

Lanarkshire NHS Board

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Meeting of Lanarkshire NHS Board, Wednesday
30 January 2008, at 9.30 am in the Assembly Hall,
Bell College, 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 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
Mr C Sloey, Director, North Lanarkshire Community Health Partnership
Mrs S Smith, Non Executive Director
Mr W Sutherland, Non Executive Director
Mr H Sweeney, Employee Director
Mr G Walker, Director of Human Resources
Mr P Wilson OBE, Director for Allied Health Professions, Nursing and Midwifery

IN ATTENDANCE: Mr N J Agnew, Corporate Affairs Manager/ Board Secretary

1. **WELCOME**

The Chairman welcomed Board Members, and extended a welcome, also, to members of staff and members of the public and the media who were attending as observers.

2. **CHAIRMAN'S REPORT**

The Chairman reported that, in the main, his activities on the Board's behalf in recent weeks had been related to the Review of Accident and Emergency Services and preparations for the Board Meeting. However, he had taken the opportunity, on Boxing Day, to visit the Primary Care Out-of-Hours Centre at Hairmyres Hospital, to see for himself how the arrangements put in place for the Festive Season were operating in practice. In addition, he and the Chief Executive had undertaken a visit to the Finance Department at Strathclyde Hospital, and had visited a number of the Allied Health Professions at Wishaw General Hospital, including: Audiology; Speech and Language

Therapy; Dietetics; Podiatry; and Occupational Therapy, and had been impressed at the enthusiasm and commitment of staff.

3. **MINUTES**

The Minute of the Meeting held on 19 December 2007 was submitted for approval and signature.

THE BOARD:

1. Approved the minute for signature.

4. **MATTERS ARISING**

a) **Review of Accident and Emergency Services**

The NHS Board considered a report on the Review of Accident and Emergency Services, and accompanying reports on the Process of the Review, including staff engagement, and a Final Assurance Report to the Board on Process from Pricewaterhouse Coopers.

The Chairman explained that the paper, prepared by the Director for Strategic Implementation, Planning and Performance, dealt with complex issues, taking account of various contributions, papers and consultation events, including the report from the Independent Scrutiny Panel. He reminded members that the starting point for the Review was the announcement in Parliament by the Cabinet Secretary in June 2007, and the Cabinet Secretary's subsequent letters to the Board in June 2007 and in August 2007. He also reminded members that, in those letters, the Cabinet Secretary had indicated a policy change in the new Scottish Government, to operate a presumption against centralisation of Hospital Services, particularly in the provision of Emergency Care. The Cabinet Secretary had requested the Board to produce revised proposals that would enable Accident and Emergency Services to continue at 3 sites, viz: Monklands Hospital; Wishaw General Hospital and Hairmyres Hospital. She had confirmed that there was much to be commended in the Board's original A Picture of Health proposals, including alignment with the general principles of the Kerr Report, which the new Government supported, as shown recently in Better Health, Better Care and the associated Action Plan. In asking the Board to produce revised proposals for Accident and Emergency Services, the Cabinet Secretary had requested that as many as possible of the original A Picture of Health proposals, around: Health Improvement/anticipatory care; strengthening Primary Care; supporting and enhancing local services; and developing modern Mental Health Services, should proceed according to a revised timetable and within the resources available.

The Chairman explained that the paper before the Board built on this starting point, with its 4 distinct elements. He explained that the Chief Executive would introduce the paper and lead the Board through its various sections, concentrating on the way forward, the principal challenges and risks, and, finally, on the key recommendations, with the appropriate Executive Director also speaking to the relevant sections.

The Chief Executive explained that the paper before the Board was intended to provide an overall framework of the process undertaken to develop the recommendations to the Board in relation to the Review of Accident and Emergency Services, and to highlight the range of information, documentation and advice received during the process, which had shaped the recommendations.

He highlighted the 2 appendices to the main paper, viz: Appendix 1 containing a full description of the processes undertaken by NHS Lanarkshire in the Review of Accident and Emergency Services; and Appendix 2, a report from Pricewaterhouse Coopers on their work in undertaking independent Project Assurance.

The Chief Executive stressed that the provision of 3 Accident and Emergency Departments formed a challenge to NHS Lanarkshire, and he highlighted the considerable engagement of Clinical staff in the development of potential scenarios which would continue to provide Accident and Emergency Services across all 3 sites. He explained that with the second submission to the Independent Scrutiny Panel in December 2007, 3 Scenarios had emerged from the Option Appraisal for further consideration, viz: Scenario B, providing a Consultant-led A&E Department with 24 hour assessment beds but with no emergency Surgical, Medical, Trauma or Critical Care beds; Scenario F, providing the status quo of 3 A&E Departments across all 3 sites with no changes to inpatient services; and Scenario G, providing broadly the status quo for A&E and Emergency Services but with further concentration of some inpatient specialties on fewer sites. He acknowledged that implementation of any of these Scenarios would bring significant challenges in satisfying the expectations of staff and the public, particularly having regard to the conclusion of the Independent Scrutiny Panel report. He explained that in determining the way forward a number of issues had been taken into account in relation to each of the Scenarios.

