

NHS LANARKSHIRE

FINANCIAL PLAN 2010/11 to 2014/15

1. Purpose of Paper

- 1.1 This paper seeks Board approval for the NHS Lanarkshire revenue and capital plans for the five year period 2010/11 to 2014/15.

OVERVIEW

Revenue Plan

2. SGHD 2010/11 Uplift

- 2.1 The allocation letter of 11 March 2010 confirmed both the 2.15% uplift for all NHS Boards and £3 million additional for NHS Lanarkshire to move it towards its full share under the NRAC allocation formula. This uplift will provide the Board with an additional £19.678m recurrently.
- 2.2 As well as our general revenue allocation we receive separate allocations earmarked for specific purposes. Between April 2009 and February 2010 these amounted to £109.283m including £65.391m for Primary Medical services (PMS). In this financial plan we have anticipated £105.098m for 2010/11. These are set out in Appendix 2. It is likely these will be supplemented by a number of smaller allocations for specific initiatives. For the majority it is assumed that our expenditure will be tailored to meet the allocation with the potential exception of PMS and access target funding where we are more demand driven.
- 2.3 In 2008/09 we received £13.576m of special funding to support meeting access targets. The corresponding figure for 2009/10 was £11.797m plus £0.5m of one off assistance towards the end of the financial year. The financial plan assumes we will receive £11.797m in 2010/11, and we have been advised £8.564m can be viewed as recurring with decisions still to be taken over the remaining £3.233m. The plan assumes we will spend £20.397m on delivering access targets.
- 2.4 On top of the above there is £3.833m of budgets or reserves from previous plans which have been judged available for reinvestment. These include genuine funding releases, such as the unused reserve for energy price rises, as well as more presentational issues (such as showing the £1.273m from the 2009/10 0.5% drop in employers superannuation separately rather than netting it off the 2011 1% NIC increase.)

3. Likely Deployment of 2010/11 Uplift

3.1 The table below summarises the likely deployment of the 2010/11 additional resources with more detail being provided in appendix 1.

| Financial Plan 2010/11 | | | |
|------------------------------------|-------------------------|---------------------------------|---------------------|
| | Recurring £m | Non recurring £m | Total £m |
| Opening surplus | 0.4 | | 0.4 |
| Additional resources | | | |
| Uplift | 16.7 | | 16.7 |
| NRAC | 3.0 | | 3.0 |
| Other | 13.4 | 15.0 | 28.4 |
| | 33.0 | 15.0 | 48.1 |
| Utilisation of resources | | | |
| Pay | 13.9 | 0.0 | 13.9 |
| Non Pay | 5.2 | 0.5 | 5.6 |
| Drugs | 11.9 | (1.2) | 10.6 |
| Local Priorities | 2.3 | 3.1 | 5.4 |
| National / Regional Priorities | 11.3 | 17.8 | 29.0 |
| Other | 2.6 | 1.3 | 3.9 |
| | 47.1 | 21.4 | 68.5 |
| CRES | 14.2 | 1.4 | 15.6 |
| Forecast Surplus/ (Deficit) | 0.6 | (5.0) | (4.5) |
| Cumulative Position | | | 7.6 |

Pay Uplifts

3.2 £11.917m (2.97% in total) has been set aside for non discretionary pay increases for the staff we employ. This covers;

- the 2.25% general cost of living rise agreed as part of the 3 year pay deal for Agenda for Change
- the pay recommendations for salaried doctors and dentists (0% for consultants and 1% for others, plus some more specific provisions)
- £3m towards other changes in the Agenda for Change pay scales and incremental drift
- £0.5m for incremental drift for consultants

- 3.3 Agenda for change pay scales range from 3 points at band 1 to 9 points for bands 5 and 6 where the majority of our staff reside. Until they reach the top of the scale staff are entitled to move up one pay point each year creating a cost pressure referred to as incremental drift. NHS Lanarkshire pay budgets were set at the fourth point from the top of the scale (apart from Band 1) which was fine in the early years of Agenda for Change but is no longer sustainable. £3.0m has been set aside for the combined impact of the changes to the band 5 pay scale and the incremental drift in 2010/11. This increase to budgets still relies on the divisions to manage pre existing cost pressures.
- 3.4 The recent announcement of pay restraint for doctors and a related assumption around senior managers' pay has allowed us to remove £0.9m from the plan. This made substantial inroads into the residual gap.
- 3.5 This line in the plan also contains the £2m needed to uplift NHS Lanarkshire's Service Level agreements with other NHS bodies that are also subject to the same pay increases.

Drugs Uplift

- 3.6 An estimated £11.9m uplift (9.73%) is required on the £132m opening drugs budget. This covers an expected 4% growth in GP prescriptions, new high cost drugs approved by the Scottish Medicines Consortium (11.5%) and an estimated £4.4m needed to cover the excess costs of GP prescribing experienced in 2009/10. As such the uplift is exceptionally high. There are however several schemes for more cost effective prescribing within the savings proposals.
- 3.7 National price negotiations under the Pharmaceutical Price Regulation Scheme (PPRS) are expected to yield a further £10m savings for Scotland in 2010/11. The savings from this will be deducted from local allocations and NHS Lanarkshire has been advised to hold back £1.2m to cover this.

Local, Regional and National Developments: Funded from General Allocation

- 3.8 Mental Health Services are recognised as a local priority for development. £0.5m is contained in the plan as part of a phased development programme with a further £0.2m to bring the budget for independent sector eating disorder treatments up to a manageable level. £1.239m has been set aside on a non recurring basis to cover the costs of out of region forensic mental health placements which are unavoidable until Caird House opens or regional discussions yield a more cost effective NHS bed configuration. Mental Health services are contributing £0.250m to the savings programme. Child and Adolescent mental health services are also expected to receive £0.213m of national earmarked investment

- 3.9 £3.541m is contained in the plan to cover the increased property costs of Carluke, Coatbridge and the David Matthews diabetes centre and to provide non recurring support to our property strategy.
- 3.10 All anticipated national access target funding is required to deliver the 2010/11 targets plus an estimated additional £0.9m from the general allocation (£7.7m had been invested in previous years). This still leaves the Acute Division with the need to deliver additional activity through productivity increases.
- 3.11 The pre-existing plan contained £0.5m per annum each for Acute and Primary Care services. The former was going to, through annual instalments, cover the overspend in laboratories and theatres from rising activity and new techniques. Given the extent of current pressures it is recommended that this is retained. The latter was going to support the primary care premises development programme. Separate funding has been set aside for the Primary and Community care centres opening in 2010/11 and it is suggested that this sum is not committed until plans for addressing the residual gap in the financial plan are confirmed.
- 3.12 The plan contains a provision of £0.6m for reshaping the medical workforce following MMC. This is a slower pace of investment than originally envisaged (the 2009/10 plan set aside £1.233m for 2010) and although medical staffing remains a risk area, the revised budget is more in line with recruitment potential. The final tranche of investment has been scheduled for 2011/12.
- 3.13 Around £1 million of further general funding has been set aside in the plan for the full year effect of the bowel cancer screening programme, repatriating tetraplegic patients, the full costs of the national cardiothoracic centre, increased use of Blood plasma products and some minor mandatory HAI controls.
- 4.13 The "other" commitments include an increase in NHS Lanarkshire's contribution to the national clinical negligence and other risks (CNORIS) pool. The recurring budget was only £0.750m (increased temporarily to £1.5m in 2009/10) but our share of the national 2009/10 pool would be £3.050m. As there is no indication of the liability diminishing the proposal is to increase the budget to £3m. This line also includes the withdrawal of the previous SGHD subsidy on the National Distribution centre management charge and the £0.250m non recurring budget for LEAN.

Local, Regional and National Developments: Funded from Earmarked Allocations

4.14 Appendix 2 gives the full list of areas that will receive earmarked funding. £24.1m of these, including access targets, Keep Well funding, children's services including CAMHS, and funding to treat or prevent problems from alcohol, drugs, smoking, Hepatitis C, MRSA has been specifically highlighted in the additional resources section in line with SGHD guidance.

