

Lanarkshire NHS Board

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Minute of Lanarkshire NHS Board, Wednesday
22 February 2006, at 10.30am in the Board Room,
NHS Lanarkshire, 14 Beckford Street, Hamilton

CHAIRMAN: Mr P K Corsar, Non Executive Director

PRESENT: Dr J D Browning, Medical Director
Mr D Clark, Non Executive Director
Mr T Currie, Non Executive 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 H Sweeney, Employee Director
Mr P Wilson, OBE, Director of Nursing

**IN
ATTENDANCE**

Mr N J Agnew, Corporate Affairs Manager/ Board Secretary
Mrs K Hamilton, Communications Manager, Acute Operating Division
Mrs C Potter, Deputy Director of Finance
Mr G Sage, Interim Director, South Community Health Partnership
Mr K Small, Director of Organisational Development
Miss M M Taylor, Consultant in Dental Public Health

APOLOGIES: Mr J Anning, Non Executive Director
Councillor J McCabe, Non Executive Director
Mr W Sutherland, Non Executive Director
Mr G Walker, Director of Human Resources
Mr P McCrossan, Chairman, Allied Health Professions Advisory
Committee
Mr E J H Mallinson, Consultant in Pharmaceutical Public Health

14. **CHAIRMAN'S REPORT**

The Chairman reported that at a meeting of NHS Board Chairs with the Minister on 30th January 2006, the Minister had acknowledged systems' performance in meeting the December 2005 Waiting Time Targets, and in the delivery of Out of Hours Services, including in co-operation with NHS 24, over the festive period. He had also placed emphasis on systems' preparedness to continue to deliver in these areas, and in a number of other key areas, including: Agenda for Change; Pay Modernisation and Benefits Realisation; Local Delivery Plans; the Smoking Ban from 26th March 2006;

Influenza Pandemic Planning; the Cancer Strategy in Scotland and Targets. The Minister had commented also on the current consultation on the review of the system for prescription charges, and on the budgetary position for 2006/2007. Chairmen had also received a presentation from the Chief Medical Officer on coronary heart disease and stroke, where Scotland's encouraging progress in the area of CHD was highlighted.

15.

CHIEF EXECUTIVE'S REPORT

The Chief Executive reported on a recent complaint upheld by The Care Commission in relation to BUPA Hattonlea Care Home, which highlighted a deficit of care in relation to a resident in an NHS Lanarkshire contracted bed. This raised some fundamental questions about the relationship between The Care Commission and the NHS, and most particularly in relation to the level of NHS Lanarkshire involvement in the monitoring of standards in NHS contracted beds in care homes. Consequently, the intention was to achieve a greater level of proactivity in NHS Lanarkshire's systematic monitoring of standards in relation to all NHS contract beds in care homes.

The Director of Nursing, who was leading this work, confirmed that a review of standards, both in light of the findings in this case, and generally, was underway, through the Managed Care Network for Older People, having regard to the NHS Quality Improvement Scotland Standards in this area. The aim of this work would be to develop greater clarity and understanding about the operational oversight of standards, and to develop the relationship with care homes, in pursuit of common interests.

The Director of Nursing explained that standards of care was an issue also for the NHS, and he reported on his attendance at a recent Conference when a patient had delivered a compelling testimony about the standards of care that she had experienced.

The Board agreed to invite the patient to attend a future meeting with Board Members, in order to share with them her testimony, as part of the further reporting to the NHS Board on the outcome of the review of the Board's role in relation to the standards of care in care homes and in relation to the standards of care for older people within NHS facilities.

Director
of Nursing

Board
Secretary

The Chief Executive reminded members of the commitment within A Picture of Health to enhance Palliative Care Services, and the Board's aspiration to develop a comprehensive range of palliative care services, with the assessed priority being early investment in the development of community based palliative care, with the medium term priority being investment in additional palliative care beds, informed by the outcome of an assessment of hospice bed requirements, due to be completed by 2009.

The Chief Executive stressed the Board's commitment to pursuing these aspirations through the development of a collaborative approach with existing palliative care service providers and with the Kilbryde Hospice Appeal, maximising the significant added value offered by the Appeal. In pursuit of this collaborative approach, a productive meeting had been held on 10th February 2006 with the Chairman and other members of the Kilbryde Hospice Appeal Board, and a meeting with the St. Andrews Hospice Board was imminent.

