

Approved minutes
The NHS National Waiting Times Centre Board
Meeting: NWTC Board Meeting (Public)
Date: Friday 13 February 2015
Venue: Level 5 Corporate Boardroom

Members

Jeane Freeman (JF)	Chairman (Chair)
Stewart MacKinnon (SM)	Non Executive Board Member
Jack Rae (JackR)	Non Executive Board Member
Mark MacGregor (MM)	Non Executive Board Member
Phil Cox (PC)	Non Executive Board Member
Kay Harriman (KH)	Non Executive Board Member
Maire Whitehead (MW)	Non Executive Board Member
Jane Christie-Flight (JCF)	Employee Director
Jill Young (JY)	Chief Executive
Julie Carter (JC)	Finance Director
Anne Marie Cavanagh (AMC)	Interim Nurse Director
June Rogers (JR)	Director of Operations

In attendance

Sandie Scott (SS)	Head of Corporate Affairs
David Miller (DM)	Head of Human Resources

Minutes

Christine McGuinness (CM) Corporate Affairs Officer

1 Chair's introductory remarks

- 1.1 JF advised members that the Board had climbed 53 places since last year in the Stonewall Workplace Equality Index of Top 100 Employers and was ranked in the top five employers in Scotland and the top NHS Scotland Board for the fifth year in a row. The Board congratulated Carole Anderson and Jane Christie for their efforts in this achievement.
- 1.2 JF congratulated Carole Anderson, Head of Strategy and Performance and an Equality Lead, who was ranked 42nd in the top 50 LGBT (Lesbian, Gay, Bisexual and Transgender) individuals in management and executive positions throughout the UK.
- 1.3 JF told members that heart transplant patient Brian Keeley appeared in the Daily Record, about how he is paying tribute to Golden Jubilee staff with a series of paintings after they saved his life. Brian has also nominated the team for a Daily Record Heroes Award.
- 1.4 JF congratulated PC and MM on their re-appointments to the Board for the next four years.
- 1.5 JF advised members that the Scarred FOR Life photo exhibition, of adults born with Congenital Heart Disease, is open to the public in the Central Hall of Kelvingrove Art Gallery and Museum until Friday 13 March 2015.

- 1.6 JF advised that the Permanent Secretary to the Scottish Government, Sir Peter Housden, recently visited to take a tour of our facilities and discuss our Quality Framework.
- 1.7 JF noted that JY had delivered a speech to 3000 delegates at the MicroStrategy World Conference, showcasing our unique Quality Framework which provides assurance that safe, effective, person centred care is our top priority and delivered at all times.

2 Apologies

- 2.1 Apologies were received from:

Mike Higgins (MH)	Medical Director
Lindsey Ferries (LF)	Director of Human Resources

- 2.2 JF welcomed David Miller, Head of Human Resources, who will be attending the Board on an interim basis in the absence of LF.

3 Declarations of Interest

- 3.1 There were no declarations of interest.

4 Minutes

- 4.1 The minutes of the previous meeting (11 December 2014) were read approved subject to the following amendment:

Page 10, 8.3.2 – change ‘the total surplus is coming down’ to ‘that the financial position is in line with the plan’

5 Matters and actions arising

5.1 Action list

- 5.2 All actions were completed with the exception of the following:

Action no: 111214/05
Action: Include details of how to share patient stories in review of care bundles being prepared for April 2015 Board meeting.

Action by: AMC
Action status: NEW
Action update: AMC advised that she will bring this to the April Board

Action no: 111214/06
Action: Consider how patient stories could add value to Board Meetings.

