

**NHS LANARKSHIRE
& NHS GREATER GLASGOW & CLYDE**

**SOUTH LANARKSHIRE CHP OPERATING MANAGEMENT
(PERFORMANCE MANAGEMENT) COMMITTEE**

**Note of a meeting held on Monday 29th March 2010 at 9.30am in
Board Room, Calder Ward, Udston Hospital**

PRESENT:	Mrs N Mahal	Chair
	Miss J Halyburton	Secretariat
	Ms F Porter	Deputy Director of Finance
	Mr C Cunningham	Head of Planning, South Lanarkshire CHP
	Ms M Samson	Staff Side Representative
	Ms M Dowling	Joint Services Manager, SLC
	Dr C Mackintosh	Associate Medical Director
	Ms H Biggins	SLPPF Representative
	Mr R Anderson	Carers Representative
	Mr J Mitchell	SLPPF Representative
	Ms R Hibbert	Divisional HR Director
	Mrs M Nelson	Non-Executive Director
	Ms J Mouriki	Voluntary Services Representative
	Cllr J Handibode	South Lanarkshire Council
	Mr G Walsh	Complaints Manager, South Lanarkshire CHP
	Mr C McKay	Communications, South Lanarkshire CHP

In Attendance: Julia Hunter (Optometric Adviser) and Alastair Thorburn (Head of Prescribing Management)

Item	Action Notes	Action by
1	APOLOGIES Apologies were received from Marion Mark, Frances Leckie, Alan Lawrie, Peter McCrossan, Irene Miller, Lesley Armitage, Harry Stevenson and Calvin Brown.	
2	DECLARATIONS OF INTEREST There were no declarations of interest.	
3	MINUTES OF LAST MEETING (25th January 2010) The minutes were approved as an accurate record.	

<p>4</p>	<p>UPDATE ON PREVIOUS ACTIONS & MATTERS ARISING</p> <p><u>MRU</u> CC stated that staff have now moved over to the new accommodation in Douglas Street, Hamilton.</p> <p><u>CHP Study Feedback</u> The final CHP Study report will be due in April and the Chair assured members that everyone would receive a copy. CC explained that representatives from Blake Stevenson at the Feedback Event had stated that information gleaned so far suggests the report will outline various themes that CHPs should be able to demonstrate and that no radical changes were predicted to be announced.</p> <p>ACTION: Report to be put on June OMC agenda</p> <p><u>Integrated Care Management</u> MN raised issues regarding Integrated Care Management at the Acute OMC meeting at which there was a view that a lot of the admissions are out of hours at which time the care manager cannot be contacted.</p> <p>CC stated that this issue would be discussed at the Winter Bed Plan Debrief event on 21st April. CC will bring an update back to the next meeting in June.</p> <p>ACTION: CC to liaise with AL regarding challenges and report back to June OMC.</p>	<p>JH</p> <p>CC</p>
<p>5</p>	<p>PRESENTATION</p> <p>5.1 The Role of Optometry in Shifting the Balance of Care</p> <p>The Chair welcomed Julia Hunter to the meeting to present on the role of the Optometry Adviser.</p> <p>Julia introduced herself to OMC members as the newly appointed Optometric Adviser for NHS Lanarkshire and went on to explain her role.</p> <p>Optometry should be the first point of contact for patients with eye problems, offering benefits such as good access, better appointment availability and familiarity. The cost benefits of this service are that there is no requirement for new premises or new administrative staff and equipment is already in place. Future initiatives will involve eye A&E in the community and improving referral guidelines for the 10 most common eye conditions.</p> <p><u>Question:</u> JMitchell asked about the locations of the Optometry practices, in particular the fact that there seem to be very few in the Clydesdale area and queried whether there were mobile Optometrists?</p> <p><u>Answer:</u> JH stated that there are staff who provide domiciliary visits, albeit there isn't a dedicated mobile Optometry service and she was unaware of any</p>	

