

Approved minutes

NHS National Waiting Times Centre Board

Board meeting: Thursday, 11 March 2010 at 9.30am

Venue: Level 5 Boardroom, Golden Jubilee National Hospital

Board members

Present

Dr Lindsay Burley (LB)	Chair
Mr Peter Ramsay (PR)	Non-Executive Director
Mrs Maire Whitehead (MW)	Non-Executive Director
Mr Jack Rae (JackR)	Non-Executive Director
Ms Carole Anderson (CA)	Employee Director
Mrs Jill Young (JY)	Chief Executive
Mrs Julie Carter (JC)	Director of Finance
Mrs June Rogers (JR)	Director of Business Services
Mrs Shona Chaib (SC)	Nurse Director
Mr Alistair Flowerdew (AF)	Medical Director

In Attendance

Ms Sandie Scott (SS)	Head of Corporate Affairs
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Minutes

Miss Christine McGuinness	Communications Officer
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1 Chair's introductory remarks

- 1.1 LB welcomed everyone to the public session of the Board meeting and welcomed Jane Christie, Unite Steward, who was observing the meeting as sole candidate for the new Staff Side Chair.

2 Apologies

Dr Jim O'Neil (JimO)	Vice-Chairman
Ms Jeane Freeman (JF)	Non-Executive Director
Ms Hilary Mounfield (HM)	Non-Executive Director
Ms Lindsey Ferries (LF)	Director of Human Resources

3 Minutes of the last Board meeting (NWTC/2010/03/R01)

Approved subject to the following amendments:

P4, 6.1.6 – change 'larger' to 'large'

P5, 6.1.13 – change 'auditor' to 'external auditor'

P6, 6.4.1, bullet point four – change 'in March 2010' to 'during 2010'

4 Actions and matters arising

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Action 031209/05: Introduce standard format for Directorate reports to the Performance and Planning Committee (PPC)

Action ongoing - JY advised that the reports will be standardised where possible.

Action 280110/01 – clinical strategy progress to be signed off by Board

Action closed – on agenda for private session

Action 280110/02 – update Board on Deanery visit

Action ongoing – visit takes place on 31 March.

Action 280110/03 – add glossary of common abbreviations to the performance papers

Action complete

Action 280110/04 – final QIS report to be sent to Board members for information

Action complete

Action 280110/05 – check medical staff process for recording sickness absence

Action complete – JY advised that LF had reported back that the process has been tightened up and all clinicians are recording absences on SSTS.

5 Strategy

5.1 Local Delivery Plan (NWTC/2010/03/02)

- 5.1.1 CA presented the Board's Local Delivery Plan for 2010-2013 for members' approval and outlined our planned progress towards meeting key local and national targets during this time. She also advised of new and amended targets. LB commented that a lot of work had gone into the creation of the LDP but stressed that it is extremely helpful to Board members.
- 5.1.2 PR asked if bariatric surgery is a way we can make our General Surgery cover more robust and will impact on general surgery JR responded that all of the options have been explored to ensure the programme is run in a consistent way. AF added that referring boards will continue to offer their own obesity management programmes and added that the general surgeons are very enthusiastic about the opportunity. AF added that the service is sustainable in terms of consultant cover but the issue remains with inconsistent referrals. JR added that the consultants are interested in doing more.
- 5.1.3 PR asked if there is a literacy problem with clinical staff, and if so, why they are being employed. JY responded that the information included is about all staff so there will be some people for whom English is not their first language, and therefore we have a responsibility to help them improve that through their PDPs. SC added that this is about people who do not routinely use computers and use of e-KSF and that staff need to have some level of understanding to be able to update their PDP and e-KSF. CA added that KSF can be quite complex to the untrained eye.

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- 5.1.4 JackR raised concern over care of the older people and whether we have a problem with that. JY commented that it is an issue but that patients have access to translation services. SC added that the Board has an Age Lead and that we have been acknowledged by a Dementia group for the work we are doing here.
- 5.1.5 JackR asked why the LDP had been submitted to the Scottish Government before coming to the Board for approval. JY confirmed that the submission dates are set and cannot be changed and that we have to wait for the budgets before sending it. She also reassured members that we can make changes to the document before it is formalised.
- 5.1.6 JackR asked how we would know if a particular directorate is not doing their bit to reduce carbon emissions. JY commented that the Estates Manager is leading on that issue and that usage can be narrowed down to locations rather than directorates. AF assured that audits are carried out of everything including lights and PCs being turned off when not in use.
- 5.1.7 JackR asked about commitment to education in the current financial climate. JY commented that it is a complex issue but assured members that the need for appropriately skilled staff is always at the forefront. CA added that it is about how we invest in staff and not always about money, and can be more about access to in-house training. LB commented that it is about commitment to values and added that the clinical skills centre is a more tangible way of doing that.
- 5.1.8 MW asked what is meant by an 'unrecognisable post'. AF responded that it means the post is not recognised by the Deanery.
- 5.1.9 PR asked about radiologists. AF responded that recruitment is under way for two consultant posts and that there is an expectation of training alongside that. LB added that we must be the only facility in the West of Scotland carrying out some types of imaging procedures.
- 5.1.10 PR commented on the small figures for HAI and that if the case mix changes, this may increase and that should be noted. SC commented that this is included in the narrative of the monthly HAI report. JY added that every hospital could say they have a different case mix. LB commented that we are a small hospital and that a small change in case mix can have a big effect, but stressed that it is the actual numbers that make headlines, rather than what we say in the LDP.

