

Lanarkshire NHS Board

14 Beckford Street
Hamilton ML3 0TA
Telephone 01698 281313
Fax 01698 423134
www.nhslanarkshire.co.uk



Meeting of Lanarkshire NHS Board, Wednesday
26th March 2008, at 9.30 am in the Board Room,
NHS Lanarkshire, 14 Beckford Street, Hamilton

CHAIRMAN: Mr P K Corsar, Non Executive Director

PRESENT: Mr D Clark, Non Executive Director
Mr T Davison, Chief Executive
Mrs S Goldsmith, Director of Finance
Dr A Graham, Medical Director
Mr A Lawrie, Director, South Lanarkshire Community Health Partnership
Mrs. R. Lyness, Director of Acute Services
Councillor E McAvoy, 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
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 P Wilson OBE, Director for Nurses, Midwives and Allied Health Professions

IN ATTENDANCE: Mr N J Agnew, Corporate Affairs Manager/ Board Secretary
Dr D Brookes, Ashbrook Consulting
Mrs K Hamilton, Head of Communications
Mrs L Khindria, Deputy Director of Human Resources
Mr R W Shorter, Planning and Development Manager
Mr K A Small, Director of Organisational Development
Dr V J Sonthalia, Chairman, Area Medical Advisory Committee

APOLOGIES: Mr J A Anning, Non Executive Director
Mr T Currie, Non Executive Director
Councillor J McCabe, Non Executive Director
Mrs D McCormick, Non Executive Director
Mrs N Mahal, Non Executive Director
Mr G Walker, Director of Human Resources

25. **WELCOME**

The Chairman welcomed members and attendees, including members of the public, to the meeting.

26. **CHAIRMAN'S REPORT**

The Chairman reported that on 17th March 2008 he, along with the Chief Executive and other Senior Officers, had met Constituency and List MSPs for a briefing around the proposed introduction of Primary Percutaneous Coronary Intervention, the Five Year Financial Plan 2008/09 to 2012/13 and the Five Year Capital Investment Plan 2008/09 to 2012/13.

The Chairman wished to place on record his, and the Board's, congratulations to staff at Monklands Hospital for the achievement of a Healthy Working Lives Silver Award, particularly since Monklands Hospital was the first mainland hospital in Scotland to achieve this standard. He paid tribute, in particular, to the contribution of Christine McNeil to this achievement, through the leadership she had provided in co-ordinating the sustained effort necessary to reach the testing award standard.

27. **MINUTES**

The Minute of the Meeting held on 27th February 2008 was submitted for approval and signature.

THE BOARD:

1. Approved the minute for signature, subject to noting that Mrs. M. Nelson, Non Executive Director, should be recorded amongst Apologies.

28. **MATTERS ARISING FROM THE MINUTE**

- a) 60th Anniversary of the National Health Service

The Employee Director reported that the tea for retired staff would be held on the afternoon of 30th July 2008, and he asked Board members, if possible, to keep this date clear in their diaries in order that they might attend.

29. **FINANCIAL PLAN AND CAPITAL INVESTMENT PLAN 2008/09 TO 2012/13**

- a) Financial Plan 2008/09 to 2012/13

The NHS Board considered a Financial Plan 2008/09 to 2012/13, and an Addendum which was tabled.

The Director of Finance explained that the Financial Plan set out the additional resources available to the Board for the next five years, highlighting the impact on the underlying recurrent position, the cumulative surplus available for future investment, and the planned utilisation of the new resources. She advised that the planning assumptions were set out in the body of the Report, along with the risks which would require to be managed throughout the period. She explained that, for 2008/09, it was estimated that there would be a forecast in-year deficit of £1.5m, with the cumulative surplus reducing to £10.5m. She stressed that, throughout the five year planning period, recurring balance was maintained, and that the position within the Financial Plan was predicated on National Resource Allocation Committee (NRAC) funding of £5m per annum from 2009/10, in addition to the general uplift to the baseline allocation.

The Director of Finance referred members to the Addendum. She explained that the Financial Plan issued with the papers for the meeting, included an allowance of £9m – ‘non-added value’ capital investment in Monklands Hospital, and various Primary Care premises across the period 2008/09 to 2009/10, and advised that this was predicated on the assumption that the cumulative surplus, estimated to be £11.9m by 31st March 2008, would allow for further investment on a non-recurring basis, to take forward a second phase of work already being progressed in the current financial year. She stressed that specific detailed plans were to be developed, to recognise the ongoing premises investment required, as well as any ‘traditional’, or double running, costs associated with the wider capital programme.

