

**MINUTES OF A MEETING OF THE
ACUTE OPERATING MANAGEMENT COMMITTEE
HELD ON THURSDAY 20 DECEMBER 2007 AT 1:30 PM
IN THE BOARDROOM, WISHAW GENERAL 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
 Mrs L. Khindria, Deputy Director of Human Resources
 Mrs R. Lyness, Director of Acute Services
 Mr D. Clark, Non Executive Director
 Ms J. Hope, General Manager, Women's Cancer and Diagnostics Division

In Attendance- Dr S. Ibanesebhor, Ms Collins, Ms Stewart

1. WELCOME AND APOLOGIES

Apologies were received on behalf of Mr. C Sloey, Director of CHP North. Mr A. Lawrie, Director of CHP South and Dr B. Vallance, Medical Director, Acute Division.

2. MINUTES FROM PREVIOUS MEETING

The minutes of the Acute Operating Management Committee meeting held on 25th October 2007 were approved as a correct record.

3. MATTERS ARISING

3.1 *Delayed Discharge*

None.

4. ITEMS FOR CONSIDERATION

4.1 18 WEEK REFERRAL TO TREATMENT

Mrs Lyness outlined the four key elements required to enable NHS Lanarkshire to deliver the target, and to improve the quality of patient care:

- Redesign
- Delivery
- Information
- Performance Management

Mrs Lyness outlined the need to ensure that redesign and delivery were managed on a single system basis, and that good information technology was essential.

Mrs Lyness confirmed that plans were in place to deliver local target of a maximum of 32 weeks from referral to treatment by the end of March 2008. This was set against a Scottish Government target of 30 week by March 2009

5. CORE AGENDA ITEMS – REPORTED BI-MONTHLY

5.1 FINANCE REPORT

The financial report on the Acute and Corporate Division for the period to 30th November 2007 was tabled by Mr Goor, who advised that the key pressure areas continued to be Theatres, Labs and A&E. Mr Goor confirmed that these pressure areas are being actively tackled and that in Theatres the introduction of a new stock system will ensure more control, and greater accuracy around the value of theatre stock, while aiding the promotion of common practices. Mr Goor also commented on NHS Lanarkshire invest to save plans and how they will impact on Monklands Hospital, with a major programme of painting and refurbishment about to take place within the hospital.

5.2 WAITING TIMES/ DELAYED DISCHARGE REPORT

The Waiting Times and Delayed Discharge Paper at November 30 2007 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 NHS Lanarkshire would deliver its waiting time guarantees on target by the end of December 2007.

Mr Garscadden commented that there is still 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 terms of meeting the cancer target, Mr Garscadden reported that performance against all nine-tumour types in meeting the 62-day target has improved and the NHS Lanarkshire four -week target for November compared favourably with the Scottish average. Mrs Lyness confirmed that due to improved performance against the 62-day cancer target, the Scottish Government Cancer Performance Support Team have arranged to formally disengage with NHS Lanarkshire. Progress against the eighteen-week outpatient target as of 30th November 2007 is in line with the revised trajectory, and action plans have been agreed for each specialty, and those are monitored on a weekly basis.

Mr Garscadden spoke briefly about the abolition of ASC codes from January 2008, and the introduction of “New Ways” designed to more effectively manage waiting times, and to provide better communication with patients.

There were some issues raised in relation to delayed discharges 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 he and Mr Hume would be meeting with colleagues from both North and South Lanarkshire Councils early in January 2008 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. Mr Garscadden also confirmed that NHS Lanarkshire have requested that a clinical review of every patient takes place.

5.3 DIVISIONAL REPORT

Mrs Lyness 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. Performance against the 4 hour UCCP target remains consistent at 98% for November 2007. The Winter Plan work was ongoing with each of the three hospitals having a detailed site plan with a wide range of initiatives and new services in place to support the delivery of high quality clinical services. In addition a robust communication system is now in place.

A second formal outbreak of diarrhoea and vomiting occurred at Hairmyres Hospital in November 2007. Although less severe than the first outbreak in October 2007 there was significant impact on the efficient running of the hospital.

