

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

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

**Note of a meeting held on Monday 9th July 2007 at 9.30 am in
The Boardroom, Calder Ward, Udston Hospital.**

PRESENT:	Mrs Neena Mahal Mr A Lawrie Ms J Miller Ms F Leckie Mr R Watts Dr L Armitage Mrs F Porter Mr P McCrossan Mr H Stevenson Dr Shiona Mackie Mary Samson	Chair Director CHP South Support Services Manager Associate Director of Nursing Head of Planning Consultant in Public Health Medicine Deputy Director of Finance Associate Director AHPs Executive Director, Social Work Resources, SLC Medical Director, Primary Care UNISON
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**IN ATTENDANCE: Kenny Small, Director of Organisational Development
Lena Collins, Service Development Manager**

Item	Action Notes	Action by
1	APOLOGIES Apologies were received from Rosemary Lyness, Councillor Handibode, Margaret Nelson, Joyce Mouriki, Irene Miller, John Mitchell and Ruth Hibbert	
2	DECLARATIONS OF INTEREST The Chair advised that this item would now be included at the beginning of every meeting. There were no declarations of interest.	
3	MINUTES OF LAST MEETING Accepted as an accurate record	

<p>4</p>	<p>MATTERS ARISING:</p> <p>Rutherglen and Cambuslang AL reported that Lena Collins has been appointed to the post of General Manager and will take up post in late August/early September. Liz Swan will continue to act up in the meantime.</p> <p>Workforce Development – Audit of Sickness absence data AL advised that it has been decided that the audit will go ahead and no proposal will be submitted in advance.</p> <p>ACTION: Results of the audit will be submitted to a future OMC.</p>	<p>RH / KT</p>
<p>5</p>	<p>PERFORMANCE 5.1 Financial Position to 31st May 2007</p> <p>FP discussed her report which showed an underspend to date for Primary Care of £89k. South Lanarkshire CHP reported an overspend of £53k.</p> <p>FP advised that figures for Cambuslang and Rutherglen have been submitted as a separate report (tabled). This showed an underspend of £5100.</p> <p>It was noted that Agenda for Change budgets have now been set for 2007/08 on a consistent basis across NHSL.</p> <p>It was noted that although the CRES targets have not yet been finalised, it is expected that Primary Care contribution will be around £625k on a non-recurring basis for this year only. There is no recurrent CRES required for 2007/08. This is due to a range of factors including the savings made in Primary Care prescribing which have contributed to over two thirds of the CRES savings.</p> <p>Two localities are reporting an overspend, namely Hamilton and Clydesdale. It was noted that Hamilton was due almost entirely to additional costs incurred by Audiology as a result of Waiting Time initiatives in the Acute Sector. This is an area which will require to be fully addressed in future.</p> <p>The committee noted the report and the actions taken.</p> <p>ACTION: AL to ensure CHP is fully involved in debates about the allocation of waiting list monies.</p>	<p>AL</p>

	<p>5.2 Sickness Absence Management Report</p> <p>AL reported that sickness levels had fallen to 4.8% in April but rose again to 5.3% in May (mainly due to a rise in levels in Clydesdale.</p> <p>AL stated that this was a satisfactory result for the SL CHP and was due to the continued hard work in Localities to support staff to return to work. The use of the family friendly policies now in place and available to support staff are seen to be producing good results.</p> <p>The committee noted the encouraging progress made and asked for WTE and headcount figures to be included in future reports.</p> <p>ACTION: For the next OMC the report should include numbers of staff within each of the departments.</p>	<p>RH</p>
	<p>5.3 Equality, Diversity and Spirituality Report</p> <p>The Chair welcomed Kenny Small to the meeting to discuss the report (tabled) on progress to date with the NHS Lanarkshire Equality, Diversity and Spirituality Action Plan 2007/08.</p> <p>The report highlighted 4 key themes:</p> <ul style="list-style-type: none"> • EDS Governance and Leadership arrangements • Workforce Equality Monitoring • Outcomes from the NHS Board Development Event • Development of the NHS Board’s Gender Equality Scheme <p>KAS discussed each of the themes and briefed members on action, activity and areas of risk.</p> <p>It was noted that there had been a very poor response to the recent questionnaire distributed to all staff and some discussion is now taking place at the Steering Group to determine how to improve on the level of response. There is also a major issue with the Equality Impact Assessment and the requirement to do these across the board.</p> <p>ACTION: KAS will attend a SL CHP Management Team to discuss the key actions for LGMs and the training events.</p>	<p>JM/KAS</p>