He explained, for Scenario B, that recent correspondence from the Accident and Emergency Consultants in Lanarkshire had expressed clinical concerns at the establishment of an Accident and Emergency Department without full support services. In addition, the ISP report had concluded that the case for significant change had not been made. Also, the public within the catchment area of Monklands Hospital would be unlikely to support such a configuration.

For Scenario F, he explained that whilst the Board would maintain Emergency Services on all 3 sites, it would require to give further consideration to a number of sub-specialties which may not be able to be sustained in triplicate across all 3 sites. He highlighted the ISP acknowledgement that if any service did not evolve, it would eventually find itself not fit for purpose. This being the case, it would be disingenuous to suggest that the status quo for all specialties could be sustained in the medium term; therefore, Scenario F was not appropriate.

For Scenario G, he explained that this was an attempt to describe how Emergency Services could be provided on 3 sites, but also allow concentration of some inpatient services on fewer sites. He acknowledged that there was insufficient time available during the review period to describe proposed changes in sufficient detail or with sufficient supporting evidence to allow the Scenario to be recommended for implementation at the present time.

The Chief Executive explained that it was clear from the foregoing that the implementation of Scenario B, F or G could not be recommended at the present time. He advised that in moving towards a conclusion of the Review of Accident and Emergency Services, it was proposed that existing Emergency Care Services at Monklands Hospital should be retained, subject to some key changes, and that there should be no significant change to the current configuration of Emergency Services in NHS Lanarkshire.

He explained that the ISP report had not put forward a clear recommendation on the reconfiguration of Emergency Services, but had clearly recognised that

NHS Lanarkshire, along with all other Boards in Scotland, faced a considerable number of challenges in the provision of Health Services. The Panel had indicated that any services that did not evolve would eventually find itself not fit for purpose, and whilst Emergency Services would be provided on 3 sites, it was felt that there were 4 key changes which would require to be implemented to ensure high quality sustainable services continued to be provided. These were:

- Developing a primary percutaneous coronary intervention service for NHS Lanarkshire at Hairmyres Hospital, in tandem with the planning of services with other West of Scotland Boards;
- Concentrating Haematology inpatient services at the Lanarkshire Cancer Centre at Monklands Hospital when it was developed;
- Redesigning Clinical Specialties to ensure that the Board could generate the required improved efficiency to deliver the 18 week referral to treatment target by 2011. This would include early consideration of how best to organise Orthopaedic and Trauma Services;
- Establishing an Emergency Response Centre, as described in “Better Health, Better Care”, along with the support of other partnership agencies.

The Chief Executive explained that the way forward, as described, would result in the Board requiring to tackle 4 remaining challenges and manage the associated risks. These were: Financial; Investment in Primary Care, Mental Health and Learning Disabilities; Medical Workforce; and Estates Investment. He invited the Director of Finance, the Medical Director and the Director for Strategic Implementation, Planning and Performance, in turn, to speak to these matters.

Financial and investment in Primary Care, Mental Health and Learning Disabilities

The Director of Finance reminded members that NHS Lanarkshire had always been relatively underfunded compared to other Boards within Scotland, a fact which had previously been recognised by the Arbuthnott allocation formula, and had now been reinforced by the recently published report of the National Resources Allocation Committee (NRAC), which increased the level of funding required by NHS Lanarkshire to bring it to its target share beyond that set out in the Arbuthnott Formula.

She advised that the detailed financial analysis undertaken to date had identified significant additional costs for maintaining Emergency Services on 3 sites, which had now been factored into the draft 5 Year Financial Plan which, she stressed, now required to be set in the context of an expected uplift in the annual allocation of 3.2% for NHS Lanarkshire. She explained that the initial modelling of this indicated that this level of uplift, combined with recurring internally generated efficiencies beyond those already achieved over a number of years, would only meet the cost of pay and price inflation and currently agreed Regional developments. As a result, the Board was left with a financial challenge in supporting the substantial investment required in the infrastructure of Monklands Hospital.

