

Meeting of Lanarkshire NHS Board, Wednesday
24th March 2010 at 9.30 am in the Board Room,
14 Beckford Street, Hamilton

CHAIRMAN: Mr W Sutherland, Non Executive Director

PRESENT: Mrs L Ace, Director of Finance
Mr J A Anning, Non Executive Director
Mr T Currie, Non Executive Director
Mr A Lawrie, Director, South Lanarkshire Community Health Partnership (up to item 34)
Mrs R Lyness, Director of Acute Services
Councillor E McAvoy, Non Executive Director
Mrs N Mahal, Non Executive Director
Mrs M Nelson, Non Executive Director
Mr I A Ross, Director of Planning
Mrs S Smith, Non Executive Director
Mr P Wilson, OBE, Director for Nurses, Midwives and the Allied Health Professions

IN ATTENDANCE: Dr C Clark, Consultant in Public Health Medicine (for Dr. Kohli)
Mr J White, Divisional Human Resources Director (for Mrs. Khindria)
Mr D Boyd, Area Partnership Forum (for Mrs. Macer)
Mr N J Agnew, Board Secretary/Corporate Affairs Manager
Mrs A Armstrong, Chair, Area Clinical Forum
Mrs K Hamilton, Head of Communications
Mr K A Small, Director of Organisational Development
Dr J Pravinkumar, Consultant in Public Health Medicine (for item 33a)
Dr D T Cromie, Consultant in Public Health Medicine (for item 33a)
Mrs H Gourlay, Control of Infection Manager (for item 35a)
Mrs C McGhee, Corporate Risk Manager (for item 35b)
Dr J Logan, Consultant in Public Health Medicine (for item 36)

APOLOGIES: Mr P K Corsar, Non Executive Director
Mr D Clark, Non Executive Director
Mr T Davison, Chief Executive
Dr A Graham, Medical Director
Mrs L Khindria, Director of Human Resources
Dr H S Kohli, Director of Public Health and Health Policy
Councillor J McCabe, Non Executive Director
Mr C Sloey, Director, North Lanarkshire Community Health Partnership
Mrs L Macer, Employee Director

30.

WELCOME

ACTION

Mr. Sutherland welcomed members and attendees to the meeting. He extended a particular welcome to: Dr. Pravinkumar; Dr. Cromie; Mrs. Gourlay; Mrs. McGhee; Dr. Logan; Dr. Clark; Mr. White; Mr. Boyd; and to three members of the public from the Uddingston area, who were attending for the agenda item on Old Mill Surgery, Uddingston.

31. **CHAIRMAN'S REPORT**

Mr. Sutherland reported that the next meeting of the Cabinet Secretary with NHS Chairs was scheduled for Monday 29th March 2010. He also confirmed that Mr. Corsar would return to his full duties as NHS Board Chair on Monday 29th March 2010.

32. **MINUTES**

The NHS Board received, for approval and signature, the minute of the meeting held on 24th February 2010.

THE BOARD

1. Approved the minute for signature.

33. **MATTERS ARISING**

a) **Influenza A (H1N1)**

The NHS Board considered reports on influenza A (H1N1), which provided a summary of the experience and the response in NHS Lanarkshire to the influenza A (H1N1) pandemic.

Members heard, in turn, from Dr. Josephine Pravinkumar and Dr. David Cromie, Consultants in Public Health Medicine.

Dr. Pravinkumar reminded members of the background to the emergence of influenza A (H1N1). She outlined the epidemiology of H1N1, and the principal elements of Lanarkshire planning for pandemic influenza, involving: the Lanarkshire Pandemic Influenza Plan; the Lanarkshire Pandemic Influenza Problem Assessment Group; and the Corporate Management Team, based on national planning assumptions for the pandemic in the UK. She also outlined the key elements of the Lanarkshire experience, in terms of: cases; the Public Health and Corporate Services response; the contributions of primary care and out of hours, the acute division and the local authorities. She also outlined the key issues around: infection control; antiviral distributions; and communications.