<p>complaints having been made regarding the location of practices.</p> <p><u>Question:</u> RA asked why there is duplication in diabetic retinal screening? <u>Answer:</u> JH explained that this is due to a lack of appropriate quality assured reporting methods as all Optometrist's have the equipment to enable them to carry this out.</p> <p><u>Question:</u> HB asked if the accommodation at Hairmyres would be revised as it is unsuitable for the number of patients which attend? <u>Answer:</u> JH confirmed that they are working with staff at Hairmyres to try and move things out into the community.</p> <p><u>Question:</u> MN asked why there has been an increase in incidence of eye disease figures and also if leaflets/consent forms would be reviewed? <u>Answer:</u> JH stated that the increase in figures is due to an aging population and leaflets/consent forms were produced by hospital based Ophthalmology services but this would be looked into. CC confirmed he would raise this issue with acute service colleagues.</p> <p>The Chair thanked Julia for her presentation and invited her to report on progress in a year's time</p> <p>ACTION: CC to follow up issues raised and JH to report further progress to OMC in 2011</p>	<p>CC/JH</p>
<p>5.2 Prescribing</p> <p>The Chair welcomed Alastair Thorburn to the meeting to explain the rise in the demand on prescribing, subsequent budget impact and campaigns which have been planned to reduce this.</p> <p>AT explained that the increase in prescribing costs is due to the following reasons:</p> <ul style="list-style-type: none"> • Inflation • More patients on prescription medication • New medicines <p>AT explained that there will be a requirement to save £2.2m from 2010/11 on prescribing costs and the Prescribing Action Plans in place to deal with this. A waste medicines campaign has been devised to begin as of 12th April and will involve radio and bus shelter advertising. There will also be a campaign to improve wound management formulary.</p> <p><u>Question:</u> RA asked why there were no letters being sent out to patients giving reasons for changes in their medication? <u>Answer:</u> AT stated that this should be happening as there are several standard letters available. AT will look into this.</p> <p><u>Question:</u> JM queried if a patient is not happy with a change in their medication are they able to remain on their current set up? <u>Answer:</u> AT confirmed that this should be discussed with the patient's GP, but</p>	

	<p>there was not an ultimatum that all medicines be changed as this would impinge on a GP's clinical freedom.</p> <p><i>Question:</i> JMitchell asked if we can prevent patients from attending their GP for a prescription for a medication which can be bought over the counter?</p> <p><i>Answer:</i> AT explained that this is not possible as patients can access a prescription for such medicines. Moreover, there was significant concern in the system that as prescriptions become free of charge to all, more people will expect prescriptions for all medicines.</p> <p>The Chair thanked AT for reassuring the committee with his presentation and the OMC acknowledged the challenges faced in this area.</p>	
<p>6</p>	<p>PERFORMANCE</p> <p>6.1 Financial Performance to 31st January 2010</p> <p>The overall Primary Care YTD February financial position reflects a total overspend of £3.086m (£1.307m underspend for pays and £0.393m overspend for non pays with an overspend of £4.0m in Prescribing.</p> <p>The SLCHP February financial position reflects a total underspend of £163k (£264k underspend for pays and £101k overspend for non pays). It was noted that there are overspends in both Clydesdale and Hamilton localities and that there are still estate issues to be sorted in relation to Cambuslang/Rutherglen.</p> <p><i>Question:</i> RA asked why East Kilbride's Diabetic Retinal Screening budget was so high?</p> <p><i>Answer:</i> CC stated that this budget is Lanarkshire wide even though it sits within the East Kilbride locality. It also includes a significant underspend in non-pay costs for equipment which had been highlighted as a CRES scheme for 2010/11.</p> <p><i>Question:</i> MN asked if excess part time hours are paid at single rate?</p> <p><i>Answer:</i> FP confirmed that the majority are but some may be paid at enhanced rate depending on the number of hours worked. FP indicated that she feels that there are no issues with this area.</p> <p>The OMC noted the report. The Chair asked that travel issues be brought to the next meeting in June.</p> <p>ACTION: FP to include a section on travel at the June OMC.</p>	<p>FP</p>
	<p>6.2 Sickness Absence Report</p> <p>RH noted that the figures have increased from 3.8% in January to 4.6% in February. East Kilbride's overall sickness rate has decreased slightly between January and February whereas all other localities have increased.</p> <p>RH informed members that the next sickness absence report would look slightly different due to the new management structure which will take effect</p>	

