

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

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

**Note of a meeting held on Monday 12<sup>th</sup> November 2007 at 9.30 am in  
Committee Room 1 Strathclyde Hospital.**

PRESENT:	<b>Mrs Neena Mahal</b> <b>Mr A Lawrie</b> <b>Ms J Miller</b> <b>Ms F Leckie</b> <b>Mr R Watts</b> <b>Dr L Armitage</b> <b>Mrs F Porter</b> <b>Mr P McCrossan</b> <b>Ms M Samson</b> <b>Mrs M Nelson</b> <b>Ms Ruth Hibbert</b> <b>Mr J Mitchell</b> <b>Ms J Mouriki</b> <b>Mrs I Miller</b> <b>Dr S Mackie</b> <b>Mr H Stevenson</b> <b>Ms J Hope</b>	<b>Chair</b> <b>Director CHP South</b> <b>Support Services Manager</b> <b>Acting Divisional Nurse Director</b> <b>Head of Planning</b> <b>Consultant in Public Health Medicine</b> <b>Deputy Director of Finance</b> <b>Associate Director AHPs</b> <b>UNISON</b> <b>Non-executive Director</b> <b>Divisional HR Director</b> <b>Patient Representative</b> <b>Voluntary Sector Representative</b> <b>Patient Representative</b> <b>Medical Director, Primary Care</b> <b>Director of Social Work, SLC</b> <b>General Manager, Acute Division</b>
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Item	Action Notes	Action by
<b>1</b>	<b>APOLOGIES</b>  Apologies were received from Councillor Handibode and Rosemary Lyness, Director of Acute Services, Judith Hope will attend future committees on Rosemary's behalf.	
<b>2</b>	<b>DECLARATIONS OF INTEREST</b>  There were no declarations of interest. AL clarified that members of the PPF representing both the PPF and a locality did not fall within the definition unless there were issues of pecuniary interest.	
<b>3</b>	<b>MINUTES OF LAST MEETING (3<sup>RD</sup> SEPTEMBER 2007)</b>	

	Accepted as an accurate record.	
4	<p><b>MATTERS ARISING:</b></p> <p><b>Item 5.3 Performance Management Report - Audiology</b> AL reported that he and PMcC were meeting imminently to discuss the review process for Audiology, particularly in light of the Cabinet Secretary's announcement of an 18 week targets for this service to be achieved by 2011.</p> <p><b>ACTION: PMcC to bring report back to OMC in May 2008</b></p> <p><b>Item 9 AOCB – Delayed Discharges</b> AL reported that this matter was constantly under discussion with both Councils. In addition Rosemary Lyness and Roy Garscadden had met with SLC to discuss bringing forward care packages to the beginning of the month freeing up some beds days.</p> <p>In addition patients currently at the Ravenscourt Care Home in Motherwell are moving to new facilities (Park Springs). This has the potential to create some extra capacity in North Lanarkshire. Discussions are currently taking place in the acute sector to determine how best to utilise these extra beds.</p> <p>It should be noted that although delayed discharges do cause issues in the hospital sector, nationally NHSL is performing well in this area.</p> <p><b>Membership of the OMC</b> AL advised the committee that Robert Anderson, Chair of the South Lanarkshire Carers Network, will be joining the OMC from 1<sup>st</sup> April 2008 to represent the views of carers. Although unable to attend this meeting, Robert will attend future meetings as an observer until he joins the committee on 1<sup>st</sup> April.</p> <p><b>ACTION: NM and AL to discuss with PPF how to engage with the harder to reach groups, e.g. young people.</b></p>	<p>PMcC</p> <p>NM/AL</p>
5	<p><b>PERFORMANCE</b></p> <p><b>5.1 Financial Position to 30<sup>th</sup> September 2007</b></p> <p>FP discussed her report which showed an underspend to date for Primary Care of £2634k. South Lanarkshire CHP reported an underspend of £403k. Additional funding has now been allocated to the Hamilton Locality to cover the cost of digital hearing aids Figures for Cambuslang and Rutherglen were also included within the report and showed an underspend of £11.3k.</p>	

