

Lanarkshire NHS Board

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Meeting of Lanarkshire NHS Board, Wednesday
28th May 2008 at 9.30 am in the Board Room,
NHS Lanarkshire, 14 Beckford Street, Hamilton

CHAIRMAN: Mr P K Corsar, Non Executive Director

PRESENT: Mr J A Anning, Non Executive Director
Mr D Clark, Non Executive Director
Mr T Currie, Non Executive Director
Mr T Davison, Chief Executive
Mrs S Goldsmith, Director of Finance
Dr A Graham, Medical Director
Mr A Lawrie, Director, South Lanarkshire Community Health Partnership
Mrs. R. Lyness, Director of Acute Services
Mrs D McCormick, Non Executive Director
Mrs N Mahal, Non Executive Director
Mrs M Nelson, Non Executive Director
Mr I A Ross, Director for Strategic Implementation, Planning and Performance
Mr C Sloey, Director, North Lanarkshire Community Health Partnership
Mrs S Smith, Non Executive Director
Mr W Sutherland, Non Executive Director
Mr H Sweeney, Employee Director
Mr G Walker, Director of Human Resources
Mr P Wilson OBE, Director for Nurses, Midwives and Allied Health Professions

IN ATTENDANCE: Mr N J Agnew, Corporate Affairs Manager/ Board Secretary
Mrs K Hamilton, Head of Communications
Mr K A Small, Director of Organisational Development
Dr V J Sonthalia, Chairman, Area Medical Advisory Committee
Mrs G Queen, General Manager, Cumbernauld and Kilsyth Locality
Mrs M Russell, Practice Development Centre
Dr L Armitage, Consultant in Public Health Medicine (For item 56)

APOLOGIES: Councillor J McCabe, Non Executive Director
Councillor E McAvoy, Non Executive Director
Mr E J H Mallinson, Consultant in Pharmaceutical Public Health
Dr D C Moir, CBE, Director of Public Health

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CHAIRMAN'S REPORT

The Chairman reported that on Monday 2nd June 2008 he would attend a meeting of NHS Chairs with the Cabinet Secretary for Health and Wellbeing. He reported on events which he had attended representing the Board, as follows:

- The launch of the phone one number and text service for the No Smoking Service held at Motherwell Football Club.

- The launch of a joint initiative between the Citizen's Advice Bureau and MacMillan, providing financial advice for cancer sufferers and their families. This initiative was supported by NHS Lanarkshire and North and South Lanarkshire Councils.
- The NHS Health Scotland Board meeting held in South Lanarkshire Council offices on 16th May 2008. At this, the Director of the North Lanarkshire Community Health Partnership and the Area Health Promotion Manager had given a presentation on the NHS Lanarkshire approach to health improvement and the alcohol actions taken forward through the Alcohol and Drug Action Team.
- The visit of the Cabinet Secretary for Health and Wellbeing to Monklands Hospital on 27th May 2008. The Cabinet Secretary had visited the endoscopy suite and, whilst there, had announced National Waiting Times Performance.

55. **MINUTES**

The NHS Board received, for approval and signature, the minute of the meeting held on 30th April 2008.

THE BOARD:

1. Approved the minute for signature.

56. **NO SMOKING POLICY**

The NHS Board received, for consideration, a consultation report, a revised No Smoking Policy and proposals for implementation.

Dr. Armitage explained that the reports were presented to outline the principal issues that had arisen during the consultation on a revised No Smoking Policy, to present a further revision of the No Smoking Policy which took account of material comments, to seek the Board's ratification of the revised Policy, and to seek the Board's agreement to the Policy Implementation Plan. She reminded members of the background to the Policy which was first presented, in draft to the Board, at its meeting in December 2007. She outlined the principal elements of the staff consultation and highlighted the key considerations that had arisen during the consultation. She explained the way in which these considerations had been addressed, and how they were reflected in the revised No Smoking Policy. She confirmed that an Equality, Diversity and Impact Assessment had been carried out on the Policy, with no material issues being identified that were not already being addressed. She highlighted the principal elements of the policy implementation plan, including the focus on communications in the period leading to the proposed implementation of the revised policy on 1st August 2008.