She reported that, based on further information from the Scottish Government Health Finance Division on 20th March 2008, it had been necessary to revise these proposals. She explained that under the revised Financial Plan attached to the Addendum, there was a forecast in-year surplus of £3.1m for 2008/09, with the cumulative surplus increasing to £15m. She stressed that, throughout the five year planning period of the revised plan, recurring balance also was maintained.

The Director of Finance explained that it was presently unclear whether the Scottish Government Health Department would approve the Financial Plan with the level of NRAC funding assumed throughout the five year planning period. Whilst retention of a higher level of cumulative surplus clearly mitigated this risk, this would mean some investment being funded on a non-recurring basis, in advance of NRAC being received in full. She stressed that this was a key issue, requiring urgent discussion with the SGHD.

She reported that, in light of issues raised during the Board Seminar on the Financial Plan preparation, held on 4th March 2008, she had reflected further on the likelihood and impact elements of the risk assessment, and had redefined key areas of risk accordingly. She highlighted the required level of performance in relation to absence, and advised that this would be addressed through the distribution of the pay uplift monies. She also explained that the contract for non-Consultant Career Grade Medical Staff had now been agreed, with a cost nationally of the order of £10m, of which the Lanarkshire share would be £1m. She would take forward discussions with the Medical Director in relation to the risk associated with this issue.

Director
of
Finance

The Director of Finance reported the requirement for the Board to generate ¾% Cash Releasing Efficiency Saving (CRES), in addition to the 2% Government CRES target, with this additional efficiency saving being available to the Board for reinvestment. She also highlighted the requirement for the Board to generate £47m of CRES over the next three years, and confirmed that discussions would be had with the Scottish Government Health Department on presentational issues, with a paper being brought back to the Board setting out the Strategy in relation to efficiency savings.

Director
of
Finance

In discussion, the Director of Finance restated the level of risk to the Board in relation to the full implementation of NRAC over the five year life of the Financial Plan. She stressed that if, however, the Board reached formal agreement with the Scottish Government Health Department in relation to carry forward, this would support any slippage on NRAC.

The Chairman stressed that this position would require the Board to carefully consider Business Cases for developments on a case by case basis, including any potential implications for the timescales for delivery.

The Director of Finance noted questions from members in relation to: the impact of Agenda for Change; the implications of application of the new International Financial Reporting Standards; and Disposals. She advised that the release on revenue from disposals would be factored into the Business Cases for developments, and confirmed that the benefit on sale now accrued to capital rather than to revenue. She also advised that final clarity was awaited on the precise impact of the introduction of the new International Financial Reporting Standards.

The Deputy Director of Human Resources explained that the publication of Agenda for Change information was conditioned by outstanding Equal Pay claims which were being taken forward on a national, United Kingdom, basis. She explained the position in relation to addressing situations where grading had been underscored, and confirmed that the outcome in relation to these matters would be the subject of a full report to the Staff Governance Committee on 22nd April 2008.

The Director of Finance acknowledged questions from members in relation to carry forward/ the timescale for delivery of the development proposals, and certainty around the figures presented to the Board. She explained that, on the basis of the information available, a level of modelling could be undertaken, but stressed the need for certainty, from SGHD, in relation to the likely timescale for the implementation of NRAC, in order to finalise the Board's Financial Plan.

THE BOARD:

1. Noted the Financial Plan for the period 2008/09 to 2012/13, and noted the risks highlighted in Appendix 3 of the report.
2. Noted the impact of the removal of the premises investment and, most importantly, the risk around the level of National Resource Allocation Committee (NRAC) funding in future years, and the impact of this on the longer term financial position of the organisation.
3. Asked to receive a further report at its meeting in April, including a finalised Financial Plan for approval.

Director
of
Finance

b) Financial Investment Programme 2008/09 to 2012/13

The NHS Board considered a Financial Investment Programme 2008/09 to 2012/13.

The Director for Strategic Implementation, Planning and Performance, explained that the paper before the Board was intended to: provide an update on current and planned investment in premises; seek approval for future capital investment in acute services at Monklands Hospital; request that the Board approve the Capital Financial Plan for 2008/09 to 2012/13; request that the Board agree to prioritise the major Capital Investment Programme in Primary Care, Mental Health and Learning Disabilities for 2008/09 to 2012/13. He stressed that the proposals for major capital investment, contained in the paper, were based on the assumption that the Board approved the Financial Plan for 2008/09 to 2012/13, and the Capital Financial Plan for the same period.

