NHS
National Waiting
Times Centre

Approved minutes
The NHS National Waiting Times Centre Board
Meeting: NWTC Board Meeting (Public)
Date: Thursday 12 March 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
Mike Higgins (MH)	Medical Director

In attendance

Sandie Scott (SS)	Head of Corporate Affairs
David Miller (DM)	Head of Human Resources
Margaret Duncan (MD)	Performance Manager, Scottish Government
Anne Marie Murdoch (AMM)	Head of Learning and Development / Organisational Development
Julie King (JK)	Performance and Improvement Manager

Minutes

Christine McGuinness (CM)	Corporate Affairs Officer

1   Chair's introductory remarks

1.1   JF welcomed members to the meeting. In particular, JF welcomed MD and AMM as observers to the meeting.

1.2   JF advised Board members that Phil Cox and Mark MacGregor on their re-appointments to the Board for another four years.

1.3   JF advised Board members that the Golden Jubilee National Hospital is celebrating its ninth year as a smoke-free environment. The official policy was updated in 2013, banning the use of electronic cigarettes and smoke-free cigarettes anywhere within the hospital or on the grounds, including official walking routes, car parks, doorways or entrances, including the adjoining Beardmore Hotel and Conference Centre and Beardmore Centre for Health Science.

1.4   JF congratulated Jane Christie-Flight on her recent marriage.

2   Apologies

2.1   Apologies were received from:

Lindsey Ferries (LF)   Director of Human Resources

3   Declarations of Interest

3.1   There were no declarations of interest.

4   Minutes

4.1   The minutes of the previous meeting (13 February 2015) were read approved subject to the
following amendments:

- Page 1, Change Jane Christie (JaneC) to Jane Christie-Flight (JCF) and all abbreviations of JaneC to JCF
- Page 4, 6.1.5 – Change last sentence to read 'Staff side and members have had concerns around whether jobs would be at risk but have received assurance that this is not the case.'

5   Matters and actions arising

5.1   Action list

5.1.1   All actions were completed with the exception of the following:

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

Action no: 231014/04
Action: Update Workforce Strategy in line with Leadership Framework
Action by: JY/LF
Action status: Ongoing
Action update: Leadership Framework update paper to the April Board

Action no: 130314/01 and 111214/05-06
Action: Review care bundles (heartmath, Schwartz rounds etc) /Include details of how to share patient stories in review of care bundles being prepared for April 2015 Board meeting/ Consider how patient stories could add value to Board Meetings.
Action by: AMC
Action status: Ongoing
Action update: AMC advised that she will bring this to the April Board

5.2   Smoke Free Grounds

5.2.1   SS advised that the Short Life Working Group had now concluded and thanked members for their input, advising that the No Smoking Policy had been re-launched the day before on No Smoking Day, with positive feedback received so far.

5.2.2   JF commented that there were no smokers outside the Beardmore on her way in this morning. MW asked if there was likely to be any impact on the hotel as a result of the No Smoking Policy. JY responded that there have been Smoke Free Grounds for nine years and there has been no significant impact in that time.

5.2.3   The Board noted the update.

6   Person Centred

6.1   Partnership Forum

6.1.1 JCF updated the Board on discussions from the Partnership Forum meeting held on Friday 27 February 2015, noting that, although it was not quorate, the meeting went ahead on the basis that JCF would follow up with the Staff Side representatives who were not in attendance.

Person Centred

- The Forum discussed the 2014/15 Staff Governance submission. It was noted that there is no longer the requirement to submit workforce figures or Staff Governance Action Plans (SGAP) but that the focus of the submission is on demonstrating how the Board is delivering Staff Governance with best practice evidenced. The 2014/15 and 2015/16 SGAPs will come to the April meeting for sign-off. The submission was supported by those present.
- The Forum was presented with the draft Equalities Mainstreaming Report. It was noted that there was still work required around the workforce demographics and that a completed version would be brought back.
- The Forum was updated on the rollout of iMatter. The first cohort has completed the questionnaires and preparations are being made to support teams with their feedback. Preparation work is progressing well for cohort two.

Safe

- As agreed at the January Forum, there was a verbal update on the progress of the Night Worker Pilot. It was noted that preparations are continuing and that staff training has yet to start.
- The Forum was provided with an update from the Strategic Projects Group. It was noted that any questions should be fed back to Carole Anderson, Head of Performance and Strategy.