	<p>from 1st April 2010.</p> <p>RH explained that the new re-deployment policy had now been agreed and takes a more pro-active approach. Every member of staff who is on the re-deployment register will be assigned a ‘case worker’. Both staff and managers will need to be more flexible and willing to travel or accept training to ensure staff are moved to permanent roles.</p> <p><i>Question:</i> Cllr Handibode asked why there is a need to collect two sets of figures and queried whether it was efficient?</p> <p><i>Answer:</i> RH stated that AL had been keen for figures to be collected locally so that managers continue to keep emphasising sickness absence. Moreover, Empower figures were previously not always an accurate representation but this was now changing. RH will take this point to AL and feed back at a future meeting.</p> <p>The OMC noted the report.</p> <p>ACTION: RH to liaise with AL regarding both sets of sickness absence figures</p>	RH
	<p>6.3 Performance Management Report</p> <p>CC stated that there have been no major changes since the last report. There were slight changes to the following targets:</p> <p><i>Cervical Screening</i> Performance is marginally below the national target of 80% standing at 78.3% (NHSL figure 78.1%). Whilst it may appear that this has been a slight reduction, it reflects different counting arrangements in Cambuslang/Rutherglen for January and April 2009 (QOF data) and the application of consistent data (SCCRS) since July 2009.</p> <p><i>Breastfeeding</i> The current figure places SLCHP at 22.6% against a trajectory of 21.5%. There has been continual month on month improvement over the reporting period which has been most marked in Hamilton seeing an improvement from 14.9% to 20.8%.</p> <p><i>KSF Reviews</i> Significant work has been undertaken and the most recent return for end of February has a completion on eKSF achievement of 32.8%.</p> <p>Waiting Times Report</p> <p>CC reported that there had been little change since the last report. Podiatry was moving in the right direction and Adult Audiology figures are now reported through CHP waiting times reports. Audiology services are reviewing their skill mix.</p> <p>There are still recruitment issues in Old Age Psychiatry.</p> <p>New HEAT Targets</p>	

	<p>CC highlighted the new HEAT targets for 2010/11 and specifically Annex 6 looking at NHS contributions to the Single Outcomes Agreements (SOA).</p> <p>CC noted that there would be feedback from Scottish Government in the next few weeks regarding NHS Lanarkshire's submission for the LDP for 2010/11 and the respective targets and trajectories. The OMC also noted the timescale for the SOA report would be Sept 2010.</p> <p>The OMC noted the reports and ongoing action.</p> <p>ACTION: CC to bring further reports with detail of action around new targets to June OMC</p>	CC
7	<p>PLANNING</p> <p>7.1 Clinical Governance</p> <p>CM provided several different governance papers to the OMC and asked for comment on which ones members would like to see at future meetings. After discussion it was agreed that CM should continue to bring the highlight report along to meetings but it would be useful to identify the top five clinical governance risk issues relating to the CHP. The OMC agreed that these areas should be considered in more detail in the context of performance management. MN, Chair of the Board's Clinical Governance Committee (CGC) endorsed this as an appropriate approach as this would not replicate work done by the CGC.</p> <p>The OMC noted the reports.</p> <p>ACTION: Highlight report and top five clinical governance issues to be brought to future meetings. CM, CC, AL and the Chair to discuss further before the next meeting.</p>	CM/AL//CC/NM
	<p>7.2 Nursing Update Report</p> <p>The report was noted by the OMC and any issues should be brought to the next meeting as FL was unable to attend.</p>	ALL
	<p>7.3 Communication Report</p> <p>The two main positive stories in the headlines have been in relation to highlighting the dangers of smoking and the new hospice at Hairmyres. The two main controversial issues were in relation to budget cuts for Health Promotion and the closure of Uddingston's Old Mill Road surgery. Craig McKay informed the OMC that NHSL is now on Facebook and Twitter to try and increase awareness with the younger population.</p> <p>Question: JMitchell asked if there is a delay in response to FOI requests, are people made aware with a holding letter?</p> <p>Answer: CM explained that only some people are informed if a response is going to be late. As most responses are only a day or two late people are not</p>	

