

Approved minutes
The NHS National Waiting Times Centre Board
Meeting: NWTC Board Meeting (Public)
Date: Thursday 11 December 2014
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
Jane Christie (JaneC)	Employee Director
Jill Young (JY)	Chief Executive
Julie Carter (JC)	Finance Director
Anne Marie Cavanagh (AMC)	Interim Nurse Director
Mike Higgins (MH)	Medical Director
June Rogers (JR)	Director of Operations

In attendance

Sandie Scott (SS)	Head of Corporate Affairs
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Minutes

Christine McGuinness (CM)	Corporate Affairs Officer
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1 Chair's introductory remarks

- 1.1 JF presented Matthew Kelly with a Special Recognition Excellence Award for demonstrating our values under extreme circumstances. Matthew came to the aid of a member of the public by stopping bleeding from stab wounds until paramedics arrived. Without Mathew's help, this person would have died and we want to recognise his bravery and quick thinking, showcasing our staff values at the Jubilee.
- 1.2 JF updated the Board on Margaret Newall, one of our Cardiac Nurses, who recently went to the aid of a shopkeeper who suffered massive heart failure after a minor crash outside his shop; her quick thinking and emergency CPR kept Frank Mitchell alive until paramedics arrived on the scene. They were reunited in his hospital room a few days later.
- 1.3 JF advised members about the 'Duty of Candour' consultation, highlighting that we have been asked to submit our views on the Scottish Government's proposals to introduce legislation that will require organisations providing health and social care to tell people if there has been an event involving them where physical or psychological harm has occurred as a result of care or treatment. Members wishing to contribute to our corporate response should send comments to Sandie Scott by close of play on Friday 19 December.

1.4 JF advised members that a new Health Secretary and Ministers have been confirmed, adding that the Board is looking forward to working with the team in the future:

- Shona Robison is the new Cabinet Secretary for Health, Wellbeing and Sport;
- Maureen Watt is the new Minister for Public Health; and
- Jamie Hepburn is the new Minister for Sport, Health Improvement and Mental Health.

1.5 JY advised that Sir Peter Housden, Permanent Secretary to the Scottish Government, will be visiting the Golden Jubilee in February 2015 for an update on our innovation work.

2 Apologies

2.1 Apologies were received from:

Lindsey Ferries (LF)	Director of Human Resources
Maire Whitehead (MW)	Non Executive Board Member

3 Declarations of Interest

3.1 There were no declarations of interest.

4 Minutes

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

Page 8, 6.4.8 – change ‘highlighting’ to ‘identifying’

5 Matters and actions arising

5.1 Action list

All actions were completed with the exception of the following:

Action no: 231014/04
Action: Update Workforce Strategy in line with Leadership Framework
Action by: LF
Action status: Ongoing
Action update: Action has been amended to ‘Update workforce strategy following development of Leadership Framework’ with JY taking this forward with LF.

Action no: 231014/09
Action: Speak to SGHD about impact of health and social care integration on GJNH – e.g. what will stay with NHS Boards
Action by: JY/JF
Action status: Ongoing

Action update: Board members were advised that all opportunities are being taken to discuss this; however it was agreed that this would remain as an action until the February 2015 Board Meeting.

Action no: 110914/08-09
Action: Speak to SPSP Clinical Fellow about future of Local Clinical Forum and take to SMT/ Bring paper to a future Board Meeting on future of Local Clinical Forum
Action by: MH
Action status: Ongoing
Action update: Paper going to December 2014 SMT, then February 2015 Board Meeting.

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 by 31 March 2015
Action update: Ongoing

6 Person Centred

6.1 Partnership Forum

6.1.1 JaneC updated the Board on discussions from the Partnership Forum meeting held on Friday 21 November 2014.

- **Person Centred:** The Forum was given an update on the iMatter staff experience project and approved the Involving People Strategy prior to submission to the Person Centred Committee (PCC) and Board.
- **Safe:** The Forum approved the Child Protection Policy and discussed the Learning and Development Report, in particular focusing on mandatory training statistics and KSF appraisals.
- **Effective:** The Forum discussed and approved the Workforce Monitoring Report prior to submission to the PCC; was given an update on work undertaken by the Staff Governance Policy Sub Group; was given an update on progress to resolve Pay As If At Work; and discussed the Board's Winter Plan.

