Agenda Item 2

MINUTES OF A MEETING OF THE ACUTE OPERATING MANAGEMENT COMMITTEE HELD ON THURSDAY 29 JUNE 2006 AT 1:30 PM IN THE BOARDROOM, MONKLANDS HOSPITAL

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

Mrs. I Barkby, Divisional Nurse Director
Dr. JD Browning, Medical Director, NHS Lanarkshire
Mr. R Garscadden, Divisional Planning Manager
Ms. J Hope, Divisional General Manager, Women's, Cancer & Diagnostics Services
Mr. D Hume, Divisional General Manager, Emergency & Medical Services
Mrs. C Nelson, Head of Function, Management Accounts (on behalf of Mr. Goor)
Mr. IA Ross, Director of Acute Services
Mr. C Sloey, Director of CHP North
Mr. G Walker, Director of Human Resources

In Attendance Mrs. M Sinclair, Acute Operating Division Administrator

1. APOLOGIES

Apologies were received on behalf of Mrs. M Nelson, Non-Executive Director, Mr. D Browning, General Manager, Property & Support Services, Mr. A Goor, Divisional Finance Director, Mrs. R Lyness, Divisional General Manager, Surgical & Elective Services, and Mr. G Sage, Interim Director of CHP South.

2. MINUTES FROM PREVIOUS MEETING

The minutes of the Acute Operating Management Committee meeting held on 19 April 2006 were approved as a correct record.

3. MATTERS ARISING

3.1 FUTURE AGENDA ITEMS

The Committee considered a list of agenda items that had been prepared by Mr. Ross. The list 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.

Dr. Browning requested that issues relating to Quality of services be included in the list of core agenda items, to allow the Committee to focus on service provision. He indicated it was his intention that the Committee should receive regular reports from the Acute Division Clinical Board and that he would discuss this issue at the Clinical Board meeting to be held on 30 June 2006. Mr. Clark suggested that there could be benefit in linking with NHS QIS reports. ***Action: JDB***

Mr. Walker indicated it was his intention to report to the Committee on a regular basis against HR indicators.

Mrs. Barkby asked that in addition to Consultant staffing, Associated Healthcare Providers (AHPs) and other groups should be included under Modernising Medical Careers.

In relation to the Waiting Times reports, it was agreed that it would be beneficial to focus on a particular specialist area at each Acute OMC meeting.

Mr. Clark suggested it would be of benefit for the Committee to have discussion around the outline service configuration for the level 2 and level 3 hospitals at future meetings, and it was agreed that this would be added to the Areas of Particular Interest.

Dr. Browning stressed it was important that the three OMC Committees were kept informed of progress being made in Acute and Primary Care in relation to A Picture of Health, and suggested there would be benefit in each OMC Committee receiving a PoH progress report on a regular basis. Mr. Currie agreed it was important to maintain a focus on single system working to ensure best service for patients.

Mr. Ross agreed to update the reporting schedule, taking account of the suggestions made, and to submit a revised version to the 24 August 2006 Acute OMC meeting. ***Action: IAR***

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. It was anticipated that a decision on a representative would be taken within the Partnership Forum.

4. ITEMS FOR CONSIDERATION

4.1 CLINICAL LEADERSHIP SUPPORT & SUPERVISION (CLSS)

Mrs. Barkby reported on an audit of care that had taken place at ward level across the three hospital sites. She indicated that Paul Martin, Chief Nursing Officer at SEHD had expressed an interest in the audit and had requested a meeting with her to discuss the audit tool and the results.

Mrs. Barkby provided details of the scoring system, which showed that the highest score of 99-132 indicated minor adjustments required, 66-98 some adjustments required, 33-65 moderate adjustments required and 0-32 significant adjustments required. She provided an overview of the results obtained and advised that 67% of departments had scored in the 99-132 range, 32% in the 66-98 range and 1% in the 33-65 range. It was noted that site action plans had been developed with timescales and individuals responsible to address areas of concern identified in the wards/departments in the 66-98 scoring range, with a target of achieving a score in the 99-132 range when re-audited. It was also noted that the ward with a score in the range of 33-65 had been re-audited following the implementation of an action plan and had scored 105.

A summary of the common themes that were identified and required to be addressed by local action plans was noted.