He explained that investment in the Board's estate was not limited to major capital projects, and confirmed that, during 2007/08, a total of £5.182m would be spent on general refurbishment and improvements to accommodation, and would improve compliance with statutory requirements in NHS Lanarkshire premises, with a further £9m being currently available across 2008/09 and 2009/10, of which firm plans had been established for £7.083m. He advised that, in addition, planning was underway for a further £2m of investment in the estate for 2008/09 and 2009/10, over and above the Estates Investment Programme 2007/08 to 2008/09, with the majority of this expenditure being within Monklands Hospital on projects considered to be general maintenance and general refurbishment.

He explained that work undertaken by the Board's technical advisers in respect of *A Picture of Health*, and the Review of Accident and Emergency Services, highlighted the need for, and the complexity of, estates investment in Monklands Hospital. He stressed that the Board had always been committed to be substantial investment in Monklands Hospital, and highlighted the requirement for this to be based upon a clear clinical strategy for the hospital, which had now been clarified following the decision of the Cabinet Secretary on 27th February 2008 on the Review of Accident and Emergency Services. He explained the intention that an Investment Plan be developed for Monklands Hospital, utilising the report of the Board's Technical Advisers, and with stakeholder engagement, identifying year on year investment in Monklands Hospital, but requiring to be structured to ensure that the building not only remained safe and functional, but also that the investment was aligned to the clinical requirements of the site. He stressed that this work would commence, with immediate effect, and that the framework of an Investment Plan would be completed during the current calendar year. This would be contingent upon the approval of the Financial Plan, which included the £2m per annum for general work for 2008/09 and 2009/10, and £5m per annum of capital monies for 2010/11 to 2012/13, with this proposed long-term investment requiring approval through the Scottish Government Capital Investment process. The first step in this process would be the submission of an Initial Agreement document to the Scottish Government, outlining the Board's Capital Investment Plan, along with the supporting governance arrangements.

The Director for Strategic Implementation, Planning and Performance, stressed that, in addition, it was intended that a new Mental Health inpatient facility would be developed on the Monklands Hospital site. This development would be processed separately through the Scottish Government Capital Investment process.

The Director of Finance outlined the overview of the Capital Plan 2008/09 to 2012/13. She explained that the existing capital formula, (Arbuthnott Formula adjusted for cross boundary flows and tertiary services), had been applied across NHS Scotland, resulting in baseline capital funding of £29.495m for 2008/09, with a further £3.034m ring-fenced for medical equipment, and £0.691m ring-fenced for ophthalmic practices, with no funding having been allocated from the Primary and Community Care Premises Modernisation fund.

She explained the summary of the Capital Plan 2008/09 to 2012/13, taking account of: carry forward-prior years; carry forward 2007/08; net capital allocation; capital expenditure; and disposal proceeds. She advised that the Capital Plan assumed that the funding 'banked' with SGHD at the end of 2006/07 (£18.696m), would not be required in future years. In addition it was recognised that the Board would no longer require, in the current planning period, the up to £100m capital funding which the previous Government administration had indicated would be made available for Monklands Hospital, although the Board would require as much capital funding as possible to support investment in the next planning period. She advised that the forecast capital underspend for the current financial year (£19.43m), would be required by 2008/09, to meet the investment plan for that period, with formal approval to carry this forward being required from SGHD, through the Local Delivery Plan submission.

She explained that, during 2008/09, investment was planned on a number of specific developments, such as Airdrie Resource Centre and Coatbridge Dental and Integrated Resource Centre, as well as the anticipated completion of the Bellshill Resource Centre, in addition to which, the plan set out more general investment in medical equipment, IM & T and car parking across NHS Lanarkshire.

The Director for Strategic Implementation, Planning and Performance reminded members that the Board had consistently highlighted the need for significant investment in Primary Care, Mental Health and Learning Disabilities Services, and remained committed to providing as many of the community developments identified within *A Picture of Health* as possible. He advised that with the change in the provision of Accident and Emergency Services, and the completion of some capital projects, there were 16 outstanding projects as set out within the paper, and stressed that, with such an extensive programme of work, it had always been planned that the developments would be undertaken in two tranches.

