



*Draft notes to be approved at OMC meeting June .07*

**NHS LANARKSHIRE**

**COMMUNITY HEALTH PARTNERSHIPS**

**NORTH OPERATING MANAGEMENT COMMITTEE  
PERFORMANCE MANAGEMENT**

**Notes of Meeting Held On Wednesday 18<sup>th</sup> April 2007 at 2pm in the Seminar Room,  
Udston Hospital, Hamilton**

**Present :** Mr John Anning, Non – Executive Director (Chair)  
Mr David Clark, Non – Executive Director  
Miss Margi Taylor, Public Health Specialist  
Mr Colin Sloey, Director CHP North  
Mr Duncan Mackay, North Lanarkshire Council  
Dr Alastair Cook, Associate Medical Director – Mental Health  
Mr John York, Deputy Director of Finance  
Mrs Anne Armstrong, Divisional Director of Nursing (Primary Care)  
Mr Kenneth Small, Director of OD & North CHP HR Representative  
Mr Stephen Kerr, Head of Planning and Performance  
Mr Bob Smith, Public Involvement Representative  
Mr Felix Mulhalland, Public Involvement Representative

**In attendance:** C Jack, (Minutes) Calvin Brown, Ken Corsar, Owen Watters (Item 4)  
Carol McGhee,

**1. APOLOGIES**

Apologies were received from Ms Mary Castels, Director of Social Work & Housing, North Lanarkshire Council, Mr I Ross, Director of Acute Services NHSL, Dr Philip McMenemy, Associate Medical Director Primary Care, Mr David Boyd, Staff Side Representative, Ms June Vallance, Voluntary Sector Representative,

## **2. MINUTES OF LAST MEETING**

The notes of the meeting held on the 7<sup>th</sup> February 2007 were accepted as a true record subject to the inclusion of Duncan McKay in the list of those present.

## **3. MATTERS ARISING**

### **3.1 Public Partnership Representation**

Stephen Kerr advised that further to the note of the previous meeting, James Hunt had since stood down as the Public Partnership representative and in accordance with the previous agreement at OMC, two representatives had subsequently been appointed from the PFPI forum namely Bob Smith and Felix Mulhalland. Mr Anning formally welcomed Bob and Felix to the OMC. Mr Kerr gave a brief update on his efforts to identify a youth health representative on the Committee following Gayle Campbell's resignation and it was noted that Mr Kerr was liaising with North Lanarkshire Council with a view to ensuring a representative for the next meeting.

*Action: S Kerr to progress issue around youth health representation on the Committee as previously agreed via the Scheme of Establishment.*

### **3.2 Appointments**

Mr Anning asked the Committee to note that Stephen Kerr had now been formally appointed to the post of Head of Planning and Performance for North CHP. The committee also noted that Miss Taylor had been appointed to the post of Chief Dental Officer for Scotland.

*Action : OMC members extended congratulations to Mr Kerr and Miss Taylor. Mr Sloey was to seek public health representation for North CHP to replace Miss Taylor.*

## **4. PERFORMANCE**

### **4.1 Smoking Cessation Services**

Owen Watters attended the meeting to give a short presentation outlining the establishment of smoking cessation services within NHSL with particular reference to the progress against the HEAT targets. Owen highlighted the figures collated for this year which had been incorporated within the National Report and which demonstrated good progress amongst 'quit rates' in the first month compared to other areas although Owen acknowledged the difficulties in making meaningful comparisons against other health boards area due to the range of types of services being offered in different areas and the lack of available data for previous years activity. Owen commented on recent positive feedback from the Scottish Executive on the structure and types of services being offered within Lanarkshire however he acknowledged that a greater uptake from smokers in accessing services was required. Discussion followed on the range of strategies that were being employed to tackle smoking throughout Lanarkshire and these

included preventative strategies in schools for long-term gain and the greater involvement of Pharmacy Services. Mr Anning enquired about practises within other Health Board areas and Owen advised that a he attended a National Smoking Services Group, established by the Scottish Executive, that highlighted areas of good practise across the country.

*Action: John thanked Owen on behalf of OMC for a very informative presentation and asked that a further report be made available for the OMC which was to detail specific progress against HEAT targets as this would feature in the Annual Accountability Review in August 2007.*

#### **4.2 Waiting Times Report**

Stephen Kerr made reference to the waiting times report to the end of January 2007 which had been previously circulated. Stephen summarised the overall picture which had remained fairly static since the previous report with a slight increase in the number of patients waiting for psychiatric assessments (although none were over the 9 week target). Dr Cook advised that there had been a recent significant increase in the number of referrals in respect of patients with dementia which may in part be due to the increased range of services currently being offered and GPs and relatives increasing awareness of the availability of these services. Dr Cook agreed to investigate this issue further and report back to the next meeting. Issues around waiting times for speech and language therapy were also discussed in relation to the impact on mainly primary schoolchildren.

