

Lanarkshire NHS Board

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Meeting of Lanarkshire NHS Board, Wednesday  
23<sup>rd</sup> June 2010 at 10.00 am in the Board Room,  
14 Beckford Street, Hamilton

**CHAIRMAN:** Mr P K Corsar, Non Executive Director

**PRESENT:** Mrs L Ace, Director of Finance  
Mr J A Anning, Non Executive Director  
Mrs A Armstrong, Chair, Area Clinical Forum and Non Executive Director  
Mr D Clark, Non Executive Director  
Mr T Currie, Non Executive Director  
Mr T Davison, Chief Executive  
Dr A Graham, Medical Director  
Mrs L Khindria, Director of Human Resources  
Mrs R Lyness, Director of Acute Services  
Councillor E McAvoy, Non Executive Director  
Mrs L Macer, Employee Director and Non Executive Director  
Mrs N Mahal, Non Executive Director  
Mrs M Nelson, Non Executive Director  
Mr I A Ross, Director of Planning  
Mr C Sloey, Director, North Lanarkshire Community Health Partnership  
Mrs S Smith, Non Executive Director  
Mr W Sutherland, Non Executive Director  
Mr P Wilson, OBE, Director for Nurses, Midwives and the Allied Health Professions

**IN ATTENDANCE:** Mr N J Agnew, Board Secretary/Corporate Affairs Manager  
Mrs K Hamilton, Head of Communications  
Mr C Cunningham, Head of Planning, South Lanarkshire Community Health Partnership  
Mrs L Paterson, Price Waterhouse Coopers (For item 77)  
Mr K A Small, Director of Organisational Development  
Mrs M Reid, Senior Health Promotion Manager (For item 78)  
Mrs S Mitchell, First Steps Programme (For item 78)  
Mrs J Norman, Nurse Consultant for Child Protection and Vulnerable Children

**APOLOGIES:** Dr H S Kohli, Director of Public Health and Health Policy  
Mr A Lawrie, Director, South Lanarkshire Community Health Partnership  
Councillor J McCabe, Non Executive Director

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74. **WELCOME**

Mr. Corsar welcomed members and attendees to the meeting. He extended a particular welcome to individuals who were attending to present on particular items.

75. **CHAIRMAN'S REPORT**

Mr. Corsar reported that on 1<sup>st</sup> June 2010, Shona Robison, Minister for Public Health, had launched the Scottish Dementia Strategy at the Seniors Club at the Time Capsule in Coatbridge, when the opportunity had been taken to showcase the work of Pasma Sallis, one of the Occupational Therapy staff of NHS Lanarkshire.

Mr. Corsar also reported on the launch, on 9<sup>th</sup> June 2010 in Lanarkshire, of a Practical Guide for Carers in Dementia, produced by NHS Health Scotland.

He also reported that on 7<sup>th</sup> June 2010 he had hosted an event at Wishaw General Hospital, celebrating the contribution of volunteers, when Certificates, recognising their individual contributions, had been presented to some volunteers.

76.. **MINUTES**

The minute of the meeting held on 26<sup>th</sup> May 2010 was presented for approval and signature.

**THE BOARD:**

1. Approved the minute for signature.

77. **ANNUAL ACCOUNTS 2009/2010**

The NHS Board considered a paper presenting the Annual Accounts for the year ended 31<sup>st</sup> March 2010.

Mrs. Ace reported that, during the year, NHS Lanarkshire had met all of the required financial targets. She reported on discussion at the preceding meeting of the Audit Committee, when confirmation had been received of an unqualified Audit Opinion on the Accounts. She highlighted the preparation of the Annual Accounts, for the first year, against International Financial Reporting Standards (IFRS), and outlined the principal changes consequent upon this approach, around: expansion in the volume of disclosure; the treatment of Private Finance Initiative Contracts; and holiday pay accrual.

Mr. Sutherland, Chair of the Audit Committee, confirmed that the Audit Committee had given in-depth consideration to the Annual Accounts, and had recommended them to the NHS Board for adoption. Mrs. Paterson, of Pricewaterhouse Coopers, the external auditors, confirmed that the external audit Opinion on the Annual Accounts was unqualified.

