



Draft notes to be approved at OMC meeting 7th February 2008

NHS LANARKSHIRE

COMMUNITY HEALTH PARTNERSHIPS

**NORTH OPERATING MANAGEMENT COMMITTEE
PERFORMANCE MANAGEMENT**

**Notes of Meeting Held On Wednesday 5th December 2007 at 1pm in Committee
Room 1, Divisional HQ, Strathclyde Hospital**

Present: Mr John Anning, Non – Executive Director (Chair)
Mr David Clark, Non – Executive Director
Mr Colin Sloey, Director CHP North
Mr Duncan MacKay, North Lanarkshire Council
Mr Stephen Kerr, Head of Planning and Performance
Mr John York, Deputy Director of Finance
Mrs Anne Armstrong, Divisional Director of Nursing (Primary Care)
Mr Kenneth Small, Director of OD & North CHP HR Representative
Mr Felix Mulholland, Public Involvement Representative
Mr Bob Smith, Public Involvement Representative
Ms June Vallance, Voluntary Sector Representative
Ms Judith Hope, General Manager/Acute Division Representative
Mr David Boyd, Staff Side Representative

In attendance: C Jack, (Minutes) Calvin Brown , Communications Manager,
G Walsh (Item 5.1)

1. APOLOGIES

Apologies were received from Ms Mary Castles, Director of Social Work & Housing, North Lanarkshire Council, Dr Jennifer Darnborough, Public Health Representative, Dr A Langa, Associate Medical Director, Dr Philip McMenemy, Associate Medical Director (Primary Care) and Miss Fiona Beaton, Public Involvement Youth Representative.

2. MINUTES OF LAST MEETING

The notes of the meeting held on the 9th August 2007 were formally recorded as a true record of the meeting. A short briefing note of the presentations and

subsequent discussions held in place of the meeting scheduled on 4th October 2007 had been circulated for information.

3. MATTERS ARISING

3.1 Public Partnership Representation

Mr Kerr advised that Miss Beaton was unable to attend meetings at present as she was in full time education but that he was in regular contact. Mr Anning advised that discussions had been ongoing regarding a member of the Carers Together group being represented at the OMC. It was noted that there was representation from this group at the North CHP Reference Group Forum and it was agreed that Mr Mulholland as Chair of the Reference Forum would make the necessary arrangements to seek nominations to attend future OMC meetings.

The OMC then considered the Public Partnership Forum Reference Group Working Agreement which had been circulated for information. The paper described the working relationship between the Reference Forum and the CHP with reference to overall aims and objectives and appropriate links to the Operating Committee. Discussion followed on wider involvement of the general public and the ongoing development of the Reference Forum as it becomes established as a route for health issues to be discussed and addressed and as a useful 'sign posting' tool for other user/carer groups. The Working Agreement was approved by the OMC, subject to minor amendments.

Ms Hope was introduced and welcomed to the Operating Committee as the nominated representative from the Acute Division. It was noted that Ms Hope would also attend the South CHP OMC.

Action: F Mulholland to seek nominations for carer's representation at future OMC meetings. S Kerr to continue to liaise with the youth representative to ensure an appropriate level of involvement with respect to Miss Beaton's other commitments. S Kerr was to amend the Working Agreement in respect of OMC representation and circulate to OMC and the Reference Group.

4. PERFORMANCE

4.1 Performance Management Report

Mr Kerr tabled an updated version of the above report, which highlighted a number of improvements within service areas since the last meeting. Mr Kerr commented on the following areas;

- Speech and Language Therapy – Only one area where there is a patient waiting over 8 weeks. Additional sessions that had been put in place are now having an effect despite an increase in the overall number of referrals.
- Psychology – It was noted that the numbers waiting for psychology services were variable across NHSL. Mr Kerr was arranging to meet with psychology

staff to review referral procedures and capacity management to address the variations in performance.

- Paediatric OT – The number of children waiting had been significantly reduced since the service had been reviewed.

Discussion followed on the actions that were being taken to address waiting times, with particular reference to capacity planning and a review of referral patterns and processes within psychiatry. A number of issues were raised around the information that was given to patients in respect of whether or not they would know if their referral had been triaged and assessed in terms of urgency and what would be the likely wait based on that assessment. Mrs Hope shared the experiences of the Acute Division in capacity management and in some cases redesign of services to ensure consistency of approach.

Action: It was agreed that there were a number of approaches that should be taken forward and Mr Kerr agreed to undertake this work and report back to the OMC. Mr Anning acknowledged the overall improvements to the waiting times and noted the timescales for the outputs of the other work mentioned.

4.2 Finance Report

Mr York made reference to the Finance Report to the period 31st October 2007 where a significant underspend was noted. Mr York went on to advise on the North CHP position and the financial position within each of the localities.

