

**NATIONAL WAITING TIMES CENTRE  
BOARD MEETING – 12 APRIL 2007  
IN THE CORPORATE BOARDROOM**

<b>Board Members</b>	<b>Present:</b>	
	Dr Lindsay Burley (LB) -	(Chair)
	Ms Hilary Mounfield (HM) -	Non-Executive Director
	Mr Peter Ramsay (PR) -	Non-Executive Director
	Mr Kenneth Thomson (KT) -	Non Executive Director
	Mr Donald McNeill (DM) -	Non-Executive Director
	Dr Jim O’Neil (Jim O) -	Non-Executive Director
	Mrs Mairi Brown (MB) -	Non-Executive Director
	Dr Ken Ferguson (KF) -	Deputy Chief Executive/Medical Director
	Ms Lindsey Ferries (LF) -	Director of Human Resources
	Mrs Julie Carter (JC) -	Director of Finance,
	Mrs June Rogers (JR) -	Director of Business Services
	Ms Carole Anderson (CA) -	Employee Director

**In attendance** Mrs Sandie Scott (SS) - Head of Communications

**Minutes:** Mrs Joan Coleman

**1 CHAIR’S INTRODUCTORY REMARKS:**

LB welcomed everyone and advised that all Non-Executive Directors, with the exception of DM have been reappointed to the Board. DM has decided to retire.

**2 APOLOGIES:**

Mrs Jill young, Chief Executive, GJNH, Mrs Shona Chaib, Nurse Director

**3 MINUTES OF LAST BOARD MEETING (GJNH/2007/04/01):**

Minutes of the meeting held on 21 February 2007 were approved subject to the following amendment:

**5 STRATEGY:**

**5.1 Local Delivery Plan (GJNH/2007/02/02):**

Amended to read: The current sickness absence rate is now 5.47% and relates to the Hospital only. The target will be a challenge to deliver.

**4 MATTERS ARISING:**

**5 STRATEGY:**

**5.1 Local Delivery Plan (GJNH/2007/02/02) refers:**

Formal approval of the LDP has been received from Kevin Woods. Particular areas to focus on are sickness absence target and workforce issues. The Financial Plan has also been signed off.

**7 GOVERNANCE:**

**7.3 Approved Minutes of the Audit Governance Committee held on 13 November 2006**

Date of next Audit Governance Committee meeting Confirmed as Tuesday 1 May at 10.00am

**STRATEGY:****5.1 Pay Modernisation Benefits Realisation Plans – March 2007 (GJNH/2007/04/02):**

LF advised that a working group comprising General Managers, Heads of Department and the Employee Director had reviewed the updated version of the Plans which was submitted to the Scottish Executive by 31 March 2007 as required, subject to Board approval. The Plans have also been tabled at recent Senior Managers' meetings. The Scottish Executive is keen to look at benefits from the Consultant Contract and also focused heavily on benefits of the Knowledge and Skills Framework. MB stated date on page 11 of the document, second last column to be amended to read April 2007. Page 12, last column "Individual commenced training Wk beg March 19, 2007", MB asked how long the training is. LF would check with Shona Chaib, Nurse Director and report back. PR pointed out a number of alterations which require to be made to the numbers. JR and LF to discuss and amend. KT stated sickness rate and day surgery targets are the most challenging and KF advised the newly formed Performance and Planning Committee are actively picking up day surgery targets. KF also advised that at the Chief Executives' Meeting on 11 April, Audit Scotland's comments on the Consultant Contract were discussed and what benefits have been realised from the Pay Modernisation agenda. DM advised that, as William Edwards, newly appointed Head of eHealth, has been in post for some time, he should be submitting a progress statement to the Board. PR pointed out date on page 10 should be amended from 30 November as everything else is the end of February.

**Action: JR/LF/JC**

**Paper approved**

**5.2 Staff Governance Package (GJNH/2007/04/03):**

GJNH has an annual requirement to submit Staff Governance Action Plans which are normally externally audited. This year, all NHS Boards are auditing each other and CA and LF are spending two days, week commencing 16 April to review the evidence from other Boards. Staffside and the Partnership Forum have been heavily involved in the preparation and CA stated details from the staff survey have been helpful as it is important to be able to refer back in subsequent years. KT pointed out that in the Staff Governance submission for the Beardmore Hotel, the summary box under action status shows "not implemented 1" and under appropriately trained "not implemented 2". LF to check and report back. LF also advised the Beardmore Hotel have passed their Investing in People Assessment. KF asked if it is the intention of NHSScotland to scrutinise itself or was there any intention to move to external scrutiny. LF stated if all goes well this will continue and NHSScotland have considered involving QIS in the future.