Mr. Corsar expressed his appreciation to the External Auditors, and to NHS Lanarkshire Finance staff, for their contributions to the preparation of the Annual Accounts.

**THE BOARD:**

1. Adopted the Annual Accounts for the year ended 31<sup>st</sup> March 2010.

a) **Medical Workforce**

Dr. Graham reported that round three of recruitment, which was local, was underway to fill remaining vacancies following the two rounds of national recruitment. She reported on discussion within the Regional Workforce Group on 18<sup>th</sup> June 2010, when it had been confirmed that GP recruitment had been successful with a 95% fill rate, and no vacancies in Lanarkshire. She explained that in Lanarkshire, pressures remained within Emergency Medicine and Acute Medicine, and within the sub specialities of Respiratory, Cardiology and Geriatric Medicine. She confirmed that the out put from the 10<sup>th</sup> June Emergency Services Event, had included: agreement to establish a short life working group on recruitment; consideration of a recent British Medical Journal article on overseas recruitment; consideration of the recent Audit Scotland Report on the use of locums; and the setting-up of five workstreams to explore particular issues, the combined product of which would be an action plan for the sustainability of Emergency Services.

Dr. Graham stressed that work continued with the West of Scotland Regional Workforce Group and the National Project Board on recruitment.

**THE BOARD:**

1. Noted the update on Medical Workforce.
2. Asked to receive a further report at the July Board meeting.

Dr. Graham

**CLINICAL GOVERNANCE**a) **Healthcare Associated Infection**

The NHS Board considered an update on Healthcare Associated Infection.

Dr. Graham explained that the report provided a monthly update on performance in relation to Healthcare Associated Infection, using the National Reporting Template, with key issues covered, 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 Healthcare Associated Infection Taskforce 3 Year Delivery Plan; surgical site infection surveillance; antimicrobial prescribing; the MRSA National Screening Programme; and Healthcare Environment Inspection.

She reported that performance across the key issues continued to be encouraging, and highlighted, in particular, performance in relation to staphylococcus aureus bacteraemias, which continued to show a downward trend against the HEAT target. She reported that the national clostridium difficile target had recently been revised upwards, reflecting the Government's wish to continue to drive down the reported incidence of clostridium difficile. She drew members attention to the occurrence of three cases of Stenotrophomonas maltophilia, and explained the actions being taken to manage the situation.

She advised that the draft report of the Healthcare Environment Inspection visit to Hairmyres Hospital on 25<sup>th</sup> and 26<sup>th</sup> May 2010 had been made available to the Board to check for factual accuracy, and she outlined the Board's response. She confirmed that the final report, with an accompanying action plan, would be brought to the Board in July.

**THE BOARD:**

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

Dr. Graham

b) Clinical Governance

The NHS Board considered a report on Clinical Governance.

Dr. Graham explained that the paper provided a progress report on Quality Assurance, with a focus on Risk Management. She highlighted the principal elements of the report, around: the implementation in Lanarkshire of the NHS Scotland Quality Strategy and enhanced monthly reporting to the Board on Quality Assurance; the Clinical Governance Annual Report and workplan; and NHS Quality Improvement Scotland activity, in relation to Peer Review visits and the National Patient Safety Programme. She also highlighted the principal elements of the Risk Report, including: the updating of the Strategic Risk Register; an update on current risk; incident data; key performance indicators; the explicit inclusion of risk management as a corporate objective; the Risk Management Annual Report 2009/10; and the Business Continuity Risk Register for the Monklands site. She highlighted the extent to which risk management was a major focus, at both an operational and strategic level, with oversight through the Divisional Management arrangements, the Governance Committees, particularly the Audit Committee, the Executive-level Risk Management Steering Group, and the Corporate Management Team.

**THE BOARD:**

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

Dr. Graham

80.

**HEALTH IMPROVEMENT – FIRST STEPS PROGRAMME**

The NHS Board considered a report on the First Steps Programme.