Members welcomed the revised No Smoking Policy which, fundamentally, was a health improvement endeavour. It was noted that following consideration of the first draft of the Policy by the Board in December 2007, local media coverage had been positive. Emphasis was placed on the need for enforcement staff to be suitably trained and to operate firmly within a legal framework. It was recognised that success in the application of the Policy would rely largely on compliance and goodwill. Emphasis was placed on the need for particular levels of support within Accident and Emergency Departments, given the potential difficulty that might arise in those areas at peak times.

THE BOARD:

1. Ratified the revised No Smoking Policy.
2. Approved its general implementation on 1st August 2008, with an

- implementation date for mental health inpatients of 1st August 2009.
3. Noted the Policy Implementation Plan,
 4. Asked that the Policy be subject to robust evaluation and, as a consequence, further revision if appropriate.
- Dr. Armitage

57.

COATBRIDGE DENTAL AND INTEGRATED RESOURCE CENTRE FULL BUSINESS CASE

The NHS Board considered the full Business Case for the Coatbridge Dental and Integrated Resource Centre.

The Director for Strategic Implementation, Planning and Performance explained that the Full Business Case provided the NHS Board with details of the Service model and the Capital and Revenue funding requirements for the development. He reminded members that the preferred option for the development was Main Street, Coatbridge, and that it was a joint development with North Lanarkshire Council. He also reminded members that the Outline Business Case had been approved by the NHS Board in September 2006.

The Director of the North Lanarkshire Community Health Partnership reminded members that Better Health, Better Care set out the Scottish Government's aims of creating a more successful country, with opportunities for all within Scotland to flourish through increasing sustainable economic growth. In order to achieve the strategic goal of a healthier Scotland where people were supported to sustain and improve their health, especially in disadvantaged communities, ensuring better local and faster access to healthcare, Community Health Partnerships were required to strengthen partnership working with Local Authorities and Local Communities to tackle health inequalities, enhance anticipatory and preventative care, shift the balance of care and improve access to a wider range of community based services. He explained that, to facilitate the delivery of these objectives, NHS Lanarkshire had developed a whole system Service Modernisation Programme, designed to improve the patient journey and experience, a critical aspect of which was improving the capacity and capability to meet the health care needs within Local Communities. He explained that the Dental and Integrated Resource Centre in Coatbridge was a significant development within this Programme, and would include: a Dental Training and Treatment Centre to provide facilities for the education of dental students, dental nurses and dental therapists; an improved base for the Community Dental Services; facilities for specialist dental service provision; accommodation for two General Medical practices which were relocating from unsuitable premises, accommodation for two General Dental Practices which were relocating from premises which did not meet Disability Discrimination Act and Glennie Technical requirements; and accommodation for all of the Community Based Mental Health Services operating in the Coatbridge area.

He explained that the facility would contribute to NHS Lanarkshire and North Lanarkshire Council capacity to improve a range of services in accordance with the Long Term Conditions Strategy; the Oral Health Strategy, the Substance Misuse Corporate Action Plan and the Mental Health Services Strategy. It would also enhance performance against Local Delivery Plan and Community Care targets, and would include several North Lanarkshire Council functions, including a new library, the Registrar's Department and a First Stop Shop. He advised that the development, in partnership with National Education Scotland, the University of Glasgow and the Edinburgh Dental Institute, had secured grant funding from the Primary and Community Care Premises Modernisation Fund. He outlined the demonstrable benefits that the development would produce for patients and for staff.

The Director for Strategic Implementation, Planning and Performance explained that following approval by the NHS Board, the FBC would be submitted to the Scottish Government Health Directorate Capital Investment Group for approval. Thereafter,

construction would commence in June 2008, with commissioning during January to March 2010 and service transfer in March 2010. He highlighted, from the FBC, the summary of the Contract Structure, including the Development Agreement.

The Director of Finance explained that the increase of £189,000 per annum in revenue costs since approval of the Outline Business Case, which was directly related to an increase in the number of Practices occupying the facility, did not represent a material shift. She confirmed that the development, involving capital investment of £13.673m, remained affordable within the Financial Plan and the Capital Plan. She highlighted issues in relation to the management of Optimism Bias, which would inform the approach for other developments. She also explained that the accounting treatment for the development was complex, given the nature of the Agreement, and confirmed that this had been resolved with external audit advice.