Given that the proposals for enhanced palliative care services were set within the overall context of A Picture of Health, it would be the intention, beyond the close of consultation on 28th April 2006, to prepare a position statement on the Board's plans for palliative care services.

16.

MINUTES

The NHS Board, received, for approval and signature, the minute of the meeting held on 25th January 2006.

THE BOARD:

1. Approved the minute for signature.

17.

MATTERS ARISING

a) **Financial Settlement with Local Authorities**

The Board considered a report on the financial settlement with Local Authorities (circulated).

The Director of Finance reminded members that the financial report to the NHS Board on 25th January 2006 on the 2005/06 year end forecast, had included a prudent estimate of £1.2m non recurrently as a potential contribution to North and South Lanarkshire Councils, in relation to the closure of 227 Continuing Care Psychogeriatric Beds, 30 of which had previously been the subject of joint financial agreement.

She advised that ongoing dialogue between NHS Lanarkshire and North and South Lanarkshire Councils had led to agreement with the Councils that they would accept the sum of £1.2m, on a non recurring basis, as a final reconciliation of this issue. This acceptance was, however, conditional on NHS Lanarkshire: acknowledging the impact bed closures had had on Local Authorities over a sustained period of time; confirming that any future changes or closures of long stay hospital beds would not take place without first securing the agreement of both Councils; and committing to all parties continuing to work to agree the scale and amount of reinvestment in health and social care services arising from the current modernisation agenda across a range of activities, to include future bed closures in respect of psychogeriatric services.

THE BOARD:

1. Noted the financial settlement between NHS Lanarkshire and North and South Lanarkshire Councils.
2. Acknowledged the conditions on which the settlement was based.

18.

FINANCE

a) **Financial Performance to 31st January 2006**

The Board considered a Report on Financial Performance to 31st January 2006 and on the projected financial year end outturn (circulated).

The Director of Finance reminded members that the Finance Report presented to the Board in January 2006 highlighted a potential range for the forecast year end surplus of between £7.509m and £13.009m. During January, there had been a number of further movements against budget identified, including: the impact of increased energy costs; a reduction in the prescribing underspend; changes to the expected payments to other NHS Boards for specific services; further savings against Headquarters budgets, and the financial impact of slippage in the mental health and learning disabilities resource transfer programmes.

The overall result of these changes maintained the year end forecast within the range previously identified, although there was a clear movement toward the mid point of

the range at this time. The actual financial position to the end of January showed a year to date underspend of £5.437m, compared with an underspend of £3.365m at the end of December.

The Director of Finance also provided updated information on the Revenue Resource Limit, and explained the financial performance within the Corporate Division, the Acute Operating Division and the Primary Care Operating Division, as well as performance in relation to the Corporate Recovery Programme and the Capital Investment Programme.

THE BOARD:

1. Noted the Finance Report for the period ended 31st January 2006, showing an actual revenue underspend of £5.437m.
2. Noted the range for the forecast year end surplus, remaining between £7.509m and £13.009m against the Revenue Resource Limit for the year 2005/06.
3. Asked to receive a further report.

Director
of
Finance

b) Draft Financial Plan

The Board considered an overview of the Draft Financial Plan 2006/2007 to 2010/11 (circulated).

The Director of Finance explained that the report provided an overview of the Draft Financial Plan for the 5 year period 2006/07 to 2010/11. It set out the detailed plan for 2006/07, with an outline for subsequent years. In addition, the draft plan covered the areas of: forecast outturn for 2005/06; planning assumptions; Financial Recovery Plan; and risks. At this time, no further detail was provided on the Capital Plan, although work was ongoing to further develop the approved Capital Plan, presented to the Board in September 2005. The Director of Finance provided an overview of the Draft Financial Plan for 2006/07 having regard to the Revenue Resource Limit issued by the Scottish Executive Health Department on 20th February 2006, which included an uplift of 6.75% for 2006/07, with a further 1.07% in recognition of the move towards Arbutnott parity. These uplifts equated to £49.803m in total, bringing the NHS Lanarkshire total general allocation to £686.476m for the forthcoming financial year, excluding funding for Primary Medical Services.

The Director of Finance restated the forecast outturn for 2005/06, which would represent a major achievement, and was substantially in excess of the surplus anticipated during the previous financial planning exercise. She also highlighted planning assumptions for 2006/07, in relation to: property receipts; pay and prices uplifts; prescribing; hospital drugs; pay modernisation; local investment; A Picture of Health; national and regional issues; and the cumulative deficit.