She explained that, against this backcloth, there were 3 key issues for consideration, as follows:

Firstly, the nature of this investment meant that a mix of both capital and revenue would be required as it was highly likely that some of the investment would not add to the value of the hospital, thus increasing the pressure on an already tight revenue position;

Secondly, the financial analysis demonstrated that the development of a new build on-site inpatient decant facility was not affordable. For that reason, it was essential that the Board progressed with both the Airdrie Resource Centre and the Monklands Mental Health Unit, because not only were these priority developments in their own right, they also were needed to create some of the necessary space across NHS Lanarkshire to provide decant facilities for the upgrading of Monklands Hospital;

Finally, the Board's priority for capital investment continued to be the development of Primary Care, Mental Health and Learning Disability facilities. The analysis of the Financial Plan over the next 5 – 10 years demonstrated that this investment and that required in Monklands Hospital were dependent on the implementation of NRAC over the next 4 – 5 years, and the wider availability of additional resources for NHS in Scotland in the longer term. Board allocations were expected in early February and the Board would wish to confirm its capital investment priorities against the backcloth of an updated Financial Plan.

The Director of Finance reminded members that the Independent Scrutiny Panel had recognised that the general health of the population would not, fundamentally, be improved through the Acute Hospital sector alone. She explained that during the last 10 years, the major capital investment of NHS Lanarkshire had been in Acute Hospital provision, with investment in Primary Care, Mental Health and Learning Disability facilities having been underdeveloped over a number of years, leading to sub-standard accommodation for Clinical Services. She reminded members that the Board had previously approved a high level programme of significant capital investment in Primary Care, Mental Health and Learning Disabilities, and remained committed to implementing as much of that as possible. She explained that if NRAC was implemented, it was likely that as much as half of the original programme could be implemented over the next 5 years, although the Board would need to prioritise its investment programme once the financial allocation had been clarified.

Medical Workforce

The Medical Director reminded members that Lanarkshire had an existing low baseline in its number of medical staff, which included the highest vacancy rate for Senior Medical Staff in Scotland, at 14% compared to 7% for Scotland. She explained that, despite extensive recruitment campaigns, NHS Lanarkshire currently had 43 Consultant vacancies which it had been unable to fill on a substantive basis for a number of years, and whilst vacancies could be covered with Locums, this was less than satisfactory in the medium and long-term. In addition, Lanarkshire also had a growing risk in relation to retirements, with nearly 10% of the Consultant workforce, as of November 2007, aged 60 or over, and 33% in the 50 – 59 age group. This risk was compounded by an increasing trend towards premature retirement.

The Medical Director explained that future recruitment to NHS Lanarkshire was adversely effected by the system receiving fewer Specialty Trainees relative to the West of Scotland, with trainees possibly not being attracted to Lanarkshire if Consultant posts worked far more intensive rotas than neighbouring Health Boards.

She explained that there was a requirement to recruit significant additional Consultants in Acute specialties to ensure ongoing service provision. She highlighted the additional challenge arising from the current 73 Fixed Term Specialist Trainee posts which were crucial to sustaining compliant medical rotas across 3 sites at the present time. She advised that Lanarkshire had one of the highest concentrations of such posts, and that unless these posts were made permanent as part of the middle grade medical staffing establishment, or unless there was significant redesign of the clinical workforce, there would be difficulties in maintaining medical services across 3 sites. She stressed that these posts were intended to disappear from the medical staff establishment across Scotland in the medium-term, and that in order to ensure sustainability of services, NHS Lanarkshire would require support from NHS Education Scotland (NES), to convert these posts into alternative medical posts, rather than phasing them out of the establishment. In addition, it was crucial that the current funding for these posts was transferred from NES to NHS Lanarkshire, and dialogue was ongoing with NES in this regard.

The Medical Director acknowledged the requirement for NHS Lanarkshire to explore every opportunity to make medical staff posts as attractive as possible. She acknowledged the need, also, to fundamentally review the medical staffing establishment. She advised that there would continue to be future challenges in ensuring sufficient recruitment and retention of appropriately skilled medical staff in the provision of services, and stressed that the funding of additional posts required to sustain clinical Services across 3 sites would also provide financial challenges to NHS Lanarkshire, with the appointment to such posts being dependent upon the resources available to the Board. She stressed that whilst the Board would take all steps to overcome previous recruitment difficulties, it would only be by testing the Board's ability to recruit and retain sufficient staff that the sustainability of Emergency Services on all 3 sites into the future would be confirmed.

Estates Investment

The Director for Strategic Implementation, Planning and Performance reminded members that during the Review of Accident and Emergency Services, the requirement for investment in Monklands Hospital, alongside the cost and the complexity of undertaking the appropriate work, had been highlighted by the Board's technical advisors, and whilst such investment would not compromise the continued provision of Emergency Services at Monklands Hospital, the challenge of upgrading a busy, fully operational Emergency Hospital could not be underestimated.

