

**Unapproved Minutes**  
**Board Meeting – Public Session**  
**Thursday 10 May 2018**



**Members**

Susan Douglas-Scott (SDS)	Chair
Mark MacGregor (MM)	Non-Executive Director
Phil Cox (PC)	Non-Executive Director
Kay Harriman (KH)	Non-Executive Director
Karen Kelly (KK)	Non-Executive Director
Marcella Boyle (MB)	Non-Executive Director
Jill Young (JY)	Chief Executive
Julie Carter (JC)	Deputy Chief Executive/ Director of Finance
June Rogers (JR)	Director of Operations
Anne Marie Cavanagh (AMC)	Nurse Director
Hany Eteiba (HE)	Acting Medical Director
Angela Harkness (AH)	Director of Global Development and Strategic Partnerships

**In attendance**

Gareth Adkins (GA)	Director of Quality, Innovation and People
--------------------	--

**Minutes**

Christine McGuinness	Corporate Affairs Manager
----------------------	---------------------------

**Apologies**

Jane Christie-Flight (JCF)	Employee Director
Sandie Scott (SS)	Head of Corporate Affairs

**Chair's Introductory Remarks**

- 1.1. SDS welcomed everyone to her first meeting as Chair of the Golden Jubilee Foundation.
- 1.2. SDS welcomed Scott Nicol, Business Development Manager at De Puy Johnson & Johnson, as a public observer to the meeting.

- 1.3. SDS thanked Stewart Mackinnon for his service to the Board and in particular as Interim Chair for the past two years.
- 1.4. SDS congratulated the Scottish National Advanced Heart Failure Service team on winning the Team of the Year award from the Pumping Marvellous Foundation.
- 1.5. SDS congratulated the Hotel on winning the national Conference Hotel of the Year title at the Scottish Hotel Awards 2018 and for being shortlisted for three awards in the West Dunbartonshire's 'Working4 Business Awards'.
- 1.6. SDS advised that we had hosted a group of Danish visitors on a fact finding trip to learn about innovation within NHSScotland.
- 1.7. SDS advised that we also recently hosted a visit from the Chief Executive Officer of Lawrence General following a recommendation from the President of the Institute for Healthcare Improvement.
- 1.8. SDS advised that we will be visited by the Chief Medical Officer, Dr Catherine Calderwood, on Monday 14 May. She will go on a short tour before hearing some presentations and making a presentation herself on Realistic Medicine.
- 1.9. SDS advised that the next National Event for Health Board Members takes place here in the Hotel on Monday 14 May, with a theme of 'The role of Board Members in ensuring effective corporate governance across NHSScotland'. JY, with David Miller, Associate Director of Human Resources, will deliver breakout sessions on our values based recruitment framework.

### Apologies

- 2.1. Apologies were noted as above and accepted.

### 3 Declarations of Interest

Action No.	Action	Action by	Status
290318/01	<b>Declarations of Interest:</b> Record SDS' roles at NHS Education for Scotland and the Independent Living Fund as Standing Declarations until further notice (public and private)	Christine McGuinness	NEW

#### 3.1.1 Standing Declarations

- 3.1.1.1 The following Standing Declarations were noted and accepted:

- SDS is Non-Executive Director at NHS Education for Scotland.
- SDS is Chair of the Independent Living Fund.

### 3.1.2 Other Declarations

3.1.2.1 No other declarations were advised.

## 4. Minutes

4.1. Minutes of the last meeting were approved as accurate subject to the following amendments:

- P1 – amend Members to show that PC was in attendance.
- P1 – amend Members and Apologies to show that JC was not in attendance and had submitted apologies.
- P7, 8.1.3 – amend part of sentence on Electrophysiology from ‘November returned more than twice the capacity of the service’ to ‘November referrals were more than twice the capacity of the service’.