Action by: AMC/SS
Action status: NEW
Action update: AMC advised that she will link this to the above action and bring this to the April Board

Action no: 111214/08
Action: Update on Campus branding (12 March 2015 Board Meeting)
Action by: COMMS
Action status: NEW

Action no: 231014/04
Action: Update Workforce Strategy in line with Leadership Framework
Action by: JY/LF
Action status: Ongoing
Action update: JY advised that an update will be brought to the April Board

Action no: 231014/09
Action: Explore all opportunities to discuss impact of health and social care integration on GJNH
Action by: JY/JF
Action status: Ongoing
Action update: JY/JF to provide an update on the Guiding Coalition national strategy to deliver the NHSScotland 2020 Vision at the March 2015 Board.

Action no: 110914/07-08
Action: Speak to SPSP Clinical Fellow about future of Local Clinical Forum and take to SMT then bring paper to a future Board Meeting on future of Local Clinical Forum
Action by: MH
Action status: Ongoing
Action update: Paper to be brought to the March Board

Action no: 190614/02
Action: Agree wording to help staff challenge smokers in grounds
Action by: COMMS/Human Resources
Action status: Ongoing
Action update: A short life working group is being established – update to be brought to Board in March 2015.

Action no: 130314/01
Action: Review care bundles (heartmath, Schwartz rounds etc)
Action by: AMC
Action status: Due for completion by 31 March 2015, will come to April Board
Action update: Ongoing

6 Person Centred

6.1 Partnership Forum

6.1.1 JCF updated the Board on discussions from the Partnership Forum meeting held on Friday 23 January 2015.

Person Centred

- The Forum supported plans to establish a Theatre Academy programme to train nursing staff to a fully competent level in all specialties during a nine-month period.

- The Forum supported plans to increase the complement of placement opportunities for student nurses that are made available to universities.
- The Forum was updated on the roll-out of the i-Matter staff experience programme.

Safe

- Policies were approved for Whistleblowing, Gender Based Violence, Secondment and Fixed Term Contract. The Professional Registration Monitoring Policy and Procedure was also approved.

Effective

- The Forum supported a proposed approach to medical records scanning.
- The Forum supported the changes to the exit interview questionnaire.
- The Forum approved the public holiday dates for 2015/16.

6.1.2 AMC commented that the student nurse placements would increase by around 25 per cent, or 12 places, and additional resources will be put in place to ensure we have the correct number of mentors. She added that we get a lot of recruits through the student placement programme.

6.1.3 JR commented that the Theatre Academy is still in its infancy and that trainees will be supernumerary to allow them to complete the full suite of training on offer across all specialties. She added that there is a gap in this area across the UK; but the potential impact is huge. JY commented that this is a fantastic opportunity and the long term plan could offer a training facility to other Boards. JF asked that this programme is included in the next update of the Workforce Strategy. MM commented asked if this will make nursing staff more flexible so that they can easily be moved around departments. AMC confirmed this was the case.

6.1.4 JR advised that a Radiology Academy is also being established to train Radiographers to carry out Magnetic Resonance Imaging scans.

6.1.5 JF asked for further information about the relocation of hospital reception at night. JCF advised that the plan is to pilot the co-location of hospital reception at hotel reception after 11pm so that we don't have single staff members working alone..JY advised that it was only the Unison Staff Side representatives that did not support the proposal at PF. JCF explained that hotel staff were concerned about being in charge of a hospital reception during breaks, adding that standing operating procedures have been put in place and training will be provided. JC added that she has been assured all clinical risks have been identified and that staff can switch back within a few minutes if it was required. MM asked if this would result in job losses in the longer term. [Staff side and members have had concerns around whether jobs would be at risk but have received assurance that this is not the case](#)

6.1.6 The Board noted the update.

7 Safe

7.1 HAIRT

7.1.1 AMC presented the Healthcare Acquired Infection Reporting Template (HAIRT) for December 2014, highlighting the following key areas:

- Bacteraemias – no cases to report.

- Clostridium Difficile infection – no cases to report.
- Hand hygiene – Combined Compliance and Technique at 97% (99%), with the next audit due January 2015.
- Cleaning and healthcare environment – Estates and Housekeeping compliance data average scores at 99% (98.5%) and 97% (97.1%) respectively.
- Surgical site infection (SSI) – currently within control limits.
- Screening for Carbapenemase-producing Enterobacteriaceae (CPE) will start on 2 March.

