

- 6 Performance**
- 6.1 Performance management report (GJNH/2007/09/05):**
Amended to read “KF advised we are looking to recruit four Anaesthetists for non cardiac work in the first instance”.
- 6.2 Finance report (GJNH/2007/09/06):**
Delete heading “Heart and Lung Capital Spend Update”

Amend to read “Directorate accountants produce a thorough report detailing action plans which JC is happy to share with PR”.
- 6.4 Heart & Lung project status report (GJNH/2007/09/08):**
Cardiology
Royal College of Surgeons amended to “the Royal College of Physicians and Surgeons”.

Primary PCI Business Case is nearing completion and the purchase of an MRI was approved earlier.

4 MATTERS ARISING:

- 5 Strategy:**
- 5.1 Food, fluid & nutrition strategy 2007 – 09 (GJNH/2007/09/02):**
Intravenous nutrition
KF advised this is infrequently used but will be required on some occasions. More detail will be provided on how this will be facilitated.
- 5.2 MRI business case (GJNH/2007/09/02:)**
JC advised bids have been agreed and technical evaluation is awaited. This information will come to the next Board meeting.
- 6 Performance:**
- 6.1 Performance management report**
2.2 Complete
- 7 Governance:**
- 7.1 Infection control annual report 2006/07 and programme (2007) (GJNH/2007/09/09):**
The annual report showed 76 patients screened, 74 not hospital acquired. The two patients not included did not show on the initial screening but on technical screening and are being investigated. The infection control report has been amended.

5 STRATEGY:

5.1 Better health, better care consultation response (GJNH/2007/10/02):

A fuller draft will be circulated to the Board in November. Communications and Clinical Governance have organised a public event on Monday 29 October 2007 in the Beardmore Hotel and Conference Centre to which Board members are invited. The final response will be circulated to Board members by Friday 2 November 2007 with a deadline of Wednesday 7 November 2007 for return comments.

MB asked if any comments had been received from staff regarding independent scrutiny and direct elections to NHS Boards. SS advised that the comments so far indicated that direct elections to NHS Boards would encourage single issue campaigners to go onto Boards, although independent scrutiny was viewed more positively. A full response will be issued for comment. KT asked for an indication of attendance for the meeting on Monday 29 October. SS reported to date 40 people are attending.

6 PERFORMANCE:

6.1 Performance management report (GJNH/2007/10/03):

JY highlighted the key performance areas from the report:

Scorecards

The Hospital scorecard requires fine tuning. Heads of Department will be included in health and safety and infection control issues.

1.5 – 1.6 All clinical governance, general equality action plan and DDA indicators have now moved to green.

1.10 The Clinical Governance Committee gave an assurance that the trend of high clinical incidents shown as amber would turn to green which they now have.

2.1 Assurance was given by General Managers that the use of external agencies was within budget and absolutely necessary due to sickness absence. There was no overspill. MB asked if this included the use of locum doctors. KF confirmed it does but most used are not through an agency.

- 2.2 Percentage of disciplines per head count of formal disciplinary processes remains at amber and LF advised there have been 13 grievances in total. MB asked if they came from any one department in particular, LF advised from across various departments. There were 4 grievances from the Hotel. The Staff Governance Policy Sub-group and Human Resources will take the lead on confidential contacts. Jim O requested the word formal be put in the report (e.g. formal grievances).
- 2.5 Percentage of staff with PDPs is still showing amber. Work is ongoing to meet the target for PDPs. A member of HR is also actively giving support on managing sickness absence to Senior Managers. HM asked for an indication of what the figure will be. LF will bring this information back to the meeting. The sickness audit has just been completed.
Action: LF
- 3.5 Cost per patient – a corporate benchmark has been established which can be used the headings of HR, IT finance, estates & facilities showing high level corporate. Work in progress.
- 4.3 Theatre utilisation - we are now part of a pilot assessing the new IT system. Cancellations have reduced dramatically over the last three months.
- 4.5 Bed occupancy – the ward has changed the way it is run and this has helped day case rates. SC advised the audit on occupancy rate is taken at midnight. PR asked to what extent is the audit going to impact on day cases. Carl Hope, General Manager, surgical, has reported that day cases have increased dramatically and is now in discussions with surgeons who have advised they cannot undertake any further daycase work.

Hotel

The Hotel scorecard is still work in progress. The only indicator which remains at amber is PDP. 79% are now completed with the remaining 21% ongoing actively.

Business services

Year to date activity has been measured against a projection of 28,345. Increased heart & lung and the expansion of orthopaedic services are expected to be phased in at the end of October when reporting will be against a projection of 31,320. The new cardiac theatre opens on 1 November and we intended

to deliver 30 patients per month, increasing to 78 in November. Significant challenges remain in providing plastic surgery and negotiations are almost complete with a locum consultant to become involved in the programme together with visiting consultants from England. Ophthalmic work is being carried out in inpatient theatres at present due to vibration from ongoing work.

MB queried the level of 'Do Not Attends' (DNA) in Radiology. Work is ongoing on people who do not progress to surgery and JR advised if a patient incurs two DNAs they are returned to their GP.

Stracathro

MB requested an update and JR reported that she met with the Chief Executive of Grampian and Tayside who accepted the recommendations in the report. They have been asked to put actions in place and a meeting is planned to discuss progress. No word has been received from them to date.

General surgery

KF advised a number of responses have been received expressing an interest in working under the new contractual and remuneration arrangements. We do not have sufficient numbers to provide whole service and are looking at a contingency plan to ensure robust arrangements are in place for general surgery. Discussions will be held with Glasgow on how they will maintain cover for the cardiothoracic service.

