

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

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

**Note of a meeting held on Monday 25th January 2010 at 9.30am in
Board Room, Calder Ward, Udston Hospital**

PRESENT:	Mrs N Mahal	Chair
	Miss J Halyburton	Acting Team Leader, South Lanarkshire CHP
	Ms F Porter	Deputy Director of Finance
	Miss F Leckie	Associate Director of Nursing
	Mr A Lawrie	Director, South Lanarkshire CHP
	Mr P McCrossan	Associate Director of Nursing and AHPs
	Dr C Mackintosh	Associate Medical Director
	Mrs I Miller	SLPPF Representative
	Dr L Armitage	Consultant in Public Health
	Mr J Mitchell	SLPPF Representative
	Ms R Hibbert	Divisional HR Director
	Mrs M Nelson	Non-Executive Director
	Mr H Stevenson	Director of Social Work SLC
	Cllr J Handibode	South Lanarkshire Council
	Mr C Brown	Communications Manager

In Attendance: Pamela Milliken (Clinical Governance), Janie Reid (Clinical Effectiveness), Dr Harpreet Kohli (Director of Public Health)

Item	Action Notes	Action by
1	APOLOGIES Apologies were received from Joyce Mouriki, Marion Mark and Robert Anderson	
2	DECLARATIONS OF INTEREST There were no declarations of interest.	
3	MINUTES OF LAST MEETING (30th November) IM noted that a correction should be made to item 7.2 South Lanarkshire PPF Minutes. It was recorded that 5 young people had attended the youth engagement event however this should have read that 5 young people had attended the public engagement event.	

	The minutes were then approved as an accurate record.	
4	<p>UPDATE ON PREVIOUS ACTIONS & MATTERS ARISING</p> <p><u>MRU</u> The move to Douglas Street is now hoped to take place in early February. Delays had occurred due to ongoing issues associated with the overall plumbing within the Douglas Street building which were now rectified.</p> <p><u>Local Delivery Plan</u> This paper is to be brought back to the OMC in March with updates on HEAT targets.</p> <p><u>OMC Matrix</u> The matrix was updated at the meeting giving dates for future speakers to attend.</p> <p>Feedback on CHP Study – AL stated that as yet there has been no final report. A letter has been sent out from the organisers including a news sheet regarding workshops which are taking place in March. Places are limited and members should contact JH if they would like to receive any further information. Further information after the workshops will be brought back to the OMC in March</p> <p>Update on Travel/Lease Car – The Chair requested that this information be provided within the finance report in March rather than having a separate presentation.</p> <p>Sexual Health Strategy – It was agreed that this presentation be postponed until the CHP Restructuring had been finalised and the new arrangements were in place.</p>	<p>CC</p> <p>JH</p> <p>AL</p> <p>FP</p>
5	<p>PERFORMANCE</p> <p>5.1 (a) Financial Performance to 31st December 2009</p> <p>The overall Primary Care YTD December financial position reflects a total overspend of £1.74m (£915k underspend for pays and £249k overspend for non pays with an overspend of £2.4m in Prescribing and an under recovery of income of £6k.</p> <p>The SLCHP financial position reflects an underspend of £280k (£307k underspend for pays and £27k overspend for non pays). It was noted that all Localities are currently under spending.</p> <p>FP stated that she had added three new sections to the report and asked members to confirm if they were agreeable to this reporting method.</p> <ul style="list-style-type: none"> • Whole Time Equivalent Information • Overtime Paid/Excess Part Time Hours • Bankaide Costs <p>The Chair agreed that these sections are helpful additions to the report however</p>	<p>FP</p>