6.1.2 JC commented that the Pay As If At Work exercise was a huge piece of work and assured the Board that Payroll are using all of their resources to complete this as quickly as possible, adding that it is taking a longer than anticipated.

6.1.3 The Board noted the report.

6.2 Person Centred Committee minutes

6.2.1 JackR presented the approved minutes from the Person Centred Committee meeting held on 3 October 2014.

6.2.2 The Board noted the minutes.

6.3 Person Centred Committee update

6.3.1 JackR updated the Board on discussions from the Person Centred Committee meeting held on 25 November 2014.

- **Person Centred:** The Committee noted the Partnership Forum Update; Values Culture report and dashboard update; and Involving People update. The Committee also reviewed and endorsed the Corporate Learning and Development Report 2013/14; and the Workforce Monitoring Report April to September 2014.
- **Safe:** The Committee reviewed the Complaints Scrutiny report and reviewed their chosen complaint, confirming that a robust process had been followed but suggesting that the communications around it could have been more person centred.
- **Effective:** The Committee discussed the quarterly e-KSF report, noting the ongoing actions to improve completion rates and highlighting that there have already been improvements across the Board.

6.3.2 JY advised that a new Complaints Officer has taken up post and is considering how Committees are kept up-to-date on complaints. PC commented that discussing complaints is a very valuable exercise for the Committees.

6.3.3 The Board noted the update.

6.4 Workforce Monitoring report

6.4.1 JY presented for approval the Board's Workforce Monitoring Report for 1 April 2014 to 30 September 2014, highlighting that the workforce is increasing year on year, and has increased by 70 whole time equivalent (WTE) to 1,653 substantive staff over the past six months as a result of further expansion across the Board.

6.4.2 JF asked if there was a reason for hand hygiene training compliance being below target. JY responded that compliance in all mandatory training had slipped behind in September but assured the Board that infection rates remained low, and there was no impact on patients. JR added that compliance has increased in more recent reports. JackR commented that if compliance remains low, this could become a concern and may require action to be taken. JY confirmed this had already been discussed at P&P group and is being auctioned.

6.4.3 JackR commented that we have a much lower level of disability within staff than within the general population and that it may be worthwhile to look at the trends over a longer period of time than the six months included in the report. JaneC responded that there is generally under-reporting of disability, but assured the Board that, as part of the eESS rollout, a piece of work will be undertaken to raise awareness of disabilities and to encourage staff to declare their disabilities so that we can put measures in place to support them.

6.4.4 The Board approved the Workforce Monitoring Report and its publication on the website.

Action no: 111214/01

Action: Publish Workforce Monitoring Report on website.

Action by: COMMS

Action status: NEW

6.5 Involving People Strategy

6.5.1 AMC presented for approval, the Involving People Strategy update for 2014- 2016, highlighting recent work that has been completed.

- A part time Volunteer Manager has been appointed and will take up post in January 2015 and a young persons' volunteer group has been established.
- The Quality Patient Public Group review was completed in July, producing revised role descriptors and refreshed Terms of Reference.
- The 'Speakeasy' feedback process has been refreshed and is currently being tested. A quarterly report has been produced which aligns Speakeasy feedback to our NWTC values and will also track improvements based upon feedback received.
- The first NWTC Person Centred Collaborative meeting took place on 16 September, with 30 colleagues attending from various disciplines and bands, and sharing about six current 'tests of change'.
- Three bids for funds to support short term person-centred innovation projects were successful: Scottish National Advanced Heart Failure Service Transplant Mentors;
- Staff Support using Values-based Reflective Practice; and
- Introducing the Teachback model in medical consultations.
- Our four Equalities Outcomes have been updated and a second cohort of Diversity Champions has been trained.
- For the fourth year running, the Golden Jubilee National Hospital has been ranked the top Scottish NHS Board in the Stonewall Workplace Equality Index (WEI), moving from 159th to 123rd place (out of 380 participants).
- The Board's Older People in Acute Care (OPAC) review resulted in a positive report and a small number of areas of improvement.
- The Vulnerable People Steering Group has been reconvened to oversee and be accountable for the effective implementation of plans and policies to support vulnerable patient groups who access services within the Board.
- A new bereavement care service was launched in March 2014, which follows up each death and offers bereavement support to families and carers.

