

**MINUTES OF A MEETING OF THE  
ACUTE OPERATING MANAGEMENT COMMITTEE  
HELD ON WEDNESDAY 19 APRIL 2006 AT 09:00 AM  
IN THE BOARDROOM, WISHAW GENERAL HOSPITAL**



Present: Mr. T Currie, Non-Executive Director (Chairman)  
Mr. DH Clark, Non-Executive Director  
Mrs. M Nelson, Non-Executive Director  
Mr. D Browning, General Manager, Property & Support Services  
Dr. JD Browning, Medical Director, NHS Lanarkshire  
Mr. A Goor, Divisional Finance Director  
Ms. J Hope, Divisional General Manager, Women's, Cancer & Diagnostics Services  
Mrs. R Lyness, Divisional General Manager, Surgical & Elective Services  
Mr. IA Ross, Director of Acute Services  
Mr. G Sage, Interim Director of CHP South  
Mr. C Sloey, Director of CHP North

In Attendance Mrs. M Sinclair, Acute Operating Division Administrator

### **1. APOLOGIES**

Apologies were received on behalf of Mrs. I Barkby, Divisional Nurse Director, Mr. R Garscadden, Divisional Planning Manager, Mr. D Hume, Divisional General Manager, Emergency & Medical Services and Mr. G Walker, Director of Human Resources.

### **2. WELCOME AND INTRODUCTIONS**

Mr. Currie welcomed members to the inaugural meeting of the Acute Operating Management Committee, which had been established, in conjunction with the two Community Health Partnership Operating Management Committees, to monitor and review the provision of services by the Acute Division.

Mr. Currie wished to take the first opportunity to offer congratulations to the executive members of the Committee who had participated as panelists in the public consultation meetings in relation to A Picture of Health. He commended them on their demeanour at the meetings, which had been exemplary when faced with parochial audiences, and for the excellent work undertaken on behalf of NHS Lanarkshire. He commented that there had been constructive questions from members of the public during the consultation period, which would be beneficial to the difficult decision making process due to take place by NHS Lanarkshire Board on 28 June 2006.

Dr. Browning responded that the executive directors had appreciated the non-executive directors' support and presence at the public meetings.

### **3. REMIT AND ROLE OF COMMITTEE**

Mr. Currie provided an overview of the Operating Management Committee's (OMC) remit and role which, in summary, was to monitor and review the provision of Acute services with a view to delivering an integrated pathway for the patient. Mrs. Nelson indicated this was particularly important now in view of the separation of the Operating Management Committees between Acute Services and Community Health Partnerships (CHPs). It was recognised it would be important to maintain a focus on single system working to ensure best service for patients.

Mr. Currie encouraged members to actively participate in the Committee and indicated he would welcome any suggestions that would contribute to its effectiveness and add value. It was considered essential that the Committee should avoid duplication of items that would be considered in depth within other fora, including the North and South CHP Committees. Mr. Currie was keen that the committee took an in depth look at the larger issues affecting the Division with a view to non-executive members gaining a better understanding and, where possible, contributing to the development and improvement of services.

It was considered that the Non-Executive members would add value to the Committee by scrutinising issues and highlighting any concerns they may have. In turn, the Executive members could assist Non-Executive members in their strategic role by providing them with insight into particular operational issues.

### **3.1 CORE AGENDA ITEMS**

It was agreed that Mr. Ross would compile a list of core agenda items that should be considered as standing items by the Committee at its bimonthly meetings. *Action: IAR*

The list should include:

- Finance
- Waiting Times
- Delayed Discharges
- HR issues, particularly regarding any issues in relation to the new management structure
- Clinical Hotspots
- General operational issues that the non-executive directors should be made aware of
- Complaints – reported on a quarterly basis. To establish whether improvements could be made to the quality of service.
- Dr. Browning emphasised it was important that a focus on quality was seen as a relevant part of all governance issues and should be considered as a standing item.

### **3.2 LINKS WITH OTHER BOARD COMMITTEES**

The work of the Committee would be reported to Lanarkshire NHS Board through the minutes of the meetings.

It was agreed that Committee agendas and minutes would be shared with the North and South CHP OMC's to prevent duplication of effort. This would also ensure any joint agenda items would be covered in the appropriate arena.

The Acute OMC minutes would also be provided to NHS Lanarkshire's Health & Clinical Governance Committee for noting.

### **3.3 AREAS OF PARTICULAR INTEREST**

Mr. Currie considered that the Committee should look in depth at some specific areas of particular interest at each of its meetings. This would allow detailed discussion of quality issues and issues that required particular focus to ensure appropriate governance and avoid the need for Lanarkshire NHS Board to become involved in operational detail.

Mr. Ross agreed to prepare a schedule of areas of potential interest for consideration by the Committee, e.g., *Action: IAR*

- trolley waits
- supported post-hospital discharge
- integrated care pathways
- PFI

### **3.4 PROPOSED SCHEDULE OF MEETINGS**

The Committee agreed that meetings would be held bi-monthly, would rotate around the acute hospital sites and would have a duration of approximately 3 hours.

The following schedule of meetings was approved:

- *Thursday 29 June 2006, at 1:30 pm, in the Boardroom, Monklands Hospital*
- *Thursday 24 August 2006, at 1:30 pm, in the Boardroom, Wishaw General Hospital*
- *Thursday 19 October 2006, at 1:30 pm, in the Boardroom, Hairmyres Hospital*
- *Thursday 14 December 2006, at 1:30 pm, in the Boardroom, Wishaw General Hospital*
- *Thursday 22 February 2007, at 1:30 pm, in the Boardroom, Monklands Hospital*

### **3.5 MEMBERSHIP**

Membership of the Committee was agreed. It was noted that nomination of the Staff Side Representative for the Acute Division was being progressed.

Meetings will be deemed quorate when a minimum of two Non-Executive Directors were in attendance.

It was agreed that named deputies may attend by exception.

## **4. ORGANISATIONAL STRUCTURE OF ACUTE DIVISION**

The Committee received an overview of the organisational structure of the Acute Division. Mr. Ross explained the overall management structure and the way forward and advised that the Division had moved to management of clinical services across the Division. He and the Divisional General Managers then provided details of the clinical divisions within their remit. It was also explained that Hotel Services and some site Support Services were the responsibility of the General Manager for Property & Support Services, although it was noted that a pragmatic approach was being taken and that the Divisional General Managers would make any decision necessary to ensure delivery of clinical services on the site.

It was noted that links between Acute and CHP's was being actively pursued to ensure there was effective liaison.

In response to a question from Mr. Clark, Mr. Ross assured the Committee that Managed Clinical Networks were an integral part of the organisation, which would help to shape the delivery of operational clinical services. It was intended to build upon their strengths of improving integration and developing priorities.

Mr. Currie thanked the General Managers for an insight into the clinical structures and asked that the Committee was kept informed of progress.

## **5. CONSULTANT APPOINTMENTS**

The Committee approved the Consultant in Radiology appointment at Hairmyres Hospital. The post had been recommended by the Advisory Appointments Committee and ratified by a sub-group of the Operating Management Committee.

## **6. ANY OTHER COMPETENT BUSINESS**

There was no further competent business.

## **7. DATE AND TIME OF NEXT MEETING**

It was agreed that the next meeting would take place on *Thursday 29 June 2006 at 1:30 pm, in the Boardroom, Monklands Hospital.*