

**MINUTES OF A MEETING OF THE
ACUTE OPERATING MANAGEMENT COMMITTEE
HELD ON THURSDAY 19 OCTOBER 2006 AT 1:30 PM
IN THE BOARDROOM, HAIRMYRES HOSPITAL**



Present: Mr. T Currie, Non-Executive Director (Chairman)
Mrs. M Nelson, Non-Executive Director
Mr. DH Clark, Non-Executive Director

Mr. D Browning, General Manager, Property & Support Services
Dr. JD Browning, Medical Director
Mr. A Goor, Divisional Finance Director
Ms. J Hope, Divisional General Manager, Women's, Cancer & Diagnostics Services
Ms Marianne Hunter, Staff Side Representative
Mrs. R Lyness, Divisional General Manager, Surgical & Elective Services
Mr. IA Ross, Director of Acute Services
Mr. G Walker, Director of Human Resources

In Attendance Mrs. S. Welton, Head of Patient Affairs (Item 6.1 only)
Dr. Brian O'Rourke, Consultant Cardiologist (Item 7.1 only)
Ms. Ruth Thompson, Service Manager, Emergency Medicine (Item 7.1 only)
Mrs. M Sinclair, Acute Division Administrator

1. APOLOGIES

Apologies were received on behalf of Mr. R Garscadden, Divisional Planning Manager; Mr. D Hume, Divisional General Manager, Emergency & Medical Services; Mr. A Lawrie Director of CHP South and Mr. C Sloey, Director of CHP North.

2. MINUTES FROM PREVIOUS MEETING

The minutes of the Acute Operating Management Committee meeting held on 24 August 2006 were approved as a correct record.

3. MATTERS ARISING

3.1 STAFF SIDE MEMBERSHIP

Mr. Currie welcomed Ms. Hunter to the meeting. He advised members that Ms Hunter had been nominated as Staff Side Chair of the Acute Division Partnership Forum on an interim basis, and that she would attend the Acute Operating Management Committee meetings as Staff Side representative.

3.2 BLUECARE RECRUITMENT INITIATIVE

Mrs. Lyness provided a report on the latest position in relation to the Scottish Executive's Eastern European initiative for recruitment of consultant staff via the Bluecare recruitment agency. She reported that the initiative had been successful in recruiting consultant anaesthetists and radiologists, initially for a three-month induction and assessment process. She advised that after completion of the assessment period, there were currently four Locum Consultant Anaesthetists and four Locum Staff Grade Anaesthetists in post with six-month contracts subject to renewal pending success in recruitment to substantive posts. Ms. Hope also advised that of the two consultant radiologists recruited, one had returned home and one had been appointed to a substantive post at Monklands Hospital.

Dr. Browning informed the committee it had been had been a worthwhile project and that there had been significant input from the consultant body to support those recruited, with mentoring both within and outwith the departments. It was noted that the aftercare provided by the Bluecare agency to recruits had also been excellent.

The committee noted that although initial one-off costs had been incurred, it was considered that the initiative had been cost effective when compared with the costs that would otherwise have been incurred for expensive agency staff. Dr. Browning also advised that individual funding had been received from the Scottish Executive for the initiative.

Members were pleased to note that the initiative had been successful in recruiting to specialties that were traditionally difficult to recruit to due to national shortages of consultant staff in these areas. Dr. Browning indicated that NHSL might in the near future look at Consultant Pathologists that might be registered with the Bluecare recruitment agency with a view to recruitment to this specialty.

3.3 PHYSICIAN ASSISTANT POSTS – PILOT PROJECT

Mr. Walker provided an overview of a two-year pilot project being run by NHS Scotland to evaluate the use of experienced USA trained Physician Assistants (PA's) within a range of settings. He explained that a PA was a health professional employed to practice medicine as delegated by and with the supervision of a licensed physician (GP or Consultant). Dr. Browning advised that of the 60,000 PA's working in the USA, a significant number had a life science background.