## 5. Matters and Actions Arising

### 5.1. Actions

5.1.1. All previous actions were updated and closed, with the exception of the following:

Action No.	Action	Action by	Status
290318/06	<b>General Data Protection Regulation:</b> Seek further guidance from Scottish Charity Regulator (OSCR) and Charities Commission on the requirement for donors to ‘opt-in’ regarding new GDPR regulations.	Angela Harkness	ONGOING 10 May 2018: Will be progressed following meeting on 16 May 2018
290318/07	<b>General Data Protection Regulations:</b> provide implementation update report of the Data Protection Programme to the Board.	Julie Carter	ONGOING 10 May 2018: Update to Board in six months’ time (December)

290318/12	<b>Conflict of Interest Policy:</b> Prepare and share with staff and Board the Communications Plan and FAQ.	Sandie Scott/ Christine McGuinness	ONGOING  10 May 2018: <a href="#">SEE NEW ACTION 100518/04</a>
290318/15	<b>Non-Executive attendance at Committee meetings:</b> CEO encouraged all Non-Executives to actively attend a selection of internal committee meetings to gain greater awareness of our wider business.	All Non-Executive Directors	ONGOING  10 May 2018: <a href="#">SEE NEW ACTION 100518/05</a>
150218/01	<b>Whistleblowing:</b> Publish Whistle-blowing Policy and updated Staff and Manager Guides on website/staffnet	Jane Christie-Flight / Sandie Scott/ Christine McGuinness	ONGOING  29 March 2018: To be further updated for approval by the Board Committee, once Gareth Adkins joins as Director of Quality, Innovation and People in May.  10 May 2018: <a href="#">SEE NEW ACTION 100518/06</a>
140917/01	Update Terms of Reference for Board Committees and bring back to the Board	Jill Young	ONGOING  29 March 2018: Further discussed at Board Workshop on 28 March.

5.1.2 The following updates were provided on actions closed at the meeting:

**Action 290318/01:** SDS commended Foundation staff for excellent team working and going the extra mile during the bad weather episode.

**Action 290318/04:** SDS commended the interview process from a candidate's perspective, adding that she felt fully supported throughout. JY commented that all Boards have been instructed to use our Values Based Recruitment process for Board level appointments and are encouraged to do so for appointments at the next level down also.

**Action 290318/05:** JC advised that records must be kept for 10 years where a claim has gone to court, and for seven years as normal when they have not gone to court.

**Action 290318/06:** CM reported that the Data Protection Officer is content with timescales for letter going out to donors.

**Action 290318/07:** JC advised that a feedback report will come back to the Board in six months.

**Action 290318/08:** PC asked if the Cyber Resilience paper could be approved virtually. JY commented that, as there are some concerns about dealing with devices which have been exposed to viruses including remotely wiping Board issued devices, this will have to go through the proper approval processes. SDS commented that it should be made clear that remote wiping is a last resort when staff cannot be contacted.

**Action 290318/09:** SDS encouraged all Board members to attend the Cyber Security training.

**Action 290318/11:** JC advised that the Financial Plan has been submitted to Scottish Government but has not yet had formal sign off; this is anticipated in line with sign off process for Regional and National Plans.

**Action 290318/13:** JY confirmed that the Register will be public information. MM asked for clarification that the policy affects all staff. JY confirmed this is for all staff and Board Members.

**Action 290318/15:** Members were reminded that an action from the Board Development Session was to allow Non-Executives to observe key meetings as part of their development. JY advised that all available slots for Non-Executive Directors to attend the Performance and Planning Committee have now been filled, but there are opportunities to attend other meetings. KK asked for a note to be circulated with relevant meeting dates.

10 May 2018: SEE NEW ACTION 100518/05.

**Action 140917/01:** SDS commented that it was appropriate to delay this work until the new Chair was in post. SDS reminded members that the Board is still short one Non-Executive and that we will shortly be conducting a joint recruitment exercise with NHS24. SDS added that she had asked the Cabinet Secretary if we can appoint two Non-Executives in this round to provide some continuity when three Non-Executives finish next year, and she will keep the Board informed of progress on this.

5.1.2. The following new actions were added:

Action No.	Action	Action by	Status
100518/02	<b>Board email addresses for Non-Executive Directors:</b> Contact eHealth about Board email addresses for all Non-Executive Directors (Related to action <b>290318/03</b> )	Jill Young/ Cheryl Prentice	NEW
100518/03	<b>Non-Executive involvement in Consultant and Senior Management Recruitment:</b> Circulate dates of recruitment when available to all Non-Executive Directors (Related to action <b>290318/04</b> )	Jill Young/ Cheryl Prentice	NEW
100518/04	<b>Conflict of Interest Policy:</b> Circulate policy and FAQs to all Non-Executive Directors (Related to action <b>290318/12</b> )	Sandie Scott/ Christine McGuinness	NEW
100518/05	<b>Internal meetings:</b> Re-circulate key meeting dates to all Non-Executive Directors in line with action 290318/15 (Related to action <b>290318/15</b> )	Jill Young/ Cheryl Prentice	NEW
100518/06	<b>Whistleblowing:</b> Circulate Whistleblowing Policy and associated guides to Non-Executive Directors when published (Related to action <b>150218/01</b> )	Sandie Scott/ Christine McGuinness	NEW