6.5.2 JF asked for more information on the Young Person's Volunteer Group. AMC explained that they are gaining experience of what volunteering is by shadowing our trained volunteers, with an aim of attracting younger volunteers. SS added that we are considering timings of the Quality Patient Public Group to encourage involvement from younger people and those of working age could attend meetings in the evenings or at weekends.

6.5.3 JF asked for further information on the Person Centred Collaborative. JY commented that this a national programme, similar to the Scottish Patient Safety Programme. JackR added that it allows staff to share ideas and good practice which other teams may wish to consider rolling out. JF commented that she would be interested to know less about what is being discussed and more about the impact. JY added that there has only been one meeting so far.

6.5.4 JackR raised the issue that the Involving People Group had not been quorate on several occasions. AMC commented that the last meeting had been quorate. SS added that an exercise will be undertaken as part of the group to review who we are actually engaging with to ensure we have representation across the key characteristics.

6.5.5 The Board approved the Involving People Strategy update and its publication on the website.

Action no: 111214/02
Action: Publish Involving People Strategy update on website.
Action by: COMMS
Action status: NEW

7 Safe

7.1 HAIRT

7.1.1 AMC presented for approval the Healthcare Acquired Infection Reporting Template (HAIRT) for October 2014 which highlighted the key areas:

- Bacteraemias – no cases to report.
- Clostridium Difficile infection – no cases to report.
- Hand hygiene – Combined Compliance and Technique at 99% (97%), with the next audit due December 2014.
- Cleaning and healthcare environment – Estates and Housekeeping compliance data average scores at 98.5 (97.6%) and 97.1 (99.5%) respectively.
- Surgical site infection (SSI) – currently within control limits.

7.1.2 AMC pointed out that there is an error in the MRSA compliance chart on page nine, and assured the Board that this would be updated before the report is published

7.1.3 The Board approved the HAIRT report subject to one change (MRSA compliance p9) and its publication on the website.

Action no: 111214/03
Action: Publish HAIRT
Action by: COMMS
Action status: NEW

7.2 Board Risk Register

7.2.1 JC presented for approval the updated Board Risk Register, highlighting changes to each risk.

- Risk S1, 'Inability to deliver Beardmore Hotel and Conference Centre 2020' remains unchanged as a medium risk.
- Risk S2, 'Adverse effects on Board's 2020 strategy as a result of consequences of the integration of Health and Social Care' remains as a medium risk but will be monitored closely.
- Risk S3, 'Failure to deliver the Board's 2020 vision of leading quality, research and innovation', remains as medium risk.

- Risk S4, 'Failure to deliver Board's financial targets as set out in the Financial Plan' remains unchanged.
- Risk C1, 'Inability to sustain the Scottish National Advanced Heart Failure Strategy' has been increased back to a likelihood of 3 (possible) until we complete the appointment of new consultant appointments. The controls have been updated to reflect this.
- Risk C2, 'Failure to meet SLA and waiting time targets' was updated to include both SLA activity and waiting times activity and it was agreed this would remain as a high risk given the increase in cardiology referrals and cardiac surgery. A plan has been put in place and this is being closely monitored.
- Risk C3, 'Impact of Healthcare Associated Infection on ability to deliver corporate objectives/patient care' remains as a high risk on the basis that due to the nature of the risk, even with the appropriate controls in place, an infection issue is still possible.
- Risk C4, 'Inability of current SACCS service to cope with increasing demand and expectation', remains unchanged with the high risk level recognising the ongoing work reviewing the capacity and the development of data collection. This is reflected within the outstanding actions.
- Risk HR1, 'Inability to develop and sustain a flexible and appropriately skilled workforce' is maintained as a medium risk rating.
- Risk HR2, 'Failure to secure effective staff engagement in organisational change' remains as a medium risk.
- Risk C5, 'Impact of potential Ebola virus and preparedness', has been as a medium risk with a level 1 (rare) likelihood and a 4 (major) impact.