Mr. Sloey explained that the report introduced to the Board the South Lanarkshire Carers Scotland funded First Steps Programme, and outlined the key elements which contributed to the Early Intervention in the Early Years agenda. He emphasised the importance of the Programme for children, and explained that the aim in bringing this issue to the Board was to develop members' awareness of the challenges around Children's Health, in order that the Board might make genuinely well informed investment decisions in this area. He highlighted the focus of the endeavour on positive parenting, given the demonstrable impact that this could have on children's development through to adolescence and adulthood. He reported that Adam Ingram, MSP, the Minister for Children, had visited Lanarkshire on 22<sup>nd</sup> June 2010, to hear, first hand, about the range of initiatives being pursued in partnership between Health and the Local Authorities.

Mrs. Reid and Mrs. Mitchell gave a presentation on the First Steps Project, which aimed to secure the best possible start in life for vulnerable first time mothers and their babies living in the regeneration areas in South Lanarkshire. They highlighted Policy and Research around; the Early Years Framework; Equally Well; Achieving Our Potential; Local and National research findings; and Single Outcome Agreements. They explained the elements of the initiative relating to working with families, involving: home based support; quality, targeted, intensive flexible service; continuity of contact for the client between the ante-natal and post-natal period, with a needs led approach resulting in each client having an individually tailored programme. They explained the referral process, which served as a gateway for mothers to access the First Steps Programme, with referrals to the Programme coming from midwives and public health nurses, with the most common reasons for referral, being: vulnerability; post-natal depression; isolation and parenting skills. They explained that an external formative evaluation of the Programme was in place, with the aim of identifying the lessons that could be learned from the First Steps Programme, with a view to enhancing the Programme during its funding period, and rolling it out and/or mainstreaming it beyond the funding period. They outlined the number and nature of referrals to date, and explained that there was evidence from the evaluation that good progress was being made towards outcomes, with the majority of clients that were engaging with the Programme. In particular, the programme was having a positive impact on

the healthy eating and physical activity patterns of mothers to be, and on the parenting skills and healthy eating of mothers in the post-natal period. The evaluation had also highlighted additional outcomes that the programme was delivering, but that were not currently captured, viz: working with the mother to develop her confidence and self-esteem, and the provision of practical advocacy support. They explained that the next steps involved: contributing to the evidence base; achieving sustainability through mainstreaming the Programme into the existing Public Health Teams; refining processes; strengthening relationships with maternity services; and strengthening the focus on parenting.

In response to issues raised by members, Mrs. Reid emphasised that, already, there were demonstrable positive impacts from the Programme, around changed mother behaviours, and involvement in positive pursuits, as well as in mothers' self-esteem and engagement with services. She reported evidence that the initiative had also held children within a less severe category, where they had not graduated to involvement with Social Work Services and Child Protection. Mr. Sloey explained that additional benefits included such positive behaviours as attendance at the GP and the dentist, in addition to which, there was evidence of reduced alcohol and drug use by parents involved in the Programme.

Members acknowledged the need to break the cycle which, potentially, put children at risk, and questioned the extent of unidentified and unmet need. Mrs. Reid explained that analysis of the available data around families in the HALL 4 category, taken with the volume of referrals from Public Health Nurses, suggested that there was substantial unmet need. Mr. Sloey advised that there were other initiatives ongoing in Lanarkshire which identified children and families potentially at risk. He explained that the extant alcohol and drug strategies, included significant investment in children and families affected by alcohol and drugs, with more than £600,000 invested through Circle Lanarkshire.

Mrs. Mitchell acknowledged the importance of linkages with other schemes, and explained that the First Steps Programme linked with voluntary organisations, leisure services and family centres. She also acknowledged issues raised by Mrs. Macer about the sustainability of the Programme, and the importance of maintaining linkages with and the commitment of midwifery. She explained that the First Steps worker's role was to provide additional support to the key contributions of midwives and public health nurses, and emphasised the importance of continuing to work to strengthen those relationships. She also acknowledged the need for evaluation to encompass the drop-off rate from the Programme, and to understand the reasons for participation in the Programme not being sustained.

Mrs. Armstrong acknowledged the importance of sustainability, and suggested that this issue could be considered as part of the review of community nursing, focussing particularly on future core activities.

