

**ACUTE OPERATING MANAGEMENT COMMITTEE (OMC)  
WEDNESDAY 23<sup>RD</sup> NOVEMBER 2016 AT 1245 HOURS  
IN THE BOARDROOM, WISHAW GENERAL HOSPITAL**

**Present:** Mr T. Steele, Non-Executive Director, Chair  
Ms H. Knox, Director of Acute Services  
Mr M. Fuller, Non-Executive Director  
Mrs A. Fyfe, Hospital Site Director, Monklands Hospital  
Mrs J. Edwards, Hospital Site Director, Hairmyres Hospital  
Mr J. White, HR Director  
Dr J. Burns, Medical Director  
Ms M. Mark, Hospital Site Director, Wishaw General  
Dr A. Osborne, Non-Executive Director  
Mrs F. Dodd, Director Nursing  
Mr D. Spence, Partnership Representative  
Mr D. Masterton, PPF Representative  
Mr C. McKay, Communications Manager  
Mrs J. Park, Director of Access  
Mr M. McLuskey, Head of Finance  
Ms F. Watson, Operational Support Manager

**Apologies:** Mr P. Campbell, Non-Executive Director, Chair  
Mr D. Yuille, Deputy Director of Finance

**In Attendance:** Ms J. Hewitt

1.	<b>Welcome and Apologies</b>	<b>ACTION</b>
	Mr Steele welcomed everyone to the meeting and noted the apologies.	
2.	<p><b>Minutes and Action Log from Meeting Held on 21st September 2016</b></p> <p>The minutes of the meeting held on 21<sup>st</sup> September 2016 were approved by the Committee and the action log was reviewed.</p> <p>Mr Morgan confirmed that the DNA Policy had been discussed with the PPF representatives via the Planned Care Programme Board.</p> <p>Dr Burns provided assurance that the T&amp;O reconfiguration went well. Mrs Dodd advised that the test of change has been shared with IJB colleagues.</p>	
3.	<p><b>3.1 Risk Register</b></p> <p>Dr Burns advised that consideration will be given to removing the HSMR risk, as NHS Lanarkshire no longer remains higher than the Scottish average.</p>	

	<p>Following discussion the OMC agreed that the risk should be reviewed and updated as the wording is now out of date. This risk will be reviewed via HQAIC.</p> <p><b>3.2 Acute Risk Register Report</b> Ms Knox provided a report to provide assurance to the committee that the Acute Divisional Management Team is working to ensure all risks are being reviewed. The OMC noted the very high risks that feature on the Acute Risk Register.</p>	JB
4	<p><b>Activity Planning and Performance Governance</b></p> <p><b>4.1 Unscheduled Care and Performance</b> (i) Ms Knox provided a report on performance in the delivery of key Unscheduled Care Targets. Ms Knox highlighted the increase in attendances at all 3 sites. Ms Knox assured the OMC that delayed discharge data was being monitored at the CMT and DMT on a weekly basis. Ms Knox updated the OMC about reporting to the Scottish Government and support offered by them.</p> <p>Ms Knox advised that a meeting had been arranged with the Health Minister regarding winter planning. Mr Steel and Dr Osborne enquired about finances and resources associated with winter planning. Ms Knox advised that broadly speaking the amounts were similar to last year. Additional funding had been agreed. Ms Knox assured the OMC by advising the DMT have a number of measures in place.</p> <p>Janice Hewitt reported the intention to merge the Unscheduled Care and Delayed Discharge Programme Boards. The OMC discussed adults with incapacity and the impact it has on services if their discharge is delayed.</p> <p><b>4.1</b> (ii) <b>Hairmyres Performance Report</b> Mrs Edwards reported Unscheduled Care Performance was 87% for the month of October, with an 8% increase in attendances when compared to September/October 2015. Hairmyres provided 3 x daily reports on capacity and site pressures to the Scottish Government between 10<sup>th</sup> and 17<sup>th</sup> October.</p> <p>Mrs Edwards highlighted a reduction in delayed discharges over the last couple of week.</p> <p>Mrs Edwards stated that time of day discharge continues to peak in mid to late afternoon. Attention is being given by the Performance Improvement Manager to address this issue.</p>	

	<p><b>4.1</b> (iii)</p>	<p>The relationship between Hairmyres and SAS has improved and there is a meeting structure in place and open lines of communication and escalation.</p> <p>Mrs Edwards reported Ophthalmology services improvement work continues.</p> <p><b>Wishaw Performance Report</b></p> <p>Ms Mark noted that performance for the month of October was 92% and advised that 7 patients had waited over 12 hours, mostly due to bed issues. Ms Mark reported a reduction in over 8 and 12 hour breaches from the previous month as well as a significant reduction on the same time last year.</p> <p>Work continues to improve Time of Day Discharges.</p> <p>Ms Mark highlighted the continuing issues encountered with SAS transport and reported work is ongoing to improve this.</p> <p>Ms Mark stated that challenges continue with substantive gaps in the A&amp;E Medical rota and reported there are currently 3 long term Locum Consultants.</p> <p>Continued issues with daily imbalance in admission and discharges, particularly at the weekends were noted.</p> <p>Work continues with the IJBs in relation to the ongoing increasing number of delays on the site.</p>	
	<p><b>5.1</b> (iv)</p>	<p><b>Monklands Performance Report</b></p> <p>Mrs Fyfe reported performance for the month of October was 96%.</p> <p>Time of day discharge remains variable with only 9-14% of discharged before noon. A significant amount of work is required to achieve the 40% outlined within the 6 Essential Actions and discussions are ongoing with the Service Improvement Manager to agree an action plan.</p> <p>Mrs Fyfe updated the OMC on the Transitional care ward, which is a nurse led facility. This has assisted in reducing the number of medical boarders.</p>	