100518/07	<b>Matters Arising:</b> Add, action, and close action to Publish HAIRT presented to Board on 29 March 2018	Christine McGuinness	NEW
-----------	--	----------------------	-----

## 5.2. Matters Arising

5.2.1. There were no matters arising from the minutes.

## 6. Person Centred

### 6.1 Partnership Forum

6.1.1 JY provided an update on discussions from the meeting which took place on 20 April, highlighting the following key points:

- The Staff Governance Submission 2017/18 was approved.
- Occupational Health (OH) will now use Community Health Index numbers for staff rather than a local OH number.
- An update was given on plans to mark the 10<sup>th</sup> anniversary of heart and lung services at the Golden Jubilee and the 70<sup>th</sup> anniversary of the NHS.
- The reviewed Manual Handling Policy was approved.
- The Forum was informed of the collaboration with the Scottish Ambulance Service, which sees the GJF Director of Finance working part-time in both boards. The arrangement will be reviewed after six months.
- The Forum discussed the National Boards' vacancy review process, which is based on the GJF process with the additional step of liaising with the other national boards prior to external advertisement. Staff Side sought assurance that this would not impact on internal promotion opportunities and would also like to see the process being monitored to ensure that we can measure the impact.
- The Forum reviewed the Board's Allied Health Professions (AHP) Strategy, which supports the delivery of the Government's Active and Independent Living Programme. It was noted that the key priorities were identified as development of the AHP workforce and the health and wellbeing of staff and patients.
- The Forum was presented with the reviewed Advanced Practitioner Strategy. This places emphasis on building the processes for identifying and registering advance practice roles within the Board and supporting the ongoing training and education for these roles.

6.1.2 KK offered to assist with celebration events taking place to mark the 10<sup>th</sup> anniversary of heart and lung services at the Golden Jubilee and the 70<sup>th</sup> anniversary of the NHS. JY commented that there are lots of events planned and asked KK if there is a specific event that she wants to get involved with. AH added that acts are also being sought for Jubilee's Got Talent.

6.1.3 The Board noted the update from the Partnership Forum.

## 6.2 Person Centred Committee approved minutes

6.2.1 KH apologised for the approved minutes not being presented and advised that these will come to the next Board meeting for noting.

Action No.	Action	Action by	Status
100518/07	<b>PCC minutes:</b> Submit approved minutes from PCC meeting in January for noting at the next Board meeting	Christine Nelson/ Kay Harriman	NEW

## 6.3 Person Centred Committee (PCC) update

6.3.1 KH provided an update on discussions from the meeting which took place on 24 April, highlighting the following key points:

- The committee was pleased to learn that the Golden Jubilee Foundation has been awarded Disability Confident Leader Status.
- The Involving People Update was presented. The Involving People Group will be supporting the What Matters to You day on 6 June and plan to use this opportunity to feedback the Dignity at Work results.
- The Equalities Group is looking to increase membership.
- The PCC Annual Report 2017/18 was approved and it was concluded that the committee had met its remit.
- The PCC Terms of Reference for 2018/19 were reviewed and the Annual Work plan was approved.
- Following the Internal Auditors review of our Workforce Plans, an action plan will be tabled at PCC for review.
- The committee reviewed a stage one complaint (which is a complaint that should be easily resolved via telephone within five working days). In this case the complaint was closed off with a very good outcome within two working days.
- The end of year Staff Governance Report was reviewed and noted.



- The Committee is pleased to advise that 90% of Agenda for Change staff had an up to date Knowledge and Skills Framework Personal Development Review as at 31 January 2018; 10% over target.
- The Committee reviewed sickness absence, with the trend being almost a flat line, indicating that over the 36 months there has been little change in overall sickness absence rates, staying around 5%.
- An update was given on medical appraisal and revalidation; the Committee was pleased to learn that this was achieved at 100%.
- The Committee approved the Staff Governance Standard Annual Report. This is a national template and comprehensive evidence was given to support our submission. Points for noting regarding iMatter are that 29 out of 140 teams did not receive a report as they did not have sufficient responses and 30% of teams did not produce an action plan. The Learning and Organisational Development and Human Resources teams are offering support to help those teams develop an action plan.

