

## Approved minutes

### NHS National Waiting Times Centre Board

Board meeting: Thursday, 11 September 2008 at 9.30am

Venue: Corporate Boardroom, Golden Jubilee National Hospital

## Board members

### Present

Dr Lindsay Burley (LB)	Chair
Ms Mairi Brown (MB)	Non-Executive Director
Dr Jim O'Neil (Jim O)	Non-Executive Director
Ms Hilary Mounfield (HM)	Non-Executive Director
Mr Peter Ramsay (PR)	Non-Executive Director
Mr Kenneth Thomson (KT)	Non-Executive Director
Ms Carole Anderson (CA)	Employee Director (from 10.10am onwards)
Mrs Jill Young (JY)	Chief Executive
Dr Ken Ferguson (KF)	Medical Director/Deputy Chief Executive
Mrs Julie Carter (JC)	Director of Finance
Mrs June Rogers (JR)	Director of Business Services
Mrs Shona Chaib (SC)	Nursing Director
Ms Lindsey Ferries (LF)	Director of Human Resources

### In Attendance

Ms Sandie Scott (SS)	Head of Corporate Affairs
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### Minutes

Miss Frances Ridge	Communications Assistant
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## 1. Chair's introductory remarks

- 1.1 LB welcomed everyone to the meeting and pointed out that CDs containing photographs of the Royal visit on Thursday 3 July were available.
- 1.2 LB congratulated Dr Ken Ferguson on his appointment as Associate Medical Director for NHS Ayrshire and Arran.
- 1.2 LB announced that two distinguished visitors would be coming to the Golden Jubilee National Hospital.
  - The Minister for Health and Children (Ireland), Mary Harney, on Friday 19 September (subsequently cancelled).
  - Secretary of State for Health, Alan Johnson, on Monday 20 October.

## **2. Apologies**

Apologies were received from:

Ms Jeane Freeman (JF) Non-Executive Director

## **3. Minutes of the last Board meeting (NWTC/2008/07/01)**

Minutes were approved subject to the following amendments:

Page 5, Item 6.1.13. Change the word “sorting” on the last line to “vetting”.

Page 5, Item 6.1.14. Amend “anterior crural” on the second line to read “anterior cruciate”.

## **4. Matters arising**

220708/01/SS – SS reported that the colours of the graphs on the corporate travel plan could not be changed without changing the whole document. SS added that she would ensure consistency in the future.

220708/02/SS – SS reported that a date had been agreed with John O’Connell, Facilities Manager, regarding the provision of adequate showering facilities and update document.

220708/03/SS – SS advised that the new business travel rates were inserted into the travel plan.

220708/04/KF/LB – A strategy workshop will be held at an appropriate time in the future.

220708/05/KF – KF advised that this action had been superseded and would be covered under Performance in the agenda.

## **5. Performance**

5.1 JY discussed the Performance monitoring report

5.1.1 The corporate scorecard had a new format and now shows a trend for a period of a year where previously it had only been a month.

5.1.2 For the first time, complaints were at red in June. This was due to difficulty in arranging input in complex cases from visiting surgeons as well as staff being off on annual leave.

5.1.3 The Scottish Patient Safety Programme (SPSP) is not a HEAT indicator but we are including it in our report for Board members. This is currently at

red as we have been focusing on embedding heart and lung services. However, an action plan is in place to move this forward.

- 5.1.4 There have been positive changes to patient care. Staff on some wards are doing safety checks on every hand-over and small changes within wards are already happening (e.g. if a patient has allergies, it's on their wristband). MB requested that details on the methods being used to effect change be brought to the Board. SC stated that it could be brought to the October Board meeting.

**Action: SC to bring programme information to next Board meeting and quarterly thereafter.**

**Action No 110908/01**

**Action by: SC**

- 5.1.5 KSF based Performance Development Plans (PDPs) are behind target. However, recovery trajectories are in place to assist with achieving the March 2009 target of 100%.
- 5.1.6 Bed occupancy remained at red but we have created dedicated day case areas to assist with our bed occupancy rate.
- 5.1.7 In July and August, three patients breached cardiac waiting times guarantees. This was due to our ICU beds being full with very ill patients for a longer period than expected as well as clinical decisions on priority treatment. KF stated that this issue was being managed on a daily basis. There is also an issue about availability of appropriately trained nurses within ICU/HDU areas. LB highlighted that 'breaching patients' is the Board's biggest performance issue and that there is recruitment issues across Scotland for ICU nurses. JY confirmed that a recruitment campaign for ICU/HDU nursing roles is now underway.