<p><b>4.1 (v)</b></p>	<p><b>Waiting Times Report</b> Mrs Park updated the OMC on performance against planned care and AHP waiting time access guarantees and targets set by the Scottish Government as at the end of September 2016.</p> <p><b>Treatment Times Guarantees (TTG)</b> At the end of September there were a total of 1244 patients who breached their TTG. The TTG performance for the month of September is 80.6%, which is a reduction from the August figure of 82.2%. Mrs Park highlighted pressures in General Surgery, OMFS, ENT, Urology and Gynaecology.</p> <p>At 30<sup>th</sup> September 2016 there were 6092 patients waiting over 84 days for an outpatient appointment, work is ongoing to reduce this number, but it is expected to increase further before it starts to reduce.</p> <p>Mrs Park reported that the T&amp;O reconfiguration has been successful. Outpatient services will be maintained on all 3 sites and efficiencies maximised from the new models of care.</p> <p>Mrs Park reported additional weekend clinics were being arranged by an external provider. NHSL staff are supporting the additional activity. Monthly capacity planning meetings are ongoing with financial clarity. Mr Fuller asked about the quality of service being provided by external providers. Mrs Park provided assurance about performance standards and clinical standards.</p> <p>The OMC discussed Achieving Excellence and the impact it will have on TTG. Ms Knox advised that Harry Burns was leading work to review standards and measures.</p> <p>Ms Park recognised Pan Lanarkshire working is required for Gastroenterology, Respiratory, Diabetes and Neurology specialties.</p>	
<p><b>4.1 (vi)</b></p>	<p><b>Media Monitoring</b></p> <p>The Media Monitoring report was noted by the committee members. Mr McKay highlighted the high volume of FOIs received.</p>	
<p><b>4.1 (vii)</b></p>	<p><b>Glasgow 15</b></p> <p>Mrs Edwards shared an SBAR which has been developed to provide the OMC with a brief update on Glasgow 15 activity. It was noted that since the closure of the Victoria Hospital, the Hairmyres site has seen a continuous increase in demand for unscheduled care services.</p>	

		<p>Although investment made at the time provided additional resource to support increases in activity the site continues to be under pressure with an increased volume of ED attendances and admissions. Mrs Edwards provided an overview of the activity since the closure of the Victoria Hospital in May 2015 until October 2016 and highlighted that overall ED attendances have increased by 8%, emergency medical admissions by 8% and emergency surgical admissions by 22%. It was noted that these figures do not include activity that is under the auspices of Hospital at Home.</p> <p>Daily figures are between 20-15 patients supported through Hospital at Home.</p> <p>The OMC were asked to note the continued increase in demand for unscheduled care. Mrs Edwards advised that contract negotiations with Greater Glasgow and Clyde have re-opened to review funding provided.</p>	
5.	5.1	<p><b>Financial Governance</b></p> <p><b>Finance Report</b></p> <p>Mr McLuskey provided the OMC with a summary of the revenue financial performance for the period to 31<sup>st</sup> October 2016.</p> <p>The financial position to the end of October 2016 shows an overall overspend of £2,716,000 for the Division.</p> <p>Pay costs are reported as being £2,013,000 overspent, non-pay costs being £703,000 overspent.</p> <p>Medical pay expenditure is overspent by £1,481,000; nursing and midwifery expenditure overspent by £508,000. To date, drug costs are reported as being £32,000 underspent, with the Capacity Plan budget deployed to deliver access targets, reported as breakeven.</p> <p>The Access Division is reporting an underspend of £164,000, reflecting a favourable movement in trend of £18,000.</p> <p>The Hairmyres site is reporting an overspend of £840, 000 for the period to the end of October 2016.</p> <p>Monklands Hospital has an overspend of £921,000.</p> <p>Wishaw General has an over spend of £1,109,000.</p> <p>Mr McLuskey updated the OMC on CRES budget reductions and noted that sites had identified non-pays savings and work continues to progress this.</p>	