She explained that H1N1 had posed unique problems for NHS Lanarkshire and its partners, and stressed that many of the challenges had been met in the first wave of the pandemic through the combined efforts of the agencies and services across Lanarkshire. She explained that planning for the second, and subsequent waves of the pandemic, had involved considerable resources being devoted to a number of key areas, including, antiviral collection points; vaccination plans; increasing critical care capacity; training staff and prioritising services. She advised that a workshop to consider the response to the pandemic had been held in October 2009, to reflect on key learning points, with an action plan having been drawn up to address any gaps, and to ensure better preparedness for subsequent waves. She advised, also, that the Problem Assessment Group would produce by the end of September 2010 a paper reporting on a comprehensive review of the pandemic.

Dr. Cromie highlighted the principal elements of the vaccination programme, around: UK and local planning and preparations; at risk groups; logistics of delivery and service delivery models; challenges of planning and delivering; the detail of implementation; and uptake in Phase 1 and in Phase 2. He stressed that the H1N1 vaccination programme was a large scale and complex vaccination programme undertaken during a period of high NHS activity, mainly due to ongoing pandemic activity. He explained that NHS Lanarkshire had responded very positively and effectively to the challenges, and advised that, through hard work, dedication and a multi-disciplinary team approach, had successfully implemented the programme to date. He acknowledged the key contribution of

individuals, functions and organisations to the successful delivery of the vaccination programme, including: the strategic lead and the project lead; colleagues in nursing, general practice, occupational health, pharmacy, communications and maternity services; and in North and South Lanarkshire Councils. He explained that the H1N1 Vaccination Implementation Group would undertake a detailed review of the Vaccination Programme to learn lessons, measure costs and reimbursement, and undertake advanced planning, as far as possible, for similar scenarios that might occur in future.

In discussion, Dr. Cromie explained the position with regard to the remaining stocks of vaccine within the UK. He explained that approximately 25% of the doses ordered had been used, and that vaccine had been funded centrally. He advised that the vaccine had a shelf life of about one year, and should not be used beyond its expiry date. He explained that uptake for the over 65s and the under 65s in at risk groups, was close to the average for Scotland, with some local variation across localities and general practices. He acknowledged that the Vaccination Programme had provided a valuable learning experience for the future, for the seasonal vaccination programme and for the generality of responding to a pandemic. He confirmed that Lanarkshire would contribute to the National Review of the pandemic response, through submitting comments to the National Delivery and co-ordination group. He advised that, apart from some initial discomfort around the injection site, there had been no significant adverse illness associated with the vaccination. He confirmed that NHS Lanarkshire would be reimbursed for additional costs incurred in implementing the Vaccination Programme locally. He explained that, for NHS Lanarkshire and North and South Lanarkshire Councils Social Care staff, uptake of the vaccine, at 50%, was significantly higher than for seasonal flu.

Mr. Sutherland acknowledged the efforts of NHS Lanarkshire and North and South Lanarkshire Councils in the preparations and planning for the pandemic, and in responding to the pandemic over an extended period, at a time when the service was coping with the impact of seasonal flu and the substantial pressures from normal activity.

THE BOARD:

1. Noted the reports on Influenza A (H1N1), and commended the efforts of all staff involved across NHS Lanarkshire and North and South Lanarkshire Councils for their contribution to the service response.
2. Agreed to consider the review report in September 2010.

Dr. Kholi

b) Medical Workforce

Mrs. Lyness explained that there remained significant fragility amongst middle grade staff. She highlighted the position of emergency medicine, and explained that the Corporate Management Team would shortly consider a report from Dr. Malekin on the work that he had led to analyse activity and workforce, and bring forward proposals for the future management of the emergency workload. The roll out of this work would include an event for stakeholders, around June, to consider the options, as part of the processes to inform a way forward. This would include consideration of the interfaces with other acute specialities and with Primary Care. Consideration would also be given to the progress of the recommendations arising from the Postgraduate Medical Education and Training Board and Royal College of Emergency Medicine visits to the Accident and Emergency Department in Monklands Hospital, earlier in the year.

