

**MINUTES OF A MEETING OF THE  
ACUTE OPERATING MANAGEMENT COMMITTEE  
HELD ON THURSDAY 14 DECEMBER 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  
Mr. D Browning, General Manager, Property & Support Services  
Dr. JD Browning, Medical Director  
Mr. R Garscadden, Divisional Planning Manager  
Mr. A Goor, Divisional Finance Director  
Mr. D Hume, Divisional General Manager, Emergency & Medical Services  
Mrs. J James, Interim Divisional Nurse Director  
Mrs. R Lyness, Divisional General Manager, Surgical & Elective Services  
Mr. IA Ross, Director of Acute Services  
Mr. C Sloey, Director of CHP North  
Mr. G Walker, Director of Human Resources

In Attendance Mrs. S. Welton, Head of Patient Affairs (Item 6.1 only)  
Dr. Fiona Gardner, Clinical Director, Radiology Services (Item 7.1 only)  
Mr. Eddie McGoldrick, Radiography Manager, Hairmyres (Item 7.1 only)  
Mrs. M Sinclair, Acute Division Administrator

**1. APOLOGIES**

Apologies were received on behalf of Mr. DH Clark, Non-Executive Director, Ms. J Hope, Divisional General Manager, Women's, Cancer & Diagnostics Services; Ms Marianne Hunter, Staff Side Representative; and Mr. A Lawrie, Director of CHP South.

**2. MINUTES FROM PREVIOUS MEETING**

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

**3. MATTERS ARISING**

There were no outstanding matters arising from the previous meetings.

**4. ITEMS FOR CONSIDERATION**

**4.1 PROGRAMME OF ACUTE OPERATING MANAGEMENT COMMITTEE MEETINGS FOR 2007**

The Committee approved the programme of meetings for 2007.

**4.2 CONSULTANT APPOINTMENTS**

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

The Committee approved the two Consultant in Geriatric Medicine posts and three Consultant in Anaesthesia posts that had been recommended by the Advisory Appointments Committees and which had been ratified by a sub-group of the Operating Management Committee. Members were pleased to note the continued success in attracting and appointing to consultant posts in specialties that had traditionally been difficult to recruit to.

## 5. CORE AGENDA ITEMS – REPORTED BI-MONTHLY

### 5.1 FINANCIAL POSITION

Mr. Goor gave a verbal report on the Acute and Corporate Division financial position for the period to 30<sup>th</sup> November 2006. He advised that the Acute Division was showing a net overspend of £507,000 compared with £851,000 for the previous month. He explained that the continuing reduction was attributable to the release of funding for the Original Pack Dispensing cost pressure, plus the release of funds held within the Division to support specific activity driven pressures.

As previously reported, the Division's overspend was due in the main to non-pay costs, however the reduction in underspend in Pays was also a contributing factor. Mr. Goor advised that some of the main overspend areas were drug costs, theatre pressures across the three sites and vascular at Wishaw General, also revision of the Managed Service Contract within Monklands Biochemistry.

In response to a question regarding brokerage for the sale of Law Hospital site, Mr. Goor advised that the Scottish Executive had indicated that this would not be available for the accounting process in the financial year 2006/07.

Mr. Goor advised that achieving the year-end target of break-even would be extremely challenging, however 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. Garscadden reported on the latest position in relation to performance for waiting times compared to the planned trajectory identified in the Local Delivery Plan for 2006/07. He also provided a brief commentary where performance was not in line with the trajectory. He advised that the latest 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. At the end of November the number of patients over 18 weeks had fallen to 101 (un-validated figure) and NHS Lanarkshire was in line to deliver the national guarantee that no patient would wait over eighteen weeks by end of December 2006.

It was noted that Orthopaedics continued to represent a pressure, but that there was considerable work in progress around service redesign, recruitment of further permanent staff and access to additional capacity at the Golden Jubilee National Hospital.