Orthopaedics

JO asked for an update on the new orthopaedic consultants. KF advised three are starting this year and one in January 2008. The long term locum consultant will be replaced. As of 1 January 2008, eight consultants will be in post.

Anaesthetics

KF reported interviews for four Consultant Anaesthetists are being held week commencing 28 October. There are nine candidates and KF and MB will represent the Non-Executive Directors on the panel. KF asked if MB could approve appointments on behalf of the Board. This was agreed.

Just in time

PR asked for an update and KF advised the situation has not caused any patients to be compromised. A phased plan will deal with current issues and contingency has been built into that plan.

Main hospital entrance

JY noted that the bridge has been removed in Agamemnon Street and the road will be opened up with new traffic lights. There will be a new separate entrance for ambulances with an open plan reception and covered walkway. Final drawings will be completed in January/February 2008 with work taking six months from start to completion. Details will come to the Board.

Catering redesign

A mobile kitchen may be necessary and a temporary dining area whilst work is ongoing.

6.2 Finance report (GJNH/2007/10/04):

Year to date results show a total underspend of £500,000 with an overall forecast of £6.1m. The majority of this relates to Heart & Lung and has been revised to £6.8m as the service is not being transferred until October. The impact of overall efficiency savings will be evident next year. The detailed response to shared services will come to the next Board Meeting and an action plan is being put in place around server options. Feedback nationally is showing that efficiency targets and benchmarking will be heavily targeted.

The capital plan has been finalised CA advised the plan requires to be signed off jointly by the employee Director. MB stated capital seems low in relation to the new hospital entrance and JC advised this is phased this year and shows what is spent to date but the capital plan has taken savings into account.

6.3 Knowledge and skills (KSF) update (GJNH/2007/10/05):

KSF outline validation activity is ongoing with a target to have all outlines completed by March 2008. New policies have also been reviewed and developed. The national toolkit, eKSF is required to be utilised by all boards and training has been held over the last month. This is a user friendly tool to record all KSF outlines, objectives and appraisals and will remind Managers when review dates are due. Admin support is required to input to the system and interviews are being held week commencing 28 October for temporary posts to support this activity. Discussions have been ongoing nationally with KSF regarding heart & lung as the outlines for 500 staff transferring will be unclear. LF will carry out a short presentation on KSF at the December Board meeting.

Action: LF

The Beardmore Conference Hotel

KSF facilitator training has been held for 15 hotel staff.

6.4 Heart & Lung status report (GJNH/2007/10/06):

Estates

Almost complete.

Recruitment

Well advanced. Only 10.5 cardiothoracic ward staff outstanding. Perfusionist –breakthrough discussions moving forward.

Cardiology

Moving forward.

Medical physics

A draft SLA is being revised at present.

Capital

The project has been delivered within budget.

Primary PCI

The business case has been submitted to the Regional Planning Group. Discussions are ongoing with GJNH, Glasgow and the Scottish Ambulance Service around costs. Once approved, it is anticipated that it will be on stream in April 2008.

National services

Work is ongoing to resolve aspects of the pulmonary vascular unit, inpatients in Gartnavel General are unlikely to transfer and diagnostic in the Western infirmary will most likely transfer.

ICU infrastructure

CA advised structures are being finalised across departments and there is a lack of clarity on banding differences throughout the sites. SC advised Anne Marie Cavanagh is organising the structure. JO asked about the transfer date and KF advised not before the calendar year but by the end of March 2008. A date will be announced following the meeting with the Royal College of Physicians and Surgeons on 1 November.

6.5 Workforce report (GJNH/2007/10/07):

This report is issued quarterly and encompasses a number of areas including AfC, recruitment, heart & lung development and sickness absence. A robust process is in place within HR in relation to termination interviews. Equality and diversity information has been updated and extended to include additional information on the gender quality scheme. Sickness absence figures are six weeks in arrears and August figures have reduced to 5.36. Sickness absence in theatres and anaesthetics remain high, Beardmore Conference Hotel figures are good. Managers have been supported in managing

sickness absence and LF is meeting the auditors today to discuss the 12 – 15 day audit just completed.

CA reported that over 5000 hours of special leave have been taken covering the period October 2006 to July 2007 in addition to sickness absence. Information on special leave should be detailed and given through the Performance Management Committee.

Recruitment

Massive activity on recruitment, orthopaedics in particular, theatre expansion and heart & lung. Of the 55 posts for nursing within heart & lung, 32 will be in post by mid November and the remaining 23 by the end of the year.

Agenda for change

Five post holders have not yet been assimilated, three are off long term sick and the remaining two are going back to a consistency panel. Fifteen members of staff have not yet received arrears payment and all been written to with an apology and have been advised when they will receive payment.

7 GOVERNANCE:

7.1 Quarterly monitoring report (GJNH/2007/10/08):

A new format has been produced as it was felt the previous report was too big for Board meetings. At the last Clinical Governance Meeting it was decided this size of report would be adequate. The Risk Register is also included and the Board were happy with this new format.

Paper noted

7.2 Partnership update

CA advised staff side resourcing remains a challenge. Most Trade Unions visited GJNH, some on numerous occasions to speak to staff. We haven't had any feedback from the Trade Unions on any issues discussed with staff. The Beardmore staff rep resigned and voting is almost complete to elect a new rep. CA has also had discussions with NHS24 with a view to them providing assistance with AfC.