He explained that to inform the Board's consideration of priorities for investment, a stakeholder event, bringing together a range of clinical and managerial staff and representatives from user and carer organisations within Primary Care, Mental Health and Learning Disabilities, had been held on 3rd October 2007. At this, participants had been requested to prioritise a range of capital projects, with the report of the outcome of the event having been circulated widely within NHS Lanarkshire and to interested organisations and individuals, including Constituency and List members of the Scottish Parliament.

He explained that in determining the Capital Investment priorities for the next five years, the projects required to be assessed against key criteria, as follows:

- Delivery of patient and clinical benefits;
- To be open within the next five years;
- Their impact upon other Health Services in Lanarkshire;
- The need to meet legislative requirements e.g. the Mental Health Care and Treatment (Scotland) Act 2003;
- The impact upon and extent of commitments to other partner agencies;
- Affordability within the Financial Plan;
- The level of financial expenditure incurred to date;
- The level of planning work completed to date.

He advised that, in assessing all 16 identified projects against the criteria, and taking into account the views from the stakeholder event, it was recommended that eight projects should be included in the capital programme of the next five years. These were:

- Airdrie Resource Centre
- Bellshill Resource Centre
- Caird House
- Carluke Resource Centre
- Coatbridge Primary Care and Dental Centre
- Coathill Hospital
- Kirklands Hospital Learning Disabilities Assessment and Treatment Centre
- Monklands Hospital Mental Health Inpatient Unit

He stressed that all revenue consequences of these projects had been included in the Financial Plan 2008/09 to 2012/13, and advised that since the known rate of NRAC growth was only firm for 2008/09, it would be essential for the Capital Investment Programme to be kept under review on an annual basis, to ensure that revenue growth could meet the impact of capital investment. He stressed, also, that an annual review would be required to take account of actual construction inflation, since any construction inflation beyond the expected inflation rate of 8% based on construction costs to date, could impact on the ability to deliver all eight projects within the five year planning period. He advised that the annual review of the Capital Programme would ensure a prudent and pragmatic approach to investment, in addition to which, all of the projects identified as priorities for the next five years would be subject to Business Case process, affording the Board further opportunities to scrutinise and clarify the financial challenges prior to a final decision on individual major capital projects.

The Director for Strategic Implementation, Planning and Performance, stressed that the need for further Capital Investment in Primary Care, Mental Health and Learning Disabilities beyond the eight prioritised projects must remain a priority for the Board. He advised that, should the Board approve the implementation of the five year programme presented, it was recommended that the other projects identified within the paper, continue to be kept under review, with early interim solutions being identified, where possible. Accordingly, planning work for the implementation of the second tranche of projects would be undertaken, to enable projects to be completed as resources permitted. It was expected that this would be after 2012/13, although establishing the Capital Plan for beyond that date would be completed over the next three years. He highlighted the current planning position on specific second tranche projects viz: East Kilbride Resource Centre; Hamilton Resource Centre; Lanark and Cumbernauld Community Casualty Units. He stressed that further pressures for Capital Investment would arise from the need to improve the facilities of GP owned premises, and changes to acute services which may arise from the expected challenges in meeting the eighteen week referral to treatment guarantee, although these were not quantified or clarified at this stage.

The Chief Executive reminded members the rationale for the Cumbernauld Community Casualty Unit was the increased travel distance for residents of the area to Accident and Emergency, whereas the rationale for the Lanark Community Casualty Unit was to help relieve pressure on the Accident and Emergency Department at Wishaw General which, although expanded, would have been managing significantly increased activity with the designation of Monklands Hospital as a planned care site. He explained that the key rationale for the Lanark and Cumbernauld Community Casualty Units had, fundamentally, changed with the retention of full Accident and Emergency Services on the Monklands site. He stressed that whilst the Units were not recommended in the first tranche priorities, there may be a need to review the timing of these developments, having regard to the Board's performance around Accident and Emergency, in relation to the ongoing delivery of the four hour unscheduled care target and the new Government HEAT Target in the Local Delivery Plan to reduce Accident and Emergency attendances by 2011, the assessment of the impact on Lanarkshire of the opening of the new Larbert hospital, and increased activity flows from the Northern corridor.

The Chief Executive reported that an explicit profile of efficiency savings, including an updated Property Strategy, would be brought forward to the Board for consideration within the next three months.

The Chairman of the Area Medical Advisory Committee sought clarification on the planned investment in Monklands Hospital, against the original A Picture of Health investment of up to £100m investment in the development of the site.

