

**NHS LANARKSHIRE  
& NHS GREATER GLASGOW & CLYDE**  
**CHP SOUTH OPERATING MANAGEMENT  
(PERFORMANCE MANAGEMENT) COMMITTEE**

Paper No – 06/67

Note of a meeting held on Monday 10<sup>th</sup> July 2006 at 9.30 am in the  
Committee Room, 14 Beckford Street.

<b>PRESENT:</b>	<b>Mrs Neena Mahal</b>	<b>Chair</b>
	<b>Mr H Stevenson</b>	<b>Executive Director, Social Work Resources, SLC</b>
	<b>Dr S Mackie</b>	<b>Medical Director Primary Care</b>
	<b>Mrs M Nelson</b>	<b>Non Executive Director</b>
	<b>Mr G Sage</b>	<b>Interim Director CHP South</b>
	<b>Mrs M Samson</b>	<b>Staff Partnership Representative</b>
	<b>Ms J Miller</b>	<b>Support Services Manager</b>
	<b>Ms F Leckie</b>	<b>Associate Director of Nursing</b>
	<b>Mrs F Porter</b>	<b>Deputy Director of Finance</b>
	<b>Mr Roy Watts</b>	<b>Head of Planning</b>
	<b>Mr K Small</b>	<b>Head of HR</b>
	<b>Dr L Armitage</b>	<b>Consultant in Public Health Medicine</b>
	<b>Mr I Ross</b>	<b>Chief Executive, Acute Division</b>
	<b>Ms K Gibbons</b>	<b>Voluntary Sector Representative</b>
<b>Mrs I Miller</b>	<b>Patient Representative</b>	
<b>Mr J Mitchell</b>	<b>Patient Representative</b>	
<b>In attendance:</b>	<b>Mrs N Reid</b>	<b>Deputy Director, Performance Management</b>

**1 APOLOGIES**

Apologies were received from Mrs J Mouriki and Councillor Handibode

**2 MINUTES OF LAST MEETING**

Accepted as an accurate record.

**3 MATTERS ARISING:**

**(a) Committee Membership**

GS advised that the independent contractors have now accepted places on the Joint CHP Strategy Development and Implementation Committee and will not therefore be represented at this committee.

## **(b) CHP Joint Strategy Development and Implementation Committee**

SM advised that the last meeting had been held on 22<sup>nd</sup> June and the agenda had taken the form of two presentations and a table top exercise.

The first presentation was from the Community Pharmacists and gave an overview of the new Pharmacy Contract and how Community Pharmacists could assist with the delivery of the Corporate Objectives within NHSL. The initial focus will be on smoking cessation, review of medicines management in care homes, and input into chronic disease management.

The second presentation gave a review of the current policies on Children's Services and the way in which NHS Lanarkshire is taking them forward.

This was followed by a case study exercise which flagged up the lack of understanding between agencies, especially around their roles and responsibilities. It highlighted the need to raise the profile of interagency working, particularly with independent contractors.

Further report will be submitted to the next meeting.

**Action: Shiona Mackie**

## **(c) Relationship to other NHSL Committees**

### **Organisation Chart**

An organisation Chart showing the committee structure was previously circulated for information, giving details of the main NHSL committees.

### **Modernisation Board**

Noted that this is work in progress. Also noted that the paper given to members has been accepted by CMT but has not yet gone to the Health Board.

### **Joint CHP Strategy Development and Implementation Committee**

Paper noted.

### **Area Clinical Forum**

Paper noted

## **(d) Performance against targets/reporting arrangements**

### **Local Delivery Plans**

Nan Reid discussed the papers which had previously been circulated. Noted that there are 28 targets in total of which 27 are local to NHSL and the other is a Scottish Ambulance Service target.

The ancillary paper sets out the targets which have been set by the CMT and who will be ultimately responsible for them, however, CHPs now require to set their own targets to achieve the Corporate Objectives. Locality objectives and reporting mechanisms should then follow.

