

Approved minutes
NHS National Waiting Times Centre Board
Board meeting: Thursday 6 March 2008
Venue: Corporate Boardroom, Golden Jubilee National Hospital

Board members

Present

Dr Lindsay Burley (LB)	Chair
Dr Jim O'Neil (Jim O)	Deputy Chair
Ms Hilary Mounfield (HM)	Non-Executive Director
Mr Peter Ramsay (PR)	Non-Executive Director
Mr Kenneth Thomson (KT)	Non-Executive Director
Ms Jeane Freeman (JF)	Non-Executive Director
Ms Carole Anderson (CA)	Employee Director
Mrs Jill Young (JY)	Chief Executive
Dr Ken Ferguson (KF)	Medical Director/Deputy Chief Executive
Ms Lindsey Ferries (LF)	Director of HR
Mrs Shona Chaib (SC)	Nurse Director
Mrs June Rogers (JR)	Director of Business Services
Mrs Julie Carter (JC)	Director of Finance

In attendance

Ms Christine McGuinness (CM) Communications Officer (deputising for SS)

Minutes

Ms Frances Ridge Communications Assistant (minutes)

1. Chair's introductory remarks

- 1.1. LB opened the meeting and welcomed Jeane Freeman, Non-Executive Director, to her first meeting.
- 1.2. LB congratulated the Beardmore Hotel and Conference Centre on becoming the second Conference Centre of Excellence in Scotland.
- 1.3. LB stated her pleasure that heart and lung services from the Western Infirmary Glasgow had transferred to the Golden Jubilee on Monday 3 March 2008.
- 1.4. LB announced that the Board's Annual Review will take place on Tuesday 3 June 2008, and it will be the first one to take place in the 2008 programme.
- 1.5. LB also announced that the process has commenced to elect an Employee Director.

2. Apologies

2.1. Mrs Mairi Brown, Non-Executive Director.

2.2. Mrs Sandie Scott, Head of Corporate Affairs.

3. Minutes of the last Board meeting (NWTC/2008/01/24)

Approved subject to the following amendments:

In attendance to read: Mr Andy Kinninmonth (AK), Clinical Director of Orthopaedics (shadowing KF).

Apologies to read: Jeane Freeman, Non-Executive Director.

Agenda item 6- Performance management report amended to read:

Indicator 2.6 - The target date for achieving 4% sickness absence rates has changed nationally from 31 March 2008 to 31 March 2009.

Page 4, para 8 - JY advised the generic housekeeper pilot within the catering redesign project has also proved very successful.

Page 6, para 2 - JR advised she is working closely with them to agree casemix and that they are using Murrayfield and mobile theatres.

Agenda item 6.3 - Heart and lung project status report.

Page 7, para 2 - As the migration date has not been finalised, it has not been possible to set a date with GE to decommission the two cath labs at WIG.

Page 8, para 3 – LB advised useful discussions are ongoing with Glasgow University around the development of a research base for cardiology and cardiac surgery at the GJNH. A positive meeting was held week commencing 14 January with an agreement in principle to a joint research institute between the NWTC and Gilmorehill (BHF/ University of Glasgow).

Agenda item 6.4 - Over 80% of KSF outlines have been completed and 20% of staff outlines have been validated and are being monitored by the Agenda for Change Project Board.

CA asked if we are compiling a report on who has been trained as, if Managers are not trained, they cannot appraise staff.

4. Matters arising

4.1. JY informed the Board that a letter had been received from The Commission for Racial Equality to confirm that they are happy with our Racial Equality Action Plan, and that there will be no further action.

4.2. The date for the launch of the heart and lung collaboration with University of Glasgow has been confirmed as Tuesday 10 June 2008.