Mr. Corsar thanked Mrs. Reid and Mrs. Mitchell for their attendance and for the information presented to the Board.

#### **THE BOARD:**

1. Noted the progress to date of the First Steps Programme, and the contribution it could make to the evidence base around the factors which improved outcomes for vulnerable families in Lanarkshire.

#### 81. **WINTER PLANNING**

The NHS Board considered a report on the output from the 2009 Winter Planning process, including feedback from local and national debrief events, and the process for developing plans for winter 2010.

Mrs. Lyness and Mr. Cunningham highlighted the principal elements of the report, with particular regard to: the areas which had worked well; the key issues arising from the local debrief session; and the issues arising from the national debrief session. From this information, it was evident that NHS Lanarkshire had performed well in comparison with other mainland Boards in managing the pressures associated with the winter period, demonstrated through the various

national key performance indicators used to measure performance. They emphasised that this was achieved as a result of significant multi-agency planning, and monitoring of performance on a regular basis over the winter planning period. They stressed that the process of Winter Planning was, in effect, continuous, leading on from debrief events to the formal Winter Planning Group, and explained that a group would be established during July to agree the range of actions emerging from the local and national debrief sessions. They explained that a programme associated with the National Winter Bed Planning requirements had been drafted, with an expectation that there would be two regional planning workshops in September 2010, with a view to subsequent finalisation and submission of Winter Bed Plans to the Scottish Government in October 2010. Further detailed reports on progress in developing the Winter Plan for 2010 would be brought to the Board for discussion and approval over the next few months with the Plan focussing upon enacting the issues arising from the local and national debrief sessions, and ensuring the adoption of good practices from other health systems across Scotland.

Mr. Davison reminded members that he chaired the National Emergency Access Delivery Team. He highlighted the extent to which the level of Accident and Emergency attendance in Lanarkshire and in Glasgow was higher than in other areas of Scotland. Despite this, however, the Lanarkshire four hour Accident and Emergency performance was better than any other health system in Scotland.

#### **THE BOARD:**

1. Noted the report on Winter Planning 2009 and progress with planning for winter 2010, and commended the contribution of staff across health and the local authorities.
2. Asked to receive the Winter Plan 2010 in October.

Mrs. Lyness  
Mr. Lawrie

82.

#### **DECLARATIONS OF INTEREST**

The NHS Board considered a report on Board Members' Declarations of Interests.

Mr. Agnew explained that the information presented to the Board represented the outcome of the annual update of Board Members' Declarations of Interests, and was in accordance with the requirements of the Code of Conduct for Board Members. He explained that, once approved, the information would be posted on the NHS Lanarkshire Public Website, thereby fulfilling the requirement for Members' Declarations of Interests to be publicly accessible.

#### **THE BOARD:**

1. Noted the updated Board Members' Declarations of Interests.

83.

#### **CHILD PROTECTION**

The NHS Board considered a report on Child Protection.

Mr. Wilson explained that the report was presented to inform the Board about: the nature of the inspection by HMIE of Services to Protect Children and Young People in Lanarkshire; the preparations for the inspection within NHS Lanarkshire and their integration with other Lanarkshire agencies; and the overview of the Annual Report on Child Protection by NHS Lanarkshire.

Mrs. Armstrong explained that, during the year, two separate inspections to protect children would be undertaken in Lanarkshire, with the first commencing in South Lanarkshire in late August 2010, and the second commencing in North Lanarkshire in October/November 2010. She outlined the nature of the inspection, and stressed that preparation for the inspections was well underway, both from an NHS Lanarkshire and from a multi-agency perspective. She explained that the process included self-evaluation, encompassing significant progress since the last inspections in 2008, the outcomes of which had been presented to the NHS Board during 2008.