Mrs. Barkby advised it was intended that there would be an annual audit cycle, but audit would be done more frequently if required. She also advised that the audit tool would be reviewed and improved prior to the next programme of audits to address the issue of falsely high results, particularly in non-inpatient areas. Mrs. Barkby advised that the scoring tool particularly focused on nursing and wards, but it was intended to develop a version for Outpatients and A&E departments. Dr. Browning advised that other clinical areas, such as Radiology, Laboratories, were audited quite vigorously by Radiation Protection and CPA assessments. However, it might prove useful to use a similar audit tool on multi-disciplinary teams, e.g., Managed Clinical Networks.

Mrs. Barkby advised that staff response to the audit had been very positive and the report had been extremely useful in triangulating themes that emerged from patient complaints.

Members of the Committee commended the report and acknowledged the superb piece of work that had been undertaken by senior nursing staff and considered that it was a very useful addition to addressing the key issue of quality of patient service.

4.2 PERFORMANCE ASSESSMENT FRAMEWORK (PAF) – FIELD 4

Mr. Ross reminded members that until mid-2005 the NHSL Operating Management Committee (OMC) had received regular PAF reports on six of its fields. Now that the single OMC had developed into three separate Acute and CHP OMC's, the Corporate Management Team had agreed that the remaining PAF reports for 2005/06 should be submitted to the relevant new committees. The final report for PAF Field 4 was therefore submitted to the Acute OMC for noting.

Mr. Ross reported that of the 17 indicators in Field 4, eight showed NHS Lanarkshire as performing either significantly better or poorer when compared to the national average or target. The five indicators performing significantly better were noted as:

- Percent of complaints responded to within 20 days
- A&E trolley cases treated within 2 hours
- Angiography waits over 8 weeks
- Angioplasty waits over 18 weeks
- Urgent breast cancer referrals commencing treatment within one month

The three indicators performing significantly poorer were noted as:

- Outpatient waits over 26 weeks
- Inpatient/day case waits over 26 weeks
- Number of trained cleanliness champions

Mr. Ross advised that the 8 indicators showing variances had been reviewed with named leads and action plans put in place to complete the programme for 2005/06. The Committee noted these plans.

It was noted that these PAF reports were based on the final data release by the PAF system in May 2005 and were therefore historical; the PAF system had been discontinued and had since been replaced with targets and measures within the Local Delivery Plan for 2006/07. Discussion was ongoing within the Corporate Management Team in relation to how performance would be reported throughout NHSL.

5. CORE AGENDA ITEMS – REPORTED BI-MONTHLY

5.1 FINANCIAL POSITION

Mrs. Nelson reported on the Acute and Corporate Division financial position for the period to 31st May 2006. She advised that although the initial report had indicated a net overspend of £490,000 compared with the year to date budget, further investigation had revealed adjustments that required to be made, resulting in the deficit being reduced to £193K. This was due to various reasons, such as bank charges and reversal of pay accrual and to the reconfiguration of the hospital based division into the new area-wide clinical division model, which had resulted in a number of accounting/reporting anomalies.

Mrs. Nelson 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. It was noted that £140k of the overspend related to Original Pack Dispensing and that discussions were taking place between the Acute Division, Primary Care and Pharmacy to resolve this issue.

Mrs. Nelson advised that work was in progress in relation to funding of vacant Consultant posts, i.e., posts funded at the rate prior to Consultants' Contract; which could result in a £500k cost pressure.

In relation to Savings, Mrs. Nelson advised that the Division had been required to identify £2.7m savings this financial year. To date £2.4m had been identified and it was noted that discussions were at an advanced stage to identify the £0.3m balance.

The Committee appreciated that the Division faced a significant challenge in delivering cost containment measures in the financial year and Mr. Currie stated that finance would continue to receive the full attention of the Committee.

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 that good progress was being made on delivery of all waiting time guarantees, but advised that there continued to be pressure around Orthopaedic services. He also advised that the Cataract Collaborative had now been established and that work was in progress to identify capacity and demand and that the increase in patients waiting over three months was currently being addressed.

Mr. Garscadden advised of particular pressures around compliance with the waiting time guarantee for lung and colorectal cancer. He stressed the need to achieve 95% by the end of September 2006 and he advised that an action plan had been prepared to deal with patients waiting over 62 days, with the introduction of additional capacity during July and August to deal with the backlog of patients. In addition urgent GP referrals would from 3rd July 2006 be managed to comply with the 62-day guarantee. Systems were in place to manage the patient journey and to ensure there was an alert when a patient was approaching the guarantee period and service managers and patient trackers were meeting weekly to monitor real time patient information and ensure milestones were being met.

He advised that real time information to manage compliance with the waiting time guarantees for Breast and other tumour types in an effective manner was being introduced and that the Division would be in a position to capture and report on real time information on all of the main tumour types between now and the end of December.

