

Lanarkshire NHS Board

Annual Report

and Accounts
2009-10

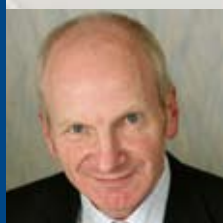


BABY UNIT OPENS

CHARLOTTE Deans, the lightest baby to survive at Wishaw General's neonatal unit, cut the ribbon to mark the official opening following a £1million refurbishment.

See page 11 for more details.

In addition to the neonatal unit, NHS Lanarkshire delivered on a range of service developments and improvements in 2009-10 while also achieving in-year financial balance.



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IMPROVING LANARKSHIRE'S HEALTH



Ken Corsar: Chairman

AN extensive range of activity was undertaken across Lanarkshire in 2009-10 to improve the quality of patient care and patient safety.

We delivered on a range of service developments and improvements, while also achieving in-year financial balance. This progress has been supported by a range of initiatives such as the patient safety programme and Lean programme. Our investment in healthcare facilities also continued apace and we look forward to many of these developments completing in the current financial year. One of the highlights of the year was the opening of the newly refurbished neonatal unit at Wishaw General following a £1 million investment. This investment will ensure the unit continues to provide the best possible care for critically ill full-term and premature babies in Lanarkshire, including intensive care, high dependency, special care and outpatient consultation.

Thanks to the continuing dedication and commitment of our staff we have met all our targets in regard to patient waiting times and healthcare associated infections. We achieved, for example, in excess of 95

per cent compliance with the 62 day cancer target, and 99 per cent against the 31 day target, at March 2010.

The target of seeing, treating, admitting or discharging 98 per cent of patients within accident and emergency units within four hours was also met.

We achieved our target of no more than 165 identifications of *Staphylococcus aureus* bacteraemia at March 2010 (164) and our *C difficile* rate was also less than the target at 0.56 for the quarter to April 2010.

Working together with our local authority partners, the Public Partnership Forums and our staff, we look forward to continuing our efforts to improve the health of the people of Lanarkshire.

Ken Corsar
Chairman NHS Lanarkshire

“Thanks to the continuing dedication and commitment from our staff we have met all our targets in regard to patient waiting times and healthcare associated infections”

Additional successes for NHS Lanarkshire in 2009-10 included:

- All access targets for cancer, outpatient appointments, inpatient and day case treatment and key diagnostic tests achieved;
- Meeting the target for 48 hour access to GP/primary care team appointments;
- Achieving our health improvement targets in dental registration, suicide prevention training, alcohol brief interventions, smoking cessation and inequalities health checks;
- Exceeding the target for the proportion of children aged three to five registered with an NHS dentist.

PRAISE FOR BOARD'S PERFORMANCE AND FOR OUR STAFF

Cabinet Secretary's Annual Review of NHS Lanarkshire

THE Cabinet Secretary for Health and Wellbeing Nicola Sturgeon held the annual review of NHS Lanarkshire on Thursday 12 August 2010.

Prior to the review Ms Sturgeon met with the Area Partnership Forum, the Area Clinical Forum and patients. She also visited the newly refurbished neonatal unit at Wishaw General. Following the annual review the Cabinet Secretary confirmed in writing to chairman Ken Corsar, a number of areas that demonstrated good practice.

Ms Sturgeon said: "Patients are experiencing improved access to services, shorter waiting times and better outcomes.

"NHS Lanarkshire met all key waiting time and other access targets in 2009/10 and I am grateful to and congratulated staff for their efforts in securing these.

"You have made significant progress against the HEAT target for sickness absence and for ensuring phase one of the capital programme is on target, providing improved access to primary care and mental health facilities."

This year's annual reviews of the health boards have a clear focus on the quality agenda to improve the quality of care patients receive.

The Cabinet Secretary said: "I was pleased to hear that all the board's governance committees are engaged in driving up the quality agenda and staff right across the system are involved in engage-

ment activities.

"I was also reassured to hear there is very close scrutiny of complaints, that lessons are learned and that management and clinical practices are reviewed and changes made when a need is identified."

