

Lanarkshire NHS Board

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Meeting of Lanarkshire NHS Board, Wednesday
25 June 2008, at 10.00 am in the Board Room,
14 Beckford Street, Hamilton

- CHAIRMAN:** Mr P K Corsar, Non Executive Director
- PRESENT:** Mr J A Anning, 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
Mrs D McCormick, Non Executive Director
Mrs N Mahal, Non Executive Director
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
- IN ATTENDANCE:** Mr N J Agnew, Corporate Affairs Manager/ Board Secretary
Mrs K Hamilton, Head of Communications
Mr K Small, Director of Organisational Development
Dr V J Sonthalia, Chairman Area Medical Advisory Committee
Dr C Clark, Consultant in Public Health Medicine
Mrs L Khindria, Director of Strategic Human Resources and Workforce Development
- APOLOGIES:** Mr D Clark, Non Executive Director
Councillor E McAvoy, Non Executive Director
Councillor J McCabe, Non Executive Director
Dr D C Moir, CBE, Director of Public Health
Mr G Walker, Director of Human Resources
Mr P Wilson OBE, Director for Nurses, Midwives and the Allied Health Professions

ACTION

69.

CHAIRMAN'S REPORT

The Chairman reported on the principal issues considered at the meeting of the Cabinet Secretary for Health and Wellbeing with NHS Board Chairs on 2 June 2008, as follows:

- The launch of “Scotland Performs”, the new Performance Management Website
- Procedures for Annual Reviews
- Integration of the Local Delivery Plan the Workforce Plan and the Financial Plan into an overall Efficiency Plan
- The contribution of Community Planning Partnerships
- New Cancer Targets
- Thanks to Boards for Waiting Times Performance
- Cancer Waiting Times Performance
- Encouragement to Boards to be proactive with Community Planning Partnerships, particularly with regard to Local Outcome Agreements, ensuring that they reflected Health commitments
- Follow-up to the national Policy on Alcohol Misuse, Drug Abuse and Smoking
- The need for constant vigilance in relation to Healthcare Associated Infection
- The Carol Black report “Working for a Healthier Tomorrow”
- The launch of consultation on the Patients’ Rights Bill, encompassing mutual NHS and Patients’ Rights and Responsibilities

The Chairman also reported on the appointment of Dr Harpreet S Kohli as the Board’s Director of Public Health, to succeed Dr Dorothy Moir. Dr Kohli would take up post later in the year, on a date to be agreed.

70. **MINUTES**

The Minute of the Meeting held on 28 May 2008 was submitted for approval and signature.

THE BOARD:

1. Approved the minute for signature.

71. **MATTERS ARISING NOT INCLUDED ON THE AGENDA**

a) **Practice Dissolution in East Kilbride**

The Director of the South Lanarkshire Community Health Partnership updated members on the progress of arrangements arising from the Practice dissolution.

b) **Coatbridge Dental and Integrated Resource Centre**

The Director of Finance reported on the receipt, from the Scottish Government Health Department, of formal approval for the Full Business Case for the development.

72. **ANNUAL ACCOUNTS 2007/2008**

The NHS Board considered a paper and the Annual Accounts 2007/2008.

The Director of Finance reported that the Annual Accounts had been considered at the preceding meeting of the Audit Committee. She highlighted the principal outcomes for the year, viz: an In Year surplus of £3.824m; a cumulative Year End surplus of £11.785m; and a £19m underspend on Capital. She confirmed that the Board had achieved all 3 financial targets, viz: Revenue Resource Limits; Capital

Resource Limits; and Capital Cash Requirement. She also confirmed an unqualified Audit Opinion on the Accounts, and advised that, on the basis of the Accounts presented and the Opinion from the External Auditor, the Audit Committee had recommended the Annual Accounts to the NHS Board for formal approval.

Mr Sutherland, Chairman of the Audit Committee, confirmed the Committee's overall satisfaction with the Audit process and outcome and the encouraging financial outturn for the year. He highlighted discussion at the Committee about Adjustments, and reported the External Auditor's view that these were not material and did not affect the overall Audit Opinion. He also highlighted the Committee's consideration of the External Auditor's report, in particular the Auditor's treatment of the challenges which the Board faced, including as a consequence of the requirement to maintain 3 Emergency sites in Lanarkshire.

The Board Chairman expressed his, and members', appreciation to staff across the system for their contribution to the achievement of a satisfactory outturn for the year, and for their contribution over recent years, which had been a material factor in bringing the system to a healthy financial position.

