

**Minutes of a Meeting of the
Acute Operating Management Committee
held on Thursday 3 May 2007 at 1.30pm
in the Boardroom, Hairmyres Hospital**

Present: Mr. D. H. Clark, Non-Executive Director (in the Chair)
Mr. D. Browning, General Manager, Property and Support
Services

Mr. R. Garscadden, Divisional Planning Manager
Mr. A Goor, Divisional Finance Director
Mrs. J Hope, Divisional General Manager, Women's Cancer &
Diagnostic Services
Mr. D. Hume, Divisional General Manager, Emergency and
Medical Services
Mrs. J. James, Interim Divisional Nurse Director
Mrs. R. Lyness, Divisional General Manager, Surgical and
Elective Services
Mrs. M. Nelson, Non-Executive Director
Mr. I. Ross, Director of Acute Services
Mr. G Walker, Director of Human Resources

In Attendance: Mr. K. Corsar, Board Chairman
Mrs. S Welton, Head of Patient Affairs
Ms. J Clarkson, Nurse Consultant - HAI
Ms. D Harris, HAI

1. APOLOGIES

Apologies were received from Mr. T. Currie, Non-Executive Director (Chairman), Mr. A Lawrie, Director of CHP (South) and Mr. C. Sloey, Director of CHP (North).

2. MINUTE FROM PREVIOUS MEETING

The minute of the Acute Operating Management Committee meeting held on 22 February 2007 was approved as a correct record.

3. MATTERS ARISING

3.1 Medical Director Acute Division – Appointment

It was noted that Dr. B. Vallance had recently been appointed to the post of Medical Director, Acute Division.

3.2 Spinal Services

Mrs. Lyness advised that during 2006 agreement had been reached with an individual Orthopaedic Consultant that spinal procedures, to an agreed level and criteria, could be undertaken in Lanarkshire. This would be reviewed in twelve months time. This had been communicated verbally and in writing to the Consultant. Information had since emerged that demonstrated that the Consultant was operating out with the agreed criteria. This was not acceptable and the Consultant had been asked to cease this practice. The Consultant had since advised that, as a consequence, he would undertake no spinal procedures in Lanarkshire. Issues around communication of information to patients had also arisen and those were being pursued. In discussion with the Clinical Director (Orthopaedics) and senior Consultant colleagues, it had been agreed to seek an independent view on the delivery of spinal services in Lanarkshire on the basis of best clinical practice. A lead spinal surgeon from England had agreed to undertake the clinical review. It was anticipated that the clinical review would commence in June 2007.

For those patients seen previously by the Consultant and listed for surgery, it had been agreed that they should be referred for an independent review and as appropriate surgery. This had since been done. Discussions were continuing with NHS Greater Glasgow and Clyde on appropriate interim arrangements until the situation in Lanarkshire was resolved.

4. ITEMS FOR CONSIDERATION

4.1 SIGN Guidelines on Treatment of CHD

It was noted that Standards and Guidelines had been prepared and had been taken forward by a sub group of the MCN.

4.2 Consultant Appointments

The committee approved the following Consultant posts that had been recommended by the Advisory Appointments Committee and which had been ratified by a sub-group of the Operating Management Committee:

- Consultant Orthopaedic Surgeon (1 post)

- Consultant Cardiologist (2 posts)
- Consultant Radiologist (5 posts)
- Consultant Physician in Genitourinary Medicine and Sexual Health (1 post)
- Consultant in Anaesthesia (3 posts)
- Consultant in Occupational Health Medicine (2 posts)
- Consultant Physician in Nephrology & General Medicine (1 post)

Members were pleased to note the continued success in attracting and appointing 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 31 March 2007 had been circulated previously by Mr.Goor. He advised that the financial position had improved and that the Acute Division was showing a break-even position. This had contributed to the overall achievement of the NHS Lanarkshire desired outturn.

It was noted that the year had been particularly challenging with significant pressures across theatres and A&E. The continuing achievement of the divisional financial targets had been achieved whilst delivering national waiting time guarantees, changing care pathways and improving clinical services. It was recognised however that service pressures would continue and that this would have to be managed in the context of a tightening of future allocation increases.

5.2 Waiting Times Report

A commentary was provided by Mr. Garscadden on the performance of waiting times compared with the trajectory identified in the Local delivery Plan 2006/07. Key pressures were in delivering the eighteen week maximum wait for an outpatient appointment (to include also the diagnostic element within the eighteen week pathway)) and ensuring that patients received their first treatment from receipt of urgent GP referral to first treatment for cancer. In addition, there was considerable pressure on services around delivery of the four hour maximum wait in A&E. All other targets were in line with the trajectory.

