



**ACUTE OPERATING MANAGEMENT COMMITTEE (OMC)  
THURSDAY 5<sup>TH</sup> OCTOBER 2017 AT 12300 HOURS  
IN THE BOARDROOM, KIRKLANDS HEADQUARTERS**

**Present:**

Dr A. Osborne, Non-Executive Director, Chair  
 Mr T. Steele, Non-Executive Director  
 Ms H. Knox, Director of Acute Services  
 Ms M. Mark, Hospital Site Director, Wishaw General  
 Mrs A. Fyfe, Hospital Site Director, Monklands Hospital  
 Dr J. Burns, Medical Director  
 Mrs J. Edwards, Hospital Site Director, Hairmyres Hospital  
 Mrs F. Dodd, Director Nursing  
 Mr D. Yuille, Deputy Director of Finance  
 Mrs J. Park, Director of Access  
 Mrs A. Lindsay, Vice Chair Clydesdale Health & Social Care Forum  
 Mr M. Fuller, Non-Executive Director  
 Mr J. White, HR Director  
 Mr C. McKay, Communications Officer  
 Miss M. Hunter, Partnership Representative  
 Ms F. Watson, Operational Support Manager

**In Attendance:** **Item 2** Faith McCrea, Service Manager, Wishaw  
 Dr Mhairi Simpson, Wishaw

**Apologies:** Mr P. Campbell, Non-Executive Director  
 Mr D. Masterton, Chair North PPF Representative

1.	<b>Welcome and Apologies</b>	<b>ACTION</b>
2.	<p><b>2.1 T&amp;O Presentation</b></p> <p>Dr Burns updated the OMC regarding redesign of T&amp;O and phase 2 option, noting key challenges and provided assurance that interfaces would be managed in a phased way, interlinking with Achieving Excellence.</p> <p>The OMC enquired about the impact on waiting times, theatre efficiency and length of stay (LOS). Dr Burns advised that the complexity and demand is increasing and more elective theatre time is required. Assurance was provided regarding recruitment and retention of staff.</p>	

	<p>Dr Burns provided the Non-Executive directors with assurance regarding the financial components associated with phase 2.</p> <p>The OMC discussed the issues associated with SAS and assured that Non-Executive Directors that discussions are ongoing with SAS colleagues.</p> <p><b>2.2 Ambulatory Scheme</b></p> <p>Dr Simpson updated the OMC on the work being undertaken in the Ambulatory Emergency Care Unit in Wishaw General.</p> <p>Marion Mark advised the OMC that funding was being applied for through the site winter plan to allow work to continue.</p> <p>The OMC acknowledged that this service is efficient and necessary.</p> <p>Mrs Lindsay highlighted concerns regarding inadequate Out of Hours (OOH) Services. Dr Osborne advised that community services were outwith the control of the OMC.</p>	
3.	<p><b>Minutes and Action Log from Meeting Held on 19<sup>th</sup> July 2017</b></p> <p>The minutes of the meeting held on 19<sup>th</sup> July 2017 were approved by the Committee and the action log was reviewed.</p> <p>Ms Knox advised that NHS Lanarkshire has a Board –wide Communication Strategy encompassing the work of the Acute sector.</p> <p>Dr Osborne confirmed that Mr Campbell had arranged for Mr Masterton to discuss the Carrickstone contract with the appropriate person and that this had taken place.</p> <p>Dr Osborne reported that she had highlighted that the Addiction and Mental Health Group work in North Lanarkshire had been omitted from the JIB minutes to Ross McGuffie and explained the immediate corrective action that had taken place on the day.</p> <p>The OMC are keen to receive an update regarding H@H. Fiona Watson will arrange this for the meeting in November.</p>	FW

4.	4.1	<p><b>Risk Register</b></p> <p>The OMC did not identify any new risks. There were no updates of the current risks in terms of controls in place or the risk level. No urgent actions required to be undertaken.</p>	
5.	4.2	<p><b>Acute Risk Register Review Update</b></p> <p>The OMC approved and endorsed the improved approach and noted the improved outcomes noted in the SBAR. A new reporting format, consistent with the agreed NHS Lanarkshire Board Governance and Risk Management reporting will be implemented in November 2017. #</p> <p>Mr Steele acknowledged the very good progress that has been made and felt assured.</p>	
	5.1	<p><b>Staff Governance</b></p> <p><b>Human Resources &amp; Workforce Report</b></p> <p>Mr White provided a summary of workforce information and reported that the Divisional sickness absence levels for 2016/17 was 5.63%. The July performance 2017 is 5.5%.</p> <p>Following discussion, Mr White assured the OMC that appropriate recruitment measures are in place to avoid unnecessary delays. NHS Lanarkshire have an average performance of 9 weeks against a target of 12 week to recruitment.</p> <p>Mrs Dodd explained NHS Lanarkshire's nursing position.</p> <p>Assurance was provided to the OMC that patient safety remains the priority, despite a focus to reduce the use of bank and agency nurses to meet CRES targets.</p> <p>Mr White reported that each subdivision has been challenged to reduce long term sickness by 1.5% by March 2018 and performance is being managed through DMT.</p>	
	5.2	<p><b>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 Director for the Acute Division, assuring the OMC that work continues to support the ongoing focus on driving up the quality of care provided to patients across the 3 hospital sites.</p> <p>The OMC were assured that learning is being shared and good progress is being made with falls.</p> <p>Mr Steele praised the work in ward 18 at Monklands, where</p>	

