

Lanarkshire NHS Board

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Minute of Lanarkshire NHS Board, Wednesday
22nd March 2006, at 10.00am in the Board Room,
14 Beckford Street, Hamilton

CHAIRMAN: Mr P K Corsar

PRESENT: Mr J Anning, Non Executive Director
Dr J D Browning, Medical Director
Mr T Davison, Chief Executive
Mrs S Goldsmith, Director of Finance
Mr M F Hill Modernisation Director
Councillor E McAvoy, Non Executive Director
Mrs D McCormick, Non Executive Director
Mrs N Mahal, Non Executive Director
Dr A W Majumdar, Non Executive Director
Dr D C Moir, CBE Director of Public Health
Mrs M Nelson, Non Executive Director
Mr I A Ross, Chief Executive, Acute Operating Division
Mr C Sloey, Chief Executive, Primary Care Operating Division
Mr W Sutherland, Non Executive Director
Mr H Sweeney, Employee Director
Mr G Walker, Director of Human Resources

IN ATTENDANCE Mr N J Agnew, Corporate Affairs Manager/ Board Secretary
Mrs. K. Hamilton, Communications Manager, Acute Operating Division
Mr E J H Mallinson, Consultant in Pharmaceutical Public Health
Miss M M Taylor, Consultant in Dental Public Health

APOLOGIES: Mr D Clark, Non Executive Director
Mr T Currie, Non Executive Director
Councillor J McCabe, Non Executive Director
Mr P Wilson, OBE, Director of Nursing
Mr G Sage, Interim Director, South Community Health Partnership
Mr K A Small, Director of Organisational Development
Mr P McCrossan, Chairman, Area Allied Health Professions Advisory Committee

31. **CHAIRMAN'S REPORT**

The Chairman reported on the principal issues considered at the meeting of NHS Board Chairs with the Minister for Health on 27th February 2006. These included: waiting times, where the Minister recognised the delivery of the December 2005 target and expressed his thanks and commendation to staff: cancer waiting times, where there was an encouragement to systems to meet the target for urgent GP

referrals; budget allocations 2006/2007; workforce planning, nationally, regionally and locally; e-health and use of the Community Health Index (CHI); the National Mental Health Delivery Plan; the new vaccination procedure for pneumococcal infection and meningitis; an update on dental services; an update on the National Strategy for Pharmacy and the implementation of The Right Medicines; and forensic mental health services, with particular regard to the role of the State Hospital and Regional Forensic Mental Health Networks. From these issues, it was agreed that at a future meeting, the NHS Board would consider a report on the local position with regard to dental services.

Board
Secretary
Consultant in
Dental
Public Health

32. **CHIEF EXECUTIVE'S REPORT**

The Chief Executive reported on the launch, earlier in the week, of the Healthy Working Lives Initiative, aimed at getting people off of incapacity benefit and back into work with the consequent benefits for their health and self esteem. He reminded members that this was a key element of the Joint Health Improvement Strategy and the Health Promotion endeavour. This was a joint partnership initiative between: NHS Lanarkshire; North Lanarkshire Council; South Lanarkshire Council; Scottish Executive; Job Centre Plus; and Routes to Work. Lanarkshire was the first area to launch this key initiative, and although in its early stages, it already had achieved significant increases in the numbers of individuals on incapacity benefits returning to work.

33. **MINUTES**

There was submitted, for approval and signature, the Minute of the meeting of the NHS Board held on 22nd February 2006.

THE BOARD

1. Approved the Minute for signature.

34. **MATTERS ARISING FROM THE MINUTES**

a) **Audit Committee**

The Chairman of the Audit Committee reported that as a follow up to the meeting of the Committee on 14th December 2005, a further meeting of the Committee had been held on 15th March 2006. At this, the interim management report for 2005/2006 to Lanarkshire Health Board, from Scott Moncrieff, the Board's external auditors, had been approved. The Committee had also considered correspondence from Audit Scotland about the external audit appointment which, in accordance with the requirement to rotate external auditors within the Public Sector, signalled the provisional appointment of Pricewaterhouse Coopers as the Board's new external auditors. This provisional approval was accepted by the Audit Committee. Given that Pricewaterhouse Coopers currently managed the Board's Internal Audit Service, a new internal audit appointment would require to be made, and this currently was under consideration.

