

Present: Mr T Currie, Non-Executive Director (Chair)
Mrs M. Nelson, Non-Executive Director
Mr D Clarke, Non-Executive Director
Mrs J. James, Divisional Nurse Director
Mrs M. Mark, General Manager, Women's and Diagnostics Division
Mr J. White, Divisional HR Director
Miss D Sweeney, Support Services Manager
Dr J. Burns, Interim Division Medical Director
Mrs R. Lyness, Director of Acute Services
Mr C. Lauder, Head of Modernisation
Mrs R. Robertson, General Manager, Cancer Services Division
Mr D. Hume, General Manager, Emergency & Medical Division
Mr B. Brown, Property & Support Services Division
Mr G. Gray, SALUS Occupational Health & Safety

In Attendance – Mrs P. Millken, Head of Clinical Governance
Dr G. Ellis, Consultant, Care of the Elderly
Dr V. Devlin, Emergency Access Programme Manager
Mr M. Wilson, Service Manager, Emergency & Medical Division

1. WELCOME AND APOLOGIES

Apologies were received from Ms J. Hope, Mr R. Garscadden, Mr A. Goor and Mrs J. Miller.

2. MINUTES FROM PREVIOUS MEETING

The minutes of the Acute Operating Management Committee meeting held on 26th January 2010 were approved as a correct record.

3. ITEMS FOR DISCUSSION

3.1 Revised Health & Safety Arrangements

The Head of Occupational Health & Safety provided a brief overview of the revised Health & Safety Arrangements for the Acute Division. This paper had been approved recently at CMT and changes would be effective from 1st April 2010. The paper sets out proposals for the management of site areas. A group will be set up on each of the hospital sites, chaired by the General Manager and with representation from Property & Support Services Division and the Health & Safety Department.

3.2 *Optometry Redesign*

On behalf of the General Manager for Surgical & Critical Care, the Director of Acute Services spoke to this paper. The paper outlines the predicted demand and supply for outpatients, inpatients and daycases within Ophthalmology and Cataract for 2010/11 and proposals for sustainability. One particular area of change allows for community Optometrists to see and treat around 50% of current attendees at the eye casualty clinic which will reduce pressure on consultant led clinics.

3.3 *Orthopaedics Sustainability*

On behalf of the General Manager for Surgical & Critical Care, the Director of Acute Services spoke to this paper. The paper outlines the predicated demand and supply for outpatients, inpatients and daycases within Orthopaedics and proposals to deliver a sustainable solution for a maximum wait of 12 weeks for outpatients and 9 weeks for inpatients and daycases. The proposal to introduce an MSK service across Lanarkshire had previously been agreed by the Divisional Management Team and will be implemented from April 2010. Key benefits of this service include a reduction in demand for the consultant led service and the patient being seen by a more appropriate professional more timeously.

3.4 *Cancer Performance 2009 & Implementation of 31 Days*

The General Manager for Cancer Services Division provided a paper on Cancer Performance for 2009. It was noted that for Quarter 3, NHS Lanarkshire had achieved 96.3% against a national target compliance of 95% for treatment within 62 days of referral. This is above both the West of Scotland average and the Scottish average. The General Manager advised that reporting mechanisms for targets had been reviewed and revised reporting arrangements will take effect from June 2010. In addition, the General Manager outlined the proposals in place to achieve the 31 days target. The 31 day target to achieve 80% compliance by March 2010 is currently being met by NHS Lanarkshire and the most recent figure shows that NHS Lanarkshire had achieved 97.2% in January 2010.

4. CORE AGENDA ITEMS

4.1 *Finance Report*

In the absence of the Deputy Director of Finance, the Director of Acute Services provided an update on the Finance Report for the period ending February 2010. The expenditure report to February shows an under spend of £138, 000 for the Acute Division. Pay costs had been reported as being £2,260,000 underspent and non pay costs being £2,137,000 overspent. The Director advised that the theatre stock system will be implemented in 2010/11 and would reduce the overspend for non pay costs of which, theatres currently account for the majority of the non pay overspend.

4.2 Acute CRES Plans

The Director of Acute Services outlined the Acute CRES Plans for 2010/11. In particular, it was noted that a business case for the closure of Roadmeetings and further investment in Lockhart Hospital would be presented to the Capital Investment Group on 9th April. The Director also outlined the discussions around the proposals for the replacement of community radiology equipment and it was noted that an engagement process had commenced with the local community. Initial feedback from the first meeting with the Public Partnership Forum has been positive. In addition, the notes of the recent Finance Programme Board had been circulated and it was noted that a further meeting would take place on 30th March.

4.3 Waiting Times

In the absence of the Head of Planning, the Director of Acute Services provided an update on the Waiting Times position as at the end of February 2010. It was noted that all patients who had to be seen by the end of March to achieve waiting time guarantees had now been booked. The Director also advised of the 18 Weeks RTT target and advised that there would be a tolerance level of compliance which would be around 90%. Work is ongoing to increase compliance for the completion of clinic outcome sheets for both new and return appointments.