THE BOARD:

1. Approved the Annual Accounts 2007/2008.

73.

MODERNISING MEDICAL CAREERS

The Medical Director updated members on Modernising Medical Careers.

She highlighted progress in filling posts, and advised on the number of unfilled Fixed Term Specialty Trainee positions at the start of the second round of recruitment. She advised that the conclusion to interviews by the end of the week would bring greater clarity about final vacancy numbers. She highlighted the work being overseen by the Modernising Medical Careers Steering Group, including meeting with all specialties, to develop clarity about the position for specialties and to develop contingency plans where necessary. She also stressed that this process included robust risk assessment. She highlighted the impact of multiple applications and multiple offers, which brought a level of uncertainty to the position for Lanarkshire until beyond the conclusion to the recruitment process. She reported that Lanarkshire maintained dialogue with the West of Scotland Regional Group on MMC, and communication with the Scottish Government Health Department, to ensure that officials were aware of the position. She highlighted Emergency Medicine, Urology, Anaesthetics, Core Medical Training and Trauma and Orthopaedics as areas in which there remained particular recruitment challenges, and confirmed that robust contingency plans for these specialties were being developed.

The Chief Executive reported that the recruitment challenges faced by local systems had been raised in discussion at the most recent monthly meeting of NHS Board Chief Executives with Scottish Government Health Department officials. He also stressed the extent of ongoing dialogue with SGHD officials about the position, and advised that a further meeting was scheduled for 27 June 2008. He highlighted the likely requirement for political support for some of the contingency planning solutions. He also highlighted the eradication of approximately 300 FTSTA posts from the system in 2009, and the requirement to give careful consideration to the implications for Lanarkshire.

The Medical Director reminded members of the requirement to deliver the European Working Time Directive maximum 48 hour working week by August 2009, and advised that this, along with the reduced training numbers, would further exacerbate the existing recruitment challenges.

The Chairman reported that the issues highlighted by the Medical Director and the Chief Executive had been raised in discussion at the NHS Chairs meeting with the Cabinet Secretary on 2 June 2008, when it had been confirmed that the matter had been remitted to the Chief Medical Officer. He advised that the issue would again be raised at the upcoming meeting of NHS Board Chairs with the Cabinet Secretary on 30 June 2008.

The Medical Director acknowledged a view from the Chairman of the Area Medical Advisory Committee about the potential for encouraging or directing applicants into specialties where there were particular pressures. She advised that this was a Human Resources Policy issue which would require to be considered at a national level. She also confirmed that the issues for particular specialties, locally, had been highlighted to Appointments Panels, in order that they might apply whatever flexibility was open to them in making appointments.

THE BOARD:

1. The Board noted the update report on Modernising Medical Careers.
2. Asked to receive a further report in July

Medical Director

74.

HEALTHCARE ASSOCIATED INFECTION

The NHS Board considered an update report on Healthcare Associated Infection.

The Medical Director outlined the background to the issue, with particular regard to current management and governance arrangements and national policy and Direction, including the key components of the Healthcare Associated Infection Task Force: new 3 year Delivery Plan 2008 – 2011 *Preventing Infections While Receiving Healthcare*, which NHS Lanarkshire required to implement. She outlined the current position against each of the key components, viz:

- Meeting Health Efficiency Access and Treatment target to achieve a 30% Reduction in staphylococcus aureus bacteraemias by 2010.
- Improving hand hygiene compliance amongst NHS staff by meeting the target of at least 90% compliance by November 2008.
- Ensuring that NHS Lanarkshire is ready and equipped to participate in the national MRSA screening programme from 2009/2010.
- Meeting the new cleaning compliance targets set by Health Facilities Scotland.
- Implementing care bundles associated with the Scottish Patient Safety Programme and other care bundles as they are developed.
- Implementing surveillance programmes relating to general medicine, care of the elderly and other areas as they are developed.
- Ensuring that NHS Lanarkshire staff understand the connectivity between the Healthcare Associated Infection agenda, the Patient Safety and Patient Experience programmes.
- Ensuring the organisation works towards reducing skin and soft tissue infections.

The Medical Director stressed that the overall imperative was to create an environment that minimised risk to patients, staff and the public from Healthcare

Associated Infections. She advised that she had established formal monitoring of progress against each of the key components, and that progress would be the subject of regular reporting to the Corporate Management Team and to the NHS Board.

