

NORTH LANARKSHIRE COMMUNITY HEALTH PARTNERSHIP

**NOTES OF AN OPERATING MANAGEMENT COMMITTEE MEETING HELD ON
WEDNESDAY, 20th JANUARY 2010 AT 1PM IN GLEN ETIVE TRAINING SUITE,
COATHILL HOSPITAL**

Draft Notes for Approval at March Meeting

PRESENT: Mr John Anning, Non Executive Director NHSL (Chair)
Mr Colin Sloey, Director of North Lanarkshire CHP
Dr P McMenemy, Divisional Medical Director
Mr Stephen Kerr, Head of Planning and Performance
Mrs Fiona Porter, Acting Deputy Divisional Finance Manager
Mr Duncan McKay, North Lanarkshire Council Representative
Mrs A. Armstrong, Divisional Director of Nursing
Mr Bob Smith, Public Partnership Representative

In Attendance: L Taggart, Management Trainee, G Walsh for Item 5.1

1. APOLOGIES

Apologies were received from Mr. K. Small, Ms J. Vallance, Mr D. Clark, Mr F. Mullholland, Dr J. Darnborough, Mr D. Boyd.

2. MINUTES OF LAST MEETING

The notes of the meeting held on December were approved as an accurate record.

3. MATTERS ARISING

4. PERFORMANCE REPORTS

4.1 Divisional Nursing Report

Anne Armstrong made reference to the paper previously circulated in advance of the meeting which highlighted the following key issues;

4.1.1 Health Care Environmental Inspectorate

It was noted that the first planned inspection by the Healthcare Environmental Inspectorate had been completed at Monklands Hospital and a report has since been published. Overall good standards of cleanliness and Infection Control Policies were noted to be in place. Areas for further improvement highlighted by the Inspectorate were around the need to improve general maintenance and facilities in the hospital and the need for all staff to be aware of the roles and responsibilities and compliance with policies.

The next planned inspection by the Healthcare Environmental Inspectorate is due on 25th May 2010 at Hairmyres Hospital where a two day inspection will be in place. Preparations in advance of the visit were in place and regular audits are being done on site

4.1.2 **Child Protection – Preparations for future inspectorate visit of HMIe.**

It was noted that the next visit to South Lanarkshire was due during August and September 2010 and November and December 2010 for North Lanarkshire. Preparations for these visits was well underway and a Steering Group has been established which will focus on the development of self assessment and action plans ensuring that progress in all the areas previously noted for improvement has been actioned.

4.1.3 **NHS Quality Scotland – Food Fluid and Nutrition Peer Review**

The above review was undertaken on the 27th/28th October 2009. The overall feedback was very positive and highlighted strengths as follows:

- The Training Needs Analysis and Training Plan
- Implementation of a Single Nutritional Assessment Tool across the organisation
- Protected Meal Times
- Strong Involvement of Public Representative
- Introduction of Food, Fluid and Nutrition Folders on all wards

The visit highlighted a few areas of improvement and these included:

- The development of a strategic approach for patients requiring therapeutic diets.
- Ensuring that patients receive the relevant information.

An action plan is being developed to address these areas.

4.1.4 **Community and Mental Health Nursing Review**

It was noted that as part of the CHP CRES programme Anne Armstrong would be leading a project to review Community and Mental Health Nursing, the aim of which would be to implement HEAT Targets and Organisational Strategy within current resources without the need for further investment. A steering group, sub group structure and work programme has already been established and will review such issues as team leadership, productivity, core activity and respective rostering and skill mix ensuring that the organisation continues to deliver effective and efficient nursing services. The nursing disciplines included in this review include, District Nursing, Public Health, Treatment Rooms, Mental Health, Learning Disability, Community Hospital Staff and Paediatric Nursing.

The project will be overseen by the CRES CHP Programme Board and has strong staff partnership representation.

4.1.5 **Vaccination Programme H1N1**

Phase 2 of the vaccination programme has now commenced. This phase of the programme is targeted at children from 6 months to fewer than 5 years of age. Around 45% of General Practices in North Lanarkshire and 25% in South Lanarkshire have opted to accept a locally enhanced service to deliver the programme via GP practices. This has left a significant gap which has been addressed via the Public Health Nursing Teams. Clinics have been scheduled in all localities throughout January with the first clinics commencing on 11th January 2010 with parents being invited to bring in children for vaccination.

