ITEM 16B

ACUTE OPERATING MANAGEMENT COMMITTEE (OMC)
THURSDAY 22 NOVEMBER 2017 AT 1230 HOURS
IN SEMINAR ROOM 2, MONKLANDS HOSPITAL

Present: Mr T. Steele, Non-Executive Director, Chair
Ms H. Knox, Director of Acute Services
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
Mr J. White, HR Director
Miss M. Hunter, Partnership Representative
Dr A. Osborne, Non-Executive Director
Dr Rory Mackenzie, Chief Doctor
Mr M Fuller, Non-Executive Director

In Attendance: Mrs Claire Ritchie, AHP Rehabilitation Practitioner
Morag Rennie, Secretary (Note taking)

Apologies: Mrs A Lindsay, Vice Chair Clydesdale Health and Social Care Forum
Ms M. Mark, Hospital Site Director, Wishaw General
Mrs A Fyfe, Hospital Site Director, Monklands General

1.		**Welcome and Apologies** Mr Steele welcomed everyone to the meeting and noted the apologies.	**ACTION**
2.		**Specialist Interest Item** **Hospital @ Home Presentation** Mrs Ritchie delivered a presentation to the Group. Hospital @ Home was initially set up in Lanarkshire 5 years ago. The principle behind the service is to prevent older people from coming into the Acute setting by supporting them by delivering acute care within their own homes, thus reducing mortality, infections and allowing the patients to remain independent. Dr Osborne asked if the service was economic and if there were proper detailed financial assessments. If the service grows how sustainable will it be financially and what	

		happens if the service reaches optimum levels. Mrs Ritchie advised that in relation to frail elderly patient they looked at trajectories for length of stay which was much shorter. Hospital @ Home can also flex up and down and is cost effective. Mrs Burns added that the Healthcare system was at one time designed for beds where there was less that 70% occupancy. In response to change in demographics the patient journey can be poor. Elderly patients can experience multiple assessments and interventions being done on them. The task is to get them back to where they were and reduce the harm which can happen when these patients come into hospital. Mrs Ritchie advised that GPs refer for admissions to Acute Hospital for their patients and that is where ERC and Hospital @ Home can prevent this. Mrs Dodd stated that with added resource the service could take on more but at the moment there would need to be a cap on how many they could take on. Mr Steele asked with regard to capping of patients how would they decide which patients to take on. Ms Knox advised that this would be decided through MDTs. Mrs Dodd added that ERC screen calls and look at alternatives to admissions for instance arranging urgent clinic appointments for next morning. Mrs Knox advised that a report had been completed by North IJB Partnership. It was brought to CMT and it was seen that Hospital @ Home should be a managed as a single service across the North and South. Mr Fuller asked about outcomes for functional decline and were they being measured. Mrs Ritchie advised that in relation to functional mobility 5% of muscle loss happens in hospital settings. When patients are at home they still have the ability to go to the toilet, engage with family at normal levels. This may have dropped by 17% if they were an inpatient.	

3.		**Minutes and Action Log from Meeting Held on 5 October 2017** The minutes of the meeting held on 5 October 2017 were approved by the Group. Matters Arising from meeting – 5.2. Mrs Dodd taking up with procurement. 9.2. – TOR. Dr Osborne advised that they were in discussion	
4.	**4.1.**	**Risk Register** Reviewing information on the Risk Register which was at 118 and is now down to 32 recognised as issues as opposed to risk. Mr Steele thanked everyone for the massive progress and showing clearly where risks were. Mr Steele mentioned risk regarding nursing levels at the end of August at 93% in report. Mrs Dodd advised that they had recruited 164 new nurses in September which took about 6 weeks to be fully embedded. Monklands site struggled the most and have now reached 94%, Hairmyres above 94%, Wishaw are above 97% and Maternity Services are above 94%. Mr Steele asked about the Cath Lab work at Hairmyres. Mrs Edwards advised that a contract had been awarded. A meeting had been arranged for the following day with consultant teams regarding change over. A mobile lab will be put in place. Work will also be sent to the Jubilee. The Cath lab should then go live again in the 1st 2 weeks in January. Mrs Knox advised that they will tidy up requirement around future resource for GI services. Guidance in place helps to mitigate to patients. Endoscopist route to address this risk though achieving excellence. Mrs Park advised that there is a master spread sheet on outpatients going to Medinet and the Golden Jubilee and costs associated. Mr Yuille and Mrs Park will meet to check info. Mr Fuller asked what the liability is when patients transfer to Golden Jubilee and Medinet. Mrs Park advised that CVs	