5. Efficiency Savings

5.1 In September 2009 NHS Lanarkshire identified that, given the changed economic conditions and rising cost pressures it faced a financial gap of between £16.5 and £18.5m. This triggered intense activity in partnership across the system to identify efficiency schemes to close that gap.

5.2 Long lists of savings proposals were refined, principles agreed and Programme Boards established in partnership to develop schemes further. 120 separate schemes are being taken forwards which if fully implemented would deliver £18.8 million, although given time to implement only £15 million would accrue in 2010/11.

5.3 Each plan has been risk assessed and the HR and communications requirements fully considered. A financial savings group comprising of members of the CMT, the APF and ACF has been established to overview the programmes and 2 Board seminars have allowed discussion of the approach with a full presentation to the public January 2010 Board. The schemes have thus been extensively debated at various levels within the organisation including the Board and shared with the Scottish Government Health Department and the Scottish Health Council. An overview of the communications plan is attached as Appendix 5.

5.4 At the same time work continued to review and risk assess all estimates and reserves within the financial plan. At its peak, following several unfavourable movements in cost the gap stood at £18.5 million. Since then however beneficial national price negotiations on energy prices, the recently announced pay restraint for doctors and managers and modelling around pay pressures have allowed £2.9million to be released from the financial plan. This means the residual gap between income and expenditure now sits at £15.6m against which we have savings plans amounting to £15m.

5.5 The full list is attached as appendix 4. Significant progress has already been made with some schemes. One of the largest, the CHP restructuring, has, despite the inherent difficulties of the exercise, made such good progress that it is now in a position to deliver the full £0.8million savings in the first year. The scheme is a tribute to solid partnership working and the real commitment to maintain financial

health in NHS Lanarkshire.

- 5.6 Two of the schemes identified for savings in 2010/11 are likely to involve an extended process. Other schemes may experience delays in implementation. Schemes where we don't have direct control over the expenditure (such as the £3.4m for GP prescribing) carry a higher degree of risk. For these reasons the savings estimate has been held at £15m despite the overachievement in the CHP scheme.
- 5.7 This list still leaves £0.6m of a residual gap in 2010/11. Strategies to bridge this are being formed and while it is realistic to assume this can be achieved it puts a heavy onus on delivering the identified schemes.

Risks

There is an overarching risk with this financial plan that the explicit identification and removal of £15m of savings from the system combined with the trimming of all reserves and provisions leaves us with little flexibility to respond to further cost pressures emerging during the year. A strong focus on financial monitoring and early consideration of any variances will be essential.

The plan is heavily reliant on £3.4m of prescribing savings plus a return to more normal growth levels in GP prescriptions. The prescribing savings plan is detailed and realistic. The GP subcommittee have endorsed its approach. Support to implement the changes is being provided. However the changes are not within our direct control.

Our organisational change policies, whilst enabling change, may introduce a time delay before cash is released. We have reviewed our redeployment policy and established a very proactive approach in partnership, as well as maximising the use of vacancies. These mitigate the risk and this will be reassessed as other schemes reach the implementation phase.

A number of areas are still the subject of estimates. For example the impact of the change in the capital charging regime will not be known till mid summer. Energy prices are good but there may be supplementary charges which test our approach. The plan will have to be kept under constant review.

Financial Plan 2011 - 2015

- 5.8 2010/11 is the final year of the current spending review and with difficult economic conditions and a general election in May 2010, future forecasts are at this stage speculative. Whatever the outcome of the election and any subsequent budget it is known that public sector funding will be tighter than in 2010.

- 5.9 For the final four years this plan assumes a 1% uplift in allocation combined with 1% uplifts in pay and supplies. Drugs growth has been entered at its historic rate and the developments already committed to, particularly the increased property costs arising from our estates strategy have been mapped out.
- 5.10 With these assumptions expenditure will outstrip income by between £12.3m and £7m in each of the 4 years and efficiency savings would need to be found to cover this. This would mean by the end of the 4 year period savings to the tune of £41.570m per annum would have needed to have been implemented to balance the plan over the life of the strategy.

6. Capital

- 6.1 Across Scotland income from property sales has substantially decreased. Due to the need to reduce public sector borrowing there will be less public sector capital in future and several large schemes have already been committed to. Capital funding will be very constrained for the period of this plan.
- 6.2 The Board was fortunate in getting early support for our 2010 plan which allowed Airdrie Health Centre to progress. By 2009/10 the Board was well advanced in completing tranche 1 of its property strategy which meant it had substantial commitments and a relatively heavy demand for funding in 2010/11. SGHD supported us with our plans, and although general capital allocations needed to be trimmed back, we were allowed to draw on banked money. A degree of prioritisation was necessary with some aspirations having to be deferred till 2011. However the 2010/11 plan allows us to take forward most of our priorities.
- 6.3 A national working group has been established to identify a sensible way to prioritise the more restricted capital funding in future. All boards have submitted indicative 5 year plans so SGHD can have an overview of likely demand.
- 6.4 Appendix 3 sets out the indicative submission. Beyond 2010/11 the only guaranteed funding is for Airdrie and the Patient Management system. All other funding is subject to confirmation. Further prioritisation is likely to be necessary.

7. Conclusion

The Board is asked to

- agree the financial plan for 2010/11, noting the continued efforts to close the £0.6m residual gap between income and expenditure
- endorse the financial framework for 2011-2015 as an outline for planning
- approve the 2010/11 capital plan
- note the potential capital schemes for 2011-2015 as a basis for further discussion

