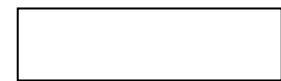


**MINUTES OF A MEETING OF THE
ACUTE OPERATING MANAGEMENT COMMITTEE
HELD ON THURSDAY 25 OCTOBER 2007 AT 1:30 PM
IN THE BOARDROOM, HAIRMYRES HOSPITAL**



Present: Mr. T Currie, Non-Executive Director (Chairman)
Mr A. Dalby, General Manager, Surgical and Critical Care Services
Mrs. J James, Divisional Nurse Director
Mr A. Goor, Deputy Director of Finance
Mr R. Garscadden, Head of Planning, Acute Division
Mrs M. Nelson, Non Executive Director
Mr D. Hume, General Manager, Emergency and Medical Clinical Division
Mr T Sim, Support Services Manager

In Attendance- Dr M. Malekian

1. WELCOME AND APOLOGIES

Mr Currie welcomed Mr Dalby to the meeting, and congratulated Mrs James on her recent appointment as Divisional Nurse Director. Apologies were received on behalf of Mr. DH Clark, Non-Executive Director, Mrs R. Lyness, Director, Acute Services. Mr. C Sloey, Director of CHP North. Mrs L. Khyndria, Deputy Director of Human Resources. Ms Judith Hope, General Manager, Women's Cancer and Diagnostics Division.

2. MINUTES FROM PREVIOUS MEETING

The minutes of the Acute Operating Management Committee meeting held on 30th August 2007 were approved as a correct record.

3. MATTERS ARISING

3.1 Delayed Discharge

Mrs Nelson reported that she had raised the issue of delayed discharge at the South Lanarkshire CHP meeting, and that Alan Lawrie would be arranging to meet with Mrs Lyness to address this matter.

3.2 Special Interest Item

Following the meeting with Mr Currie and Mrs Lyness it was agreed that the Special Interest Item would be arranged for future meetings.

4. ITEMS FOR CONSIDERATION

4.1 LEAN IN LOTHIAN

In the absence of Mrs Khindria, Mr Currie and Mr Hume provided an overview of the Lean Approach and how NHS Lothian have applied some of Lean techniques. Mr Hume also commented that NHS Lanarkshire have used Lean Theories to support the Collaborative Programmes, and that the example of Straight to Test also demonstrated these theories.

5. CORE AGENDA ITEMS – REPORTED BI-MONTHLY

5.1 FINANCE REPORT

The financial report on the Acute and Corporate Division for the period to 31st August 2007 was tabled by Mr Goor, who advised that the Acute Division overspend, was now approximately £159,000, compared with year to date budget. Pay costs are reported as being £1,076,000 underspend; with non-pay costs being £1,176,000 overspend. Within this the Acute Division is showing an overspend of £81,000, and the Corporate Division overspend is £78,000.

Mr Goor went on to highlight some key issues, which included specific areas in non-pay such as Theatres, A&E and Labs, which along with Nursing Bank costs represent the main cost pressure areas. Mr Goor also highlighted that these areas will require to be addressed over the next few years, against the background of the Spending Review outcome prediction that NHS Lanarkshire will receive a low settlement in relation to previous years.

Mr Goor confirmed that meetings are ongoing with Divisional General Managers to review their proposed savings plans for this financial year, and for 2008/09.

5.2 WAITING TIMES/ DELAYED DISCHARGE REPORT

The Waiting Times and Delayed Discharge Paper was presented by Mr Garscadden who provided a brief commentary on the performance on waiting times compared with the planned trajectory identified in the Local Delivery Plan. Mr Garscadden reported that the Paper for October 2007 had still to be presented to the NHS Lanarkshire Board, and that he would provide a verbal update.

There is particular pressure on two targets, the eighteen-week outpatient, and the cancer targets. Both targets, Mr Garscadden informed the OMC have represented pressure for some months. In relation to the outpatient target as of 30th September progress is in line with the revised trajectory. Action Plans have been agreed for each specialty and are monitored on a weekly basis. The target reduction to 1000 by the end of October is well advanced, and as of 17th October 2007 the figure stood at 1202.

In terms of meeting the cancer target, Mr Garscadden reported that performance against all nine-tumour types in meeting the 62-day target has improved during September. There remains however pressures around lung cancer, the detail of which is being worked through with clinicians and managers. There was some discussion around the issues in relation to lung cancer, and Mr Hume informed the OMC that there would be four new Respiratory physician posts advertised shortly, and that clarity was being sought around the lead clinicians post, and working towards consistency in operating the lung patient pathway.