	<p>It was noted that Consumables Groups at all 3 sites have been established, with Monklands site group in particular, making good progress.</p> <p>Following discussion Mr McLuskey confirmed that the New Medicine Funding was issued on a yearly basis.</p> <p>Dr Osborne enquired about support from Health &amp; Social Care Partnerships. Mr McLuskey reported a £6M gap and this is included in the financial plan with an element of risk built within.</p> <p>Ms Knox reported that despite savings being made within Access the activity delivered remained the same.</p>	
<b>6</b>	<p><b>Staff Governance</b></p> <p><b>6.1 Human Resources &amp; Workforce Report</b>  Mr White provided a summary of workforce information and reported that the Divisional performance for 2015/16 was 5.39%. The September performance 2016 is 5.6% and the August 2016 rate was 5.7%.</p> <p>Mr White noted that in June 2016, the Human Resources Forum supported an NHS Lanarkshire self assessment of the NHS Working Longer Groups Ageing Workforce Checklist completed by a SLWG and endorsed an action plan to develop the Aging Profiling Dashboard and supporting the development of the revised Flexible Working Policy.</p> <p>Mr White highlighted the mandatory training summary.</p> <p>The OMC discussed the introduction of support and reduction of short term sickness absences. The organisation is now focusing on long term absences.</p>	
	<p><b>6.2 Nursing/HAI Update</b></p> <p>Mrs Dodd provided an overview of progress on the key issues within Nursing and the associated portfolio of the Nurse Directory for the Acute Division.</p> <p>Mrs Dodd updated the OMC on Care Assurance and Accreditation System (CAAS) work, which is encouraging engagement, quality drive and improvements for patients.</p> <p>Mrs Dodd advised that NHS Lanarkshire is working to update the OPAH action plan and this will be reported in the next OMC report. It was noted that a significant amount of work is being carried out to develop the registered nursing workforce to reach a skilled level of knowledge in the Promoting Excellence framework.</p>	

	<p>Mrs Dodd reported one issue to date relating to NMC Revalidation and assured the OMC that this has been investigated. It was noted that the responsibility for re-registration and revalidation remains with the registrant; however appropriate processes are in place to safeguard NHS Lanarkshire's patients.</p> <p>Mrs Dodd stated that work continues to progress the action plan associated with developing Food, Fluid and Nutrition care for our patients and advised the OMC of initiatives running across all 3 sites.</p> <p>Mrs Dodd noted that a further risk assessment process is being undertaken in Acute nursing services to establish and quantify the workforce risks, this work is being finalised and will be shared in due course.</p> <p>Following discussion Dr Osborne stated that she was assured that spread and sustainability remains a focus and Mrs Dodd noted that ward teams are identifying and addressing issues in their ward and good progress is being made. Mr Fuller enquired about medical leadership. Dr Burns advised that the Site Chiefs were the lead for Care Standards and there was a named Consultant for each ward. Mr Steele noted that the system is being appropriately governed to a high degree.</p>	
<p><b>6.3</b></p>	<p><b>Medical Staffing Update</b></p> <p>Dr Burns provided a report to update the OMC members on the current medical workforce issues in NHS Lanarkshire.</p> <p>Dr Burns highlighted issues with Emergency Medicine, Care of the Elderly and Orthopaedics. Dr Burns anticipates and improvement in Orthopaedics following the T&amp;O Reconfiguration.</p> <p>Dr Osborne enquired regarding the European workforce following Brexit. Dr Burns report there were no specific issues currently but noted that a significant number of substantive posts are filled with non UK Europeans. The OMC considered if this should be added to the Risk Register and following discussion it was felt that this was not necessary at the present time. Dr Burns assured the OMC that links with the Royal College Colleges and their sponsored training initiative are improving.</p> <p>Mr Fuller asked about medical staff uptaking the Flu vaccination. Dr Burns advised that the report was not yet available and this could be shared at a later stage.</p>	<p>JB</p>

7.	7.1	<p><b>Patient Safety &amp; Quality of Care/Clinical Governance</b></p> <p><b>Quality Assurance and Improvement</b>  Dr Burns provided the committee with a Highlight report for the 4<sup>th</sup> quarter, which focused on issues raised via the Site highlight reports and the Womens Services Highlight report. All issues are discussed in detail and actions agreed by the Acute Clinical Governance Risk Management members.</p> <p>The Committee was advised of 6 new Category 1 SBARs.</p> <p>Dr Burns assured the committee that improvement has been made regarding shared learning from adverse events.</p>	
8.	8.1  8.2	<p><b>Information Items</b></p> <p><b>North JIB Minutes</b>  The minutes from the meeting held on 13<sup>th</sup> September 2016 were noted by the Acute OMC.</p> <p><b>South JIB Minutes</b>  The draft minutes from the meeting held on 13<sup>th</sup> September 2016 were noted by the Acute OMC.</p>	
9.	9.1	<p><b>Risk Register</b></p> <p>The OMC considered whether Winter should be added to the Risk Register. Mrs Dodd and Dr Burns stated they would explore this.</p>	
10.	10.1	<p><b>AOCB</b></p> <p><b>Acute OMC Mid Year Report</b>  The OMC agreed the report.</p> <p>Dr Osborne acknowledged the team working approach and thanked the DMT for the work they are doing. Mr Steele echoed Dr Osborne's comments and noted he felt a lot of progress has been made.</p> <p>No AOCB was noted by the Committee.</p>	
12.		<p><b>Date &amp; Time of Next Meeting</b></p> <p>The date of the next meeting of the Acute OMC is Wednesday 1<sup>st</sup> February 2017 at 1230 hours in the Boardroom, Wishaw General Hospital.</p>	