4.2 Finance Report

Fiona Porter circulated a comprehensive finance report and the following items were highlighted:

4.2.1 **Overall Primary Care Financial Position**

The year to date November financial position reflects a total overspend of £1.479M. for NHS Lanarkshire Primary Care Services. The overspend consisted of £811,000 underspend within the pay budget and an overspend of £240,000 within non pays and an overspend of £2.05M in Prescribing. Within North CHP an underspend of £675,000 was noted and this reflected an underspend of £813,000 for pays and an overspend of £138,000 for non pays. The report highlighted the financial position for each individual locality noting that all non pay areas are under review and will be monitored closely each month. Overspends in these areas include: travel, surgical supplies, printing and stationery, minor equipment and publicity and advertising. It was noted that Locality General Managers and their Management Accountants continue to meet with Mrs Porter and Mr Sloey on a monthly basis to review financial positions and all General Managers have been asked to review CRES plans. The report also included a note of overtime and excess hours, which were included in the pay costs of each of the localities. It was noted that £158,000 was spent in November on overtime costs and £209,000 on excess hours. In addition a total £804,000 was incurred recruiting Bank Staff to cover sickness, annual leave and vacancies.

4.2.2 **Prescribing**

The report highlighted an overspend position of £2.5M. Figures for October 2009 have been received and reflect an overspend position of £4.8 million. As previously discussed the budget for 2009/10 had been agreed and is challenging for Primary Care, further national changes around category N drugs have been adjusted in the budgets and these will be monitored throughout the year for any change to the national position.

Mrs Porter was thanked for her report and it was noted that the Public Partnership Forum find the report informative and helpful in understating the overall financial position and the actions being taken to address areas of concern.

4.3 **Performance Report**

Mr Kerr had previously circulated the Performance Report which updated the OMC on the current position regarding waiting times, recent developments in Workforce and Capacity Planning and Local Delivery Plan preparation.

4.3.1 **Waiting Times**

The position was noted as follows:

Physiotherapy – All localities remain within the 9 week target.

Speech and Language Therapy – All localities remain within the 9 week target.

Podiatry – The longest wait has increased from 17 weeks in September to 25 weeks in November; however it has since been reported that this may have been due to a reporting error.

Audiology – All localities remain within the 9 week target for Children's Service. Trajectories have yet to be set for Adult Services, however the service is aiming to reach a maximum of 13 weeks by 2011/12

Dietetics – No one is currently waiting over 9 weeks

Adult Mental Health Outpatient Clinics - the longest wait fell from 27 weeks in October to 21 weeks in November.

Old Age Psychiatry – The longest wait has fallen from 28 weeks in September to 25 weeks in November

Clinical Psychology – The longest wait is now 49 weeks with 11 patients waiting over 40 weeks

CAMHS – The longest wait is now reported at 32 weeks

Medical Paediatrics – There are currently no patients waiting longer the 12 week target time for assessment

4.3.2 **Workforce and Capacity Planning**

The report highlighted that most services have now produced capacity plans to assist in a more uniform approach to capacity planning.

4.3.3 **Local Delivery Plan Preparation**

The first draft of the Local Delivery Plan (LDP) 2010/2011 is currently under production. The plan sets out the targets and trajectories along with risk narrative on areas of delivery, workforce, finance, improvement and equalities.

5 GOVERNANCE

5.1 **Complaints/Claims**

G Walsh attended the meeting to highlight any issues arising from the Quarterly Complaints Report which members had previously received. No particular issues were highlighted and discussion followed on customer care training and how this was being used to address issues highlighted around staff attitude as this features as a common area of complaint. Mr Walsh advised that he had been meeting with General Managers to assess the need for more locality/service specific training. It was agreed that this was an area worthy of further discussion perhaps involving Mrs Margaret Nelson, Non Executive Director. Mr Walsh agreed to follow this up.

5.2 **Communication**

The Committee noted the Communication report which had previously been circulated. Mr Sloey highlighted the recent visit of the Princess Royal to the 'Getting Better Together' Project at Shotts, Friday 15th January 2010 to mark the 10th Anniversary of the Healthy Living Centre.

6 PLANNING

Prescribing

Dr McMenemy gave a presentation on Primary Care Prescribing which outlined total spending trends within NHSL Primary Care, benchmarked against other board areas and the Scottish average. Dr McMenemy outlined the process adopted over previous years to successfully address the rate of overspend and improve prescribing practices via a series of annual Prescribing Action Plans (PAP). The actions contained within the current action Plan (PAP6a) were noted. It was noted that all localities were currently in an overspend position and the savings target presented a significant challenge. Dr McMenemy outlined how small changes, which would have minimal impact on patients, could result in considerable savings.

Discussion followed on the proposed Waste Medicines campaign which would raise public awareness of the level of waste incurred and seek public engagement in identifying medicines that patients are being prescribed but not actually taking. Mr Anning thanked Dr McMenemy for the presentation and acknowledged the considerable efforts of the Prescribing team to address these issues.

7 REPORTS/MINUTES TO NOTE

As noted on Agenda

8 AOCB

No other issues were raised

9 DATE OF NEXT MEETING

The next meeting will be held on **Thursday 25th March 2010 at 1.15 pm in Committee Room 1, Beckford Street, Hamilton**