6.3.2 SDS asked if the sickness absence level was affected by flu. KH responded that while there are spikes in some months, the picture remains relatively steady when looked at over a longer term. SDS added that 5% sickness absence is neither the best nor the worst. KH responded that it is not where the Board wants it to be. JY commented that this is monitored closely with the detail broken down into long term and short term absences, as well as looking at specific departments and staff groups so that support can be given to areas where we know there are challenges. SDS added that it will be interesting to hear GA's view once he is in post permanently.

6.3.3 SDS asked about iMatter. AMC responded that iMatter has been fully rolled out at the Golden Jubilee since year one and that the organisation's stance is that every area should have an action plan even if their results don't flag that they need one.

6.3.4 SDS asked about Personal Development Plans, as NHS Education for Scotland staff felt the old platform was not always easy to use. AMC responded that we have now moved over to Turas and she has had lots of positive feedback that this platform is much easier to use.

6.3.5 The Board noted the update from the Person Centred Committee.

## **7. Safe**

### **7.1. Healthcare Associated Infection Reporting Template (HAIRT)**

7.1.1. AMC asked the Board to approve publication of the HAIRT on the hospital website, and highlighted the following key points:

- There was one case of Staphylococcus Aureus Bacteraemia in February, taking the total to nine in the year to date.
- There were no cases of Clostridium Difficile.

- In the Cleaning and the Healthcare Environment Facilities Management Tool, Housekeeping compliance was 98.59% and Estates compliance 99.48%. The national results table will be included in the March 2018 report.
- Surgical Site Infection (SSI) rates are within control limits for Coronary Artery Bypass Grafts, Hip Replacements and Knee Replacements. Cardiac SSI breached control limits in February, but no commonalities have been found in surgeon, theatre or organism noted. The tissue viability lead is meeting with key stakeholders to optimise cardiac wound management moving forward.
- Hand Hygiene compliance was 97% in January, with the next bi-monthly report is due in March 2018. Although 90% of medical staff are compliant with the Hand Hygiene elements of Standard Infection Control Precautions, this remains below the national target of 95%. In order to optimise and sustain levels of hand hygiene compliance, the Acting Medical Director, Nurse Director and Senior Infection Prevention and Control Team have implemented the following measures as a matter of urgency:
  - Re-emphasising the collective responsibility that infection control remains “everyone’s business”.
  - Hand Hygiene compliance must be included as a separate agenda item in the next consultant meetings.
  - A message to reinforce Hand Hygiene Policy will be issued to all medical staff at key meetings.
  - Medical Director and Nurse Director will meet with Medical Director of Education to explore ways to help progress the HAI Education Strategy for Medical staff.
  - The importance of immediate escalation for non compliance will be highlighted as appropriate.
  - Full compliance by medical staff with Zero tolerance policy relating to all elements of Hand Hygiene.
  - Infection Control Team to meet with Medical Director and Nurse Director monthly to discuss the impact of the above measures and any ongoing challenges.

7.1.2. HE assured the Board that a strong message has been issued that hand hygiene is a collective responsibility and that medical staff need to be at the forefront of implementing it. Staff have also been reminded about the Board’s zero tolerance approach and the importance of early escalation. AMC added that a peer responsibility approach is also important.

7.1.3. JY assured the Board that there was no correlation found between hand hygiene compliance and the highlighted Surgical Site Infections. AMC supported this and added that recent breaches in hand hygiene have been in Outpatients.

7.1.4. SDS asked about the peak in Surgical Site Infections and potential cause. AMC confirmed that no specific cause was found , adding that it could be to do with a number of complex procedural interactions these patients required but assured the Board that every incident is being looked at in detail to understand what may be behind it.

- 7.1.5. MM asked if the SSI control limits are correct for Valve Replacements and Coronary Artery Bypass Grafts (CABG) as there is a lower control limit for CABG when there are fewer valve replacements. AMC commented that the difference may not be statistically significant. JY stated that that this should be looked at as an action.
- 7.1.6. The Board noted the update and approved publication of the HAIRT on the hospital website.

Action No.	Action	Action by	Status
100518/08	<b>HAIRT:</b> Add national Healthcare Environment table to reports going forward	Anne Marie Cavanagh	NEW
100518/09	<b>HAIRT:</b> Review control limits for Valve Replacement and Coronary Artery Bypass procedures	Anne Marie Cavanagh	NEW
100518/10	<b>HAIRT:</b> Publish HAIRT on website	Anne Marie Cavanagh/ Christine McGuinness	NEW

## 7.2. Clinical Governance Committee approved minutes

- 7.2.1 MM apologised for the wrong minutes being presented for noting at the Board. It was agreed that these should be removed, and the correct set uploaded and circulated for noting.