	<p>would like to see more detail on explanations/actions.</p> <p>The Chair then invited any questions from OMC members.</p> <p><i>Question:</i> MN queried why the travel budget has such a high overspend. FP explained that reimbursement for travel has risen by 10% with no budget increase. A change to the car leasing policy is imminent and it is hoped that this will bring costs down.</p> <p><i>Question:</i> IM asked why Cambuslang/Rutherglen Locality had a comparatively lower budget and the highest underspend. FP stated this was due to vacancies.</p> <p><i>Question:</i> The Chair asked what the additional staffing overspend was in relation to in the Mental Health service. FP explained that this was due to sickness/vacancies and FP will bring more information back to the next OMC.</p> <p>The OMC noted the report</p>	FP
	<p>5.1 (b) Financial Plans for 2010/11</p> <p>AL noted that a paper on the financial plans will be going to the Board meeting on Wednesday 27th January and this will be sent to OMC members in due course.</p> <p>Throughout October, November and December each department in NHSL has been working hard to achieve savings targets. Finance, HR and Communications all require to achieve 10% savings targets. Whilst the CHPs had no particular target set they were to achieve as much as was possible, currently equating to £6.5m.</p> <p>AL stated that all savings schemes, i.e. the CHP management restructure have an amount of risk involved and went on to put these various risks in context.</p> <p>The Chair then invited any questions from OMC members.</p> <p><i>Question:</i> IM queried how we will get the message across to people about the change in services? CB stated that the communications project are analysing each individual project about what level of consultation is required and that the PPF will be heavily involved.</p> <p>HS also noted that it is important to make sure that efficiency savings from NHS or SLC are not shunted across to each other.</p> <p>The OMC noted the update</p>	AL
	<p>5.2 Sickness Absence Report</p> <p>RH reported that both Empower and local statistics rose very slightly between</p>	

	<p>October and November. RH noted that Cambuslang/Rutherglen sickness figures have reduced significantly.</p> <p>The Chair noted that the figures were positive considering the current situation however they should continue to be monitored closely.</p> <p>RH was asked at the last meeting to speak about the revised redeployment register. RH stated that there are currently 34 people on the register the main reasons being ill health or organisational change. A draft policy is currently out for consultation and RH explained that the brief was to tighten up the policy in order to manage the process far more proactively. Staff who are on the redeployment register will have connections with a member of staff in HR throughout the process and be offered training as appropriate.</p> <p>The Chair thanked RH and the OMC noted the report.</p>	
	<p>5.3 Performance Management Report</p> <p>AL stated that there would be no performance management report on this occasion as the updated information had not been available prior to the meeting.</p>	
	<p>5.4 Waiting Times Report</p> <p>Services where patients are waiting <9 weeks</p> <ul style="list-style-type: none"> • Physiotherapy • Speech & Language • Audiology • Medical Paediatrics <p>Services where patients are waiting significantly >9 weeks</p> <ul style="list-style-type: none"> • Dietetics - There was one patient exceeding the 9 week target in Clydesdale. This patient has since been seen. • Podiatry - Numbers waiting over 9 weeks have increased in December and now stand at 50. Of this there are nine in East Kilbride and Clydesdale with the balance (32) in Hamilton. • Paediatric OT - Numbers waiting over 9 weeks have increased to 17, spread across the localities. These are anticipated to return to a level that existed within the summer. • Adult Mental Health – There are currently 15 patients waiting over 9 weeks within Adult MH but with the longest wait having decreased. Two new consultant psychiatrists have been appointed and it is expected that these waiting times will reduce accordingly. • Old Age Psychiatry – The total numbers waiting within OAP have continued to show a reducing trend with the numbers now waiting at 134. Unfortunately the length of wait has increased across Lanarkshire as a whole and this is directly linked to consultant psychiatrists taking up new posts. Work is continuing in seeking to identify both locum and full time appointments. • Child & Family – Numbers waiting overall have remained constant 	