Ms Sturgeon congratulated the health board on its performance against healthcare associated infection (HAI) targets.

She said: "Clostridium difficile infections are showing a significant decline in NHS Lanarkshire and I congratulated

staff on this very impressive progress.

"All HEAT targets were met in this area and I heard that there are very active and proactive hand hygiene and anti-microbial prescribing protocols operating across NHS Lanarkshire."

With regards to the Board achieving its financial targets for the year and exceeding the efficiency target, Ms Sturgeon said: "I was pleased to hear that the Board met all financial targets for 2009-10 and was reassured that there is a clear focus in NHS Lanarkshire to identify efficiencies that will have a positive impact on the quality of care to patients."

Ms Sturgeon concluded by praising NHS Lanarkshire for its achievements.

She said: "It is clear that the Board is making significant progress in taking forward a challenging agenda on a number of fronts including improving access, maintaining tight financial control and driving forward the quality agenda."

"Patients are experiencing improved access to services, shorter waiting times and better outcomes"

Action Points

During the Annual Review a number of action points for NHS Lanarkshire to focus on were highlighted, including:

- Continuing to review, update and maintain robust arrangements for controlling HAIs;
- Continuing to achieve financial in-year and recurring financial balance;
- Keeping health directorates (HDs) informed on progress towards achieving all access targets, the four hour accident and emergency and 18-weeks referral to treatment target;
- Keeping HDs informed of progress to meet the exclusively breastfed target;
- Keeping HDs informed of progress to extend and improve access to child and adolescent mental health services.



NEW ARRIVAL: Prior to the Annual Review Cabinet Secretary Nicola Sturgeon visited the newly refurbished neonatal unit at Wishaw General to view the new facilities and meet staff and new arrivals.

TACKLING INEQUALITIES IS CRUCIAL

Dr Kohli highlights key health issues

TACKLING health inequalities in Lanarkshire is the key theme to this year's public health report.

Public Health 2009-10 - The Annual Report of the Director of Public Health (DPH Annual Report) by Dr Harpreet Kohli, highlights the work being done in Lanarkshire to reduce these inequalities.

The report also warns of the dangers to health of the current economic downturn and describes what is being done in Lanarkshire to minimise these.

Health is improving in Lanarkshire and in the 10 years between 1997-99 and 2007-09, average life expectancy increased by around two years, from 72.1 to 74.4 years for males and from 77.4 to 79.2 years for females.

The number of people dying from heart disease and cancer is also falling. Harpreet, NHS Lanarkshire's director of public health, said: "Tackling health inequalities in Lanarkshire is crucial, and requires close working with our partners such as north and south Lanarkshire councils. This is the central theme to this year's report.

"The report highlights what is being done in Lanarkshire through an action plan based on the recommendations from Equally Well, the national framework for tackling health inequalities.

"Life expectancy continues to increase in Lanarkshire although socio-economic differences persist as well as differences

between Lanarkshire and Scotland.

"More positively, coronary heart disease mortality has fallen more rapidly in Lanarkshire than Scotland,

and there is evidence that the gap has also narrowed between people in the most and least deprived areas in Lanarkshire.

"Cancer mortality rates are also decreasing slowly in Lanarkshire."

While the DPH Annual Report shows life expectancy is increasing in Lanarkshire, people locally live, on average, a year less than others in Scotland.

Mortality rates are highest in deprived areas and the difference persists between the most deprived and least deprived areas.

Harpreet said: "There are stark differences in life expectancy between the most deprived areas in Lanarkshire and areas where the least deprivation exists.

"The findings of the Equally Well report are being implemented in Lanarkshire to tackle these inequalities and focus on four main areas:

- Early years and young people.
- Harms to health (including violence, drugs and alcohol misuse).
- Mental health and wellbeing.
- 'Big killer' diseases and risk factors."

The report outlines the work being carried out in each of these areas to tackle health inequalities.



