

**NHS LANARKSHIRE
& NHS GREATER GLASGOW & CLYDE**

**CHP SOUTH OPERATING MANAGEMENT
(PERFORMANCE MANAGEMENT) COMMITTEE**

**Note of a meeting held on Monday 22nd January 2007 at 9.30 am in
Committee Room 1, Strathclyde Hospital.**

PRESENT:	Mrs Neena Mahal	Chair
	Councillor J Handibode	NHS GG and Clyde
	Mrs M Nelson	Non Executive Director
	Mr A Lawrie	Director CHP South
	Ms J Miller	Support Services Manager
	Ms F Leckie	Associate Director of Nursing
	Mr R Watts	Head of Planning
	Mrs R Hibbert	Interim Divisional HR Director
	Dr L Armitage	Consultant in Public Health Medicine
	Mrs I Miller	Patient Representative
	Mr J Mitchell	Patient Representative
	Dr S Mackie	Medical Director, Primary Care
	Mrs F Porter	Deputy Director of Finance
	Mr Ian Ross	Director, Acute Division
	Mr P McCrossan	Associate Director AHPs

1 APOLOGIES

Apologies were received from Harry Stevenson, Mary Samson and Joyce Mouriki.

2 MINUTES OF LAST MEETING

Accepted as an accurate record.

3 Matters arising:

The Chair advised that she had now visited all of the CHP localities and wished to thank the staff involved. There were many examples of good practice which could be shared across the CHP.

The Chair also advised that herself and AL were now meeting regularly with colleagues in the North CHP and that AL and Colin Sloey would be preparing a schedule of business for both OMCs which will include areas such as Child Protection, Local Delivery Plans and other items common to both CHPs.

4 DIRECTORS REPORT (previously circulated)

AL discussed the content of his report.

In terms of EHealth and IM & T, a national strategy will be launched later this year however an interim Lanarkshire strategy will be in place until then. The key issues for this are outlined in page 3 of the report.

It should be noted that work is underway to develop one common patient number through the universal use of the CHI number.

The main focus over the next two years for IM & T will be the development of Clinical Systems.

The Chair asked the Committee to note this section of the report and asked for a costed plan to be submitted to a future meeting.

Action: Alan Lawrie

Joint Futures

AL advised that the Joint Futures Management Group was currently looking at how to take things forward over the next 10 years. This will be developed at Locality level via the Local Care Partnerships using a "bottom up" approach.

Terms and Conditions for Local Care Partnerships have been developed and a report with agreed proposals will be submitted to and signed off by the March meeting of the JF Management Group and subsequently submitted to the OMC for information.

Action: AL to report back to the next meeting

The committee noted the Director's report.

5 Performance

5.1 Finance

Fiona Porter discussed the report which had been previously circulated and asked the committee to note that it was up until 30/11/06 only and not 31/12/06 as stated on the agenda.

Noted that the overall Primary Care divisions are showing an underspend and that Agenda For change money continues to be called down.

FP asked the Committee to note that all savings within this Financial Year are on a non-recurring basis.

It was also noted that this report included information from Rutherglen and Cambuslang, albeit reported in a different format, but also showing an underspend to date. Councillor H expressed his disappointment that this was not an integral part of the finance report. AL advised that work was ongoing to achieve this but as it is not part of NHSL's budget at present it cannot be included as part of NHSL's financial statement.

Action: Fiona Porter and Alan Lawrie

The Committee noted the report.

5.2 Sickness Targets

RH advised that the report submitted covered September to November 2006 and now included both long and short-term absence.

Some preliminary work has been done on costing sickness absence, however this is not always possible as absence is not always back-filled so true costs cannot be established.

RH explained that she had been working closely with the GM of Rutherglen and Cambuslang to include their figures within the report and appreciated that more detail is still required.

It was noted that levels of absence have risen and therefore Senior Managers, HR and SALUS require to take action to address this issue as a matter of urgency.

There was further discussion around the IT reporting systems and the accuracy of the data and it was agreed that for the time being the information collected manually was the most accurate. The Committee were asked to note that this was not just a Lanarkshire issue but a national one and that the NHSL Workforce Development Department were taking it forward.

It was agreed that the Workforce Development Manager, Kate Thomas, should be invited to the next meeting to discuss this issue in more detail.

Action: Ruth Hibbert

The committee noted the report.

5.3 Risk Management Register

AL advised that a Risk Management Register requires to be drawn up for the South CHP and the individual localities.

JM agreed to provide a draft for the next OMC

Action: Jayne Miller

5.4 Performance Management Report

Performance Management Framework

RW discussed his paper (previously circulated) and advised that this will now be the format for future reporting and will also include Rutherglen and Cambuslang (although at present they are working to NHS GG & C targets)

The Chair advised that the OMC are now happy to endorse the process and the Committee agreed that future reports should focus on an analysis of the issues causing red/amber status and the actions being taken to address this.

There followed a discussion on where other issues such as DNA rates, or the length of time taken for lab results to be returned should be raised and reported and it was agreed that whilst these are not specific targets, the OMC should be aware of any issues and take any necessary action to address them.

RW advised that the expectation was that Local targets would be developed in conjunction with patients and the PPF and could include some of these issues.

Waiting Times Monitoring Report

RW noted that there had been a 15% decrease in patients waiting in November over the September figures.

There are still some concerns around the Child and Adolescent Mental Health service but additional sessions have been made available to address the increase in referrals.

RW noted that he was continuing to work with Rutherglen and Cambuslang to include information from their locality.