The Director of Finance also stressed the importance of Cash Releasing Efficiency Savings as part of the Financial Recovery Plan. She highlighted from Appendix A to the paper the principal elements of the Financial Plan 2006/07 to 2010/11, and advised that the level of additional funding from SEHD was unlikely to continue at the level seen over recent years – this factor, when combined with ongoing pay and service developments, was likely to exert further financial pressure on NHS Lanarkshire during the coming 5 year period. She also stressed that whilst every effort had been made to ensure that all likely cost pressures and national, regional and local priorities had been incorporated into the 5 year plan at this time, a number of risks remained, including: prescribing; waiting times; Agenda for Change; pay and prices, in particular new drugs and utilities; further roll out of the national tariff for cross

boundary flows; impact of Modernising Medical Careers; A Picture of Health development; and ongoing achievement of CRES/CRP/Efficient Government targets.

Arising from discussion, the Director of Finance explained that there would be a substantial degree of budget roll over into 2006/2007, but with a level of review of realignment, to take account of such issues as the year end outturn for particular budget heads and revised priorities.

THE BOARD

1. Noted the financial pressures facing NHS Lanarkshire during 2006/2007 and beyond.
2. Noted the anticipated funding levels and planned utilisation of these resources during the 5 year period 2006/07 to 2010/11.
3. Noted the CRES targets required to achieve a balanced financial position in each year of the 5 year plan.
4. Approved the Draft Financial Plan at Appendix A to the paper, for submission to the Scottish Executive Health Department.
5. Asked to receive a further report, including a finalised Financial Plan 2006/07 to 2010/11.

Director
of
Finance

19.

WAITING TIMES

The Board considered a report on waiting times at January 2006, setting out the position for those services for which there was a national waiting time guarantee (circulated).

The Chief Executive of the Acute Operating Division reported that, in January 2006, NHS Lanarkshire had maintained the national waiting time guarantee for acute and primary care, that no patient had waited over 26 weeks for an inpatient, day case or outpatient appointment. In addition, no patient was waiting longer than 8 and 18 weeks for angiography and angioplasty respectively.

He advised that the next stage for NHS Lanarkshire was to demonstrate how it intended to further improve waiting time standards, and deliver the national waiting time guarantees set by the Scottish Executive to be achieved by 31st December 2007. These were, no patient waiting longer than 18 weeks for an inpatient, day case or outpatient appointment in addition to which, specific waiting time guarantees had been set for selected services, including: cataract surgery; cardiac intervention; and hip surgery, where more challenging guarantees had been set to be achieved within the same timescale. In addition, all patients with an Availability Status Code, had also to be removed from the waiting list by 31st December 2007. Accordingly, work was in progress to identify how these targets would be achieved, and the implications for NHS Lanarkshire, and this would be reflected in trajectories that would demonstrate a planned reduction in numbers of patients waiting over 18 weeks over the period to 31st December 2007.

The Divisional Chief Executive reminded members that a significant issue in the achievement of the cancer maximum waiting time of 62 days from GP urgent referral to treatment, had been the availability of relevant patient data to inform identification of pressure areas and issues around capacity to improve the patient journey. He confirmed that this was being addressed through the appointment of patient trackers, the introduction of single referral protocols for each main tumour type and the use of software to electronically track patients through the patient journey – it was anticipated that this would result in reporting on real time events being available from March 2006, to inform preparation of trajectories for each main tumour type, leading to delivery of the waiting time guarantee.

The Divisional Chief Executive also highlighted the work in hand towards achievement of the maximum waiting time of 9 weeks for access to diagnostic services to be achieved by 31st December 2007, and a maximum of no more than 4 hours from arrival to discharge or transfer for accident and emergency treatment by 31st December 2007.

THE BOARD:

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

Divisional
Chief
Executive

20.

DELAYED DISCHARGES

The Board considered a report on the delayed discharges position at 15th February 2006 (circulated).

The Chief Executive of the Acute Operating Division explained that, against the 15th April 2006 target of a maximum number of delayed discharges of 66, NHS Lanarkshire had 103 delayed discharges at 15th February 2006. He stressed that the Central Monitoring Group, supported by each Locality Area Group, continued to examine options to reduce the number of delayed discharges, and ensure that patients with potential for rehabilitation and for living with appropriate support at home, were given that opportunity. He highlighted as the most significant factor in the achievement of the target, the number of delayed discharges awaiting funding to nursing home accommodation. He advised that it would not be possible to progress towards the April 2006 target, without a funding solution, and to this end a meeting of the Funding and Resources Committee, comprising representatives from each partner agency, would meet during February to explore options for how this might best be addressed.