Mr. Walker advised that 12 PA's had been recruited from the USA to work in Scotland, and three had been appointed to work in NHSL; two within Emergency Medicine in Hairmyres Hospital and one in Primary Care to participate in the Prevention 2010/Keep Well service. They would provide a broad range of medical and surgical services that were otherwise traditionally performed by physicians and would work as part of a multi-disciplinary team. It was noted that currently they were not able to prescribe in the UK and this was an issue that would be addressed by the Scottish Executive Health Department.

Mr. Walker reported that a relocation firm had been hired nationally to assist with accommodation, schooling, bank accounts, etc, and NHSL HR department was liaising with the company to ensure all aspects will be covered, based on previous experience with recruiting staff from Eastern Europe and South Africa.

Members noted that fully structured national, Lanarkshire-wide and department induction programmes were planned and that a national and local communication strategy had been put in place.

Mr. Walker advised that tenders had been invited to carry out a national evaluation of the project to determine its level of success.

4. ITEMS FOR CONSIDERATION

4.1 CONSULTANT APPOINTMENTS

The Committee noted that since the last report to the Operating Management Committee meeting, three Advisory Appointments Committees had taken place.

The Committee approved the five Consultant Appointments that had been recommended by the Advisory Appointments Committees and ratified by a sub-group of the Operating Management Committee. It was pleased to note the success in attracting and appointing to consultant posts and particularly noted appointments to three of the four vacant posts in Geriatric Medicine. Dr. Browning stated that recognition should be given to Doctors Henry and Martin for their achievement in improving Care of the Elderly services in Lanarkshire and attracting potential candidates. Mrs. Lyness and Ms. Hope indicated that reconfiguration of services within NHS Lanarkshire was also proving to be a positive recruitment factor.

In response to an enquiry from Mr. Clark whether there was an issue in agreeing start dates with candidates, Dr. Browning advised that this had never been an issue and that a mutually convenient start date was negotiated with each successful candidate.

5. CORE AGENDA ITEMS – REPORTED BI-MONTHLY

5.1 FINANCIAL POSITION

Mr. Goor reported on the Acute and Corporate Division financial position for the period to 30th September 2006. He advised that the month 6 position indicated a net overspend of £934,000 compared with the year to date budget. Within this the Acute Division showed a net overspend of £1,282,000.

Mr. Goor provided details of the Division's overall financial position and the financial performance of the Division's clinical and corporate divisions in relation to pay and non-pay costs. As previously reported, the Division's overspend was due to non-pay costs. He advised that £135,000 reflected the year to date overspend for Care of the Elderly beds previously reported through the Primary Care Division but now managed within Acute. Mr. Goor highlighted that Original Pack Dispensing accounted for £492,000 of the overspend and advised that the impact of this service across NHSL would be taken into account as part of the mid-year review process.

It was noted that the issue of whether further funding will be required to achieve Waiting Times targets would also be part of the mid-year review. Mr. Ross advised that additional capacity had been obtained in the Golden Jubilee National Hospital (particularly additional orthopaedic and endoscopy lists), which should reduce the use of the private sector to achieve waiting times targets.

Mr. Clark commented that Lanarkshire's high instance of cancers and the fact that the Arbutnott formula was based on age and not condition, put NHSL at a disadvantage in the distribution of funding.

Committee members recognised that achieving the year-end target of break-even would be extremely challenging, but Mr. Goor assured them that the Division remained committed to this achievement, whilst recognising the risk in relation to increased activity, meeting waiting time targets and drug costs.

5.2 WAITING TIMES REPORT

Mr. Ross reported on the latest position in relation to compliance with national waiting time guarantees. He tabled a trajectory for each guarantee, which showed progress towards delivery of waiting time guarantees and indicated anticipated improvements in waiting times or numbers of patients waiting on a monthly basis through to the end of March 2007.