In discussion, the Medical Director acknowledged the potentially heightened risk of HAI in older premises, and the crucial importance of ready access to suitable hand washing facilities. She confirmed that work on the premises issues was being taken forward with the Property and Support Services Division, and that a survey of access to hand washing facilities across the system was included in the HAI Action Plan.

The Chief Executive highlighted the importance of, and the arrangements for, improved surveillance of infection rates. However, he advised that the current surveillance data did not suggest that there was a higher incidence of infection in older premises. He stressed that the detailed analysis of the surveillance data would contribute materially to focussed action.

Mrs Nelson, Chair of the Health and Clinical Governance Committee, reported on discussion on this issue at the meeting of the Committee on 23 June 2008. She reported that discussion at the meeting had also included the report on the Review of the Senior Charge Nurse Role, considered by the NHS Board at its meeting on 28 May 2008, when members of the Committee had acknowledged the central role which the Senior Charge Nurse would have in contributing to improvement in the area of Healthcare Associated Infection.

The Medical Director reported that there was substantial national Guidance around HAI. She acknowledged the importance of data capture on community acquired MRSA and Clostridium Difficile, and confirmed that this would be addressed through the Laboratory monitoring arrangements in place. She also acknowledged the need for guidelines for the management of HAI in Primary Care, and confirmed that the guidelines in place for community hospitals could be adapted accordingly.

THE BOARD:

1. Noted the update report on Healthcare Associated Infection.
2. Agreed to receive a quarterly progress report. **Medical Director**
3. Remitted to the Corporate Management Team the responsibility to review and endorse the organisation's Annual Healthcare Associated Infection Work Programme in July 2008. **Medical Director**

75.

HEALTH PROMOTING HOSPITALS

The NHS Board considered a paper on Health Promoting Hospitals.

The Director of Acute Services explained that the paper had been prepared, to: brief the Board on the World Health Organisation's (WHO) Health Promoting Hospital (HPH) concept; summarise progress made in relation to HPH within the Acute Services Division during 2007/2008; and highlight activities planned for 2008/9. She reminded members of the background to the issue, including the 5 core WHO Health Promoting Hospital Standards, viz: Management Policy; Patient Assessment; Patient Information and Intervention; Promoting a Healthy Workplace; and Continuity and Co-operation, which were designed to facilitate the assessment and integration of Health Promotion activities in all hospitals. She explained that the HPH framework had clear links with other initiatives, such as Healthy Working Lives, and with Board Policies on Healthy Eating, Smoking and Nutrition. She outlined the key areas of progress achieved in 2007/8 in the 6

priority areas identified by the HPH Steering Group, viz: Alcohol; Environmental Issues; Mental Health and Wellbeing; Nutrition; Physical Activity; and Tobacco Control, with activities in these areas tied back to evidencing achievements against the WHO Health Promoting Hospital Standards. She described the forward plan for 2008/9, reflecting the priorities highlighted in Chief Executive Letter 14 of 2008, which asked Boards to implement specific Health Promoting actions on Smoking, Alcohol problems, Breastfeeding, Food and Health and Health at Work. She advised that the progress and future plans illustrated that the Acute Services Division was committed to promoting and improving health and advised that NHS Lanarkshire was at the forefront of HPH activity in Scotland, and was well placed to fulfil the HPH criteria and the guidance from the Scottish Government on a Health Promoting Health Service: Action in Acute Care Settings. She stressed that the range of HPH activities would also support the fulfilment of the revised HEAT targets from April 2008 within the Local Delivery Plan.

In discussion, she acknowledged the need to provide opportunities for physical activity for patients in Mental Health inpatient facilities, and the important contribution of Occupational Therapy. She advised that the HPH Steering Group had representation from Mental Health Services and included OT and other Allied Health Professionals. She reported that North Lanarkshire Council was supporting the endeavour through the provision of leisure equipment which could be used in a controlled environment.

THE BOARD:

- i) Noted the report on Health Promoting Hospitals.
- ii) Asked to receive periodic updates on progress.

**Director of
Acute Services**

76.

IMPLEMENTATION OF BETTER HEALTH, BETTER CARE

The NHS Board considered a report on the implementation of Better Health, Better Care.