Discussion followed on the ‘vacancy management’ element that was contributing to the underspend and it was noted that a number of posts were now being filled. It was acknowledged however that there were a number of ‘difficult to fill’ posts which remained vacant although efforts had been made to either generate interest in these posts or redesign elements of these posts into other disciplines that might be easier to fill. Mr York commented on other factors which had an impact on the budget including an unexpected saving within the prescribing budget. Mr Sloey commented on a number of ‘Invest to Save’ schemes that would be funded from the underspend this year. It was also noted that an opportunity to improve facilities was being taken and that a significant number of schemes were due to be undertaken before the end of the financial year.

Action: Mr Anning noted the finance report and the OMC acknowledged and welcomed the opportunity to utilise some of the underspend to improve staff and patient environments.

4.3 Divisional Human Resources Report

Mr Small made reference to the HR reports previously circulated and these included the following;

- Employee Relations Report – This report detailed the number of grievances, and disciplinaries for the last quarter. North CHP details were noted with a note of caution that the report include details of staff who worked within North CHP areas but were managed by departments outwith North CHP and it’s hosted services.

- Employment Services Report - Mr Small highlighted detail pertinent to North CHP from this report noting the number of posts filled during the last period. It was noted that a 'pathway' event was to be held to help redesign and improve the efficiency of the recruitment process. Discussion followed on the poor response rates in the completion of exit interviews and how this could be addressed. Mr Small advised that this issue had been discussed at the North CHP - Staff Partnership forum that morning where it had been agreed that Managers and staff side would raise awareness of this issue and support and encourage staff to complete these questionnaires.
- Sickness/Absence Report - The latest figures on sickness absence were noted for North CHP. Following discussion at a previous OMC meeting, it was noted that Mr Small had now visited each of the General Managers in the localities to review the actions being taken locally to address sickness absence. Mr Small advised that he had been encouraged by the level of activity and attention that this issue was generating albeit that the figures did not reflect this good practice.

Action: The Divisional HR Report was noted by OMC. Mr Anning commented that he was encouraged by the activity around sickness absence.

4.4 Directors Report

Mr Sloey tabled his report and highlighted the following issues:

- Capital Programme – Mr Sloey gave a brief update on progress with the following capital projects;
 1. Airdrie Resource Centre - progressing as planned with discussions around the 'Heads of Terms' being negotiated with AWG Developments Ltd. Mr Sloey outlined the process to be followed to enable the project to be developed to the point of a full business case prior to agreement on a formal contract with AWG.
 2. Coathill and Caird House developments for patients with complex needs and the Learning Disability Assessment Centre have formed part of the 'bundling arrangements' with Carluke resource centre and will be formally tendered in January 2008. Mr Sloey explained the benefits of the bundling process in attracting good interest from potential developers.
- Keep Well Project - Mr Sloey highlighted that more than 7,300 patients had been screened via the Keep Well project within Wishaw, Airdrie and Coatbridge. A breakdown of the referral patterns was listed within the report and it was noted that the majority of onward referrals were being directed to the Chronic Disease Nurses (CDNs). Mrs Armstrong advised that further primary care investment would be targeted to provide additional CDNs to meet demand within primary care. It was agreed that a more detailed presentation the Keep Well project should feature on the agenda of the next meeting.

- Long Term Conditions – Mr Sloey gave a brief update on the Long Term Condition strategy and advised that the Divisional Director of Nursing was currently updating the workforce strategy in terms of the community nursing review to ensure that the additional resource committed to Primary Care by NHSL would be distributed to localities to improve capacity and capability to address care management, disease management, anticipatory care, self care and health improvement/illness prevention in keeping with the principles set out in Better Health/Better Care. Mrs Armstrong went on to advise that they had recently completed the Long Term Conditions Self Assessment Toolkit and had scored 95/100, which was an improvement on the previous year's score of 57/100.
- Mental Health Strategy (Financial Framework) – Mr Sloey gave an overview of progress with the implementation of the mental health service strategy with particular reference to the reinvestment of mental health monies to develop community based models following the redesign and rationalisation of in patient services. Mr Sloey's report gave a breakdown of where funds had been reinvested to date and of proposals to reinvest the remaining funds subject to approval through the relevant partnership structure. OMC acknowledged the progress made to date and the need to ensure that all mental health funds were reinvested back into the service to improve baseline services in line with service strategies and commitments to service users.
- Appointments – Mr Sloey gave a brief update on recent appointments within North CHP including the appointment of Geraldine Queen to the General Manager post within the Northern Locality.

Action: Mr Anning thanked the Director of North CHP for his comprehensive report and the OMC acknowledged the progress being made on a number of strategic issues. A presentation on the Keep Well project was to be scheduled for the next meeting.