Mrs. Lyness explained that pressures continued, also, in Neonatology, but would be eased to an extent by the contribution of Advanced Neonatal Nurse Practitioners who, having completed training, would be considered competent to take up posts at middle grade. She explained that the implementation of a new international transfer scheme could result in candidates working with Lanarkshire for periods of two years. She reported emerging pressures amongst middle grade staff within gynaecology, and explained that, post-April, it may become necessary for Consultants to be resident on-call, with consequent resource implications. She stressed the considerable continuing endeavour, involving innovative and flexible solutions, towards ensuring that services remained sustainable.

THE BOARD:

1. Noted the update on medical workforce.
2. Asked to receive a further report.

Dr. Graham

34.

OLD MILL SURGERY, UDDINGSTON

The NHS Board considered a report on a Practice withdrawal from the Old Mill Surgery, Uddingston.

Mr. Lawrie explained that the paper presented to the Board was intended to update members on the key issues associated with the engagement processes around the closure of the branch surgery at Old Mill Road, Uddingston, by Dr. McAllister and Partners. He outlined the background to the issue, and the legal position, which conferred no specific legal or regulatory powers on the NHS Board to stop the Practice closing the branch surgery in Uddingston. He outlined the approach to the engagement process, involving a detailed Communications and Engagement Plan, which was developed in conjunction with the Practice, to ensure that all interested parties were made aware of the proposals, and how they could make representations during the process. He outlined the formal communications sent to all registered patients, and reported on the responses received during the process, including at two patient meetings held on 4th and 11th February 2010. He explained the arrangements in place for maintaining access for patients to General Medical Services. He stressed that the processes followed had been in strict accordance with the joint NHS Confederation and British Medical Association Publication, The New GMS Contract (2003), Investing in General Practice (The Blue Book), which provided a framework for dealing with branch closures.

In discussion, Mr. Lawrie acknowledged a frustration expressed by members about the lack of scope for the Board to determine the shape of local Primary Care Services, not only for General Medical Practice, but for other Independent Contractor streams. He explained that the new GMS Contract had been intended to bring about a number of benefits for General Practice, including improved access for patients. He acknowledged that there was a potential for other Practices on split sites to seek to consolidate their endeavour on a single site, but suggested that this should be viewed within the context of only four such situations within the last four years. He explained that sustaining two site working brought increasing pressure on Practices, given patient expectations around access.

Mr. Lawrie acknowledged adverse media coverage of the issue, which included claims that the consultation was questionable, and that the Practice motivation for the withdrawal from the Old Mill Surgery had been motivated by profit. He stressed that the processes which had been followed had, largely, been about ensuring there was appropriate communication and engagement with registered patients about the closure, and maintaining access to General Medical Services. He also confirmed his understanding that the withdrawal from the Old Mill Surgery would not realise a material profit for the Partners.

THE BOARD:

1. Noted the processes of communication and engagement that had been followed, and responses received.
2. Noted the proposals for the future delivery of primary medical services in the Bothwell/Uddingston/Viewpark areas.

3. Acknowledged, on the basis of the processes followed, and in line with the process outlined in the new GMS Contract (2003), Investing in General Practice (The Blue Book) that, as a result of the withdrawal of Dr. McAllister and Partners from the Old Mill Surgery, Uddingston, access to safe, sustainable, General Medical Services, for patients on the Practice List, would be delivered through the Practice premises in Viewpark.

35. **PATIENT SAFETY AND QUALITY**

a) **Healthcare Associated Infection**

The NHS Board considered an update on Healthcare Associated Infection.

Mrs. Gourlay explained that the report provided a monthly update of performance in relation to Healthcare Associated Infection, using the National Reporting Templates, and covered key issues, including: performance against Health Efficiency Access Targets; infection prevalence rates; cleanliness of clinical facilities; progress against the National Clostridium Difficile Action Plan; progress against key issues within the HAI Task Force Three Year Delivery Plan; surgical site infection surveillance; antimicrobial prescribing; the local implementation of the Methicillin Resistant Staphylococcus Aureus (MRSA), National Screening Programme; and Healthcare Environment Inspection. She highlighted the performance in these key areas, and current and new initiatives as part of the substantial management endeavour to maintain the focus and performance on further reducing Healthcare Associated Infection rates. She stressed that whilst good progress was being made, significant work was required to ensure that the organisation was fully compliant with the National Healthcare Associated Infection agenda over the next three years.