The Director for Strategic Implementation, Planning and Performance explained that the paper was intended to inform the Board of the national arrangements to implement the actions arising from Better Health, Better Care and to inform the Board of the local implementation and monitoring arrangements within NHS Lanarkshire to ensure effective implementation and monitoring of required actions. He reminded members that Better Health, Better Care published in 2007 and the Action Plan published in December 2007, had been considered by the Board. He outlined the national implementation arrangements around a series of inter-related workstreams, which were listed in the paper. He also outlined the arrangements for implementation within NHS Lanarkshire, and stressed the requirements for the national workstreams to be embedded in the local working arrangements. He explained that a number of the deliverables from Better Health, Better Care had been included within the Local Delivery Plan and within the Modernisation Board framework. He also explained that all actions and deliverables would be channelled through the various Service Improvement Boards, led by Executive Directors, which would report on performance to the Modernisation Board which, in turn, would be responsible for ensuring compliance with all actions, and reporting on progress to the Corporate Management Team and to the NHS Board.

THE BOARD:

- i) Noted the national arrangements for implementation of Better Health, Better Care.

- ii) Noted the arrangements within NHS Lanarkshire to implement and monitor progress on the deliverables set out in Better Health, Better Care.
- iii) Asked to receive periodic progress reports.

**Director for
Strategic
Implementation
Planning and
Performance**

77.

ALCOHOL AND DRUG ACTION TEAM

The NHS Board considered an Alcohol and Drug Action Team 3 year delivery plan 2008-2011.

The Director of the North Lanarkshire Community Health Partnership, in his capacity as Chair of the Alcohol and Drug Action Team, highlighted the principal elements of the report. He explained that the report was intended to inform members of: the proposed utilisation of the additional funding allocation for Alcohol Misuse Services notified to Boards in an Allocation Letter of 20 March 2008; the proposed utilisation of the small uplift on budget received by NHS Boards as part of the Delivery Plan around the new national Drugs Strategy, “The Road to Recovery”, published in May 2008; and the 3 year Delivery Plan to support achievement of the National Performance Objectives and the local improvement targets for Substance Misuse Services, as set out in the Lanarkshire Alcohol and Drugs Strategy 2008/2011, previously presented to the NHS Board. He explained the prioritisation process adopted by the Alcohol and Drug Action Team. He stressed that the ADAT Delivery Plan used an outcome based approach, and highlighted particular elements of the Plan, including the elements relating to Alcohol, recognising the profile given by the Scottish Government to tackling Alcohol Misuse. He also highlighted the Governance and Accountability arrangements, both nationally and locally, including the reconfiguration of the planning and Governance structures in Lanarkshire to meet the recommendations of the stock-take of Alcohol and Drug Action Teams in 2007. He reported some areas of slippage within the Commissioning Strategy, and stressed that the Alcohol and Drug Action Team was bringing forward proposals for use of the slippage, within the overall context of the Financial Plan.

THE BOARD:

- i) Noted the report on the Alcohol and Drug Action Team 3 Year Delivery Plan 2008-2011.
- ii) Noted the funding allocations to NHS Lanarkshire and Partners for Drug, Alcohol and Bloodborne Virus Services.
- iii) Endorsed the proposed expenditure plans as agreed by ADAT Partnership groupings, taking cognisance of guidance issued by the Scottish Government on the priorities for funding.
- iv) Approved the ADAT 3 Year Delivery Plan and its submission to the Scottish Government on 30 June 2008.
- v) Asked for future progress reports on the Service Improvements realised through the implementation of the 3 Year Delivery Plan.

**Director North
Lanarkshire
CHP**

78.

CORPORATE OBJECTIVES 2007/08

The NHS Board considered a report on performance against the Corporate Objectives 2007/08.

The Director of Organisational Development explained that the report was presented to provide members with a status report on performance against the agreed Corporate Objectives for 2007/08. He explained that the 2007/08 Corporate Objectives focussed on: improved healthy life and life expectancy (17 objectives); continually improve efficiency and effectiveness (16 objectives); quicker and easier access to services (16 objectives); and provide appropriate treatment and high quality services (18 objectives). These 67 Corporate Objectives had 101 separate actions on which to report. He reported that 87 actions were completed or on target for completion, with 14 actions in train, but delayed for the reasons explained in the paper, a number of which were outwith the Board's direct control. He highlighted achievements in relation to: Keep Well; Child Protection; Mental Health; Primary Care Strategy Development/Long Term Conditions; Unscheduled Care/Winter Planning; Elective Waiting Times; Access and Cancer; Agenda for Change and the Knowledge and Skills Framework; and the Financial Outturn/the National Resource Allocation Committee/Premises improvement. He also highlighted a range of key challenges, around: the Accident and Emergency Review process and the impact on the planning timetable; sickness absence; medical staffing; Infection Control/hand hygiene/MRSA; and stubborn lifestyle issues – breastfeeding, smoking, teenage pregnancy, alcohol consumption, childhood obesity and childhood dental disease.