In discussion, the Director for Strategic Implementation, Planning and Performance confirmed that issues around the relationship with the partners in the development, facilities management, flexibility in use, and delivery of the development on time, should be addressed through the Development Agreement, the Output Specification and the Contract with the construction company.

THE BOARD:

1. Approved the Full Business Case.
2. Approved the capital investment of £13.673m.
3. Agreed to the submission of the Full Business Case to the Scottish Government Health Directorate Capital Investment Group for approval through expedited procedures.
4. Delegated to the Chief Executive and the Director of Finance responsibility to sign the Development Agreement.
5. Noted the financial and programme risk associated with a delay in approval.
6. Requested clarification in relation to the terms of the lease.

Director for
SIPP

58.

MODERNISING MEDICAL CAREERS

The NHS Board considered a report on Modernising Medical Careers (MMC).

The Medical Director explained that the paper was presented to update the Board on MMC recruitment for August 2008, and to identify specialties where there were concerns about the remaining vacancies. She outlined the NHS Scotland position, the West of Scotland Regional position and the NHS Lanarkshire position in relation to recruitment for August 2008, and remaining vacancies. She explained that, during 2007/08, NHS Lanarkshire experienced an unprecedented level of sickness absence in the doctor in training grades. In addition, there currently were some vacancies where several attempts to fill with Locum Appointments for Service (LAS) doctors, had met with varying degrees of success. Also, Lanarkshire, like other areas in Scotland, was finding it increasingly difficult to attract locum doctors. She advised that the final vacancy numbers and specialties affected within NHS Lanarkshire were not yet known, but that there was an awareness of local vacancies in Accident and Emergency, General Medicine, General Surgery, Urology, Ophthalmology and Orthopaedics. She advised that once Medical Staffing was in receipt of personal files and details of programme rotations from National Education Scotland, it should be possible to assess, more

precisely, at what level and where the vacancies were.

The Medical Director acknowledged the need to establish exactly where the vacancies existed within NHS Lanarkshire and explained that this required to be assessed, in line with any skill mix issues highlighted by Specialty Clinical Directors. She confirmed that a Steering Group meeting had been held on 22nd May 2008, at which all relevant issues were discussed in detail, and a contingency plan established for those specialties which were experiencing recruitment difficulties or which had skill mix issues. She stressed that work would continue with the West of Scotland Regional Workforce Group, to look for a consistent approach to recruitment and to develop sustainable solutions.

She highlighted the consideration currently being given to ensuring the sustainability of services in the event that recruitment, across all areas, was not successful. This included seeking the release of the FTSTA funding from National Education Scotland, to enable NHS Lanarkshire to explore the possibility of utilising the funding for other staffing alternatives.

The Chief Executive reminded members of the particular pressures which NHS Lanarkshire faced in maintaining three emergency sites. He highlighted the need for the current endeavour to include consideration of the service implications in the event that contingency arrangements were not wholly successful. He also confirmed that the current difficulties were being reported to Scottish Government Health Department officials.

The Chairman reminded members of the caveat which accompanied the submission of the Board's recommendations on Accident and Emergency Services to the Cabinet Secretary in January, viz: that NHS Lanarkshire would be supported by NHS Education Scotland in its attempt to recruit and retain a sustainable medical workforce, including the resolution of the specific issue associated with the Board's reliance on Fixed Term Specialist Training posts.

The Medical Director confirmed that discussions with NES in this regard were ongoing. She stressed the requirement to ensure the competency of recruits to NHS Lanarkshire. She also explained the monitoring arrangements for rota compliance, including the extent to which junior doctors carried monitoring responsibility and highlighted the potentially significant financial consequences of any failure to maintain rota compliance.

The Director of Acute Services reported that detailed scenario planning was presently underway. She also reminded members of the intention, as part of the review of Accident and Emergency Services, to establish an Emergency Referral Centre, and confirmed that planning was underway with the aim of having the first phase in place by September 2008.

