

**MINUTES OF A MEETING OF THE
ACUTE OPERATING MANAGEMENT COMMITTEE
HELD ON THURSDAY 22 FEBRUARY 2007 AT 1:30 PM
IN THE BOARDROOM, MONKLANDS HOSPITAL**



Present: Mr. T Currie, Non-Executive Director (Chairman)
Mr. D Browning, General Manager, Property & Support Services
Mr. R Garscadden, Divisional Planning Manager
Mr. D Hume, Divisional General Manager, Emergency & Medical Services
Mrs. J James, Interim Divisional Nurse Director
Mrs. R Lyness, Divisional General Manger, Surgical & Elective Services
Mr. IA Ross, Director of Acute Services
Mr A Goor, Divisional Finance Director

In Attendance Mr. Ken Corsar, Board Chairman
Mrs. S. Welton, Head of Patient Affairs (Item 6.1 only)
Mrs. M Mark, Capacity Planning Manager
Mrs. S MacFarlane, Project Manager, Agenda For Change (Item 9 only)

1. APOLOGIES

Apologies were received on behalf of Ms. J Hope, Divisional General Manager, Women's Cancer & Diagnostics Services, Mr. G Walker, Director of Human Resources, Mr. DH Clark, Non-Executive Director, Mr. A Lawrie, Director of CHP South, Mr. C Sloey, Director of CHP North, Mrs. M Nelson, Non-Executive Director.

2. MINUTES FROM PREVIOUS MEETING

The minutes of the Acute Operating Management Committee meeting held on 14 December 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 CONSULTANT APPOINTMENTS

The Committee approved the 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

The financial report on the Acute and Corporate Division for the period to 31st January 2007 was tabled by Mr Goor. He advised that the financial position had improved and the Acute Division

overspend was now approximately £200,000, down from £507,000 in December 2006. He further informed the group that the Acute Division was on target to achieve a breakeven position by the end of March 2007 however theatre cancellations in January 2007, due to the respiratory virus, had caused additional pressure on the division because of re-scheduled elective activity.

Mr. Goor advised that NHS Lanarkshire's annual allocation reduced by £2m due to a change in the Arburthnott allocation which would provide a significant financial challenge in the new financial year.

Mrs. Lyness advised that work was underway to understand the overspend in theatres but the current financial coding arrangements were a major issue and needed to be improved to provide managers with effective information. Work to date had suggested that overspending was mainly due to creeping developments and changes in practice or policy. Mr. Goor advised that a national group were looking at coding and Mrs. Lyness suggested that a "Bar Coding" system should be considered to link with the new theatre management system.

It was noted that whilst overspends were high in Property & Support Services. Mr. Browning advised work was ongoing with finance to provide clarification and information as to where gaps exist and why. Mr. Goor stated that it was difficult to clarify the budget due to tracking of expenditure within Primary Care. Work was nearing completion which built the budget from base and work would be completed for the start of the new financial year.

In response to a question regarding brokerage for the sale of Law Hospital site, Mr. Goor advised that progress was being made and the Planning Committee of the Council was being held on 27th February 2007 followed by a Consortia meeting on the 28th February 2007. Mr. Browning and Mr. Goor were of the opinion that the sale could possibly be achieved by the end of the financial year.

5.2 WAITING TIMES REPORT

A brief commentary was provided by Mr. Garscadden on the performance on waiting times compared with the trajectory identified in the Local Delivery Plan 2006/07. He stated that the 18 weeks outpatient target for December 2007 was going to be challenging particularly in Neurology, Rheumatology, Dermatology, Respiratory and Orthopaedics.

In the short term waiting list initiative work would continue in all of the named specialties and additional capacity at the Golden Jubilee National Hospital had been agreed for Orthopaedics. He also advised that work was underway to look at redesign of services to consider the long-term solutions and sustainability. As Neurology was a West of Scotland service Mr. Garscadden advised that an event to look at service redesign was being arranged for all West of Scotland Boards.

Mr. Garscadden also advised that abolishing the Availability Status Codes would present a challenge but this was difficult to quantify at present although progress in reducing numbers continued.

It was noted that the Colorectal Cancer performance had improved to 100% due to service redesign and targeted investment. Further work was required to improve the patient journey for Lung Cancer particularly at the start of the patient pathway. Mr. Garscadden advised that reporting for all other tumour types had commenced and that Urology was proving the most challenging. Work will be required over the next few months to ensure that all tumour types are treated within the 62 day target.

In response to a question regarding the drop in the 4 hour wait in A&E performance from 95% to 90% Mr. Hume advised that this was due to the respiratory viral out-break in January where the service experienced extremely high demand. He stated that when such demand surges occur there is no instant solution although further availability of diagnostics in the evenings and at weekends would assist the process.

The additional activity did impact on other services and at times elective surgery had to be cancelled which can impact on waiting time targets.

Mr. Hume advised that the Medical Division was undertaking a radical rethink on how emergency care was being delivered on the Wishaw General site and the feasibility of creating additional bed capacity at times of pressure.

5.3 DELAYED DISCHARGE REPORT

It was reported by Mr. Garscadden that there were 27 delayed discharges over the six weeks against the target of 22. He advised this was mainly a problem in South Lanarkshire as North Lanarkshire had undertaken work to ensure funds were released immediately for delayed discharges. Currently there were no North Lanarkshire patients waiting on funding. A similar exercise was required for South Lanarkshire as there was no funding available to move patients on. At present patient by patient reviews were being undertaken on an individual basis.

The planned review was now underway with Lanarkshire Partnership to look at the Delayed Discharge Initiative and the funding to ensure value for money and to inform future service provision.