- 7.1.2 AMC advised that a short life working group has been set up to go through the Healthcare Environment Inspectorate documents and provide staff with more support to help prepare them for both announced and unannounced inspections.
- 7.1.3 JackR asked if there are any areas of improvement for the hospital from the Vale of Leven recommendations. AMC advised that we are fully compliant with the majority of the 65 recommendations but could do more around documentation and communication.
- 7.1.4 MM asked if the nine consecutive points without an SSI in hip replacement patients should trigger a change in the control line. AMC advised that this is part of the work ongoing to review the data presented.

7.2 Clinical Governance Committee minutes

- 7.2.1 The Board noted the approved minutes from the Clinical Governance Committee meeting held on 25 November 2014.

7.3 Clinical Governance Committee update

- 7.3.1 MM updated the Board on discussions from the Clinical Governance Committee meeting held on 27 January 2015, noting that lay member David Henderson had passed away.

Person Centred

- The committee heard a story regarding a patient's experience of a procedure which had complications. The story highlighted the importance of Emotional Touchpoints in learning about patients' experience. In addition to technological changes to the procedure, a pre-op Assessment Clinic is being piloted along with two-week follow up contact with patients who have experienced complications.

Safe

- The committee was given an update on Adverse Events.
- The committee discussed the HAIRT report. Members were impressed by the low infection rates; the management team is keen to understand the improvements shown.
- The committee received an SPSP overview and focused specifically on 10 Safety Essentials and four Point of Care measures. The committee had a discussion on the Board's overall improvements with a view to embed in routine practice.

Effective

- The committee was given an update on the report into services in NHS Lanarkshire. Five areas for improvement were noted for our Board, with continuous development being monitored.

AOCB

- The committee had a review of i-Dashboards and considered measures for the Board's work. The Chair will submit a proposal for consideration and finalisation.

7.3.2 JF asked how we assure the Board that we are making progress and how we will understand the methodology. JY responded that a patient safety dashboard will be developed through the MicroStrategy programme, but that importantly this is about ensuring strong leadership. JF commented that it would be useful to see aspects of this coming through in the Leadership Strategy. AMC added that she and MH are looking at leadership capacity across the organisation. MM added that we need the knowledge capacity and to have a base level of knowledge for every member of staff as well as having somewhere to go and meet like-minded people. JY responded that these are the principles we are already working on.

7.3.3 MM advised that he has spent some time looking at the dashboards and is putting together a template for discussion at the CGC, which will hopefully identify if there are any gaps. JY asked if this can be fed back to the operational innovation group in order to assess the feasibility and delivery.

7.3.4 The Board noted the update.

8 Effective

8.1 Performance

8.1.1 JY updated the Board on Performance, highlighting areas of operational performance discussed at the December Performance and Planning Committee.

Effective

- Ward bed occupancy figures were reviewed and discussed at the recent meeting of the Committee and it was noted that occupancy within the acute wards was 77% in November and within critical care was 76%.
- The Board received a snapshot of the total number of patients waiting for cardiac surgery, thoracic surgery and cardiology with a breakdown of the number of available and unavailable patients together with an update on the challenges within cardiac surgery and cardiology.
- It was highlighted that one patient exceeded the 12 week Treatment Time Guarantee in Ophthalmology. The patient has now been treated and the process has been reviewed and communicated to the relevant team to reduce the likelihood of recurrence in future.
- Sickness absence continues to exceed the HEAT target of 4% and is reported at 4.8% for November.

Person Centred

- Complaints – The number of complaints received in November was four and all complaints were responded to within 20 days keeping both targets on track.
- KSF PDR performance to end December will be included in the next update.