It was noted that a Diagnostics Collaborative had been established and that work was in progress to develop a single patient pathway for both endoscopy and radiology. Mr. Garscadden advised that financial support was available from the Scottish Executive in relation to improvement in Diagnostics waiting times, and it was anticipated that access to funding would be available to NHSL following submission of a robust investment/action plan.

Mr. Garscadden reported that work was in progress to reduce the number of patients with an ASC code. He advised it was proposed to introduce the recommendations of New Ways Guidance designed to improve the management of waiting lists and that agreement had been reached with Consultant staff regarding how the Division intended to apply the guidance in terms of patients who were medically unfit.

5.3 DELAYED DISCHARGE REPORT

Mr. Garscadden advised on the latest position in relation to delayed discharges. It was noted that the number of delayed discharges at 15 June 2006 was 33, a reduction of 13 on the previous month.

He advised that the Scottish Executive had indicated that the delayed discharge target to be reached by NHS Lanarkshire by 15 April 2007 was:

- Reduce to 10 all delays over six weeks
- Reduce to 9 all beds occupied by delayed discharge patients in short term beds

It was intended to commence reporting on the revised targets from 1 July 2006.

Mr. Garscadden also advised that funding had been received during the past month for 21 nursing home places, mostly from North Lanarkshire Council. He indicated that NLC had agreed to provide NHSL with a monthly allocation of nursing home places, the number of which was still to be confirmed.

Mr. Ross advised that Mr. Hume was undertaking a piece of work to establish how the reduction in the number of delayed discharges was linked with bed availability and usage.

Mr. Garscadden highlighted the issue of Adults with Incapacity and indicated that whilst not impacting on the number of delayed discharges, these patients continued to have an impact and restrict the number of acute hospital beds available for routine use.

5.4 DIVISIONAL REPORT

Mr. Ross reported on a wide range of operational issues within the Acute Division. The report included an overview of the transfer of all Medicine for the Elderly beds currently within Primary Care Hospitals, into the Acute Division. To ensure a more effective and cohesive service for the elderly, these hospital beds will be incorporated into the Old Age Medicine Directorate within the Emergency & Medical Clinical Division on Monday 3rd July 2006.

The Committee noted that a series of meetings had taken place with staff at Monklands Hospital following the Board's decision in relation to A Picture of Health. Mr. Ross advised that communication and support for staff would continue to be available from HR and through training, and Mr. Hume advised that his Clinical Division team would meet with staff to give assurance that there will be support throughout the process.

Mr. Ross updated members on the latest position in relation to Soft FM services at Hairmyres Hospital. He advised that a negotiated resolution to the issue of Soft FM service costs had commenced and that the outcome of these negotiations would be reported to the Corporate Management Team and might also be referred to the Lanarkshire NHS Board in relation to competitive tendering.

Another issue reported by Mr. Ross was in relation to national discussions that were ongoing in regard to the NHS paying contracts the same terms and conditions under Agenda for Change as the NHS. He advised that a framework agreement had been established in England and Wales that allowed such terms and conditions to be paid to contractors. The current national discussions centered on the exact arrangements that would be applicable to Scotland and how such costs would be funded. Thereafter further discussions would be required with each individual contractor as to how the arrangements were implemented and monitored. It was noted that Mr. Walker, Mrs. Goldsmith and Mr. Ross were involved in the national discussions.

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.

Mrs. Barkby advised that a national Infection Control report was due to be released on 10 July 2006, which indicated a slight increase in Lanarkshire infection rates. An investigation was underway by the Infection Control team and early indications were that rates were back down to normal. Mrs. Barkby indicated that cleanliness in the hospitals was a high priority and that to date 418 members of staff in the Acute Division were being trained as Cleanliness Champions, with 111 staff already qualified.

Committee members noted a summary of Acute Division issues that had received publicity during May 2006. Mr. Currie commented that one of the daily national press appeared to have a particular issue with Wishaw General Hospital. Mr. Ross advised that this did appear to be the case and that Mrs. Hamilton, Head of Communications, had discussed the issue with the managing editor who had agreed that there did seem to be a certain degree of bias. An invitation had been extended to the editor for his reporting staff to come and meet the staff at the hospital, but had not been taken up by them.

