

**Minutes of a Meeting of the
Acute Operating Management Committee
Held on Tuesday 25th May 2010
in Boardroom, Wishaw General**

Present: Mr T Currie, Non-Executive Director (Chair)
Mrs M. Nelson, 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
Mr C. Lauder, Head of Modernisation
Mrs R. Robertson, General Manager, Cancer Services Division
Mr R. Garscadden, Head of Planning, Acute Division
Ms J. Hope, General Manager, Surgical & Critical Care Division
Mr B. Brown, Property & Support Services Division
Mrs J. Miller, RCN Representative
Mr D. Spence, UNISON Representative
Mr A. Goor, Deputy Director of Finance

In Attendance – Mrs Shona Welton, Patient Affairs Manager

1. WELCOME AND APOLOGIES

Apologies were received from Mrs R Lyness, Mr D Hume, Dr J Burns, Mr G Gray and Mr D Clark.

2. MINUTES FROM PREVIOUS MEETING

The minutes of the Acute Operating Management Committee meeting held on 23rd March 2010 were approved as a correct record.

3. ITEMS FOR DISCUSSION

3.1 *Winter Plan Evaluation*

Mr Garscadden advised that a questionnaire had recently been completed in response to the Winter Plan Evaluation from 2009/10. Mr Garscadden highlighted that the feedback from Winter Plan for 2009/10 had been positive and a full evaluation of the Plan in conjunction with multi-disciplinary colleagues will take place.

Action: The full evaluation of the Winter Plan 2009/10 would be brought to the next meeting.

3.2 Lung Oncology – Potential Redesign

The General Manager for Cancer Services Division provided a paper on the potential redesign of Lung Oncology Services in Lanarkshire. She advised that the proposal would be to provide the lung oncology service from one or two Acute sites in Lanarkshire. There are a number of benefits to providing this service on one or two sites, namely 52 week access to specialist Oncology consultant led services and increased capacity. The General Manager advised that two stakeholder events had been arranged during May and June to discuss the options for the one or two site model.

Action: The OMC noted this paper and that the final paper would be taken to the Board during the summer.

3.3 Better Cancer Care – An Action Plan

The General Manager for Cancer Services Division provided a paper on Better Cancer Care – An Action Plan. The paper was accompanied by a presentation which sets out the cancer strategy and the proposal to establish a Cancer Strategy Board. The General Manager delivered the presentation and set out what the Board would be responsible for.

Acute: The OMC noted the paper and support the proposal to establish the Cancer Strategy Board.

4. CORE AGENDA ITEMS

4.1 Finance Report

The Deputy Director of Finance provided an update on the Finance Report at end March 2010. He advised that the Division ended the year £150k underspent for 2009/10. Pay costs were reported as being £2,897,000 underspent, Non Pay costs being £2,731,000 overspent for the year end. It was highlighted that the underspend within Radiology and also the significant overspend in Labs. The General Manager for the Division advised that the underspend within Radiology was due to consultant vacancies, which have now been filled and work continues within Labs regarding the financial impact of the 2010/11 Managed Service Contracts and ensuring that procurement is involved in this process.

4.1.1 Acute Medicines Management Plan

The Chief Pharmacist for NHSL attended the meeting to highlight the introduction of the Acute Division Medicine Management Action Plan for 2010/11. She advised of the savings achievable within the Acute Division and highlighted other areas where potential savings could be made. It was noted that the actions would be divided up between the Divisions and taken through individual CDMTs. The Deputy Director of Finance advised that the purpose of the Action Plan is also to look at savings which could be realized in

2011/12. In addition, he noted that an Acute Medicines Management Board would be established for the Division and would be chaired by the Divisional Medical Director.

Action: The OMC agreed and supported the plan.

4.2 Acute CRES Plans

The Deputy Director of Finance updated on the Acute CRES Plans and advised that a further meeting of the Acute Division Finance Programme Board had taken place this morning, 25th May. He advised that the majority of savings had been realized for 2010/11 and the only cause for concern is around the community radiology service where the engagement process has been delayed slightly due to the General Election. He noted that the focus would now move to 2011/12 and discussions would take place at the June/July meetings of the Acute Division Finance Programme Board.