She acknowledged a reported dip in performance on hand hygiene, and stressed the endeavour, involving the Hand Hygiene Co-ordinators linked with the FY1 Training Programme, to improve performance in this area. She acknowledged the challenge in meeting the Staphylococcus Aureus Bacteraemias target, and confirmed that this, currently, was the subject of ongoing dialogue between NHS Quality Improvement Scotland and NHS Boards.

Mrs. Lyness highlighted the element of the report relating to the incidence of Norovirus. She explained that whilst there was a higher incidence, there were enhanced controls in place.

THE BOARD:

1. Noted the Healthcare Associated Infection update.
2. Asked to receive a further report.

Dr. Graham

b) **Clinical Governance**

The NHS Board considered a report on Clinical Governance.

Mrs. McGhee explained that the paper was provided to update members on progress on Quality Assurance, with a focus on risk management. She highlighted the preparations in hand for the local implementation of the NHS Scotland Quality Strategy, and the activity taken forward in relation to NHS Quality Improvement Scotland Peer Review visits, the implementation of Scottish Intercollegiate Guidelines Network (SIGN) Guidelines and National Patient Safety Agency (NPSA) alerts. She highlighted the focus within the report on risk management, and outlined the principal issues in relation to: review of the Risk Management Strategy; ongoing oversight of the Strategic Risk Register by the Risk Management Steering Group; and an update on current risks. She reported that, through the Risk Management Steering Group, a set of key performance indicators had been agreed, relating to structure and process measures, for measuring effectiveness of Clinical Risk Committees, incident grading, closure and investigation, and closure for risk registers.

Mrs. Ace acknowledged issues raised by members around the top risks and actions to mitigate their impact. She explained the position in relation to: Investment in mental health; Prescribing pressures; Headquarters relocation; and Developments.

Mr. Ross acknowledged issues raised about the need for investment in Monklands Hospital. He explained that there was a specific risk register for the development of Monklands Hospital, which was considered regularly by the Risk Management Steering Group.

Mr. Sutherland acknowledged the reassurance in the report around the Board's Cash Releasing Efficiency Savings (CRES) requirement, and the risk management processes which underpinned that risk.

THE BOARD:

1. Noted the update report on Clinical Governance.
2. Asked to receive a further report.

Dr. Graham

36.

HEALTH PROTECTION

The NHS Board considered a Joint Health Protection Plan for North and South Lanarkshire.

Dr. Logan explained that the Public Health, etc (Scotland) Act 2008, required NHS Boards, in consultation with Local Authorities to produce a Joint Health Protection Plan which provided an overview of Health Protection (Communicable Disease and Environmental Health), priorities, provision and preparedness for the NHS Board area, set against guidance on the content of Plans, published by the Scottish Government. He explained that the Plan before the Board was the first Lanarkshire Joint Health Protection Plan, and covered the period from 1st April 2010 to 31st March 2012. He stressed that the Plan had been developed by a Working Group with members representing NHS Lanarkshire, North Lanarkshire Council and South Lanarkshire Council. He highlighted the requirement for the Plan to be produced as a public document, and confirmed that it would be made available to members of the public through the NHS Lanarkshire public website, and on request.

Dr. Logan outlined the principal elements of the Plan, in relation to: an overview of the populations served by NHS Lanarkshire and North and South Lanarkshire Councils and of the Health Protection Services provided; the Health Protection Planning Infrastructure; National and Local Health Protection priorities; Health Protection resources and operational arrangements; capacity and resilience of Health Protection services; and public involvement and feedback.

Members noted and welcomed the extent of co-operation between NHS Lanarkshire and North and South Lanarkshire Councils in the production of the Plan, and generally, and noted the substantial contribution of the Local Authorities in the area of health.

THE BOARD:

1. Noted the contents of the Lanarkshire Joint Health Protection Plan 2010 to 2012, approved the Plan, and its publication on the NHS Lanarkshire website.

37.

VASCULAR SERVICES

Mrs. Lyness updated members in relation to the progress of discussions about vascular services, including with the Scottish Government Health Department. She advised that a further report would be brought to the Board in April. She stressed that interim arrangements for vascular services were in place, to ensure the continued provision of safe services.