Action No.	Action	Action by	Status
100518/11	<b>CGC Minutes:</b> Remove wrong minutes	Christine McGuinness	NEW
100518/12	<b>CGC Minutes:</b> Upload and circulate correct minutes	Christine McGuinness	NEW

### 7.3. Clinical Governance Committee update

7.3.1. MM provided an update on discussions from the meeting which took place on 17 April, highlighting the following key points:

- The Duty of Candour and our Adverse Events Policy was checked and found to be compliant. It was felt the organisation's previous work on transparency and openness with patients meant they were well placed to implement the policy.
- The Surgical Services divisional report identified no specific factors to explain the current spike in pressure damage within patients.
- The Regional and National Medicine divisional report highlighted that a case has been made to the NHS National Services Division around a need to provide psychological support for patients attending the Scottish Adult Congenital Cardiac Service (SACCS).
- Two significant adverse event reports were received and discussed.
- The Healthcare Associated Infection Reporting Template (HAIRT) for February 2018 was received. It was noted that one Staphylococcus Aureus Bacteraemia (SAB) infection had been identified during this period. There had been an increase in Cardiac Surgical Site Infection (SSI) rates but no commonalities in surgeon, theatre or organism were identified.
- Hand Hygiene for medical staff was discussed in detail. This was based on a small sample but the necessity of good practice and our zero tolerance policy in all areas, including Outpatients, had been reinforced.
- The draft Annual Report was received and amended.
- The Committee was reminded of the Annual Presentation Day on 29 May 2018.

7.3.2. JY commented on the identified need for additional psychological support for SACCS patients, and that the issue is with NSD to consider the development funding.

7.3.3. The Board noted the update from the Clinical Governance Committee.

## 8. Effective

### 8.1. Performance Report

8.1.1. JY provided an update on overall performance, highlighting the following key points:

- Bed occupancy data is being reviewed as data collected at ward level would indicate higher occupancy levels. Investigations are ongoing to identify whether unoccupied and unstaffed beds were correctly closed on Trakcare in a timely manner which may impact data accuracy.
- We have continued to experience some waiting time challenges and were unable to meet the Treatment Time Guarantee (TTG) for 68 patients during January (51 Electrophysiology (EP) patients and 17 Cardiac patients).

- Sickness absence decreased from January's rate of 5.48% to 4.78% in February. against the target of 4%. Local reporting on February figures indicates the main reason for sickness absence, was "Anxiety/ stress/ depression/ other psychiatric illnesses" which represented almost 20% of total February absences. Absences as a result of "cold, cough, flu – influenza" remained high in February, being the number one cause for absence in Surgical and Regional and National Medicine.
- KSF figures were unavailable for February and March due to the closure of the system to allow for data migration to the new TURAS platform. A report from TURAS should be available at the end of April.
- One grievance was raised during the whole of 2017/18; this occurred in quarter four within the corporate division.
- Two instances of disciplinary proceedings were initiated in quarter four, both within the surgical division. Taking the total number of disciplinary proceedings initiated for year 2017/18 to ten.
- The number of urgent inpatient cardiac referral requests remains high; this along with elective priority patients has impacted on the length of wait for elective surgery patients. . As was forecast, eight patients have been admitted beyond their 12 week Treatment Time Guarantee (TTG) during March. This is a reduction on the 17 cardiac patients who exceeded TTG in February.
- An Enhanced Monitoring Unit (EMU) has been introduced in Ward 2 East which is providing greater support for higher dependency patients and will reduce Orthopaedic requirement for HDU beds. Two EMU beds have been opened when staffing allows, however there remains a consistent number of bed days utilised in HDU by orthopaedics.
- The committee was presented with data from the Performance and Planning team on theatre cancellations which highlighted that in spite of the challenges of three unavoidable significant events (generator failure, water issues and snow) in the final two quarters of 2017/18 the theatre cancellation rate has been reducing.
- Reminder calls being made by the Booking Office to patients who did not actively respond to Netcall reminders appear to be having an impact on out-patient DNA rates with all areas being targeted by the booking office demonstrating sustained reductions in DNAs.
- SNAHFS transplant activity for 2017/18 ended on target for the year with eleven cases. As of 26 March there were 22 active patients on the waiting list, with one urgent and one suspended patient.
- The Organ Care System (OCS) machine has been used twice successfully to retrieve Donation after Brain Death (DBD) hearts. A business case is being developed to progress OCS for Donation after Circulatory Death (DCD) to the National Retrieval Group, no date has been set for this, recognising the requirement for this to be progressed through the GJF governance framework first.
- The Coronary Intervention position has improved as a result of the additional activity approved until the end of March 2018. Referral numbers remain constant, indicating that without this additional capacity waiting times will rise.