Dr Harpreet Kohli:
Director of Public Health

"Tackling health inequalities in Lanarkshire is crucial, and requires close working with our partners"

Get your copy

The DPH Annual Report provides more information and analysis on all these topics and others. Copies of the full report are available online at the Public Health website at

www.nhslanarkshire.org.uk/Services/PublicHealth/Pages/PublicHealth.aspx

Or by writing to:

Dr Harpreet S Kohli
Director of Public Health
14 Beckford Street
Hamilton
ML3 0TA

FOCUS ON EARLY YEARS:
The DPH report outlines the work being done in Lanarkshire to improve health, including in the early years and with children.



PROVIDING THE BE

Infection rates continue to fall

HEALTHCARE associated infections (HAIs) continued to fall in Lanarkshire in 2009-10. Rates of Staphylococcus aureus bacteraemia (SAB), which includes MRSA and MSSA, totalled 164 for the year ending March 2010 which met the Scottish Government HEAT target of a 35 per cent reduction. NHS Lanarkshire is now working towards a further 15 per cent reduction of SAB to meet the HEAT target for 2010/11. Dr Alison Graham, NHS Lanarkshire's medical director, said: "Meeting the target is an excellent achievement and is the result of a lot of hard work by staff across NHS Lanarkshire. "Tackling HAIs such as MRSA remains a key priority for NHS Lanarkshire and we are continuing

to develop new initiatives to further reduce rates." One of the initiatives launched in 2009-10 was the introduction of MRSA screening in the three acute hospitals. People admitted to Monklands Hospital, Wishaw General Hospital or Hairmyres Hospital for a planned overnight appointment are now screened to reduce the chance of MRSA infection for both themselves and other patients. Emergency admissions for some specialities are also screened. Alison said: "MRSA is a common bug that can live harmlessly on the skin and is not usually a risk to healthy people. However, it can cause serious problems when it enters an open wound. "Around seven per cent of all patients who are admitted to hospital have the MRSA bacterium on their skin or in their



Dr Alison Graham, NHS Lanarkshire with the MRSA team at the launch

nose already, even though they may feel well. "Screening people who are coming into hospital allows us

ALERT to improving patient care

A NEW policy to ensure antibiotics are used correctly is improving patient care and reducing healthcare associated infections (HAIs) in Lanarkshire. The misuse of antibiotics leads to bacteria becoming resistant and antibiotics becoming ineffective. To minimise this danger NHS Lanarkshire introduced an 'ALERT' policy in January 2010 to restrict the use of antibiotics and in particular the use of "second line" antibiotics - which should only be used to treat patients with complex infections. Steve McCormick, NHS Lanarkshire's antimicrobial pharmacist, said: "The new ALERT second line antibiotic policy improves the management and prescrib-

ing of antibiotics. This will help reduce HAIs, such as Clostridium difficile and infections associated with antibiotic resistant organisms. "More intelligent use of second line agents ensures patients get the right antibiotic first time and ALERT antibiotics can be reserved for patients who really need them." The new policy is the latest step in rationalising how antibiotics are utilised within NHS Lanarkshire. NHS Lanarkshire saved approximately £30,000 following the launch of the policy due to unused ALERT antibiotics being returned from wards in the three acute hospital sites and recycled. The total spend on ALERT antibiotics in 2009-10 was



Steve McCormick: Anti-microbial Pharmacist £180,000 less than the previous 12 months. This policy will further reduce inappropriate prescribing of these agents. Steve said: "This is good news for our patients and for the organisation in this current climate as it means quality care is being delivered efficiently."

IMPROVING PATIENT CARE

BEST CARE POSSIBLE



Medical director, back right, of a MRSA screening initiative

to take early action to treat any MRSA before it can cause an infection or spreads to other patients."

Cancer waiting times on target

REDUCING cancer waiting time targets was another success for NHS Lanarkshire in 2009-10.

Rosemary Lyness, NHS Lanarkshire's director of acute services, said: "We have seen continual improvement within waiting times for all cancer patients in Lanarkshire. "These improvements have been achieved through the remarkable efforts by all our staff across Lanarkshire and are a tribute to all their hard work.

"We will continue these efforts as we strive to further reduce waiting times for cancer patients."

