

**ACUTE OPERATING MANAGEMENT COMMITTEE (OMC)
WEDNESDAY 1ST FEBRUARY 2017 AT 1230 HOURS
IN THE BOARDROOM, WISHAW GENERAL HOSPITAL**

Present: Mr P. Campbell, Non-Executive Director, Chair
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
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. Masterton, PPF Representative
Mr D. Yuille, Deputy Director of Finance
Mrs J. Park, Director of Access
Ms F. Watson, Operational Support Manager

Apologies: Mrs J. Edwards, Hospital Site Director, Hairmyres Hospital
Mr D. Spence, Partnership Representative
Mr C. McKay, Communications Manager

In Attendance: Mrs N Mehal, Chair, NHS Lanarkshire
Item 2 – Karen Morrow, Service Improvement Lead, Hairmyres

1.	Welcome and Apologies	ACTION
2.	<p>Realistic Medicine</p> <p>Dr Burns and Mrs Morrow delivered the attached presentation to provide the OMC with an overview of the work that has been progressing across the Acute Division.</p> <p>http://www.nhslanarkshire.org.uk/boards/2017-board-papers/Documents/March/Acute-OMC-01-02-17-Realistic-Medicine-Presentation.pdf</p> <p>Mr Campbell enquired about GP involvement. Dr Burns recognised the importance of GP involvement and engagement will be sought as the Virtual Intelligence Group (VIG) matures.</p> <p>Following discussion, Dr Burns assured the OMC that there is a National DNR policy, which will be adhered to.</p>	

		<p>The OMC considered variables in the number of patient being treatment in Lanarkshire for a specific condition and Dr Burns provided assurance that benchmarking data will be compiled.</p> <p>The OMC recognised communication around Realistic Medicine Communication Plan is required to enable patients to make informed decisions regarding consent.</p> <p>Mr Steel enquired about anticipatory care plans and Dr Burns advised that Professor Taylor is reviewing and revising the discharge summary in an attempt to improve communication processes. A separate workstream is in place to address ACPs. Mrs Dodd assured the OMC that opportunities are learned from when they arise.</p> <p>Mrs Knox advised that the VIG had attracted interest from Catherine Calderwood's team. It creates a strong structured process using varied skills and input.</p> <p>Mrs Lindsay raised concerns regarding patients having difficulties seeing their GP. Dr Burns advised that GP practice is challenged at present and although she did not have responsibility for this service she was able to confirm that it is sometimes more appropriate for a patient to see a different member of the healthcare team and was therefore able to provide some assurance.</p>	
3.		<p>Minutes and Action Log from Meeting Held on 23rd November 2016</p> <p>The minutes of the meeting held on 23rd November 2016 were approved by the Committee and the action log was reviewed.</p> <p>It was noted that Stephen Peebles, Orthopaedic Service Manager will attend the meeting on 22nd March 2017 to provide the OMC with an updated regarding the Trauma and Orthopaedic Reconfiguration.</p>	
4.	<p>4.1 Risk Register</p> <p>The OMC did not note any updated on the current risks in terms of controls in place or the risk level. No urgent actions were required to be undertaken.</p> <p>4.2 Acute Risk Register Report</p> <p>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. Ms Knox highlighted that Risk 1465 has been added to the register.</p> <p>The non-executive directors sought assurance regarding risks 1215, 1253, 1440, 1446 and 1465.</p>		

		<p>Mrs Park reported that the radiology vacancies are undergoing the recruitment process and that The Out of Hours Service is being used well on one site.</p> <p>Ms Knox confirmed that a programme had been agreed to replace the equipment in both Catheter Labs.</p>	
5.	5.1	<p>Staff Governance</p> <p>Human Resources & Workforce Report</p> <p>Mr White provided a summary of workforce information and reported that the Divisional performance for 2015/16 was 5.39%. The November performance 2016 is 6.3% and the October 2016 rate was 5.9%. The OMC compared NHS Lanarkshire Board's performance with other Health Boards. Mr White reported that he has been working with Mrs Dodd and Salus colleagues to introduce alternative return to work options for staff and work is ongoing. Mr Campbell noted that Salus colleagues had contacted Abellio to explore options and share practice innovation. Following discussions, Mr White offered assurance that NHS Lanarkshire are complying with absence policy and interventions are in place to reduce the absence rate. The observation was made that the number of administration staff absent due to sickness is very high. Mr White reported that comparative Boards had also reported higher than expected levels of absence for this staff group. Work will be done in an attempt to reduce this in Lanarkshire.</p> <p>Mr White provided an overview about the Disability Confident Scheme, noting that NHS Lanarkshire is currently assessed at Level 2 and will work towards Level 3.</p> <p>Mr Fuller asked how many of NHS Lanarkshire's employees are registered disabled. Mr White advised that NHS Lanarkshire encourages disclosure of a disability but staff do not always volunteer this information. NHS Lanarkshire has to assure DWP that we have processes in place to assist disabled people to achieve ambition.</p>	
	5.2	<p>Nursing/HAI Update</p> <p>Mrs Dodd provided a suite of papers and an overview of progress on the key issues within Nursing and the associated portfolio of the Nurse Director for the Acute Division. The OMC were asked to note the work being undertaken by the multi-professional teams led by the site Chief nurse to develop systems, processes and care to continually strive to deliver a higher standard of care and cleanliness. Mrs Dodd highlighted challenges with the reporting mechanisms and is working with Lesley-Anne Smith to rectify.</p>	