It was also noted that a project has been set up to extend the PMS system currently used in the Acute Division to include AHP Services, commencing with Podiatry and then rolled out to the other AHPs. This will allow better information to be available and also facilitate a central referral service.

RW advised that capacity plans for Physiotherapy and Podiatry will be updated and available for the next meeting, together with a programme for extending capacity planning to other disciplines.

The Chair advised that it was also important to look at the actions being taken to support and address the figures in the Waiting Times Monitoring Report.

Action: Roy Watts

Audit Scotland Self Assessment Tool for CHPs

RW discussed the recently updated document which raised some issues for the committee to consider.

The Chair asked the committee to note and/or comment on the tool and asked for the report to be shared with the North CHP as a number of issues would require a joint solution. The Committee also approved the sharing of the report with the NHSL Board. RW to provide a progress report as appropriate.

Action: Roy Watts

The Committee agreed that minutes of the Joint CHP Clinical Governance Committee and Risk Management Committee minutes should also be available to them for information.

Action: Jayne Miller

Local Delivery Plans

RW advised that the paper described the timetable and the process for the preparation and submission of the Local Delivery Plan.

It was noted that there are 28 HEAT Targets (listed at annex 1) for this years' LDP and 31 Performance Measures which relate to these targets. It was further noted that the SE have developed a computerised Performance Management System and RW hopes to arrange a demonstration of this for a future OMC.

Action: Roy Watts

The Committee noted the report and agreed that it would go to the NHSL Board's next meeting.

5.5 Out of Hours Report

SM discussed the content of the report which outlined the events over the Festive Period which included two four-day holidays.

It was noted that there was an increase in demand over the previous year which was significantly higher than expected.

A debrief meeting has been arranged with NHS24 and OOH and Acute teams during February.

SM noted that the staff had coped very well under the pressures and that, to date, no complaints or clinical incidents had been reported.

The Chair asked the Committee to note the report and expressed their appreciation to the staff involved in both Acute and Primary Care divisions.

6. Planning

6.1 Update on SL CHP Capital Developments (previously circulated)

AL advised that work is still ongoing preparing business cases for all projects, and planning work has also commenced on the proposed Community Casualty Units in Cumbernauld and Lanark.

The committee noted the developments to date.

6.2 Community Nursing Review

FL discussed the content of the report previously circulated and asked the committee to note that it covered NHS Lanarkshire areas only as a different model operates in Rutherglen and Cambuslang.

Noted that the Care Management Pilot is now operational on 3 sites. This has led to an improvement in joint working with local authorities, especially in terms of patients who access both health and social services thus linking the Homecare Teams and the District Nurses.

Proposals for evaluation of the pilots are currently being developed.

In terms of Child Health Surveillance, Hall 4 is currently being implemented, however NHSL is currently awaiting the outcome of the evaluation in NHS GG & C of the Family Health Record before rolling it out in Lanarkshire.

In summary it was noted that overall progress with the implementation of the Community Nursing Review is on target and staff have worked hard and cooperated very well with significant change.

Discussion took place on the process used by NHSL to communicate changes in services to the public e.g. community nursing, new pharmacy contract implications and the role of the PPF in this. JM agreed to take this back to the NHS Lanarkshire Stakeholder Engagement Group led by Paul Wilson.

Action: JMiller

The Committee noted the report and asked to be kept up to date with progress.

6.3 Primary Care Strategy Development

AL advised that Programme 2 of the Modernisation/Picture of Health Structure is the development of the Primary Care and Long Term Conditions Strategy. The Event in Troon in November brought together a number of clinicians to look in more detail at the ideas generated at the Stakeholder Event in June, and the paper brings together the main themes from both events. This now needs to form the basis of the Primary Care Strategy document.

The Committee are invited to make comments on the document to AL if they wish.

6.4 Joint Health Improvement Plan

LA advised that the JHIP is due for renewal in 2008 and that Michelle Dowling (Joint appointment between SLC and NHSL) is leading a small group to head up the strategy development which will be followed by a larger event to discuss what should be included in the plan. Further information will be provided in due course.

Action: Lesley Armitage

7. Governance

7.1 Staff Partnership Forum Minutes and Health and Safety Minutes.

The committee noted receipt of the minutes.

7.2 South Lanarkshire PPF Minutes

The committee noted receipt of the minutes.

7.3 Ombudsman's Report Hamilton

The committee noted receipt of this report, and also that it would be submitted to the Clinical Governance Committee. The Committee asked to see more detail in the action plans.

Action: JM to discuss with Graeme Walsh.

8. For Information

8.1 North Lanarkshire CHP OMC Minutes

The committee noted receipt of the minutes.

8.2 Workforce Quarterly Report

The committee noted receipt of the report and asked that it be included on a regular basis under the HR section of the meeting. Also asked for information on vacancies.

Action: Ruth Hibbert

8.3 Joint CHP Strategy Development and Implementation Committee

The committee noted receipt of the draft minutes.

9. AOCB

There was no other competent business.

10. Date of next meeting

The date of the next meeting will be as follows:

(Please note that the meetings for 29th October and 10th December have been CANCELLED and replaced by the meeting on 12th November.)

Monday 19 th March 2007	Committee Room 1, Strathclyde Hospital
Monday 14 th May 2007	Boardroom, Calder Ward, Udston Hospital
Monday 9 th July 2007	Boardroom, Calder Ward, Udston Hospital
Monday 3 rd September 2007	Boardroom, Calder Ward, Udston Hospital
Monday 12 th November 2007	Committee Room 1, Strathclyde Hospital