	<p>usually informed. After discussion, CM stated that he would raise this issue at the next communications meeting and feed back at the next OMC as it appears that this is inconsistent with the holding letter approach sent by the complaints department.</p> <p>HB also raised the need to publicise the positive things happening with the Hunter Health Centre. The OMC noted the report.</p> <p>ACTION: CM to report back to the June OMC regarding FOI holding letters and will follow up HB's suggestion.</p>	C McKay
	<p>7.4 CHP Management Reorganisation</p> <p>CC stated that the HR process for General Managers, Service Managers, Senior Nurses and Operational Service Managers has now been completed. Work was ongoing in finalising the arrangements for clinical directors. There will be a series of organisational events which will cover discussion on revised roles and responsibilities. The Chair asked that a new organisation chart be circulated at the next meeting.</p> <p>ACTION: Updated organisation chart to be brought to the June OMC.</p>	CC
8	<p>GOVERNANCE</p> <p>8.1 Staff Partnership Forum Minutes</p> <p>It was noted that no staff side representation attended the last meeting and the membership is being reviewed Noted by the OMC.</p>	
	<p>8.2 South Lanarkshire PPF Minutes</p> <p>JMitchell made note that there are now just over 100 locality PPF members which was a significant achievement. Noted by the OMC.</p>	
	<p>8.3 Health & Care Partnership Minutes</p> <p>M Dowling made specific reference to the discussion on the Scottish Index of Multiple Deprivation and the follow up work she was carrying out. Noted by the OMC.</p>	
	<p>8.4 Lanarkshire Data Sharing Partnership</p> <p>Noted by the OMC.</p>	
	<p>8.5 Information Governance Minutes</p> <p>Noted by the OMC.</p>	

	<p>8.6 Complaints Report</p> <p>GW advised the Committee that South CHP dealt with 22 complaints in the October – December quarter and a total of 108 for 2008/09. GW confirmed that holding letters for delayed responses are sent out in the complaints department. It was also noted that one complaint had been transferred over from East Vale in NHS GG&C but this would not be included as part of the South CHP complaint figures.</p> <p>The OMC noted the report.</p>	
	<p>8.7 Terms of Reference</p> <p>CC stated that whilst the terms of reference for the SLCHP OMC meet the requirements of the QIS Clinical Governance & Risk Management recommendations following discussion with the Chair, a few areas would be revised and submitted at a future meeting for consideration/agreement. An annual report of activity for 2009/10 will be brought to the meeting in June.</p> <p>ACTION: NM/AL/CC to discuss inclusion of an annual CHP workplan, matrix of groups reporting into OMC, annual progress report for NHS Board.</p>	NM/AL/CC
9	<p>FOR INFORMATION</p> <p>9.1 North Lanarkshire CHP OMC Minutes</p> <p>Noted by the OMC.</p>	
	<p>9.2 Acute OMC Minutes</p> <p>Noted by the OMC.</p>	
10	<p>AOCB</p> <p>There was no further competent business.</p>	
11	<p>DATE OF NEXT MEETING</p> <p>The next meeting will be held on:</p> <p>Monday 7th June 2010 at 9.30am – Young Carers Presentation Board Room, Udston Hospital</p> <p><u>Future OMC Dates for 2010</u></p> <p>23rd August 2010, Board Room, Udston Hospital, 9.30am 18th October 2010, Board Room, Udston Hospital, 9.30am 6th December 2010, Board Room, Udston Hospital, 9.30am</p>	JH/RA

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