5. GOVERNANCE

5.1 Quarterly Complaints Report

Mr Walsh attended the meeting to highlight issues from the Complaints reports for the period April to June 2007 and from July to September 2007. Mr Walsh highlighted the number of formal and informal complaints received during the two periods. It was noted that the percentage of responses completed within the national target of 20 working days fell during the April to June quarter to below 60% but had improved in the last quarter to just less than 90%. Mr Walsh acknowledged that performance against the national target required to be improved and maintained on a consistent basis and was seeking to address the issues that had contributed to the low performance including an early monitoring alert to the Director of North CHP.

Action: Mr Anning thanked Mr Walsh for his detailed reports and noted the actions being taken to improve response rates. The quarterly report for October to December 2007 would be made available to the next Committee meeting in February 2008.

5.2 Child Protection

Mrs Armstrong gave a brief update on progress with the preparations for the HMIE visit on Child Protection services due in February and March 2008. Mrs Armstrong gave a breakdown of the planned programme for the Inspection Visit and of the likely format which included a week where the Inspectors would thoroughly review 25 cases from both South and North Lanarkshire and in the following week meet with staff and services associated with these cases. It was noted that detailed preparations had been made in advance of the visit and in the submissions required to date.

Discussion followed on the increasing volume of detailed audits being undertaken within health and social services, which although critical to the reputation and patient confidence in the organisation, had significant manpower and resource implications.

Action: Mr Anning thanked Mrs Armstrong for her update and suggested that a detailed update be presented to the next OMC committee meeting which was scheduled just ahead of the Inspection Visit.

5.3 Communications Report

Mr Brown made reference to his report, which detailed media coverage over the recent months. It was noted that the ongoing review of A&E service dominated this coverage. A number of initiatives associated with North CHP had been reported and these included;

- Bellshill Resource Centre
- Learning Disability Assessment & Treatment centre
- Braveheart services within Bellshill
- Addictions services and the National Alcohol Awareness Week

Mr Brown went on to advise of media and MSP enquiries received over the period and mentioned the enquiries related to the GP Appointments Process with the South Nimmo Practice, Airdrie. Mr Sloey gave some background to the process, which was discussed at the August OMC meeting. It was noted that the PPFs were holding an event on the 10th December 2007 to review future public involvement in issues such as this, in response to concerns that the CHPs had followed the relevant guidance but had still faced local criticism around the right level of involvement and expectations of involvement. Discussion followed on the launch of National Programmes and Initiatives how well these programmes were communicated to Health Boards in advance, as they were often a good opportunity to raise awareness of local services. Mr Clark gave advance notice of national programmes that he was aware of and Mr Brown agreed to follow these up to ensure good local coverage.

Mr Smith raised an issue around an opportunity for NHSL to advertise services on a Messaging Sign Post being trialled within Airdrie Town Centre. It was agreed that this would be a good opportunity to advertise the winter plan and Calvin agreed to follow this up as previously discussed with Mr Smith.

Action: OMC noted the content of the Communications Report. Mr Brown was asked to follow up the possibility of the use of the messaging service in Airdrie Town Centre.

6.PLANNING

6.1 Picture of Health

Mr Sloey gave a brief update on the above and it was noted that the second submission was due to be submitted later that week. Mr Sloey outlined the significant dates and activities that were due to take place over the next few months.

6.2 Better Health/Better Care

Mr Sloey made reference to the above document, which had been circulated for information. The document formed the response from North Lanarkshire Health and Care Partnership to the Better Health/Better Care consultation documents.

7. REPORTS/MINUTES NOTED

The following minutes and reports were noted for information:

- 7.1 OMC Acute Division (25th November 07)
- 7.2 OMC South CHP (12th November 07)
- 7.3 Health & Care Partnership (14th September 2007)

8 AOCB

The following items were raised under AOCB:

1. Telephone Survey – Ashbrook research – Mr Mulholland raised a question regarding the above survey, which he thought, had been commissioned by NHSL. Ms Jack advised that the survey had been commissioned by the Scottish Consumer Council who had requested details of the Public Partnership Forum representatives as potential participants in the survey. The Communications department had been in liaison with the Council with respect to the questionnaire on public involvement and the results were to be shared with NHSL.

2.Transport Initiative – Mr Smith asked for an update on the above initiative where a transport visiting service was to be introduced to/from Monklands Hospital. It was noted that previous communications had indicated that this pilot was to have been started by now but no further information had been received. No one at the OMC had any further information on this project but Mrs Jack undertook to follow this up.

Mr Smith went on to distribute a leaflet that he had produced which detailed transport arrangements from Airdrie to all the major hospitals in the West of

Scotland utilising public transport. It was agreed that this was a useful document and Mr Brown was asked to ensure that this was made available to patients via the communications department.

Action: Mr Anning noted the issues raised and asked that follow up actions were taken forward in advance of the next meeting and reported back to Mr Smith and Mr Mulholland.

9 DATE OF NEXT MEETING

The date of the next meeting is scheduled for Wednesday, 6th February 2007 at 1pm, Committee Room 1, Divisional HQ, Strathclyde Hospital.