

Present: Mr T Currie, Non-Executive Director (Chair)
Mrs M. Nelson, Non-Executive Director
Mr D. Clark, Non-Executive Director
Mrs R. Lyness, Director of Acute Services
Mrs J. James, Divisional Nurse Director
Mr R. Garscadden, Head of Planning
Ms J. Hope, General Manager, Surgical & Critical Care Division
Mr D. Hume, General Manager, Emergency & Medical Division
Mrs R. Robertson, General Manager, Cancer Services Division
Mrs M. Mark, General Manager, Women's and Diagnostics Division
Dr J. Burns, Interim Divisional Medical Director
Mr A. Goor, Deputy Director of Finance
Mr J. White, Divisional HR Director
Miss D. Sweeney, Support Services Manager
Mr B. Brown, Property & Support Services Division
Mr A. Goor, Deputy Director of Finance
Ms M. Morkis, Divisional Communications Manager

In Attendance – Mrs Shona Welton, Head of Patient Affairs
Mrs Carol McGhee, Corporate Risk Manager
Dr Brendan Martin, Consultant, Care of the Elderly
Dr John Keaney, Consultant, A&E

1. WELCOME AND APOLOGIES

Apologies were received from Mr C. Lauder and Mr D. Spence

2. MINUTES FROM PREVIOUS MEETING

The minutes of the Acute Operating Management Committee meeting held on 25th May 2010 were approved as a correct record.

3. ITEMS FOR DISCUSSION

3.1 *PMS Implementation*

The Head of Planning updated on the PMS Implementation. He advised that it is anticipated that NHS Lanarkshire would receive the PMS Software during August and would be tested to ensure that the software meets all requirements. The implementation date for the new PMS would be February 2011. Staff training would take place from the

middle of November through to full implementation in February. Discussions are ongoing to decide which areas of practice would be part of the first implementation in February 2011. A number of workstreams have been identified and a lead for each work stream would take forward the tasks/work pack set out for each group with progress being updated through the PMS Programme Board. The Head of Planning also informed the OMC that a communication plan is currently being developed with colleagues in communications to ensure staff are kept up to date with the implementation. The Director of Acute Services advised of the need for constant vigilance to ensure that this project meets the planned implementation date. She also stated, that given ongoing day to day pressure on staff, that training is organised well in advance.

Action: This item would be brought back to the next meeting of the OMC.

4. CORE AGENDA ITEMS

4.1 *Finance Report*

The Deputy Director of Finance provided an update on the Finance Report at end June 2010. The expenditure report to June shows a break even position for the Division. Pay costs are reported as being £634,000 underspent and Non Pay costs being £625,000 overspent. The main area of underspend within Pays can be attributed to the vacancies within medical staffing. In addition, the overspend within Non Pays can be attributed to Labs and Theatre costs. The Deputy Director then updated on the additional information which has been provided within the Finance report in relation to bank and overtime services. There have been £219k savings in nursing overtime and bank for nursing compared to the same period last year and £63k savings in overtime and bank for A&C compared to the same period last year. In addition, he updated on medical staffing and locum costs and advised of the increased funding and establishment for medical staffing. However, the Division has been unable to fill the vacancies therefore the overall vacancy level has increased. He further noted that controls have improved in relation to authorization. David Clark highlighted the concern around prescribing costs and the Interim Divisional Medical Director advised of the good controls currently in place within the Acute Division.

4.2 *Acute CRES Plans*

The Deputy Director of Finance updated on the Acute CRES Plans and advised that a further meeting of the Acute Division Finance Programme Board had taken place this morning, 27th July. He advised that the majority of savings had been realized for 2010/11. Discussions had now commenced for 2011/12 and a further update and draft list of savings would be provided at the September meeting.

4.3 Waiting Times

The Head of Planning provided an update on Waiting Times for the month ended June 2010. He advised that as at June 2010, the stage of treatment guarantees had been achieved however he stressed that there is concern around a number of specialties due to the impact of MMC on the middle grade rota and the impact which this has on the elective programme. In addition, the Head of Planning advised of the increased pressure within bowel screening where the numbers had exceeded those anticipated, resulting in additional activity at an increased cost. He also informed the OMC of the decision by NHS Glasgow to refuse to accept spinal referrals from NHS Lanarkshire and the return of around 100 referrals. Discussions are ongoing with NHS Glasgow in relation to spinal and a short life working group has been established to discuss the referral protocol. The HEAT targets contained within the Local Delivery Plan (LDP) were highlighted and will be further explored during the Business Fora meetings which will take place in August with each Division. In addition, the delayed discharge/adults with incapacity position was updated and continues to be under discussion with colleagues in local authorities.

4.4 Divisional Report

Emergency & Medical Division

The General Manager advised that UCCP Performance had remained at 98% for both May and June 2010. In addition, the activity levels continue to be consistent within the Optimal Reperfusion Service and the percentage achieved within 90 minutes increased to 79% in May 2010 which is one of the highest achieved so far. There continues to be a variation in the numbers of patients seen by MINTS nurses across the three sites.