He explained that an investment programme would therefore be developed, recognising: the demands of ensuring operational services could continue as work was undertaken; the level of investment to be undertaken against the available financial resources of the Board year on year; the lack of resources to build ward decanting facilities on the Monklands Hospital site; the need to utilise ward accommodation across the 3 District General Hospital sites during upgrading of ward accommodation at Monklands Hospital, requiring the temporary transfer of inpatient services from Monklands Hospital during upgrading work; and that major upgrading of Monklands Hospital would not begin in earnest until after the completion of the Airdrie Resource Centre and the new Monklands Mental Health Unit, always assuming that the Board would have sufficient available resources to allow these projects to proceed. He advised that the major upgrading work would, therefore, not commence until 2012 at the earliest, and that in order to ensure financial sustainability, it was intended that investment at Monklands Hospital would be spread over a longer period than originally intended.

The Chief Executive explained that, having regard to the foregoing, the Board was requested to support recommendations to be submitted to the Cabinet Secretary, as follows:

1. There should be no significant change to the current configuration of Emergency Services within NHS Lanarkshire subject to the following changes:
 - developing a Primary PCI service for NHS Lanarkshire at Hairmyres Hospital in tandem with the planning of services with other West of Scotland Boards;
 - concentrating haematology inpatient services at the Lanarkshire Cancer Centre at Monklands hospital when it was developed;
 - redesigning clinical specialties to ensure that the Board could generate the required improved efficiency to deliver the 18 week RTT target by 2011. This would include early consideration of how best to organise orthopaedic and trauma services;
 - establishing an Emergency Response Centre as described in 'Better Health, Better Care' along with the support of other partnership agencies.
2. That NHS Lanarkshire receive the full resources recommended by the NRAC Report which are essential to provide the additional revenue resources required to support the Board's top priorities for capital investment in Primary Care, Mental Health and Learning Disabilities.
3. In pursuing these recommendations the Cabinet Secretary is asked to recognise that there remain two key issues to be addressed:
 - that NHS Lanarkshire is supported by NHS Education Scotland (NES) in its attempt to recruit and retain a sustainable medical workforce including the resolution of the specific issue associated with the Board's reliance on Fixed Term Specialty Training Posts
 - that the development of a business case is now required to ensure that NHS Lanarkshire secures the appropriate mix of revenue and capital funding for the upgrading of Monklands Hospital recognising that this will be undertaken over a longer period than originally envisaged.

The Chairman reminded members that the Review process had involved substantial Clinical and Staff Partnership engagement, and he invited the Chair of the Area Clinical Forum and the Chair of the Area Partnership Forum, in turn, to comment.

The Chair of the Area Clinical Forum reminded members that the ACF had made a submission to the NHS Board at its meeting on 26 September 2007, when consideration had been given to the first submission to the Independent Scrutiny Panel. She explained that this had acknowledged the extent of Area Clinical Forum and wider Clinical Engagement in the Review process up to that point, and confirmed that this extensive engagement in the process had continued including, most recently, an 'Open Space' event convened by the Area Clinical Forum on 17 January 2008, involving Area Clinical Forum Members, wider representation from the Parent Professional Advisory

Committees, and A Picture of Health Leads from Secondary and Primary Care. She highlighted the acknowledgement by the ACF of the significant change in the revenue uplift position, and the substantial challenge that that would bring to the system, although she welcomed the National Resource Allocation Committee Review Recommendations which, if accepted by the Government and implemented early, would greatly assist the Board in delivering its aspiration to make major capital investment in Primary Care, in Mental Health and in Learning Disability Services. She highlighted the ACF acknowledgement of positive changes in the medical workforce position nationally, but cautioned that this should be viewed in Lanarkshire against the historical low medical and other clinical staffs baseline in Lanarkshire; well documented difficulties in recruitment; a vacancy factor almost double the national average; and significant numbers of medical staff approaching retirement. Against the backcloth of the original A Picture of Health aspiration, not only to develop the Acute sector, but also to invest substantially in Primary Care, in Mental Health and Learning Disability Services, she confirmed that the Area Clinical Forum was fully supportive of the recommended way forward.

The Chair of the Area Partnership Forum commented on the extent to which the APF had been engaged in the Review process throughout. He also acknowledged the significant efforts that had been made to inform staff throughout the planning process, utilising a number of mechanisms, which were reflected in the report before the Board on the Process of the Review of Accident and Emergency Services. He also highlighted the Cabinet Secretary's meeting with the Area Partnership Forum during the Annual Review on 19 November 2007, when APF members had reported that staff engagement in the Review had been thorough and effective. He explained that at the most recent meeting of the Area Partnership Forum held on 21 January 2008, members had been made aware of the emerging recommendations before the Board, and had been supportive of the proposed direction. The APF had also stressed the importance of putting in place a robust Human Resources Plan, to address the many staff issues that would require to be carefully managed during implementation.