The Chief Executive highlighted the extent to which the issue of Delayed Discharges was linked to achievement of the 4 hour maximum accident and emergency waiting time, viz: limiting access to beds for patients attending accident and emergency who were deemed to require inpatient admission.

THE BOARD:

1. Noted the report on the Delayed Discharges position at 15th February 2006.
2. Asked to receive a further report.

Acute
Division
Chief
Executive

21.

ANNUAL REVIEW 2005

The Board considered a progress report on actions arising from the Annual Review 2005 (circulated).

The Modernisation Director outlined the progress in the areas of: Innovation and Health Improvement; Colorectal Services; Availability Status Codes; Cancer Waiting National Delivery Plan; Transport; Alcohol Hand Gel; Employment Contracts; Modernising Medical Careers and Revised Scheme of Establishment for Community Health Partnerships.

He explained that confirmation had been received from the Scottish Executive Health Department that the NHS Lanarkshire Annual Review 2006 would be held on Tuesday 1st August 2006. Further information about the arrangements for the Annual Review would be brought to the NHS Board at a future meeting, and this would include a final outturn report on the Annual Review 2005 actions.

THE BOARD:

1. Noted the Annual Review 2005 – Progress Report on Actions.
2. Asked to receive a further report.

Modernisation
Director

22.

A PICTURE OF HEALTH

The Modernisation Director summarised the consultation, to date, following the formal launch on 30th January 2006, including: the household distribution of the Summary Consultation Document, the distribution of the full Consultation Document to a range of individuals and groups: 9 staff consultation meetings, involving 780 staff; a pan Lanarkshire consultation event for General Medical Practitioners; and the start of the programme of public consultation meetings. In addition to the DVD produced being used at the public consultation meetings, it was also being distributed for use locally, and local organisations had been invited to ask for meetings at times and venues suitable to communities. It was also the intention to analyse the responses at consultation meetings and written consultation responses, to identify frequently asked questions – these would be produced in a ‘Your Questions Answered’ briefing, which would be updated on an ongoing basis throughout the consultation, and made widely available.

The Director of Nursing outlined the principal issues and themes arising from the consultation and media coverage to date. He explained that accident and emergency services dominated, with a perception by the public, fuelled by media reporting, that either the Accident and Emergency Department at Monklands Hospital or Hairmyres Hospital would close, when closure of an Accident and Emergency Department did not in fact feature in the NHS Board’s proposals. Themes also included: ambulance transport and public transport; deprivation and the role of accident and emergency departments; and questions about why the status quo was not the subject of consultation.

In discussion, there was recognition of the value of the clinically populated panels for the consultation meetings, and the value of the contribution from the Scottish Ambulance Service.

There was acknowledgement of the need, during the consultation period, to hold further briefings for local elected members and Members of the Scottish Parliament, and to ensure that the Scottish Executive Health Department was briefed on relevant issues.

The Modernisation Director outlined the formal role which the Scottish Health Council would have in independently quality assuring the consultation process. To this end, NHS Lanarkshire was, on an ongoing basis, working with the local office of the Scottish Health Council and was responding to any issues highlighted by the Council.

The Chairman commended the work undertaken to date on the progress of the consultation.

THE BOARD:

1. Noted the report on the Consultation on A Picture of Health.
2. Asked to receive a further report.

Modernisation
Director

23.

COMMUNITY HEALTH PARTNERSHIPS

The Chief Executive of the Primary Care Operating Division outlined the progress of the implementation arrangements for Community Health Partnerships highlighting, in particular, the key issues in relation to Human Resources, Finance and Organisational Development. Given the scale of the organisational change, a robust programme of organisational development was planned for February, March and April 2006, addressing not only the transition to Community Health Partnerships, but also the linkages with the Acute Division and the further development of Joint Working with the Local Authorities. Overall, the programme was on target to 'go live' from 1st April 2006.

The Divisional Chief Executive explained that events were arranged to engage with voluntary organisations and the public about the establishment of Public Partnership Fora. Members of the public had been identified to participate in national training events, as part of the process towards ensuring that individuals would be robustly supported to optimise their contribution to the Public Partnership Fora.

THE BOARD:

1. Noted the progress report on arrangements for the introduction of Community Health Partnerships on 1st April 2006.
2. Asked to receive a further report.