Following the publication of Better Cancer Care – An Action Plan in October 2008 the Scottish Government announced that it would:

- Extend the 62 day urgent referral to treatment target to

include screened positive and all patients referred with an urgent suspicion of cancer.

- Introduce a new 31 day target for all patients diagnosed with cancer (whatever their route of referral) from decision to treat to treatment.
- Each health board has a target with 95 per cent of all eligible patients being treated within 31 or 62 days.

From the figures for quarter one (January-March 2010) NHS Lanarkshire's performance against the 62-day target was 98.1 per cent.

This was the highest percentage for the five West of Scotland NHS boards.

In addition, of all the mainland NHS Boards, NHS Lanarkshire had the lowest maximum wait in days from referral to treatment at 64 days.

Healthier staff - better patient care

STAFF sickness levels within NHS Lanarkshire continued to fall significantly in 2009-10.

In May 2008 NHS Lanarkshire's sickness absence rate stood at 6.75 per cent.

This was the highest annual sickness absence rate in mainland health boards at that time.

NHS Lanarkshire established a sickness absence project and, by working in partnership, managers, human resources managers, staff representatives and the occupational health service developed and implemented a robust sickness absence policy and approach.

This included introduction of the EASY (Early Access to Support for You) Service which provides

immediate support to staff in their return to work from sickness absence.

By March 2010 NHS Lanarkshire achieved a sickness absence rate of 3.98 per cent.

Kenny Small, NHS Lanarkshire's director of human resources, said: "By promoting the benefits of good health with our staff and by providing early and sensitive support to staff who are off sick, we seek to demonstrate our concern for staff and to create a healthier workforce.

"Reduced sickness absence provides improved continuity of care and is in everyone's interests".

Lilian Macer, NHS Lanarkshire's employee director, added: "By reducing sickness rates we can



Staff health promotion

improve patient care and reduce the pressures on our colleagues."

One of the key factors in reducing sickness absence rates has been the EASY service, launched in 2008.

This service supports both staff and managers during a staff member's sickness absence period. Other services which have helped reduce sickness include Healthy Working Lives, the Employee Counselling Service and smoking cessation sessions for staff.

IMPROVING PATIENT CARE



BUILDING HEALTH

IMPROVING facilities and access to primary care, mental health and learning disabilities services was one of the major issues highlighted through communication and engagement with local communities.

NHS Lanarkshire's director of strategic implementation, performance and planning Ian Ross, said: "NHS Lanarkshire listened to this message and has embarked on an extensive building programme to provide new and improved facilities and services.

"These new facilities and services will help to improve the health outcomes for the people of Lanarkshire and will allow us to provide the very latest and highest standard of care."

In 2009-10 a number of these new facilities and services were completed.

The new £4.6 million Douglas Street Community Health Clinic in Hamilton opened its doors in April 2009.

The clinic provides modern, high-quality facilities for a range of primary care services which were previously based at Beckford Lodge, in Caird Street, just a few hundred metres away, and the Medical Rehabilitation Unit in Uddingston. Services provided at the new clinic include:

- Dental services
- Physiotherapy services
- Podiatry services

- Psychiatry services
- Psychology services
- Speech and language therapy services
- Paediatric occupational therapy services
- Addictions services
- Outreach consultant clinics

The new community health clinic occupies the site of the former social security office, at 19 Douglas Street, and provides 2,322 square metres of accommodation over three floors.

In September 2009 the new David Matthews Diabetes Centre at Monklands Hospital was officially opened by the Cabinet Secretary for Health and Wellbeing Nicola Sturgeon.

The new £2 million centre - named after Dr David Matthews who was a leading expert in diabetes and sadly died in 2008 - brings together all diabetes and endocrinology services, including dietetics and podiatry, under one roof.

Services provided include:

- Consultant outpatient clinics for both diabetes and endocrinology.
- Specialist nurse, dietitian and podiatrist led clinics.
- Multi-disciplinary clinics with special ised clinics including –
 - * Insulin pump clinics
 - * Young persons and transitional care clinics, involving paediatric staff
 - * Renal clinics involving renal physicians.

Progress

WORK continued in 2009-10 on other developments which are now completed or due for completion within the next few years.