Laura Ace
Director of Finance
18 March 2010

NHS LANARKSHIRE
DRAFT 2010/11 FINANCIAL PLAN

| | 2010/11 | | | 2011/12 | | | 2012/13 | | | 2013/14 | | | 2014/15 | | |
|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| | Rec £m | Non-Rec £m | Total £m | Rec £m | Non-Rec £m | Total £m | Rec £m | Non-Rec £m | Total £m | Rec £m | Non-Rec £m | Total £m | Rec £m | Non-Rec £m | Total £m |
| OPENING RECURRENT SURPLUS / (DEFICIT) | | | | | | | | | | | | | | | |
| NHSL-wide | 0.4 | | 0.4 | 0.6 | | 0.6 | 0.1 | | 0.1 | 0.4 | | 0.4 | 1.1 | | 1.1 |
| Recurring Surplus / (Deficit) brought forward | 0.4 | 0.0 | 0.4 | 0.6 | 0.0 | 0.6 | 0.1 | 0.0 | 0.1 | 0.4 | 0.0 | 0.4 | 1.1 | 0.0 | 1.1 |
| ADDITIONAL SOURCES OF FUNDING | | | | | | | | | | | | | | | |
| Scottish Executive Uplift | 16.7 | 0.0 | 16.7 | 8.0 | 0.0 | 8.0 | 8.1 | 0.0 | 8.1 | 8.2 | 0.0 | 8.2 | 8.3 | 0.0 | 8.3 |
| Arbuthnott / NRAC | 3.0 | 0.0 | 3.0 | 3.0 | 0.0 | 3.0 | 3.0 | 0.0 | 3.0 | 3.0 | 0.0 | 3.0 | 3.0 | 0.0 | 3.0 |
| HCH Allocations | 9.5 | 14.5 | 24.1 | (1.2) | 10.7 | 9.5 | 0.0 | 10.5 | 10.5 | 0.0 | 10.5 | 10.5 | 0.0 | 10.5 | 10.5 |
| Other Sources | | | | | | | | | | | | | | | |
| - Re-investment of existing budgets - various | 2.6 | 0.0 | 2.6 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| - VAT Reduction | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| - Superannuation | 1.3 | 0.0 | 1.3 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Total Additional Funding Available | 33.0 | 15.0 | 48.1 | 9.7 | 10.7 | 20.4 | 11.1 | 10.5 | 21.5 | 11.2 | 10.5 | 21.6 | 11.3 | 10.5 | 21.8 |
| PLANNED UTILISATION OF FUNDING | | | | | | | | | | | | | | | |
| Uplifts | | | | | | | | | | | | | | | |
| - Pay | (13.9) | 0.0 | (13.9) | (8.6) | 0.0 | (8.6) | (5.6) | 0.0 | (5.6) | (5.5) | 0.0 | (5.5) | (5.6) | 0.0 | (5.6) |
| - Non Pay | (5.2) | (0.5) | (5.6) | (2.2) | (1.2) | (3.4) | (3.1) | (0.5) | (3.6) | (3.2) | 0.0 | (3.2) | (3.3) | 0.0 | (3.3) |
| - Acute Drugs / GP Prescribing | (11.9) | 1.2 | (10.6) | (6.4) | 0.0 | (6.4) | (8.1) | 0.0 | (8.1) | (8.3) | 0.0 | (8.3) | (8.5) | 0.0 | (8.5) |
| NHS Lanarkshire | | | | | | | | | | | | | | | |
| - Acute Services | (0.7) | 0.0 | (0.7) | (0.5) | 0.0 | (0.5) | (0.5) | 0.0 | (0.5) | (0.5) | 0.0 | (0.5) | (0.5) | 0.0 | (0.5) |
| - Primary Care Services | 0.0 | (0.6) | (0.6) | (0.5) | 0.0 | (0.5) | (0.5) | 0.0 | (0.5) | (0.5) | 0.0 | (0.5) | (0.5) | 0.0 | (0.5) |
| - Revenue Consequences of Capital Programme | (1.0) | (2.6) | (3.5) | (0.8) | (2.7) | (3.5) | (2.5) | (1.0) | (3.5) | (1.4) | (1.1) | (2.6) | 0.0 | 0.0 | 0.0 |
| - Investment in Staffing | (0.6) | 0.0 | (0.6) | (0.6) | 0.0 | (0.6) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| National & Regional Priorities | | | | | | | | | | | | | | | |
| - Cancer Services | (0.4) | 0.0 | (0.4) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| - Childrens Services | 0.0 | (0.9) | (0.9) | 0.0 | (0.9) | (0.9) | 0.0 | (0.9) | (0.9) | 0.0 | (0.9) | (0.9) | 0.0 | (0.9) | (0.9) |
| - Health Improvement | 0.0 | (8.3) | (8.3) | (0.4) | (5.5) | (5.9) | 0.0 | (5.2) | (5.2) | 0.0 | (5.2) | (5.2) | 0.0 | (5.2) | (5.2) |
| - Healthcare Associated Infection (HAI) | (0.1) | (0.6) | (0.7) | 0.0 | (0.6) | (0.6) | 0.0 | (0.6) | (0.6) | 0.0 | (0.6) | (0.6) | 0.0 | (0.6) | (0.6) |
| - HPV Vaccination Programme | (1.0) | 0.0 | (1.0) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| - Long Term Conditions | 0.0 | (2.4) | (2.4) | 0.0 | (0.5) | (0.5) | 0.0 | (0.5) | (0.5) | 0.0 | (0.5) | (0.5) | 0.0 | (0.5) | (0.5) |
| - Mental Health | (0.7) | (1.2) | (1.9) | (0.5) | (0.5) | (1.0) | (1.0) | 0.0 | (1.0) | (0.5) | 0.0 | (0.5) | (0.5) | 0.0 | (0.5) |
| - National / Regional Issues | (0.6) | 0.0 | (0.6) | (0.9) | 0.0 | (0.9) | (0.5) | 0.0 | (0.5) | (0.5) | 0.0 | (0.5) | (0.5) | 0.0 | (0.5) |
| - Palliative Care | 0.0 | (0.2) | (0.2) | (0.1) | (0.1) | (0.2) | 0.0 | 0.0 | 0.0 | (0.1) | 0.0 | (0.1) | 0.0 | 0.0 | 0.0 |
| - Waiting Times | (8.6) | (4.1) | (12.7) | (0.9) | (3.2) | (4.1) | 0.0 | (3.2) | (3.2) | 0.0 | (3.2) | (3.2) | 0.0 | (3.2) | (3.2) |
| Other | | | | | | | | | | | | | | | |
| - Other | (2.6) | (1.3) | (3.9) | 0.0 | (1.3) | (1.3) | (0.5) | (0.8) | (1.3) | (0.8) | 0.0 | (0.8) | 0.0 | 0.0 | 0.0 |
| Total Additional Expenditure Commitments | (47.1) | (21.4) | (68.5) | (22.4) | (16.4) | (38.8) | (22.2) | (12.8) | (35.0) | (21.4) | (11.6) | (33.0) | (19.4) | (10.5) | (29.8) |
| CRES | | | | | | | | | | | | | | | |
| Target | 14.2 | 1.4 | 15.6 | 12.3 | 0.0 | 12.3 | 11.4 | 0.0 | 11.4 | 10.9 | 0.0 | 10.9 | 7.0 | 0.0 | 7.0 |
| In year Surplus / (Deficit) | 0.6 | (5.0) | (4.5) | 0.1 | (5.7) | (5.6) | 0.4 | (2.3) | (1.9) | 1.1 | (1.1) | (0.0) | 0.0 | 0.0 | 0.0 |
| Cumulative position (assuming 09/10 c/f of £12.059m) | 0.0 | 0.0 | 7.6 | 0.0 | 0.0 | 2.0 | 0.0 | 0.0 | 0.2 | 0.0 | 0.0 | 0.1 | 0.0 | 0.0 | 0.1 |