He explained that, overall, the Board had had a good year of delivery during 2007/08, but needed to sustain this momentum through 2008/9, including delivering developments in Mental Health, Learning Disability and Primary Care, sustaining Acute Hospitals, hitting key targets and moving from process to outcome in lifestyles. He confirmed that the report before the Board would shortly be presented to a meeting of the Remuneration Committee.

The Chairman acknowledged the achievements and challenges within the report, and highlighted the fact that a number of the challenges featured in the agenda for the Board Meeting.

THE BOARD:

- i) Noted the status report on performance against the Corporate Objective 2007/08.

79.

ANNUAL REVIEW 2007

The NHS Board considered a report on actions arising from the 2007 Annual Review.

The Director for Strategic Implementation, Planning and Performance reminded members that the actions arising from the 2007 Annual Review held on 19 November 2007, were confirmed in a follow-up letter from the Director General Health and Chief Executive of the NHS in Scotland in January 2008, a copy of which was previously provided to Board Members. He explained that the letter identified 10 areas for follow-up action viz:

- i) Show emerging evidence of measurable improvements in reducing health inequalities.
- ii) Continue to develop innovative approaches to make contact with, and meet the needs of, hard to reach and deprived communities.

- iii) Consider demonstrating the economic benefits of upstream, targeted interventions in health.
- iv) Carry out further analysis around the expected rate of retirements.
- v) Continue ongoing engagement with the Scottish Government Health Finance Directorate regarding progress on Finance and Property/Capital-related issues.
- vi) Redouble efforts to reduce the number of delays and eliminate seasonal fluctuations to achieve the April 2008 target for Delayed Discharges.
- vii) Put in place robust arrangements to ensure the Local Delivery Plan identifies key actions and how risks to delivery will be mitigated in order to demonstrate required levels of progress towards achieving the NHS Quality Improvement Scotland Clinical Governance and Risk Management Standards.
- viii) Continue to have evidence available in order to provide assurances with regard to the robustness of Clinical Governance and Risk Management arrangements.
- ix) Consider what additional attention, services and support will be required locally, to deliver a 10% reduction in anti-depressant prescribing by 2009.
- x) Address issues of capacity for Child and Adolescent Services and keep officials informed of developments.

He outlined progress against each of the areas and advised that this information would form part of the 2008 Annual Review Self-Assessment submission, due to be lodged with the Scottish Government Health Directorate on 25 June 2008.

THE BOARD:

- i) Noted the report on Actions arising from the 2007 Annual Review.

80.

WINTER PLANNING

The NHS Board considered a report on production of the Winter Plan for 2008.

The Director of the South Lanarkshire Community Health Partnership explained that the report had been compiled to provide the Board with an outline of the process that it was intended would be adopted for the production of the Winter Plan for 2008, to ensure a robust whole systems approach was taken and delivered. He summarised the key issues, including a debrief session for Winter 2007, the report of which was included in the report to the Board and identified a range of measures that would require to be built in to the Plan for 2008. He stressed that the Winter Plan for 2008 would need to address a number of key challenges, outlined in the report, covering such issues as: the two 4-day breaks; the workforce requirements within the Accident and Emergency Departments; the development of flexible “surge” capacity, and the need to ensure compliance with Waiting Times Guarantees. He explained that to commence the process of planned production a workshop had been arranged for 14 August 2008, to which a significant range of NHS Lanarkshire Clinicians and Managers, along with

colleagues from the 2 Local Authorities and the Ambulance Service, had been invited. He advised that the Emergency Access Board would closely monitor progress with the production of the plan in August and early September, and would formally sign off the plan, including the resource requirements, by the end of September. He stressed that contact had been made with the National Emergency Access Group, to ensure that the production of the NHS Lanarkshire Plan was compatible with Scotland-wide processes, in addition to which, NHS Lanarkshire would contribute, as required, to Regional Winter Planning Groups.

The Chief Executive reported on the submission of a formal request to SGHD for release to Lanarkshire of the unallocated balance of the Extended Access funding, to expand Primary Care capacity, including at the Festive Season.