5. Strategy

5.1. Local Delivery Plan (NWTC/2008/03/02)

- 5.1.1. CA asked the Board to approve the Local Delivery Plan (LDP) for 2008-2011. She stated that the LDP is in a similar format to last year's LDP and is closely aligned to the three-year financial plan. There will be a move towards providing a more detailed capacity and delivery plan in future years., The Scottish Government Health Directorate (SGHD) is keen for Boards to highlight key areas of risk, so that is picked up in the section of narrative detailing improvements.
- 5.1.2. CA stated that the first part of the plan outlines our local targets, then details appropriate national targets. In terms of the Beardmore Hotel and Conference Centre, the targets are about delivery of the ongoing strategy.
- 5.1.3. A new local target is development of Research and Education. A Business Plan is being developed to establish a clinical skills and research centre. This section of the LDP also highlights the Orthopaedic development and the new Caledonian Technique.
- 5.1.4. In terms of the HEAT targets, special health boards are asked to respond only to those that are relevant. We will continue to monitor sickness absence – the target is now to achieve 4% by March 2009.
- 5.1.5. A new target is to have 100% of KSF outlines and PDPs uploaded onto the new system by March 2009. CA stated that there will be some real challenges in achieving this.
- 5.1.6. We are continuing to deliver our local Day Case target. We have done some analysis to arrive at an acceptable but challenging target.
- 5.1.7. Trajectories for Waiting List targets are not yet included and will be detailed once the lists transfer. We are working closely with colleagues in NHS Greater Glasgow and Clyde (GG&C) and NHS Lanarkshire to prepare for that. We have described the detailed work in preparation to manage these waiting lists.
- 5.1.8. Healthcare Associated Infection (HAI) information is similar to last year. There are a number of challenges and risks associated with the transfer of heart and lung with an increased likelihood of incidences of MRSA.

- 5.1.9. P35 looks at the quality of the healthcare experience. This will link closely to the Scottish Patient Safety Programme (SPSP) and the Patient Experience programme.
- 5.1.10. JY added that the final activity spreadsheet has still to be included in the LDP as negotiations are ongoing with the SGHD and NHS Boards. She stressed her particular concern over Ophthalmology activity for 2008/09 as we appointed a Consultant Ophthalmologist based on continued referrals from Boards and this appears to have decreased dramatically.
- 5.1.11. JR tabled a draft activity spreadsheet and stated that the full year activity plan for 2008/09 will be included in the LDP. Most of the orthopaedic joint procedures have already been signed up to, but there is a minor concern over the shortfall in orthopaedic minor procedures. We also need to accommodate any readmissions as the numbers increase and be mindful that it can take a full day in theatre for one cardiac procedure.
- 5.1.12. JR stated that the outcomes service is now well established for Orthopaedic surgery and discussions are ongoing with the SGHD about spinal surgery. We have also been asked to see 740 'see and treat' patients from NHS Ayrshire and Arran and NHS Dumfries and Galloway.
- 5.1.13. She confirmed concerns about ophthalmology and that JY met with John Connaghan (John C) and his team last week regarding this. LB asked what the issue was. JR replied that the Boards have dropped back their numbers for surgery in this area despite the assurances they had already given us. JY confirmed that the 1200 procedures for our Consultant Ophthalmologist but the plans were to develop the service and not have a specialist working in isolation. JY stated that one contingency could be to deliver a much reduced waiting time target. The SGHD team will give this some consideration and discuss with Boards.
- 5.1.14. JR stated that theatre capacity is also a concern as one theatre used for General and plastic surgery is now Cardiac. The contingency may be that plastic surgery and general surgery are interchangeable.
- 5.1.15. Demand for diagnostic imaging continues and she highlighted the increasing internal demand for these services.
- 5.1.16. PR asked whether heart transplants had commenced again. KF confirmed this and stated that the projected number of transplants is only 15 per year, but the actual work associated with these patients is significant. The Advanced Heart Failure Unit is keen to raise its profile and expand its service. He also stressed that the potential 'Opt out' organ donor campaign may have an effect on the number of organs available for transplant.

- 5.1.17. JR stated that NHS Lanarkshire has become a bigger user of our capacity this year than NHS GG&C, adding that they are also keen to agree a three to five-year Service Level Agreement (SLA) with us.
- 5.1.18. JC stated that Finance will be closely monitoring the projected activity numbers especially for the National Services, National Service Division (NSD) will want to see detail of what their funding is being used for.
- 5.1.19. PR asked about the management of research and development. He sees the hospital as being a centre of excellence and wondered if more should be done to ensure research is being carried out in an appropriate manner. It was confirmed that KF, LB and JY have had discussions about this and meetings have been held with the universities. As a result of that we will be launching a heart and lung collaborative with the University of Glasgow on 10 June 2008. JY reminded members that we have appointed a research manager who is leading on this. JY added that we also now have to start thinking about intellectual property rights in terms of the research being carried out and will work with Scottish Health Innovations Limited regarding this.
- 5.1.20. LB was pleased to inform the Board that we hosted the Computer Assisted Orthopaedic Surgery UK Annual Conference at the Beardmore from 7-9 February 2008. JY confirmed that this was well attended from the UK and internationally and was a great success.
- 5.1.21. Jim O asked if Boards were requesting more imaging activity than we can provide. JR confirmed that contingency plans are being looked at to see if we can accept these requests. JY stressed that the activity projections in the LDP do not include the internal diagnostic & imaging work that we do, although these are closely monitored at the Performance Committee.
- 5.1.22. JR stressed that Do Not Attend (DNA) rates are improving thanks to the introduction of a patient focussed booking system. The pilot for MRI appointments was so successful it is going to be rolled out to other specialties.
- 5.1.23. JR stated that NHS Lanarkshire were looking to purchase a new CT scanner. However, discussions are ongoing to determine whether we can do this work for them.
- 5.1.24. She confirmed that our new MRI scanner will be in place by 31 March 2008.
- 5.1.25. JF asked why internal imaging activity is not shown in the projections included in the LDP. CA replied that the LDP document has a framework to follow. The figures are included in our internal