	<p>The mid-year review process will be completed this month for presentation to the next NHS Board.</p> <p>The underspend is mainly due to the high level of vacancies in the system at present, FP drew attention to the table in the report which shows vacancies at 8.66% but underspend in budget of only 3.42%, therefore if all vacancies were filled there would be significant cost pressures.</p> <p>AL advised that whilst the levels of vacancies in East Kilbride and Clydesdale were considered to be at normal operational levels, however, the level in Hamilton was higher and therefore a targeted piece of work was being carried out to address this and try to recruit to some of the outstanding vacancies.</p> <p>Actions are also being taken to reduce the underspend across NHSL via the Invest to Save Programme (around £3m) and the Director of Finance has also identified further funding to be used on a non-recurrent basis to upgrade some of the estate.</p> <p><b>ACTION: FP to bring further detail around Invest to Save to the January OMC</b></p> <p>The committee noted the report and the good progress being made generally.</p>	<p><b>RH</b></p> <p><b>FP</b></p>
	<p><b>5.2 HR Reports</b></p> <p><b>5.2.1 Sickness Absence</b></p> <p>RH discussed the above report and noted the key points.</p> <p>Sickness levels have risen over the last two months to 5.8%. This however compares to 6.2% in September 2006. Overall the NHSL level has also increased.</p> <p>Managers continue to monitor and manage sickness absence closely and are working with Occupational Health &amp; Human Resources staff.</p> <p>It was noted that changes in working practice in the Mental Health Wards in East Kilbride as part of a pilot project have significantly reduced the number of patient incidents and it is felt that this will have a positive effect on sickness absence levels.</p> <p>Sickness absence in Cambuslang and Rutherglen increased significantly between June &amp; July 2007. This is because mental</p>	

	<p>health staff are now included in the Cambuslang and Rutherglen return.</p> <p><b>5.2.2 Workforce Quarterly Report</b></p> <p>The report covers the period 1<sup>st</sup> July to 30<sup>th</sup> September 2007 and gives detail on the numbers of grievances, disciplinary and investigatory hearings.</p> <p>It was noted that 64.98 wte vacant posts had been filled in the South CHP during this quarter.</p> <p>The OMC also welcomed the new Employee Counselling Service which is free to all NHSL staff.</p> <p>The committee noted both reports.</p>	
	<p><b>5.3 Performance Management Reports</b></p> <p><b>5.3.1 Framework Monitoring Report</b></p> <p>RW discussed the report previously circulated which noted that 3 areas are currently at Red:</p> <ul style="list-style-type: none"> <li>• Child and Family Clinics</li> <li>• Sickness Absence</li> <li>• Emergency readmissions.</li> </ul> <p>Child and Family have reported no data for July and August due to the migration to the new PIMS system</p> <p>Emergency readmissions data is coming from locally collected data which is being reviewed.</p> <p><b>ACTION: RW to provide outcome report on Emergency Readmissions to January OMC</b></p> <p>3 areas have moved since the last report:</p> <p>Paediatric OT from red to amber due to the reduction in numbers waiting and overall waiting time</p> <p>Cervical Screening from amber to green due to an improvement in recall figures but still short of target.</p> <p>JPIAF 6 (SSA) from green to amber pending the outcome of the draft evaluation report</p>	<p><b>RW</b></p>