The trajectory showed that the 6-month guarantee for inpatients and day cases had continued to be maintained and that good progress continued to be made to reduce the number of patients waiting over 18 weeks. As reported above under the finance section, additional orthopaedic capacity at the Golden Jubilee Hospital had been secured through to the end of March 2007, which would help to improve the waiting time in this specialty. Also, work continued to recruit staff to support the specialty across all three sites.

It was noted there had been a rise in the number of outpatients waiting over 18 weeks. Mr. Ross advised that 25% of the increase related to Dermatology patients, with an increase in referrals from 11,000 to 14,000 per year. He indicated that discussions had taken place with clinical staff and options to address the capacity were being taken forward either through internal or external waiting list initiatives. In addition, work was taking place around modelling capacity and demand to ensure the achievement of a sustainable solution. Dr. Browning advised that part of the sustainable solution would require that a number of patients being referred to hospital would be vetted, screened and treated accordingly rather than be seen by Consultant staff. Also, work would continue with Primary Care colleagues to look at the rise that had occurred in referrals to this specialty.

It was noted that there were 12 patients in the specialty of Respiratory during September who had exceeded the 26-week target. Mr. Ross reported that this was regrettable and explained that it was due to an administrative error.

Mr. Ross reported that performance in relation to breast cancer had met the expected target. Lung and colorectal were below the expected position due to some patients not receiving their treatment by the end of September, but who had been referred to hospital before 3rd July 2006. However, the performance figure for referrals since 3 July 2006 for Colorectal was 100% and 93% for Lung. This indicated that systems were now working effectively. Ms. Hope advised that of the 230 patients who had been identified as outstanding, there remained two colorectal and three lung patients who would receive their treatment in October; and that of these five patients, three had mitigating circumstances.

It was noted that all Diagnostic waiting times were now meeting their trajectory or better. Mr. Ross indicated that this was due to the work already undertaken to look at the patient pathway and to improve access to all three sites.

The Committee noted that there had been a slight fall in performance in achieving the less than 4 hours A&E waits target. Mr. Ross explained that this was due to a combination of factors, such as the new intake of Junior Doctors and the availability and organisation of clinical staff. He advised that actions taken included the appointment of additional nursing staff in See & Treat, clarity of the junior doctors role and improved discharge arrangements and was confident that performance would improve.

5.3 DELAYED DISCHARGE REPORT

Mr. Ross tabled a report on the latest position in relation to the number of delayed discharges in Lanarkshire at 15 October 2006 against the targets set by the Scottish Executive to be achieved by 15 April 2007.

He reported that there were 74 delayed discharges in Lanarkshire at 15 October 2006, an increase of nine from the previous month. He advised that the number of beds occupied by delayed discharge patients in short stay specialties was seven; the target to be met by NHSL by 15 April 2007 was nine. The number of patients delayed over six weeks was 34, against a target of ten patients by 15 April 2007. It was noted there was a trend over recent months for an average of 20 patients who exceeded the six week period, and that in the majority these were patients awaiting funding for nursing home placement. Mr. Ross advised that continuation of that trend would result in an inability to deliver the target of ten patients in that category by 15 April 2007. He advised that discussions were taking place with the local authorities to resolve this issue.

Mr. Ross also advised that a planned review would take place with Lanarkshire Partnership to look at each initiative funded through delayed discharge to determine the effectiveness of current initiatives and to inform future service direction and resource allocation.

5.4 DIVISIONAL REPORT

Mr. Ross reported on a wide range of operational issues within the Acute Division. The report included an overview of emergency activity and bed availability across the three acute hospital sites. It was noted that the level of emergency admissions continued to be high, but the number of occasions that GP calls were re-directed had reduced significantly.

The Committee noted that activity in the neonatal unit had settled slightly with the unit operating at 80% occupancy in the last few weeks, rather than cot capacity being exceeded on a regular basis and that work continued on a range of measures to alleviate nursing and medical pressures.