NHS LANARKSHIRE

RECURRING AND NON-RECURRING REVENUE PROJECTION

| | 2010-11 | | | 2011-12 | | | 2012-13 | | | 2013-14 | | | 2014-15 | |
|--|--------------|------------------|----------------|----------------|------------------|----------------|--------------|------------------|---------------|--------------|------------------|---------------|--------------|------------------|
| | Rec £000s | Non-Rec £000s | TOTAL | Rec £000s | Non-Rec £000s | TOTAL | Rec £000s | Non-Rec £000s | TOTAL | Rec £000s | Non-Rec £000s | TOTAL | Rec £000s | Non-Rec £000s |
| Anticipated Allocations (list below) | | | | | | | | | | | | | | |
| Primary Medical Services Allocation | 0 | 66,047 | 66,047 | 0 | 66,710 | 66,710 | 0 | 67,379 | 67,379 | 0 | 68,054 | 68,054 | 0 | 68,736 |
| Prescription Charges | 0 | 3,452 | 3,452 | 0 | 3,452 | 3,452 | 0 | 3,452 | 3,452 | 0 | 3,452 | 3,452 | 0 | 3,452 |
| SESP Allocation | 0 | 1,382 | 1,382 | 0 | 1,382 | 1,382 | 0 | 1,382 | 1,382 | 0 | 1,382 | 1,382 | 0 | 1,382 |
| Childsmile | 0 | 767 | 767 | 0 | 767 | 767 | 0 | 767 | 767 | 0 | 767 | 767 | 0 | 767 |
| Emergency Dental Services | 0 | 107 | 107 | 0 | 107 | 107 | 0 | 107 | 107 | 0 | 107 | 107 | 0 | 107 |
| Mental Health | 0 | 477 | 477 | 0 | 477 | 477 | 0 | 477 | 477 | 0 | 477 | 477 | 0 | 477 |
| PPRS Saving (negative) | 0 | (1,237) | (1,237) | (1,237) | 0 | (1,237) | | | 0 | | | 0 | | |
| Alcohol Misuse | 0 | 2,456 | 2,456 | 0 | 2,456 | 2,456 | 0 | 2,456 | 2,456 | 0 | 2,456 | 2,456 | 0 | 2,456 |
| Smoking Cessation Services | 0 | 1,147 | 1,147 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Blood Borne Virus Intervention | 0 | 532 | 532 | 0 | 532 | 532 | 0 | 532 | 532 | 0 | 532 | 532 | 0 | 532 |
| Improving Infant & Maternal Nutrition | 0 | 1,050 | 1,050 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sexual Health | 0 | 483 | 483 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Challenging Obesity | 0 | 217 | 217 | 0 | 217 | 217 | 0 | 217 | 217 | 0 | 217 | 217 | 0 | 217 |
| Keep Well | 0 | 2,400 | 2,400 | 0 | 500 | 500 | 0 | 500 | 500 | 0 | 500 | 500 | 0 | 500 |
| Drug Treatment & Rehabilitation | 0 | 1,853 | 1,853 | 0 | 1,853 | 1,853 | 0 | 1,853 | 1,853 | 0 | 1,853 | 1,853 | 0 | 1,853 |
| Specialist Childrens' Services | 0 | 707 | 707 | 0 | 707 | 707 | 0 | 707 | 707 | 0 | 707 | 707 | 0 | 707 |
| Access Support / Waiting Times | 5,461 | 3,233 | 8,694 | 0 | 3,233 | 3,233 | 0 | 3,233 | 3,233 | 0 | 3,233 | 3,233 | 0 | 3,233 |
| Research & Development | 0 | 537 | 537 | 0 | 537 | 537 | 0 | 537 | 537 | 0 | 537 | 537 | 0 | 537 |
| eHealth | 0 | 2,772 | 2,772 | 0 | 1,416 | 1,416 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Distinction Awards | 0 | 499 | 499 | 0 | 499 | 499 | 0 | 499 | 499 | 0 | 499 | 499 | 0 | 499 |
| Doctors In Training Adjustment | 168 | 0 | 168 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Pre-registration Training - Community Pharmacy | 0 | (123) | (123) | 0 | (123) | (123) | 0 | (123) | (123) | 0 | (123) | (123) | 0 | (123) |
| Dental Action Plan and Oral Health Support Costs | 0 | 553 | 553 | 0 | 553 | 553 | 0 | 553 | 553 | 0 | 553 | 553 | 0 | 553 |
| Administrative Support for Dental Access Initiatives | 0 | 10 | 10 | 0 | 10 | 10 | 0 | 10 | 10 | 0 | 10 | 10 | 0 | 10 |
| HAI Antimicrobial Pharmacist | 0 | 40 | 40 | | | 0 | | | 0 | | | 0 | | |
| Hepatitis C Phase II Action Plan | 0 | 1,596 | 1,596 | 0 | 250 | 250 | | | 0 | | | 0 | | |
| Children and Adolescent Mental Health Services | 0 | 213 | 213 | 0 | 213 | 213 | 0 | 213 | 213 | 0 | 213 | 213 | 0 | 213 |
| Extension Pathfinder MRSA Screening Programme | 0 | 605 | 605 | 0 | 605 | 605 | 0 | 605 | 605 | 0 | 605 | 605 | 0 | 605 |
| Smoking Prevention Action Plan | 0 | 158 | 158 | 0 | 158 | 158 | 0 | 158 | 158 | 0 | 158 | 158 | 0 | 158 |
| Removal of cost of capital funding | (4,523) | 0 | (4,523) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Carry Forward | 0 | 12,059 | 12,059 | 0 | 7,600 | 7,600 | 0 | 2,017 | 2,017 | 0 | 153 | 153 | 0 | 150 |
| Total Additional Allocations | 1,106 | 103,992 | 105,098 | (1,237) | 94,111 | 92,874 | 0 | 87,531 | 87,531 | 0 | 86,342 | 86,342 | 0 | 87,021 |

NHS LANARKSHIRE
CAPITAL PLAN 2010/11 ~ 2014/15

| 2009/10 £000 | | 2010/11 £000 | 2011/12 £000 | 2012/13 £000 | 2013/14 £000 | 2014/15 £000 |
|-----------------|--|-----------------|-----------------|-----------------|-----------------|-----------------|
| | <u>CAPITAL ALLOCATION:</u> | | | | | |
| £37,276 | Total Capital Allocation: | £36,889 | £33,439 | £33,439 | £33,439 | £33,439 |
| | Carry Forwards: | | | | | |
| 10,430 | Carry forward 2007/08 | 9,000 | | | | |
| 984 | Carry forward 2008/09 | 5,880 | | | | |
| | Reversal of Stonehouse land sale - repayment of CRL coverage | (7,250) | | | | |
| | Net Advances / Banked Funds | | (909) | (11,659) | (24,909) | (24,909) |
| £48,690 | | £44,519 | £32,530 | £21,780 | £8,530 | £8,530 |
| | Disposal Programme: | | | | | |
| 200 | Potential sales | 500 | 1,500 | 7,500 | 3,500 | 2,500 |
| £48,890 | ADJUSTED ALLOCATION | £45,019 | £34,030 | £29,280 | £12,030 | £11,030 |
| | <u>CAPITAL EXPENDITURE:</u> | | | | | |
| | <u>Business Cases - Approved</u> | | | | | |
| 4,560 | Adults Complex Needs - Caird House | 3,269 | | | | |
| 3,603 | Adults Complex Needs Ward - Coathill | 1,140 | | | | |
| 9,196 | Carlisle Community Health Centre | 1,568 | | | | |
| 9,200 | Coatbridge Dental & Integrated Resource Centre | 500 | | | | |
| 575 | Douglas Street (Caird House Enabling) - Phase II | | | | | |
| 4,587 | LD Assessment & Treatment Centre | 1,565 | | | | |
| 584 | David Matthews Diabetes Centre | | | | | |
| 1,170 | Estates Rationalisation/Service Reconfiguration | 3,500 | 4,000 | 2,000 | 1,500 | 1,500 |
| 4,500 | Airdrie Resource Centre | 9,500 | 10,675 | 500 | | |
| 355 | Biggar Dental | 100 | | | | |
| £38,330 | | £21,142 | £14,675 | £2,500 | £1,500 | £1,500 |
| | <u>Business Cases - In Progress</u> | | | | | |
| £0 | | £0 | £0 | £0 | £0 | £0 |
| | <u>Business Cases - Under Discussion</u> | | | | | |
| 5 | Acute Mental Health | 500 | 7,500 | 15,000 | 9,750 | |
| 63 | Larkhall Community Health Clinic | | 1,500 | | | |
| 2,200 | Monklands Records Storage | 5,000 | 5,000 | 5,000 | 10,000 | 10,000 |
| | | | 600 | | | |
| £2,268 | | £5,500 | £14,600 | £20,000 | £19,750 | £10,000 |
| | <u>Business Cases - On Hold</u> | | | | | |
| | East Kilbride Resource Centre (inc. Hunter H.C.) | | 850 | 250 | 8,500 | 10,500 |
| | Kilsyth Health Centre | | | 200 | 2,500 | 8,500 |
| | Wishaw Health Centre | | | 200 | 2,500 | 8,500 |
| £0 | | £0 | £850 | £650 | £13,500 | £27,500 |
| | <u>Ring-Fenced Expenditure</u> | | | | | |
| 4,100 | Medical Equipment | 3,350 | 5,500 | 3,030 | 3,030 | 3,030 |
| 142 | Mobile Decontamination Units | | | | | |
| £4,242 | | £3,350 | £5,500 | £3,030 | £3,030 | £3,030 |
| | <u>Car Parking</u> | | | | | |
| 1,470 | General | | | | | |
| £1,470 | | £0 | £0 | £0 | £0 | £0 |
| | <u>Capital Grants</u> | | | | | |
| | Dental Decontamination | 500 | 250 | 250 | | |
| | GDPs/GPs/Pharmacy | | 2,450 | | | |
| | Airdrie Car Parking | 1,000 | 525 | | | |
| | Patient Management System | 300 | | | | |
| £0 | | £1,800 | £3,225 | £250 | £0 | £0 |
| | <u>Other Expenditure</u> | | | | | |
| | Board Risk Pool | 400 | | | | |
| 1,190 | I M & T | 1,500 | 1,500 | 1,500 | 1,500 | 1,500 |
| | Patient Management System | 1,400 | 500 | | | |
| | GPPAS | 630 | | | | |
| | Single Laboratory System | 1,200 | | | | |
| 250 | Dental Decontamination | | | | | |
| | Statutory | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 |
| £1,440 | | £6,130 | £3,000 | £2,500 | £2,500 | £2,500 |
| £47,750 | TOTAL CAPITAL EXPENDITURE | £37,922 | £41,850 | £28,930 | £40,280 | £44,530 |