4.3 Waiting Times

The Head of Planning provided an update on Waiting Times for the month ended April 2010. He advised that the paper sets out waiting time and performance guarantees which NHS Lanarkshire will be measured against in 2010/11. He outlined the proposal to place more focus on shifting the balance of care and reduce pressure on consultant led services. Examples of this include dermatology and orthopaedics and are outlined in the paper. He also noted the focus for 2010/11 on reducing the DNA rates and the introduction of e-referral and e-vetting. Finally, the introduction of 18 Weeks RTT was outlined and the programme of work set out to achieve this new standard as well as the implementation of the new Patient Management System (PMS).

Action: PMS Implementation would be the special interest item for the July meeting of the OMC.

4.4 Divisional Report

Emergency & Medical Division

In the absence of the General Manager, the Head of Planning provided an update on the Division. In particular, he highlighted the performance against the four hour A&E target, which has been 99% for both March and April 2010. The Divisional Nurse Director updated on the MINTS nurse activity levels throughout April 2010. The Chairman indicated that MINTS nursing activity has been disappointing, and in this regard, he welcomed the appointment of Jan Miller, whom he believed could address some of the issues which exist. Finally, an updated was provided in relation to recent consultant appointments.

Surgical & Critical Care Division

The General Manager for the Division updated on the surgical specialties. In particular, she advised of the recent discussions around the future provision of vascular services in Lanarkshire. The General Manager also detailed a recent FOI which indicated that NHSL had a very high number of surgery cancellations on the day. It was noted that a number of actions have now been put in place to address this high number and these were outlined by the General Manager. Finally, it was noted that the first meeting of the LEAN Operational Group for Monklands Hospital had taken place.

Women's & Diagnostics Division

The General Manager advised that the official opening of the refurbished neonatal unit had taken place in April 2010. However, it was noted that pressures continue to exist within the middle grade rota in obstetrics and neonatology. It was noted that the handover date for the new permanent CT scanner at Wishaw would be 14th June and that NHSL has agreed to purchase a refurbished MRI unit for Monklands and procurement is now in negotiating terms with the vendor. In terms of Labs, the review has been ongoing since July 2009 and the programme of work as part of the review was set out. A scoring session will take place at the Labs' Project Board in May to recommend a preferred option for the future provision of Laboratory Services in Lanarkshire. Finally, an update was provided on the various outpatient projects ongoing within the department.

Cancer Services Division

The General Manager highlighted Quarter 4 (Oct-Dec 2009) performance against the 62 day target which was 95.5%. She then noted the anticipated Local Delivery Plan Trajectory for reporting 31 days, was 80% compliance by March 2010. It was noted that NHS Lanarkshire has exceeded this target throughout Jan-March, reporting over 97% each month. The General Manager also advised that a breach analysis would now be sent to the Cancer Performance Support Team on a monthly basis.

4.5 HR Monthly Briefing

The Divisional HR Director reported on the HR position for the month ended March 2010. He advised that there had been a 0.63% reduction in sickness absence from February 2010 for NHSL, with the Acute Division reporting a 0.55% reduction. It was noted that overtime hours had halved since Quarter 1 2009/10. Finally, Mr White updated on the Future Jobs Fund scheme which provides training placements for young adults currently out of work or not in education. As of 15th April 2010, NHS Lanarkshire has been successful in securing 33 placements.

Action: The OMC noted the report.

4.6 HAI Update

The Divisional Nurse Director provided an update on HAI. In terms of SABs, it was noted that NHSL had achieved the necessary reduction and work remains ongoing, in particular reductions has occurred in areas which historically had a high level of SABs. In terms of c-

diff, Wishaw General continues to see a higher number of incidences of c-diff than the other sites and it was noted that through enhanced surveillance, infection control teams are able to look further into individual cases and undertake a root analysis. There were no incidences of norovirus in April 2010. Finally, a 96% compliance had been achieved at the most recent national cleaning audit. The Nurse Director advised that the HEI Inspection visit would be taking place at Hairmyres Hospital on 25th/26th May.

Action: The OMC noted the report.

4.7 Health & Safety Report – February 2010

This paper was noted by the OMC and a further update would be provided to the July meeting of the OMC.