	<p>5.4 Performance Management Report</p> <p>Balanced Scorecard The detailed report outlining performance areas which are either red or amber was discussed in detail by the committee. The actions required to be progressed are highlighted below;</p> <p><u>Child Protection Messaging (RED)</u> There remain governance issues in regard to linked adult messages being placed in Out Patients and Accident & Emergency systems. A new technological solution is being investigated during July and a final report on the way forward will be submitted to the next Data Sharing Partnership on 31st July</p> <p>Amber Targets</p> <ul style="list-style-type: none"> • AHP and Mental Health waiting times Action is currently being taken at Locality level. • Emergency re-admission rates Full annual data for July 2006 to July 2007 will be available later this month. It was noted that data does not include admissions of Lanarkshire hospitals to hospitals elsewhere and this can be an issue. • Screening uptakes Action being taken to target defaulters, together with an audit of 20-24 year olds. Practice benchmarking is also now in place. • Smoking Cessation CHP and Locality targets have now been set and more data will be available for the next OMC • Suicide Action being taken within Localities including “Choose Life” strategy, Mental Health developments and integrated addiction services. • Dental coverage No data currently available • Primary Care Estates Strategy. Detail subject to the Picture of Health review process. 	<p>RW</p> <p>LGMs</p> <p>RW</p> <p>LGMs</p>
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	<ul style="list-style-type: none"> • Risk Management Strategy Work is ongoing in this area and an update will be provided to the November OMC • JPIAF The Joint Performance and Assessment Framework annual submission has been made to the Scottish Executive and the Annual Evaluation Statement response will be reported to the September OMC. <p>It was also noted that Locality Review meetings have now commenced and will take place 3 times per year.</p> <p>The committee noted the good progress made by the SL CHP despite 4 targets not achieved in 2006/07.</p> <p>ACTION: RW to include the new targets and their status in the report for the September OMC which will also include Cambuslang and Rutherglen targets as NHS GG & C have undertaken to provide NHSL with appropriate information by then.</p> <p>The committee noted the report and the issues discussed.</p> <p>Waiting Times Monitoring Report RW noted that the main increases in waiting times were concentrated in Physiotherapy and Dietetics and action is being taken within localities to address this issue. The committee also noted that waiting times initiatives on Orthopaedics were impacting on physiotherapy waiting times and that this would be addressed system wide.</p> <p>RW highlighted that there were 3 groups of service and suggested that future reports should reflect:</p> <p>Those services which are hosted by South CHP Those services which are hosted elsewhere Those services which are managed at locality level.</p> <p>ACTION: RW to amend the format of future reports to reflect the above groupings.</p> <p><u>Capacity Plans</u> RW advised that significant progress had been made since the last meeting and steps have now been taken to prepare the capacity plans for the major AHP services.</p> <p>A full report will be submitted to the September OMC.</p>	<p>JM</p> <p>RW</p> <p>RW</p> <p>AL</p> <p>RW</p> <p>RW</p>
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	<p>RW also advised that the programme to roll out the PMS system to the rest of the AHP disciplines had been delayed due to technical problems but will continue throughout the year.</p> <p>The committee noted the report.</p> <p>ACTION: for the September OMC Peter McCrossan to provide a presentation on AHP Services.</p> <p>ACTION: RW to provide further information on Cambuslang and Rutherglen for the next OMC</p>	<p>PMcC</p> <p>RW</p>
	<p>5.4 Audit Scotland CHP Self Assessment Tool</p> <p>AL advised that most areas identified by the self assessment tool have now been addressed. However, there is a need for both OMCs to take greater time to consider the impact and implementation of a raft of strategies.</p> <p>He proposed a series of half day sessions for OMC members, both North and South, on some of the key strategic issues for NHSL to include:</p> <ul style="list-style-type: none"> • Primary Care/Long Term Conditions • Children and Young Peoples services • Mental Health and Learning Disabilities • Joint future agenda <p>ACTION: JM and Christine Jack to organise and advise members accordingly.</p>	<p>JM</p>
<p>6</p>	<p>PLANNING</p> <p>6.1 Mental Health Delivery Plan</p> <p>The Chair welcomed Lena Collins to the meeting to discuss the Mental Health Delivery Plan.</p> <p>Lena gave a presentation on the 14 commitments detailed within the plan and outlined where Lanarkshire is currently at on the implementation of these commitments, and what the problems and difficulties are.</p> <p>Lanarkshire is progressing well in most areas with some difficulties in achieving training rates due to staffing levels and cover arrangements.</p> <p>A copy of the presentation is attached to this minute.</p>	