Mr. Garscadden advised that the number of outpatients waiting over 18 weeks had decreased to 2,501 at the end of November 2006, although this figure remained above the trajectory. It was noted that the un-validated figure at 14 December was 2,200 with an expectation that this would reduce to 2,000 at the end of December 2006, which was slightly higher than the trajectory of 1,680 but below the December 2005 position.

It was noted that there had been a drop in Colorectal Cancer performance, which was due to one patient who was referred before July 2006 prior to commencement of the new management arrangement. The second patient outwith the guarantee had been seen in 69 days, the delay being due to the high number of tests undertaken. All other cancer treatments had achieved the expected 95% performance figure.

Mr. Garscadden advised that from the beginning of December the performance for treatment of five additional cancer groups was being reported weekly to the Scottish Executive. These were Head & Neck, Urology, Upper GI, Lymphoma and Melanoma.

In relation to Diagnostics, Mr. Garscadden advised that these were in line with trajectory due to the work that had been undertaken to look at the patient pathway and to improve access to all three sites.

Mr. Hume reported that work continued towards improved performance in achieving the less than 4-hours A&E waits target. 93% had been achieved at the end of November 2006 against a trajectory of 94%. He explained that the drop in performance was due to a combination of factors, such as the substantial number of delayed discharge patients, a significant rise in activity at the three Acute hospital sites, and an increase in emergency activity at Wishaw General (+10% since last year) and Hairmyres (+7%). It was noted that a number of actions plans were being implemented to improve patient throughput by appointment of additional nursing staff, increased clarity of the junior doctor role, improved discharge arrangements and improved communication with Out of Hours.

The Committee commended the General Managers and their staff for the progress that continued to be made towards achieving waiting times guarantees within the timeframe.

### 5.3 DELAYED DISCHARGE REPORT

Mr. Garscadden reported on the latest position in relation to the number of delayed discharges in Lanarkshire at 15 November 2006 against the targets set by the Scottish Executive to be achieved by 15 April 2007.

He reported that there were 82 delayed discharges in Lanarkshire at 15 November, an increase of eight from the previous month. He advised that the number of beds occupied by delayed discharge patients in short stay specialties was eleven against a target of nine by April 2007.

The number of patients delayed over six weeks was 27, against a target of ten patients by 15 April 2007. He reported there was particular pressure in South Lanarkshire, where there were 19 patients in this category, the majority of who were awaiting funding for nursing home placement. Continuation of this trend would result in an inability to deliver the Scottish Executive's target. Mr. Garscadden indicated that a number of initiatives were being undertaken to transfer appropriate patients from acute beds and to maximise use of offsite beds and gain appropriate access to GP beds. It was recognised that placing of patients was an issue that required careful communication with patients and their relatives and every effort was made to keep them informed at all times. In addition, local authorities had brought forward funding to the first of the month from the middle of the month which was helpful.

Mr. Garscadden advised that a planned review would take place with Lanarkshire Partnership to look at each initiative funded through delayed discharge monies, to determine the effectiveness and value for money 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 activity remained high and that this had led to GP emergency calls being redirected to and from all three hospitals during the month, and some very long waits within all three A&E departments in the month.

The Committee noted that activity in the neonatal unit had increased again, with the unit closing to non-Lanarkshire admissions on several occasions in November. A paper on activity issues within the unit was to be presented to the Risk Management Steering Group in January 2007.

In response to Mrs. Nelson's enquiry whether sickness absence was a particular issue in the maternity unit, Mrs. James explained that, as with any ward or unit there were occasions when staff sickness was higher than normal and if specialist agency staff was unavailable this could lead on occasion to postponed elective procedures. However she assured the Committee that staff sickness absence was monitored and measures taken where necessary.

The Committee was pleased to note that a group of NHSL midwives had won a prestigious UK award at the Royal College of Midwives for the project "Stand and Deliver", which promotes natural childbirth.