	<p><b>ACTION: RW to report on this item to January OMC</b></p> <p>CHI compliance has improved but still below target. Action plans are in place in each locality to address this issue. Discussions are still ongoing with NHSGG &amp; C to improve access to and reporting of data on Cambuslang and Rutherglen. It has been agreed that NHSL will receive data as part of the NHSGG &amp; C quarterly reporting cycle.</p> <p>JMitchell asked for more detail on the Annual Review process and AL gave an overview of the Annual Accountability Review between the NHS Board and the Scottish Government to measure our performance against targets. The review also includes meetings with various groups of staff and patient representatives and invites NHSL to respond to questions submitted to the Scottish Health Council.</p> <p>JMouriki raised an issue around confidentiality relating to the Emergency Care Summary being rolled out to other professionals. AL advised that the tool is very useful for the Out of Hours Service but that there needs to be clear information governance arrangements in place before it is rolled out further.</p> <p><b>ACTION: SM to discuss with Robin Wright, Head of IT</b></p> <p>The Chair asked about the Care Management Evaluation and FL advised that the interim report was currently being prepared.</p> <p><b>ACTION: RW to include interim care management report as part of report on emergency readmissions for January OMC.</b></p> <p><b>5.3.2 Waiting Times Monitoring Report</b></p> <p>RW discussed the above report and noted the following key points:</p> <p>Funding has now been made available for Waiting Times Management, specifically implementation of the 18 week maximum waiting time guarantee from December 2007.</p> <p>The total number waiting has fallen with a significant reduction in numbers waiting more than 9 weeks for AHP services.</p> <p>Audiology waiting times have also been significantly reduced, particularly in those waiting more than 9 weeks (75% reduction).</p> <p>Capacity Planning is now being rolled out across all sites but there</p>	<p><b>RW</b></p> <p><b>RW</b></p> <p><b>SM</b></p> <p><b>RW/FL</b></p>
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	<p>are still some technical problems. RW discussed his paper at Appendix 4 of his report which explains how the process operates. The method is to be evaluated by the end of December so that it can be used as a base for discussion with Heads of Service and LGMs to agree how to create the capacity to meet the demand.</p> <p><b>ACTION: RW to report back to January OMC</b></p> <p>JMouriki asked about training for nurses in areas such as CBT to improve waiting times for Clinical Psychology. FL advised that although funding was available, courses were difficult to access and problems were often experienced in finding suitably qualified staff to backfill to allow nurses to go away to train.</p> <p>PMcC advised that a pilot scheme had started in Podiatry which offered patients alternative appointments outwith normal clinic times which reduces waits in some circumstances.</p> <p>The committee noted both reports.</p>	<b>RW</b>
<b>6</b>	<p><b>PLANNING</b></p> <p><b>6.1 GMS/QOF Update</b></p> <p>FP gave a presentation on the Quality and Outcomes Framework with is part of the new GMS Contract. The presentation gave detail on how points were awarded to practices, what the financial package was and how practices were supported through the process. FP also gave information on the verification process.</p> <p>Noted that there is now also an external verification process in which NHSL was a pilot site.</p> <p>The question of confidentiality was again raised around registers of patients with various conditions which were held within GP practices.</p> <p><b>ACTION: SM to take up with the National GMS Leads Group</b></p> <p>LA commented that it appeared to be a process based system as opposed to an outcome based system. SM indicated that it was an evolving framework which would change over time and that the measures were evidenced based.</p> <p><b>6.2 Locality Risk Registers</b></p> <p>JM advised that the risk registers had been prepared by each Locality following the development of the CHP Risk Register,</p>	<b>SM</b>