7.2.2 SM commented that the Audit and Risk Committee agreed that the Senior Management Team would not approve changes to the Board Risk Register, but make recommendations for approval by the Board.

7.2.3 Following discussion about whether it was appropriate to include a corporate risk around Ebola, the Board agreed that this would remain but be reviewed at a later date.

7.2.4 The Board approved the Board Risk Register.

7.3 Clinical Governance Committee minutes

7.3.1 MM presented the approved minutes from Clinical Governance Committee meeting held on 26 August 2014.

7.3.2 The Board noted the minutes.

7.4 Clinical Governance Committee update

7.4.1 MM updated the Board on discussions from the Clinical Governance Committee meeting held on 25 November 2014.

- **Person Centred:** The Committee heard a patient story about a well managed end of life story which reflected a person centred approach with a person's family; and discussed the Chaperoning and Personal Care Policy.
- **Safe:** The Committee reviewed the Surgical Services Division's risk and safety report, with discussion focusing on prevention of falls and a review of quality dashboards; reviewed the Regional and National Medicine Division's risk and safety report, with discussion focusing on

learning from incident reviews around pre-assessment and psychological preparation of patients; and was given an update on Staph Epidermis infections.

- **Effective:** The Committee was given an update on introduction of mandatory medicines reconciliation training for all prescribers; discussed the Scottish Public Services Ombudsman's national report; and reviewed the quality dashboards.

Action no: 111214/04
Action: Re-circulate link to SPSO reports
Action by: SS
Action status: NEW

7.4.2 JF commented that complaints about communication are often around the language used rather than the information being communicated and that letters should follow the 'Reason, Regret and Remedy' rule, with an Apology at the beginning.

7.4.3 JF asked what the issue is with including a patient story at the beginning of the meeting. MM advised that IHI propose this model as it keeps patients at the centre of any decisions which may be made, but he had concerns that the Board does not have the infrastructure to source patient stories and convert them to video/audio footage. There was a lengthy discussion about the different ways in which patient stories are currently captured, such as SpeakEasy and Emotional Touchpoints, and how these could be utilised. JY suggested that AMC could include this in the review of care bundles being compiled for the March 2015 Board meeting.

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

7.4.4 KH commented that it is good to hear patient stories but asked if we actually know whether we have achieved the outcome that they wanted, e.g. by going back to them six months after their surgery. JY responded that orthopaedic patients are followed up at regular intervals and that this is being rolled out to other specialties. MH stated that there should be a 'contract' agreed to do certain things, which can then be mapped back to patient consent, adding that this is not necessarily easy to do. JY added that we also get tremendous responses from the national patient experience programme.

7.4.5 JF agreed that we shouldn't lose the patient story and asked for some thought to be given to how this could be incorporated into the Board meeting in such a way that it adds value to the proceedings. MH added that there is already a lot of information available online and this could be alternated with our own patient stories.

Action no: 111214/06
Action: Consider how patient stories could add value to Board Meetings.
Action by: AMC/SS
Action status: NEW

7.4.6 The Board noted the update.

8 Effective

8.1 Performance

8.1.1 JY updated Board Members on latest Board Performance, highlighting the key areas:

- **Safe:** The HEAT measures for MRSA/MSSA bacterium and clostridium difficile infection rate are on target for the period July to September 2014.
- **Effective:** It was noted that occupancy within the acute wards increased to 79% in September and was 73% in the critical care wards; Sickness absence was 4.2% in September slightly above the HEAT target of 4%.
- **Person Centred:** Four complaints were received in September and the percentage responded to within 20 days also remains in the green range, above the 75% target; KSF PDR performance to end September was 60%, behind the trajectory target of 70%.