Mrs. Norman highlighted the principal elements of the NHS Lanarkshire Child Protection Annual Report 2009/2010, the key elements of which, included: the

implementation of child protection case supervision which had been strongly welcomed by public health nurses; preparation for the HMIe multiagency inspection of Child Protection Services; the provision of training, advice and support to frontline clinicians; and the provision of pertinent information through the Child Protection Website on Firstport, aimed at supporting staff and Managers. She advised that future objectives would focus on addressing the findings arising from the HMIe Child Protection Inspections of South and North Lanarkshire Services, as well as the application of key aspects of the Scottish Patient Safety Methodology to Child Protection Services. She advised that the Situation, Background, Action, Recommendation (SBAR) tool was currently used by the Child Protection Unit to report on a range of Child Protection issues ensuring clarity around outcome and required actions. She stressed that work was currently underway to amend the content and presentation of the monthly child protection locality reports, with the aim of using run charts to provide data analysis and highlight action required locally. She advised that a proposal had been submitted to the joint Quality Assurance Group of the Child Protection Committees, to develop and test out the use of care bundles on threshold and communication issues which had been identified from significant case and reflective practice reviews.

Mrs. Norman acknowledged concerns raised by members around issues highlighted within the Annual Report, about some of the more serious child protection issues which had arisen during the year. She also acknowledged concerns expressed about notable child protection cases in other parts of the country, where there had been demonstrable failures on the part of agencies with child protection responsibilities, including repeated failures to act on evidence of neglect and injury. She assured members about the extent of Quality Assurance work in these areas, and explained that the safeguards in place in Lanarkshire, encompassed enhanced supervision, training and development, and enhanced experience amongst individuals operating in the area of child protection. Mrs. Armstrong endorsed these views, and emphasised the material contribution that robust evaluation could make in this area.

Mr. Cunningham explained that the introduction and development of Child Protection Messaging should contribute to giving early warning of situations which required intervention by the responsible agencies, through enhanced 'signposting' of events. Mr. Wilson explained that the developments within the child protection arrangements included improved chronology of events and supervision of staff involved at the frontline.

Mrs. Norman explained that, currently, there were approximately 2% of Lanarkshire children on the Child Protection Registers for North and South Lanarkshire. She explained the approach that the HMIe Inspectors would take, through selecting for review a number of child protection cases on the Child Protection Register or recently deregistered within each Local Authority area, followed by a network of meetings with individuals involved in the cases, and meetings with the parents of the children concerned.

Mr. Corsar expressed appreciation to Mr. Wilson and Mrs. Armstrong, and to Mrs. Norman, for her attendance and for the information shared with the Board.

#### **THE BOARD:**

1. Noted the report on Child Protection, encompassing the preparations for the HMIe Inspection of Child Protection Services in South and North Lanarkshire and the Annual Report on Child Protection 2009/10.
2. Asked to receive the HMIe Inspection Reports at a future meeting.

Mr. Wilson

**GOVERNANCE COMMITTEE WORKPLANS**

The NHS Board considered Governance Committee Workplans for 2010/11.

Mr. Agnew explained that, as a follow up to the consideration of Governance Committee Annual Reports for 2009/2010 by the NHS Board on 26<sup>th</sup> May 2010, Workplans for the Governance, and other key Committees, for 2010/2011 were now presented for approval. He explained that the Workplans had been completed, having regard to: the Committee remits; the Annual Reports; the Local Delivery Plan and Corporate Objectives. He advised that progress in delivery of the Workplans would be kept under careful review by each of the respective Committees, and would be included within the Governance Committee Annual Reports for 2010/2011.

Mrs. Ace highlighted the role of the Accountable Officer around Best Value. She explained that each of the Committees contributed to the provision of assurance to the Accountable Officer in the discharge of that role, and suggested that this should be explicit within the Workplans.

Mrs. Armstrong explained that a development event for the Area Clinical Forum had been held on 17<sup>th</sup> June 2010, when consideration had been given to the Area Clinical Forum role in response to Chief Executive Letter 16, introducing to the Service updated national guidance on the Role and Responsibilities of Area Clinical Forums and Area Clinical Forum Chairs. She advised that the product of the Development Event would be reflected in the finalised version of the Area Clinical Forum Workplan.

Mr. Sutherland, Chair of the Audit Committee, advised that the production of Annual Reports and Annual Workplans for the Governance Committees enhanced the Audit Committee's confidence about the identification and management of key risks to the organisation.