5.1.11 Board members approved our Local Delivery Plan (LDP) for 2010-2013.

5.2 Three Year Financial Plan (NWTC/2010/03/03)

- 5.2.1 JC presented the three-year financial plan which has been developed in conjunction with the Board's Local Delivery Plan and Workforce Plan and describes how we will meet our four financial targets.

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- 5.2.2 JY commented that this year's £800,000 efficiency saving target was difficult so there would be a need to come up with innovative ideas over the next couple of years.
- 5.2.3 LB commented that the plan reflects what is coming through from the Treasury and that everyone is tasked with making savings.
- 5.2.4 CA commented that we are entering the last year of a three-year pay deal for staff so the pay review body will be starting to look at that and it will be interesting to see what they recommend.
- 5.2.5 JackR commented that equal pay is not mentioned in the plan but could have a significant impact. JC responded that it could have a huge impact across Scotland. JY added that no provisions have been made for equal pay as it cannot be quantified until a decision has been made.
- 5.2.6 JackR asked which undergraduates are referred to in the plan. JC responded that they are both medical and nursing and it refers to income received for having a set number of graduates.
- 5.2.7 MW asked if there were sensitivities around using NHS resources for providing private procedures. JY commented that every hospital carries out private procedures within the set guidelines for doing so and it is never to the detriment of NHS patients.
- 5.2.8 JackR asked if new guidance on waiting lists would have an impact. JY commented that New Ways is very positive but can be problematic because we do not have control over the entire process.
- 5.2.9 PR asked about the service level agreement situation with referring boards and contracts being signed. JC commented that contracts have not yet been signed but there has been a huge demand for orthopaedics but few requests for scopes and other specialties.

5.2.10 Board members approved the three year financial plan for 2010-2013.

5.3 Clinical Strategy (NWTC/2010/03/04)

- 5.3.1 AF presented members with a proposal to develop a bariatric surgery service at the Golden Jubilee National Hospital in line with our Clinical Strategy work.
- 5.3.2 He advised that the future provision of this type of surgery in Scotland has been discussed nationally and regionally and, as a result, NHS Highland (Argyll and Bute CHP), NHS Forth Valley and NHS Dumfries and Galloway want to work with the Golden Jubilee National Hospital in establishing a service to provide laparoscopic gastric banding for up to 60 patients per year.
- The service would include pre-admission assessment, surgery and an appropriate number of follow-up visits. If the follow-up band adjustment

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appointments are done under radiological supervision, then the number of follow-ups can be reduced.

- Weight reduction programmes prior to surgery and/or clinical psychology service will require to be provided by the referring health board, as will any follow-up or management of the patient once the surgical follow-up is completed.
- Subject to agreement, consultant availability, and appropriate referrals, a target date of April 2010 for the first clinic and theatre list will be considered.

5.3.3 LB commented that NICE guidelines make it clear that banding is effective.

5.3.4 MW asked if publicising the fact we will be doing the procedure will result in more patients asking for it. AF responded that this could potentially be the result and that we could be carrying out hundreds of banding procedures per year if, for example, NHS Lanarkshire comes on board.

5.3.5 JackR asked if the consultants will be part time employees and therefore holding clinics late in the evening. AF commented that contracts and working hours will be worked out with job plans before the service commences.

5.3.6 JackR asked if we would be charging referring boards more than the actual cost of the procedure. JC responded that it will be charged at cost. AF added that the service, including costs, will be reviewed after the first 60 cases.

5.3.7 JackR asked if we are in a position to roll out the service in April as outlined. JY confirmed this. JR added that the consultants are already signed up and reviewing the patient pathway, with a group being established to review every patient referred for treatment.