The Chair of the Area Clinical Forum acknowledged the focus on MMC recruitment, but urged the Board to also be mindful of the need to maintain appropriate staffing and skill mix levels across other clinical disciplines. The Chief Executive acknowledged this view, but stressed the absolute requirement to achieve safe, sustainable medical staffing levels. He stressed that the endeavour around MMC recruitment would not prejudice the staffing position in other clinical professions. He acknowledged the emphasis placed by the Chairman on the need to achieve clarity about the vacancy position as early as possible, and confirmed that this should be achievable at the end of June when the recruitment processes were concluded. The outcome, including a clear articulation of any remaining pressures and risks and how it was intended that they would be managed to mitigate service impact, would feature in a subsequent report to the Board.

THE BOARD:

1. Noted the update report on Modernising Medical Careers.
2. Asked to receive a further report in June.

Medical
Director

59.

NHS 60TH ANNIVERSARY CELEBRATIONS

The NHS Board considered an update report on the planning for the 60th Anniversary celebrations.

The Employee Director outlined progress in the planning for the National Events and the NHS Lanarkshire local events viz: special edition of the Pulse; 60th Anniversary Charity Ball; retired staff afternoon tea; reception for Lanarkshire's voluntary sector; and Family Fun Day.

THE BOARD:

1. Noted the Progress Report on the NHS 60th Anniversary Celebrations, and commended the Employee Director and colleagues for their endeavour in planning the events.

60.

MENTAL WELFARE COMMISSION

The NHS Board considered a report on the Mental Welfare Commission end of year review meeting.

The Director of the North Lanarkshire Community Health Partnership explained that the report had been prepared to update the NHS Board on the outcomes of the Mental Welfare Commission end of year review meeting with NHS Lanarkshire and its Partners on Tuesday 6th May 2008, this being the culmination of a series of planned and unannounced visits to mental health sites throughout the year. He outlined the background to the meeting, and advised that, prior to the meeting, the Mental Welfare Commission had forwarded a brief report on its overall findings from the visiting programme across Lanarkshire 2007/08. This confirmed that, overall, the Commission had been very impressed with the Mental Health Modernisation Programme. The Commission had, however, pointed out some areas where they wished NHS Lanarkshire to take particular improvement actions, in relation to: Hartwoodhill; Coathill Hospital; Monklands Acute Unit; Kirklands Hospital; and the Child and Adolescent Mental Health Services. The Director confirmed that remedial action plans to address these issues were now in place,

THE BOARD:

1. Noted and welcomed the generally very positive feedback from the Mental Welfare Commission visit.
2. Noted the areas where the Commission wished NHS Lanarkshire to take particular improvement actions, and that remedial Action Plans were now in place.
3. Noted the Mental Welfare Commission's satisfaction with the ambitious Service Modernisation Programme and the planned Capital Development Programme, and the Commission's desire to see the impact of the additional investment and Service Development Programme on the quality of patient care, including speed of access.

4. Asked to receive bi-annual reports on progress, focussing on existing remedial action plans and the outcomes of ongoing Mental Welfare Commission visits.

61.

REVIEW OF THE ROLE OF THE SENIOR CHARGE NURSE

The NHS Board considered a report on the Review of the Role of the Senior Charge Nurse.

The Director for Nurses, Midwives and the Allied Health Professions explained that the report was intended to brief the Board about the National Review of the role of the Senior Charge Nurse, given its imminent launch by the Cabinet Secretary, and about the work on associated activities developed within NHS Lanarkshire, some of which had also been developed nationally, such as the objectives set for Senior Charge Nurses, Clinical Quality Indicators and the 'organised ward' approach.

He explained the background to the Review, and highlighted the principal aim of the Review, which was to enable the Senior Charge Nurse to improve the quality and experience of patient care within their clinical area, across four key domains of the role, viz: safe and effective patient care; improving the patient's experience; managing the performance of the team; and contributing to the organisation's objectives. He advised that the development work had included: defining the clinical leadership role; the production of an exemplar Job Description and Knowledge and Skills Framework, with examples of application; an educational framework developed with NHS Education Scotland; and tranches of Clinical Quality Indicators, which would run from a web based system hosted by ISD, and would enable the Senior Charge Nurse to have readily accessible data about the quality of care in the area for which they were responsible. He highlighted key developments within NHS Lanarkshire and contributions from NHS Lanarkshire to National Programmes. He explained that from the work undertaken so far in Lanarkshire it was expected that the widespread adoption of the Review approach would bring about a significant improvement in morale and in the quality of care. He stressed that Senior Charge Nurses had welcomed the roll out of the Senior Charge Nurse objectives, because it provided them with an explicit confirmation of their clinical leadership role. He highlighted some specific challenges that would require to be considered further, viz: the definition of the Senior Charge Nurse role as non-case load holding; the move from the designation of a Senior Nurse Charge as hospital cover outwith 'normal hours'; and a review of administrative duties traditionally associated with the Senior Charge Nurse role.