	<p>Mrs Dodd advised that there are no new issues around revalidation.</p> <p>The processes for registration checks are being further enhanced to ensure NHS Lanarkshire are not at risk of employing staff when they do not have an active registration for any reason.</p> <p>Mrs Dodd reported that work continues to progress the detailed action plan associated with developing Food, Fluid and Nutrition care for our patients.</p> <p>Mrs Dodd provided reassurance regarding seasonal flu and the operational challenges associated with this.</p> <p>Mrs Dodd stated that the critical care proposals are being worked through by the Division with progress on all 3 sites. The peri-operative workforce is being assessed using senior professional judgement, due to the lack of a robust national workforce and workload planning tool. This will help the Division to plan investment in the capacity plan going forward.</p> <p>Dr Osborne congratulated Mrs Dodd on the progress made against the CAAS standards. Mrs Dodd noted that Senior Charge Nurses are keen to take forward ward accreditation.</p>	
<p>5.3</p>	<p>Medical Staffing Update</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 reported that NHS Lanarkshire has met all requirements with the exception of 6 rotas where staff still work more than 7 consecutive days in a row. Work continues to further reduce this, with an SBAR being prepared for CMT and Scottish Government.</p> <p>Dr Burns highlighted areas of concern and noted solutions are being worked through. Plans are in place to meet all Emergency Department consultants following the T&O reconfiguration to explore a Lanarkshire team approach.</p> <p>Dr Burns advised that plans are in place to improve communication and engagement with clinical staff to strengthen Ward to Board.</p> <p>Dr Osborne stated that she is assured that work is being carried out to address the challenges associated with medical staffing. The OMC discussed recruitment and retention difficulties due to the geographic pool and smaller rotas. A plan is in place and it is anticipated that with Achieving Excellence these challenges will reduce.</p>	

		<p>Mrs Mahal suggested that Clinical Engagement opportunities be discussed at the PPRC in March.</p> <p>It was noted that Mr S Peebles will attend the OMC in March to provide an update following the T&O Reconfiguration. Dr Burns reported that 6 appointable Orthopaedic Consultants have been attracted to NHS Lanarkshire following the reconfiguration.</p>	HK/NM
6		<p>Activity Planning and Performance Governance</p> <p>6.1 Unscheduled Care and Performance</p> <p>(i) Ms Knox provided a report on performance in the delivery of key Unscheduled Care Targets. Ms Knox highlighted that all 3 sites delivered improved performance in December 2016 compared to December 2015, despite an increase in attendances. Ms Knox advised the OMC that Unscheduled Care Improvement Board and Delayed Discharge Programme Board has now been integrated.</p> <p>6.1 Waiting Times & DNA Report</p> <p>(ii) 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 November 2016.</p> <p>Treatment Times Guarantees (TTG)</p> <p>At the end of November there were a total of 1407 patients who breached their TTG. The TTG performance for the month of November is 77.8%, which is a reduction from the October figure of 78.4%. Mrs Park highlighted pressures in General Surgery, OMFS, ENT, Urology and Gynaecology, Vascular and Chronic Pain.</p> <p>At 30th November 2016 there were 7397 patients waiting over 84 days for an outpatient appointment, work is ongoing to reduce this number. Mrs Park advised that Medinet clinics have been arranged to see 3000 patients in Dermatology, Respiratory, Gastro-enterology and Neurology between now and the end of March 2017. These clinics will be supported by NHS Lanarkshire staff. Dr Burns assured the OMC by informing them that she vets all the Consultant CVs, which are of very high calibre and the same governance structure is in place as the independent sector. Following discussion it was noted that a formal contract with Medinet colleagues is in place.</p> <p>Mrs Park asked the OMC to note the very positive performance in Cancer Waiting Time and advised that NHS Lanarkshire have been asked to participate in the Cancer Services Good Practice review.</p>	