performance pack. JF stated that the LDP was therefore not an accurate reflection and so does not do justice to the work which goes on within the Board. She felt that all the figures should be reflected in a public document. Jim O agreed that the information has to be available somewhere to show the exact amount of work we do. JY confirmed that it is in the Performance report but would consider this point.

- 5.1.26. Jim O asked whether patients coming for surgery, who need an MRI or CT scan, would be classed as having one or two procedures. JR confirmed that the imaging procedure would not be counted as part of the allocation agreed with the other Board, but would instead be recorded as part of our internal activity. JY reminded members that Boards pay for agreed activity at the end of every month and would only pay for those procedures they asked us to provide. Certain diagnostic tests are expected as part of the care package.
- 5.1.27. CA confirmed the detailed work that is ongoing to report activity related to the heart and lung project. She stated that it is right that we have a full understanding of what is actually going through our wards, theatres etc but our unique position means we have to agree procedure numbers with Boards.
- 5.1.28. JF asked about the Primary PCI service and stated that research shows the impact and value of Primary PCI but feels it is important to make everyone understand that speed is the essential element. KF described the planned service and stated that the business case is now with the regional planning group. A decision is imminent with a view to full implementation in 2008/09.
- 5.1.29. JF asked about lay involvement within the Board. SC confirmed that we have volunteers and ex-patients who sit on focus groups and are also involved in Volunteering Scotland. We also have lay involvement in our disability reference group, as well as on our equality and diversity, and carers groups. HM stated that she chairs the Involving People Steering Group. She praised Nada Kadhim, Involving People Facilitator, for her exemplary efforts in getting people to contribute to the work of the Board. SC confirmed that there is screening involved for new members.
- 5.1.30. The LDP was approved, subject to feedback from the Scottish Government Health Directorate

5.2. Financial Plan (NWTC/2008/03/03)

- 5.2.1. JC presented the three-year financial plan and stated that she has been working closely with CA to ensure alignment with the LDP.

- 5.2.2. As part of the plan, JC had asked for a £5.1m carry forward – that figure is now £6.3m.
- 5.2.3. The Board has also asked for a further £500,000 for 2008/09 on the basis that the end point of heart and lung transfer will now be April/May 2008.
- 5.2.4. JC is forecasting a break-even position for the plan however highlighted that work on the funding flow for the Heart and Lung Centre is ongoing. JC stated that a five-year Capital plan has been signed off and our request carry forward of £2.5m has been approved.
- 5.2.5. PR asked whether the cost of the delay has been quantified. JC stated that it is sitting at approx £200,000, which is primarily for staff costs. She added that we had budgeted £1.8m transitional costs but have covered £2.5m.
- 5.2.6. CA stated that there would be some challenges in building workforce planning into the financial plans.
- 5.2.7. KF stated that there was a zero (0) missing from the narrative on heart and lung costs on page four of the draft financial plan. It should state £1,000k surplus, not £1,00k.
- 5.2.8. JY stated that the NWTC has grown in a short period of time from an organisation managing approximately £28m to one around £100m.
- 5.2.9. KT asked for an update on the partial relocation of NHS24. JY confirmed that we are getting back 30% of the space that NHS24 rents on level five by the end of March.. A new Boardroom, offices and an open plan space will be developed for the relocation from the ground floor to free up more clinical space.
- 5.2.10. LB commented that we are progressively losing income as our tenants move out.
- 5.2.11. Financial Plan approved, subject to feedback from the Scottish Government Health Directorate

6. Performance

6.1. Performance monitoring report (NWTC/2008/03/04)

Corporate Balance Scorecard

JY highlighted a number of areas in the corporate scorecard:

- 6.1.1. Indicator 1.6.1 - Gender Equality Action Plan remains at amber. LF's short life working group are reviewing this.
- 6.1.2. Indicator 1.6.3 - Racial Equality Action Plan – progress to date has moved to green.
- 6.1.3. Indicator 2.1 - Efficient use of allocated staff resources - remains at amber, parameters are being reviewed.
- 6.1.4. Indicator 2.5 - KSF/PDPs to be in place for all current NWTC staff. The target has been moved to March 2009.
- 6.1.5. Indicator 2.6 - Sickness absence – remains at amber as the rate across the Board is 5.99% as of January 2008. Target of achieving 4% sickness absence has been moved to March 2009. The overall rate went down in December but has gone back up again in January. PR asked if there was a picture of how other Boards are performing. JY did not have any figures but thought them to be in a similar position. She had hoped that the introduction of special leave policies would reduce sickness absence, but this has not been the case. LF stressed the need to support managers in a practical way to reduce sickness absence levels, but admitted that it will be a challenge. LB asked if we knew the rate of sickness absence in the wards that have transferred from NHS GG&C. This was not known and CA agreed that there are a lot of challenges. Beardmore sickness absence has gone down.
- 6.1.6. Indicator 3.5 - Cost per patient in alignment with Scottish average – remains at amber as there is difficulty accessing comparative figures. Work is ongoing on this.
- 6.1.7. Indicator 4.3 - Theatre utilisation vs national benchmark - remains at amber as the information is not available nationally.
- 6.1.8. Indicator 4.5 - Bed occupancy – we would have hoped it would have turned back to amber but that has not happened because of the delay in heart and lung. We are confident that will change now that we have two new Orthopaedic theatres up and running.

Business report - JR highlighted a number of areas in the business report:

- 6.1.9. Cardiac surgery had stopped as planned on 14 December 2007 and had restarted week commencing 3 March 2008.
- 6.1.10. JR stated that it was a challenge to get patients to come in for surgery over the Christmas and New Year period.
- 6.1.11. Plastic surgery continues to be challenging in terms of availability of consultants to do that work.

- 6.1.12. NHS Glasgow and Lothian have not requested any Ophthalmology work at all.
- 6.1.13. The second Orthopaedic theatre opened nine weeks ahead of plan on 26 January 2008.
- 6.1.14. Expectation for the end of year is that we will exceed the 28,616 target.
- 6.1.15. JR added that we will need to pre-assess 30% more patients to get the figures for orthopaedics due to the high number of people who fail at that point.
- 6.1.16. Jim O asked for clarification on how much cardiac activity we expect to do in March 2008. JR confirmed the final number is likely to be small.
- 6.1.17. CA stated that sickness absence in some areas is against a backdrop of numerous vacancies. She stressed the need to keep an eye on the situation but praised staff for keeping going during this time.
- 6.1.18. PR expressed concern over the £1m overspend in the Anaesthetics Directorate. JC stated that £250,000 is the cost of dealing with extra patients that weren't originally planned for and the income would follow. LB added that five new anaesthetists took up post in January 2008 which helps the overspend, by reducing our reliance on non NHS anaesthetic activity. JC added that future Directorate reports will include all income reconciliation. KF reminded members that the delay in appointing consultants was due the requirement to establish how many anaesthetic sessions were transferring with heart and lung services.
- 6.1.19. HM asked if there was a plan to change policies and procedures in terms of increasing day surgery activity. KF stated that it was work in progress to get general surgeons signed up to the new contracts as well as getting them to drive the change that's needed. CA added that the planned care programme is monitoring these things. She also stated that some real improvements have been realised
- 6.1.20. Noted
- 6.1.21. Action – none

6.2. Finance report (NWTC/2008/03/05)

- 6.2.1. JC stated that year-to-date results are showing a £1,363k underspend (3.21%), against budget and in line with the three-year plan. Non-recurring bids totalling £853,000 have been approved.

- 6.2.2. JC confirmed that work has begun with NSS on the implementation of Cedar 3.4, with an expected 'go live' date of April/May 2008.