	<p>during a recent walkround he noticed the safety information board was up to date and informative. Mrs Dodd advised that the CAAS Groups are working to maintain these boards.</p> <p>Mrs Lindsay informed the OMC of a machine from Scandinavia, which is used in the prevention of falls. Mrs Dodd advised that she would research this.</p>	FD
<b>5.3</b>	<p><b>Medical Staffing Update</b></p> <p>Dr Burns provided an update for the OMC members on the current medical workforce issues in NHS Lanarkshire. Dr Burns highlighted the ongoing challenges with recruitment and retention in Emergency Departments, General Surgery, General Medicine, Ophthalmology, Care of the Elderly and Dermatology and noted these gaps are attributable to UK wide issues. Dr Osborne acknowledged that an improvement has been seen in Orthopaedics and whilst issues remain in Emergency Departments it is more sustainable.</p>	
<b>6.</b>	<p><b>Activity Planning and Performance Governance</b></p> <p><b>6.1 Waiting Times</b></p> <p><b>(i)</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 July 2017.</p> <p>Treatment Times Guarantees (TTG) At the end of July there were a total of 2239 patients who breached their TTG. The TTG performance for the month of July is 67.3%</p> <p>Mrs Park highlighted pressures in Orthopaedics, Ophthalmology, General Surgery, Gynaecology, Urology and Chronic Pain services.</p> <p>Mrs Park provided assurance that patients breaching TTG are discussed in detail at site waiting time and capacity meetings and that an administrative and clinical review process takes place.</p> <p>At 31<sup>st</sup> July 2017 there were 9867 patients waiting over 84 days for an outpatient appointment. Outpatient work for Dermatology has been commissioned from Medinet.</p> <p>The yearend positions have been confirmed to Scottish Government as:</p> <p>TTG    1168    82.5% (completed waits) OP      4352    84.6% (completed waits)</p>	

	<p>A recovery group has been established. Mrs Park assured the OMC that progress towards trajectories is monitored through the scrutiny panel, with weekly reports presented to CMT.</p> <p>In relation to cancer performance, Mrs Park shared details in performance for quarter 1, by tumour group.</p> <p>Additional non-recurring funding has been secured from Scottish Government Cancer Performance Support Team, which is being used to fund additional capacity for colorectal, gynaecology and urology.</p> <p>The Cabinet Secretary has raised concerns about delivery of the cancer waiting times standards at national level, and has established a task force group, which Calum Campbell and Margaret Kelly attend for NHS Lanarkshire.</p> <p>DNA rates remain between 9 and 10% despite the work being carried out in an attempt to reduce this.</p> <p>AHP performance remains challenging, particularly within Musculoskeletal services.</p>	
<p><b>6.1 (ii)</b></p> <p><b>6.1 (iii)</b></p>	<p><b>Unscheduled Care and Performance</b></p> <p>Ms Knox provided a report on performance in the delivery of key Unscheduled Care Targets and highlighted areas of pressure and challenges, describing the actions being taken and planned, aimed at delivering sustained improvement.</p> <p>Ms Knox reported that August performance is 94.48%, a slight decrease on the July performance of 95.39%.</p> <p>Ms Knox highlighted the ongoing issues with delayed discharges, acknowledging that the North target was ambitious but noting that neither H&amp;SC Partnership is meeting its target, with different factors affecting North and south performance. The OMC acknowledged the impact these delays have. Ms Knox assured the OMC that the Division continues to work with H&amp;SC Partnership colleagues in an attempt to improve this towards agreed targets.</p> <p><b>Hairmyres Performance Report</b></p> <p>Mrs Edwards reported Unscheduled Care Performance was 92.60% for the month of August. This is reduced when compared to 94.25% in August 2016 and this is due to the increased activity following the Glasgow 2015 reconfiguration of hospitals. Negotiations with Glasgow regarding the SLA are ongoing.</p>	