Particular outpatient pressures were being experienced in Orthopaedics, Dermatology and Ophthalmology. Actions to address those were being taken including the appointment of temporary and permanent staff linked to service redesign. There was work in progress to minimise the patient journey for cancer patients through effective patient tracking and access to diagnostic and other services. Delays had been experienced in accessing services provided out with Lanarkshire (in particular the Pet scanner in Grampian) and this had a particular impact on lung patients. The

Unscheduled Care Collaborative had been reflecting on actions to address the continued pressures on A&E and an updated action plan was under consideration.

5.3 Delayed Discharge Report

It was noted that the annual census of delayed discharges undertaken on 15 April 2007 had shown that the Lanarkshire Partnership had achieved the national targets set by the Delivery Unit for delayed discharges i.e. that there should be a maximum of ten delayed discharge patients in short stay beds and a maximum of ten patients over six weeks by the census date. Reservations had been expressed by the Lanarkshire Partnership over targets set for 2007/08 and in particular that there should be no patients in either delayed discharge category by 15 April 2008. A meeting was being sought with the Delivery Unit to discuss the 2007/08 targets.

5.4 Divisional Report

The operational issues within the Acute Division were reported by Mr. Ross. Emergency admissions continued to increase during the final quarter of 2006/07. In addition, Hairmyres and Wishaw General had seen a rise in A&E attendances over that same period. Monklands attendances were broadly in line with the previous year.

NHS Lanarkshire had approved the business case for Cumbernauld Community Casualty Unit with a target opening date of January 2008. It was important to ensure that all stakeholders fully understood the range of services to be provided in the Unit. An effective communication strategy would be crucial to achieving that.

There was work in progress around 'A Picture of Health'. Groups for each specialty were being established with a particular focus on agreeing clinical models. This was being taken forward jointly with colleagues in primary care to ensure agreement around the whole patient pathway. This would inform the Outline Business Case that would in time be submitted to the Scottish Executive.

An update was provide on modernising medical careers. There remained unease over the impact of this over the coming months and beyond.

An update was provided on the negotiated settlement at Hairmyres. NHS Lanarkshire's position was supported by the Scottish Executive. This view was not shared by the Trade Unions. No further progress would be made until after the Scottish Parliament elections in May 2007.

Reference was made to a recent article in a national newspaper that had included statements by a Consultant employed by NHS Lanarkshire relating to equipment and patient care. Those validity of those statements were currently being investigated.

5.5 Sickness Absence

A sickness absence report had previously been circulated by Mr. Walker. This provided a summary of sickness absence by clinical division and job family for 2006/07. Issues around coding and Agenda for Change had distorted, in part, the figures provided and prevented a comparison of month on month information. It was considered that recent monthly information represented more accurately the current position.

The consensus was that managers across the Acute Division were taking appropriate steps to manage sickness. There was currently work in progress examining training and employee counselling and this would continue.

There was continued unease over the public sector targets for sickness absence that it was not considered could be delivered.

6. CORE AGENDA ITEMS – REPORTED QUARTERLY

6.1 Complaints Report: January to March 2007

An overview of the report on formal and informal complaints received by the Acute Division by Mrs. Welton for the period January to March 2007 was provided with an indication of the issues raised and actions undertaken.

The information provided indicated a rise in complaints over the three month period to March 2007 and in particular issues raised by MSP's. The indications were that this might be linked to the forthcoming Scottish Parliament elections in May 2007.

7. SPECIAL INTEREST ITEM

7.1 HAI Update

A written update had previously been circulated by Ms. Clarkson. The opportunity was taken to discuss each of the issues highlighted in the report. It was agreed that it was difficult to measure success in the work being undertaken. A specific issue was highlighted around MRSA screening in respect of Orthopaedics. Different views had been expressed by individual consultant staff and this remained to be resolved. There remained uncertainty over the reporting structures requested by QIS and it was agreed that this required clarification and more effective direction.

8. ITEMS FOR NOTING

8.1 Minute from CHP North OMC Meeting

The Committee noted the content of the minute from CHP North Operating Management Committee meeting that was held on 7 February 2007.

8.2 Minute from South CHP OMC Meeting

The Committee noted the content of the minute from CHP South Operating Management Committee meeting that was held on 22 January 2007.

9. ANY OTHER BUSINESS

It was noted that a fire had recently taken place in a nursing home in Hamilton that had required the home to be vacated. Some residents had to be transferred to hospital for treatment. The consensus was that the evacuation had been completed successfully in line with agreed evacuation procedures with the involvement of a number of partner agencies.

10. DATE AND TIME OF NEXT MEETING

It was agreed that the next meeting would take place on Thursday 28 June 2007 at 1.30pm in the Boardroom, Wishaw General Hospital.