The Director of Finance explained that investment of the magnitude planned under A Picture of Health could not be contemplated without appropriate decant facilities in place, and she advised that such facilities would not be in place until the new Mental Health Unit was commissioned. In an endorsement of this position, the Director for Strategic Implementation, Planning and Performance, highlighted the need to maintain Monklands Hospital as an operational site whilst major construction was ongoing. The Chief Executive reminded members that during the Review of Accident and Emergency Services, the Board had made clear that the upgrading of Monklands Hospital would take longer than originally anticipated. However, he stressed that, when taken together, the planned expenditure on existing buildings and the additional developments on the site, represented significant Capital Investment in Monklands Hospital.

The Director for Strategic Implementation, Planning and Performance, confirmed a level of confidence that the proposed Capital Investment Programme could be delivered over the five year period. He explained that Currie and Brown had been appointed as the Board's technical advisers, and that work with the Local Authorities, in relation to their interest in the developments, was progressing. In addition, a Head of Capital Planning had been appointed, and would have a key role in ensuring that planned developments progressed according to timescale.

The Chief Executive stressed that the Board's internal capacity to manage schemes of the magnitude proposed would be expanded. However, he explained that there were complexities which impacted on the Board's ability to bring forward alternative schemes, that were outwith the Board's direct control e.g. some proposals, other than those in the first tranche priorities, were time-bound by the Board's ability to acquire land. He stressed that the enhanced internal capacity would assist the Board in managing any challenges that might arise in progressing the Capital Investment Plan.

THE BOARD:

1. Noted the significant estate investment completed in 2007/08 and to be undertaken in 2008/09.
2. Approved the Capital Financial Plan for the period 2008/09 to 2012/13, subject to finalisation and approval of the Financial Plan 2008/09 to 2010/2013.
3. Agreed the Capital Investment Plan priorities for 2008/09 to 2012/13, viz:

Airdrie Resource Centre
Bellshill Resource Centre
Caird House
Carluke Resource Centre
Coatbridge Primary Care and Dental Centre
Coathill Hospital
Kirklands Hospital Learning Disabilities Assessment and Treatment Centre
Monklands Hospital Mental Health Inpatient Unit
4. Noted that planning of further Capital Investment would continue.
5. Asked to receive regular progress reports.

Director
SIPP

30.

CORPORATE OBJECTIVES 2008/09

The NHS Board received, for consideration, the Draft Corporate Objectives 2008/09.

The Director of Organisational Development explained that the Draft Corporate Objectives had been developed around key areas, as follows:

- To improve life expectancy and healthy life expectancy for the people of Lanarkshire, through health improvement and health protection.
- To deliver continuous improvement in response to patients' needs for quicker and easier access in the use of NHS services, through: waiting times and access to services; service modernisation and planning; patient focus public involvement, equality, diversity and spirituality
- To provide treatment appropriate to individuals, ensuring that patients receive high quality services that meet their needs.

He explained that the key areas within the Corporate Objectives reflected the implementation of national policy and were consistent with the Local Delivery Plan, in addition to which they reflected local priorities. He advised that the Corporate Objectives would inform the development of Divisional, Team and individual Executive and Senior Manager objectives.

He invited members to submit comments on the Corporate Objectives directly to him in order that a finalised version might be brought to the Board in April. He advised that the Corporate Objectives would also be considered by the Remuneration Sub Committee, in addition to which they would be shared with the Local Authorities and lodged with the Scottish Government Health Department.

THE BOARD:

1. Noted the Draft Corporate Objectives 2008/09.
2. Agreed to receive a final draft in April 2008.

Director
OD

31.

ALCOHOL AND DRUG ACTION TEAM STRATEGY

The NHS Board received, for consideration, the Alcohol and Drug Action Team Strategy 2008/2011.

The Director of the North Lanarkshire Community Health Partnership, in his capacity as Chair of the Alcohol and Drug Action Team, explained that the report before the Board had been prepared to advise members of the core aims and objectives for Substance Misuse Services, as set out in the Lanarkshire Alcohol and Drug Action Team Strategy 2008/2011, including the proposed performance reporting arrangements to the Scottish Government in 2008/2009.

He explained that Alcohol and Drug Action Teams across Scotland had been the subject of a National Review in 2007, and whilst this stocktake provided generally positive feedback about the roles of ADATs across Scotland, it indicated that there was a need to bring about more robust accountability arrangements within the wider context of Single Outcome Agreements, with a new framework taking effect from 1st April 2009. He advised that during the transitional year of 2008/09, Alcohol and Drug Action Teams would continue to be the main vehicle for setting the strategic priorities within their Health Board area, in order to bring a greater focus to service delivery.