The Chairman also highlighted the consideration that the Audit Committee had given to a report from the Board's Property Advisers on the sale of the former Law Hospital site and had been satisfied with the assumptions in relation to the timescale for the completion of the sale and the financial return.

35. **FINANCE**

The NHS Board considered the Finance Report for the period ended 28th February 2006 (circulated).

The Director of Finance explained that the report provided the NHS Board with the summary financial position for the period ended 28th February 2006 and updated the forecast for the year end. She explained that, during February, there had been further movements against the budget identified, the overall result of which maintained the forecast surplus within the range previously identified, with the mid point of the range, circa £10m, remaining the most likely outcome. The actual financial position to the end of February showed a year to date underspend of £6.622m compared with the underspend of £5.437m at the end of January, reflecting the movements identified during the month.

The Director of Finance outlined the principal elements of the summary financial position, and performance in relation to the Revenue Resource Limit; the performance within the Corporate, Acute and Primary Care Divisions; and performance in the Corporate Financial Recovery Programme. She also highlighted the position in relation to the Capital Investment Programme, where at the end of February, there was no change to the forecast underspend against the Plan of £3.515m for the year, although it had been confirmed that significant spend was anticipated in the last month of the year.

The Director of Human Resources explained the situation in relation to legal challenges in parts of the country under Equal Pay legislation. Whilst NHS Lanarkshire was in receipt of some equal pay claims, these had to be considered in the context that the system implemented national terms and conditions – accordingly, the response to the claims currently sat with the Scottish Executive Health Department. Potentially, the outcome could have significant financial implications for the National Health Service. Notably, the claims applied to the situation prior to the introduction of Agenda for Change in 2004.

THE BOARD:

1. Noted the finance report for the period ended February 2006.
2. Noted the actual revenue underspend of £6.622m as at 28th February 2006.
3. Noted that the range for the forecast surplus remained between £7.509m and £13.009m, but that the most likely outcome was a forecast surplus of circa £10m against the Revenue Resource Limit for the year 2005/06.
4. Asked to receive a further report.

Director
of
Finance

36.

WAITING TIMES

The NHS Board considered a Waiting Times Report to February 2006 (circulated).

The Chief Executive of the Acute Operating Division confirmed that, in February 2006, NHS Lanarkshire had maintained the national waiting time guarantee that no patient would wait over 26 weeks for an inpatient, daycase or outpatient appointment. In addition, no patient was waiting longer than 8 and 18 weeks for angiography and angioplasty respectively.

He confirmed, also, that the Capacity Plan had been updated, to identify the additional activity and capacity required to deliver the improved waiting time guarantees – progress to date had informed completion of the trajectory for each specialty and was reflected in the draft delivery plan for 2006/07. The projections indicated that NHS Lanarkshire would most likely deliver the National Waiting Time Guarantees for inpatients and daycases prior to the end of calendar year 2007. The trajectory for delivery of outpatient and Availability Status Code (ASC) guarantees, remained the end of calendar year 2007.

Information from the Scottish Executive on Cancer Waiting Times for the period 1st July – 30th September 2005, indicated for Lanarkshire, that compliance with the National Waiting Time Guarantee of a maximum 62 days from GP urgent referral to treatment, for the main tumour types was: breast 93.5%; lung 74.6%; colorectal 48.5% and ovarian 85.7%. Focussed work was in progress to improve performance across the main tumour types including through improving the availability of relevant patient data, to inform identification of pressure areas and issues around capacity, and to improve the patient journey. February would represent the first full month of patient information capture from this initiative, and this would be used as a basis for discussion with clinical and non clinical colleagues with the outcome featuring in the waiting times report to the NHS Board in April 2006.