Noted that RW is currently working with Iain Hair to develop pan-Lanarkshire reporting systems.

**Action: Roy Watts**

RW explained that some targets have national information gaps but it may be possible to look at local data, for example in the areas of physical activity and alcohol. It was noted that GS will meet with IT to discuss issues around reporting, as well as the practical aspects of translating targets into localities.

It was also noted that there are issues around links to deprivation and therefore targets may differ between localities, depending upon the deprivation factor.

The Chair indicated that as a committee we require to be assured that the right processes are in place and looks forward to feedback at the next meeting to discuss what is currently in place to monitor and report on progress to date.

**Action: Roy Watts**

**Draft Local Objectives**

GS advised that there were very close links between the Corporate Objectives and the Local Delivery Plan and discussed the CHP Director's Performance Plan which shows the links and responsibilities for the main themes. This document is an annual work plan on which the Director's performance will be assessed. It is an interpretation of the Corporate Objectives which are driven by the Scottish Executive HEAT Targets but it also needs to address local/NHSL priorities.

**Action: Geoff Sage/Alan Lawrie**

KAS reported that Alan Lawrie had asked him to set up an event for the South CHP Committee members and the Management Team to look at the process for developing CHP Objectives. KAS will circulate date when available.

**Action: Kenny Small**

## **Waiting Times**

RW discussed the reports on performance against targets, as well as the current status of capacity planning within NHSL.

Noted that only 1 service was subject to National Guarantees and that is Paediatrics.

Although heading in the right direction, Paediatrics are still not making the 26 week target in some areas.

Noted that there has been a significant increase in waiting times in May compared to March, mainly in Physio, Audiology and Podiatry. RW explained that there had been some teething problems with reporting due to the new structure and changes within the personnel in the Information Department

In terms of Capacity Planning, it was noted that more flexibility is required in the ability to move AHP staff across localities.

The Committee noted the report and asked to receive an update on capacity planning later in the year. It also requested that any future reports should contain information on the Rutherglen/Cambuslang Locality.

### **Action: Roy Watts**

#### **(e) Development of the Public Partnership Forum**

RW reported that Linda McDonald is in the process of organising the first meeting of the South CHP Public Partnership Forum, which will take place before the end of August.

### **Action: Roy Watts/Linda McDonald**

3 Locality Forums have now taken place in Clydesdale, East Kilbride and Hamilton. The Rutherglen/Cambuslang Forum is arranged for later this month. All events were well attended and the main points raised were around public representation on the Operating Management Committee, and issues around training and support for patient representatives. The need for good communication was also highlighted.

Each locality will nominate 4 to 6 people to represent their locality on the South CHP Forum. In the first year these will be on a self-nominated basis and reviewed at the end of the year.

Noted that Lanarkshire is now part of a wider PFPI network of other Health Board areas and a bid has been submitted for funding to provide development days. The PFPI web page should be ready during August.

PFPI Consultation document has now been circulated; a copy will be attached to this minute for committee members to respond to as part of the consultation.

**Action: Jayne Miller**

The Chair stressed the commitment of the committee to the Public Partnership Forum and the importance of making it work in South Lanarkshire.

**4. STANDING ITEMS**

**a) Interim Director's Report**

GS discussed his report and drew the committee's attention to item 4 – the Health Improvement Strategy Workshop. The Health Improvement Teams from each locality attended the event on 7<sup>th</sup> July, as well as representatives from the Local Authorities. The event focused on the staff within the teams and agreeing priorities. Noted that Health Improvement is very high profile within the NHS in Scotland and very important in terms of partnership working. The Joint Health Improvement Strategy outlines the priorities, the first of which will be smoking, physical activity, nutrition and breast feeding as they have the most potential health gain. The key will be public engagement in all of these areas.

The committee were asked to note the report. It was agreed that papers on the 3 joint accountability structures (Community Planning, Health and Care Partnerships and Children's Services) should be brought to a future meeting.