He stressed that the Lanarkshire ADAT Strategy was developed through an analysis of local needs, and was based around the national priorities for alcohol and drug problems, viz: safeguarding and promoting the interests of children, young people and families affected by substance misuse; reducing the level of alcohol and drug-related harm at a community level; and providing support for individuals with alcohol and drug related problems. He also highlighted the content of the main chapters within the Strategy, as follows:

- Chapter 1 – Overview of the ADAT Partnership and the overall purpose of the Strategy.
- Chapter 2 – Current trends in alcohol and drugs, illustrating the issues facing the ADAT in responding to this complex problem.
- Chapter 3 – The work of the ADAT over the past three years, contextualised within the three national priority areas.

- Chapter 4 – The approach to addressing wider inequalities, such as income, jobs and housing.
- Chapter 5 – Improving partnership working, governance and leadership.
- Chapter 6 – The priorities for action 2008/2011.
- Chapter 7 – Further action required to build on achievements over the past three years.

The Chair of the ADAT explained that the Scottish Government was currently developing new National Alcohol and Drug Strategies, which were expected to be published in summer 2008. He stressed that, to ensure synergy with these new strategies, the Lanarkshire ADAT would make sure that its three year delivery plan reflected the new Government outcomes for alcohol and drugs, and that these were shared with partner agencies. He also outlined the performance management arrangements that would apply to the delivery of the ADAT Strategy during 2008/2011, including following the template of the Single Outcome Agreement, and expanding upon the existing locally agreed outcomes and indicators of partner organisations, including NHS Lanarkshire.

He confirmed the intention to bring to the Board at its meeting in June the three year Delivery Plan. In the meantime, he invited Board members to submit to him by 4th April 2008, any comments that they might have on the ADAT Strategy.

THE BOARD:

1. Approved the submission of the ADAT Strategy 2008/2011 to the Scottish Government in April 2008.
2. Agreed to receive the three year Delivery Plan in June 2008.

Director
NL CHP

31.

PUBLIC ENGAGEMENT AND COMMUNICATION AUDIT

The NHS Board considered a report on a Public Engagement and Communication Audit.

The Head of Communications explained that the Modernisation Stakeholder Engagement Group commissioned a survey to gauge public views on the way the organisation communicated and engaged. She stressed that the survey was competitively tendered with the contract being awarded to Ashbrook Research and Consultancy Limited. Subsequently, the survey took place during October and November 2007, following a format involving 1000 face to face interviews with members of the public across the ten localities in Lanarkshire and 50 telephone interviews with members of the North and South Lanarkshire Public Partnership Forums.

Dr. David Brookes, Director of Ashbrook Research and Consultancy Limited, presented an overview and analysis of the survey findings. He advised that whilst the Board could, overall, be encouraged by the Audit findings, there were, nevertheless, some areas where there was scope for improvement in engagement and communication with the public.

The Head of Communications emphasised the Board's commitment to improving the way it informed and engaged the public. She advised that the survey results provided key indicators from the public on how they would wish to be kept informed of what was happening in NHS Lanarkshire, and the ways in which they wished to be involved in developing services. She confirmed that the survey results were being presented to the Public Partnership Forums, and would be publicised to staff and members of the public. In addition, the Modernisation Stakeholder Group was developing a programme grid, to identify actions to address each of the key survey results, recognising established areas of good practice, plans already under development and new initiatives.

The Director for Nurses, Midwives and the Allied Health Professions, confirmed that the Audit would be repeated in two years time, in order to measure the effect of the actions taken in response to the current audit.

THE BOARD:

1. Noted the survey results contained in the report from Ashbrook Research Consultancy Limited, and the analysis provided by Dr. David Brookes in his presentation.
2. Agreed the actions of the Modernisation Stakeholder Group to develop a programme grid to address the key survey results.
3. Asked to receive six monthly progress reports.

Head of
Communications

32.

CARERS INFORMATION STRATEGY

The NHS Board received an update on the NHS Lanarkshire Carers Information Strategy.

