by the Director of Finance about the alignment of costs and charges, given that Greater Glasgow and Clyde was funded above Arburthnott and Lanarkshire was funded below Arburthnott. However, he reassured the Board that Prescribing costs within the locality were ring fenced, and that there would be an agreement with Greater Glasgow and Clyde about the sharing of overhead costs.

The Director of the North Lanarkshire Community Health Partnership explained that a similar integration progress for the northern corridor was being taken forward. He advised that, thus far, agreement had been reached on the maintenance of services, and that issues relating to independent contractors and their staff would be addressed in further dialogue with interests, with proposals being brought to the Board at an appropriate point in the future.

The Chairman acknowledged the work that had been undertaken, both in relation to the South Lanarkshire Community Health Partnership and the North Lanarkshire Community Health Partnership, and stressed that this formed part of a gradual, evolutionary, consensual approach to integration that was being pursued.

THE BOARD:

1. Noted the report on the discussions which had taken place in relation to the future arrangements of the Cambuslang/Rutherglen locality within South Lanarkshire Community Health Partnership.
2. Approved the paper as the basis for further discussion during the next three months within both Board areas.
3. Agreed to receive a final proposal in December 2007 reflecting the conclusions from this further period of discussion.

Director
SLCHP

116.

ADULTS WITH INCAPACITY (SCOTLAND) ACT 2000 – NHS BOARDS SUPERVISORY ROLE

The NHS Board considered a proposal for the arrangements for the continuation of the Board's supervisory role under the Adults with Incapacity (Scotland) Act 2000.

The Director of the North Lanarkshire Community Health Partnership explained that the report before the Board had been prepared to inform members of their responsibilities under the Adults with Incapacity (Scotland) Act and to seek approval to proceed with the recommendation to establish a Supervisory Body to meet the obligations set out in Part IV of the Act. He explained the background to the proposals. He advised that under the terms of the Act the NHS Board was designated as the Supervisory Body, and that it was proposed that this responsibility be delegated by the NHS Board to the North Lanarkshire Community Health Partnership. He explained that, if approved, the proposal would see the North Lanarkshire Community Health Partnership forming a Supervisory Body and developing the required procedures to meet the Board's obligations under the Act. He advised further that the inaugural meeting of the Supervisory Body would set out the Terms of Reference and the scope of responsibilities of the Supervisory Body, would confirm the membership and would initiate the formal authorisation process. Thereafter, the Supervisory Body would carry out reviews and would report to the Mental Welfare Commission as required by the Act.

THE BOARD:

1. Agreed to delegate its responsibility as the Supervisory Body to the North Lanarkshire Community Health Partnership.
2. Approved the proposal that this delegated responsibility be discharged through a Supervisory Body as proposed, and that the North Lanarkshire Community Health Partnership should proceed as soon as possible with implementation.
3. Asked that formal notice of this approach be communicated to the Mental Welfare Commission for Scotland.

Director
NLCHP

117.

LOCAL DELIVERY PLAN

a) Finance

The NHS Board considered a report on financial performance for the month ended 31st July 2007.

The Director of Finance explained that the report provided the NHS Board with an update on the financial position for the four months of the financial year 2007-2008. She explained that the financial position to the end of July showed an underspend of £1.778m, and stressed that this was in line with the position reported at the end of June and continued to show a slight improvement in comparison to the approved Financial Plan. She confirmed that the forecast year end surplus, as per the approved Financial Plan, was £3.971m. She reported that work was ongoing on the development of a non-recurring 'Invest to Save', plan for the year, and advised that, when finalised, this would be considered by the Corporate Management Team and

brought to a future meeting of the NHS Board. She highlighted the need to invest further in cancer waiting times and waiting times generally, since the Board did not receive the full allocation, as anticipated, from the National Waiting Times Unit. She explained that further information was awaited from NHS Greater Glasgow and Clyde on the contribution required from Lanarkshire for achieving waiting time targets in respect of Lanarkshire residents treated, but emphasised that appropriate provision had been made for this within the Financial Plan.

THE BOARD:

1. Noted the actual revenue underspend of £1.778m as at 31st July 2007.
2. Noted the forecast year end surplus of £3.971m per the approved Financial Plan.
3. Noted that capital expenditure of £1.295m had been incurred to date, against the planned expenditure for the year of £27.258m.
4. Noted that work was ongoing on the development of a non recurring 'Invest to Save' plan for the year, and agreed to consider finalised proposals at a future meeting.

Director
of
Finance

b) Waiting Times and Delayed Discharges

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

The Director of Acute Services explained that the paper set out the position at 31st July 2007 in terms of the performance of waiting times compared to the planned trajectory identified in the Local Delivery Plan, and reported on performance against the Delayed Discharges targets for the year. She further explained that the paper detailed progress against each target, with an indication of action taken and/or planned to address slippage. She highlighted the rating against each target in respect of progress, with green representing on target, amber representing off target, but will recover to meet the target, and red representing that the target would not be met within the timescale. She stressed that, currently, none of the targets had a red rating. She advised that there was particular pressure on two targets, namely the 18 week outpatient target and cancer targets, which had been reported in detail earlier in the meeting. In relation to outpatients, she highlighted the particular pressures in ear, nose and throat, orthopaedics, gynaecology and dermatology, and the range of actions being pursued within the specialties. She stressed that the Action Plan to deliver the outpatient target had been discussed with the National Delivery Unit, with a view to the trajectory more accurately reflecting the impact of the actions planned or proposed over the period August to December 2007 to reduce the number of patients waiting over 18 weeks. As a result, an adjustment to the trajectory had been made, against which the NHS Board would be measured over the period to 31st December 2007.