		are vetted and approved for patients going to private sector. For Medinet it is new outpatient consultation and follow up and then transferred back to NHS for further care.	
5.	**5.1**	**Staff Governance** **Human Resources & Workforce Report** Mr White advised that the NHS boards were expected to achieve an absence figure of no higher than 4%. The performance for NHS Lanarkshire was 5.63% and in September 5.8% compared to the August rate of 5.6%. 5 Health Boards had achieved the target. There is evidence of progress. Short term sickness is 1.8%, long term sickness is 4.00% and vacancies are 7.1% for the Division. Mrs Dodd advised that they were focussing on the alternatives to sickness with getting staff back to work from long term sickness and back into nursing. Dr Osborne asked how hopeful they were about making the trajectories. Mr White advised that they were on trajectory to meeting the target. Interviews with staff are achieving results. Dr Steele thought that it would be good to see numerical evidence of this. He noted that there was low reporting of sickness absence for Access Division. Dr Burns advised that there was a degree of minor under reporting. Workforce is different and managed on a Pan Lanarkshire basis. Dr Mackenzie advised that they were doing work on the Monklands site on the reporting and recording of sickness absence.	**JW**
	5.2	**Nursing/HAI Update** Mrs Dodd spoke about the Inspection by HIS to Udston Hospital. The initial findings and draft report appear to be very favourable with 1 action which may come back as a recommendation. There has been support for Older peoples including associated hospitals from Infection Prevention and Control teams arranging workshops to develop knowledge and understanding to improve care and practice for patients.	

		There has been significant work done around Food Fluid and Nutrition with a group now established in the community and a Mental Health learning Disabilities group with the main work of the group to focus on the implementation of an action plan regarding complex nutritional care standards. The funding for the critical care workforce for the acute division has been completed and a recruitment exercise is in place. With regard to perioperative care there has been significant recruitment with 10 trainee assistant practitioner roles in theatres. Mr Fuller noted that with Hand Hygiene compliance figures had decreased and there was a jump in Hairmyres and Wishaw. Mrs Dodd had met with Emer Shepherd and they were looking at opportunities such as buzz sessions to improve Hand Hygiene. Mr Steele asked about the graphs. Mrs Dodd advised that there were still gaps in the data provider on the Quality Dashboard on site based staff. Assurance has been given that the information is all there.	
	5.3	**Medical Staffing Update** Dr Burns presented this report. Consultant posts showed vacancies of 13% including maternity leave of 15%. At the front door there is a very high risk with Wishaw ED where two thirds of posts are vacant and there is also sickness absence in the department. Dr Burns advised that Boards were struggling with specific specialties regarding vascular, breast radiology, ENT. Would also need to provide 3 of everything. Dr Osborne commented on how to make the best use of the committee and hope to use it to look at content of change or monitor progress.	

6.		**Activity Planning and Performance Governance**	
	6.1 (i)	**Waiting Times** Mrs Park presented this report. At the end of September 2017 there were 2052 patients who had breached their TTG date. There was a slight improvement in TTG performance of 70% compared to 68% in August. Orthopaedics and Ophthalmology remain areas of challenge. In addition there are pressures in General Surgery, Urology, Gynaecology, OMFS, Chronic Pain, Vascular and ENT. The graph on page 6 of the report highlights patients waiting over 12 weeks. Trajectories for improvement in both TTG and Outpatients performance have been agreed with the Scottish Government. Try to focus on patients waiting longer. Also the independent sector does not always have sub specialties to help. Although Medinet are taking new and returning patients, NHS Lanarkshire has to provide admin support, nursing and diagnostics. Mrs Park will be looking at this with the help from Mr Yuill. RTT will not be reported at Board level. There are challenges in nurse staffing and recruitment in theatres. A programme of improvement work is underway but we will need further external capacity until staffing is in place. The September information for cancer performance is positive for tumour groups. The Board has received non-recurring money around cancer. We will look at best way to use this money. A programme of outpatients modernisation is under way and a specific DNA review programme has been initiated to assess the impact of two wait text messaging and the use of social media to highlight the number and cost of DNAs to the NHS. Waits for Musculoskeletal Services (MSK) remain in a static position. Paediatrics are looking at additional staffing to improve waiting times.	