In the ensuing discussion, relevant Executive Directors responded to requests from Non Executive Directors for clarification on several aspects of the proposals before the Board.

Against the backcloth of the Cabinet Secretary's desire to see delivered as many as possible of the original planned developments in A Picture of Health, confirmation was sought on the level of confidence about the implementation of the National Resource Allocation Committee Review Recommendations, given the extent to which implementation of as much as half of the original programme would be contingent on the additional revenue resource that the implementation of the NRAC recommendations would bring to NHS Lanarkshire.

The Director of Finance confirmed a reasonable degree of confidence that the principles of the NRAC Review Recommendations would be applied in future allocations to the NHS in Scotland. Whilst it was anticipated that this would be reflected, to a limited degree, in the allocation for 2008/2009, the Government's intentions around the wider implication of NRAC remained to be clarified.

The Medical Director explained that Primary Percutaneous Coronary Intervention would be an appropriate Clinical response in some, but not all, cases of Myocardial Infarction, with decisions about applicability being informed by diagnosis by ECG undertaken by Ambulance Paramedics prior to

transfer to Hairmyres Hospital. It was noted that Primary PCI was currently the subject of a pilot within NHS Lothian, and that Cardiologists in Lanarkshire were wholly supportive of the introduction of this intervention as a key development in effective clinical responses to Myocardial Infarction.

The Chief Executive confirmed that following confirmation of the Board's Allocation for 2008/2009, the 5 Year Financial Plan would be finalised, enabling consideration to be given to proposed developments within the context of an affordability analysis, possibly at the Board Meeting on 27 February 2008, but probably not until the Board Meeting on 26 March 2008. He explained that, in the interim, a process would be taken forward with key stakeholders, and involving the Board and engagement with MSPs, to help inform a clear view about priorities. He reminded members that the Board's original A Picture of Health planned developments were constructed around 2 separate tranches, and confirmed that the work to be taken forward would reflect this position, and would set out the current position in relation to each of the projects.

The Chief Executive acknowledged the logistical challenge which decant would present whilst major works were taken forward at Monklands Hospital. He explained that the revised approach to decant envisaged a mix of on-site and off-site decant, involving: the transfer of facilities in Airdrie Health Centre to a new Airdrie Resource Centre and the use of Airdrie Health Centre; the transfer of the Acute Mental Health Unit at Monklands Hospital and the Acute Mental Health Unit at Wishaw General Hospital to a new Acute Mental Health facility on the Monklands site, allowing the use of the existing Mental Health facilities at Monklands Hospital and Wishaw General Hospital; and the use of vacated accommodation at Hairmyres Hospital when the planned transfer of Thoracic Services to the Gold Jubilee National Hospital. These moves would create a range of key decant opportunities by around 2012, at which point it was envisaged that the major upgrading work to Monklands Hospital would commence.

He stressed that the upgrading work at Monklands Hospital would require to be carefully managed to minimise the impact on the patient experience, but he confirmed that delivering this imperative was achievable. He also acknowledged the potential for cost escalation within the overall project, but explained that the risk of cost over-run should be mitigated by the inclusion, at the advice of SGHD, of an appropriate percentage for Optimism Bias. In an endorsement of this position, the Director for Strategic Implementation, Planning and Performance stressed that before and during the course of the works, there would be substantial consultation and engagement with staff on site, as well as engagement with patient groups and the Public Partnership Forums.

He explained that the Primary PCI service redesign proposal was based on the application of extant national guidelines and the reduction of long-term disease. He acknowledged that, during the timescale for implementation of the Board's plans, further new advice may emerge which may require additional service redesign. He stressed that this, fundamentally, was the basis for the view expressed in the paper before the Board that the status quo for all specialties could not be sustained in the medium term. He stressed that the recommendations presented were flexible, and would enable the Board to deliver the Cabinet Secretary's decision on Accident and Emergency Services at Monklands Hospital, whilst leaving much needed scope to redesign other services, both to bring about service improvement for patients and to improve system efficiency.

Councillor McCabe welcomed the retention of Emergency Services at Monklands Hospital, and confirmed his support for the preservation of Airdrie Resource Centre as a key development priority. However, he expressed a concern about the overall affordability of the Board's aspirations, and confirmed his strong support for the Board seeking to secure the earliest possible implementation of the National Resource Allocation Committee Review Recommendations, bringing to Lanarkshire the necessary Revenue to support an ambitious programme of Capital investment.

