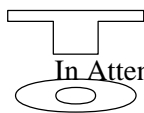


**MINUTES OF A MEETING OF THE
ACUTE OPERATING MANAGEMENT COMMITTEE
HELD ON THURSDAY 24 AUGUST 2006 AT 1:30 PM
IN THE BOARDROOM, WISHAW GENERAL HOSPITAL**

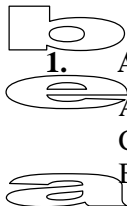


Present: Mr. T Currie, Non-Executive Director (Chairman)
Mrs. M Nelson, Non-Executive Director

Mrs. I Barkby, Divisional Nurse Director
Mr. R Garscadden, Divisional Planning Manager
Mr. A Goor, Divisional Finance Director
Ms. J Hope, Divisional General Manager, Women's, Cancer & Diagnostics Services
Mr. D Hume, Divisional General Manager, Emergency & Medical Services
Mrs. R Lyness, Divisional General Manager, Surgical & Elective Services
Mr. IA Ross, Director of Acute Services
Mr. C Sloey, Director of CHP North

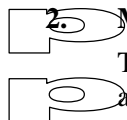


In Attendance Ms. K Thomas, Head of Workforce Development (on behalf of Mr. Walker)
Mrs. S. Welton, Head of Patient Affairs (Item 6.2 only)
Mrs. M Sinclair, Acute Division Administrator



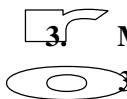
1. APOLOGIES

Apologies were received on behalf of Mr. DH Clark, Non-Executive Director, Mr. A Lawrie, Director of CHP South, Mr. G Walker, Director of Human Resources, Dr. JD Browning, Medical Director and Mr. D Browning, General Manager, Property & Support Services.

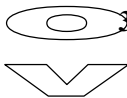


2. MINUTES FROM PREVIOUS MEETING

The minutes of the Acute Operating Management Committee meeting held on 29 June 2006 were approved as a correct record.



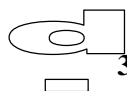
3. MATTERS ARISING



3.1 FUTURE AGENDA ITEMS



The Committee agreed a revised reporting schedule, which included standing core agenda items that would be discussed by the Committee at its bimonthly meetings and other items of particular interest that would be scheduled into the programme of meetings throughout the year to meet any particular milestone dates.



3.2 STAFF SIDE MEMBERSHIP

It was noted that discussions were ongoing in relation to the nomination of the Staff Side Representative for the Acute Division. These discussions were being led by the Employee Director with the staff side representatives and it was anticipated that a decision on a representative would be taken within the Partnership Forum.

3.3 TERMS OF REFERENCE

At the 29 June 2006 OMC meeting, Mr. Currie had wondered whether the Acute OMC should consider having expanded Terms of Reference in addition to the Remit approved at its inaugural meeting on 19 April 2006. He explained that following discussion with Mr. Ross it had been agreed that as the Operating Committee had previously sat in the Acute Division the Remit would suffice. It was explained that detailed Terms of Reference were only required in the newly established Community Health Partnerships.

4. ITEMS FOR CONSIDERATION

4.1 CONSULTANT APPOINTMENTS

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

The Committee approved the nine Consultant Appointments that had been recommended by the Advisory Appointments Committees and ratified by a sub-group of the Operating Management Committee.

It was noted that one of the Consultant Radiologist appointees had originally commenced within NHS Lanarkshire as a short-term Locum Consultant under the Scottish Executive's Eastern European recruitment initiative via BlueCare. Mrs. Lyness indicated that although there had been some early issues in relation to language skills, the initiative had on the whole been successful and she agreed to provide the Committee with a report on the latest position in relation to the BlueCare initiative. *Action: RL*

The Committee was pleased to note that there appeared to be an increase in the number of applicants for vacant consultant posts. Ms. Thomas indicated that this might be attributed to all vacant consultant posts now appearing on the SHOW website, and the fact that prospective candidates were proactively browsing the internet.

Mr. Hume enquired about the latest position in relation to establishing Physician Assistant posts and Ms. Thomas agreed to arrange for a progress report to be provided to the Committee at a future meeting. *Action: KT/GW*

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 31st July 2006. He advised that the month 4 position indicated a net overspend of £455,000 for the Acute Division compared with the year to date budget, with Pay costs £81,000 underspent and Non-pay costs £539,000 overspent.

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 overspend included costs of approximately £300,000 relating to Original Pack Dispensing (OPD). Mr. Goor indicated that the current on-going assessment of the impact of the OPD service across NHSL would be taken into account as part of the mid-year review process.

It was noted that despite additional funding being allocated for the period April to July, drugs costs continued to remain high and were the main contributing factor to the overspend in Non-pay costs.

The Committee also noted that an exercise to identify the impact of the changes to enhanced payments for staff on sick leave would be carried out over the next few weeks, which could result in further funding being released from the Agenda for Change allocation and hopefully alleviate some of the current pressures on Pay costs.

In relation to Savings, Mr. Goor advised that the Acute Division had been required to identify £2.7m savings for 2006/07. To date £2.4m had been implemented and it was noted that discussions remained on-going to confirm the remaining £300,000 required to meet the in year savings target.