For diagnostics, the maximum wait for access in February 2006 did not exceed 26 weeks, in line with the current waiting time guarantee. Following discussions with the National Waiting Times Unit, the trajectory for each diagnostic type had been revised, reflecting clarification that by 31st December 2007, the 18 week maximum waiting times should include the 9 week maximum for diagnostics. Accordingly, it would be necessary to accelerate delivery for the 9 week maximum wait for diagnostics to March 2007, in order to deliver the 18 week guarantee by the end of calendar year 2007. NHS Lanarkshire proposed to establish a Diagnostic Collaborative to take forward Service Redesign of diagnostic services in Lanarkshire – a response from the Centre for Change and Innovation to an application for funding to support establishment of the Collaborative was awaited.

The Divisional Chief Executive explained that the unscheduled care guarantee to be achieved by 31st December 2007 would require NHS Lanarkshire to ensure patients waited a maximum of no more than 4 hours from arrival to discharge or transfer for accident and emergency treatment. Against this, the position at the end of February 2006 indicated 82% compliance – a trajectory to deliver the guarantee by December 2007 had been prepared, and was reflected in the draft Local Delivery Plan.

The Chief Executive of the Primary Care Operating Division confirmed Divisional compliance, where applicable, with the National Waiting Time Guarantees.

THE BOARD:

1. Noted the Waiting Times Report at February 2006.
2. Asked to receive a further report.

Divisional
Chief
Executives

37.

DELAYED DISCHARGES

The NHS Board considered a report on the Delayed Discharges position at 15th March 2006 (circulated).

The Chief Executive of the Acute Operating Division explained that NHS Lanarkshire had 89 delayed discharges at 15th March 2006, against the delayed discharge target of 66 to be achieved by 15th April 2006. He explained the material factors which had led to the reduction from the 15th February 2006 position of 103 delayed discharges. He advised members that the most significant factor in the number of delayed discharges remained the 32 patients awaiting local authority funding to Nursing Home accommodation. There was, as yet, no indication that additional funding would be allocated by the Lanarkshire partnership in 2006/07 to fund an increased number of Nursing Home places and thereby reduce the number of delayed discharges. Whilst every effort would be made to manage a further reduction in the number of delayed discharges, it remained to be seen whether its impact would be sufficient to deliver the delayed discharge target of 15th April 2006.

The Divisional Chief Executive highlighted the revised guidance on delayed discharge target setting for patients waiting discharge in 2006/07, issued by the Scottish Executive, together with changes to the way information would be captured and reported. He explained the new arrangements that would take effect from 1st May 2006, with the targets extending over a 2 year period and progress on delivery being evidenced on an annual basis. He stressed that the implications for the Partnership, of targets set for 2006/07, would be determined by the Delayed Discharge Outturn at 15th April 2006, with the focus of the new arrangements being to reduce further the number of delayed discharges. Aspects of the information about the revised delayed discharge target setting would be pursued further with the Scottish Executive, including the extent to which the targets supported the redesign of all services and provided improved outcomes for older people, with clarity being sought, also, on the content, format and frequency of information capture and reporting.

The Divisional Chief Executive undertook to circulate to members statistical information benchmarking the NHS Lanarkshire performance on delayed discharges against the rest of Scotland.

Divisional
Chief
Executive

In discussion, the Divisional Chief Executive explained that further guidance was awaited from the Scottish Executive on the issue of patients with complex needs where, in certain circumstances, an exemption would apply – this further clarification would help to ensure that this exemption was consistently applied across the Service. There was recognition, also, of the linkages between delayed discharges and system capacity in relation to emergency admissions via the Accident and Emergency Departments. In order to facilitate progress in this area, the A Picture of Health proposals included the use of step-down beds which, potentially, could contribute materially to freeing up acute bed capacity.

THE BOARD:

1. Noted the report on the Delayed Discharges position as at 15th March 2006.
2. Noted the information on the revised Delayed Discharge target setting for patients waiting discharge in 2006/07, circulated by the Scottish Executive Health Department.
3. Asked to receive a further report.