**Action: LF**

**Paper approved**

**5.3 Workforce plan 2007 (GJNH/2007/04/04):**

Last year all Boards were required to produce annual baseline Workforce Plans and to refresh and update every April thereafter. Columns have been added to this year's Plan for e-health, the Beardmore Hotel, Learning and Development Strategy and the Directorate Structure. Key drivers and projections remain the same with a new format in terms of manpower

numbers. These figures are being finalised with ISD and the Board are asked to approve work in progress prior to forwarding to the Scottish Executive by the end of April. Financial costings have still to be carried out and an Action Plan will be developed at the Workforce Planning Meeting week commencing 16 April. CA advised that the Learning & Development Progress update contained very detailed nurse strategy information but did not however appear to reflect the full range of AHP/PTB (professional and technical staff) workforce and learning activities. MB advised some training does not appear to be carried out in Scotland due to lack of courses and enquired about the implications around clinical governance. LF advised there are no issues with clinical governance and training would appear to be adequate. PR highlighted the age profile of different groups and queried whether this was part of a plan to employ younger people. LF advised that the Board does not currently offer apprenticeships but links are now in place with a national group where a member of the Hospital engineering staff is a member. PR asked if we should be encouraging staff to work beyond retirement age and how this would impact on the ongoing workforce as part of a long term discussion. DM requested clarification that under AHPs, we seem to be reprofiling workers and reducing numbers. CA advised technical instructors referred to are within rehabilitation, physiotherapy and occupational therapy. Numbers projected have increased and decreased in other areas. LF to check and report back.

**Action: LF**

**Work in progress approved**

## **6** **PERFORMANCE:**

### **6.1 Finance Report (GJNH/2007/04/04)**

Figures show an underspend of £1.2m to January 2007. Underspend to date shows £1.7m with a forecast of £2m. A Shared Services meeting is scheduled over the next few weeks.

#### **Shared Services**

Work in progress. DM asked if we have involvement in pathfinder sites. JC advised no decision has been made on who pathfinders will be as groups of Health Boards are being looked at and not just individual Boards.

#### **Budgets**

Paper was signed off by the Performance & Planning Group and targets given to Senior Managers. JC is comfortable that budget bids did not have any major risks.

#### **Efficiency Savings**

Savings have been made. There is a £1.4m shortfall against Service level Agreement income and Boards have been advised of what we would charge. Costs have also been reduced.

### **6.2 Activity (GJNH/2007/04/06)**

February 12.2% ahead for the month and 2.4% ahead year to date. Diagnostic cardiology ahead, behind in interventional. Orthopaedic joints 125 in March, 120 in January compared to 99 last year. It is intended to use ultra clean air theatres for joint surgery, with 20 sessions per week from mid April. General surgery is doing well but there continues to be difficulties with patient volume. 161 general surgery procedures last year compared to 210 this year. Medinet plastic surgery project is now complete. Economic

evaluation is underway. NHS Lothian is very pleased with the outcome. 110 patients had surgery but in reality 393 have been carried out. 51 unsuitable for surgery at Outpatient stage and 51 unfit or unavailable for surgery. A solution is being explored with Glasgow plastics consultants. Endoscopy and Ophthalmics are doing exceptionally well and scopes have increased on last year. The level will drop this year as the activity has not been requested. Similar numbers are anticipated for the year end but we have exceeded target at the end of March. LB congratulated everyone on behalf of the Board. April started off with a number of cancelled sessions by Boards. CA asked if high fallouts were at pre-assessment and JR confirmed a combination of patients dropping off at pre-assessment and at admission. MB asked if DNAs for imaging were a problem throughout Boards. JR advised it is particular to Lanarkshire and this is being analysed. KF advised imaging pilot for Clydebank and Forth Valley had continued beyond the pilot scheme. GJNH does not have the capacity to role this out further at present. MB asked if an audit has been carried out on continued progress beyond the pilot stage. KF advised update for Dexa scanning was particularly poor locally as Glasgow had this service in place. KF agreed to consider carrying out the audit again. April activity levels for inpatients/day procedures were 57 (4.9%) behind plan for the month. Imaging activity exceeded the monthly plan by 129 (10.7%) examinations for the month. The combined inpatient/day case and imaging activity for April 2007 was 3.1% ahead of target. Cardiac surgery activity levels were favourable and exceeded plan for the month. Orthopaedic surgery activity was significantly behind plan for the month due primarily to consultant sickness absence and the Easter holidays. Endoscopy and general surgery activity has exceeded monthly targets. Diagnostic imaging activity levels were favourable and have exceeded the plan for the month.

### **6.3 Agenda for change update (GJNH/2007/04/07)**

By the end of April, assimilation will be almost complete with only a few not assimilated for valid reasons. 99.5% complete including local evaluation and job matching. Bank staff will be assimilated as quickly as possible. New posts and changes to posts since October 2004 are now being reviewed, within the current resourcing constraints, especially staff side.

#### **Unsocial hours**

The NHS Staff Council have issued the draft Agenda for Change unsocial hours provisions to the service for consultation. In respect of the Hospital, the financial impact is greater than budgeted for and if no additional financial support is available, it will required to be funded from internal efficiencies.

#### **Payment of arrears**

Payment of arrears is progressing slowly following difficulties with Stobhill payroll. To assist the process, Margaret Fitzpatrick from GJNH Finance Department is working with Stobhill payroll in order to assist in processing outstanding arrears as quickly as possible.