Mr. Ross updated the Committee in relation to the terms of the negotiated settlement with Prospect Healthcare (Hairmyres) Ltd for soft FM services. He advised that NHSL Board had approved the terms with the proviso that a "Letter of Comfort" was received from NHSL's legal advisors that there were no legal obstacles in proceeding. This confirmation had been duly received. He reported that Prospect Healthcare had been notified of the Boards decision and that both parties' legal teams were finalising the necessary contract document to formalise the negotiated settlement.

Mr. Ross indicated that this information had been shared with Unison, who had expressed concern and had sought Counsel's opinion, which had suggested that NHSL had not acted within the procurement regulations. As a result of receiving this information NHSL also commissioned Counsel's opinion, which should be available late January 2006.

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. Among the issues reported were details of discussions being held regarding the management strategy, options and proposals for the provision of the heart failure nursing service on completion of the three-year funding for this initiative. It was noted that these patients would continue to be treated, but there would be less opportunity for a proactive service. Transfer of staff from other areas and whether there was a similar service within Primary Care were two of the areas that would be investigated.

Other issues noted from Mr. Ross's report included the latest position in relation to A Picture of Health; details of NHSL's involvement in a national project to review the role of Anaesthetic Physician Assistants; arrangements for involvement in Health Promoting Hospitals; the latest position in relation to the introduction of the national framework for implementation of Agenda for Change for PFI Contractors; and details of the key messages from the Audit Scotland Report – Catering for Patients (2006).

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: JULY TO SEPTEMBER 2006**

Mrs. Welton provided an overview of the report on formal and informal complaints received by the Acute Division for the period July to September 2006 along with an indication of the issues raised and actions undertaken.

Mrs. Welton reported that overall the number of formal complaints received between July and September had risen by 5% when compared with the previous quarter, with a decrease at Wishaw General and an upward trend at both Hairmyres and Monklands hospitals. Information on complaints recorded against clinical divisions and service areas showed that Hairmyres hospital recorded more complaints about General Surgery and Wishaw General about A&E and Orthopaedics. It was noted that overall 98% of responses had been sent within the national target of 20 working days.

The Committee noted that complaints about oral communication remained high, however Mrs. Welton advised that in this respect NHSL was similar to other Scottish NHS Boards. It was noted that communication featured highly in training of nursing, medical, ancillary and clerical staff.

The Committee noted a summary of the latest position in relation to appeals made by complainants to the Scottish Public Service Ombudsman.

Mrs. Welton advised that a positive working relationship had been developed with the newly established Independent Advice and Support Service, which was provided through a consortium of local Citizens Advice Bureaux. As previously reported, this service was introduced to provide support for individuals who, at their request, wished assistance in pursuing a concern or complaint and also to assist clients in sourcing information on health matters and benefits.

## **6.2 HR WORKFORCE REPORT – JULY TO SEPTEMBER 2006**

Mr. Walker provided an overview of the workforce quarterly report for the period 1 July to 30 September 2006. He 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. There was also a report from the Head of Medical Staffing on Medical and Dental vacancies and Consultant recruitment. Unfortunately there was no report from the Deputy Director of HR (Salus) on the agreed Occupational Health Performance Indicators.

The Committee particularly noted the Sickness Absences rates, which were above the target rate of 5.2% by March 2007 and 4% by March 2008. However it was noted that sickness absence reports required further work to refine data output and that this was being dealt with as a priority. Mr. Walker highlighted that sickness in Property & Support Services was reducing.

## **7. SPECIAL INTEREST ITEM**

### **7.1 DIAGNOSTICS COLLABORATIVE – RADIOLOGY PROGRAMME**

Dr. Fiona Gardner, Clinical Director for Radiology Services in NHS Lanarkshire, and Mr. Eddie McGoldrick, Radiography Manager, Hairmyres, presented an overview of the work being undertaken within the Diagnostics collaborative programme, the aim of which was to improve patient experience through improved access to Diagnostics.

Dr. Gardner explained that a national Diagnostics collaborative had been established to support NHS Boards to achieve the maximum 9-week waiting time target for 8 key diagnostic tests by December 2007. Within the NHS Lanarkshire Diagnostic collaborative the Radiology programme covered CT, MRI, Barium and Ultrasound modalities.