Effective

- The Forum discussed the updated draft Redeployment Policy. The comments received from the Senior Management Team were noted. The Staff Side present at the meeting supported the policy.

- The KSF Audit report was presented to the Forum. The Forum noted the findings and the areas that needed addressed in particular the requirement for a policy/ procedure to be developed.
- The Forum was provided with an update on the progress to date on the changes to the NHS Pension Scheme on 1 April 2015. It was noted that the communications plan is progressing well with information stalls and a dedicated section on the intranet.

6.1.2 JF asked if there was a detailed discussion on KSF. JCF responded that there was a lot of conversation around this and that the Forum was glad to see the work that had gone on, adding that the Staff Governance Policy Sub Group is reviewing the Board's policy on Personal Development Reviews (PDRs), with the aim of putting a more robust and meaningful policy in place for staff. DM added that the Human Resources team has had some positive meetings about how to resource supporting the process and which teams to focus on first, adding that the updated policy will go through the necessary groups for approval. DM noted that there has been more engagement than ever before around PDRs, and that there seems to be a greater understanding about the impact of the conversation, and that the Board should see a big difference from 2016 onward.

6.1.3 The Board noted the update.

7 Safe

7.1 HAIRT

7.1.1 AMC presented the Healthcare Acquired Infection Reporting Template (HAIRT) for January 201, 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 – Housekeeping and Estates compliance data average scores at 97.4% (97%) and 98.15% (99%) respectively.
- Surgical site infection (SSI) – Cardiac SSI below control limits; shift in Orthopaedic data due to low infection rates
- Screening for Carbapenemase-producing Enterobacteriaceae (CPE) commenced on 2 March.

7.1.2 JackR noted that the medical staff are consistently below 94% in terms of hand hygiene compliance. MH responded that they should not be singled out, as although the numbers are dipping below 100%, these are very small numbers and there are day to day fluctuations within these.

7.1.3 JackR commented that CCU has been below 95% in the housekeeping audits (P8) and asked if there was any particular reason for this. AMC responded that there could be a number of reasons for this, for example, different people in the team rather than the standard staff group. AMC added that the team will look into this.

Action no: 120315/01
Action: Infection Control team to look into reasons for CCU being consistently below 95% in Housekeeping Audit
Action by: AMC
Action status: NEW

7.1.4 JackR asked if we ever correlate Housekeeping with increases in infection. AMC confirmed that this is part of the normal surveillance programme when an infection is recorded.

7.1.5 The Board noted the report and approved its publication on the website.

Action no: 120315/02
Action: Publish HAIRT on website
Action by: COMMS
Action status: NEW

7.2 Future of Local Clinical Forum

7.2.1 MH updated the Board on the recent review of the Local Clinical Forum (LCF).

7.2.2 MH advised that a project was undertaken to consider whether the LCF - the national boards' equivalent of the Area Clinical Forum – was a workable and worthwhile addition to our current processes and structure. Following completion for this review, the recommendation was to disband the group. MH assured the Board that we already have an effective management structure and adequate routes for professional staff groups to raise issues and provide perspectives on key projects, developments and services.

7.2.3 MW commented that it was a sensible option instead of having meetings for the sake of it.

7.2.4 The Board approved the formal disbanding of the Local Clinical Forum.

8 Effective

8.1 Performance

8.1.1 JY updated the Board on Performance, highlighting areas of operational performance discussed at the February 2015 Performance and Planning Committee.

Effective

- Ward occupancy in December for critical care was 75%. Within acute care there was a slight increase in occupancy of 0.8% to 77.7%
- The Board received a snapshot of the total number of patients waiting for cardiac and thoracic surgery and cardiology as at 20 February 2015, alongside detailed information which explained patient advised availability.
- Sickness absence continues to remain in the red range at 5% exceeding the HEAT target of 4%.
- Waiting list audit performance moved from green into the amber range with a slight drop of 1.5%. This was due to two missing TTG letters.

Person centred

- The numbers of complaints received in December 2014 were three. All complaints were responded to within the national target of 20 days keeping this target in the green range.
- Significant progress has been made across all divisions between the second and third quarter reporting periods with performance against the KSF/PDR target improved in December 2014 to 67%; moving this target into the green range.