<p>and that the CHP would move towards using the DATIX System over the coming months.</p> <p>Both the Chair and AL had concerns that there were still gaps in the registers and that more information on assessment of risk and actions taken to minimise each risk needed to be included.</p> <p><b>ACTION: AL to discuss with LGMs and ensure completion by the end of December 2007</b></p> <p>The Chair noted the work in progress on the registers and asked for completed registers to be brought back to the OMC.</p> <p><b>6.3 Better Health Better Care Consultation</b></p> <p>AL discussed the government document which was launched in August 2007. The general view is that whilst the document is welcomed, there are a number of gaps in it, not least around the Health Improvement agenda and the issue of funding inequalities.</p> <p>HS advised that the Council had similar concerns around the tensions between prevention and intervention and the apparent lack of focus on the health inequalities agenda. The Council welcomes the partnership approach and carer support.</p> <p>He also advised that the Council did not believe in a separate elected Health Board but would perhaps strengthen the number of elected members on existing Boards.</p> <p><b>6.4 Output from Primary Care Prioritisation</b></p> <p>AL took the opportunity to update the OMC on the Review of the A &amp; E provision. The information pack was presented to the September NHSL Board meeting and subsequently forwarded to the Independent Scrutiny Panel (ISP).</p> <p>The ISP produced a report with some comments and suggestions, mainly positive but with some criticisms, and will be in regular dialogue with NHSL over the next few months.</p> <p>The ISP are also running a series of Public Events however members of the OMC, in particular from the PPF, raised concerns at the apparent lack of publicity on these events and difficulties in obtaining information or tickets.</p> <p>AL went on to describe the process of prioritising the 17 capital projects within Primary Care. A scoring event took place at which there was a wide representation of staff and patient representatives. The results of the event are included in the OMC</p>	<p>AL</p>
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	<p>papers.</p> <p>This information will be used to inform the overall evaluation of affordability which will take place at the NHSL Board meeting in January.</p> <p>AL now working with Robert Peat at the risks and implications of not progressing some of the projects in terms of both cost and effect on the service. Colin Sloey is undertaking a similar assessment on Mental Health Services.</p>	
7	<p><b>GOVERNANCE</b></p> <p><b>7.1 HMIE Inspection on Child Protection</b></p> <p>FL reported that the pre-inspection documentation from the Inspection Team is due this week.</p> <p>As the Nurse Consultant does not take up post until 28<sup>th</sup> November, Janice Longford, Acting Associate Nurse Director, will focus on leading the process until 31<sup>st</sup> March 2008.</p> <p>A lot of work around nursing documentation is taking place and the cohort of records which the Inspection Team will be given has now been identified. Work is ongoing to ensure that these records are in good chronological order. An audit of all records has taken place and an action plan drawn up to address the issues.</p> <p>Some other issues have arisen in the Cambuslang Rutherglen area as they work to NHSGG &amp; C systems which are different to NHSL and these issues are being worked through.</p> <p>There are also some issues in relation to access to School Health Records which are also being addressed.</p> <p>A team from NHS Borders has recently visited to share some lessons learned from their inspection visits.</p> <p>Briefing sessions are continuing for all groups of staff and information packs are being distributed.</p> <p>The OMC noted the progress.</p> <p><b>7.2 Staff Partnership Forum Minutes</b></p> <p>The OMC noted these minutes</p>	

	<p><b>7.3 South Lanarkshire PPF Minutes</b></p> <p>JMitchell asked if the PPF members could have electronic access to the OMC minutes. He was advised that these are in the public domain and available on the internet.</p>	
<b>8</b>	<p><b>FOR INFORMATION</b></p> <p><b>8.1 North Lanarkshire CHP OMC Minutes</b></p> <p>These were noted by the committee.</p> <p><b>8.2 Acute OMC Minutes</b></p> <p>These were noted by the committee.</p> <p><b>8.3 Joint CHP Strategy Development and Implementation Committee</b></p> <p>The last meeting was cancelled; the next meeting will take place on 6<sup>th</sup> December 2007.</p> <p><b>8.4 Health and Care Partnership Minutes</b></p> <p>None available.</p>	
<b>9</b>	<p><b>AOCB</b></p> <p>The Chair asked for a presentation on each of the hosted services to be scheduled for next year.</p> <p><b>ACTION: JM to arrange programme</b></p>	<b>JM</b>
<b>10</b>	<p><b>DATE OF NEXT MEETING</b></p> <p>The date of the next meeting is Monday 21<sup>st</sup> January 2008 in the Boardroom at Calder Ward in Udston Hospital.</p>	