It was explained that a process mapping event had been held to look at the patient pathway within Radiology from referral to diagnostic procedure and a redesign workshop was then organised to address the variation of processes across the three sites. Dr. Gardner advised that as a result of this work a number of short-term initiatives had been introduced, including moving patients, who were willing, to sites with shorter waiting times; staff working across all three sites; revised booking schedules; use of a mobile MR unit and taking advantage of sessions at the Golden Jubilee National Hospital. She indicated that although some of the initiatives had software issues in relation to patient identification, they had been successful in reducing the waiting times to almost 9 weeks.

In order to sustain waiting times, permanent investment would be required. It was noted that a number business cases had been submitted and supported by the Divisional Management Team for capital and revenue investment, including CT and MR software upgrade to improve performance and increase throughput and extending the working day for scanners across Lanarkshire. A request for replacement of three ultrasound units was subject to further discussion, as there was an issue regarding the life of the existing equipment and implications for book value.

It would also be necessary to fully implement patient focused booking, but there were issues that would require to be resolved in relation CHI numbering before this could be utilised across the three sites.

Dr. Gardner outlined the difficulties faced in maintaining the 9-week waiting times target, which included difficulties in staff recruitment and retention as a result of the outcome of Agenda for Change; increasing and competing demands; and the challenge of keeping up with ever changing technology.

The Committee was pleased to note that the collaborative programme was enabling a proper focus and framework to deal with clinical and non-clinical issues and that it was providing a vehicle for the department to put forward ideas on how to improve the service. The Committee recognised there was a need for investment in terms of hardware and staffing, and that there were difficulties in relation to competing demands and that these issues would be worked through and taken into consideration within a Picture of Health.

Mr. Currie thanked Dr. Gardner and Mr. McGoldrick for their extremely informative presentation, which helped the Committee to understand the pressures and issues surrounding delivery of radiology services.

## 8. ITEMS FOR NOTING

### 8.1 MINUTES FROM COMMUNITY HEALTH PARTNERSHIP (CHP) NORTH OPERATING MANAGEMENT COMMITTEE (OMC) MEETING HELD 4 OCTOBER 2006

The Committee noted the content of the minutes from CHP North's Operating Management Committee meeting that was held on 4 October 2006.

### 8.2 MINUTES FROM COMMUNITY HEALTH PARTNERSHIP (CHP) SOUTH OPERATING MANAGEMENT COMMITTEE (OMC) MEETING HELD 4 SEPTEMBER 2006

The Committee noted the content of the minutes from CHP South's Operating Management Committee meeting that was held on 4 September 2006.

**9. ANY OTHER COMPETENT BUSINESS**

**9.1 MINOR/MAJOR/INJURY/ILLNESS NURSE TREATMENT SERVICE (MINTS)**

Mr. Hume advised that the first graduation ceremony for MINTS nurses would take place in January 2007 and that Mr. Andy Kerr, Minister for Health & Community Care had been invited to attend the ceremony. He explained that the MINTS Project involved all three acute hospitals in an integrated approach to evolve the role of the nurse within the Emergency Care Environment, which resulted in better patient experiences and was a contributing factor to the achievement of target waiting times.

He advised that the NHSL project had proved to be successful and was extremely well regarded nationally by health professionals. In fact, Gillian Corbett, Project Manager for the MINTS project had been invited to deliver a presentation on the project at an international conference in Florida, USA.

Mr. Currie asked Mr. Hume to convey the Committees congratulations to Gillian and her team on their success.

**9.2 RETIREES**

Mr. Curries announced that this was Dr. Browning's and Mrs. Sinclair's last Acute Operating Management Committee meeting before they retire. Members wished them both every happiness in their retirement and thanked them both for their contribution to the Committee.

**10. DATE AND TIME OF NEXT MEETING**

It was agreed that the next meeting would take place on *Thursday 22 February 2007 at 1:30 pm, in the Boardroom, Monklands Hospital.*