8.1.2 JY advised that we are looking at unique ways of providing more activity for the remainder of the financial year and next year, adding that whilst our performance continues to be excellent, the recent expansions will create real challenges.

8.1.3 The Board noted the report.

8.2 Business

8.2.1 JR presented an update on hospital activity for November.

- Activity for inpatients/day case procedures measured against a projection of 11,115 (which excludes cardiothoracic/cardiology activity) was ahead of plan by 11 procedures (1.2%) for the month when adjusted to reflect orthopaedic complexity.
- Diagnostic imaging, when measured against a projection of 15,995 examinations, was ahead of plan by 462 examinations (36.7%) for the month.
- Measured against an activity projection of 27,110, the combined year to date inpatient/day case and imaging activity was 12.5% ahead of plan.
- When adjusted to reflect complexity the combined year to date inpatient/day case and imaging activity was 14.2% ahead of plan.
- The waiting times audit report highlighted that there were no exceptions noted in relation to Treatment Time Guarantee letters, meaning that compliance was in the green range at 100%

8.2.2 JR also advised the Board that the Scottish Government has approved a business case for our fifth orthopaedic expansion of an additional 300 joint replacements, taking the total number to 4,500 per year. JF commented that we must be reaching capacity in terms of physical space. JY responded that we still have bed spaces, but theatre, OP and diagnostic space will be an issue, adding that there are lots of unique ways we can do things if we get a green light to go ahead with them.

8.2.3 MM asked if we have increased the cost per case charged to referring Boards. JC advised that this has remained static for several years.

8.2.4 MM asked if we have looked at the projected patient demographics for the next few years. JY advised that we have asked for that information, highlighting that ISD will need to provide this as we need national information. JR and JY agreed that they will establish the deadline for receipt of this information.

Action no: 131215/01

Action: Find out deadline for work on patient demographic projections

Action by: JR/JY

Action status: NEW

8.2.5 JF suggested that we should plan diary sessions for three or four Board Workshops over the course of the year.

Action no: 131215/02
Action: Schedule 3-4 board workshops over course of the year
Action by: JF/SS
Action status: NEW

8.2.6 The Board noted the update.

8.3 Finance

8.3.1 JC updated the Board on the financial position at the end of November 2014, highlighting the following:

- The year-to-date (YTD) results show a total surplus of £383k.
- Quality bids have been scored and bidders will receive feedback in due course.
- In conjunction with the budget setting exercise, a top-down exercise is also being undertaken which will also form part of the Board's financial plan.
- We have commenced work to identify efficiency savings for the next financial year.
- Both the Boiler Decentralisation and Endoscopy projects continue in line with agreed plans with the planned completion for both projects being mid February 2015.
- At month eight, recurring efficiency savings were £2.053m against a plan of £2.003m. We also have non-recurring savings to date of £212k. The year-end savings forecast for recurring and non-recurring is £3.142m against a target of £2.930m.

8.3.2 JC added that the Finance Plan has been submitted in draft to the Scottish Government and will come back to the Board for approval in March.

Action no: 131215/03
Action: Finance Plan to Board for approval (March meeting)
Action by: JC
Action status: NEW

8.3.3 JC advised the Board that, following approval to dispose of 2.64 acres of surplus land in June 2014, two offers have been received with a recommendation on the outcome being presented to the Board for approval in March. MM asked if the sale was to a reputable organisation. JC confirmed this was the case.

Action no: 131215/04
Action: Sale of Land paper to Board for approval (March meeting)
Action by: JC
Action status: NEW

8.3.4 KH asked the value of all quality bids received. JC advised that the bids submitted totalled £3.5 million. KH added it would be good to support those that have real benefits. JC responded that all of the bids had benefits some to a greater and lesser degree.

8.3.5 JY advised members that the Local Delivery Plan (LDP) is about to be submitted in draft to the Scottish Government and will be presented to the Board for approval in March.