In an endorsement of the approach to developing the Winter Plan for 2008, the Director of Acute Services highlighted the significance of the workshop arranged for 14 August 2008, bringing together at an early stage, the key individuals and agencies whose contribution to the production of a workable Winter Plan would be crucial.

It was noted that the proposals for an Emergency Referral Centre, which would have a key role both generally and particularly over the Winter period, had been the subject of a presentation to the most recent meeting of the Acute Operating Management Committee.

THE BOARD:

- i) Noted the report on production of the Winter Plan for 2008.
- ii) Asked to receive the Winter Plan in October 2008.

**Director South
Lanarkshire
CHP**

81.

LONG-TERM CONDITIONS

The NHS Board considered an Annual Report on delivery of the Long-Term Conditions Toolkit.

The Director of the South Lanarkshire Community Health Partnership explained that the report was provided to update the NHS Board and the Long-Term Conditions National Team on the activities and progress in relation to Long-Term Conditions within NHS Lanarkshire. He reminded members that, in 2005, the Board had set out its strategy to manage the current and future challenges of people living with Long-Term Conditions, a strategy which was consistent with a whole systems way of working and supported the principles within Delivering for Health (SEHD 2005) and Better Health, Better Care (SGHD 2007). He explained that over the past year, the focus on Long-Term Conditions had increased. The formation of NHS Lanarkshire's Long-Term Conditions Action Team had facilitated the implementation of a comprehensive Action Plan with a number of objectives which cross-referenced with the national HEAT targets and NHS Lanarkshire's Corporate Objectives. He highlighted progress against the key objectives set by the Long-Term Conditions Action Team for 2007/2008, viz:

- i) Integrated Care Management.
- ii) Keep Well.
- iii) Development of a Tele-health proposal and implementation programme.

- iv) Identification of a self-management Sub Group of the Long-Term Conditions Action Group to undertake mapping of current health management resources and make recommendations.
- v) Aligning with and influencing the condition specific clinical communities.
- vi) Developing and implementing a Directory of Services.
- vii) Developing a Communication Strategy for the Long-Term Conditions Action Group.
- viii) Developing a 3 year Implementation Plan based on the Long-Term Conditions Strategy.
- ix) Creating a Training and Development Plan for Long-Term Conditions and assigning a budget.
- x) Producing a Long-Term Conditions Annual Report.
- xi) Updating the Long-Term Conditions Toolkit every 4 months.

THE BOARD:

- i) Noted the Annual progress report on Long-Term Conditions.
- ii) Asked to receive further progress reports, as appropriate.

**Director South
Lanarkshire
CHP**

82.

PROPERTY SUB COMMITTEE

The NHS Board considered a proposal to establish a Property Sub Committee.

The Director of Finance explained that the paper introduced draft Terms of Reference in support of a proposal to establish a Property Sub Committee. She reminded members of the consideration given to this issue at the Board Meeting on 24 April 2007, and the material factors which had influenced a decision not to establish a Property Sub Committee at that time. She advised that approval of the recommendations arising from the Review of Accident and Emergency Services, and the Board's approval in March of the 5 year Financial Plan and Capital Investment Plan, brought greater clarity about the scale of property matters to be addressed in advancing the Capital Investment Programme to deliver the Board's key development aspirations. Therefore, it was considered that there was a need, now, to revisit the proposal to establish a Property Sub Committee.

Whilst the proposal involved establishing the Property Sub Committee as a Sub Committee of the Audit Committee, it was considered that, for Governance, the Property Committee should operate as a Sub Committee of the NHS Board.

THE BOARD:

- i) Approved the setting up of a Property Committee as a Sub Committee of the NHS Board, operating to the Terms of Reference, as presented.
- ii) Asked to receive routine reports on the deliberations of the Property Committee.

**Director of
Finance**

83.

LOCAL DELIVERY PLAN

a) Finance

The NHS Board considered an update on the Financial Position for the 2 months ended 31 May 2008.