APPENDIX 4

NHS Lanarkshire

Draft Savings Proposals - March 2010

| Ref | Status | Scheme Title | Lead ED | Lead DMT Member | 2010/11 £000s | 2011/12 £000s | 2012/13 £000s | Detail |
|-----|--------|--|---------|-----------------|---------------|---------------|---------------|---|
| 1 | I-D | Implement key elements of COPD pilot | RL | DH | 200 | 200 | 200 | Select key elements of COPD pilot to fit within an envelope of £200,000 . |
| 2 | I-D | Streamline Discharge Process | RL | | 124 | 124 | 124 | Review and consider appropriate alternative provision of the three discharge lounges in the acute hospitals which are not currently fully utilised. |
| 3 | I-D | Stand down 16 Surgical beds at Monklands in quieter months | RL | JH | 300 | 300 | 300 | To recognise the improvements already made in reducing unnecessary inpatient stays through appropriate day surgery and same day admissions whilst still ensuring inpatient bed capacity exists during winter months. No impact on patient activity and achievement of waiting time targets |
| 4 | P | Review of continuing care bed provision | RL | DH | | 150 | 300 | As the primary care team from Roadmeetings transfers to the new Carluke Health Centre opening in Summer 10 this will leave two continuing care wards remaining and isolated on the site. The site was previously identified for closure and solutions are being sought to relocate these inpatient services into a better and more appropriate clinical setting. This proposal would result in the full site becoming vacant, it would be able to be sold and would achieve savings in capital charges and PSSD charges. There will however be costs associated with staying on site when the locality team move (TBC) e.g. security. |

| | | | | | | | | |
|----|-----|---|----|-------------|-----|-----|-----|---|
| 5 | P | Review X Ray Provision | RL | | 100 | 177 | 177 | Review x-ray facilities and patient pathways across Lanarkshire, taking account of patient throughput, the nature of examinations, equipment replacement requirements and the benefits of accessing modern digital technology . |
| 6 | P | Reduce duplicate and unnecessary lab tests using LIMS | RL | MM | | 100 | 200 | Introduce a single laboratory system with enhanced management information to reduce duplicate or unnecessary tests and help move towards an electronic patient record. |
| 7 | I-D | Reduce Laboratory Activity | RL | | 50 | 50 | 50 | Review and reduce unnecessary laboratory activity in advance of laboratory information system |
| 8 | P-I | Review Acute management structure | RL | BV/AG | 40 | 40 | 40 | Review and streamline acute management structure |
| 9 | I | A&C 3% Budget Reduction - Acute Division | RL | | 406 | 406 | 406 | Prioritise workloads and scheduling to achieve a 3% budget reduction across acute division administrative services |
| 10 | I | Review use of A & C overtime in Acute | RL | JW/DH/JH/MM | 50 | 50 | 50 | Review use of A&C overtime in acute division and identify better solutions. |
| 11 | I-D | Service reviews : Laboratory management structure | RL | MM | 59 | 152 | 170 | Review and streamline laboratory management structure. |
| 12 | P | Service reviews : Laboratory configuration | RL | MM | | 150 | 550 | Undertake review and streamline laboratory service configuration |
| 13 | I-D | Service reviews : Radiology management structure | RL | | 59 | 59 | 59 | Review and streamline radiology management structure. |
| 14 | P | Review use of medical locums | RL | BV | 200 | 200 | 200 | Review the use of Medical Agency locums and solutions for backfilling medical vacancies. |
| 15 | P | Review Acute nursing use of bank and overtime | RL | JJ | 500 | 500 | 500 | Review use of bank nursing and overtime in acute division |

| | | | | | | | | |
|----|-----|---|----|----------|-----|-----|-----|--|
| 16 | P-I | Effective Theatre Stock Management | RL | JH | 100 | 100 | 100 | Implementation of a Theatre Stock Management System to improve inventory management. Aim to eliminate over-stocking, reduce stock-levels, improve ordering and indenting, provide real-time management information and support efficient use of National contracts |
| 17 | D | Better contract for drug eluting stents | RL | | 100 | 100 | 100 | To secure lower cost per stent by negotiated contract pending new national contract. |
| 18 | D | Implantable Cardiac Devices | RL | DH | 45 | 45 | 45 | To secure lower costs for the supply of ICDs |
| 19 | I | Standardise surgical gloves used | RL | | 100 | 100 | 100 | Standardise the procurement of surgeons' gloves to one type within the national contract. |
| 20 | I | Standardise exam/ward gloves used | RL | | 75 | 75 | 75 | Rationalise the many types of examination gloves used in NHS Lanarkshire to one type each of Vinyl, Latex and Nitrile Sterile and Non-Sterile |
| 21 | D | Implement national contract for renal consumables | RL | | 30 | 30 | 30 | Implement the new National Contract for Renal Consumables |
| 22 | P | Standardise drapes used and make best use of contract | RL | | 30 | 30 | 30 | Utilise the existing and forthcoming National Contract for Drapes to achieve cost reductions across NHS Lanarkshire. |
| 23 | D | Scopes rental cancellation | RL | RL/TD/AG | 52 | 52 | 52 | Cancel rental agreements for scopes and introduce improved procurement arrangements |
| 24 | I-D | NDC Product Rationalisation | RL | | 100 | 200 | 200 | NHS Lanarkshire spends c£9.m through the National Distribution Centre utilising c5000 products. A programme has been established to rationalise the products ordered and utilise the most cost effective product for each requirement. |

| | | | | | | | | |
|----|-----|--|-------|-------|-----|-----|-------|--|
| 25 | P | Ensure all using national contract for stationery/computer cons. | RL | | 50 | 50 | 50 | Establish arrangements to ensure the benefits of the National Contract for Stationery Supplies are applied throughout NHS Lanarkshire |
| 26 | P | Reduce use of taxis, especially for deliveries | RL | CL/GJ | 50 | 50 | 50 | Review and reduce use of taxis |
| 27 | I-D | Review provision of Orthodontic supplies | RL | JH | 20 | 20 | 20 | Review the provision of orthodontic supplies in acute division |
| 28 | I-D | Review Provision of Adult Critical Care Unit supplies | RL | JH | 50 | 50 | 50 | Review provision of supplies within the critical care services in the acute division. |
| 29 | D | AHP vacant post reductions | RL | | 150 | 150 | 150 | Linked with AHP review. Reduce filling of AHP vacant posts within acute division. |
| 30 | P-I | AHP Review | PW | PMcM | 270 | 808 | 1,300 | Review and determine the most appropriate professional and management arrangements for all AHP services across NHSL, including developing the role of the healthcare support worker. |
| 31 | P | Community nursing review | PW | PMcM | | 907 | 907 | Build on previous work and review skill mix and team numbers and structures against backdrop of a need to implement the Long Term Conditions strategy within existing resources so reducing the need for new investment. |
| 32 | I-D | Review CHP management structure | CS/AL | | 800 | 800 | 800 | Review and streamline the CHP management structure. The proposal is to have a reduced structure based on five locality areas (2 North, 2 South, 1 mental health) |
| 33 | P | Better match Out of Hours provision to demand | AL | | 62 | 125 | 125 | Review usage levels of all elements of the Out of Hours service with a view to calibrating the opening hours to times of higher demand. |
| 34 | P | Reprofile mental health developments | CS | | 250 | 250 | 250 | Remodel crisis resolution services making best use of existing resources. |