8.1.2   JY advised the Board that discussions have taken place around how to include more up-to-date graphs in the report, adding that there it may be the addition of more current narrative included rather than graphs. JF agreed that it would be useful to look at the current situation, and asked if the Board will see the end of March figures at the April meeting. JY advised that the year-end figures will not be closed off until the end of April but added that the senior team will know the approximate figures by then and will look to add in any information that is available. JC assured the Board that the senior team will set future Board dates around the availability of validated data and that some forecasting information can also be provided.

8.1.3   MM commented that the absence rate appears to be going up, and asked what has happened to cause this. DM responded that there had been a lot of change and expansion in the last year and there were several capability cases and long term absences. DM reassured the Board that this figure is starting to come down again and that this is a priority area for the Human Resources team in 2015/16.

8.1.4   JF asked how medical appraisals are progressing. MH advised that these should all be complete just after year-end. MH assured the Board that this is better embedded than the report suggests. MH added that the team has gathered some good intelligence and are working closely with Human Resources to understand when doctors are coming on and off the system, adding that we will see the benefit of this in a few months' time as we try to reduce the peaks of these at year-end.

8.1.5   MM noted that there is an annual requirement to complete appraisals for pay uplifts. MH responded that it is not simply about the number of staff but about bunching of these with the number of appraisers.

8.1.6   JackR asked if there are enough appraisers. MH confirmed there are now so many appraisers that they are carrying out too few each. MH added that there is also a conflict with him being both an appraiser and the Responsible Officer, and that he has announced his intention to focus on the latter.

8.1.7   JF asked how acute bed occupancy is looking, noting that this has been moving between Red and Amber throughout the year. JR responded that a detailed paper was discussed at the last Performance and Planning Committee meeting, looking specifically at orthopaedics, assuring the Board that we understand the picture better, and as a result, will not be increasing the number of beds or nurses in the next expansion. JC added that we are also looking at theatre scheduling, as we are at 100% capacity Tuesday, Wednesday and Thursday and lower on Monday and Friday. JR added that the new theatre planning tool allows us to see which days of the week we can use for the expansion.

8.1.8   KH asked if there is a link between absences and disciplinary processes. DM confirmed that there were absences on the back of some disciplinaries but that these have now been resolved. DM added that a new Case Conference process is being put in place to allow Human Resources,

Occupational Health, Staff Side and the department manager to share relevant information, which will enable Occupational Health to have an informed discussion with the member of staff.

8.1.9   The Board noted the report.

8.2   Business

8.2.1   JR presented an update on hospital activity for December 2014.

- Activity for inpatients/day case procedures measured against a projection of 11,115 (which excludes cardiothoracic/cardiology activity) was ahead of plan by 119 procedures (13.2%) 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 287 examinations (21.5%) for the month.
- Measured against an activity projection of 27,110, the combined year to date inpatient/day case and imaging activity was 12% ahead of plan.
- When adjusted to reflect complexity the combined year to date inpatient/day case and imaging activity was 14.7% ahead of plan.
- The waiting times audit report highlighted that there were two exceptions noted in relation to Treatment Time Guarantee letters, meaning that compliance was in the amber range at 98.5%

8.2.2   JF asked if we know the reason for the different conversion to surgery rates from Shetland and Highland patients. JR responded that patients in Shetland are selected as appropriate to be sent to the Golden Jubilee.

8.2.3   JackR asked if imaging is for the West of Scotland or part of a national service and if there has been any impact since the opening of the new Southern General Hospital. JR advised that there is some provision for Greater Glasgow & Clyde and that there is increasing demand from other sites; although the majority are West of Scotland, there is some provision for Lothian and Western Isles.

8.2.4   MW asked about the consultant absence in orthopaedics. JR responded that there were two consultants with long term absences but the other consultants and some locums were filling the gap.

8.2.5   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 £329kThe net core financial position is showing an underspend of £556k and the net non-core position reflecting an overspend of £227k. The total surplus is therefore £329k.
- The next steps for the quality bid process have now been communicated to managers and a meeting has been scheduled for 12 February to review and score the prioritised bids. The final outcome will be presented to the next SMT for formal sign-of and allocation of funding in 2015/16.