Members welcomed the aims and objectives of the Review, and the refocusing of the Senior Charge Nurse role on improving the quality and experience of patient care within their clinical area.

THE BOARD:

1. Noted the report on the review of the role of the Senior Charge Nurse.
2. Welcomed the aims and objectives of the review and endorsed its implementation within NHS Lanarkshire.
3. Agreed that the report should be considered, in further detail, by the Health and Clinical Governance Committee at its meeting on 23rd June 2008.

62.

PRACTICE DISSOLUTION – ALISON LEA MEDICAL CENTRE, EAST KILBRIDE

The NHS Board considered a report on a Practice Dissolution within Alison Lea

Medical Centre, East Kilbride.

The Director of the South Lanarkshire Community Health Partnership explained that the report had been prepared to update the Board on the dissolution of the Partnership, and to outline the actions that had taken place since January 2008 to ensure ongoing service provision, the process to award of a new contract, public engagement and communication with key stakeholders. He outlined the key issues, and explained that progressing the matter had involved a significant level of dialogue between the Board, the Scottish Health Service Central Legal Office and the Scottish Government Health Department, with the aim of ensuring legislative compliance in relation to the way forward. He confirmed that agreement had been reached on a way forward, and that an advert for a GMS contract had been placed in the British Medical Journal on 10th May 2008. He confirmed that a letter, outlining the process to date, and about arrangements for a patient meeting on 27th May 2008, as well as details of how to be involved in the selection process, had been issued to all patients during week commencing 12th May 2008. He advised that a specification for the services had been developed, which would be sent to prospective tenderers upon request, and he confirmed that there was an agreed timeline, which would lead to the award of a contract by the end of July 2008. He acknowledged the crucial importance of communications, and the criticality of ongoing dialogue with patients, politicians and local media. He also stressed the requirement for patient representation on the selection panel, with appropriate training and support provided for patient representatives, to assist them in discharging this responsibility.

In discussion, the Director acknowledged that there may be merit in practices developing formal Partnership Agreements, which were explicit in relation to the breakdown of partnership, and confirmed that this issue would be discussed further with the Local Medical Committee and the General Practitioner Sub Committee of the Area Medical Advisory Committee.

THE BOARD:

1. Noted the report setting out the current position about the practice dissolution, and endorsed the way forward in the award of a GMS contract.
2. Noted the focus on communication with patients and key stakeholders.
3. Asked to receive updates on progress over the next three months.

Director
SLCHP

63.

DECLARATIONS OF INTERESTS

The NHS Board considered a report on the Declaration of Interests.

The Board Secretary reminded members of the requirement, annually, to update Board member's declarations of interests in accordance with the Code of Conduct for Board Members produced by the Standards Commission for Scotland. He explained that the summary before the Board, was based on declaration of interest returns from all Board members in March 2008. He advised that, following the Board meeting, the up-to-date Declarations would be included in the Annual Accounts 2007/08, and would be posted on the NHS Lanarkshire public website.

Board
Secretary

THE BOARD:

1. Noted the report on the Declaration of Interests.

64.

LOCAL DELIVERY PLAN

a) Finance

The Director of Finance reported on progress in the audit process for the Annual Accounts 2007/08, which would be considered by the Audit Committee, and subsequently by the NHS Board, at meetings on 25th June 2008.

THE BOARD:

1. Noted the progress report on the Annual Accounts 2007/08.

b) Waiting Times

The NHS Board considered a report on Waiting Times Performance at 30th April 2008.