Mr Sutherland, in his capacity as Chair of the Board's Audit Committee, stated that the Board had responded appropriately to the task set by the Cabinet Secretary, viz: to retain 3 Accident and Emergency Departments, whilst at the same time, retaining as much as possible of the original proposals for Primary Care, Mental Health and Learning Disability and, furthermore, had moved forward with a complex Review process within a challenging timescale. He acknowledged the analysis by the Director of Finance of the financial challenges which the Board would face in delivering these imperatives, and the importance of the Board achieving parity as early as possible through the implementation of the NRAC Review Recommendations. He acknowledged, also, the emphasis placed by the Medical Director and the Chair of the Area Clinical Forum on the issues related to the sustainability of services which would require to be carefully managed, including the workforce challenges which, in themselves, were complex. He noted the Estates challenges highlighted by the Director for Strategic Implementation, Planning and Performance, and the need for these, also, to be carefully planned and managed over the coming years. He confirmed his support for the recommendations before the Board, and commended them to follow Board Members as a sensible and balanced response to the Cabinet Secretary's requirements.

The Chairman acknowledged a concern expressed by Councillor McAvoy about the potential for any delay in the investment programme in Primary Care to impact on the deliverability of key projects, and he explained that this reinforced the requirement for the implementation of the NRAC Review Recommendations.

The Medical Director referred members to the key issue to be addressed around securing NHS Education Scotland support for the Board in its attempt to recruit and retain a sustainable Medical workforce, including the resolution of the specific issue associated with the Board's reliance on Fixed Term Specialist Training Posts. She explained that FTSTAs had replaced Senior House Officers, which were funded, in part, by NHS Education Scotland. Hence, the Board was seeking to secure, from NES, the necessary funding to make these posts substantive, and discussions with NES in this regard were ongoing. She stressed the requirement for these posts to be confirmed for NHS Lanarkshire, as they were necessary for rota compliance on an ongoing basis.

The Chairman reminded members that the paper before the Board proposed 2 main recommendations to be submitted to the Cabinet Secretary, and outlined 2 key issues to be addressed in pursuit of the 2 recommendations. He explained that if the Board was content to agree the 2 recommendations and the 2 key issues to be addressed in pursuit of the recommendations, he would be in a position to write in positive terms to the Cabinet Secretary with clear proposals for action.

THE BOARD: unanimously agreed to the submission of recommendations to the Cabinet Secretary, as follows:-

1. There should be no significant change to the current configuration of Emergency Services within NHS Lanarkshire subject to the following changes:

- developing a Primary PCI service for NHS Lanarkshire at Hairmyres Hospital in tandem with the planning of services with other West of Scotland Boards;
 - concentrating haematology inpatient services at the Lanarkshire Cancer Centre at Monklands hospital when it is developed;
 - redesigning clinical specialties to ensure that the Board can generate the required improved efficiency to deliver the 18 week RTT target by 2011. This will include early consideration of how best to organise orthopaedic and trauma services;
 - establishing an Emergency Response Centre as described in 'Better Health, Better Care' along with the support of other partnership agencies.
2. That NHS Lanarkshire receive the full resources recommended by the NRAC Report which are essential to provide the additional revenue resources required to support the Board's top priorities for capital investment in Primary Care, Mental Health and Learning Disabilities;

and that:-

3. In pursuing these recommendations the Cabinet Secretary is asked to recognise that there remain two key issues to be addressed:
- that NHS Lanarkshire is supported by NHS Education Scotland (NES) in its attempt to recruit and retain a sustainable medical workforce including the resolution of the specific issue associated with the Board's reliance on Fixed Term Specialist Training Posts
 - that the development of a business case is now required to ensure that NHS Lanarkshire secures the appropriate mix of revenue and capital funding for the upgrading of Monklands Hospital recognising that this will be undertaken over a longer period than originally envisaged.

The Chairman stated that in closing this item, he would wish to commend all of the Executive Directors and their key staff; Administrative, Managerial and Clinical, for their hard and painstaking work to deliver the Review of Accident and Emergency Services in such a tight and pressurised timeframe, whilst at the same time performing at the highest level to achieve all the targets set for the Board, resulting in commendation by the Cabinet Secretary for the depth and quality of the work by the Board's Directors and staff when she had conducted the Annual Review in November 2007.

5. **MODERNISING MEDICAL CAREERS**

The Medical Director explained that the next round of recruitment processes was now moving forward, with no restriction on the number of applications that individuals could make, and with international graduates being able, also, to apply for posts. She highlighted the timescales for interviews and the involvement of Consultant Medical Staff in that process, and confirmed that work was being undertaken locally to mitigate the service impact. She advised that the allocation of posts was scheduled for 26 March 2008. She explained that the Primary Care element of the programme had changed, from 12 months practice training and 24 months Hospital training, to 18 months in each sector, thereby leaving a 6 months gap in the Hospital sector to be filled, either through an increase in GP numbers or an increase in the number of Fixed Term

Specialty Trainee Appointments. She confirmed that discussions were ongoing to agree the FTSTA numbers by specialty. At the same time, specialties across Lanarkshire were considering the potential impact of the phasing out of FTSTA posts. She also confirmed that NHS Lanarkshire had a key involvement in these processes, including through the Chief Executive's Chairmanship of the West of Scotland Group and her Chairmanship of the Lanarkshire Group. In summary, the Medical Director confirmed that all agreed milestones in the appointment process were being delivered. She confirmed that she would bring to a future meeting of the Board a summary report on the implications of the Tooke Inquiry Report, which currently was out to the service for Consultation.