| | | | | | | | | |
|----|-----|--|-------|----|-------|-------|-------|--|
| 35 | P | Review domestic abuse service structure | AL | | 35 | 35 | 35 | Consolidate domestic abuse services within one NHS Lanarkshire wide structure. |
| 36 | D | Remove longstanding community dental vacancies | CS | | 164 | 164 | 164 | Remove the longstanding hard to fill community dental vacancies and continue alternative service provision. |
| 37 | D | Remove discretionary primary care investment budgets | AL/CS | | 256 | 256 | 256 | Remove uncommitted funding to support corporate plan |
| 38 | D | Reduce non pay budget for digital retinopathy | AL | | 54 | 54 | 54 | Remove uncommitted non pay funding. |
| 39 | D | End pilot arrangement using paramedics in OOH | AL | | 175 | 175 | 175 | Pilot arrangements did not produce benefits originally envisaged. Agreement reached with ambulance service that the pilot should end with previous care arrangements standing as a more efficient model. |
| 40 | P-I | Health Improvement/Public Health Department Review | HK | | 1,000 | 1,000 | 1,000 | Review the structures and resources for health improvement and the Department of Public Health to optimise efficiency and effectiveness in a way that will deliver a Public Health, Health Improvement and Health Inequalities function within the financial plan. |
| 41 | P | Primary Care Pharmacy Review | AL | | 13 | 13 | 13 | Primary care pharmacy review |
| 42 | D | Pharmacy staffing budget re-alignment | RL | AG | 49 | 49 | 49 | Efficiency savings within the pharmacy department |
| 43 | P | Other Pharmacy Savings | AL | CG | 90 | 90 | 90 | Efficiency savings within the pharmacy department |
| 44 | P | Evaluation of patients own medicine pilot | AL | | 150 | 150 | 150 | Roll-out PODs across NHSL once it is clear it is cost effective. This will then release funding of £150k previously built into the Acute drug budget. Funding for the lockers required at each bedside to enable the safe storage of drugs is provided for already within the balance sheet. |

| | | | | | | | | |
|----|-----|---|-------|-----|-------|-------|-------|--|
| | | | | | | | | 1. To review substance misuse service model and redesign them in a way that improves efficiency and productivity; achieves the HEAT targets for Brief Intervention and Access while saving £360k on a recurring basis.2. To review the treatment options in a manner that promotes delivery of the National Drugs Strategy and controls expenditure.3. To review common core data set and monitoring and reporting procedures as prescribed by National Alcohol and Drug Reform Groups to ensure robust tracking of performance against HEAT target. |
| 45 | P-I | Substance Misuse | CS | JW | 360 | 360 | 360 | |
| 46 | P | Review use of drugs not approved by SMC | AG | | 200 | 200 | 200 | Review arrangements regarding the use of drugs not approved by SMC. |
| 47 | P | Further review of prescribing within Acute division | AL | CG | 500 | 500 | 500 | Review use and prescribing of all drugs within acute hospitals. There is an underspend against the 09/10 budget and a lower forecast in 10/11 against new drugs via SMC. |
| 48 | I | More cost effective primary care prescribing | AL/CS | PMc | 1,900 | 1,900 | 1,900 | Implement the NHSL prescribing action plan (PAP version 6a) |
| 49 | I | Further primary care prescribing efficiencies | AL | PMc | 1,400 | 1,400 | 1,400 | Switch prescribing of specified drugs to generics and establish an awareness campaign to reduce medicine wastage. |
| 48 | D | Lower enabling costs in first year of prescribing efficiency scheme | AL | | 140 | | | Lower enabling costs in first year of prescribing efficiency scheme |
| 51 | P | E Health 1 - Medical Records - Reception Areas | AL | RW | 68 | 68 | 68 | Review provision of Outpatient Reception areas/Inpatient reception points |
| 52 | P | E Health 2 - Medical Records - Case Notes Monklands | AL | RW | 102 | 102 | 102 | Standardise the process of casenote retrieval in the three acute sites |
| 53 | P | E Health 3 - Medical Records - Record Retrieval | AL | RW | | 51 | 51 | Improve processes in line with agreed SMR standards to reduce staff time spent locating records. |

| | | | | | | | | |
|----|---|--|----|----|----|-----|-----|--|
| 54 | P | E Health 4 - Medical Records - Case Notes Provision | AL | RW | | 20 | 20 | Review clinic preparation process for endoscopy and similar clinics. |
| 55 | P | E Health 5 - Medical Records - A&E/OOH Reception | AL | RW | | 51 | 51 | Explore linking of OOH and A&E reception duties |
| 56 | P | E Health 6 - Medical Records - E-Vetting Software | AL | RW | 34 | 51 | 51 | Roll out eVetting Software resulting in more productive RMS processes and reduction in tracking staff on sites |
| 57 | P | E Health 7 - Primary Care - GP Scanner Maintenance | AL | RW | 13 | 13 | 13 | Review scanner maintenance arrangements in General Practice |
| 58 | P | E Health 8 - Primary Care - bring back outsourced function | AL | RW | 29 | 29 | 29 | Replace elements of identified contract with in-house resource |
| 59 | P | E Health 9 - Primary Care - PIMS Hardware | AL | RW | 40 | 40 | 40 | Achieve cost reduction in PIMS Hardware |
| 60 | P | E Health 10 - Primary Care - Infrastructure Savings | AL | RW | 50 | 100 | 100 | currently reviewing as this may be a duplicate of scheme number 65 |
| 61 | P | E Health 11 - Departmental Staff Travel Reduction | AL | RW | 10 | 15 | 15 | Review and reduce departmental staff travel |
| 62 | P | E Health A - Child Health Services Records Rationalisation | AL | RW | | 50 | 100 | Review the rationalisation of child health services records |
| 63 | P | E Health D - Mobile Phone Review | AL | | 20 | 40 | 60 | Review provision and usage of Blackberry/Mobile Phone/telephony |
| 64 | P | E Health F - Virtualisation of IT Estate | AL | RW | | 100 | 150 | Virtualisation of IT Estate to achieve reduction in server numbers thereby reducing overhead of acquisition, management and power/heat/light. Capital investment will be sourced nationally. |
| 65 | P | E Health F - Full Network Review | AL | RW | | 100 | 200 | Undertake full network review. See also scheme no. 60. |
| 66 | P | E Health H - Reduction of Printer Estate | AL | RW | 30 | 80 | 180 | Review and reduce the numbers of printers over three years (20% year 1, 35% in year 2 and 50% in year 3) thereby reducing overhead of acquisition, management and power/heat/light |

| | | | | | | | | |
|----|-----|---|----|----|-----|-----|-----|--|
| 67 | I-D | Energy Efficiency Projects | IR | DB | 183 | 183 | 183 | Improve insulation in targeted buildings, introduce low energy lighting and other power saving measures in order to reduce both energy costs and carbon emissions. |
| 68 | D | Electricity Billing Savings | IR | DB | 13 | 13 | 13 | Review capacity and charges with electricity supplier to identify opportunities for further tariff savings. |
| 69 | P | Energy Awareness, PC switch off | IR | DB | 100 | 100 | 100 | Reduce waste from equipment left on standby. Achieved through staff awareness programme combined with roll out of PC switch off software across all sites. |
| 70 | D | Contract Review & Savings | IR | DB | 14 | 14 | 14 | Review contract payment terms and identify opportunities for savings via benchmarking. |
| 71 | P | Waste | IR | DB | 12 | 12 | 12 | Increase recycling through effective segregation of waste. |
| 72 | P | Postage Review | IR | DB | 120 | 120 | 120 | Review and reduce current postage costs through switching service provision to TNT, which is on the national contract list. |
| 73 | P | Maintenance Services staffing - call outs | IR | DB | 13 | 13 | 13 | Review processes to achieve reduction in call out costs for the year 2010/2011 by 15% |
| 74 | P | Review non-patient catering services | IR | DB | 108 | 108 | 108 | Review all non-patient catering provision across NHS Lanarkshire to achieve a balanced non-patient catering account. |
| 75 | P | Cleaning in non-clinical areas | IR | DB | 30 | 30 | 30 | Review and identify appropriate reductions in office cleaning services that maintain the national cleaning frequency standards in administration buildings. |