The Director of Acute Services confirmed that the Waiting Time Guarantees, delivered at 31st March 2008, had largely been sustained during April, with the exception of outpatients and the four hour maximum wait in Accident and Emergency. She advised that New Ways continued to present challenges, particularly in outpatients, with one patient exceeding the 18 week maximum wait at the end of April, and that continuous pressure on the four hour wait at Accident and Emergency across all three Acute sites had resulted in performance of one per site below the guarantee level. She advised that the Waiting Time Guarantees for 2008/09 comprised some that were included in 2007/08, but with expected improved performance in the coming year, some new guarantees and others excluded from reporting. She stressed that NHS Boards were expected to maintain performance on those guarantees that had been excluded. She confirmed that the new guarantees were reflected in the paper before the Board, and that periodic updates would be provided to the Board on those guarantees that required to be maintained. She reported that, at the annual delayed discharge census carried out on 15th April 2008, the NHS Board had delivered the two guarantees required, viz: that there should be no delayed discharge patient in short stay beds and no patient over six weeks, with this position having been sustained during April/May, as reflected in the local census on 15th May 2008.

The Director reminded members of the previous intimation of the intention to deliver a level of performance in selected areas in excess of the National Waiting Time Guarantees, namely, inpatients, daycases and outpatients, with the objective of delivering a maximum wait of 12 weeks and, in diagnostics, to improve on the national guarantee of 6 weeks to a maximum wait of 4 weeks by 31st March 2009. Future reporting to the NHS Board would encompass the National Guarantee and the improved local guarantee.

She confirmed that the new Waiting Time Guarantees had taken effect from 1st April 2008, with delivery by 31st March 2009, and the guarantees being taken forward in the context of the 18 week referral to treatment target to be achieved by 31st December 2011. She reported on confirmation from the Scottish Government of the availability of additional funding to the NHS Board in 2008/09 to facilitate delivery of the waiting time targets, with release of the additional funding being explicitly linked to delivery. She reassured the Board that Clinical Business Plans for each specialty were being finalised, describing the actions that would be taken to deliver the waiting time guarantees by 31st March 2009. She reported that the Project Board to deliver the 18 week referral to treatment target, would meet in June, and that a detailed Programme Plan had been submitted to the Scottish Government, with feedback awaited to confirm project funding.

She advised that the reported high performance within Lanarkshire had to be seen in the context of significant increases in activity. She reported that she had been invited

to serve on a national task force with a remit to review the original premise for New Ways. She reported, also, that she would shortly meet with a representative of the Access Team at the Scottish Government Health Department, to discuss the work in hand within Lanarkshire, including in the area of shifting the balance of care.

In discussion, she explained that the principal factors which had contributed to the performance slightly below the four hour Accident and Emergency target were availability of a bed and the time to first assessment, with availability of medical staff, on occasions, also being a factor.

THE BOARD:

1. Noted the report on the Waiting Times position at 30th April 2008, and the improved waiting time guarantees to be delivered by 31st March 2009.
2. Asked to receive a further report.

Director
Acute
Services

c) Primary Care Out of Hours Services

The NHS Board considered a Primary Care Out of Hours Report for April 2008.

The Director of the South Lanarkshire Community Health Partnership reported that the Service continued to support Accident and Emergency until the middle of April by employing additional doctors to take case transfers, with 636 transfers being taken from A & E during April. He advised that a shift in the pattern of demand continued to be seen, with the service experiencing higher demand later in the day at weekends and as a consequence of the Primary Care Emergency Centres also being busier later in the day, particularly since the spell of warm weather. He advised that the Service would continue to monitor the levels of demand in the system and to look to match resources accordingly. He reported that the detailed audit of out of hours home visiting was continuing, with the aim of developing solutions that would best improve the performance of this part of the Service. He highlighted the fact that performance in this area had improved over the past month. He confirmed that a series of proposed actions would be available for inclusion in the report to the Board in June.

THE BOARD:

1. Noted the Primary Care Out of Hours Report for April 2008.
2. Asked to receive a further report.

Director
SLCHP

65.

GOVERNANCE MINUTES

The NHS Board considered minutes of meetings of Governance Committees, as follows:

a) Health and Clinical Governance – 21st April 2008

Mrs. Nelson, Committee Chair, highlighted from the minute the discussion on NHS Quality Improvement Scotland Standards for Healthcare Associated Infection which, it was noted, would be the subject of a report to the NHS Board at its meeting in June. She also highlighted discussion on the Board Effectiveness Project which had been the subject of a National Event held on 19th May 2008, and had included a session on the role of Chairs of Clinical Governance Committees when there had been recognition of the need for a development programme.