Mr. Goor indicated that the Division was cautiously optimistic of achieving the year end target of break-even, although it was recognised that meeting financial targets would be a challenge taking into account the risks in relation to increased activity, meeting waiting time targets and drug costs.

There/.....continued overleaf

There was discussion in relation to the issue of national contracts and the fact that predicted cost savings benefits were not being seen at local level. Mr. Goor advised that the Scottish Executive had been made aware of this issue.

Mr. Goor also advised that discussions were continuing at national level in relation to the National Tariff and although £1m had been taken into account in the financial plan it was unclear what impact the tariff would have on NHSL.

5.2 WAITING TIMES REPORT

Mr. Garscadden provided a report on the latest position in relation to compliance with national waiting time guarantees. He also produced 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.

He advised there had been a decrease during July in the total number of inpatients and day cases waiting over eighteen weeks and in addition the number of Orthopaedic patients continued to fall in line with the trajectory. He provided an overview of work being undertaken within Cancer services, Diagnostics and Unscheduled Care with a view to achieving and sustaining waiting time guarantees. He explained that additional capacity was being generated, but there was a requirement to ensure that any additional capacity was sustainable, and could deliver and improve services to patients.

It was noted that there continued to be pressure around Orthopaedics services, but progress was being made in discussions with clinicians around a single service model for Orthopaedics across Lanarkshire. Mr. Garscadden advised that recruitment of additional consultant and supporting staff would increase capacity, but in the meantime the current shortfall required continued reliance on internal waiting list initiatives, access to the National Golden Jubilee Hospital and use of the Independent Sector through a contractual agreement to the end of December 2006. Mrs. Lyness highlighted the issue of meeting the guaranteed time to theatre for hip fracture patients, which would require new ways of working for consultant staff. She also highlighted that the success of Extended Scope Practitioners in the Orthopaedic and Low Back Pain projects had reduced outpatient waiting times, but it had resulted in conversion of patients on to the waiting list for theatre procedures. It was considered that a split between trauma and elective procedures would be required to address this issue.

Mr. Garscadden indicated that permanent investment and service redesign was key to the successful delivery of all of the waiting time guarantees, but this would take time. There was confidence however that NHSL would deliver the waiting time guarantees, but the investment required inevitably would result in increased pressure in relation to funding.

5.3 DELAYED DISCHARGE REPORT

Mr. Garscadden gave a verbal report on the latest position in relation to delayed discharges. He explained that discussions had taken place with the Local Authorities and agreement had now been reached on how the delayed discharge information would be presented in future, and a written report would be available for the next OMC meeting.

He advised that the number of beds occupied by delayed discharge patients in short term beds was 8; the target to be met by NHSL by 15 April 2007 was ten. The number of patients delayed over six weeks was 27, which was higher than normal, against a target of 20 patients by 15 April 2007, reducing to zero.

It was noted that Adults with Incapacity whilst not impacting on the number of delayed discharges continued to have an impact and restrict the number of acute hospital beds available for routine use. Mr. Garscadden indicated that this issue was on the agenda for discussion with the Scottish Executive at a meeting to be held in early September 2006.

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 pressure on bed availability continued, particularly due to a high number of respiratory emergency admissions caused by the recent spell of very hot weather. Mr. Currie suggested that bed availability might feature as a special interest item at a future meeting. Mr. Ross indicated that this issue would be covered within the Unscheduled Care Collaborative project, which was due to be featured at a future meeting.

Members of the committee noted that activity in the neonatal unit remained high with cot capacity being exceeded on a regular basis. They also noted that an action plan had been developed to put in place a range of measures to alleviate nursing and medical pressures.

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 advised that AfC terms and conditions would apply from October 2006 and that discussion continued in relation to retrospective payment. Mr. Ross indicated that although the Scottish Executive had indicated that they might finance the retrospective payment there would be a financial impact of approximately £1m per annum on NHSL in implementing this agreement.

Mr. Ross provided a verbal update on the latest position in relation to Soft FM services at Hairmyres Hospital. He advised that discussions continued in relation to a negotiated resolution and competitive tendering and the outcome would be reported to the Corporate Management Team and Lanarkshire NHS Board.

Other issues reported included details of a recent Patient Catering Opinion Survey and a report on the Monitoring Framework for the National Cleaning Services Specification. The patient catering survey had been undertaken across all NHSL inpatient wards, based on a sample of 300 patients at each acute hospital site. It was noted that results from the survey demonstrated that overall 79.4% of patients who had responded to the survey within the Acute Division had stated that overall they found their meal enjoyable. The committee noted that the survey results would form the basis for benchmarking and would enable NHSL to identify areas of good practice and ensure that patient satisfaction levels were monitored on a regular and ongoing basis.

It was noted that responsibility for the national cleaning services specification report lay with the PFI/PPP Contracts Department to carry out the peer review required by the monitoring framework to ensure that the reported standards were being achieved and accurately reported on a quarterly basis. It was also noted that NHSL's first quarter report for April to June 2006 had indicated that all seven returns made were above 90% and within the acceptable green category.