#### **Salary Protection**

Staff on salary protection are mainly from administration services but there are also a number of staff within clinical areas. The AfC Project Board is

monitoring. KF asked, in terms of salary protection has this been reflected across NHS Scotland. CA advised there had been concerns that AfC was more geared to clinical staff, although it had been hoped that this had been sorted out during the feedback from the pilot sites.

### **Banding Review**

From 22 posts, 5 have gone through the banding review process and of the 5, 3 have been matched to a higher band. The potential cost impact if a number of reviews are approved could be substantial. The review has highlighted a number of issues and this will be discussed by Partnership Forum. It is anticipated that a provisional agreement to proceed will be in place pending approval in May.

### **Matching of New Job Descriptions**

Resourcing is an ongoing issue and more staff are being encouraged to be trained in job matching. CA advised that although the unsocial hours issue is out for consultation, oncall arrangements (AHPs and those who do not work unsocial hours) are expected over the next few months. There have been 22 review cases, totalling 86 postholders with more to come. A number of staff are unhappy about the banding outcome. Lack of staffside resources is a significant risk in the organisation. No national training is planned although discussions have begun with other Boards regarding sharing, particularly NHS24. NWTC is also considering mixed panels. It is not currently known how many new staff will be staffside reps and heart & Lung may bring staff who are actively working within staffside at present.

## **6.4 Heart & Lung Project Status Report (GJNH/2007/04/08)**

Non-Executive Directors had a tour of the site and were impressed by the progress being made. KF presented the report highlighting the key points. The contractor is still reporting a 4 week delay although it is only a 3 week delay that has been accepted. The biggest change in the construction area is around cath labs. There has been significant user input to what was proposed, leading to significant change in design. This will be progressed as a separate piece of work outside of the contract with no impact on the original timescale. JC advised the additional costs around the cath labs are contained within the capital budget. HR process is still progressing and we are now on the second round of cardiothoracic nursing interviews. Anne Marie Cavanagh has been appointed Senior Nurse Manager across both sites and is taking this forward. The replacement for the Clinical Director interviews should be held by the end of this month. There has been progress within theatres with a significant number of staff, higher than expected, keen to transfer. In terms of various other services required such as labs, imaging and medical physics, these may be provided through an SLA. Labs and imaging are almost complete and will go to the Finance Group for approval. There is an issue around oncall service for Medical Physics which is outstanding. An ongoing series of meetings is being held with the Chief Executive and Chief Operating Officer at Greater Glasgow to finalise fundamental issues on what the final bed numbers should be and how and when we reach that stage. The cardiology service has taken longer than anticipated, largely due to disentangling historical arrangements in Glasgow and interdependence with other services. There is not yet agreement on the number of coronary care beds which are required and those that can be

released. This links with the acute services review in Glasgow. Medical staffing issues will link into the impact of modernising medical careers. JR and JC are having ongoing discussions with the Scottish Ambulance Service. Agreement has been reached on the service model which will cost around £170 –180k on a recurring basis. The detailed Migration and Commissioning Plan has replaced from the original project plan and is work in progress.

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## **GOVERNANCE:**

### **Recruitment and retention Quarterly Update (GJN H/204/07/09):**

HR database is now in place and recruitment activity is continuing. A new Orthopaedic Consultant joined week commencing 9 April. The Scottish Executive Careers in the NHS campaign was launched in January 2007 and we are linked into this campaign. To date there have been 4 applications. The Retention and Recruitment Strategy was signed off by the Projector Director for Heart & Lung with the emphasis on retaining staff across sites and encouraging staff to remain working in Heart & Lung. This incorporates the appointment of an HR Project Co-ordinator. Turnover for the period October 2006 to January 2007 remains low at 3.5%. Ethnicity and gender recruitment is being monitored. The Commission for Racial Equality wrote to all Boards asking for information on what we have done to meet the legislative requirements. This is an area of major high profile across the NHS which we are addressing.

### **Paper Noted**

### **Sickness Absence (GJNH/2007/04/10):**

Figures for October 2006 to Jan 2007 show 5.4% compared to 6% for the last quarter. Managers have been given support with workshops and toolkits to actively assist them in managing sickness absence. The appointment of General Managers will also be extremely helpful. Reassurance was given to the Board that we are working towards the target of 4% by March 2008 for the Hospital. Sickness absence in the Hotel has increased. This is being monitoring and workshops are ongoing to assist in managers in managing absence. It is recognised that this is a priority across NHSScotland but will be challenging to meet.

### **Knowledge and Skills Framework (GJNH/2006/04/11):**

All posts should have a Knowledge and Skills Framework by March 2008 which will be assessed through a Personal Development Plan. Craig Spinks has been appointed KSF Officer on a one year secondment and training for Managers and staff on knowledge and skills outlines will be held over the next 3 months.

### **Clinical Governance & Risk Management Quarterly Monitoring Report (GJNH/2007/04/12):**

MB stated that whilst very detailed, it may not be necessary to have such a detailed report. This will be progressed via the Clinical Governance Committee.

### **SHAW (Scotland's Health at Work)**

The Board congratulated Rena Thomson and her team on achieving the Silver SHAW Award ahead of schedule.