5.3.8 CA asked if a plan was in place for staff who will be caring for the patients. JR responded that the group set up to bring in the service has a representative from every affected area. The case mix is not expected to change but there may be a need for additional equipment. AF added that there is an early indication that this group of patients will require minimal care.

5.3.9 Board members approved the proposal to develop a bariatric service at the Golden Jubilee National Hospital.

6 Performance

6.1 Performance Monitoring Report (NWTC/2010/03/05)

6.1.1 JY led members through the Corporate Balanced Scorecard for December 2009.

- Clinical Governance – all are within the green range
- Staff Governance – sickness absence is in the red range, all others are in green
- Financial Governance – one is within the amber range
- Operational Governance – bed occupancy is in the red range, and BADS procedures carried out as day cases in the amber.

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- Work is progressing to ensure that we meet our agreed targets across all these areas.

- 6.1.2 JackR commented that it is worrying to see concern with pharmacy, cost of drugs etc. JY responded that an independent review has been commissioned and an action plan is in place to improve the situation. JC added that income is not reflected in the budget as it was set last April.
- 6.1.3 PR commented that he was pleased to see the financial variance improving and that it was very encouraging. He asked if this will be reflected in next year's budget. JC responded that it was being monitored to see if there is a genuine cost pressure.
- 6.1.4 JackR asked about reducing cardiology waiting lists from 12 weeks to nine weeks. JY responded that the Board is already achieving that target.
- 6.1.5 PR asked about the Clinical Information System. SC commented that it was working well and the risk has been reduced.
- 6.1.6 PR asked about progress on the orthopaedic outpatient development. JC responded that a revised addendum to the business case is being finalised and that the capital plan is being adjusted accordingly.
- 6.1.7 PR asked if any issues would occur as a result of the delay in the orthopaedic outpatient project. JR commented that the service can function in its current location but that they are being moved so that the space they vacate can be used for other service needs in the future.
- 6.1.8 CA commented that there has been some debate about the learning and development facilities and configuration of the clinical skills centre. She added that although she was aware of current developments in the project, it would be helpful if this information could be included in the project report. JC responded that there are five training rooms that are completely flexible so they can be used for e-learning one day and medical training the next. She advised that there will be a scheduling element around use of the rooms. JY added that the key to the facility is that it is designed to fit the needs of the organisation rather than one individual's needs.
- 6.1.9 CA added that e-KSF is a PC-dependant tool and currently the only place staff without access to a PC can do it is in the e-learning centre and library, and commented that this issue needs to be mapped out more going forward to ensure that there is flexibility to meet the needs of staff in this area. JC responded that people will not be turned away from the centre.
- 6.1.10 LB asked when the clinical skills centre will be opening. JC commented that work is due to start at the end of May. LB asked if she could be invited back for the opening in her official capacity as Chair of NHS Education for Scotland.

Action: Clinical Skills Centre project update paper to be brought to a future Board meeting.

Action no: 110310/01

Action by: JC

6.1.11 Members noted the report for December 2009.

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6.2 Business Services (NWTC/2010/03/06)

6.2.1 JR led members through activity for December 2009.

- Inpatient/day case procedures, excluding cardiothoracic/ cardiology activity, was 52 procedures behind plan.
- Diagnostic imaging activity was ahead of plan by 361 examinations for the month of November.
- The combined inpatient/day case and imaging activity was 309 (17%) ahead of plan in December and 3,124 (18.5%) ahead of plan year to date.
- Orthopaedic joints are currently behind plan by 164 year to date. However, we have undertaken 134 joint replacements that are classed as 'complex' (one session equals two theatre slots).
- Ophthalmic surgery activity is ahead year to date by 65 procedures.
- Endoscopy activity is 219 procedures behind for the year to date.
- Plastic surgery activity is 38 procedures ahead of the year to date plan.
- General surgery activity remains 75 procedures behind plan for the year to date.
- At the end of December, there were 80 patients on the available waiting list and 90 on the unavailable list (a total of 170 patients). No patients were reported as exceeding their waiting time guarantee in December.

6.2.2 JY commented that the Government have given permission to adjust our orthopaedic target to reflect the number of complex cases being carried out.

6.2.3 JY advised that further expansion of orthopaedic services was being considered in two phases. The first phase would look at what extra capacity we can achieve without extra physical resources to those currently in place, the second would require consideration about extra resourcing such as installing another theatre.

6.2.4 LB asked whether additional expansion of the service was sustainable. JY confirmed that we could deliver 50 additional cases within current capacity but would need additional support if were to deliver any more than that.

6.2.5 LB asked if there was now recognition of CALEDonian technique reducing length of stay. JY confirmed that this was widely recognised.