- The external audit interim visit was completed during December and January. The output from this visit will be formally reported by Scott Moncrieff in February, however no significant issues were noted during the exit meeting.
- Both the Boiler Decentralisation and Endoscopy projects continue in line with agreed plans, with the planned completion for both projects being February 2015.
- At month eight, recurring efficiency savings achieved were £2.267m against a plan of £2.273m. We also have non-recurring savings to date of £223k. The year-end savings forecast for recurring and non-recurring is £3.163m against a target of £2.930m.

8.3.2 SM noted that the financial position is looking positive from his perspective.

8.3.3 The Board noted the update.

JK entered the meeting.

8.4 LDP and Financial Plan

8.4.1 LDP

8.4.1.1 JF welcomed JK to the meeting.

8.4.1.2 JK presented the draft Local Delivery Plan (LDP), highlighting that this year our LDP has three elements which are underpinned by finance and workforce planning:

- Our Board local priorities – Board 2020 Strategy;
- LDP Standards and relevant delivery trajectory for 12 week outpatient target; and
- NHSScotland relevant Improvement Priorities 2015/16

Our key priorities agreed for this Local Delivery Plan:

- strategic changes and expansion within our national services
- expansion of Golden Jubilee National Hospital as a national resource;
- exploring the opportunity to provide additional local and national services;
- innovation and research; and
- the Beardmore Hotel and Conference Centre

The LDP standards relevant to our Board are:

1. Early Cancer Detection – Lung Cancer
2. 31 day cancer – from decision to treat (95%)
3. 12 weeks Treatment Time Guarantee
4. 18 weeks Referral to Treatment (90% RTT)
5. 12 weeks for first outpatient appointment (95% with stretch target to 100%)
6. MRSA/MSSA Bacteraemia/Clostridium difficile infections (maintain local good performance)
7. Sickness absence (4%)
8. Operate within agreed revenue resource limit; capital resource limit; and meet cash requirement

NHSScotland Improvement Priorities 2015/16

In order to reflect the priorities that are relevant to our Board, our LDP focuses on:

- Health Inequalities and Prevention;
- Person-centred Care;
- Safe Care; and
- Integrated Care

8.4.1.3 Following discussion, the following amendments were agreed:

- P4 – provide bullet points under 'Workforce Development'
- P12 – change 'through' to 'with'
- P32 – add our own Values and how these align into the section on 'healthy organisational culture'
- P35 – include explanation of what is meant by 'Human Factors'
- PXX – healthy and capable workforce: all staff should have some protected time for development
- Summary version of the LDP to be created for staff, patients etc
- NWTCB to be used throughout document

8.4.1.4 JF asked JK to pass the Board's thanks to the Performance and Planning team for the amount o work that has gone into creating the LDP.

8.4.1.5 The Board approved the draft Local Delivery Plan.

JK left the meeting.

8.4.2   Supporting Financial Plan 2015-2018

8.4.2.1 JC presented the draft three-year Financial Plan for 2015-2018, which supports the Local Delivery Plan. This describes the achievement of all three key financial targets whilst continuing to operate within a challenging financial environment. It also describes the savings required over the three-year period.

8.4.3   SM commented that the Financial Plan sits well with the LDP, adding that both are well written and that the detail included is good for transparency.

8.4.4   PC asked if health and social care integration is included as there are risks in terms of changing dynamics. JC advised that it is included but cannot yet be quantified at this stage. SM asked if there are any opportunities. JC confirmed that there are some areas where we could potentially benefit. JF agreed that that there are both potential risks and benefits but that there is not a lot to be said at this stage.

8.4.5   JY noted that the Treatment Time Guarantee has to be delivered at the same time as health and social care integration. JC added that we are keeping a close eye on this as we enter the final year of the three-year Service Level Agreements (SLA) with Boards. JackR asked if the SLAs are re-negotiated after three years. JC advised that these are a three-year rolling average but that the referring Boards have an opportunity to review them at the end of the three years.

8.4.6   The Board approved the draft Financial Plan.

8.5   Standing Financial Instructions

8.5.1   JC presented for approval our updated Standing Financial Instructions (SFI). The SFIs provide guidance on how to administer financial issues in line with current legislation and Scottish Government policy.