These include:

- The £4.89m Glencairn Unit, Coathill Hospital, a new facility for adults with complex mental health needs – opened July 2010
- £14m Carluke Community Health Clinic – opened August 2010
- Buchanan Centre, £18m state-of-the-art community facility in Coatbridge housing council and health services - opened May 2010.
- Extension to Motherwell's Orchard Medical Centre – opened August 2010 with £214,000 from NHS Lanarkshire to help fund extension.
- Kylepark – new £7m assessment and treatment centre at Kirklands Hospital for adults with learning disabilities – opened October 2010.
- Airdrie Health Centre - due for completion in 2012
- Caird House - new mental health residential care centre in Hamilton – due for completion in early 2011.

BEST POSSIBLE CARE FOR SICK BABIES THANKS TO £1M REFURBISHMENT

New neonatal unit

PRIOR to chairing the annual review Health Secretary Nicola Sturgeon visited Wishaw General's refurbished neonatal unit to see the new facilities.

Improvements made during the £1million refurbishment included:

- Cot capacity increased from 22 to 29 cots
- A new transitional care unit
- New equipment
- Additional staff and
- Investment in staff training

Samuel Ibhanebor, NHS Lanarkshire's consultant neonatologist, said: "Due to increased activity in the unit it was necessary to increase the cot capacity to ensure we could continue to provide the best possible care at the highest level for critically ill babies in Lanarkshire.

"In addition to increasing capacity, the open plan design of the new unit and new equipment makes it much easier for staff to



OFFICIAL OPENING: Charlotte Deans, the lightest baby to survive at the unit, cut the ribbon to mark the official opening of the newly refurbished facility. She is pictured with, from left, Samuel Ibhanebor, consultant neonatologist, parents Steven and Sarah, and Sheila Miller, the unit's ward manager.

monitor the babies and provide them with the higher level of care that they require.

"Staffing is the most important aspect of ensuring first class quality of care and the investment allowed us not only to take on

new members of nursing staff, but also to provide advanced neonatal nurse training to ensure those who complete this course can provide more specialist care."

Wishaw General's neonatal unit provides comprehensive care for critically ill term and premature babies in Lanarkshire, including intensive care, high dependency, special care and out patient consultation.

The unit is a regional level three facility, the highest level for a UK neonatal unit - meaning it provides the full range of neonatal care, with the exception of surgical services.



OUR LIGHTEST BABY:

Star of the official opening of the new unit was six-year-old Charlotte, pictured on the front cover, and left at only three days old. She was born at 26 weeks weighing only 480 grammes - about the same as half a bag of sugar.

LISTENING TO OUR PATIENTS

Feedback helps us improve patient care

EVERY day NHS Lanarkshire staff receive thanks for the care they provide. Not only does this praise boost staff morale, it also helps to highlight what we are doing well.

Equally important, however, is learning from the occasions when we have failed to provide services to the expected standard.

Shona Welton, NHS Lanarkshire's head of patient affairs, said: "We are always seeking ways to improve the care that we provide our patients.

"By listening carefully to the feedback that we receive from patients and visitors we can ensure we are providing the best level of healthcare we can."

Complaints about the services provided by the community health partnerships remained the same as in 2008/09 at 138. In acute services the report shows an increase in the number of complaints from 488 to 534.

The most common complaints received relate to clinical treatment and to staff attitude, behaviour or communication, reflecting the national picture.

Shona said: "Complaints provide a valuable insight into the experiences of patients and their families or carers and it's vitally important that we learn from these experiences.

"Whenever the need is highlighted, remedial action is taken to address failings in our service and to ensure that learning takes place.

"This includes the formal de-briefing of staff in wards or departments and the development and implementation of action plans to address failings."

When a patient or visitor reports dissatisfaction with, for example, the information provided to them while

in hospital, an action plan is implemented to rectify this issue and minimise the likelihood of it occurring again.

A senior nurse will meet with nursing staff in the relevant ward to discuss the issues raised and review the lessons that can be learned.

If any training needs are identified appropriate refresher sessions are arranged for staff.