Chief
Executive
Primary
Care
Division

24.

PANDEMIC INFLUENZA

The Board considered the NHS Lanarkshire Influenza Pandemic Plan (circulated).

The Director of Public Health explained that the Plan had recently been lodged with the Scottish Executive Health Department, and a response was awaited. She stressed that the Plan represented the culmination of substantial work by NHS Lanarkshire and North and South Lanarkshire Councils and should be viewed within the overall context of the Major Emergency/Incident Plans and procedures that were well established, tried and tested. She stressed also that the onset of an influenza pandemic would represent many challenges for public services in Lanarkshire, in ensuring that there was, within the responsible agencies, an ability to respond to the needs of the communities affected by illness, and an ability to maintain essential public services in light of increased demand and significantly reduced workforce. The plan, therefore, outlined National, Regional and Local Management and co-ordination arrangements, and the key roles and responsibilities of the NHS and Local Authorities.

The Director of Public Health emphasised that although the plan had been formally lodged with SEHD, intensive work continued between NHS Lanarkshire and North and South Lanarkshire Councils on the further, detailed planning of the emergency response to an influenza pandemic. She assured the Board that there was acute recognition of the importance of the best possible preparedness to deal with an influenza pandemic, which most experts believed was inevitable. Accordingly, NHS Lanarkshire and both Councils were taking forward the planning of major exercises aimed at testing the plan.

THE BOARD:

1. Endorsed the Influenza Pandemic Plan submitted to the Scottish Executive Health Department.
2. Asked to receive further reports.

Director
of Public
Health

25.

PRIMARY CARE OUT OF HOURS SERVICES

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

The Chief Executive of the Primary Care Operating Division explained that the winter period for the Out of Hours Service continued, with increased levels of demand. He stressed that NHS 24 and all NHS Board areas continued to work closely, including on the planning for the next 4 day holiday weekend at Easter time. NHS Lanarkshire Out of Hours Service and NHS 24 also continued to work closely in respect of the operation and planning around the satellite centre based at Hairmyres Hospital, which was operating satisfactorily. He outlined the key performance data in relation to the service, and highlighted some operational issues in relation to: staffing; IT; NHS 24/Lanarkshire Satellite Centre; Primary Care Out of Hours Centre; and Community Nursing.

He advised that the draft report of the recent NHS Quality Improvement Scotland Review of the Out of Hours Service had been made available to the Division for comment. This, against 4 quality levels, assessed the Lanarkshire service at level 3, with level 4 confirming that a service was meeting all standards. It was the intention that the NHS QIS Report would form the basis of a quality assurance action plan, to take the service from level 3 to level 4.

THE BOARD:

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

Chief
Executive
Primary Care
Operating
Division

26.

BELLSHILL CLINIC

The NHS Board considered a Business Case for the replacement of Bellshill Clinic (circulated).

The Chief Executive of the Primary Care Operating Division reminded members that through its approval of the Capital Investment Plan for the period 2005/2010, the Board had approved a number of projects that would develop and modernise Primary Care and Community Services across Lanarkshire – the Business Case presented for the replacement of Bellshill Clinic was one of a series of Business Cases that would be submitted to the Board for the individual projects in the Capital Programme. He

stressed that the presentation of the Business Case represented another key stage in the pursuit of the aspiration to provide the highest quality of service in community settings. He outlined the range of options which had been considered and explained that the favoured option, resulting from due process, was Option E involving an all new build on a site at Mossend, currently owned by North Lanarkshire Council – this project would involve capital expenditure of £3,950,000 and additional revenue of £248,000.

THE BOARD:

1. Approved the Business Case for the replacement of Bellshill Clinic.
2. Approved the capital expenditure of £3,950,000 and the additional revenue of £248,000 associated with the Business Case.

27.

COMMITTEE ARRANGEMENTS

The NHS Board considered a paper on Committee arrangements (circulated).

The Chairman outlined the principal elements of the paper, primarily relating to the membership of the Operating Management Committees, but also highlighting propositions in relation to the membership of the Audit Committee and the Remuneration Committee. He highlighted, also, the Annexe to the paper, which set out a number of issues for the Board's consideration arising from the cessation of the Local Health Care Co-operative Professional Committee at 31st March 2006.