THE BOARD:

1. The Board noted the update report on Modernising Medical Careers.
2. Agreed to receive a further report, including the implications of the Tooke Inquiry Report.

Medical Director

6. **ANNUAL REVIEW 2007**

The NHS Board considered a paper and a letter of 15 January 2008 from the Cabinet Secretary to the Chairman, summarising the main points and actions agreed during discussion at the Annual Review and associated meetings on 19 November 2007.

The Director for Strategic Implementation, Planning and Performance explained that the Annual Review Letter confirmed the outcome of positive meetings with: the Area Clinical Forum; the Area Partnership Forum; Patients; and recorded the Cabinet Secretary's positive experience on her visit to the Integrated Addictions Service in Coatbridge. He advised that the Annual Review acknowledged a number of the Board's achievements during 2006/2007, in the areas of: Health Improvement and Reducing Inequalities; Efficiency and Governance; Access; Treatment; and Service Change. He also explained that the Annual Review Letter identified the key action points arising from the Annual Review, as follows:

- Show emerging evidence of measurable improvements in reducing health inequalities
- Continue to develop innovative approaches to make contact with, and meet the needs of, hard to reach and deprived communities
- Consider demonstrating the economic benefits of upstream, targeted interventions in health
- Carry out further analysis around the expected rate of retirements. Work undertaken so far has been largely based on age profiles for the workforce
- Continue ongoing engagement with the Scottish Government Health Finance Directorate regarding progress on finance and property/capital related issues
- Redouble efforts to reduce the number of delays and eliminate seasonal fluctuations to achieve the April 2008 target for delayed discharges
- Put in place robust arrangements to ensure the Local Delivery Plan identifies key actions and how any risks to delivery will be mitigated in order to demonstrate required levels of progress towards achieving the NHS QIS Clinical Governance and Risk Management Standards
- Continue to have evidence available in order to provide assurances with regard to the robustness of clinical governance and risk management arrangements

- Consider what additional attention, services and support will be required locally to deliver a 10% reduction in antidepressant prescribing by 2009
- Address issues of capacity for Child and Adolescent Mental Health Services and keep officials informed of developments

The Director for Strategic Implementation, Planning and Performance advised that Lead Officers for each of the 10 actions would be identified, and that progress against the actions would be overseen by the Corporate Management Team, and would be the subject of reports to the NHS Board prior to the Annual Review 2008.

The Employee Director reminded the Board that in addition to the Clinical Governance and Financial Governance issues highlighted at the Annual Review, there remained significant Staff Governance challenges and targets to be met, including in relation to Agenda for Change.

THE BOARD:

1. Noted the Annual Review Letter, and endorsed the proposed mechanisms for taking forward the agreed key action points.
2. Asked to receive a progress report on the actions prior to the Annual Review 2008.

**Director for
Strategic
Implementation,
Planning and
Performance**

7.

LOCAL DELIVERY PLAN

a) Finance

The NHS Board considered a Finance Report for the month ended 31 December 2007.

The Director of Finance explained that the financial position to the end of December 2007 showed an underspend of £9.518m, in line with the Year End Forecast per the Mid Year Review, which placed the potential surplus in the range of £11.5m - £19.5m. She advised that further work was required to assess the Forecast in light of progress made on the non-recurring premises investments and the other approved priority proposals, in addition to which, further underspends were emerging on the prescribing budget which likely would have a significant impact on the potential Year End Outturn. She stressed the imperative of ensuring that the underspend was managed to support reinvestment in NHS Lanarkshire. She advised, also, that capital expenditure of £5.816m had been incurred to date, against the Forecast spend of £18.279m for the year.

The Director of Finance highlighted the approximately £9m of non-recurring investment in premises upgrade in Primary Care, at Monklands Hospital and in the retained Estate at Hairmyres Hospital, and she confirmed that material progress was being made in this area. She highlighted, also, the issue of Prescribing, and the continued pressure on the Acute spend in this area. She referred members to the section of the report on Primary Care, and highlighted the net underspend of £6m to the end of December 2007, and the 3 main strands to the underspend. She also highlighted the low level of expenditure to date on Capital, which remained an area of concern, with a further £12.387m to be spent during the last 3 months of the year if the Forecast Spend of £18.279m for the year was to be achieved.