The Planning and Development Manager, Primary Care, explained that the report before the Board updated members on actions to implement the NHS Lanarkshire Carers Information Strategy, which was endorsed by the Board in March 2007, and subsequently signed-off by the Chief Executives of South Lanarkshire and North Lanarkshire Councils and the Chairs of South Lanarkshire Carers Network and North Lanarkshire Carers together. He advised that it also outlined the process by which the recently announced Scottish Government allocation for implementation of the Carers Information Strategy would be utilised. He reminded members that the Carers Information Strategy sat in the context of the broader Carers Strategies for North and South Lanarkshire, which had been led by the North and South Lanarkshire Carer Strategy Groups chaired by Social Work.

He explained that an Action Plan, informed by a workshop of all stakeholders held in August 2007, was being pursued by a Carers Advisory Group which drew together a consistent approach to implementation of the Strategy by the five key signatories, viz: North Lanarkshire Council, South Lanarkshire Council, South Lanarkshire Carers Network, North Lanarkshire Carers together and NHS Lanarkshire. This Action Plan had been the basis of a report to the Scottish Government in October 2007, when feedback had been positive. He outlined the key actions from the Carers Information Strategy, and explained the way in which these were being taken forward, viz:

- Set up a Carers Support Team to raise awareness of Carers for NHS staff, and thereby ensure that NHS Lanarkshire staff informed and supported Carers.
- Update the Home from Hospital carers packs which were made available to Carers on the discharge of the cared for from hospital.
- Further develop linkages with General Medical Practitioners, through the GMS, Local Enhanced Service for Carers for 2008/09.

He explained that to help raise awareness of carers amongst NHS Lanarkshire staff, an article on NHS Lanarkshire's work around carers had been running in the staff magazine in recent months, in addition to which, a carer's hand-out was now available as part of the induction of new staff. This was in addition to the carers' briefings already made available to NHS Lanarkshire staff and to General Medical Practices. There was also a poster campaign, focussed on community pharmacies to help raise the profile of information and support available to carers. He explained that other actions would be pursued, in line with the detailed Action Plan, and highlighted the intention to strengthen actions around young carers using a funding allocation made available by the Scottish Government over the period 2008/09 to 2010/11. He confirmed that a report would be presented to the Corporate Management Team, setting out recommendations on the use of the allocation, reflecting advice from the Carers Advisory Group and appropriate NHS Lanarkshire colleagues. These recommendations would enhance delivery of the Carers Information Strategy, and deliver value for money, with each proposal including robust evaluation, so that by 2010/11, an informed discussion could take place about either implementing an exit strategy or, if funds permitted, continuing the services, where they evaluated positively.

The Director of Acute Services highlighted the current consultation on Better Cancer Care, which specifically included the needs of carers, and she encouraged the Planning and Development Manager to link with the Head of Cancer Services in this regard.

The Chairman suggested that it would be appropriate, also, to share the report before the Board with the North and South Lanarkshire Health and Care Partnerships.

THE BOARD:

1. Noted the update on the NHS Lanarkshire Carers Information Strategy, and the approach to strengthening delivery through utilisation of the Scottish Government funding allocation.
2. Asked to receive periodic progress reports.

Director
SIPP

33.

E-HEALTH

The NHS Board considered a Progress Report on E-Health.

The Director of the South Lanarkshire Community Health Partnership explained that the quarterly update on E-Health included the status of approved projects and prevailing local, regional and national issues. He outlined the key issues, including: the progress of work on E-Health related developments, broadly in line with the agreed plan; the expectation of a revised NHS Scotland E-Health Strategy being published in May 2008, and the connection between the revised Strategy and the work being undertaken in the local E-Health workplan; NHS Lanarkshire's tacit commitment to plans for a replacement for the GP IT systems, and activity in a Consortium to procure a Patient Management System (PMS) on behalf of the NHS in Scotland.

THE BOARD:

1. Noted significant progress on the previously agreed E-Health Workplan.
2. Noted the current progress of the E-Health Agenda on a national basis.
3. Noted the position that NHS Lanarkshire was taking in relation to the procurement of a new patient management system.
4. Asked to receive a further quarterly update report in June 2008.

Director
SL CHP

34.

LOCAL DELIVERY PLAN

a) **Finance**

The NHS Board considered a Finance Report for the month ended 29th February 2008.

The Director of Finance reported that the financial position to the end of February 2008 showed an underspend of £11.651m, in line with the year-end forecast per the mid-year review, which placed the potential surplus in the range of £11.5m to £19.5m. She stressed that work was continuing to ensure that a robust approach was being taken to the management of the year-end across the organisation, including early discussions with the Board's external auditors over the extent to which 'provisions' could be made for planned commitments where there had not yet been actual cash spent. She advised that the initial response from the external auditors had been generally favourable. She reported that capital expenditure of £8.756m had been incurred to date, against the forecast spend of £17.58m for the year, with every indication that the remaining investment would take place before 31st March 2008.