THE BOARD:

1. Noted the update on Vascular Services.
2. Asked to receive a further report.

Dr. Graham
Mrs. Lyness

38.

SINGLE EQUALITY SCHEME

The NHS Board considered a report on the Single Equality Scheme.

Mr. Small explained that the report was intended to provide the Board with information about a Single Equality Scheme, and to seek approval to publish and implement the Scheme. He highlighted the statutory requirement for NHS Lanarkshire to publish Equality Schemes covering Race, Disability and Gender, as a means of promoting positive performance in the elimination of discrimination, and in promoting equality of opportunity. He explained that the Government was currently consulting on a new Equality Bill, which was likely to extend and renew current legislation to create a new Equality Duty on public organisations. He advised that it was anticipated that the Equality Bill would come into force during 2011 and confirmed that, in anticipation of the new legislation, NHS Lanarkshire had engaged widely with relevant stakeholders to develop a Single Equality Scheme, which extended the Board's commitment and positive actions on Race, Disability and Gender, to include age, sexual orientation, religion, belief and life stance. He stressed that the Single Equality Scheme had been produced as a living document, and would change, develop and respond, over time, to the emerging legislation, the priorities of NHS Lanarkshire and views of interested stakeholders.

Members noted that the Single Equality Scheme had been developed through the Board's Equality, Diversity and Spirituality Committee. The need was highlighted for the Board to take genuine ownership of its Equality duty and responsibilities, both at a strategic and at an operational level, with detailed Action Plans being approved by the Acute and North and South Lanarkshire Community Health Partnership Operating Management Committees.

Mr. Small acknowledged the potential for the Cash Releasing Efficiency Savings (CRES) endeavour to impact negatively on delivery of the Board's equality duty, but he stressed that, in the immediate term, there was a level of confidence about the system's ability to deliver the Single Equality Action Plan, on time and to the required Quality Standard. He explained that there was a substantial Equality and Diversity Training Programme in place for staff, with a particular focus on training supervisory and middle management staff in supporting staff who may have an equality or diversity issue. He stressed that there was, also, a cohort of 250 Diversity Champions in place to support the Equality and Diversity endeavour.

Mrs. Armstrong welcomed the focus of the Scheme on hard to reach, disadvantaged communities. She also acknowledged that the Area Clinical Forum could have a positive role in reinforcing Equality and Diversity as a foundation for professional practice.

Mrs. Armstrong

Mr. Small acknowledged that Independent Contractors were not explicitly covered by the Scheme, and he explained that there would be a requirement to influence the position amongst Independent Contractors through key individuals and groups such as the Local Medical Committee.

THE BOARD:

1. Endorsed the Single Equality Scheme approach, as summarised in the Executive Summary and Action Plan for 2010/11, in recognition that the content of the full Scheme had been the subject of detailed consideration through the Equality, Diversity and Spirituality Committee.
2. Agreed to the publishing of the full Scheme, Executive Summary and Action Plan 2010/11 on the NHS Lanarkshire website.
3. Agreed to support the monitoring of progress in the ongoing review and implementation of the Scheme, through the Equality, Diversity and Spirituality Committee.

INFORMATION GOVERNANCE

The NHS Board received and noted an Information Governance update, which encompassed: the status of the previously agreed Information Governance Workplan; Incidents to note; and Information Governance Awareness Training.

HEALTH IMPROVEMENT – BREASTFEEDING

The NHS Board considered a report on the NHS Lanarkshire Breastfeeding Policy, and the updated Breastfeeding Policy, reviewed in September 2009.

Mr. Wilson highlighted the requirement for the revised Breastfeeding Policy to be confirmed by the Board, to comply with UNICEF Accreditation. He reminded members that the Board had received a report in December 2009 about improving maternal and infant nutrition, which had provided details of actions to improve breastfeeding, as well as details of a portfolio of projects to improve the nutrition of women of childbearing age, pregnant women and children under 5 years of age in deprived communities. He advised that the joint Hospital and Community Breastfeeding Policy had undergone its Annual Review in September 2009, and had been amended to ensure that it complied with the revised UNICEF Baby Friendly Initiative Standards. He stressed that the principles and aims of the Policy remained the same, but that additions and enhancements had been made to particular elements of the Policy, including: being more explicit about how NHS Lanarkshire provided women with coping strategies for night time feeding; further evidence in relation to the way NHS Lanarkshire engaged with the wider community about breastfeeding; and further information on the support offered to women who were separated from their babies, in terms of maintaining lactation.