6.3. Heart and lung project status report (NWTC/2008/03/06)

- 6.3.1. KF gave an updated report as the services from the Western Infirmary Glasgow (WIG) have now transferred to the Golden Jubilee.
- 6.3.2. He confirmed that a number of patients transferred from the WIG over the weekend, including six in the ICU. The service formally started on 3 March 2008. Both cardiology and cardiothoracic services are functioning, there have been two cath labs working and the first thoracic operations are taking place today. There have also been two emergency admissions for Primary PCI and we have had two urgent transfers who have both then gone home again the same day.
- 6.3.3. The executive team have been meeting twice a day and have been having a high visibility in the newly opened areas/wards. A huge amount of work has been done by everyone and those on the project team. There have been a few minor teething problems.
- 6.3.4. KF stressed that the WIG move is only phase 1a and that planning is still ongoing for the transfer of the remaining services:
- 25 March 2008 – Hairmyres Hospital
 - 7 April 2008 – Glasgow Royal Infirmary (Surgical)
 - 7 May 2008 – Glasgow Royal Infirmary (Cardiology)
- 6.3.5. JY thanked the project team for all their efforts to date in getting the WIG transferred and for their continued hard work on transferring the remaining services. She also thanked those 'behind the scene' – porters, housekeepers, CSPD, Materials etc.
- 6.3.6. Speaking on behalf of the Non-Executive Directors, LB said well done to everybody involved in getting the service transferred.
- 6.3.7. JY stated that everyone involved had been planning a quiet first week, but instead got a week that couldn't have been much more complex and that there had been a heavy stream of blue light ambulances already.
- 6.3.8. HM & Jim O stated that everyone seemed relaxed during their walkabout and stated how much busier the place seems already.

6.4. Knowledge and Skills Framework (KSF) update (NWTC/2008/03/07)

- 6.4.1. LF confirmed that the KSF targets are now being included in the Local Delivery Plan.
- 6.4.2. The new target is to have all KSF Outlines completed and logged in the e-KSF system by March 2009. Progress of this continues to be

monitored very closely. To date, 24% of post outlines have been completed, representing 27% of staff.

- 6.4.3. LF stated that the NWTC is fortunate as we have always had a culture of PDP and appraisals, however it may not be everyone's priority at the moment.
- 6.4.4. LF stated that the link between e-KSF and SWISS is planned to go live on 24 March 2008. When that happens we will be able to populate the KSF outlines with actual members of staff.
- 6.4.5. LB stated that it was crucial to keep the momentum going to ensure we get all the outlines on the system before the deadline.

6.5. Workforce report (NWTC/2008/03/08)

- 6.5.1. LF stated that the quarterly Workforce Report covers the period September to December 2007. This report also includes equality and diversity monitoring.
- 6.5.2. LF stated that all staff have been assimilated onto Agenda for Change rates of pay and all arrears paid. However, a lot of staff transferring to the West of Scotland Regional Heart and Lung Centre have still to be assimilated, so that will continue to be a challenge.
- 6.5.3. LF stated that the report also includes statistics on the uptake of the NWTC Special Leave Policy for the first time. Uptake of these policies will continue to be closely monitored.
- 6.5.4. JF asked if the gender split information could be more detailed, looking at categories of job etc. LF stated that it could be broken down into categories of job, professional groups, pay bands etc.
- 6.5.5. JF asked if there was any specific reason for some staff groups continuing to show high rates of sickness absence. LF stated that the sickness absence levels are being closely looked at and there is a rationale for it in some areas. She stated that sickness is high in theatres for a variety of reasons. An action plan to support managers is in place, and we will be targeting certain groups. JY stated that some areas have had a high rate because of staff being off long term sickness.
- 6.5.6. **Action** – LF to include more detailed information on the gender split.

7. Governance

7.1. Partnership Forum update (NWTC/2008/03/09)

- 7.1.1. CA said that the main focus of discussions at the Partnership Forum continues to be on the heart and lung project.
- 7.1.2. Cycle to Work scheme has been launched and to date, five members of staff have taken up the offer to purchase bicycles through the scheme.
- 7.1.3. Confidential Contacts continues to be progressed, with the hope of launching the scheme in March/April 2008.
- 7.1.4. LB stated that it was good to see the range of issues that are being discussed in this group.

7.2. Establishment of Endowment Committee (NWTC/2008/03/10)

- 7.2.1. JC stressed the need to establish this important committee in light of the hospital's expansion with the heart and lung centre.
- 7.2.2. LB stated that all Board members would be trustees of any endowment funds.
- 7.2.3. Paper approved
- 7.2.4. **Action** - JC/JY to make arrangements for first meeting of the NWTC Endowment Committee when appropriate.

7.3. Scottish Patient Safety Programme (SPSP) (NWTC/2008/03/11)

- 7.3.1. SC handed out an amended paper that had gone to the NWTC Clinical Governance Committee on 5 March 2008. She explained the Scottish Patient Safety Programme initiated by the Institute of Healthcare Improvement. The programme will run for five years to prevent adverse incidents.
- 7.3.2. CA asked if money was going to be invested in training to help people carry out the work involved. JY replied that a three-day event had already been held and that further sessions would follow. The idea is for those team leaders who have been trained to cascade that training down. SC said that some money might be available for further training.

Date of Next Meeting

The next meeting will be held on 24 April, 2008.