		Mr Fuller spoke about the role of AHPs in shifting the balance to community, AHPs will be crucial to this. Mrs Park spoke about the pathways and debate on how to maintain skill level in the community. Dr Osborne asked about CAMHS performance. Mrs Park advised that she does not manage this service but would check.	JP
	6.1 **(ii)** **6.1** **(iii)**	**Unscheduled Care and Performance** 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. Hairmyres performance for October was 91.74% against the 4 hour target. There is an increase in volume and delays and discharge is not being achieved. Monklands has sustained a level of improvement and had achieved a performance for October of 95.77%. Wishaw performance for October was 92.07% compared to last year of 92.37%. Attendance overall is up 5% at Hairmyres which may be due to the Glasgow reconfiguration from 2015 which is continuing to have an impact on ED attendances. Medical staff pressures at Wishaw continuing to be a challenge with 3 long term locums in place. **Hairmyres Performance Report** Mrs Edwards presented this report. There is a level of inconsistency and sites have agreed to produce a standard report. Performance for October is 91.74% which is up from the September figure. Bed occupancy is 92% and remains a challenge year to date of 93%. Daily discharges remain a challenge to manage flow. The Hairmyres team are working closely with Health and Social Care partners and have brought in the Red Cross	

		transport to help. Planned care is showing on-going improvement with implementation of recent funding by Scottish Government for support in general surgery, Ophthalmology, orthopaedic services and cardiology. John Keaney has now taken over as Chief Doctor in place of Helen Mackie. **6.1 (iv) Monklands Performance Report** Dr Mackenzie presented this report. 12 hour breaches were mainly due to transport issues. There does not appear at present to be a solution to reducing waits and the service requires the resources available from the SAS. SAS will receive a weekly copy of the breaches relating to transport. **6.1 (v) Wishaw Performance Report** Bed breaches are at the lowest for 5 years but have not been good in the last few weeks. There is now a weekly ED improvement meeting taking place to support improvement in the emergency pathway and an action plan has been developed. A process has also been put in place regarding the on call duty manager to talk to the leads. Dr Osborne spoke about the impact on what can be done and how much is achievable. She was concerned around increasing patient demand before there is adequate infrastructure in the community. Ms Knox agreed but she needs to focus on what is in her control and work with North and South Lanarkshire regarding homecare. At this stage per capital spend and provision is still not as high as we would like. **6.1 (1v) Media Report** Noted	
7.	**7.1**	**Financial Governance** **Finance Report** Mr Yuille presented this report. Overspend of £2.4 million for the Division. Pay costs such as drug costs have reported an underspend of £314,000. Access is reporting an underspend of £53,000. Staffing at Hairmyres is reporting an overspend of £1, 328,000 which has not got worse. Monklands has an underspend of £155,000. Wishaw has	

		an overspend of £615,000. There is a reduction in November for Nurse bank and Agency. Nursing agency spend in last 4 weeks was £41,000 in October and 30,000 in November. The divisional team still need to see more reduction in Nurse bank and Agency. CRES plans need to be identified by 18 December and will be discussed at DMT on Tuesday 19 December. Non-pays – Medical agency down. Mrs Dodd advised that they had established a weekend monitor looking at nursing shifts retrospectively. Service manager/Senior nurse and Chief Nurses are taking work forward on this. There may also be a need to look at overtime, excess hours.	
8.	**8.1**	**Patient Safety & Quality of Care/Clinical Governance** **Quality Assurance and Improvement** Dr Burns advised that delays to completion of SAER reports & Local Reviews and associated action plans have significantly reduced. Sepsis monitoring has shown a slight rise in September and we need to do some detailed work. There is an increase in very positive performance around HSMR benchmarking well with Wishaw most improved hospital in Scotland. Sepsis 6 and cardiac arrest performance is good.	
9.	**9.1**	**Information Items** **North JIB Minutes** tabled **South JIB Minutes** **TOR**	
10.		**Risk Register** No new risks were highlighted to the Committee during this period and the ongoing work to refresh the Risk Register at Divisional and Site level was noted; this work is on course to be completed for presentation to the Acute Operating Committee in November. An issue with use of incompatible laryngoscope handles	

		and blades was passed to the Resuscitation Committee.	
11.		**AOCB** No other business was raised.	
12.		**Date & Time of Next Meeting** Acute Governance Committee – 21st March, 2018 at 12.30 pm, Seminar Room 1, Monklands Hospital	