6. CORE AGENDA ITEMS – REPORTED QUARTERLY

6.1 QUARTERLY COMPLAINTS REPORT – JANUARY TO MARCH 2006

The Committee noted the report on formal and informal complaints received by the Acute Division for the period January to March 2006 along with an indication of the issues raised and actions undertaken. The DMT It was noted that overall the number of complaints received between January and March fell marginally when compared with the same period in 2005, but rose by 34%

on the October to December 2005 quarter. This increase appeared to coincide with the publicity around the current A Picture of Health public consultation exercise; and previous experience had shown that period of sustained focus on local health services resulted in increased feedback from patients. Overall, complaints had fallen by 5% between 2004/05 and 2005/06. It was noted that there was a higher than average increase in complaints about delays at admission/discharge across all three sites.

Mrs. Barkby advised that traditionally the Division scored highly on a national basis in complaints management and in meeting response targets. It was noted that in the last quarter 98% of responses had been sent within the national target of 20 working days, but that the performance had slipped recently at Wishaw General. Ms. Hope advised that the complaints process at WGH had been reviewed and a standard template introduced that would reduce the response time, particularly in responding to complex issues in obstetric and paediatric complaints.

The Committee also noted a summary of the latest position in relation to appeals made by complainants.

7. SPECIAL INTEREST ITEMS

7.1 NATIONAL THEATRES PROJECT

Dr. Jane Burns, Consultant Anaesthetist and Clinical Director for Surgical & Critical Care Services Division presented an overview of the work being undertaken within the National Theatres Project, which was exploring with key stakeholders the benefits and practicalities of taking forward a continuous improvement process for Theatres in the light of the Audit Commission Report on theatres 2003. She presented details of the project group's wide-ranging remit, which included review of current available baseline data and its coverage relating to theatre demand, capacity and utilisation; exploration of the inclusion of specific clinical activity data in the continuous theatre management process; and development of a system specification for a national IT package.

Dr. Burns presented details of the progress made to date with the National Clinical Dataset Development Programme and advised that NHS Lanarkshire and NHS Tayside had been chosen as pilot sites for the validation and assessment of reporting and analysis of theatres data. She provided examples of data collected and how this could be used to ensure the best of use of both theatre and clinicians time and to produce meaningful Key Performance Indicators in Surgery.

Dr. Burns explained that most NHS Boards already had or were in the process of implementing a Theatres Management System and real-time information collection, including NHSL. She advised that NHSL was compliant with all of the data that required to be collected nationally in relation to financial, patient/quality and efficiency and there was also additional local information being gathered to enhance the information required nationally. There was confidence that the IT system procured by NHSL would meet the current national standard.

Mr. Gavin Halcrow, Service Manager for Anaesthetics, Theatres and Critical Care, indicated that a Theatre Management IT System had been implemented and was now live at all three hospital sites with real time information being input. Work was now being undertaken to establish what output reports would be of best value in determining more efficient utilisation of theatre time from anaesthesia through the operation and the patients transfer to recovery. He advised it was also intended to look at the financial issue in relation to the range of prosthetics used in Orthopaedics and the subsequent costs. He indicated that there was genuine interest being shown by theatre staff in the new system.

Mrs. Barkby indicated an interest in the system in relation to workforce planning and that it might be expanded to include rostering of nursing staff to ensure the correct mix of competency was available.

Mr. Currie thanked Dr. Burns and Mr. Halcrow for their presentation, which had been extremely useful in helping the Committee to understand the issues surrounding the use of Theatres. The Committee was pleased to note that NHSL had procured a new system with the potential to move

theatre management in the right direction. The Committee was advised that they would have an opportunity to see a demonstration of the Theatre Management IT system during their visit to Monklands Theatres immediately following the meeting.

8. ITEMS FOR NOTING

8.1 MINUTES FROM COMMUNITY HEALTH PARTNERSHIP SOUTH (CHP) OPERATING MANAGEMENT COMMITTEE (OMC) MEETING HELD 22.6.06

The Committee noted the content of the minutes from CHP South's Operating Management Committee meeting that was held on 22 June 2006.

8.2 MINUTES FROM COMMUNITY HEALTH PARTNERSHIP (CHP) NORTH OPERATING MANAGEMENT COMMITTEE (OMC) MEETING HELD 3.5.06

The Committee noted the content of the minutes from CHP North's Operating Management Committee meeting that was held on 3 May 2006.

Mr. Currie commented that both CHP North and CHP South OMC minutes referred to Draft Terms of Reference, and wondered whether the Acute OMC should consider having Terms of Reference in addition to the Remit approved at its inaugural meeting on 19 April 2006. Mr. Ross agreed to consider this issue and discuss with Mr. Currie prior to the next meeting. ***Action: IAR***

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 24 August 2006 at 1:30 pm, in the Boardroom, Wishaw General Hospital.***