**THE BOARD:**

1. Approved the Governance and other key Committee Workplans 2010/2011.
2. Remitted to the Committee Chairs, working with designated Executive Director leads, the responsibility for ensuring the delivery of the Workplans during the year.
3. Asked to receive, in April 2011, Annual Reports from Governance Committees, which included reports on delivery of the Workplans.

**LOCAL DELIVERY PLAN – PERFORMANCE REPORTS**a) Finance

The NHS Board considered a report on financial performance to 31<sup>st</sup> May 2010.

Mrs. Ace reported that at the end of May 2010, the Board was reporting a £1.385m underspend against the Revenue Resource Limit, which was broadly in line with the approved Financial Plan for the year. She advised that, to achieve the Board's objectives while still living within available funding, the 2010/11 Financial Plan had to deliver £17.100m of efficiency savings, and utilise £4.459m of the brought forward surplus. She explained that this Plan left the Board with £7.600m of retained surplus at the end of the year (0.76%), which was fully committed over 2011/2013.

She advised that £1.500m of the £17.100m efficiency savings had been secured by capturing savings already made in 2009/10, with a further £15.000m planned to be delivered through 123 separate schemes. She reported that, at the end of May, it had been estimated that actions already taken against these schemes meant that £7.350m of savings had been guaranteed. She stressed that the remainder required ongoing management effort throughout the year or further validation before they were recognised. She advised that key risks to achieving the Board's Financial targets were being assessed and managed, with the most significant being the inability to contain prescribing costs as envisaged in the Plan.

Mrs. Ace reported that for 2010/11, the Board had a £37.922m capital programme, which would see the completion of mental health facilities in Caird Street, Hamilton and Coathill, in Coatbridge, a Learning Disabilities Assessment and Treatment Centre on the Kirklands site, and Primary and Community Care facilities in Coatbridge and Carluke. She advised that construction work on the Airdrie Health Centre development would continue throughout the year, in addition to which, £5.000m of upgrading work would take place in Monklands Hospital as part of an initial £17.000m programme. Mrs. Ace explained that the Board was replacing its Patient Management and Laboratory Information Systems with integrated systems that would facilitate more effective and efficient patient care, and was looking to rationalise its estate to ensure that money would be released for frontline care, rather than locked in to supporting unnecessary property costs. She highlighted the tight capital funding position across Scotland, and stressed that the Board needed to make maximum use of its capital allocation to meet these objectives, whilst ensuring that necessary medical equipment was replaced, and that the dental decontamination and premises improvement programme was advanced.

**THE BOARD:**

1. Noted the actual revenue underspend of £1.385m underspend as at 31<sup>st</sup> May 2010.
2. Noted the planned in-year deficit of £4.459m per the approved Financial Plan.
3. Noted the forecast cumulative surplus of £7.600m as at 31<sup>st</sup> March 2011.
4. Noted the capital expenditure plan of £37.922m.
5. Asked to receive a further report.

Mrs. Ace

b) Primary Care Out of Hours Services

The NHS Board considered a report on Primary Care Out of Hours performance for May 2010.

Mr. Cunningham explained that demand during May was slightly less than 2009, but that this may have been anticipated, given that May 2009 saw the commencement of the H1N1 pandemic. He reported that the Out of Hours nationally agreed key performance indicators had been met during the month, for both the two and four hour home visits, and were just short of the target for the one hour home visits. He advised that the high level of one hour home visits continued to be raised with NHS 24, and that a national group had been convened to consider this issue. He highlighted further key activities held during the month, including: an educational meeting on acute abdominal pain in women; the commencement of the consultation process on plans for Cash Releasing Efficiency Savings; an audit of appropriateness of referrals to the service from each of the three Emergency Departments; and participation of the Out of Hours Service in the Emergency Services Review meeting held on 10<sup>th</sup> June 2010. He advised that the Workplan for the next month would focus on: the consultation process for CRES savings; liaising with Out of Hours at a national level about 1 hour home visit levels; liaising with representatives from the Emergency Departments on closer working; and resolving information governance issues relating to the pharmacy pilot. He reported that the Service had seen a sustained increase in demand over the past year, and advised that a fuller report on these activity increases and potential solutions would be presented to the Board in August.