The Director of Finance reminded members that the Financial Plan, approved by the Board in April, set a target In-Year surplus for 2008/9 of £3.1m, reflecting an underlying forecast recurring surplus of £3.7m as at 31 March 2009, offset by a non-recurring overspend during the year of £0.6m. She reported that taking account of the cumulative surplus of £11.785m carried forward from previous years, this set a revised forecast cumulative surplus as a 31 March 2009 of £14.8m. She advised that the actual position to 31 May 2008 reflected an underspend of £0.5m, against the full year forecast of £3.1m, largely as a result of underspends against Mental Health pay budgets within the North Community Health Partnership. She reported that work was already underway to further develop a non-recurring plan for the year, recognising: the potential slippage against approved Financial Plan commitments; emerging cost pressures within the system; and the remaining balance of the programme refurbishment and premises investment which commenced in the previous financial year. She advised that this ongoing piece of work would be the subject of an initial update to the Corporate Management Team by the end of July, with a formal update to the NHS Board in August 2008.

She advised that Capital expenditure of £2.968m had been incurred against the net Capital allocation of £34.220m, with a year-end underspend forecast of £0.970m. She explained that the year end underspend of £19.516m on Capital from 2007/8 had been “banked” with SGHD for reinstatement in future years. She reported that a further update on the Capital Plan would be provided over the coming months, reflecting refinements to the phasing of investment as projects were further developed, greater clarity of prices for the projects being managed under the “Partnering” arrangements, and Full Business Case stage was reached in a number of areas.

THE BOARD:

- i) Noted the actual revenue underspend of £0.504m as at 31 May 2008.
- ii) Noted the forecast In-Year end surplus of £3.055m per the approved Financial Plan.
- iii) Noted the Forecast cumulative surplus of £14.835m as at 31 March 2009.
- iv) Noted the Forecast Year-End Capital underspend of £0.970m per the approved Financial Plan.
- v) 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 May 2008.

The Director of Acute Services explained that the report was presented against the Waiting Time Guarantees that NHS Boards had been asked to deliver by 31 March 2009, including trajectories against which the Board would monitor performance through the application of a traffic light system.

She reported that all HEAT Waiting Time Guarantees had been achieved in May. She advised that New Ways continued to present challenges, particularly in Outpatients, and that dialogue was continuing with ISD and the Scottish Government to deliver solutions. She highlighted the achievement of the Delayed Discharge Guarantees at 15 April 2008, and confirmed that that position had been sustained during May had also been delivered in June. She reminded the Board of previous reports about the intention to deliver a level of performance in selected areas in excess of the national Waiting Time Guarantees, viz: Inpatients, Daycases and Outpatients, with the objective of delivering a maximum wait of 12 weeks, and in diagnostics, to improve on the national Guarantee of 6 weeks to a maximum wait of 4 weeks by 31 March 2008. She explained that the new Waiting Time Guarantees had taken effect from 1 April 2008, with delivery required by 31 March 2009, and confirmed that Guarantees were being taken forward in the context of the 18 week Referral to Treatment target to be achieved by 31 December 2011. She reported that the Scottish Government had confirmed additional funding to the NHS Board in 2008/9 to facilitate delivery of the Waiting Time targets, and confirmed that Clinical Business Plans for each specialty were available, which described the actions that would be taken to deliver the Waiting Time Guarantees by 31 March 2009. She advised that the Project Board to deliver the 18 week Referral to Treatment target had held its first meeting in June and that the programme plan for the 18 week RTT had been approved by the Scottish Government.

The Director of Acute Services reported on the development of a proposal to establish an Emergency Referral Centre, which it was hoped would be in place by September 2008. She also confirmed the appointment of a Programme Manager specifically to drive forward the delivery of the 18 week Referral to Treatment target.

THE BOARD:

- i) Noted the report on the Waiting Times position at 31 May 2008 and the improved Waiting Time Guarantees that required to be delivered by 31 March 2009.
- ii) Asked to receive a further report.

**Director of
Acute Services**

c) Primary Care Out of Hours Services

The NHS Board considered a report on Primary Care Out of Hours Services for May 2008.

The Director of the South Lanarkshire Community Health Partnership explained that the Service, overall, had continued to perform well in the month of May, including in relation to preparations and functioning around the 2 public holidays during the month. He confirmed that the Service had continued to support the Accident and Emergency Departments, including through receiving 663 transfers from Accident and Emergency during the month. He advised that the Service had also taken 39 Community

Pharmacy referrals during the month through the professional to professional lines. He confirmed that work was ongoing to look at the Home Visiting processes, with a view to improving one hour response times. He stressed that the Service would continue to monitor the levels of demand in the system and look to match resources accordingly. He reported on progress of the detailed audit of the Out-of-Hours Home Visiting Service, and confirmed that any actions arising from the audit would be reflected in a future report to the Board.