4.4 Divisional Report

Emergency & Medical Division

The General Manager for the Division advised of the excellent performance achieved against the 4 hour A&E target for the months of January and February, where 99% had been achieved against a target of 95%. The General Manager also noted the significant pressures which continue within medical staffing as a result of MMC/EWTD and that Dr Malekian, Associate Medical Director, had led a review of options on Emergency Department medical staffing and this had been presented to the Corporate Management Team (CMT) on 18th March 2010.

Surgical & Critical Care Division

The Associate Nurse Director advised that discussions are continuing with individual specialty teams to look at the way forward for breast and orthopaedic services. It was also noted that work is ongoing by the Clinical Director for Critical Care to look at the policies and procedures currently in place in ACCU at Wishaw with a view to better 'gatekeeping' for admissions/transfers. Finally, it was noted that a Lean Operational Group (LOG) will be established for Monklands Hospital, chaired by the General Manager. The main aim of the

group is to carry out work on behalf of the NHSL Executive Sponsor for Lean deployment and transformation.

Women's & Diagnostics Division

The General Manager for the Division advised that the Laboratory review across NHS Lanarkshire is nearing completion and a final report with recommendations will be taken to the Project Board in March/April 2010. The General Manager also noted that a preferred supplier had been chosen to provide the new Labs. Information System (LIMS) and demonstrations of the system are planned throughout March. It was also noted that a mapping exercise had been carried out to look at the agreed Lanarkshire model for the future of anticoagulant services. A paper detailing options of the future service with a preferred option will be presented to DMT in April.

Cancer Services Division

The General Manager for Cancer Services noted that the Specialist Oncology Review is ongoing and a paper would be taken to the DMT in April 2010 and thereafter a stakeholder event would take place in May. An implementation group has been established with partnership representation and patient representation sought, to aide the Haematology Centralisation. A Lean event is planned for 25th March to develop a platform from which to take forward different ways of working for the centralized site.

4.5 HR Monthly Briefing

The Divisional HR Director outlined the HR position for the month ended January 2010. It was noted that reporting mechanisms for medical staff would now be incorporated into the HR report and would be available for the next meeting of the OMC. There had been a small increase in sickness absence for the Acute Division for the month of January however, this is still significantly lower than in January 2009. It was also noted that there continues to be a month on month decrease in overtime hours worked across the Division.

Action: The OMC noted the report.

4.6 HAI Update

The Divisional Nurse Director provided an update on HAI. It was noted that SAB's figures continued to reduce throughout January and February. Incidences of C-Difficile had continued to reduce across the three sites and it was noted that Wishaw had reported no incidences for the week ending 19th March and the Director praised the efforts of all staff concerned. National data is now provided on a weekly basis to inform of ward closures/restrictions due to norovirus and the most recent data is available in the HAI update. The Chairman referred to the hand hygiene performance for doctors and ancillary

workers and the Divisional Nurse Director agreed that these are disappointing and worthy of ongoing monitoring.

Action: The OMC noted the report.

5. CLINICAL GOVERNANCE

5.1 *Clinical Governance & Effectiveness*

The Head of Clinical Governance attended for this item and spoke to the paper. The paper outlines a restructuring proposal for the clinical effectiveness service and it was noted that the paper circulated is currently out to consultation. The proposal aims to create a pan Lanarkshire service by bringing together clinical governance staff supporting primary care and the clinical effectiveness staff who support acute care. The new service would be entitled the "Clinical Quality Service."

6. ITEMS FOR NOTING

6.1 Minutes from the North CHP OMC Meeting 2nd December 2009

6.2 Minutes from the South CHP OMC Meeting 30th November 2009

The above items were noted.

7. SPECIAL INTEREST ITEM

7.1 *LEAN Deployment in Emergency Care*

Dr Graham Ellis and Dr Veronica Devlin attended the meeting for this item and delivered a short presentation detailing the significant improvements in delivering emergency care at Monklands Hospital. The presentation highlighted some areas of improvement including a shortened patient journey; with and improved working areas for staff and an increase in patient satisfaction.

8. AOCB

8.1 *PMS Implementation*

This presentation was noted by the OMC

8.2 *Audit Scotland Report – Managing Waiting Lists*

Discussion took place around the reporting mechanism in response to this Audit Scotland Report. It was agreed that a report would be presented to the Clinical Governance Group and would then be provided to the OMC.

8.3 Noticeboard Protocol

The OMC noted the report and comments regarding the frequency of reviewing the noticeboard would be fed back to the Divisional Communications Manager.

Action: Miss Sweeney would feedback comments to the Communications Manager.

8.4 Governance Arrangements – Committees

It was agreed that the Chairman would confer with the Director of Acute Service and the Support Manager and respond to the questionnaire with regard to the Acute Operating Management Committee.

Action: Mr Currie to report back at the next meeting of the Acute Operating Committee

9. DATE AND TIME OF NEXT MEETING

It was agreed that the next meeting would take place at 1.30pm on Tuesday 25th May 2010 in the Boardroom, Wishaw General Hospital.