	<p>whilst there has been a slight increase in the numbers waiting >9 weeks. CC stated that the Heads of Planning/Performance in North and South Lanarkshire CHPs meet on a monthly basis with Heads of Service to review performance.</p> <p>The OMC noted the waiting times report and the ongoing action.</p>	
<p>6</p>	<p>PLANNING</p> <p>6.1 Influenza H1N1 Update</p> <p>AL stated that there has been a gradual reduction and we are now experiencing normal seasonal levels.</p> <ul style="list-style-type: none"> • Phase I <65s at risk – these patients should now all have been vaccinated however the actual figures were a 46.3% uptake. There is a marked difference between the lowest percentage uptake and highest percentage uptake in practices which is being investigated. NHSL overall looked to be lower than the Scottish average (marginally) • Phase II <5s – a total of 37 practices are undertaking the LES and no figures for uptake were available. From an NHSL provided service basis, 18,580 children have been invited to receive their vaccination with 9,460 actually having been vaccinated although this figure is likely to rise. <p>CMcI suggested revising the Pandemic Flu Plan in case there are more incidents and to incorporate lessons learned.</p> <p>The Chair wished to note her thanks to all members of staff involved in this process.</p>	
	<p>6.2 Public Health 2008/09 – Annual Report of the Director of Public Health</p> <p>The Chair welcomed Dr Harpreet Kohli to the meeting to speak about the Annual Report of the Director of Public Health.</p> <p>HK stated that there have been a number of changes made to the report including the date, format and content which now includes more graphical content.</p> <p>HK detailed the key headline messages within the report which include:</p> <ul style="list-style-type: none"> • The sharp rise in unemployment over the last year and the projected rise in the numbers of older people • Life expectancy in Lanarkshire has increased by just under 2 years over the last decade for men and women • The oral health of 5 and 11 year olds is continuing to improve steadily and dental registration of adults has exceeded the Scottish Government’s target for 2010 <p>Copies of the report can be found on First Port and on the NHS Lanarkshire website. It is hoped that fewer paper copies will be produced in future with</p>	

	<p>electronic access being preferable.</p> <p>The Chair then invited any questions from OMC members.</p> <p><u>Question:</u> The Chair endorsed the style of the new report and asked what the plans were for taking forward the priority areas. HK explained that discussions were taking place with Ian Ross around how these relate to modernisation boards and noted that this is a dynamic issue.</p> <p><u>Question:</u> CM asked who the target group was for the report. HK stated that there is a wide audience including Government, partners and individuals.</p> <p><u>Question:</u> JM asked if it would be suitable to refer to the report when speaking to members of the public or answering questions. HK encouraged this.</p> <p>The Chair thanked HK for attending the meeting and commended the format of the report and HK stated that he was happy to take further questions via email.</p>	
	<p>6.3 Nursing Update Report</p> <p>FL provided a brief verbal update on the nursing report.</p> <p><u>Child Protection</u> Inspections for South will take place in August/September and North in November/December. Multi agency self evaluations will also be starting.</p> <p><u>Integrated Care Management</u> There are currently 668 patients being care managed. A pilot is taking place between November and February recording when any patient is admitted to A&E and if their care manager was contacted. There are issues in relation to Acute notifying care managers and this needs to be closely monitored. MN will raise this at the Acute OMC.</p> <p>FL also referred to the HAI national survey and the impact of CRES.</p> <p>The Chair thanked FL for the update.</p>	<p>MN</p>
	<p>6.4 Communications Report</p> <p>CB noted that the vast majority of enquiries were related to flu. The Freedom of Information report was not available when the report was compiled however CB estimated that the number of requests was around 90 with Agenda for Change/salaries and finance being the main reasons for enquiry.</p> <p>CB informed the OMC that there is now a dedicated site for keeping staff informed about CRES information and this includes a commenting facility.</p> <p>The Chair thanked CB for the updated report and the OMC noted the report.</p>	