Surgical & Critical Care Division

The General Manager advised that the stakeholder event for the future provision of vascular services within NHSL was held on 11 June 2010 and resulted in the preferred outcome of moving the inpatient service to a single site at Hairmyres Hospital. This has not been deemed by the Scottish Health Council as major service change and an implementation plan is currently developed and will be implemented subject to Board approval. It was also noted that a pilot project "The Productive Operating Theatre Programme" has commenced within theatres. The programme seeks to promote and encourage the delivery of high quality, safe and reliable care to patients across the NHS in line with LEAN principles.

Women's & Diagnostics Division

The General Manager advised that anomaly scanning has been fully implemented in Airdrie. In addition, planning for a new MRI unit at Monklands is now at an early stage. The PSSD directorate are meeting architects to begin drawing plans and the radiology department is

currently looking to produce an MR specification. The General Manager advised that agreement has now been reached regarding rotas for Radiography Out of Hours and each site will trial two rotas before selecting their preferred options. It is anticipated that the outcome of the Lab. Review will be available by September 2010 and the implementation of the LIMS system will commence in August 2010.

Cancer Services Division

The General Manager advised that for Quarter 1 (Jan-March 2010) cancer performance against the 62 day target was 98.1% for NHS Lanarkshire. In addition, for June 2010 performance against the 31 day target was 100% against a 95% target. Stakeholder events had been held in May and June 2010 to consider how the specialist oncology review should be taken forward locally. The preferred outcome of the events was a "one-site" model for the provision of lung oncology outpatient services with Monklands Hospital being the preferred site. Subject to Board approval in August an implementation group will be established to take this forward with representation from senior clinical and managerial staff, nursing staff, patients and staff side.

4.5 HR Monthly Briefing

The Divisional HR Director highlighted the HR position for the month ended May 2010. It was noted for the second month in a row the Acute Division had exceeded the 4% sickness absence target, making NHS Lanarkshire the best performing board of the five West of Scotland Boards. In addition, as set out in the finance report, bank usage and overtime rates have reduced significantly.

Action: The OMC noted the report.

4.6 HAI Update

The Divisional Nurse Director provided an update on the HAI report as an extract for the Board report. It was noted that the reduction in SABs target for 2009/10 had been achieved and a further reduction of 15% had been set for 2010/11. It was reported that there had been a number of incidences at Wishaw and Monklands during the period, however it was noted that there had been no incidences at Hairmyres. In terms of c-difficile, the target had also been achieved in March 2010 and reductions had taken place in all areas. The Director noted that during the period there had been no outbreaks of norovirus. In terms of hand hygiene the most recent national audit highlighted the poor compliance from medical staff at 77%. In response, Dr Burns had written out to consultant staff reminding them of their responsibilities. In addition, there had been an outbreak of steno in May and decontamination work had taken place in response. A full report is available.

Action: The OMC noted the report.

4.7 HEI Visit – Report

The Divisional Nurse Director provided an update on the recent HEI Visit at Hairmyres Hospital. The inspectorate visited six areas over the two day visit. A number of requirements and recommendations were made in the report by the Inspectorate. A breakdown of the

requirements and recommendations are categorized in the report. The Director advised that an action plan has now been developed in response to the above and is currently being implemented and will be used in preparation for the visit to Wishaw General in November. The Chairman agreed with the Director of Acute Service, that shortcoming identified in the report should be acknowledge and addressed expeditiously.

Action: The OMC noted the report

4.8 Health & Safety Report – April 2010

The Head of Health & Safety updated on the Report for April 2010. It was noted that there had been 12 RIDDOR reported incidents reported in April 2010. In addition, there were a total of 44 reported incidents involving staff in the Acute Division in April and a breakdown was provided by Clinical Division. It was noted that this number of incidents is significantly lower than the same period last year, where 51 staff incidents had been reported. In addition, it was reported that there had been 315 patient incidents within the Acute Division, reported for the month. Again this figure is lower compared to April 2009 where the figure was 383.

5. CLINICAL GOVERNANCE

5.1 Health Promoting Hospitals

The Head of Patient Affairs updated on the work carried out under the Health Promoting Hospitals (HPH) banner during 2009/10 and 2010/11. She outlined the framework for HPH based on the five core World Health Organisation standards. An annual report for 2009/10 together with a list of health events held was provided together with a work plan and list of health events for 2010/11.

5.2 (i) Quarterly Complaints Report

The Head of Patient Affairs updated on the Quarterly Complaints Report for April-June 2010. It was noted that the number of complaints had risen 4% compared with the previous quarter. Surgical & Critical Care complaints rose at both Monklands and Wishaw General and Emergency & Medical complaints decreased at Hairmyres hospital following a significant increase in the previous quarter. The main areas of concern were around Orthopaedics and Ophthalmology, both of which are areas currently being reviewed by the General Manager.