There were some issues raised in relation to delayed discharge highlighted by Mr Garscadden. While NHS Lanarkshire and our partners performance remains good there are still fairly high numbers of patients over six weeks, and this represents a considerable pressure on hospital beds. The increase in numbers relates mainly to patients from South Lanarkshire. Mr Garscadden reported that a meeting would take place shortly with South Lanarkshire Council to further review the available information, and to identify solutions to reduce the number of patients over six weeks, and deliver a sustainable solution in line with the trajectory.

5.3 DIVISIONAL REPORT

Mr Hume reported operational issues within the Acute Division.

Emergency and Medical Clinical Division

Within the Emergency and Medical Division emergency activity continued to increase at both Monklands and Wishaw hospitals as a result of the Norovirus outbreak. Mr Hume highlighted that the latest figures showed that there were over 300 cases, and at its peak 14 of the 17 wards were closed.

Performance remained consistent with the trajectory for the month of September achieving 97% as an NHS Board. Minor injury performance was 99% on all sites Mr Hume reported. In terms of delayed discharges Hamilton/East Kilbride reported a total of 29 delayed discharges of which 16 were over six weeks.

Women's Cancer and Diagnostic Clinical Division

Mr Hume confirmed that within neonatal services a steering group had been set up to expand the cot base from 22 to 29 beds. Ongoing work to increase capacity within Radiology and Laboratories continues, and waiting times for the 4 key modalities in Radiology were successfully reduced to 4 weeks by the end of September.

Mr Hume referred the OMC to appendix 1 The weekly Cancer Report from the Health Directorate which demonstrated that week ending 12th October 2007 NHS Lanarkshire achieved compliance of 96%.

Surgical and Critical Care Division

Emergency activity overall in the surgical division has risen by 4% Mr Hume reported, and ongoing issues persist in maintaining Thoracic Services prior to the transfer to the GJNH. Mr Hume confirmed that NHS Lanarkshire would be appointing some staff on short term contracts in order to fill vacancies.

5.4 CONSULTANT APPOINTMENTS

The paper was tabled by Mr Hume in the absence of Mrs Khindria. The three Consultant in Anaesthetic posts were ratified by the OMC.

Action : Mr Sim agreed to confirm the starting dates with Mrs Khindria on her return, and forward the dates to Mrs Nelson.

5.5 HR MONTHLY BRIEFING- AUGUST & SEPTEMBER

Mr Hume provided a brief update on the HR report, and highlighted that NHS Lanarkshire are currently processing 60 vacancies for the Acute Division in clinical and non-clinical. Mrs Nelson asked if the next HR briefing in December could contain a detailed breakdown of consultant vacancies by site and specialty.

Action: Mr Sim to arrange with Mrs Khindria that the information requested on consultant vacancies be reported in the December HR Briefing.

6. CORE AGENDA ITEMS – REPORTED QUARTERLY

6.1 ACUTE DIVISION TEAM EVENT

The Report was noted by the OMC

7. SPECIAL INTEREST ITEM

Emergency Referral Centre

Dr Malakian presented a slideshow of the proposed Emergency Response Centre to the OMC. Outlined in the emergency care model presentation, which was approved by stakeholders prior to “Picture of Health”, were the objectives, the West of Scotland Transport Model, Scottish Ambulance issues and aspirations and links with both NHS 24 and the NHSL Winter Plan. Other issues included:

- IT Link up
- Joint agency clinical pathways and protocols
- Staffing
- Location
- Resources

Dr Malakian emphasized the need to adopt a multi- disciplinary approach, and there was discussion around opportunities to link with Primary Care Services, and the aim of developing a single system approach.

8. ITEMS FOR NOTING

8.1 MINUTES FROM COMMUNITY HEALTH PARTNERSHIP (CHP) NORTH OPERATING MANAGEMENT COMMITTEE (OMC) MEETING HELD ON 15TH AUGUST 2007

The Committee noted the content of the minutes from CHP North's Operating Management Committee meeting that was held on 15th August 2007.

8.2 MINUTES FROM COMMUNITY HEALTH PARTNERSHIP (CHP) SOUTH OPERATING MANAGEMENT COMMITTEE (OMC) MEETING HELD ON 3RD SEPTEMBER 2007

The Committee noted the content of the minutes from CHP South's Operating Management Committee meeting that was held on 3rd September 2007.

9. ANY OTHER COMPETENT BUSINESS

None.

10. DATE AND TIME OF NEXT MEETING

It was agreed that the next meeting would take place on ***Thursday 20th December at 1:30 pm, in the Boardroom, Wishaw General Hospital.***