In discussion, the Director of Finance highlighted the requirement for agreement with SGHD for any carry-forward of Revenue beyond the 1% allowable.

THE BOARD:

- i) Noted the actual Revenue underspend of £9.518m as at 31 December 2007.
- ii) Noted that the range for the Forecast Year End Surplus remained between £11.5m and £19.5m, and that further analysis of the likely spend of the approved premises investment, “Invest to Save” schemes, and the level of prescribing underspend was essential.
- iii) Noted the Forecast Capital underspend of £18.733m for the year.
- iv) Asked to receive a further report.

**Director of
Finance**

b) **Waiting Times**

The NHS Board considered a report on the Waiting Times position at 31 December 2007.

The Director of Acute Services explained that the paper provided an overview of targets to be sustained or delivered by 31 December 2007, and confirmed that all targets had been achieved, with the exception of Hip Fracture, where performance was slightly below target performance. She stressed that NHS Lanarkshire had been identified as one of the best performing NHS Boards in Scotland, particularly in respect of the 4 hour Accident and Emergency and Cancer targets. She emphasised the positive impact of the delivery of the targets, both on the patient experience and on quality of care. She explained that responsibility for delivery of a significant number of the targets sat with the same staff, who were to be commended for their contribution to the system’s success. She also highlighted Modernising Medical Careers, where the differences in the experience of Junior Medical Staff had an impact across the Board. She highlighted significant increases in activity in relation to: referrals into Outpatient specialities; attendances at Accident and Emergency; and in the area of medical emergency admissions, all of which brought substantial additional challenges to the system. In the area of Cancer, she confirmed that the system had sustained 100% performance unvalidated, with quarter 3 (June – September) showing validated performance of 84%. She highlighted performance on Delayed Discharge, and confirmed that progress in this area continued to be the subject of dialogue between the Partners.

The Director of Acute Services explained that the objective was to sustain the targets achieved and to further improve performance in line with new targets announced recently by the Cabinet Secretary to be achieved by 31 March 2009, and she outlined the work in progress in this regard, including to identify the capacity required to deliver and sustain the improved targets, particularly the 18 week target from referral to treatment that was to be delivered by December 2011.

The Chairman acknowledged the challenge that delivery of the 18 week target for referral to treatment would bring for the system. He reported that the Chief Executive would Chair the National Group being established to oversee the progress towards the delivery of that target within the NHS in Scotland. He acknowledged the substantial achievement in delivering the targets by 31 December 2007, and expressed his and the Board’s gratitude to all staff, especially Clinical staff, for their contribution to this success.

THE BOARD:

- i) Noted the report on Waiting Times.

ii) Asked to receive a further report.

c) Primary Care Out-of-Hours Services and Winter Planning

The NHS Board considered a report on Primary Care Out-of-Hours Services and Winter Planning 2007/2008.

The Director of the South Lanarkshire Community Health Partnership explained that the report had been compiled to provide the Board with an analysis of the performance of the system over the Festive period, and looked, in turn, at issues in the Acute sector and also in the performance of the Out-of-Hours Services. He advised that across the whole system, there had been a significant level of integrated planning and working between all agencies involved in the delivery of services within Lanarkshire, and whilst the Winter period was far from over, there now was an opportunity to make some initial observations about how the highest risk period had been managed and what elements of the plan had worked or not. He highlighted, from the report, the key issues in relation to: the Communications Centre; the Out-of-Hours Service; Unscheduled Care Collaborative performance; Hospital bed availability and discharge planning. He explained that a full review of the Winter Plan was now required to inform planning for next year, and that a debriefing session was being planned for late February 2008, with the main focus of attention being to build on what had gone well, ensuring that these improvements could be sustained, and ensuring that there continued to be a whole systems approach to Unscheduled Care.

Endorsing the report, the Director of Acute Services highlighted the level of co-operation between the Acute and Primary Care sectors and the Local Authorities, which had been a material factor in the successful management of the substantial pressures on the system during the Winter to date, and especially over the Christmas and New Year period.

Councillor McCabe highlighted an issue within the Cumbernauld area in relation to Pharmacy Services for dispensing, and asked that consideration be given to addressing this for future years. The Director of the South Lanarkshire CHP confirmed that he had recently been made aware of this concern, and that this would be reflected in the Board's planning for future holiday periods.

THE BOARD:

i) Noted the report on Primary Care Out-of-Hours Services and Winter Planning 2007/08.

ii) Asked to receive a further report.

8. **GOVERNANCE MINUTES:**

a) Health and Clinical Governance Committee

The NHS Board received and noted the Minute of the Meeting of the Health and Clinical Governance Committee held on 17 December 2007.

9. **DATE OF NEXT MEETING**

Wednesday 27 February 2008 at 9.30 am.