THE BOARD:

- i) Noted the report on Primary Care Out-of-Hours Services for May 2008.
- ii) Asked to receive a further report.

**Director South
Lanarkshire
CHP**

84. **GOVERNANCE MINUTES**

- a) Staff Governance Committee – 9 June 2008

The NHS Board received and noted the Minute of the Meeting.

The Employee Director, as Chairman of the Committee, highlighted from the Minute, discussion on Organisational Development, including the Nurses, Midwives and Allied Health Professions Practice Development Annual Report and the Knowledge and Skills Framework.

85. **DATE OF NEXT MEETING**

Wednesday 30 July 2008 at 9.30 am.

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

The NHS Board approved a Motion to move into Private Session for the remaining item of business, due to the “Commercial – In Confidence” nature of the business.

87. **RELOCATION OF PRIMARY CARE SERVICES FROM BECKFORD LODGE, HAMILTON**

The NHS Board considered a Standard Business Case for the relocation of Primary Care Services from Beckford Lodge, Hamilton to 19 Douglas Street, Hamilton.

The Director for Strategic Implementation, Planning and Performance explained that the report was presented to inform the Board of work undertaken to review the relocation of services currently provided from Beckford Lodge, and to request the Board to approve the Business Case for the purchase of 19 Douglas Street, Hamilton, to enable the relocation of Beckford Lodge, Hamilton, and to provide further opportunities for Estates rationalisation.

He reminded members of the background to the issue, including the report to the Board at its meeting in May 2008. He explained that the Douglas Street site could provide accommodation for all services currently within Beckford Lodge and could also provide opportunities for future rationalisation of other services currently serving the Hamilton and Bothwell areas. He stressed that the use of Douglas Street, and its refurbishment by the Board’s Principal Supply Chain Partner, should ensure that there was a minimum risk to potential increased costs for the Caird House Development, which could arise because of a delay in starting work.

He explained that direct public funding was the procurement route that had been assessed to deliver the best performance and value for money for the development, with confirmation from the District Valuer that Douglas Street provided value for money. He acknowledged the previous suggestion about the use of the Board's premises at 14 Beckford Street as a potential alternative option. He confirmed that a specialist external firm had been commissioned to identify the implications of this option, and that this process had identified a number of material difficulties that the Beckford Street accommodation would present in meeting the requirements in relation to Healthcare Associated Infection and compliance with the Disability Discrimination Act, whilst also trying to meet the requirements of Historic Scotland. He confirmed that, for these reasons, the Headquarters building had been discounted as a suitable option for consideration. He explained that the Business Case, if approved, would remove the need for the development of a Hamilton Resource Centre over the next 10 – 15 years. He reminded members that the Centre was one of the projects considered as part of the Capital Developments to be undertaken beyond 2012/13, with an estimated Capital Cost of the order of £17m. He explained that the availability of space in Douglas Street would allow the location of nearly all clinical services which were intended to be sited in the Hamilton Resource Centre, and would have unallocated space which would allow other clinical services currently sited elsewhere in Hamilton to move to the new location. He stressed that this would be at a marginal cost, as all fixed costs for the premises had been allocated within the Business Case, which had been developed by a Project Board reporting to the Capital Investment Group. He stressed the extent to which NHS Lanarkshire had worked in partnership with South Lanarkshire Council and service users and staff, to ensure that the development was end user led, and confirmed that continued engagement would be undertaken with a range of identified stakeholders.

The Director of Finance outlined, for members, the principal elements of the Financial Appraisal and the Economic Appraisal, and the key issues in relation to Affordability and Value for Money.

The Director of the South Lanarkshire Community Health Partnership endorsed the proposal and confirmed that the development of Douglas Street would allow ongoing delivery, development and integration of a clinical service. He also confirmed that the proposal to move to the accommodation in Douglas Street was welcomed by the staff in Beckford Lodge.

The Director of Finance acknowledged the need to finalise an overarching Estates Strategy which would articulate Estates rationalise issues, including progress on demolition of Property declared surplus to requirements. She confirmed that this would be an early task for the Property Committee.

**Director of
Finance**

THE BOARD:

- i) Approved the Standard Business Case for the relocation of Primary Care Services from Beckford Lodge, Hamilton to 19 Douglas Street, Hamilton.
- ii) Approved the Capital Investment of £4.597m.
- iii) Approved the recurring revenue investment of £0.304m.