In discussion, the need was highlighted to identify a non executive member to fill a vacancy on the Staff Governance Committee. The need was highlighted to balance the Board's Governance role with its responsibility for maintaining a focus on the delivery of operational targets, which would be reflected in the level of Executive Director and Non Executive Director involvement in the Community Health Partnership and Acute Division Operating Management Committees.

Board
Secretary

The Chairman highlighted the need for the Board to be reassured about the extent to which there would genuinely be frontline clinician influence in strategy development and operational delivery.

The Medical Director explained that an NHS Lanarkshire Clinical Forum was being developed jointly between the Area Clinical Forum and Clinical Management in NHS Lanarkshire to act as a discussion/informing group, and as a sounding board of clinical opinion, able to provide rapid and informed views and identify clinical risks and issues in relation to proposals for change. He advised that the initial focus for the NHS Clinical Forum would be matters relating to and arising from A Picture of Health, with issues also being raised by any part of the service for discussion at the Forum. Membership would be drawn from the Professional Advisory structures and from clinical management and other clinical leaders across the system, with a number of senior non clinical staff also attending meetings. The inaugural meeting of the Clinical Forum was scheduled for 2nd March 2006.

THE BOARD:

1. Noted the update report on Committee arrangements.
2. Confirmed the appointment of David Clark as the second NHS Lanarkshire Non Executive Director member on the North CHP Operating Management Committee.
3. Confirmed the appointment of Margaret Nelson as the second NHS Lanarkshire Non Executive Director member on the South CHP Operating Management Committee.

4. Confirmed the appointment of David Clark and Margaret Nelson as the second and third Non Executive Director members of the Acute Division Operating Management Committee.
5. Noted that confirmation was awaited from NHS Greater Glasgow of the Non Executive Director member for each of the North and South CHP Operating Management Committees.
6. Remitted to the Operating Management Committee Chairs and their respective Directors, the responsibility for identifying the remaining Committee members, such that the Committees would be in a position to begin to operate formally, from 1st April 2006. OMC Chairs
And
Directors
7. Noted that the CHP Scheme of Establishment referred to 'CHP Committee', and approved the use of the title 'Operating Management Committee'.
8. Remitted to the Operating Management Committee Chairs and their respective Directors, the responsibility for agreeing a programme of Committee meetings that would ensure the efficient and effective discharge of the Committees' business, including reporting to the NHS Board. OMC Chairs
And
Directors
9. Noted that David Clark and Margaret Nelson would continue their membership of the Audit Committee, meantime, with their positions on the Committee being filled, at a point to be agreed, by John Anning and one other Non Executive Director, to be confirmed.
10. Approved a revised membership for the Remuneration Committee, comprising the NHS Board Chair, (Ken Corsar) and the Chairs of the Operating Management Committees (John Anning; Nina Mahal; Terry Currie) reflecting the Committee's substantial focus on the performance of the executive cohort, individually and corporate, as well as their terms and conditions.
11. Asked that the revised Committee arrangements be the subject of close monitoring during the first 6 months of operation, with particular regard to the manageability of the workload of Non Executive Directors. Board
Secretary
12. Agreed that, beyond the expiry of the role and remit of the LHCC Professional Committee, and having regard to the extent of Primary Care and particularly General Medical Practitioner involvement in the CHP and locality arrangements, there was not a requirement to establish a CHP Professional Committee.
13. Remitted to the Area Clinical Forum, the task of considering whether, beyond the expiry of the LHCC Professional Committee, and the 2 General Medical Practitioner representatives from the Committee standing down from their role on the Area Clinical Forum, there was a requirement to supplement the remaining membership of the Area Clinical Forum, to enhance the level of General Medical Practitioner representation. Chairman,
Area
Clinical
Forum
Board
Secretary
14. Asked to receive a further report.

28.

MINUTES FOR INFORMATION

The NHS Board received and noted the following minutes:

- a) Audit Committee 14th December 2005
- b) Health and Clinical Governance Committee 19th December 2005
- c) Operating Management Committee 25th November 2005
- d) West of Scotland Regional Planning Group 3rd December 2005
- e) Equality, Diversity and Spirituality Committee 15th November 2005.

29. **ANY OTHER COMPETENT BUSINESS**

a) **Staff Governance**

The Employee Director reported that the Staff Survey was currently underway, with a closing date of 13th March 2006. Beyond the closing date, the Staff Survey results would feature in the programme for the 4th Annual Staff Governance Conference on Friday 21st April 2006, to which all Board members would receive an invitation.

29. **DATE OF NEXT MEETING**

Wednesday 22nd March 2006.

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