8.5.2   SM noted that he is content to recommend the SFIs for approval but asked if 'Condemning Officer' could be changed to 'Authorised Officer'.

8.5.3   The Board approved the Standing Financial Instructions.

8.6   Internal Audit Plan

8.6.1   SM presented for approval the internal audit plan for 2015/16, highlighting that this is part of the annual cycle for internal audit each year. The plan is broken down as detailed below:

- High level introduction, including the role of the audit and risk committee, ways of providing assurance and the PricewaterhouseCooper (PwC) approach to developing the plan;
- Audit universe – identifiable units which can be subject to audit;
- Proposed internal audit plan 2015/16 – contains a break-down of where the focus for audit will be for 2015/16;
- Risk assessment – contains mapping of the auditable universes to the Board's risk register and assessment of controls; and
- PwC's audit approach – explanation of the approach the PwC take to audit reviews.

8.6.2   SM added that the Audit and Risk Committee (ARC) had agreed that the internal audit could be completed in 95 days as opposed to the 150 recommended by the auditor, and that there should also be an annual audit of the Beardmore Hotel.

8.6.3   The Board approved the Internal Audit Plan for 2015/16.

8.7   Audit and Risk Committee minutes

8.7.1   SM presented the approved minutes from the Audit and Risk Committee (ARC) meeting held on 11 November 2015.

8.7.2   SM noted that the auditors had agreed that minutes should reflect where Non Executive Directors have disagreed or raised concerns and suggested that this should also be the case for Board minutes. JF responded that all concerns are reflected in the Board minutes. JF agreed this may be the case for the governance committees and that there is perhaps something around noting questions, changes and responses to these. SS advised that she and CMcG would look at the minutes from the governance committees and make recommendations. JF agreed this would give minute secretaries some reassurance.

Action no: 120315/03
Action: Review Governance Committee minutes and make recommendations
Action by: SS/CM
Action status: NEW

8.7.3   The Board noted the approved minutes.

9   AOCB

9.1   Quality and Innovation Group Terms of Reference

9.1.1   JY updated Board members on the Quality and Innovation Group, which was set up to support the overall NHSScotland quality ambitions and our Board 2020 Vision in 'leading quality, research and innovation'.

9.1.2   Following this first year review, the Group will now be more focused to deliver the Board Objectives and Quality and Innovation priorities. It will:

- provide coordination and leadership to ensure alignment with strategic vision of the Board;
- provide programme oversight to the key elements of the Board Innovation Programme (included within the paper);
- oversee the further development of the Board Quality Improvement Framework;
- keep under review our key quality indicators and monitoring tools;
- ensure Innovation governance arrangements and provide a clear link with existing groups/committees, where appropriate, to ensure quality and innovation is delivered;
- further develop and help grow the Innovation Centre and Innovation Hub; and
- foster relationships with the Scottish Government partnership, National Innovation Partnership Board and Innovation Champions

9.1.3   JY advised that members must add tangible value at each meeting and bring expertise, critical connections and explore potential partnership opportunities. Therefore, membership will be reviewed on a regular basis to ensure delivery of key priorities, which mean some members are appointed for fixed time periods only.

9.1.4   JY asked whether the work of the Values Steering Group should be incorporated into the Quality and Innovation Group. KH agreed that the values work should sit somewhere else and supported the proposal to incorporate it within the Quality and Innovation Group as this would provide strengthened leadership and focus for that programme.

9.1.5   JF asked if a reference to the public should be patients and relatives. JY responded that we could have for example an interactive dashboard in public areas that anyone can go into and leave comments, suggestions etc. JY added that it's about more than patients. JF advised changing this to 'those using our services'

9.1.6   Following discussion, the following the following amendments were agreed:

- Terms of Reference to make it clearer that the group reports to the Senior Management Team and Board
- Assessment 'Communication' in appendix to be changed to Assessment 'Committee'
- Values work to be incorporated
- Change dashboard wording to 'those using our services'

9.1.7   The Board approved new Terms of Reference for the Quality and Innovation Group and agreed that the work of the Values Steering Group.

9.1.8   JY advised that the first meeting of the new group will take place in April and an update will be brought to the Board thereafter.

10   Date and Time of Next Meeting

10.1   The next meeting takes place on Thursday 30 April at 9.30am.