Acute
Division
Chief
Executive

38.

PRIMARY CARE OUT OF HOURS SERVICES

The NHS Board considered an update report on Primary Care Out of Hours Services (circulated).

The Primary Care Operating Division Chief Executive highlighted the principal issues in relation to the performance of the service during January and February 2006. He highlighted, also, operational issues in relation to Easter planning, staffing and IT.

The Divisional Chief Executive reported that the Out of Hours Emergency Dental Service had commenced on 13th March 2006. The Service operated on the basis of triage by dental nurses in the NHS 24 satellite centre at Hairmyres Hospital, with patients being given an appointment with a participating dentist the following day or, where there was a requirement for treatment at the weekend, arrangements being made for them to be seen by the Emergency Dental Service at Wishaw General Hospital during allotted times on Saturdays and Sundays.

The Divisional Chief Executive also stressed that contingency planning for pandemic flu was progressing in collaboration with NHS 24 and Board partners. He reported that an Away Day had been held on 7th February 2006, to review the initial 16 months of the Primary Care Out of Hours Service, both to consider lessons learned and how

the service should progress over the coming years. He also highlighted the performance of the Community Out of Hours Nursing Teams during the period 28th February 2006, including in relation to the adverse weather conditions on 12th March 2006, when the dedication and flexibility of staff ensured that there was no interruption in the delivery of services to individuals in the Community.

THE BOARD:

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

Primary Care
Operating
Division
Chief
Executive

39.

A PICTURE OF HEALTH

The Modernisation Director reported that the public consultation process was moving forward, with 8 of the 12 published public meetings having been held, along with a further 21 local meetings, including 1 to engage with residents in the Northern corridor. In addition to the 4 published public consultation meetings still to be held, approximately 6 further local meetings were planned. The meetings held, to date, had raised common themes, as well as themes particular to communities including, for East Kilbride, the Kilbryde Hospice appeal. There had also, to date, been somewhere of the order of 1,000 written submissions – the material issues raised in these responses were being analysed and would be reflected in the consultation report to the NHS Board.

The Modernisation Director explained that there were 2 significant pieces of ongoing work viz: the detailed analysis of the regional impact of proposals, and a detailed analysis of the Capital and Revenue costs of the options.

The work on regional impact, which had been the subject of ongoing discussions between NHS Lanarkshire, NHS Greater Glasgow and NHS Forth Valley, was nearing completion and the report on the outcome would be available in early to mid April, for wide circulation. This work had involved an analysis of travel times for Lanarkshire residents which, based on information from AA Autoroute and further testing of travel times, demonstrated that under either option, approximately 93% of the Lanarkshire population would be within a 30 minute car journey of a full emergency hospital. This work also took account of the potential patient flows to Glasgow if either Hairmyres or Monklands Hospital was a planned care site and potential flow to the new Larbert Hospital if Monklands Hospital was a planned care site.

The outcome of work currently being undertaken by Currie and Brown would provide further clarity about the capital and revenue costs associated with the options, and it was anticipated that a full analysis of these costs would be available within the next few weeks.

The Chief Executive reminded members that the assumption to date was that the 2 emergency hospitals would be of roughly equivalent size, viz: circa 650 beds each. The work on regional impact and internal patient flows had, however, shown that under every permutation, Wishaw General Hospital would most likely be a significantly busier site and would require to be the larger emergency receiving hospital due, primarily, to its relative geographical centrality. In sizing the emergency hospitals, it would be necessary to balance emergency admissions and to balance demand on intensive care facilities. There was recognition, also, that whether Monklands Hospital was an emergency care site or a planned care site, the new hospital at Larbert may prove to be an attractive option for residents and for General Practitioners in the Kilsyth area. Discussions with architects and planners were ongoing about the assumptions in relation to patient flows and sizing of hospitals

and further consideration was being given to the potential location of single site specialties.

