

**NHS BOARD COMMITTEE
ANNUAL REPORT 2009-2010**



Name of Committee:

North Lanarkshire Community Health Partnership Operating Management Committee

Committee Chair:

Mr John Anning, Non Executive Director NHSL

Committee Members:

Mr David Clark, Non Executive Director NHSL
Non Executive Director, Greater Glasgow and Clyde (by Standing Invitation)

Officer Attendees

Mr Colin Sloey, Director of North Lanarkshire CHP
Mr Duncan Mackay, Head of Social Work Development (NLC)
Mr Stephen Kerr, Head of Planning and Performance
Mrs Fiona Porter, Deputy Director of Finance (Acting)
Mr David Boyd, Staff Side Representative
Mr Kenny Small, Director of Organisational Development
Dr Philip McMenemy, Associate Medical Director (Primary Care)
Mrs Anne Armstrong, Divisional Director of Nursing (Primary Care)
Mr Bob Smith, Public Partnership Representative
Mr Felix Mulholland, Public Partnership Representative
Ms June Vallance, Public Partnership Representative
Ms Ann Teale Public Partnership Representative (Carers)
Dr A Langa, Acting Associate Medical Director (Mental Health/ Learning Disabilities)
Mrs Mary Castles, Director of Housing and Social Work, NLC
Dr Tasmin Sommerfield, Public Health Consultant
Mrs Marion Mark, General Manager (Acute Division)
Non Executive Director, Greater Glasgow and Clyde (by standing invitation)
Ms Christine Jack (Committee Secretary)
Ms Pam Milliken (Clinical Governance/Risk Management)
Mr Graeme Walsh (Complaints/Claims)
Mr Calvin Brown (Communications)

Meetings held during the year

Meetings are held bi-monthly and have all been quorate: 1st April 2009, 10th June 2009, 5th August 2009 4th November 2009, 2nd December 2009, 20th January 2010, 25th March 2010. An additional development event was held on Long Term Conditions and the OMC also visited the newly opened Bellshill Community Clinic.

The work of the Committee during the year:

The Operating Management Committee is a governance committee of NHSL with a specific remit for overseeing the performance of services managed within North

Lanarkshire CHP. The Committee has an established agenda covering Planning, Performance and Governance and monitors performance against the goals and targets set out within:

1. Corporate Objectives
2. Local Delivery Plan
3. Single Outcome Agreement
4. Service Strategies for all community care groups

Over the last year, reports and discussions have been held on the following issues:

Planning

The Committee discussed and agreed the provisions of the Single Outcome Agreement for North Lanarkshire as they were developed. Progress against delivery has been the subject of ongoing review. The Clyde Valley Review report has also been noted at the Committee and will be the subject of further consideration in the coming year. Work continues on the development of Locality Delivery Plans.

The Committee considered the Director of Public Health Report 08/09 and received a presentation on the most up to date information contained within the Health and Wellbeing profiles produced by ScotPHO. The data emerging from these reports was discussed in terms of addressing the health inequalities agenda. While good progress was noted via a number of initiatives including Keep Well, Equally Well and the work being taken forward by the Alcohol and Drug Partnership agenda, significant challenges remain..

Development and implementation of service strategies including Mental Health, Learning Disabilities, Alcohol and Drug Partnership, Long Terms Conditions, Stroke MCN and Optometry have all featured on the Committee Agenda and progress will be reviewed under the workplan for the coming year.

Performance Management

A standard reporting structure is maintained within the Committee on a range of Performance Measures as follows:

Waiting Time, Capacity Planning, Community Care Self Assessment and Locality Performance Framework. Progress against Health Improvement targets has also been monitored closely.

Financial performance has been subject to increasing scrutiny and regular reports are received on the NHSL, CHP and individual Locality financial positions. Details on the progress of the CRES projects being managed by the CHP CRES Programme Board have been monitored and a separate presentation on Prescribing was received by the Committee.