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.

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

6. CORE AGENDA ITEMS – REPORTED QUARTERLY

6.1 H.R. WORKFORCE REPORT – 1 APRIL TO 30 JUNE 2006

Ms. Thomas provided an overview of the workforce quarterly report for the period 1st April to 30th June 2006. She explained that the report had been commissioned by the Human Resources Forum, who had determined which HR Key Performance Indicators should be contained within the report, the majority of which were those required for Staff Governance purposes as laid down in the Staff Governance Audit.

The report covered five key performance indicators across NHS Lanarkshire, consisting of a report from the Head of Workforce Development on staffing numbers and headcounts, whole time equivalents, age/gender, reasons for leaving and sickness absence referenced across the Division. There was a report from the Head of Industrial Relations on discipline and grievance activity, and one from the Head of Employment Services on recruitment hot spots, redeployment and Bank & Agency. The Deputy Director of HR (Salus) had included a report on the agreed Occupational Health Performance Indicators. There was also a report from the Head of Medical Staffing on Medical and Dental vacancies and Consultant recruitment.

The Committee particularly noted the Sickness Absence rates, which were above the target rate of 5.2% by March 2007 and 4% by March 2007.

It was noted that as part of the roll-out plan for Empower, it was intended to identify individuals within the Divisions and Localities who could be given access to Empower and trained in order to carry out any detailed analysis that might be of value.

Committee members thanked Ms. Thomas for guiding them through the reports, which they found useful in informing them of the information available and understanding the issues within the divisions.

6.2 ANNUAL COMPLAINTS REPORT FOR 2005/2006

Mrs. Welton outlined the Acute Division's performance in managing formal complaints for the period 2005/06. Details of the number of written complaints received, response times and issues raised were provided in the report. It was noted that overall there had been a marginal increase in the number of formal complaints received, 571 compared with 568 in 2004/05, which equated to one formal complaint for every 1161 patient episodes. It was also noted that the national target of 20 working days for responding to formal complaints was achieved in 94% of cases (100% at Monklands, 99% at Hairmyres and 85% at WGH), compared with a national average in 2004/05 of 68%.

Mrs. Welton reported that the principal issues raised in the formal complaints reflected previous local experience and the national picture, i.e., staff attitude, behaviour or communication; clinical treatment; and waiting times. She explained that complaints were managed on a hospital site basis and assured the Committee that any patterns that emerged were picked up by the General Managers, information was shared and procedures changed where necessary.

On a positive note, it was noted that there were many cards and letters of appreciation received by wards and departments, which indicated that the care patients received was greatly appreciated by them and their families.

7. SPECIAL INTEREST ITEM

7.1 CANCER SERVICES – WAITING TIMES

Ms. Hope presented an overview of the work being undertaken to deliver the Cancer agenda. She outlined the strategic direction being taken in "A Picture of Health" to create a cancer network that would deliver the Scottish Executive's timetable for the 10 main tumour groups, which were noted as Breast, Colorectal, Lung, Urology, Haemato Oncology, Dermatology, Palliative Care, Head & Neck, Gynaecology, and Upper GI. She explained that the cancer structures had been reviewed, clinical leads appointed to the tumour groups and a new Lanarkshire Steering Group established that would take forward delivery of the 62 day patient journey target. Service redesign was being undertaken to ensure the same model of care was offered to patients irrespective of which hospital site they might attend.

Ms. Hope presented details of the patient journey from urgent referral to first definitive treatment and provided details of Lanarkshire's performance from March to July 2006 in Breast, Colorectal and Lung cancers, all of which showed an improvement, with 94% achieved in Breast in July 2006 against a compliance requirement of 95% for all cancers. The introduction of cancer trackers meant patients' journeys were being actively managed against timelines

The Committee noted that weekly reporting was being carried out which allowed active management against milestones and improved "real time" information. It also facilitated earlier intervention to avoid any possible breaches and provided better tracking of onward referrals to, for example, the Beatson Oncology Centre. It did however challenge resources, time and capacity. In accordance with the Scottish Executive timetable weekly reporting would be achieved across Colorectal, Lung, Breast and Ovarian tumour groups by 5th September; and in Blood, Head & Neck, Melanoma, Urology and Upper GI by 3rd October 2006.

The Committee noted that good progress was being made towards delivery of cancer waiting times within the Scottish Executive targets and appreciated the amount of work being carried out by the multi-disciplinary teams in achieving this.

The Committee found the presentation to be extremely informative and useful in helping them to understand the issues surrounding the delivery of Cancer services. Mr. Currie suggested that it might be beneficial if the information was presented to a future meeting of Lanarkshire NHS Board.

Action: IAR

TOP SECRET

8. ITEMS FOR NOTING

8.1 MINUTES FROM COMMUNITY HEALTH PARTNERSHIP (CHP) NORTH OPERATING MANAGEMENT COMMITTEE (OMC) MEETING HELD 7 JUNE 2006

The Committee noted the content of the minutes from CHP North's Operating Management Committee meeting that was held on 7 June 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 19 October 2006 at 1:30 pm, in the Boardroom, Hairmyres Hospital.***