The Chief Executive highlighted concerns expressed by members of the Scottish Parliament about the lack of availability, at this juncture, of full information about the cost of the options for modernising general hospital services. He emphasised that, although indicative, the capital costs presented to the Board in 2005, were based on comparable building costs, both within NHS Lanarkshire and in other NHS Board areas, notably, NHS Fife and NHS Greater Glasgow, and they could, therefore, be considered reliable for strategic planning purposes. Work was currently in hand on further refining and developing these costs, and the outcome of this work, which would be available during the public consultation in early April, would help to inform the decision making process for A Picture of Health. This would include an assessment of equipment costs and fees and advice on the level of 'optimism' bias which should be applied to the Capital Costs, and which must be built into the Business Cases required to support the capital development. The requirement to allow for 'optimism' bias was defined in extant Scottish Executive Guidance on the processes and procedures to be applied in the planning of major Building Projects. It involved adding a contingency to costings for growth between the cost estimate and the actual cost following tendering, reflecting the timescale between a strategic decision on a capital project, and the completion and the commissioning of the Project. This contingency was individually assessed for each Project depending on the nature of the development, and could range from 15% to 25%. Scottish Executive guidance also dictated that the very detailed planning work required to develop an Outline Business Case (OBC), and a full Business Case (FBC), which required Scottish Executive approval, did not commence until the proposals had Ministerial approval.

The Chief Executive confirmed that in fulfilment of the previous commitment to publicise the outcome of the further work on regional impact and capital and revenue costs during the public consultation, the information would be made widely available through a number of different mechanisms. This information would also be explicit within the report to the NHS Board following the close of consultation, and although it would contribute to informing the decision and recommendations to the Deputy Minister for Health, it would not alter the fundamental original premise of the consultation, viz: Modernising General Hospital Services, based on two emergency care sites and one planned care site.

In order to share this key information with a wide range of stakeholders, an event for staff, sponsored by the Area Partnership Forum, would be held in late April, along with a separate event, bringing the public and relatives and carers together from the A Picture of Health database, with the product of dialogue at these meetings featuring in the consideration given by the Board to the outcome of the consultation and a decision on the way forward, at its meetings in May and June 2006.

The Chairman stressed that contrary to views expressed during the consultation, to date, the NHS Board had taken no decisions in relation to the proposals, including those for Modernising General Hospital Services, that currently were the subject of public consultation. He stressed, also, the requirement to ensure that the public consultation process was open, transparent and fair, leading to objective decisions by the NHS Board when it convened to consider the outcome of the consultation and to formulate its recommendations to the Deputy Minister for Health. He also reminded members that the public consultation process was the subject of independent scrutiny by the Scottish Health Council, with the outcome being reported to the Deputy Minister for Health, such that it could be considered along with the NHS Board's recommendations.

The Modernisation Director reported on the ongoing dialogue between NHS Lanarkshire and the Regional and Local Offices of the Scottish Health Council, towards ensuring that Council had available timely and full information about the

consultation process and the progress of consultation. Through this established relationship, NHS Lanarkshire would have regard to the completed Scottish Health Council analysis and evaluation of the NHS Ayrshire and Arran public consultation process, and would have clarity about the standards against which the NHS Lanarkshire process would be evaluated. He confirmed that the NHS Lanarkshire approach to public consultation was consistent with extant Scottish Executive Health Department guidance on consultation on major service change, and dialogue with the Department was ongoing, with the aim of ensuring that this position was maintained.

THE BOARD:

1. Noted the progress report on public consultation.
2. Asked to receive further reports.

Modernisation
Director

40.

COMMUNITY HEALTH PARTNERSHIPS

The NHS Board considered a progress report on the implementation of Community Health Partnerships (circulated).

The Chief Executive of the Primary Care Operating Division, in his capacity as Chairman of the Implementation Steering Group, outlined the principal elements of the implementation process, in relation to: Human Resources; Finance and Organisational Development, and reported on the material progress to date in each of these key areas. He highlighted, also, the draft Terms of Reference for the Community Health Partnership Operating Management Committees (Performance Management) and for the CHP Joint Committee (Strategy Development and Implementation).