8.1.2 The Board noted the update.

8.2 Business

8.2.1 JR updated Board Members on business activity within the hospital.

- Activity for inpatients/day case procedures measured against a projection of 11,115 (which excludes cardiothoracic/cardiology activity) was behind plan by 18 procedures (1.9%) 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 391 examinations (29.2%) for the month.
- Measured against an activity projection of 27,110, the combined year to date inpatient/day case and imaging activity was 10% ahead of plan.
- When adjusted to reflect complexity the combined year to date inpatient/day case and imaging activity was 11.6% ahead of plan.
- The waiting times audit report highlighted that there were three exceptions noted in relation to Treatment Time Guarantee letters (2%), meaning that compliance was in the amber range at 98%.

8.2.2 JF commented that the incidents in the waiting times audit report appear to be the same as last time. JR confirmed that the reasons will be the same as they are around Treatment Time Guarantee (TTG) letters, but added that the new TrakCare patient management system should remove this issue, noting that compliance was 100% in October.

8.2.3 JF noted that a significant level of additional work is going on in the hospital. JR responded that it has been challenging at times, but the teams are all showing a 'can do attitude' to ensure we can deliver the additional activity.

8.2.4 The Board noted the update.

8.3 Finance

8.3.1 JC updated the Board on the financial position at end of month six.

- The year-to-date (YTD) results show a total surplus of £650k. This includes both core and non-core expenditure, and is slightly higher than the predicted position in the finance plan at the end of month five.
- Given the month six position and the updated forecast, the Board has requested a carry forward from the Scottish Government Health and Social Care Directorate (SGHSCD) to cover the slippage in the Quality and Innovation bids allocation. This non-recurring surplus will be invested in 2015/16 as the full-year effect of the quality bids is actioned.
- All non-recurring bids have been reviewed and managers notified of the outcome. Business cases for significant investments are being prepared and will be presented to the Senior Management Team in due course.
- A high level review of all quality bids will be undertaken to assess suitability by category and to identify bids which should be dealt with as part of the routine budget setting process. Final approval of the bids will be recommended to the Senior Management Team.
- At month six, both the boiler decentralisation and the endoscopy projects remain on target for completion in February 2015.
- As advised at previous meetings, work is progressing with regard to the move of the administration of the Board endowment funds from NHS Greater Glasgow and Clyde (NHS GG&C).
- Detailed work will be undertaken on the budget for the next financial year from month eight, however preparatory work will be done in the Finance department from November with the aim of having draft budgets ready to issue by the end of January for review and sign off by managers prior to the end of March 2015.
- At month five, recurring efficiency savings achieved were £1,470k against a plan of £1,442k. We also have non-recurring savings to date of £33k; these are also detailed in the appendix to this paper

8.3.2 SM commented that the position looks good and he is glad to see that the financial position is in line with the plan.

8.3.3 The Board noted the update.

8.4 Winter Plan

8.4.1 JC presented for approval the Board's Winter Plan for 2014/15, highlighting the key areas.

- Boards are required to produce Winter Plans to ensure that we are fully prepared for winter in order to minimise any potential disruptions to services, patients and carers.
- This year the winter planning guidance has been developed as part of the Scottish Government's National Unscheduled Care Programme and it is noted that any influenza or norovirus outbreak could present greater capacity and demand issues and the impact of the challenging financial climate and these issues have been factored into local delivery and capacity plans.
- This plan supports the existing NWTCB Pandemic Flu Contingency Plan and NWTCB Pandemic Flu Business Continuity Plan.