As in previous years, NHS Lanarkshire has an excellent record in responding to formal complaints within the 20 working days target, with 99 per cent in acute and 91 per cent by the community health partnerships (CHPs).

This CHP figure rose from 82 per cent in 2008/09.

During 2009/10 the Ombudsman published three reports following investigation into complaints about acute services, one report regarding reimbursement of home care costs and two regarding GP practices.

Complaints are only one of the ways in which patients and their families and carers can let us know about their experiences.

"By listening carefully to the feedback that we receive from patients and visitors we can ensure we are providing the best level of healthcare we can" - Shona Welton, NHS Lanarkshire's head of patient affairs

Contact us

For information on making a suggestion or complaint go to the "Your Feedback" link on NHS Lanarkshire's website - www.nhslanarkshire.org.uk

KEEP WELL LEADS TO HEALTHIER LIFESTYLE

Four years of success for project

2010 has proved to be another rewarding year for Keep Well. It is now four years since the programme, which gives patients access to a range of services to help them embrace healthier lifestyles, was first developed.

Keep Well has continued to adapt and expand over this time and currently has over 50 GP practices signed up to participate in the programme, a fact which has been crucial to its success.

Over the four years Keep Well has screened more than 26,000 patients, a third of whom have been referred back to their GP for clinical follow up.

Colin Sloey, director of the North Community Health Partnership, said: "Clinical data shows this initiative has helped detect patients with unknown cardiovascular disease who have subsequently been prescribed medication to improve their



KEEP WELL: Colin Sloey joins Keep Well staff at a stakeholder event

health.

"It has also resulted in patients themselves taking ownership of improving their health by making behaviour changes such as stopping smoking or increasing exercise."

Keep Well support includes a weight management service and one to one and group support. A number of those who attend

these sessions have gone on to form walking groups or accompany each other to the gym.

The service also has a small team which delivers health checks and clinical/social follow ups for vulnerable populations which includes ethnic minorities, travellers, ex-offenders and the homeless.

Mentally flourishing Lanarkshire

REAL progress is being made Towards A Mentally Flourishing Lanarkshire (TAMFL) through a range of successful initiatives.

A multi-agency TAMFL action plan has been developed to promote a Lanarkshire where everyone understands that there is no health without mental health and knows how to support and improve our own and other's mental health and wellbeing.

Progress includes the Healthy

Reading Programme which has been established across all Lanarkshire libraries with more than 1,000 mental health resources being borrowed monthly.

In addition:

- More than 1,200 front-line staff have been trained in suicide prevention.
- More than 150 organisations have signed the See Me anti-stigma pledge and action plan including Motherwell

Football Club and all job centres and libraries in the last year.

- Lanarkshire has participated in the fourth Scottish Mental Health Arts and Film Festival with 22 events across the county.
- Recovery has been actively promoted through the Lanarkshire Recovery Network .

For further information visit www.lanarkshirementalhealth.org.uk

MEETING OUR TARGETS

Good financial position allowing health targets to be met

NHS Lanarkshire met all its financial targets in 2009-10 and continues to operate within a balanced financial position reports Laura Ace.

The health board's director of finance is proud of these achievements which allow the continuing provision of the best patient care possible.

Laura said: "To ensure we continue to provide the people of Lanarkshire with a first class health service it is vital that our finances remain in good health. "It is very pleasing that the NHS Lanarkshire team has pulled together to deliver good financial results within the current global economic climate.

"This has meant NHS Lanarkshire has been able to continue to achieve a strong performance

against its health targets and implement improvements in patient services.

"New facilities, such as the Douglas Street Community Health Clinic and the Medical Education and Training Centre at Kirklands Hospital which were completed in 2009-10, will also assist NHS Lanarkshire deliver services locally and meet the local health improvement challenges." NHS Lanarkshire's cumulative surplus decreased to £12.1m as at 31 March 2010 in line with the approved financial plan for the year.