6.2.6 Board members noted the Business Services report for December 2009.

6.3 Finance report (NWTC/2010/03/07)

6.3.1 JC updated members on the financial position for December 2009.

- Year to date results show a surplus of £225k.
- End of year consolidation is under way.
- Efficiency savings schemes are on target for year-end.

6.3.2 Board members noted the Finance Report for December 2009.

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6.4 Quarterly workforce monitoring report (NWTC/2010/03/08)

- 6.4.1 CA presented members with the quarterly workforce report for October to December 2009 on behalf of LF. She commented that a campaign is under way to reinforce to staff why we ask for workforce monitoring information so it is hoped that this will result in an improvement in the next six months.
- 6.4.2 CA asked members to consider receiving the monitoring report every six months, as this will allow a greater analysis of the data held.
- 6.4.3 JackR commented that the next task should be looking at the different staff groups for reasons for leaving and ethnic mix as that will give better detail.
- 6.4.4 CA commented that there is NHS-wide data and that there needs to be an understanding that the NHS is a predominantly female workforce. She added that the Faith and Religion Lead has local population data in his area. She also commented that a lot of the data is outdated as it is Census data.
- 6.4.5 MW commented that Jewish is not included as a religion, whereas Buddhism is. CA commented that the religious classifications follow national guidance for recording information.
- 6.4.6 **Board members approved publication of the quarterly workforce monitoring report and agreed to receive the monitoring report twice a year instead of four times a year.**

7. Governance

7.1 Partnership Forum update (NWTC/2010/10/09)

- 7.1.1 CA advised that the information included in the paper was now out of date as there had since been another meeting. She updated members on issues discussed at the most recent meeting.
- Partnership Forum finance session taking place in March 2010.
 - NHS pension choice exercise is under way.
 - Challenges continue around e-KSF but local solutions are being looked at to make the process manageable.

7.1.3 Board members noted the Partnership Forum update.

7.2 Infection Control report (NWTC/2010/03/10)

- 7.2.1 SC updated members on the Infection Control position for January 2010.
- Bacteraemias – Two cases in January
 - Clostridium difficile infection – No cases in January
 - HAI MRSA – No cases in January
 - Surgical Site Infection – Below Upper Control limits

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- Hand hygiene – technique remains an issue.
- Housekeeping – Overall Board compliance with National Cleaning Specifications was 90.5% in January

7.2.2 SC also advised members that the new Integration and Improvement Programme will be a very similar process to the Scottish Patient Safety Programme.

Action: Report on the Integration and Improvement Programme to be brought to a future Board meeting.

Action no: 110310/02

Action by: SC

7.2.3 JackR commented that the report has a lot of information but that it's good news. SC advised that the Infection Control team will be changing the way they present the information.

7.2.4 CA asked if there was a correlation between housekeeping compliance and sickness absence and commented that we need research results to ensure areas are kept clean so that we can minimise the risk to patients. SC commented that there are some pieces of work going on and that the results should hopefully be known in the next few weeks and added that it is about everyone being involved and taking responsibility for their areas.

7.2.5 JackR asked if there was a correlation between infection rates and the activity we do to prevent it. SC commented that this could be pulled from the data already gathered to give a clearer picture.

7.2.6 Board members noted the Infection Control update.

7.3 Clinical Skills and Research development (NWTC/2010/03/11)

7.3.1 Board members were updated on the new clinical skills and research development and asked to approve the proposed name of the new centre.

7.3.2 Board members noted the report and approved its proposed name, 'The Beardmore Centre for Health Science' with a strapline of 'Excellence in health, research and learning'.

7.4 Approved Audit Governance Committee minutes – 3 November 2009 (NWTC/2010/03/12)

7.4.1 Board members noted the approved minutes.

7.5 Approved Clinical Governance Committee minutes – 11 November 2009 (NWTC/2010/03/13)

7.5.1 Board members noted the approved minutes.

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7.6 Approved Staff Governance Committee minutes – 22 October 2009 (NWTC/2010/03/14)

7.6.1 Board members noted the approved minutes.

8. AOCB

8.1 JY formally thanked LB for everything she had done in her tenure as Chairman of the Board over the past seven years, in particular for her leadership during that time. She also commented that together they had been a formidable partnership.

8.2 PR commented that the Board's work is significantly different now to what it was when he was appointed over six years ago. Speaking on behalf of the Non Executive Members, he thanked LB for leading the Board with a gentle approach but being more robust when necessary, and for getting the Board to where it is now.

8.3 LB thanked members for their kind comments and for their support over the years.

9 Date of next meeting

9.1 The next meeting will be held on Thursday 22 April 2010.