8.4.2 The Board approved the Winter Plan and its publication on the website.

Action no: 111214/07
 Action: Publish Winter Plan on website
 Action by: COMMS
 Action status: NEW

8.5 Audit and Risk Committee minutes

8.5.1 SM presented the approved minutes from the Audit and Risk Committee meeting held on 3 June 2014.

8.5.2 The Board noted the minutes.

8.6 Audit and Risk Committee update

8.6.1 SM updated Board members on discussions from the Audit and Risk Committee meeting held on 11 November 2014.

- **Person Centred:** The Committee was given updates on shared services, with further information regarding the option appraisal to explore the proposal for a national managed payroll service for NHSScotland; and transfer of endowment fund administration from NHS GG&C to our Board.
- **Safe:** The Committee was given updates on the action plan to deliver the Property and Asset Management Strategy; and the Board risk register, which was scrutinised and further information requested before presentation to the Board.
- **Effective:** The Committee was updated on activity carried out by Internal Audit; discussed the External Audit Plan for 2014/15; was presented with Audit Scotland's reports on NHS 24, NHS Orkney and NHS Highland; discussed the Audit Scotland follow-up report on Scotland's Public Finances – Progress in meeting the challenges; was updated on activity in relation to fraud, including the output from the recent Board Fraud Awareness Survey and the Board's response to the 'pre-contract procurement fraud prevention and detection' report; and reviewed the dashboards relating to effectiveness, discussing the future potential for an audit and risk committee dashboard.

8.6.2 JF asked if the Audit Scotland reports have flagged up anything that we should be doing or changes that we should make. SM confirmed there were concerns, adding that the Audit and Risk Committee were confident that the Director of Finance would have flagged up any issues at a very early stage.

8.6.3 The Board noted the update.

8.7 Endowment Sub Committee update

8.7.1 PC updated Board members on discussions from the Endowment Sub Committee held on 26 November 2014.

- **Person Centred:** The Committee received a detailed update on the progress of the endowments work, including the transfer of funds from NHS GG&C; reviewed the Communications plan for the transfer of the endowment funds before presentation to the next Trustees meeting; and reviewed the Donations Communications and draft work plan, suggesting some amendments.

- **Safe:** The Committee was given an update on the full range of Innovation work before a final report is presented to the Board; and approved updated Terms of Reference prior to presentation to the next Trustees meeting for approval.
- **Effective:** The Committee reviewed the balance of existing funds and the transactions for the period; had a good discussion regarding clarity on the future consolidation of the annual accounts and the role of the Trustees and Board members; and received a detailed paper on the Medical Devices Alpha Test process, noted the work to date on this.

8.7.2 The Board noted the update.

9 AOCB

9.1 Innovation update

9.1.1 JY updated Board members on the work undertaken to date as part of our Innovation Programme, including the National Innovation fund.

- Work is progressing on development of a wider ‘campus/enterprise’ brand in line with the existing NHSScotland brand;
- Interest continues to build from external partners around our Board Quality Framework and Dashboards.
- Interest in also continuing to build around the National Innovation Fund.

9.1.2 JF asked for an update on development of a brand for the Innovation Campus. JY responded that SS is taking this forward and that we are hoping to have something to share with the Board early in the New Year.

9.1.3 JF asked what governance arrangements are in place for innovation funding. JY responded that there are two streams both of which are governed by our board – one around innovation funding for the GJNH and the other around the national fund. She reminded members that she is a member of the National Innovation Partnership Board and has been asked to chair the national allocation committee for the NHSS innovation fund. JC added that charitable funds will be signed off by our Board of Trustees and hospital funds will continue to be signed off by the Board.

9.1.4 SM commented that the innovation work shows how commercial activity and focus can sit comfortably with the NHS and our vision for the future.

9.1.5 JackR asked if the new brand could impact on the Beardmore. JY responded that the brand will be overarching and giving clear focus to the three centres, adding that this is mainly for external/private sector contacts.

Action no: 111214/08

Action: Update on Campus branding (12 March 2015 Board Meeting)

Action by: COMMS

Action status: NEW

9.1.6 The Board noted the update.

10 Date and time of next meeting

10.1 The next meeting takes place on Friday 13 February 2015 at 9.30am.