	<p>6.1 (iii)</p> <p>6.1 (iv)</p> <p>6.1 (v)</p>	<p>The recent publicity regarding treatment of physiotherapy patients was discussed and assurance provided that governance standards are in place.</p> <p>Hairmyres Performance Report Mr Ferguson reported Unscheduled Care Performance was 90.28% for the month of December. ED attendances were 5208 in December 2016, which is an increase from 4922 in November 2016 and significantly higher than the corresponding figure for December 2015 which was 4771, with an almost identical performance of 90.27%.</p> <p>Mr Ferguson noted that the percentage of discharges occurring before midday has improved throughout December. This is likely to be as a result of a daily focus at the morning capacity meetings.</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>Mr Ferguson updated the OMC on improvement work ongoing on the Hairmyres site.</p> <p>Wishaw Performance Report Ms Mark noted that performance for the month of December was 90% and advised that 2 patients had waited over 12 hours. Ms Mark highlighted the ongoing challenges in relation to medical staffing issues in the ED and reliance on Locum Consultants. Ms Mark assured the OMC that local plans are in place to improve performance as well as 3 times a day to Scottish Government.</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 assured the OMC that there had been a reduction in number of patients boarding out with specialty on the Wishaw site.</p> <p>The OMC were updated on the improvement working being undertaken by the site, as well as the key challenges faced.</p> <p>Monklands Performance Report Mrs Fyfe reported performance for the month of December was 96%. An increase in patients waiting longer than 8 hours has increased, due to transport issues. Mrs Fyfe assured the OMC that work is ongoing to improve communication with SAS.</p>	
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	<p>Mrs Fyfe provided an updated regarding the Transitional Care Ward and noted the improved person centered care approach. A report will be shared with the OMC outlining the improvements when available.</p> <p>Work is ongoing to improve time of day discharges with an action plan being progressed.</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>Mrs Fyfe updated the OMC on other improvement projects ongoing on the site and the key challenges faced.</p> <p>Mr Campbell requested the reason for any patient waiting over 12 hours to be articulated in the Site Performance Report.</p> <p>Following discussion, the DMT provided assurance to the OMC that appropriate processes are in place regarding Full Capacity Escalation and redirection of patients if necessary.</p> <p>The OMC discussed the intermediate care beds and models of home care.</p> <p>Mr Fuller enquired about CRES savings and the challenges associated. Ms Knox confirmed that pressure is ongoing on all 3 sites. Over the last year there has been a significant increase in activity, despite the savings target for 2016/17 being achieved.</p> <p>Mrs Mahal noted that she had visited the RAT/Transitional Unit at Monklands and commended the team on the tremendous work being carried out. Ms Knox advised that she had discussed this model with IJB colleagues but it was not an area they would commission. Mr Campbell recognised the advantages of this model and suggested that he discuss this further with IJB colleagues.</p>	<p>HSDs</p> <p>HK</p>
<p>7.</p>	<p>7.1</p> <p>Financial Governance</p> <p>Finance Report</p> <p>Mr Yuille provided the OMC with a summary of the revenue financial performance for the period to 31st December 2016.</p> <p>The financial position to the end of December 2016 shows an overall overspend of £3,523,000 for the Division.</p> <p>Pay costs are reported as being £2,822,000 overspent, non-pay costs being £701,000 overspent.</p>	

		<p>Medical pay expenditure is overspent by £2,104,000; nursing and midwifery expenditure overspent by £684,000. To date, drug costs are reported as being £247,000 underspent, with the Capacity Plan budget deployed to deliver access targets, reported as breakeven.</p> <p>The Access Division is reporting an underspend of £84,000, reflecting a favourable movement in trend of £28,000.</p> <p>The Hairmyres site is reporting an overspend of £1,043,000 for the period to the end of December 2016.</p> <p>Monklands Hospital has an overspend of £1,31,000.</p> <p>Wishaw General has an over spend of £1,440,000.</p> <p>Mr Yuille updated the OMC on CRES budget reductions and noted that sites had identified non-pays savings and work continues to progress this.</p> <p>Following discussion the OMC requested sight of scrutiny panel report.</p>	
8.	<p>8.1 Quality Assurance and Improvement</p> <p>Dr Burns provided the committee with a Highlight report for the 4th 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 recognised the maturing Risk Management Process.</p> <p>Dr Burns assured the committee that improvement have been made regarding shared learning from adverse events.</p> <p>The OMC discussed the new planned Complaints Handling Procedure and the DMT highlighted their concerns. Dr Burns advised that an SBAR is being presented with the CMT and this will be shared with OMC.</p>	Patient Safety & Quality of Care/Clinical Governance	
9.	<p>9.1 North JIB Minutes</p> <p>The minutes from the meeting held on 15th November 2016 were noted by the Acute OMC.</p>	Information Items	

9.2	<p>South JIB Minutes The draft minutes from the meeting held on 6th December 2016 were noted by the Acute OMC.</p>	
9.2	<p>Acute Quarterly Complaints Report October - December 2016 The report was noted by the Acute OMC.</p>	
10.	<p>RISK REGISTER</p> <p>The OMC did not identify any new risks today and no immediate actions are required to be taken.</p>	
11.	<p>AOCB</p> <p>Acuity Tool Report Mrs Fyfe reported work continues and due to scrutiny around methodology this report has been delayed. Mrs Fyfe assured the OMC that this work would be shared as soon as possible.</p> <p>The OMC discussed the Day of Care Audit Tool and Ms Mark provided assurance that that an update will be provided following refinement of the tool.</p>	
12.	<p>Date & Time of Next Meeting</p> <p>The date of the next meeting of the Acute OMC is Wednesday 22nd March 2017 at 1230 hours in the Boardroom, Hairmyres Hospital.</p>	