THE BOARD:

1. Noted the content of the report, and approved the revised Breastfeeding Policy.
2. Noted that the Breastfeeding Policy was due for review in September 2010, and asked to receive the revised Policy for approval. Mr. Wilson

VOLUNTEERING

The NHS Board considered a refreshed Volunteering Policy.

Mr. Wilson reminded members that the current NHS Lanarkshire Volunteering Policy had been approved in May 2007. He advised that, in association with the work undertaken to achieve Investing in Volunteers status, the Policy had been reviewed and updated by the Volunteer Action Group, with the resultant document having been considered by the Joint Policy Forum in November 2009, and by the Human Resources Forum in March 2010. He stressed that the attached refreshed Policy, set out the commitments of NHS Lanarkshire towards its current and prospective volunteers, and also set out the Boards expectations of those who volunteered. He advised that the document underpinned the Vision for Volunteering that was agreed by the Board in November 2009, viz: to develop and maintain a strong infrastructure for volunteering; to create a diverse and inclusive volunteering programme; to provide a positive experience of volunteering; and to develop the capacity of voluntary organisations that operated within health. He also explained that National Volunteers Week ran from 1st to 7th June 2010, and outlined the main events being planned locally during the week. This would include an evening reception for volunteers on 7th June 2010, to which Board members would be invited.

In discussion, Mr. Wilson explained that, against the target of recruiting a further 1,000 volunteers over five years, there were currently approximately 250 volunteers, with a substantial recruitment and involvement programme being taken forward through engagement with voluntary organisations.

THE BOARD:

1. Approved the refreshed Volunteering Policy.
2. Noted the outline of events to take place during National Volunteers Week from 1st to 7th June 2010.
3. Noted that an evening reception would be held on 7th June 2010 to recognise the contribution volunteers make to the organisation.

42.

GOVERNANCE

a) Best Value – NHS Board and Committee Working

The NHS Board considered a paper on Clinical Governance and Risk Management (CGRM) Standards for Best Value: Proposals for Board and Committee Working.

Mr. Wilson explained that, as a follow up to the NHS QIS review of Clinical Governance and Risk Management in September 2009, a series of actions were identified, including the strengthening of some elements of the Governance arrangements. He outlined the principal actions proposed for the Board and the Board's Committees and explained that, subject to the Board's decision, it was proposed to implement the changes from April 2010, to coincide with the start of the new performance year, and the endeavour around Board development. He stressed that the proposed changes would provide a more explicit framework for the exercise of governance overall, and specifically would meet the need to demonstrate annually Best Value Processes and the Clinical Governance Risk Management Standards in preparation for future reviews by NHS Quality Improvement Scotland.

THE BOARD:

1. Agreed the proposed changes to the way in which the Board and its Committees worked, to take effect from the start of the new performance year in April 2010. Mr. Wilson
Mr. Agnew

b) Good Governance Standard

The NHS Board considered an Assessment of NHS Lanarkshire Governance arrangements against *The Good Governance Standard for Public Services*, published by the Independent Commission for Good Governance in Public Services.

Mr. Agnew explained that the Assessment set out the Board's Governance arrangements against the six Principles of Good Governance, that were common to all Public Service Organisations and were intended to help all those with an interest in public governance to assess Good Governance Practice. He highlighted the six principles of good governance; viz:

1. Focus on the organisations purpose and outcomes for citizen and service users.
2. Performing effectively against clearly defined functions and roles.
3. Promoting values for the whole organisation, and demonstrating the values of Good Governance through behaviour.
4. Taking informed, transparent decisions and managing risk.
5. Developing the capacity and capability of the Government body to be effective.
6. Engaging stakeholders and making accountability real.