THE BOARD:

1. Noted the actual revenue underspend of £11.651m as at 29th February 2008.
2. Noted that the range for the forecast year-end surplus remained between £11.5m and £19.5m.
3. Noted the forecast capital underspend of £19.430m for the year, against the total capital allocation of £37.010m.
4. Asked to receive a further report.

Director
of Finance

b) **Waiting Times**

The NHS Board considered a report on the waiting times position as at 29th February 2008, compared to the planned trajectory identified in the Local Delivery Plan.

The Director of Acute Services explained that the report confirmed that those targets delivered at 31st December 2007 had, in most instances, being sustained during February 2008 although, during the month, there had been a slight drop in performance against the four hour Accident and Emergency target due to increased pressures. She advised that implementation of New Ways had raised issues around data validation from both a software and service perspective, which had required a considerable amount of data validation and correction. She reported that difficulties had been highlighted, reflected in a small number of patients who had been treated outwith the guarantee period in outpatients and cataracts. She highlighted the intention to sustain and improve the waiting time position through to 31st March 2008, with a particular focus on inpatients and daycases, and an expectation that, for most specialties, the maximum wait would not now exceed 16 weeks. She confirmed that the Cabinet Secretary had advised NHS Boards of the new targets for waiting times to be achieved by 31st March 2009, and that those had to be taken forward in the context of the 18 week referral to treatment guarantee to be achieved by 31st December 2011. She advised that initial discussions had taken place with the Access Support Team at SGHD about the new guarantees, with the outcome of those discussions being reflected in the Local Delivery Plan, to be submitted in its final form to SGHD by March 2008. The targets would be translated into trajectories, against which progress on implementation would be intensively performance managed, with monthly reports to the NHS Board on performance continuing. She advised that as a consequence of the availability of additional funding from the Scottish Government, the intention was to deliver improved performance against some of the key guarantees.

The Director of Acute Services reported that a Project Initiation Document would shortly be issued to NHS Boards with guidance on the way forward towards implementation of the new 18 week referral to treatment target, progress against which would be overseen by a Project Board which she would Chair.

She highlighted, for members, the continuing pressure on hospital services as a result of continuing high levels of emergency activity. She reported on work underway to inform the more effective management of emergency activity, thereby reducing the substantial pressures on the acute hospitals. This was being overseen by a Lanarkshire-wide Emergency Access Group, which included representation from Secondary Care and Primary Care.

She reported, also, on continuing improvements in cancer waiting time performance, dialogue with Council colleagues towards delivery of the April target for delayed discharges, and the progress of work within the Older Peoples' Project Board, chaired by the Director for Strategic Implementation, Planning and Performance, including the launch of an Older Peoples' Managed Care Network.

She reported that local consultation on the national Better Cancer Care document was currently underway, and confirmed that a report on the outcome, including proposed actions, would be brought to the Board for consideration in April.

THE BOARD:

1. Noted the report on the waiting times position at 29th February 2008.
2. Asked to receive a further report.

Director of
Acute Services

c) **Primary Care Out of Hours Services**

The NHS Board considered a report on the performance of the Out of Hours Service for February 2008.

The Director of the South Lanarkshire Community Health Partnership explained that, overall, activity during February had dropped since January; however, activity levels remained slightly elevated at weekends. He confirmed that the increased level of manpower at weekends at the three hospital sites had been maintained since early January, and would remain so until the end of March. He advised that the service status remained green, with the service continuing to work to full capacity at weekends, and continuing to support Accident and Emergency, as required, by accepting patient transfers using an agreed procedure.

He explained that the service was in the process of obtaining a people carrier for patient transport, to replace the current vehicle. He advised that an audit of hospital referrals during the out of hours period had been undertaken and would continue for some time, with the expectation that this would assist in the planning of the Emergency Response Centre. He outlined the arrangements that had been put in place for the Easter weekend, when the Out of Hours Service would be fully operational, including enhanced staffing to cope with the anticipated increased activity.

THE BOARD:

1. Noted the report on Primary Care Out of Hours Services for February 2008.
2. Asked to receive a further report.

Director
SL CHP

35. **DATE OF NEXT MEETING**

Wednesday 30th April 2008.

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