In discussion, the need was highlighted for further clarity about linkages between the North and South CHP Operating Management Committees, and about the arrangements for clinical input to the Committee structures. Emphasis was placed on the need to ensure that the work being taken forward in establishing the governance arrangements would build on progress to date. In this regard, the need for a review of the new operating arrangements, with Non Executive Director involvement, was highlighted and was acknowledged, with particular regard to the scheduling of meetings and the workload for Non Executive Directors.

The Divisional Chief Executive sought to reassure members that the Committee proposals were consistent with the approved Community Health Partnerships Scheme of Establishment. He also acknowledged the need for strong clinician influence in the development and implementation of strategy, hence their proposed membership of the CHP Joint Committee (Strategy Development and Implementation).

THE BOARD:

1. Noted the progress report on implementation of Community Health Partnerships.
2. Asked to receive further reports, including in relation to the outcome of the monitoring of the new operating arrangements.

Board
Secretary

41.

LOCAL DELIVERY PLAN 2006 – 2009

The NHS Board considered the Local Delivery Plan 2006-2009 (circulated).

The Modernisation Director reminded the Board that at an informal meeting on 22nd February 2006, members had been introduced to the new delivery planning system being implemented by the Scottish Executive Health Department and the NHS in Scotland. The Local Delivery Plan was the name given to a process by which Health Boards would address the Minister's key objectives, targets and performance measures for the health portfolio – it replaced the Performance Assessment Framework and the Local Health Plan. A more comprehensive review of planning requirements placed on Boards by SEHD would take place in the late summer of 2006, as part of a series of steps to 'streamline bureaucracy'. NHS Boards would participate in this review.

The Modernisation Director explained that the draft Local Delivery Plan was submitted to SEHD on target at the end of February 2006, along with three supporting documents viz: an associated Excel schedule of forward trajectory; an associated Finance Plan Schedule; and a Board Development Plan 2006/2008. He explained that the Plan set out the levels of performance which it was planned would be achieved against each of the key performance measures over the three year to 2006/7 to 2008/9. When signed off by SEHD, the Plan would become the delivery agreement between the NHS Board and the Scottish Executive Health Department, and would become the principal focus of discussion at the Minister's Annual Review meetings with the Board. While the target areas and many of the measures within the Plan were well known, new monitoring systems were required. In some cases, routine monitoring was well established, while in other cases, data capture and reporting would have to be developed to support a more dynamic management approach to deliver the targets.

The Modernisation Director explained that the Health Department timetable for responding to Health Boards' Draft Local Delivery Plans involved feedback, clarification or amendment before 24th March, and the final plans being signed off by the Chief Executive of the NHS in Scotland by 31st March 2006.

In discussion, the Modernisation Director confirmed that the new monitoring arrangements being developed would ensure that, presentationally, actions and their delivery against agreed trajectories, would be clarified. He confirmed, also, that the product of monitoring would feature in ongoing reporting on delivery of the LDP actions to the NHS Board. He stressed that whilst the system was required to deliver a range of other targets, as previously reflected in the Performance Framework, the 27 targets within the Local Delivery Plan were the Board's core business and therefore took primacy.

THE BOARD:

1. The Local Delivery Plan 2006-2009.
2. Delegated to the Chairman and the Chief Executive authority to agree any final revisions with the Scottish Executive Health Department, to enable completion of the Plan by the due date.
3. Asked to receive progress reports on delivery of the LDP actions, based on the new monitoring arrangements that were being developed.

Modernisation
Director

42.

SMOKING CESSATION

The NHS Board considered a report on implementing the Smoking Cessation legislation (circulated).

The Chief Executive of the Primary Care Operating Division explained that the report had been prepared to inform the NHS Board on the approach being taken to develop the necessary service strategy, no smoking policy and operating procedures, to ensure compliance with the impending smoking legislation, and to decrease smoking

prevalence to the target levels set out within the Local Delivery Plans. He highlighted the work taken forward in two key areas viz: the development of the No Smoking Policy, reflecting on the implications for staff, patients, visitors and the environment; and the development of a service strategy for the Smoking Cessation Teams. He highlighted the material progress in each of these two key areas, and the key messages carried within the Policy Document which would feature in the media coverage of this issue in advance of the introduction of the new Smoking Cessation legislation on 26th March 2006.