Action: Miss Sweeney to establish correct timeframe for reporting of Health & Safety monthly reports.

5. CLINICAL GOVERNANCE

5.1 Quarterly Complaints Report

The Patient Affairs manager attended the meeting for this item and updated on the Quarterly Complaints Report for the period January-March 2010. She advised that there had been a very slight increase in the number of complaints. It was noted that there had been an increase in Emergency Medicine at Hairmyres and a slight reduction in Surgical & Critical Care at Monklands. It was noted that there continues to be a number of complaints in relation to ophthalmology and the General Manager for the Division assured the committee that a number of actions had been undertaken to address this and there should be a reduction in complaints to the service. Finally, it was noted that the Better Together National Inpatient Survey had been completed and the response rate had been around 45%.

5.2 Patient Rights Bill

The Patient Affairs manager attended the meeting for this item and updated on the Patient Rights Bill. The Head of Modernisation advised of the key points in the bill in relation to treatment time guarantees, patient advice and support and complaints. In particular, it was noted that the Scottish Government Health Department had commissioned the implementation of a Patient Advice and Support Service.

5.3 Acute OMC

- ***Annual Report***

The Chairman updated on the Annual Report for the Acute OMC, which would be presented to the NHSL Board on Wednesday 26th May. The report set out the various work of the Committee for 2009/10. This included reference to the core work programme

and special interest items as well as the various improvements particularly in regard to waiting times, which has been overseen by the Committee. The Chairman then advised of the areas of focus for 2010/11 which includes CRES plans and further emphasis on the quality strategy. These agenda items will be elaborated on in the workplan for the Acute OMC which will be presented to the NHSL Board in June 2010.

- **Strengthening NHSL Committee**

The Chairman delivered a short presentation on the recent checklist completed for the Acute OMC and highlighted a number of areas of focus within the checklist including the role and remit of the committee and governance. In addition, discussion took place on how the Acute OMC could improve on areas such as governance in collaboration with the quality strategy framework.

5.4 Audit Scotland report – Orthopaedics

The General Manager for Surgical & Critical Care spoke to this paper and advised that an Action Plan (attached) had been developed. She noted that a number of the recommendations from the Action Plan had already taken place through the recent capacity plan which was presented to the previous meeting and the introduction of the MSK Pilot. The General Manager also advised that work is ongoing to reduce DNAs across NHS Lanarkshire and improving the volume of daycases across the sites. Finally, it was advised that there is focus around productivity and efficiency in relation to theatres and that scheduling is now taking place for Orthopaedics. Savings have also been identified for 2010/11 in terms of standardized prostheses'.

Action: The OMC noted the paper in relation to the Audit Scotland Report and endorsed the Action Plan attached.

Audit Scotland Report – Managing NHS Waiting Lists

The Head of Planning spoke to this paper and detailed the key points within the recent Audit Scotland Report on Managing NHS Waiting Lists. In particular, communication to patients was highlighted and the implementation and compliance with New Ways. An Action Plan is attached which will be the focus of work undertaken by the RMS/New Ways Group between June and September 2010.

Action: The OMC noted the paper in relation to the Audit Scotland Report and endorsed the Action Plan attached.

5.5 Informing, Engaging & Consulting Guidance

The Head of Modernisation provided a paper in relation to Informing, Engaging and Consulting Guidance. In addition, he highlighted the other templates attached which will support NHS Lanarkshire in complying with the guidance from the Scottish Government. It was noted that this information should be disseminated to all staff who are involved in developing any service change to ensure that they are aware of the process and timescales.

Action: Ensure all staff involved in developing any service changes are furnished with the above guidance.

6. ITEMS FOR NOTING

- 6.1 Minutes from Divisional Performance Reviews
- 6.2 Minutes from the North CHP OMC Meeting
- 6.3 Minutes from the South CHP OMC Meeting

The above items were noted.

7. SPECIAL INTEREST ITEM

7.1 PMS Implementation – This item was deferred until a future meeting.

8. AOCB

9. DATE AND TIME OF NEXT MEETING

It was agreed that the next meeting would take place at 1.30pm on Tuesday 27th July 2010 in the Boardroom, Wishaw General Hospital.