Women’s Cancer and Diagnostic Clinical Division

Ms Hope confirmed that within neonatal services a steering group had been set up to expand the cot base from 22 to 29 beds, a revised proposal has been submitted to the architects, and a further meeting would be taking place on 28th December 2007. Ongoing work to increase capacity within Radiology and Laboratories continues, and waiting times for the 4 key modalities in Radiology were successfully reduced to 4-6 weeks by the end of September. Pathology Services remain under significant pressure due to increased workload and staff shortages Ms Hope reported.

Surgical and Critical Care Division

Overall 89% of planned elective operating lists were utilized Mr Dalby reported. Overall year to date elective inpatient activity has reduced by 6% compared with the same period for 2006/07. Mr Dalby confirmed that plans are in place to ensure that the 18-week outpatient/day case waiting time target is met, and that work is ongoing to reduce to 16 weeks outpatient, inpatient and daycase waiting times by the end of March 2008.

Mr Dalby also provided an update on the proposed move of Thoracic Services to the Golden Jubilee National Hospital and advised that he would be bringing a paper to the DMT and would update the OMC in April 2008.

The Media matters section of the Divisional Report was unavailable Mr Sim to arrange distribution.

Action: Mr Dalby to provide an update on Thoracic Services at the April OMC. Mr Sim to forward a copy of Media Matters.

5.4 CONSULTANT APPOINTMENTS

The paper was tabled by Mrs Khindria. The posts were ratified by the OMC.

5.5 HR MONTHLY BRIEFING- OCTOBER AND NOVEMBER

Mrs Khindria provided an update on the HR report, and highlighted that NHS Lanarkshire in November 2007 are currently processing 109 vacancies for the Acute Division in clinical and non-clinical. Mrs Khindria also reported that in the same month there are 113 individuals on the redeployment register. Mrs Khindria provided a handout, which highlighted the number of senior medical staff vacancies, in both the acute division and the North CHP. As of 30th November 2007 the number stands at 60.

6. CORE AGENDA ITEMS – REPORTED QUARTERLY

6.1 HR QUARTERLY WORKFORCE REPORT JULY –SEPTEMBER

The Report was noted by the OMC

6.2 COMPLAINTS QUARTERLY REPORT- JULY- SEPTEMBER 2007

The Report was noted by the OMC.

7. SPECIAL INTEREST ITEM

Neonatology- Transitional care

Dr Ibanesebhor, Ms Stewart and Ms Collins provided a presentation of NHS Lanarkshire Neonatology Services, outlining the average occupancy in Neonatal units across Scotland, and the rise in the number of births within Lanarkshire, (around 5000 deliveries per annum) and also a rise in the number of premature babies, and the growing problem of mothers who are abusing substances. Dr Ibanesebhor also provided information on the staffing complement, the structure of the service, and information on two new categories- HDU and Transitional Care and the links with the West of Scotland Network.

There was some discussion around the changes needed to facilitate the increased cot base at Wishaw General Hospital, and the costs involved. There was also discussion around the need to minimise prescribing errors, and the potential as part of the Cot Bureau to provide linkages with other neonatal sites.

Mr Currie thanked Dr Ibanesebhor, Ms Stewart and Ms Collins for their presentation.

8. ITEMS FOR NOTING

8.1 MINUTES FROM COMMUNITY HEALTH PARTNERSHIP (CHP) NORTH OPERATING MANAGEMENT COMMITTEE (OMC) MEETING HELD 5TH DECEMBER 2007

The Committee noted the content of the minutes from CHP North's Operating Management Committee meeting that was held on 5th December 2007.

8.2 MINUTES FROM COMMUNITY HEALTH PARTNERSHIP (CHP) SOUTH OPERATING MANAGEMENT COMMITTEE (OMC) MEETING HELD 12TH NOVEMBER 2007

The Committee noted the content of the minutes from CHP South's Operating Management Committee meeting that was held on 12th November 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 21st February at 1:30 pm, in the Boardroom, Monklands Hospital.***