The Chairman confirmed that the report of the Board effectiveness event would be Mr. Agnew

brought to the NHS Board for consideration.

b) Audit Committee – 12th March 2008

Mr. Sutherland, Committee Chair, highlighted discussion on the PACS/Siemens Contract, approval of the internal audit plan for 2008/09; the consideration of an internal audit report on hospitality and catering; and consideration of the Price Waterhouse Coopers Interim Management Letter on the 2007/08 audit, which raised no material concerns. He also highlighted the consideration given to the Audit Scotland overview of Scotland's Health and NHS Performance in 2006/07, and the commentary within the report on sickness absence performance within the NHS in Scotland generally.

c) Staff Governance Committee – 22nd April 2008

Mr. Sweeney, Committee Chair, highlighted discussion on Sickness Absence Performance, the sign off of the 2007/08 Staff Governance Action Plan, and the holding of a further staff survey in the Autumn. He confirmed that the next meeting of the Committee was scheduled for 9th June 2008. He also reminded members of the intention to hold a Board Seminar on Staff Governance.

d) Division Operating Management Committee – 24th April 2008

The principal issues considered had been the subject of a report to the Board from the Committee Chair in April.

e) North Lanarkshire Community Health Partnership Operating Management Committee – 30th April 2008

Mr. Clark, who chaired the meeting on behalf of the Committee Chair, highlighted the presentation by Dr. Darnborough, Consultant in Public Health Medicine on the Public Health Annual Report 2006, and verbal feedback on the HMIE Inspection of Child Protection Services.

f) South Lanarkshire Community Health Partnership Operating Management Committee – 17th March 2008 and 19th May 2008

Mrs. Mahal, Committee Chair, highlighted from discussion on 19th May 2008; the East Kilbride practice dissolution; arrangements for the Cambuslang Rutherglen area; waiting times; the joint Health Improvement Plan; the Primary Care Strategy; and learning points from the winter plan.

g) Equality, Diversity and Spirituality Committee 25th March 2008

Mr. Sweeney, Committee Chair, highlighted the discussion on the Equality and Diversity Core Dimension within the Knowledge and Skills Framework and the Review of the Terms of Reference of the Equality and Diversity Steering Group.

66. **DATE OF NEXT MEETING**

Wednesday 25th June 2008.

67. **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 business.

68.

RELOCATION OF PRIMARY CARE SERVICES FROM BECKFORD LODGE, HAMILTON

The NHS Board considered a paper on the relocation of Primary Care Services from Beckford Lodge, Hamilton. The Director of Finance and the Director of the South Lanarkshire Community Health Partnership introduced the paper, the purpose of which was to advise the NHS Board of: the development of a Standard Business Case for the relocation of Primary Care Services and staff currently located within Beckford Lodge, Hamilton; the likely preferred option and associated capital and revenue costs; the impact on the approved Mental Health Strategy. They outlined the background to the issue, and the outcome of an Option Appraisal presented to the Capital Investment Group, which extensively explored a range of solutions utilising existing NHS Lanarkshire premises. However, none of these were found to be suitable, either because of space limitations or because of local access issues. They reported that the focus of consideration, now, was on available premises at 19 Douglas Street, Hamilton, and they outlined the range of issues associated with either lease or purchase of the premises. Arising from discussion, they undertook to explore further the use of the premises at 14 Beckford Street as a realistic alternative option, with the aim of facilitating the full relocation of services from Beckford Lodge.

The Director of Finance assured members that the propositions did not impact materially on the previously agreed Phase 1 development priorities approved by the Board in March 2008. She also confirmed that the cost limit highlighted included the cost of the Douglas Street site.

THE BOARD:

1. Noted the consideration currently being given to premises at 19 Douglas Street and 14 Beckford Street to facilitate the relocation of primary care services and staff currently located within Beckford Lodge, Hamilton.
2. Agreed that the issues presented should be the subject of further consideration, leading to the presentation of a Standard Business Case to the NHS Board at its meeting in June.

Director of
Finance

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