Through ongoing tight financial management, cost containment and the delivery of savings across acute and primary care services and corporate departments, the organisation has maintained



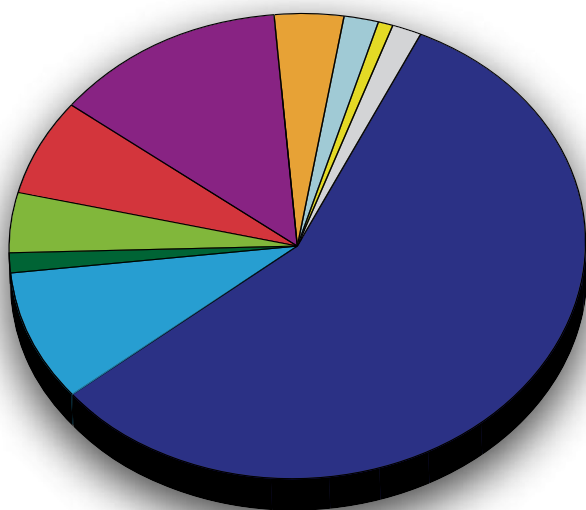
Laura Ace: Director of Finance

recurring balance through the year with an underlying surplus of £0.4m from planned resource against planned expenditure. This is included in the financial plan for next year as a source of funds.

However, the current global economic conditions will mean Laura and her team will continue to face challenges in the years ahead.

She said: "A planned £17m savings programme began in mid 2009-10 to ensure the Board meets the two per cent efficiency savings target for all NHS Boards. "We expect the next few years to be tough but we are taking steps now to achieve future financial stability which will allow us to continue to improve patient care."

Lanarkshire NHS Board expenditure



	£000s
■ Treatments provided in NHS Lanarkshire	589,016
■ Treatments provided by other Scottish Health Boards	93,904
■ Treatments provided by private sector	8,567
■ Resource transfer to local authority and payments to voluntary bodies	43,294
■ Primary Medical Services	67,451
■ Pharmaceutical Services	135,594
■ General Dental Services	40,386
■ General Ophthalmic Services	10,695
■ Other treatments throughout the UK	2,856
□ Net administration and non clinical costs	8,889
Income Received	-53,944
Total	946,708

Operating Cost Statement

For the year ended 31 March 2010

2008/09 £'000		2009/10 £'000	2009/10 £'000
	Clinical Services Costs		
704,428	Hospital and Community	737,637	
37,247	Less: Hospital and Community Income	44,304	
667,181			693,333
240,897	Family Health	254,126	
10,378	Less: Family Health Income	9,640	
230,519			244,486
897,700	Total Clinical Services Costs		937,819
13,995	Administration Costs	14,265	
0	Less: Administration Income	0	
13,995			14,265
25,191	Other Non Clinical Services	29,761	
31,639	Less: Other Operating Income	35,137	
(6,448)			(5,376)
905,247	Net Operating Costs		946,708

SUMMARY OF REVENUE RESOURCE OUTTURN

	£'000
Net Operating Costs	946,708
Capital Grants (to) / from Public Bodies	(1,281)
(Profit) / Loss on disposal of property, plant, equipment, and intangible assets	(322)
Annually Managed Expenditure (Write Downs)	(444)
FHS Non Discretionary Allocation	(62,629)
Expenditure on PFI Projects on balance sheet	(49,183)
Net Resource Outturn	832,849
Revenue Resource Limit	844,918
Saving / (excess) against Revenue Resource Limit	12,069

Note: The prior year Summary of Revenue Resource Outturn shows the UK Generally Accepted Accounting Practice (UKGAAP) brought forward surplus since this is the real brought forward position. It has therefore not been restated under International Financial Reporting Standards (IFRS) since this would have been misleading, as the outturn would have been stated on an IFRS basis but the allocation would have been stated on a UKGAAP basis. The Operating Cost Statement, Balance Sheet, Statement of Changes in Taxpayers Equity, Cash Flow Statement and the Notes to the Accounts, numbered 1 to 31, form an integral part of these Accounts.

NHS Lanarkshire's Annual Accounts for 2009-10 are available at: www.nhslanarkshire.org.uk/publications



FURTHER information and an electronic version of this Annual Report and Accounts can be found on the NHS Lanarkshire website at:

www.nhslanarkshire.org.uk

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