5.4 DIVISIONAL REPORT

The operational issues within the Acute Division were reported by Mr. Ross. He supported Mr. Hume's statement that the Division had experienced a significant increase in demand in the first two weeks of January due to the increase in patients with influenza. It was noted that bed occupancy reached 100% throughout this period and that all acute beds and "off site" beds had been utilised. He also praised the team for their hard work during this period

It was noted that the Outline Business Case for Picture of Health was being progressed but there was still a lot of work to do. Mr. Ross highlighted a number of events taking place to assist with drafting the Business Case and advised the group that there were still a number of issues to be tackled in regard to the PFI Hospitals.

Mr. Ross stated that the Acute Division would be advertising internally for a part-time Medical Director.

It was noted that information was still awaited from contractors to clearly indicate the additional charges in relation to Agenda for Change for contractor's staff.

The committee was advised that letters were being received regarding the withdrawal of the provision of spinal services at Wishaw Hospital. An overview of the position was provided by Mrs. Lyness and it was noted that an independent clinical review of services was to be undertaken to identify a way forward.

The patients currently on the list for spinal surgery were being managed in the private sector to ensure no waiting times targets were breached.

6. CORE AGENDA ITEMS – REPORTED QUARTERLY

6.1 COMPLAINTS REPORT: OCTOBER TO DECEMBER 2006

An overview of the report on formal and informal complaints received by the Acute Division by Mrs. Welton for the period October to December 2006 with an indication of the issues raised and actions undertaken.

Mrs. Welton reported that there was a significant decrease in informal complaints (13%) although there were no areas particularly prominent. She informed the group that an increase in complaints was expected in the run up to an election.

The committee were informed that the formal de-briefing of staff by Senior Managers investigating complaints undertaken at Monklands Hospital was welcomed by staff. These arrangements would now be rolled out to Wishaw General and Hairmyres Hospitals.

It was noted NHS Lanarkshire was achieving 100% of responses within 20 working days. In 2005/06 the national average for responding within 20 working days was 62% and that NHS Lanarkshire was well above this average at 93%.

Two SPSO reports issued.- One was not upheld and one was partially upheld. Mrs. Welton raised concerns regarding the significant time it was taking for SPSO investigations which was due to a bottleneck within the Ombudsman's Office.

7. SPECIAL INTEREST ITEM

7.1 PLANNED CARE COLLABORATIVE –

Prior to her presentation on Planned Care Collaborative (copy attached) Dr Jane Burns Anaesthetic Consultant Hairmyres Hospital, advised on the position of Modernising Medical Careers within NHS Lanarkshire.

Interviews for training posts will be held for all posts in the UK from the end of February to mid April. Junior doctors can apply for, up to two specialties in up to two geographical areas, one speciality in up to four geographical areas or one geographical location and up to four speciality choices. Therefore, potentially they could have up to four interviews each, in the period late February. Senior staff will be required to undertake these interviews. It was recognised that this may have an impact on service delivery and senior staff may also be needed in May and June for a second round of interviews. Remaining staff at all grades will need to be prepared to work differently to cover for absent colleagues in this period. Leave will be limited during this time for medical staff at all grades and junior doctors may be paid if they choose not to take their leave. The changeover of junior doctors in August may also be more complex than usual with greater numbers needing induction and more new staff in post who are less experienced. It is essential that the maximum leave in the Consultant's Contract be implemented during this time.

It was recognised that there may be an impact on activity and throughput, and subsequently the need for locum staff with a financial impact of both of these areas.

8. ITEMS FOR NOTING

8.1 MINUTES FROM COMMUNITY HEALTH PARTNERSHIP (CHP) NORTH OPERATING MANAGEMENT COMMITTEE (OMC) MEETING HELD 6 DECEMBER 2006

The Committee noted the content of the minutes from CHP North's Operating Management Committee meeting that was held on 6 December 2006.

8.2 MINUTES FROM COMMUNITY HEALTH PARTNERSHIP (CHP) SOUTH OPERATING MANAGEMENT COMMITTEE (OMC) MEETING HELD 13 NOVEMBER 2006

The Committee noted the content of the minutes from CHP South's Operating Management Committee meeting that was held on 13 November 2006.

9 AGENDA FOR CHANGE

9.1 BRIEFING PAPER

Mrs. MacFarlane advised that the Assimilation process was complete with the exception of those staff on bank contracts and where job analysis was taking place. She also advised that a third of staff would receive payments of arrears by the end of March 2007.

To date 1,500 review requests from individuals or groups have been received and that panels would have to be convened to undertake job family reviews. The timescale was dependent on staff being released for the panels which would consist of 2 management staff and 2 staff side representatives who were not previously involved in the job family matching process.

Concerns were raised regarding the impact of the assimilation of Pharmacy and Radiology staff although it was noted that specific actions were being undertaken .

9.2 FINAL PHASE

Mrs. MacFarlane advised that as the reviews progress the project team would gradually be run down as the AfC project comes to an end.

9.3 KSF ONGOING IMPLEMENTATION & SUPPORT

Mrs. MacFarlane stated that KSF was mandatory for all staff and that post outlines and competency frameworks needed to be developed for each post and performance of individuals would be measured against the framework. Staff were being trained to develop the KSF outlines and to undertake performance appraisal for staff.

9.4 PROJECTION PLAN

The briefing paper was noted.

10. ANY OTHER COMPETENT BUSINESS

11. DATE AND TIME OF NEXT MEETING

It was agreed that the next meeting would take place on *Thursday 3 May 2007 at 1:30 pm, in the Boardroom, Hairmyres Hospital.*