The Director highlighted the cataract targets where outpatient performance was in line with the trajectory, and where inpatients and daycases indicated a downward trend, with the guarantee being achieved by the end of the calendar year. She also highlighted performance for hip fracture against the target involving admission to a specialist hip unit within 24 hours/percentage of operations performed within 48 hours, and stressed that appropriate actions, including escalation policies, had been put in place with the aim of improving and sustaining performance. She also highlighted the Accident and Emergency four hour wait where performance had been maintained during July and reflected the range of measures introduced to improve service delivery.

She explained that there were currently 35 patients clinically ready for discharge, whose discharge was delayed by more than six weeks (against a target of eight), and twelve patients who occupied a bed in a short-stay specialty (against a target of eight). She advised that this upward trend had occurred since April 2007 and related to South Lanarkshire patients only.

She advised that dialogue was taking place between NHS Lanarkshire and South Lanarkshire Council to analyse the information available about the factors that had contributed to this situation, and to identify solutions to reduce the number of patients over six weeks and deliver a sustainable solution in line with the trajectory. She stressed the requirement to achieve a solution prior to commencement of the winter period, when acute hospital beds would come under increased pressure. She advised that the Delayed Discharge Review Report had now been finalised and would be submitted to South Lanarkshire Council and to the NHS Board at a future meeting.

THE BOARD:

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

Director
Acute
Services

c) Primary Care Out of Hours Services

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

The Director of the South Lanarkshire Community Health Partnership highlighted the principal issues arising from the analysis of performance. In particular, he highlighted the number of NHS Lanarkshire patients triaged in the local centre where extended opening hours of the Satellite Centre from 1st July 2007 had resulted in additional call volumes. He also highlighted the response time for home visits, where there had been a slight drop in performance, and stressed that this was the subject of careful monitoring and work with NHS 24 to resolve the factors that had contributed to this situation prior to the onset of winter. He highlighted a number of developments, including: out of hours services involvement in discussions on the future of unscheduled care and in the winter planning process; a pilot exercise to integrate appropriate accident and emergency activity with primary care at Wishaw General; and the introduction of the new NHS 24 IT system, the performance of which would be monitored and reported to the NHS Board in September. He reminded members that, in June, the NHS Board had received a report which outlined the manner in which the Winter Plan would be brought together over the coming months. He stressed that the Plan was very much a whole system plan covering Acute and Primary Care Services, with clear linkages with both Social Work Departments, NHS 24 and the Scottish Ambulance Service. He explained that intensive planning arrangements were in place to finalise the Plan, and that NHS Lanarkshire would, along with other NHS systems, present the Plan at the National Winter Planning Conference on 12th September 2007. He advised, also, that a final winter plan, that had been self-assessed and which considered major risk factors and their mitigation, would be presented to the Scottish Executive Health Department by the end of September, following consideration by the NHS Board at its meeting in September.

THE BOARD:

1. Noted the Summary Activity and Performance for Primary Care Out of Hours Services for July 2007.
2. Asked to receive a further report, and the finalised winter plan, at its meeting in September.

Director
SLCHP

118.

GOVERNANCE MINUTES

a) Audit Committee 27th June 2007

The NHS Board received and noted the minute of the meeting of the Audit Committee held on 27th June 2007.

119. **DATE OF NEXT MEETING**

Wednesday 26th September 2007

120. **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.

121. **CONTRACT ARRANGEMENTS FOR SOFT FM SERVICES AT HAIRMYRES HOSPITAL AND WISHAW GENERAL HOSPITAL**

The NHS Board considered a paper on the contract arrangements for Soft FM Services at Hairmyres Hospital and Wishaw General Hospital.

The Director for Strategic Implementation, Planning and Performance Management reminded members of the background to the issue, including consideration of the matter at meetings of the NHS Board on 25th July 2007, when the Board had agreed that a formal contract be signed between NHS Lanarkshire and Prospect Healthcare for the provision of Soft FM Services at Hairmyres Hospital, and that a form of contract documentation between NHS Lanarkshire and Summit Healthcare for the provision of Soft FM Services at Wishaw General Hospital should be concluded by both parties by 31st July 2007. He reminded members, also, that Unison had raised questions in relation to compliance with Diversity legislation, and confirmed that, following receipt of appropriate legal advice which was shared with the Scottish Executive, and following the financial assessment of the negotiated agreement between NHS Lanarkshire and Summit Healthcare, the Scottish Executive considered that the proposal in relation to Wishaw General Hospital provided value for money. He highlighted, also, correspondence of 31st July 2007 from the Cabinet Secretary for Health and Wellbeing, in which the Cabinet Secretary confirmed that she was satisfied that the Board had taken appropriate steps to determine its legal, financial and equality positions in respect of both proposed settlements, in terms of the existing contractual arrangements in place, and that there was no reason for her to intervene in either of the decisions reached by the Board. Consequently, the legal documentation for both contract extensions had now been signed by all parties.

The Director for Strategic Implementation Planning and Performance advised that he and the Director of Human Resources would hold further meetings with Unison to discuss the means of addressing, in partnership, the management issues previously highlighted to the Board.

THE BOARD:

1. Noted the position in relation to the contract arrangements for Soft FM Services at Hairmyres Hospital and Wishaw General Hospital including the signing of contract extensions.