Mr. Ross advised that plans to establish the new Lanarkshire Cancer Centre at Monklands Hospital would be submitted to the 25 October 2006 NHSL Board meeting for consideration prior to submission to the Deputy Minister for Health and Community Care for formal approval. The Committee was informed that work had been ongoing with clinical staff, key stakeholders, patient groups, cancer groups and the Beatson Oncology Centre to develop plans for the cancer centre and the outcome of this work had identified Monklands Hospital as the most appropriate site for the purpose-built facility. Dr. Browning indicated that the new cancer centre would provide the highest standard of care for patients undergoing cancer treatment and would allow improved team working and staff development. It would provide the majority of cancer treatments in Lanarkshire and allow many patients who travelled to Glasgow to access their treatment locally.

Members noted details of the current areas of clinical concern in relation to clinical effectiveness within the Division along with an indication of actions that had been undertaken. Two issues regarding drug errors were particularly noted, along with an indication of actions that had been undertaken. In response to concern expressed by committee members, they were assured that additional audits of compliance had been introduced immediately, and that ultimately the results from investigations would determine any further interventions and actions as a priority. A detailed action plan would be developed with timescales and responsible persons identified, which would be considered and ratified by the Clinical Board, Divisional Management Team, Health & Clinical Governance Steering Group, Health & Clinical Governance Committee and the Risk Management Steering Group. Mrs. Nelson confirmed that the Clinical Governance Committee had already been following up two cases involving insulin doses and said that this new 'near miss' case would also be followed up at the next meeting of that Committee.

Mr. Ross updated the Committee in relation to national discussions that were ongoing in regard to implementing the same terms and conditions under Agenda for Change (AfC) for contracting staff working within the NHS, which would impact on the current PFI contracts at Hairmyres and Wishaw Hospitals. He confirmed that AfC terms and conditions would be implemented from October 2006, with some retrospective payments, for staff working within the PFI contracts. As previously advised, there will be no national funding available for this change, although likely costs have been taken into consideration in the NHS Lanarkshire financial plan.

Committee members noted a summary of Acute Division issues that had received publicity during September 2006.

6. CORE AGENDA ITEMS – REPORTED QUARTERLY

6.1 COMPLAINTS REPORT: APRIL TO JUNE 2006

Mrs. Welton provided an overview of the report on formal and informal complaints received by the Acute Division for the period April to June 2006 along with an indication of the issues raised and actions undertaken. It was noted that the report had been updated to reflect organisational change from 1 April 2006. Mrs. Welton advised that the Datix Complaints Management software was now being utilised to record and manage concerns and complaints throughout the Division and that the new software would allow greater flexibility in system interrogation and reporting than the software previously used.

Mrs. Welton reported that overall the number of complaints received between April and June fell by 17% when compared with the previous quarter and by 33% compared with the same period in 2005. It was noted that Wishaw General Hospital continued to receive more complaints than the other two sites, with the greatest variations being in A&E, Orthopaedics and Obstetrics. Members were advised that although complaints continued to be managed on a site basis, since the introduction of organisational change complaints were analysed from a specialty level to compare how they are dealt with across the three sites. Mr. Clark suggested that it might be useful to have a correlation of the number of complaints against the number of patient treatment episodes. He was advised however that this would be difficult to achieve due to the different bed base at each of the hospitals.

The Committee noted a summary of the latest position in relation to appeals made by complainants to the Scottish Public Services Ombudsman. Mrs. Welton advised that the Ombudsman may again be reconsidering how her office functions in view of the volume of outstanding cases across all the sectors in which she has jurisdiction.

Committee members were pleased to note that an independent advice and support service for individuals with queries or complaints had been established with a consortium of local Citizens Advice Bureaux. Mrs. Welton advised that the service was publicised both in the press and within NHS Lanarkshire to make patients and staff aware of the facilities available.