	<p>6.5 Clinical Governance Work Plan</p> <p>The Chair welcomed Pamela Milliken and Janie Reid to discuss the Clinical Governance Work Plan.</p> <p>The paper presented to the OMC provides progress on quality assurance and clinical effectiveness in Primary Care. It also includes information on work currently being done detailed below.</p> <ul style="list-style-type: none"> • Primary Care Governance Coordinator Network has been established to allow staff to share information, best practice and coordinate initiatives and programmes which promote quality of care. • Work is being carried out around research and development and an inaugural meeting of the Research & Development Committee took place on 22nd January. • A risk management guidance manual has been produced detailing common ways of working and categorising Datix incidents. <p>JR then spoke to the OMC regarding the Joint CHP Clinical Governance and Risk Management Board Highlight Report. She explained that this is a quarterly highlight report with key issues. This report is available to anyone via the Clinical Governance section on intranet.</p> <p>The Chair then invited any questions from OMC members.</p> <p>IM queried the involvement of the PPF in relation to Clinical Governance(CG) and the CG committee</p> <p>MN responded stated that this would currently not go ahead as the Clinical Governance committee is at strategy level rather than operational level and the PPF is already involved in sub committees looking at clinical governance issues</p> <p>AL raised the issue of the report not highlighting any of the risk areas and instead focusing on only positive areas. PM agreed that she would include areas of risk for the next report. The Chair also requested that focus be made on specific risks or separate presentations be done to highlight these areas.</p> <p>Action: Clinical Governance to be put on the OMC agenda and as appropriate, information /presentations to be scheduled on areas of risk. The OMC also agreed to the suggested reporting method of the quarterly highlight report and the report provided to the Board on corporate issues being presented to the OMC with PM or CMcI to be available at the meeting to speak to the reports.</p> <p>The Chair thanked PM and JR for their report and noted the work plan.</p>	<p>AL/CMcI/ PM</p>
	<p>6.6 CHP Management Reorganisation</p> <p>AL spoke to the paper which has been completed outlining the revised CHP management structure. Localities will be reduced from 10 to 5 units with two in the North, two in the South and one pan Lanarkshire Mental Health. This new structure will allow consistent services to be developed across NHS Lanarkshire.</p>	

	<p>The new structure is hoped to be in place by 1st April 2010.</p> <p>Colin Sloey, Kenny Small, Ruth Hibbert and AL met with staff affected by the re-structuring process and one-2-ones have also taken place with some staff members. The interview process for GMs will take place on the 10th February with SDM interviews beginning in the week commencing 15th February.</p> <p>The Chair then invited any questions from OMC members.</p> <p><i>Question:</i> JM queried how this new structure fits in to what other Government bodies are doing.</p> <p>AL that this work is ahead of what the CHP studies are doing. He explained that the CHP is not changing rather that internal workings are being streamlined.</p> <p><i>Question:</i> IM asked how the PPF budget will be affected.</p> <p>AL stated that there were no plans to remove money from the PPF budget at present.</p> <p>The Chair stated that partnership working would be crucial at this stage in the process and suggested if any members had further questions that they should contact AL or CC.</p> <p>Action: A further update to be brought to the OMC in March.</p>	
7	<p>GOVERNANCE</p> <p>7.1 Staff Partnership Forum Minutes</p> <p>Noted by the OMC.</p>	
	<p>7.2 South Lanarkshire PPF Minutes</p> <p>IM reported that there had been a subsequent meeting to the minute attached which CC attended. The action plan for this year was discussed at this meeting. IM also indicated that there is a Scottish Health Council event on 16/17 Feb</p> <p>Noted by OMC.</p>	
	<p>7.3 Health & Care Partnership Minutes</p> <p>Noted by the OMC.</p>	
	<p>7.4 Lanarkshire Data Sharing Partnership</p> <p>Noted by the OMC.</p>	
	<p>7.5 Information Governance Minutes</p> <p>Noted by the OMC.</p>	

8	<p>FOR INFORMATION</p> <p>8.1 North Lanarkshire CHP OMC Minutes</p> <p>Noted by the OMC.</p>	
	<p>8.2 Acute OMC Minutes</p> <p>Noted by the OMC.</p>	
9	<p>AOCB</p> <p>There was no further competent business.</p>	
10	<p>DATE OF NEXT MEETING</p> <p>The next meeting will be held on:</p> <p>Monday 29th March 2010 at 9.30am Board Room, Udston Hospital</p> <p><u>Future OMC Dates for 2010</u></p> <p>7th June 2010, Board Room, Udston Hospital, 9.30am 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>	