Action no: 131215/05
Action: Local Delivery Plan to Board for approval (March meeting)
Action by: JC
Action status: NEW

8.4 Audit and Risk Committee update

8.4.1 SM updated the Board on discussions from the Audit and Risk Committee meeting held on 3 February 2015.

Person Centred

- The KSF audit reported four medium risks and two low risks; a detailed report will be presented to the Senior Management Team and referred to the Person Centred Committee to review and monitor progress.
- The Beardmore Hotel review, which is part of the annual internal audit process, identified two low risk findings and a number of good practice and improvements since the previous audit.
- A follow-up on the previous year's recommendations was reviewed. Of the eight actions, five were complete, two partially complete and one not yet implemented. A completion date of March 2015 was agreed by the Committee.
- Internal Audit presented their charter, which provided a framework for the conduct of the Internal Audit function. This described no change from the current service but provided a more formal document for establishing the purpose, authority and responsibilities of the function.

Safe

- The Chief Pharmacist gave a short presentation on the Governance, Safety, Controls and future plans for the Pharmacy function within the Board.
- A verbal update was provided on the Board risk register, following the last Senior Management meeting, with no changes in this period.
- The annual refresh of the Board Procurement Strategy was approved; the Committee noted the superior rating awarded through the external Procurement Capability Assessment.

Effective

- The internal audit plan for 2015/16 was reviewed and approved by the Committee. This will then be presented to the Senior Management Team and the Board for final review.
- The Committee received a summary of the Audit Scotland report 'The NHS in Scotland 2013/14' and the associated Board response to the recommendations identified in the report.
- An audit of the arrangements of the Board's participation in SEPA's Carbon Reduction Commitment was presented to the Committee. This was positive with a minor recommendation noted.
- The Accounting Policies for the 2013/14 Accounts were approved.
- The Governance Statement Guidance and the timetable for completion of this for the Director's Report and Accounts were approved by the Committee.
- The final sections of the update to the Standard Financial Instructions (SFIs) were presented and agreed. The fully updated SFIs were approved by the Committee and will now be presented to the Senior Management Team and the Board.

- A regular update on Fraud was presented and the Committee noted good progress. The Counter Fraud Checklist was also presented and approved by the Committee; this will then be sent to Counter Fraud Services.

8.4.2 The Board congratulated the Procurement team for achieving the superior rating in the external Procurement Capability Assessment.

8.4.3 DM updated on the Audit of KSF training and the action plan. He added that a programme is being put in place this year which will include bespoke training for every single department based on their own requirements and ensuring the focus comes back to the conversation, rather than being about the paperwork. He assured the Board that it is a priority area for the Human Resources team to get a solution that works for every department and every member of staff, advising that an update on this will be presented to the Senior Management Team in due course. JY commented that a simple thing to do is to ensure that the paperwork is completed before the conversation takes place, as this will allow the manager and member of staff to have a meaningful conversation. JackR added that we were already aware of a lot of the feedback that came out of the Audit but added that managers need supported to achieve the targets. JF commented that it feels like we now have more awareness of the issues and thanked the teams involved for the work that has gone into this.

8.4.4 JF asked Committee Chairs and Exec Leads to ensure that the section descriptions for Person Centred, Safe and Effective remain in their update templates.

Action no: 131215/06

Action: Ensure context about Person Centred/Safe/ Effective is included in committee update templates

Action by: Exec Leads/Committee Chairs

Action status: NEW

8.4.5 The Board noted the update.

9 AOCB

9.1 Code of Conduct

9.1.1 JY presented the updated Code of Conduct for Board members, which is aimed at promoting effective and well-informed management. Since being presented to the Board in June 2014, the Code has been reviewed by the Scottish Government Public Bodies Unit and the Standards Commission for Scotland and has been updated in line with national guidance.

9.1.2 The Board approved the Code of Conduct for Board Members.

10 Date and Time of Next Meeting

10.1 The next meeting takes place on Thursday 12 March at 9.30am.