Mr. Currie commented that proportionately the number of complaints was very small and it would appear that overall satisfaction of the service was high, but it was pleasing to know that all complaints were dealt with timeously and investigated thoroughly. Mrs. Nelson commented that not all complaints were reported, either formally or informally, for reasons personal to those involved. These should not be discounted however as they were recounted to friends and relatives and thereby gained bad press for the service.

7. SPECIAL INTEREST ITEM

7.1 ANGIOGRAPHY/ANGIOPLASTY

Dr. Brian O'Rourke, Consultant Cardiologist and Ms. Ruth Thompson, Service Manager in Emergency Medicine, presented an overview of the work being undertaken in the Cardiac Catheterisation Laboratory Services.

Dr. O'Rourke outlined the patient's journey for cardiac procedures at Hairmyres Hospital, through routine Cardiology Out-patient clinics, the Rapid Access Chest Pain service and In-patients in CCU, CPAU and general wards. He explained that 150 permanent pacemaker implants had been carried out at Hairmyres last year on patients with symptomatic slow heart rhythms, and was of the opinion that this was a service that could be extended to Lanarkshire patients who traditionally have gone to Glasgow for this procedure.

Dr. O'Rourke provided an explanation of the other procedures carried out, i.e., Angiography, Angioplasty and Stenting. He explained that Angiography was an invasive diagnostic procedure that allowed accurate imaging of the coronary vasculature; Angioplasty was a procedure to treat coronary artery disease and that a Stent was commonly used to hold the artery open following the procedure. In some cases the angiogram progressed straight to angioplasty in the same operation.

He advised that clinical outcomes for patients following angioplasty resulted in less angina, less need for medication, improved quality of life and improved survival. There were financial implications however and Ms. Thompson advised that the cost of an Angiography was £267 per procedure. Angioplasty £1,213 per procedure plus the cost of Stents which were £200 for Bare Metal Stents (BMS) or £590 for Drug Eluting Stents (DES). The Committee was aware of the cost pressures in this area frequently reported through the finance reports in relation to the increased costs for drugs, which included Stents.

Ms. Thompson explained the current waiting time guarantees and provided details of developments required to ensure these guarantees were met. These included the need for an additional three catheterization laboratory sessions, which would involve the redesign of the ward area and relocation of non-cardiology services; expansion of NHS Lanarkshire's Pacemaker services; and gaining recognition as a Sub-regional Interventional Cardiology Centre. It was noted that discussions were taking place with Ayrshire & Arran and Dumfries & Galloway with a view to giving them access to Hairmyres as a sub-regional centre as an alternative to their patients going to Glasgow. Dr. O'Rourke explained that this would require provision of a 24-hour service.

Mr. Currie thanked Dr. O'Rourke and Ms. Thompson for their extremely informative presentation, which helped the Committee to understand the pressures and issues surrounding delivery of cardiology services.

8. ITEMS FOR NOTING

8.1 MINUTES FROM COMMUNITY HEALTH PARTNERSHIP (CHP) NORTH OPERATING MANAGEMENT COMMITTEE (OMC) MEETING HELD 9 AUGUST 2006

The Committee noted the content of the minutes from CHP North's Operating Management Committee meeting that was held on 9 August 2006.

8.2 MINUTES FROM COMMUNITY HEALTH PARTNERSHIP (CHP) SOUTH OPERATING MANAGEMENT COMMITTEE (OMC) MEETING HELD 10 JULY 2006

The Committee noted the content of the minutes from CHP South's Operating Management Committee meeting that was held on 10 July 2006 2006.

9. ANY OTHER COMPETENT BUSINESS

There was no further competent business.

10. DATE AND TIME OF NEXT MEETING

It was agreed that the next meeting would take place on *Thursday 14 December 2006 at 1:30 pm, in the Boardroom, Wishaw General Hospital.*