He advised that organisations were required to make public the assessment against the Good Governance Standard, and that subject to the Board's endorsement of the assessment, it was the intention to establish a Governance section on the NHS Lanarkshire public website where the self assessment could be posted, along with links to the key documents referred to in the self assessment.

Mr. Ross reported that there was, currently, a Scottish Government Health Department initiative on new governance arrangements for the NHS, and that, as part of the implementation arrangements, departmental representatives would visit NHS Boards.

Mr. Sutherland explained that the report on the work undertaken over recent months as part of the Board Effectiveness Initiative, was now available. He advised that the intention would be to hold an event for the Board over the coming months, to consider the report and to set out and agree the Action Plan for Board development.

THE BOARD:

1. Approved the assessment of NHS Lanarkshire Governance arrangements against the Good Governance Standards for Public Services, and the arrangements for making it publicly available.

43. **STANDING FINANCIAL INSTRUCTIONS AND SCHEME OF DELEGATION**

The NHS Board considered updated Standing Financial Instructions and Scheme of Delegation.

Mrs. Ace explained that the Standing Financial Instructions and the Scheme of Delegation were the key documents for outlining the Framework for Financial Governance. She advised that these documents had last been updated in 2008, and were considered and approved by the Audit Committee at its meeting on 9th September 2008. She explained that, since then, there had been a number of changes across the organisation, both in terms of roles and responsibilities and how the organisation operated, as well as in respect of updated National Guidelines and other legislative changes. She advised that she and relevant Senior Managers had reviewed both the Standing Financial Instructions and the Financial Scheme of Delegation, which had been considered by the Corporate Management Team and by the Audit Committee. She outlined the principal changes to the Standing Financial Instructions and the Scheme of Delegation.

THE BOARD

1. Approved the revised Standing Financial Instructions and the Financial Scheme of Delegation.

Mrs. Ace

44. **FIVE YEAR FINANCIAL PLAN**

The NHS Board considered the Five Year Financial Plan 2010/11 to 2014/15.

Mrs. Ace explained that the reports before members presented to the Board Revenue and Capital Plans for 2010/11 which, subject to confirming plans for a small residual element, satisfied all three financial targets. She advised that the paper also set out the projections for the following four years. She reminded members that the Scottish budget had partially sheltered the Health Service from the full impact of the reduction in public sector finances, with all Boards receiving a 2.15% uplift and NHS Lanarkshire receiving an additional £3m towards its fair share under the National Resource Allocation Committee (NRAC) Formula, giving the Board £19.678m of additional resource for 2010/11. She explained that, when the estimates of unavoidable growth in the Board's cost base were combined with previous service commitments, the Board faced a £15.6m gap between income and expenditure. She advised that savings plans had been drawn up which, if fully delivered, would cover £15m of this gap in 2010/11, and yield £18.963m in 2011/12. She stressed that work continued on identifying on how to bridge the £0.6m gap with a number of potential strategies being explored. She advised that a Capital Plan, committing £37.992m for 2010/11, had been supported by the Scottish Government Health Department, allowing the Board to proceed with the Airdrie Health Centre development. She explained that 2010/11 was the final year of the current Spending Review, and that, given the difficult economic conditions and the forthcoming General Election, plans beyond 2011 for both capital and revenue were, by necessity, indicative only.

Mrs. Ace was then heard in detailed explanation of the Financial Plan 2010/11 to 2014/15, encompassing: the SGHD 2010/11 uplift; likely deployment of the 2010/11 uplift; other commitments on NHS Lanarkshire; efficiency savings; and Capital.

Mrs. Ace acknowledged the potential for slippage in the Cash Releasing Efficiency Savings Plan, but explained that this was recognised in the construction of the Plan.

Members noted the limited flexibility available to the Board, and the requirement for a Scottish Government Health Department and a Scottish Health Council view in relation to the requirements across consultation and engagement for some schemes. Mrs. Hamilton explained that this was the subject of ongoing dialogue with SGHD and SHC, and she stressed that there was a process mapped out, as reflected in the Communications Plan which accompanied the Financial Plan.

Mrs. Lyness highlighted particular aspects of the projects relating to Roadmeetings Hospital and Radiology services.