Carole Anderson arrives 10.10am

- 5.1.8 There is a backlog in SMR coding. JR confirmed an action plan is in place and improvements should be seen in approximately six weeks.
- 5.1.9 JR confirmed activity for inpatient/day case procedures was 68 procedures behind plan for the month of July. Diagnostic imaging activity was behind the monthly plan by 97 examinations. The combined inpatient/day case and imaging activity for the month of July was 165 behind plan, measured against an activity projection of 24,675. The year to date combined position is 318 procedures (3.9%) behind plan.

### **5.2 Finance**

- 5.2.1 JC stated that the year-to-date results show a total surplus of £232k. With heart and lung we have a very detailed analysis of what we are spending and this is showing an overspend. Although JC added that the heart and lung income was positive.
- 5.2.2 CA asked for clarification on the staff cost variance in relation to nursing. JC responded that the heart and lung nursing model was agreed, signed off and put in the budget. She stated that the reason for the variance was that the skill mix had changed from the agreed model.
- 5.2.3 CA stated that a number of nursing staff are on different bands and that they may look at appeals for equal pay. She asked whether there were any plans to bring nursing staff's pay band into line. JC replied that the variance in bands was due to the need for a skill mix in line with the nursing model that had been agreed.
- 5.2.4 PR asked for clarification on the overspend in anaesthetics. JC responded that the overspend was due to overstocking by the department and added that a lot of extra stock had transferred from NHS Greater Glasgow and Clyde with heart and lung. JC advised that a top-up level had been agreed and that staff were now running down stock levels before ordering.

#### **Board members noted the Finance Report.**

### **5.3 Knowledge and Skills Framework (KSF)**

- 5.3.1 LF reported that steady progress was being made on KSF but that this progress would not show on the statistics. LF added that 50% of staff now had a validated KSF outline and 23% had as KSF based PDP.
- 5.3.2 LF stated that during September a new scheme would be piloted whereby KSF outlines would be incorporated into the recruitment and selection process. The Board also heard that support and training had been offered to staff and that it is the responsibility of managers to ensure their staff have completed their KSF-based PDP outline ahead of the deadline.
- 5.3.3 JY added that the HEAT target set for March 2009 does not include transferring heart and lung staff. Board members were advised that statistics of the number of completed KSF-based PDPs, including heart and lung staff, were detailed on a separate graph. KF asked when they would be included in the figures and what would happen when after March 2009? LF confirmed that it would be reported via the heart and lung directorate.
- 5.3.4 LB advised that it would be beneficial to view the figures for the whole organisation instead of separating figures. MB asked whether the two graphs would be merged to include transferred heart and lung staff. MB also asked

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whether transferring staff had started the process when they relocated to the NWTC.

- 5.3.5 LF replied that the graphs would not be merged to include the staff that transferred for heart and lung. LF added that it has been more challenging as transferring staff have started at a different point.

**Board members noted the current KSF activity and progress with its implementation.**

### **5.4 Workforce Monitoring Report**

- 5.4.1 LF reported that a lot of redesign has taken place within Human Resources as a result of the increase in staffing levels. LF advised that there are now named HR contacts in place for each directorate.

- 5.4.2 LF stated that the NWTC now has an Equalities Group in place and that its six leads will be analysing and monitoring data to look at trends. They recently reported that the workforce within the NWTC is predominantly female, white and Scottish.

- 5.4.3 LF advised that a bid to secure funding to support reducing sickness absence had been successful and that plans are to be developed to make the most effective use of the £20,000. (sickness absence currently at 4.35% against the LDP target of 5.2%).

- 5.4.4 KT stated that departments should be credited for controlling sickness rates during the challenging period of staff transferring from other hospitals. KT added that he continued to note that a large per cent of staff were not providing details of their sexual orientation or religion.

- 5.4.5 CA responded that this presented the NWTC with a continuing challenge, as we do not know if we are providing for all our staff in relation to equalities.