**THE BOARD:**

Mr. Lawrie

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

86.

**GOVERNANCE MINUTES**

a) Audit Committee – 8<sup>th</sup> June 2010

Mr. Sutherland, Committee Chair, highlighted from the minute, the consideration given to: the Internal Audit Plan 2010/2011; the Strategic Framework 2011/2015; the Audit Scotland Report on Improving Public Sector Efficiency; the Procurement Capability Assessments; and the Committee's Workplan 2010/2011.

b) Acute Operating Management Committee – 25<sup>th</sup> May 2010

Mr. Currie, Committee Chair, highlighted from the minute the consideration given to the potential redesign of Lung Oncology services, where stakeholder engagement was ongoing. Mrs. Lyness reported that the outcome of those processes would be brought to the Board, in August.

c) South Lanarkshire Community Health Partnership Operating Management Committee – 7<sup>th</sup> June 2010

Mrs. Mahal, Committee Chair, highlighted from the minute the consideration given to: a presentation on the contribution of young carers; completion of the Blake Stevenson Review of Community Health Partnerships, and the commencement of the Audit Scotland Review of Community Health Partnerships; and the holding of a successful South Lanarkshire Community Health Partnership and South Lanarkshire Council joint working event in April.

d) Staff Governance Committee – 16<sup>th</sup> April 2010

Mrs. Macer, Employee Director, highlighted from the minute, the extent of partnership involvement in the key decision-making processes; and staff training, development and learning through eKSF.

87. **DATE OF NEXT MEETING**

Wednesday 28<sup>th</sup> July 2010.

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

The NHS Board approved a motion to move into private session due to the 'Commercial – In Confidence' nature of the matters.

89. **SURPLUS PROPERTY ASSETS**

The NHS Board considered a paper on Surplus Property Assets.

Mr. Ross explained the background to the issue, and outlined the proposed surplus sites, viz: Carluke Health Centre; Strathclyde Hospital, Motherwell; Cleland Hospital, Cleland; and the Medical Rehabilitation Unit, Uddingston, along with an indication of their Estimated Market Value.

Mrs. Ace highlighted the audit issues for the Board, and the need to engage with the Scottish Government to achieve clarity about the financial treatment of the disposals.

Mrs. Macer confirmed her support, in principle, for the proposals. She highlighted the requirement for the deliberations of the Capital Investment Group, to take full account of the clinical strategy in its consideration of property disposals, in order to avoid limiting the options for future development, particularly in relation to facilities for care of the elderly and mental health.

Mr. Ross noted this view. However, he sought to assure the Board that, beyond the disposal of the proposed sites, there would remain substantial surplus sites in the event that Capital for agreed developments became available.

Mrs. Lyness reported on agreement with North Lanarkshire Council about the flow of care of the elderly, with a heightened focus on care at home and less reliance on inpatient beds. Mr. Sloey explained that, for mental health, the emphasis would be on building community capability, and he stressed that there were sites available for development in the event that that was the agreed way forward.

Mr. Davison outlined the factors which could impact on disposals. He highlighted the need to revisit the Property Strategy, and to review the Capital Plan, having regard to the Unison position on the NHS commissioning Long Stay Care from the private sector.

**THE BOARD:**

1. Noted the current status of each of the proposed surplus sites, and approved each of the sites as surplus to NHS Lanarkshire requirements.

Mr. Ross

90.

**PHARMACY PRACTICES COMMITTEE – 8<sup>th</sup> MARCH 2010**

The NHS Board considered the minute of the meeting of the Pharmacy Practices Committee held on 8<sup>th</sup> March 2010, and noted the Committee's deliberations, conclusions and decisions.

91.

**ANY OTHER COMPETENT BUSINESS**

- a) Lynne Khindria

Mr. Corsar reminded members that this marked Lynne Khindria's final meeting of the NHS Board, prior to her departure at the end of June from her position as Director of Human Resources, to take up a position with NHS Lothian. He acknowledged Lynne's material contribution to Human Resources in Lanarkshire, especially in relation to partnership working, and her contribution at a national level. Members joined the Chairman in extending to Lynne their best wishes for the future.

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