The Director of Public Health expressed her personal satisfaction at the Smoking Cessation legislation, and about the arrangements being made for compliance with the legislation across the system, especially since smoking cessation would have the single greatest beneficial impact on population health.

THE BOARD:

1. Noted the progress made in updating the No Smoking Service Plans and Policies, to reflect the commitment to reducing smoking prevalence, and to fully implement the new smoking legislation on 26th March 2006.
2. Asked to receive periodic progress reports on the implementation of the Smoking Cessation legislation in Lanarkshire.

Chief
Executive
Primary Care
Operating
Division

43.

EMERGENCY PLANNING

The NHS Board considered an update report on emergency planning (circulated).

The Director of Public Health stressed that emergency preparedness and planning had assumed a higher profile in recent years – in addition to the threat of terrorism, the Health Service continued to be faced with a wide spectrum of emergencies, ranging from outbreak of infectious disease, contamination of public water supplies, food poisoning, and industrial actions such as fire and fuel strikes to road accidents. She emphasised the extent to which planning for major emergencies was undertaken by a number of well established groups, and highlighted the principal planning Committees, which had material NHS Lanarkshire input. She also outlined the elements of the multi-agency response, including the response to an emergency/incident outbreak and specifically in relation to the deliberate terrorist release of chemical, biological, radiological or nuclear materials. She explained the role of the NHS Lanarkshire Major Emergency Planning Group, whose key tasks included maintaining an up-to-date major emergency plan and ensuring that arrangements were in place for testing the Plan. In this regard, she outlined the key issues in relation to Training and Exercising, as well as a range of additional recent emergency planning activity, including: the production of a more detailed pandemic flu plan; the development of a smallpox mass vaccination plan; planning for avian flu; and the revision of a number of extant Plans addressing specific issues, such as Foodborne Outbreak.

In discussion, there was recognition of the need to take account of the implications for major emergency planning arrangements as a consequence of the outcome of consultation on the proposals for modernising general hospital services. The Director of Public Health and the Medical Director confirmed that this issue would be addressed through the local and regional emergency planning arrangements, and as a consequence of the risk assessment processes that would be taken forward in relation to the totality of A Picture of Health.

THE BOARD:

1. Noted the update on the range of key emergency planning issues and the actions in place and underway to ensure a sufficient level of preparedness on the part of NHS Lanarkshire to respond to an emergency or incident of the type outlined.
2. Agreed to receive, for consideration at its meeting in April 2006, the draft smallpox mass vaccination plan.
3. Asked to receive further reports periodically, on the ongoing work on the development of emergency planning, and NHS Lanarkshire system preparedness.

44. **ANY OTHER COMPETENT BUSINESS**

a) **Dr. Al Waly Majumdar**

The Chairman reminded members that the meeting marked Dr. Majumdar's final business meeting of the NHS Board, as he would demit office as a Non Executive Director, with the conclusion to the remit of the Local Health Care Co-operative Professional Committee at 31st March 2006. He paid tribute to Dr. Majumdar's diligent attendance at NHS Board meetings and to his material contribution to the conduct of NHS Board business during his term as a Non Executive Director. He also acknowledged Dr. Majumdar's contribution as a member of the Health and Clinical Governance Committee and as a member of the Area Clinical Forum. He advised members that, although demitting office as a Non Executive Director, Dr. Majumdar would continue to contribute to the Board's business, through his new role as a Locality Lead Clinician and through his membership of the Area Drugs and Therapeutics Committee and the Coronary Heart Disease Managed Clinical Network Steering Group. Members joined the Chairman in expressing their appreciation and best wishes to Dr. Majumdar.

45. **DATE OF NEXT MEETING**

Wednesday 26th April 2006.

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