- 5.4.6 JO asked for clarification over the number of vacancies as there was a discrepancy between the number of leavers and the number of reported vacancies. LF advised that this was something that was being looked at.

**Board members approved the publication of the Workforce Monitoring Report.**

### **5.5 Partnership Forum update**

- 5.5.1 CA provided a verbal update on screening new members of staff for HIV. This is now in place and discussions between the Partnership Forum and HR regarding the way forward are taking place. JO asked for clarification over screening and whether it was compulsory for HIV screening but voluntary for blood-borne viruses. CA responded that HIV screening was compulsory for all new members of staff undertaking exposure prone procedures but optional for existing staff. JO asked if this could be changed to ensure all staff were

required to be screened. LB advised that it would not be advisable for the Board to change national guidelines.

- 5.5.2 CA reported that it has been a challenge reviewing Agenda for Change appeals from staff. Those involved in the panel had been unable to be released to carry out reviews due to work commitments. CA added that some members of staff have been waiting for some time and that those appeals should be a priority.

**Board members noted the Partnership Forum update.**

## 6. Governance

### 6.1 Healthcare Associated Infection (HAI)

- 6.1.1 JY advised that we had completed our section of the national action plan and asked the Board to consider our new bimonthly reports on the Board's infection control Key Performance Indicators. It was agreed that this report would be brought to every Board meeting.

**Action: SC – Infection Control report to subsequent Board meetings  
Action No 110908/02 Action by: SC**

- 6.1.2 SC added that the generic action plan had been looked over, modified and that it had been monitored very closely through the infection control committee. SC also advised that hand hygiene statistics had improved.
- 6.1.3 MB raised her concern over the way in which hand hygiene compliance was recorded. MB felt that random testing was not an accurate method of monitoring. JY responded that there was no method of fully capturing this information and that random testing was the only method of capturing this.
- 6.1.4 JY advised Board members that the full independent review of the Vale of Leven was available to view.

**Board members noted the independent review of Clostridium difficile at the Vale of Leven Hospital.**

**Board members approved the Board's response to the associated action plan and the bi-monthly reports.**

**Board members noted the roles and responsibilities of Chief Executives with regard to Healthcare Associated Infection (HAI).**

### 6.2 Medical revalidation

- 6.2.1 KF reported that *Medical Revalidation – Principles and Next Steps* was now available to anyone who wished to view it.

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- 6.2.2 KF explained that one of the two strands of revalidation is the relicensing of doctors. KF advised that at Board level there would be a Responsible Officer, usually the Medical Director, who ensures that appraisals are in place and of a good standard. KF advised that the implication for the Board is to ensure the new process is valid, proportional and fair; to make sure we have good, quality data.
- 6.2.3 KF advised that the question had been raised around Special Health Boards and whether they should have their own Responsible Officer. KF advised that his view was that the NWTC was similar to territorial NHS Boards and that it would be more appropriate for the NWTC to have its own Responsible Officer.
- 6.2.4. KT asked what the reaction to *Medical Revalidation – Principles and Next Steps* had been. KF advised that there had been a substantial period of time when comments could be submitted and stated that now that it is in place it was time to ensure we have the most robust processes in place to implement the new system.
- 6.2.5. CA stated that there was a need for partnership involvement throughout and asked whether there was a need to establish a medical staff forum. KF responded that the Board did not have an Area Medical Committee in place or a Local Negotiating Committee. MB noted from a previous Clinical Governance meeting that a medical advisory committee should be progressing.
- 6.2.6. MB asked whether KF as Medical Director carried out appraisals with consultants. KF responded that he did not and advised that peer appraisals were in place, he added that he was then given the summary of the appraisal to alert him to any issues. KF stated that the new system was very different to peer appraisals and added that it is a more robust procedure.

**Board members noted the publication of *Medical Revalidation – Principles and Next Steps*.**

**Board members approved the Medical Director working with medical leaders across NWTC to assess the full requirements of the document and prepare an action plan.**

### **6.3 Approved Clinical Governance Committee minutes**

- 6.3.1 Minutes were noted.

## **7 Date and time of next meeting – 9.30am on Thursday 30 October 2008**