	<p>Mrs Edwards updated the OMC regarding delays on the site and work with South H&amp;SC Partnership colleagues.</p> <p>Mrs Edwards advised the Non-Executive Directors about the improvement areas in Hairmyres.</p> <p>Mrs Edwards advised that Dr Helen Mackie, Chief of Medical Services has resigned as she is going to be Realistic Medicine special advisor for SG. Interviews for her replacement are arranged for early 10<sup>th</sup> October.</p> <p><b>6.1 (iv) Monklands Performance Report</b></p> <p>Mrs Fyfe reported performance for the month of August was 97%. Ms Summers highlighted areas of pressure and challenges, describing the actions being taken and planned, aimed at delivering sustained improvement.</p> <p>Mrs Fyfe reported that delays to transport have continued to remain problematic. Discussions are ongoing with SAS colleagues, with little impact on reducing these waits at the present time.</p> <p>Work continues to maximise the number of pre-noon discharges, with the launch of Daily Dynamic Discharge.</p> <p><b>6.1 (v) Wishaw Performance Report</b></p> <p>Mrs Fyfe reported that performance for the month of August 2017 was 94%, an improvement from 91% in August 2016.</p> <p>Mrs Fyfe highlighted areas of pressure and challenges, describing the actions being taken and planned, aimed at delivering sustained improvement.</p> <p>Mrs Fyffe highlighted concerns regarding delayed discharges.</p> <p>Mrs Fyfe noted that Hospital @ Home Service continues to make a positive impact.</p> <p>The OMC discussed delayed discharges and Mrs Fyfe reported that South were having difficulty to find the appropriate setting for patients with complex needs. Weekly meetings are in place and new models of care are being explored.</p> <p><b>6.1 (1v) Media Report</b></p> <p>Mr McKay updated the OMC on the media coverage regarding the Acute Division for July and August 2017 and highlighted NHS Lanarkshire's performance in complying with the FOI (Scotland) Act 2002. Mr Mckay commented that the volume of FOIs received during quarter 1 has increased by 14% over the same quarter last year. This put considerable pressure on the services involved and on the</p>	
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		<p>Communications Department despite the appointment of an additional FOI Officer on a fixed term contract.</p> <p>Mr McKay reported new ways of working are being explored by Calvin Brown, Interim Head of Communications in alignment with priorities within the corporate objectives.</p>	
7.	7.1	<p><b>Financial Governance</b></p> <p><b>Finance Report</b> Mr Yuille provided the OMC with a summary of the revenue financial performance for the period to 31 August 2017.</p> <p>The financial position to the end of August 2017 shows an overall overspend of £1,875,000 for the Division.</p> <p>Pay costs are reported as being £1,302,000 overspent, non-pay costs being £573,000 overspent.</p> <p>Medical pay expenditure is overspent by £629,000; nursing and midwifery expenditure overspent by £531,000. Drug costs are reported as being £219,000 underspent, with the Capacity Plan budget deployed to deliver access targets, reported as breakeven.</p> <p>The Access Division is reporting an overspend of £31,000 for the period to the end of June.</p> <p>The Hairmyres site is reporting an overspend of £941,000 for the period to the end of August 2017. Monklands Hospital has an underspend of £79,000 for the year to date, which is a £36,000 favourable movement from last months' trend. Wishaw General has an over spend of £501,000. Trauma and Orthopaedic Services is reporting an overspend of £562,000 for the period to the end of August.</p> <p>Mr Yuille informed the OMC that regular finance meetings with HSDs are arranged to monitor CRES targets and delivery of new CRES Schemes will be required to deliver our targets.</p>	
8.	8.1	<p><b>Patient Safety &amp; Quality of Care/Clinical Governance</b></p> <p><b>Quality Assurance and Improvement</b> Dr Burns provided a highlight report advising that the Acute Clinical Governance and Risk Management Committee aim to focus on capturing all sources of learning</p>	

	<p>for improvement work. Meetings now include special interest topics to try and share best practice and learning in quality improvement topics.</p> <p>Dr Burns reported a significant decrease of cardiac arrest rates on each site and this is attributable to use of Hospital Anticipatory Care Plans where appropriate. The use of ICD10 codes was explained to the Non-Executive Directors.</p> <p>The OMC noted the response rate to SAERs.</p>	
<b>9.</b>	<p><b>Information Items</b></p> <p><b>9.1 North JIB Minutes</b> The minutes from the meeting held on 18<sup>th</sup> July 2017 were noted by the Acute OMC. Dr Osborne highlighted that the Audit Scotland Delayed Discharge Report was driving work forward.</p> <p><b>9.2 South JIB Minutes</b> The minutes from the meeting held on 27<sup>th</sup> June 2017 were noted by the OMC.</p> <p><b>9.3 TOR</b> The TOR was noted by OMC. Dr Osborne noted that this would be reviewed early in 2018 to reflect current review of Governance by the HB Chair.</p>	AO
<b>10.</b>	<p><b>Risk Register</b></p> <p>No new risks were identified and no immediate actions to be taken.</p>	
<b>11.</b>	<p><b>AOCB</b></p> <p>No other business was raised.</p>	
<b>12.</b>	<p><b>Date &amp; Time of Next Meeting</b></p> <p>The date of the next meeting of the Acute OMC is Wednesday 22<sup>nd</sup> November 2017 at 1230 hours in Medical Seminar Room 2, Monklands Hospital</p>	