	<p>The Chair thanked Lena for the presentation.</p> <p>ACTION: AL to arrange for an update on the implementation plan to a future OMC.</p>	<p>AL</p>
	<p>6.2 APOH Update</p> <p>AL confirmed the Cabinet Secretary’s decision of 6th June to reverse the plan for Monklands A & E and ask the NHSL Board to make proposals on how this could be achieved.</p> <p>A predominantly clinical group chaired by Dr Alison Graham has been established to develop these proposals and detail the risks, impact and implication of each proposal, particularly the subsequent effect on Primary Care.</p> <p>It was noted there was still some ongoing dialogue in regard to the nature of the Independent Scrutiny Panel and its full remit.</p> <p>AL reported that the SL PPF have expressed their concerns around the potential impact on Primary Care.</p> <p>The suggested timetable is that final scenarios will be presented to the NHSL Board in August/September and thereafter to the Independent Scrutiny Panel.</p> <p>ACTION; AL will report on progress to the September OMC.</p> <p>6.3 CHP Budget Setting</p> <p>FP advised that planning for next year’s CRES savings will commence in August/September of this year.</p> <p>It was noted that pay budgets have all been reset completely as a result of Agenda for Change and all budgets have been set on the fourth top point of the scale, with the same financial model across all areas of NHSL.</p> <p>LGMs and their teams, working with Finance, will be required to identify any areas of concern where this model may cause cost pressures.</p> <p>Some concerns were raised about recruiting new staff to the bottom of the scale and this will be discussed further with HR colleagues.</p> <p>ACTION: RH to provide further detail outwith the meeting.</p>	<p>AL</p> <p>RH</p>

	<p>6.4 JHIP</p> <p>LA advised that planning work continued and that Michele Dowling would present a full report to the September OMC.</p> <p>6.5 Quality and Outcomes Framework Update</p> <p>The committee agreed to defer this presentation to the September OMC.</p>	SM
7	<p>GOVERNANCE</p> <p>7.1 HMIE Inspection on Child Protection</p> <p>FL reported that the inspection will commence in North Lanarkshire on 25th February 2008 and it expected that South Lanarkshire will follow.</p> <p>Interviews for the Nurse Consultant post, for which there are 6 applicants, will take place on 26th July.</p> <p>Action plans have all been updated following the self assessment process which has been very positive.</p> <p>The committee noted the good progress to date and asked that further reports should detail any resource issues.</p> <p>7.2 Clinical Governance within CHPs</p> <p>The committee agreed that this item would be deferred to the November meeting of the OMC.</p> <p>7.3 NHS GG & C Mental Health Partnership Committee</p> <p>AL advised that the SL CHP require to formally approve the Standing Orders for the Glasgow Mental health Partnership.</p> <p>The committee approved the standing orders.</p> <p>ACTION: AL to seek one nomination from the OMC and one from South Lanarkshire Council to sit on the committee.</p> <p>7.4 Staff Partnership Forum Minutes</p> <p>These will be circulated to members when available</p>	<p>FL</p> <p>SM</p> <p>AL/JM</p> <p>JM</p>

	<p>7.5 South Lanarkshire PPF Minutes</p> <p>These were noted by the committee. RW advised that good progress being made with the Members Handbook and the Action Plan.</p>	
8	<p>FOR INFORMATION</p> <p>8.1 North Lanarkshire CHP OMC Minutes</p> <p>These were noted by the committee.</p> <p>8.2 Acute Division OMC Minutes</p> <p>These were noted by the committee.</p> <p>8.3 Joint CHP Strategy Development and Implementation Committee</p> <p>These will be circulated to members when available</p> <p>8.4 South Lanarkshire Health and Care Partnership Minutes</p> <p>These will be circulated to members when available</p>	<p>JM</p> <p>JM</p>
9	<p>AOCB</p> <p>There was no other business</p>	
10	<p>DATE OF NEXT MEETING</p> <p>The dates of the next meetings will be as follows:</p> <p>Monday 3 September 2007 Boardroom, Calder Ward, Udston Hospital</p> <p>Monday 12 November 2007 Committee Room 1, Strathclyde Hospital</p>	