Mr Anning made reference to previous discussions with Mr Sloey where it had been suggested that the OMC required to take an annual overview of services and waiting times in respect of the need to build in capacity planning and Mr Sloey advised that this work was now well underway.

*Action: Dr Cook to investigate increases in number of patients waiting for psychiatric assessment. S Kerr to review the presentation of the report with a view to preparing a yearly report that incorporated recommendations to OMC for Capacity planning for future years.*

#### **4.3 Finance Report**

John York gave an overview of the current financial planning process and the predicted outturn for the previous year which was still to be verified. John advised on the 5 year Financial plan and It's implication within CHP North. Mr Anning acknowledged the significant contribution of Primary Care Services to the overall end of year position for NHSL. Discussion followed on the need to develop further community care services and therefore the pressing need to redeploy resources over the coming year to start building the community infrastructure.

*Action: The Finance report was acknowledged by OMC*

#### **4.4 HR Report**

Mr Small tabled his report which detailed a range of issues including the following:

- Integration of Northern Corridor Staff – Mr Sloey gave some feedback from recent discussion with NHS GG & C around transfer of staff and it was acknowledged that this would be a long process to fully integrate services to the benefit of patients.
- Development of Corporate Objectives 2007/08 – Mr Small outlined the process currently underway to ensure that corporate objectives would be fully incorporated within the senior management team and their staffs personal objectives and that these would be widely shared within the organisation.
- Quarterly HR Workforce Activity report
- Sickness Absence Management – discussion followed around concerns on achieving the targets set out for the NHS. Mr Small commented on the range of activity that was being undertaken by managers to address local absences although it was acknowledged that this proactive approach was not being reflected in the anticipated downward trend in the figures. Mr Anning reflected on previous practises within other organisations to try to address this issues including introduction of incentives for good attendance etc and Mr McKay commented on similar experiences and difficulties within NLC.

***Action: Mr Small's report was noted by OMC and Mr Anning asked that further thought be given to other ways of addressing absence management.(CS/KS)***

#### **4.5 Directors Report**

Mr Sloey made reference to his report which had been previously circulated and highlighted a number of areas of activity. Discussion followed on the development of mental health acute inpatient services and Mr Sloey outlined the process that would be followed to ensure that a Business Case would be available in June 2007 for the Monklands Unit. An separate update on the Keep Well project was tabled for information.

#### **4.6 Audit Scotland Self – Assessment Checklist**

The above report was tabled for information and it was noted that a separate meeting of North & South CHP Chairs and Directors had been arranged to go through this in more detail.

***Action: J Anning, N Mahal, C Sloey, S Kerr, R Watts & A Lawrie to meet to review actions and recommendations and report back to next OMC meeting.***

#### **4.7 Joint performance Information Assessment Frameworks 06/07**

It was noted that Mr Kerr had circulated the above summary report which measured performance against partnership working and interface. OMC members were cautioned in the difficulties in trying to interpret some of the data presented

and Mr Mackay supported this view and highlighted some of the anomalies in the measures.

*Action: Mr Kerr and MR Watts (South CHP) were asked to follow up the actions & performance measures outlined within the reports as this would feature as part of the Accountability review.*

## **5. GOVERNANCE**

### **5.1 Communications Report**

Mr Brown made reference to his report that highlighted the pro active approach being taken to manage communications with the wider public and to highlight services such as smoking cessation and Keep Well.

### **5.2 Quarterly Complaints Report**

Christine Jack gave a brief summary of the above report, highlighting the overall numbers of complaints received in the period October – December 2006. It was noted that these numbers were relatively small in comparison to the overall patient activity however there were lessons to be learnt in terms of general issues around communications and consistency in practises. Mrs Armstrong advised that there were better mechanisms now in place, via the nursing and clinical governance forums to ensure that recommendations should be shared appropriately.

## **6. REPORTS/MINUTES NOTED**

The following minutes and reports were noted for information:

1. OMC Acute Division (Dec 06)
2. OMC South CHP (Jan 07)
3. Health & Care Partnership Board (March 07)
4. Divisional Partnership Forum (Feb 07)

## **7. DATE OF NEXT MEETING**

The date of the next June meeting was to be rearranged.