(ii) Annual Complaints Report

The Head of Patient Affairs attended the meeting to update on the annual complaints report for 2009/10. It was noted that there had been a 9% rise in the number of formal complaints. In particular, there had been a rise within Emergency & Medicine at Hairmyres and General Surgery at Monklands Hospital. In addition, issues around endoscopy and ophthalmology had been addressed during the course of the year. The Head of Patient Affairs highlighted the two KPI's for complaints management and advised that the Acute Division had achieved 100% compliance against acknowledging complaints within three days and 99% compliance

against responding to complaints within 21 days. In addition, Mrs Welton advised that throughout the year there had been three Ombudsman Reports published.

5.3 Better Together – Patient Experience

The Head of Patient Affairs outlined the key messages received from the recent survey carried out on the patient experience. She highlighted that among the top results were that patients had been treated with care, understood how and when to take their medication and were given appropriate information in advance of their hospital visit, explaining what would be happening. The bottom result was the standard of food and drinks received by patients, which has recently been highlighted by recent media attention and is currently being reviewed. The Head of Patient Affairs advised that there were a number of issues in the report in relation to the calculations which meant that the figures may not be entirely representative. The results would be published in a Scotland wide report in September 2010.

5.4 Standards of Care

The Divisional Nurse Director provided a paper in relation to Standard of Care in the Acute hospital sites as a result of concerns raised through a range of sources. This has resulted in number of actions including reviewing the development needs of senior charge nurses and their deputies, who play a key role in setting the standard of nursing care within wards. In addition, senior nurses will focus on supporting the continuous improvement processes through SPSP, Leading Better Care, Lean Waves, to ensure patients receive appropriate care. The Divisional Nurse Director also outlined the Quality Enhancing Initiatives which will form part of this programme as will the handling and learning of complaints.

Action: The Acute OMC noted the paper and agreed to be kept appraised of all programmes of work relating to this work. This would feature as a bi-annual agenda item.

5.5 Acute OMC – Annual Work Plan

The Chairman outlined the proposed annual work plan for the Acute Operating Management Committee. It was noted that a core programme of work would continue to be featured as well as reports which are received by the Committee on a regular/ad-hoc basis. In addition, areas which are of particular focus in 2010/11 were highlighted and include CRES and a focus in service quality and redesign. A work plan which also highlights the special interest items for each meeting of the committee was provided in Appendix 1. In addition, the Chairman highlighted the need to review the terms of reference for the Acute OMC Annual Report.

Action: Miss Sweeney to draft the revised Terms of Reference and send to the Chairman for sign off at the next meeting.

5.6 Revised Arrangements – Acute Division

The Director of Acute Services updated on the proposed management arrangements for the Acute Division. The proposal sets out to modify the management arrangements to ensure a more balanced approach between site and divisional responsibilities. This change would ensure a more focused approach on HAI, HEI, Patient Safety, Occupational Health and Safety.

Action: The Acute OMC endorsed the proposal to implement the revised management arrangements for the Acute Division for an initial six month period from 1st September. A regular update will be provided to the OMC and a full evaluation will be presented to the March 2011 OMC.

5.7 *Audit Scotland Report – Locums*

The Interim Divisional Medical Director provided an overview of the Audit Scotland Report “Using Locum Doctors in Hospitals” (June 2010). She advised that the report focuses on how efficiently and how safely NHS Board use Locum Doctors. The report also analyses the reasons for using Locums and the spend associated with this. In addition, it also assesses the governance arrangements around the use of locum doctors. The paper details NHS Lanarkshire’s response to the report and the associated recommendations. It was noted that NHS Lanarkshire has already implemented many of the recommendations highlighted and those which have not been achieved have been incorporated in an Action Plan which will be implemented from June-October 2010.

Action: The Acute OMC noted that report and supported the implementation plan. In addition, an update on the implementation plan would be brought to the November meeting of the OMC.

5.8 *Media Monitoring Report*

The Divisional Communications Manager provided an update on the media coverage and FOI requests regarding the Acute Division in May and June 2010. She highlighted the main areas of concern which had been included in the local press and the range of FOI requests which did or did not result in media coverage.

Action: The Acute OMC noted the report and a further updated would be provided in September.

5.9 *Risk Management – Annual Report*

The Corporate Risk Manager presented the annual report to the Acute OMC. She highlighted the key successes and new developments that form the framework required for effective risk management. In addition, the Risk Manager informed the OMC of the work plan for 2010/11 which includes improving reporting against the KPI’s and the implementation of a web-based risk register.

Action: The Acute OMC noted the annual report for 2009/10 and supported the work plan for 2010/11.

6. ITEMS FOR NOTING

- 6.1 Minutes from the North CHP OMC Meeting
- 6.2 Minutes from the South CHP OMC Meeting

The above items were noted.

7. SPECIAL INTEREST ITEM

7.1 LEAN in Hairmyres

It was agreed to defer this item to a future meeting of the Acute OMC.

8. AOCB

9. DATE AND TIME OF NEXT MEETING

It was agreed that the next meeting would take place at 1.30pm on Tuesday 28th September 2010 in the Boardroom, Hairmyres Hospital.