Members recognised the contribution of staffing and vacancy management to the CRES endeavour, but highlighted the need to ensure that savings from staff initiatives did not compromise service quality.

Mr. Sutherland commended the Director of Finance and her staff, and other members of the Corporate Management Team, for their contribution to developing the savings plan for 2010/11 and the Five Year Financial Plan.

THE BOARD:

1. Agreed the Financial Plan for 2010/11, noting the continued effort to close the £0.6m residual gap between income and expenditure.
2. Endorsed the Financial Framework for 2011 to 2015 as an outlining for planning.
3. Approved the 2010/11 Capital Plan.
4. Noted the potential capital schemes for 2011 to 2015 as a basis for further discussion.

45. **LOCAL DELIVERY PLAN 2009/2010**

a) **Finance**

The NHS Board considered a Finance Report for the period ended 28th February 2010.

Mrs. Ace explained that, during January, the forecast overspend against the GP prescribing budget was increased from £3.6m to £4.4m, due to a continuing rise in the volume of prescriptions, but that, despite this, NHS Lanarkshire remained in position to meet its financial targets for 2009/10, due to tight control of pay budgets, particularly within the Community Health Partnerships, as the impact of preparations for the 2010 Efficiency Programme showed through. She explained that maintaining target performance had required an internal realignment of resources to manage the pressures around GP prescribing, clinical negligence, the capacity plan and out of area services, and advised that slippage, reserves and an improved position around energy and pay estimates, had been used to cover these risks. She confirmed that the capital projects already underway were on track and were being managed within the revised capital budget, and that efficiency schemes remained on track to deliver the 2% HEAT targets for 2009/10.

Mr. Ross confirmed an expectation that the Contract for vacant possession of the land for the Airdrie development, would be signed on 26th March 2010.

THE BOARD:

1. Noted the revenue underspend of £8.1m, and the expectation that NHS Lanarkshire would meet its financial targets in 2009/10.
2. Noted progress against the Capital Plan.
3. Asked to receive a further report.

Mrs. Ace

b) **Waiting Times**

The NHS Board considered a report on Waiting Times Performance at 28th February 2010.

Mrs. Lyness highlighted continuing good performance across the range of waiting time targets, for: outpatients, inpatients and daycases; diagnostics; cancer; accident and emergency; and delayed discharges. She highlighted, in particular, the requirements on the service in relation to the delivery of the new cancer target of 31 days from decision to treat to treatment, which took effect from September 2009, and outlined the approach to the delivery of this target in Lanarkshire. She acknowledged the recent publication of Audit Scotland reports on Waiting Times and on Orthopaedic Services, and confirmed that the NHS Lanarkshire response to these reports would be the subject of feedback to the Audit Committee and to the Clinical Governance Committee in June.

THE BOARD:

1. Noted the report on Waiting Times Performance at 28th February 2010.
2. Asked to receive a further report.

Mrs. Lyness

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

The NHS Board considered a report on Primary Care Out of Hours Services for February 2010.

Mrs. Lyness explained that activity during February had remained unexpectedly high, when compared to the same period in 2009. She advised that additional staff had been rostered at weekends to cope with the high volume of activity, and that the increased demand was spread across all elements of the Service, with home visits, primary care centre attendances and advice calls all up on 2009. She stressed that despite the increased demands on the service, home visiting performance had improved. She advised that planning for the Medicines Management Improvement Programme continued, and that following attendance at the National Scottish Patient Safety Programme Workshop, it had been agreed that the SPSP methodologies would be deployed as the implementation stage. She confirmed that out of hours support for accident and emergency had continued throughout February, by taking 575 transfers. She stressed that planning for Easter and the Cash Releasing Efficiency Savings requirement was the main priority for March, and confirmed that Easter planning was already progressing well.

THE BOARD:

1. Noted the report on Primary Care Out of Hours Services for February 2010.
2. Asked to receive a further report.

Mr. Lawrie

46. **GOVERNANCE MINUTES FOR CONSIDERATION**

a) **Clinical Governance Committee: 22nd February 2010**

The NHS Board received and noted the minute of the meeting of the Clinical Governance Committee held on 22nd February 2010.

47. **DATE OF NEXT MEETING:** 28th April 2010