| | | | | | | | | |
|----|---|--|-------|-------|-----|-----|-----|--|
| 76 | D | Transport Services | IR | DB | 29 | 29 | 29 | Review and realign transport services to facilitate efficiencies in route planning and timetabling |
| 77 | D | Dental Transport | IR | DB | 12 | 12 | 12 | De-commission low use dental vehicle |
| 78 | P | External Advertising on NHSL vehicles | IR | DB | 5 | 5 | 5 | Explore potential income generation of external advertising |
| 79 | I | Caretaker review - Community sites | IR | DB | 7 | 11 | 11 | Review provision of caretaker services on community sites. |
| 80 | P | Improve space utilisation of estate | IR | DB | 22 | 142 | 142 | Review NHSL estate, including leased properties, to identify most efficient and effective use of NHSL estate. |
| 81 | D | Security Review | IR | DB | 215 | 215 | 215 | Review security arrangements at Law House, Udston Hospital and Hartwood |
| 82 | D | WRVS Lease Monklands | IR | DB | 55 | 55 | 55 | Negotiation of formal lease with WRVS at Monklands. |
| 83 | D | Staffing review within Capital Services. | IR | DB | 50 | 50 | 50 | Review staffing within Capital Services. |
| 84 | P | Laundry Sleep Knit | IR | DB | | | | To introduce a new fitted linen concept, "sleep-knit", to hospitals within NHSL over a 3 - 4 year period based on successful trials elsewhere. |
| 85 | P | Laundry Linen Review | IR | DB | 8 | 8 | 8 | Review linen purchase and supply with input from National Procurement. |
| 86 | P | Laundry Cage Tracker | IR | DB | 7 | 7 | 7 | Introduce new tracking system for laundry cages to prevent losses and time spent locating cages. |
| 87 | D | Extract Pacs element from PFI contract | IR/LA | AG/BB | 540 | 540 | 540 | Extract PACS element from PFI contract following move to NHS national system. |
| 88 | D | PFI margin debt reduction | IR | DB | 12 | 12 | 12 | Reduction in unitary charge in PFI contract at Hairmyres |
| 89 | D | Calibrate voluntary sector agreement and service level 2 | IR | RP | 69 | 69 | 69 | Match funding with agreed service level |
| 90 | D | Calibrate voluntary sector agreement and service level 1 | IR | RP | 20 | 20 | 20 | Match funding with agreed service level |

| | | | | | | | | |
|-----|-----|--|----|--|-----|-----|-----|---|
| 91 | P | Surrender uncommitted budget | IR | | 35 | 35 | 35 | No new commitments against the voluntary sector budget. |
| 92 | P | Efficiency offset in VS uplift | IR | | 34 | 34 | 34 | Introduce a 2% efficiency target when setting uplift for voluntary sector |
| 93 | D | Fully recover lease car insurance costs | LA | | 43 | 43 | 43 | Recover the increased car lease insurance costs from car lease users. |
| 94 | I | Make lease car scheme economically viable | LA | | 94 | 188 | 282 | Introduce new policy to ensure car lease scheme is cost effective. |
| 95 | P | Reduce miles travelled by all users | IR | | 20 | 20 | 20 | Introduce guidance on meetings scheduling and use of technology to assist the reduction in staff travel throughout NHSL. |
| 96 | D | Reduce training programmes | KS | | 85 | 85 | 85 | plan to stop paid element of overseas leave for foreseeable future, plan to restrict FE applications to strictest 'essential' criteria, plan to reduce current training programmes. |
| 97 | I-D | Review use of NHSL libraries and materials | KS | | 15 | 15 | 15 | Review the use of the five NHSL libraries and the materials ordered. |
| 98 | I-D | Spiritual care and diversity non pay | KS | | 20 | 20 | 20 | Review non pay spend within spiritual care and diversity non-pay spend. |
| 99 | P-I | Cease development event | KS | | 16 | 16 | 16 | Cease biannual NHSL development event |
| 100 | P | 25% reduction on general courses and conferences | KS | | 100 | 100 | 100 | Introduce a corporate control system to reduce duplicate and non attendance at courses and conferences and to provide better internal feedback. |
| 101 | I-D | OD balance of 10% | KS | | 39 | 39 | 39 | To be achieved on a non recurring basis from secondment of Development Manager to NHSGGC |
| 102 | D | C & I Team restructuring | IR | | 57 | 57 | 57 | Restructure Change & Innovation Team with removal of vacant post. |
| 103 | P | Transfer of C+I Staff to LEAN | IR | | 66 | 66 | 66 | Linked with C&I restructuring, post seconded to LEAN Team |

| | | | | | | | | |
|-----|-----|--|-------|-----|-----|-----|-----|---|
| 104 | D | Review secretarial hours within Planning & Performance Directorate | IR | | 9 | 9 | 9 | Review secretarial provision within Directorate |
| 105 | D | C & I non pay budget reduction | IR | | 25 | 25 | 25 | Reduction of budget for non-pay items |
| 106 | D | Comms Web management | IR | | 12 | 12 | 12 | Review of Web management arrangements |
| 107 | D | Comms Photography | IR | | 4 | 4 | 4 | Reduction in external photography costs |
| 108 | P-I | Finance 10% | LA | | 438 | 438 | 438 | 10% Reduction of corporate budget |
| 109 | I-D | HR Directorate 10% | LK | | 212 | 212 | 212 | To review the established structure and realign support within the service teams. |
| 110 | P | Procurement 10% | LA | TD | 135 | 135 | 135 | 10% Reduction of corporate budget |
| 111 | D | Reduced sessional fees corporate affairs | NA | | 33 | 33 | 33 | Reduction in sessional fees |
| 112 | I-D | Corporate affairs: reduced stationery and advertising costs | NA | | 25 | 25 | 25 | Reduction in corporate affairs stationery and advertising costs |
| 113 | P | Nursing directorate 10% | PW | | 200 | 200 | 200 | 10% Reduction of corporate budget |
| 114 | P | Salus 10% | LK | EMc | 313 | 313 | 313 | 10% reduction in corporate budget to be offset by extended income generating activity. |
| 115 | P-I | Review clinical effectiveness/governance/medical audit activity | AG | PM | 88 | 127 | 127 | Review clinical effectiveness/governance/medical audit activity across all divisions. |
| 116 | P | Review of Learning Disabilities service | CS | MS | 151 | 165 | 192 | Review of Learning Disabilities service based on benchmarking information |
| 117 | P-I | Orthopaedic kit rationalisation | RL | | 50 | 300 | 300 | Standardise products and procurement of orthopaedic kit across NHSL. |
| 118 | P | More cost effective arrangements for GP computing | AL | RW | 20 | 100 | 100 | Introduce and manage the process of replacing GPASS. |
| 119 | P | Estates Rationalisation | IR/LA | | | 250 | 500 | Concentrate HQ administrative activities on one site enabling the disposal of two sites, saving on property costs and enabling staffing efficiencies. |

| | | | | | | | | |
|--------------|---|--|----|----|---------------|---------------|---------------|--|
| 120 | P | 50% reduction in Hospitality costs | | | 50 | 50 | 50 | Guidance and tighter controls introduced over hospitality provision. |
| 121 | | Review Staffing for Cancer Services | RL | RR | 20 | 40 | 40 | Review staff budget |
| 122 | | Review of Admin Staffing - Training | KS | | 18 | 18 | 18 | To reduce management of learning centres and co-ordinator hours |
| 123 | | Estimated Slippage Through implementation delays | | | (375) | | | |
| Total | | | | | 15,000 | 18,798 | 20,649 | |

| | | | | |
|--------------|---|---------------|---------------|---------------|
| P | Proposal being scoped | 4,175 | 6,600 | 7,847 |
| I | In process of implementation | 4,032 | 4,130 | 4,224 |
| D | Scheme delivered | 2,512 | 2,372 | 2,372 |
| P-I | Proposal reaching stage of implementation | 2,362 | 3,189 | 3,681 |
| I-D | Implementation almost complete | 2,256 | 2,449 | 2,467 |
| | Other | (337) | 58 | 58 |
| Total | | 15,000 | 18,798 | 20,649 |