**b) Finance Report**

FP reported on the financial position to date and highlighted the following key points:

- A full Primary Care report will be brought to both North and South Operating Management Committees as it will include the area wide services.
- The overall underspend at the end of May was £110k with all areas performing well.
- A 1% savings target has been set for this financial year and work is currently ongoing within localities to determine how this will be achieved.

**Action: Fiona Porter**

There was a discussion around Udston Hospital and some areas of concern at the current overspend, however, GS assured the committee that these issues are being addressed.

**Action: Geoff Sage**

The committee Noted the report and requested that future reports should contain information on Rutherglen/Cambuslang.

**c) Medical Director's Report**

SM discussed her report and confirmed the verification process for QOF and subsequent payment verification.

Noted that a section in the new GMS contract tasks practices with collecting a lot of information on disease prevalence rates which is very useful. Dr Armitage suggested that the Public Health Department could assist with the interpretation of the data.

There will be 10 Clinical Domains in 2006/7 and more work around Mental Health and Learning Disabilities and chronic kidney disease.

The committee were asked to note the report.

**d) HR Director's Report**

KAS discussed his report and advised the work is currently ongoing to align the AHPs to the new CHP structures to allow professional leadership and to maximise clinical input. Single system models are currently being looked at.

Absence management is also a high priority with a new policy now in place. Training for managers and staff side is currently ongoing. KAS advised that he would bring the minimum data set to this committee to show information on sickness absence, disciplinarys etc.

**Action: Kenny Small**

KAS also reported that the Staff Partnership Forum had now met twice with discussion taking place around the structure and content of the forum.

The committee were asked to note the report.

**5. JOINT PERFORMANCE AND ASSESSMENT FRAMEWORK (JPIAF)**

RW discussed his report and advised that targets 10 and 11 related only to Older Peoples Services, the remainder of the targets cover all Care Groups.

It was noted that NHSL requires to report to the SE on 4 targets this year, notably 10, 11, 6 and 8 and information on these targets was tabled.

RW will keep the committee informed of progress

**Action: Roy Watts**

The committee were asked to note the report.

**6. REPORT FROM THE DIRECTOR OF NURSING**

FL discussed the report issued by the Director of Nursing and advised that work is progressing with Practice Alignment under the Community Nursing Review. Although still in the early stages, it will free up nursing time and ensure better use of nursing resource.

Noted that the process will require a substantial training and development plan to support the changes.

FL also advised that a pilot scheme is currently underway looking at Care Management. 3 pilot areas have been selected, with Clydesdale and East Kilbride taking part in South Lanarkshire. The pilot will identify the most vulnerable elderly people and will commence on 7<sup>th</sup> September.

The committee were asked to note the report.

**7. FUTURE AGENDA ITEMS**

It was agreed that there would be a presentation on Out of Hours at the next meeting.

**Action: Shiona Mackie**

**8. FEEDBACK FORM THE ASSOCIATION OF CHP'S EVENT**

MN reported that the event had been very useful with some very good workshops. There was a mixed delegate list which included representation from NES, SAS, Scottish Health Council and various Drug Companies.

The Voluntary Sector (Carers Trust) were also represented.

The AGM and Annual Conference for this association will take place on 12<sup>th</sup> and 13<sup>th</sup> September at Airth Castle where the Keynote Speaker will be Lewis McDonald, MSP, Deputy Health Minister.

## **9. ANY OTHER COMPETENT BUSINESS**

The Chair formally thanked Geoff Sage on behalf of the Committee as this will be his last meeting as Interim Director.

## **10. Dates of next meetings**

The next two meetings will be held as follows:

**Monday 4<sup>th</sup> September, 9.30 am, Committee Room 1, Strathclyde Hospital**

**Monday 13<sup>th</sup> November, 9.30 am, Meeting Room, Calder Ward, Udston Hospital.**