The report from the Divisional Director of Nursing has highlighted the various HAI work streams and positive reports by internal/external auditors have been received. The PFPI

members have been directly involved in some of the audits. Regular updates and a presentation have been considered on Child Protection and preparation of the forthcoming HMiE inspection.

The Committee has been encouraged by the progress in Human Resource reports with the implementation of eKSF, Absence Management arrangements, Workforce Planning, Recruitment and vacancy management, Employee Relations and Equality and Diversity. North Lanarkshire CHP has achieved particularly good progress in eKSF and in effectively managing sickness absence rates.

Ongoing Operational Issues have been monitored closely within the OMC including management of Pandemic Flu and Vaccination programme during the earlier part of last year. Capital projects for the Kirklands Assessment Unit, Complex Needs Units at Caird House and Coathill, Buchanan Centre and Airdrie Community Health Centre have been progressing well. Outcomes and feedback from visits by the Mental Welfare Commission, QIS, Mental Health Delivery Unit and MSPs have all been noted and further action discussed.

Governance/Assurance Items

Standing agenda items include reports on the following:

Communications updates on media campaigns, controversial issues, Freedom of Information requests and compliance

Clinical Governance and Risk management - updates on Quality Strategy, Clinical Governance and Risk Management workplans and Clinical Governance/Risk Management Strategy implementation

Information Governance updates on compliance with information governance policies and procedures, local audits and work overseen by the Information Governance Committee.

Quarterly Complaints and Claims reports are reviewed and compliance against response times noted.

Feedback reports from external assessors and visitors e.g. NHS QIS, HMIE, mental Welfare Commission and MSPs have been noted and progress against attendant action plans are followed to promote service improvements.

Minutes of meetings from the Health and Care Partnership Board, South Lanarkshire CHP OMC and the Acute Division OMC are noted at each meeting.

Improvements overseen by the Committee:

Overall the Committee is pleased to note the progress made by North Lanarkshire CHP in relation to Heat targets and corporate objectives over the last year. The contributions of all staff during the period of Pandemic Flu has been recorded formally at OMC meetings as has the achievements in reducing sickness absence rates and delivery of CRES programmes.

In particular, the Committee has been proactive in overseeing the following developments;

Capacity Planning Tool

Development of a comprehensive workforce capacity planning tool that allows waiting times to be predicted based on a number of variables including staff availability and referrals patterns. This allows managers to proactively manage waiting times by responding early to predicted issues and managing resources accordingly.

PFPI Engagement

Development of Operational Guidance on consultation with PFPI Representatives which has helped to manage the demands on public representative's time to achieve best value from their inputs. Further development events have been held to support the work of the PFPI forums and the implementation of CEL 4 (2010).

Waiting Times Performance

Improvements in waiting times performance has been noted in a number of areas including dietetics, CAMHs and paediatrics.

Matters of concern to the Committee

Overall the Committee is working well with good stakeholder participation. We would however like to improve the engagement with young people. Despite early contact with key groups the Committee has been unable to secure regular youth representation through attendance at its meetings. The Committee has worked in partnership with the PPF to seek alternative and more meaningful ways to engage with young people and is currently exploring the possibilities of social networking sites.

Similarly, due to specific circumstances, carer and voluntary sector representation has been patchy over 2009/10 and we are taking steps to ensure that this is restored to capacity in the year ahead.

A specific concern has also been raised about Non Executive numbers – It had been agreed that the NHS Greater Glasgow and Clyde Non Executive Director would not require to attend meetings but an open invitation has been in place. While in practice this has never been a problem there remains a risk that without a third Non Executive Director, in keeping with other similar NHSL Committees, the CHP Committee may not always be quorate.

On planning and performance there is one particular area of emerging concern - The ability to deliver planned savings identified against the Prescribing Budget.. While significant progress has been made by successive successful initiatives in reducing the unit cost of prescription drugs upward pressures in volume and demand present a significant challenge which will be the subject of close attention by the Committee in the coming year.