Stakeholder Communications Plan in relation to NHS Lanarkshire projects relating to Cash Releasing Efficiency Savings

Communication Principles

- To be open and transparent
- To provide regular, timeous communications recognising the ever changing position
- There will be partnership involvement within the communications process
- All staff have responsibility for communications – it is a two-way process
- Feedback mechanisms will be in place
- Individuals affected by proposed changes must receive verbal communication ahead of written global communications
- Managers have a leadership role to speak to their staff at every level
- All staff to be aware of the overall financial position and of key projects in their area of work
- Timelines will be provided and updated regularly

| WHO | Message | Method of Communication | When/Status | Lead |
|----------------------|---|-------------------------|--------------------|-------|
| Staff Groups | | | | |
| Board Members | <ul style="list-style-type: none"> • Overview of Financial position for 2010/11 and beyond & including identification of CRES implications • Update on position re potential impact of capital allocation including Mental Health IA deferment. | Board seminar | 25 November | L Ace |
| | <ul style="list-style-type: none"> • Update on financial position for 2010/11 | Board seminar | 23 December | L Ace |
| | <ul style="list-style-type: none"> • Update on progress with financial savings plan 2010/11 | Board seminar | 24 February | L Ace |
| | <ul style="list-style-type: none"> • Update on progress with financial savings plan 2010/11 | Board meeting | 24 March | L Ace |

| | | | | |
|----------|---|--|---|------------------------------------|
| ACF/APF/ | <ul style="list-style-type: none"> • Overview of Financial position for 2010/11 and beyond & including identification of CRES implications • Update on position re potential impact of capital allocation including Mental Health IA deferment. | Verbal Briefing | 16 November APF 19 November ACF | T Davison/L Ace T Davison/L Ace |
| | <ul style="list-style-type: none"> • Update on progress & identification of any issues | Financial Savings Group Meetings with CMT/APF/ACF | Fortnightly mtgs (start 30/11/09 moved to monthly from January 10) 11 January 8 February 8 March | T Davison |
| | <ul style="list-style-type: none"> • Regular updates to full APF Meetings • Regular updates to full ACF meetings | Briefing Briefing | 25 January 17 March 21 January 22 March | L Ace |
| | <ul style="list-style-type: none"> • Regular updates to Professional Advisory Committes (GP sub, AMC, etc) | Updates via ACF & verbal updates at committee meetings | GP Sub Committee: 30 November 25 January 22 February AMC: 7 December 5 February 8 March Nursing & Midwifery 6 November 26 February | Executive Directors |

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| | | Direct Communications via CHP directors & locality GMs | 23 March Allied Health Professions 16 December 3 February Ongoing | |
| All staff | Overview of Financial position for 2010/11 and beyond & including identification of CRES implications | Face to face events (by senior managers & clinical leaders) Dedicated Finance Firstport site with staff discussion forum Regular special briefs Pulse updates | Ongoing established January 2010 Issue 1 – 2 December 09 Issue 2 – 8 January 10 Issue 3 – 18 March 10 Jan/Feb 10 issue Mar/Apr 10 issue | Comms – C Brown Comms Comms Comms |
| Senior Managers & Clinical Leaders | Overview of Financial position for 2010/11 and beyond & including identification of CRES implications Identifying leadership responsibilities for communications with staff | Verbal Briefing | 4 December Development Event | |
| GP | Overview of Financial position for 2010/11 and beyond & including identification of CRES implications | Electronic staff brief | Issue 1 – 2 December 09 Issue 2 – 8 January 10 | Comms |

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| | | | Issue 3 – 18 March 10 | Executive Directors |
| Mental Health Stakeholders/Division of Psychiatry | Update on position regarding Mental Health IA & review of options for mental health | Written Briefing | April | C Sloey/F Gairns/C Brown |
| EXTERNAL | | | | |
| SGov (CS & MB) | Update on staff & public communications planning re Financial position for 2010/11 and beyond including identification of CRES projects | Telephone Update | 27 November | I Ross/K Hamilton |
| | Update on position re potential impact of capital allocation including Mental Health IA deferment. | Updates to MB & CS with telephone follow-up to both | 5 November | I Ross/K Hamilton |
| S Gov mid year/end year review | Update on the Board's financial planning for 2009/10 and performance against HEAT targets. Also LDP planning for 2010/11 covering efficiency savings requirements | Meeting with JC & CS | 11 January | T Davison/L Ace/I Ross |
| SGov (CS) | Update on efficiency savings projects that will require public engagement and forthcoming MSP briefing | Telephone briefing | January | K Hamilton |
| SGov (CS) | Update and identification of projects that have been identified so far as requiring engagement/consultation | Telephone Briefing | 23 February | T Davison |
| Press Health Desk | Update on staff & public communications re Financial position for 2010/11 and beyond including identification of CRES implications | Provide briefing | Prior to March press release | K Hamilton |
| Developers of AHC | Update on position | Meeting | 12 November | L Ace/I Ross/KH |

| Larkhall tender companies | Update on position | Letter/Telephone contact | | |
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| MSPs | Overview of Financial position for 2010/11 and beyond & including identification of CRES implications Update on position re potential impact of capital allocation including Mental Health IA deferment. | Meeting to discuss financial planning for 2010/11 | Meeting with constituency MSPs - 22 January Meeting with list MSPs – 5 February (not available on 22 Jan) Meeting with A Neil – 8 February (not available on 5 Feb) | K Corsar/L Ace/I Ross/KH K Corsar/L Ace/T Davison/I Ross/KH |
| Scottish Health Council | Overview of Financial position for 2010/11 and beyond & including identification of CRES implications Update on position re potential impact of capital allocation including Mental Health IA deferment. | Telephone Contact & copy of Staff Briefing information Meeting | 17 December 3 December | K Hamilton C Brown |
| | Update on progress with efficiency review and processes | Copy of briefing Meeting to go through processes & update | 8 January 12 January | K Hamilton K Hamilton |
| PPFs | Overview of Financial position for 2010/11 and beyond & including identification of CRES implications Update on position regarding Mental Health IA & review of options for mental health | Briefing note Briefing to South PPF Briefing to North PPF Written Briefing | note re process for further engagement + staff briefings (Dec/Jan/Mar) 16 March 19 January April | L Ace/I Ross/KH C Cunningham S Kerr C Brown |

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| Local Authorities North & South | Overview of Financial position for 2010/11 and beyond & including identification of CRES implications Update on position re potential impact of capital allocation including Mental Health IA deferment. | Council Leaders briefing at Board seminar Meeting with CEs | 25 November + Updates at each Board meeting thereafter | T Davison |
| Public | NHS Lanarkshire's draft LDP to achieve financial balance in 2010/11. Identification of CRES implications | Press Release | Following March meeting | K Hamilton |
| Carer Groups Volunteers Patients/Patient representatives | Directed communications depending on identified savings schemes: | Communications plan identified as appropriate | Ongoing - Comms & Engagement Plan template prepared & circulated (11 January 10) to identify key information to support engagement plans | Comms |
| Update on projects identified to date as requiring wider engagement/stakeholder activity*: | | | | |
| 1. | Review of community x-ray facilities | Project group established with staff, GP and public representatives & review underway. | Communication & Engagement Plan drafted | |
| 2. | Review of Out of Hours facilities | Project group in process of being established with public representatives. | Communications & Engagement Plan drafted | |
| 3. | Review of Laboratory Services | Internal review underway with full involvement of staff side representatives | Communications Plan in process of implementation | |
| 4. | Review of Continuing Care Beds (Roadmeetings) | Project Group established with staff and public representatives and in process of developing options. | Communications & Engagement Plan drafted | |
| | * Significant engagement with staff is taking place on a range of projects outwith those identified in this table. Those listed are the projects identified and progressed to date that have wider engagement/consultation implications beyond internal engagement. | | | |