- Electro Physiology (EP) pressures have increased with patients now waiting 16-18 weeks. Increasing capacity, in the short term, within EP has not been possible due to the small teams of staff. The EP waiting list continues to be under pressure due to NHS GG&C running additional WLI cardiology clinics resulting in an increase in referrals to the EP service, recent discussions with NHS GG&C have indicated that further funding has been provided to deliver additional cardiology capacity which will likely further impact the service. Discussions have been had with Scottish Government regarding a recovery plan although skilled consultant workforce is not readily available.
- 8.1.2. SDS commented that Audit Scotland's view is that the biggest risk is always workforce.
- 8.1.3. JY commented that Scottish Government have given us additional funding to support wait list targets but there's a limit to how many extra sessions we can actually do.
- 8.1.4. HE advised that three job plans are outstanding in the Regional and National Medicine Division, with 40% of the specialty doctors and consultants in the Surgical Services Division having theirs completely signed off. Some staff still have problems with the electronic system and they are being given support from HR team.
- 8.1.5. JY advised that the Person Centred Committee had asked for a presentation on job planning to understand the complexities involved. JY added that the Chief Executives had also received a useful presentation about flexible job planning with a focus on annualised hours as a team rather than individual plans. SDS commented that the national digital transformation work will mean that some of these systems become much easier to use. JY commented that we want to make more flexible use of our Consultants so that they can do more of what they are trained to do. HE commented that we are well ahead when it comes to appraisals but the issues we have encountered around job planning are not unique to the Golden Jubilee. SDS added that the whole system needs to become more agile and easy to use.
- 8.1.6. MM asked if there was any talk about introducing a new Consultant Contract on the back of the new GP Contract. HE responded that he has not heard anything formal regarding this.
- 8.1.7. The Board noted the update on performance.



## 8.2. Hospital Activity Report

8.2.1. JR provided an update on hospital activity, highlighting the following key points:

- Measured against a total activity projection of 46,071, the combined inpatient/day case and imaging activity at the end of February was behind the plan by 5.1% for the month of February when adjusted to reflect complexity (Appendix B) and 0.1% behind the full year to date plan.
- At the end of February, orthopaedic joint activity was ahead of the year to date plan by 141 primary joint replacements and 107 foot and ankle procedures although behind by 113 other 'non joint' procedures (which consists of intermediate/minor procedures such as Anterior Cruciate Ligament (ACL) repair, arthroscopy etc). Overall, orthopaedic surgery is currently ahead of the full year plan by 135 procedures/theatre slots.
- Ophthalmology activity was 115 procedures behind plan for the month of February. The ophthalmology year to date shortfall is currently 734 procedures. This continues to be primarily due to Consultant availability and productivity in the mobile theatre.
- General Surgery performed slightly ahead of the monthly target in February and remains ahead of the year to date plan.
- For reporting purposes, Plastic Surgery has been split and will be monitored throughout 2017/18 as hand surgery, minor plastic surgery and major plastic surgery. Hand surgery was slightly behind plan for the month of February by 5 procedures. Minor plastic surgery procedures were also behind plan and major plastics procedures were on target) for the month of February.
- The endoscopy service performed was also behind plan by 29 procedures in the month of February.
- For the first time this year, although activity has remained high in diagnostic imaging, there was a slight underperformance of 17 examinations in February although ahead of the year to date plan by 703 examinations.

8.2.2. MB asked if it is typical to use the whole year return rate in reporting against activity. JR confirmed that the our capacity is generated in advance in agreement with Scottish Government who then allocate activity. JC added that this facilitates the transfer of funding to us at the beginning of the year. MB clarified that this means there is a contractual arrangement. JC confirmed this is the case. JR added that our forecast is always in the upper quartiles of delivering, for example four orthopaedic joint replacements and seven cataracts per list.

8.2.3. SDS asked if seven cataracts per session is standard for our Consultants. JR confirmed this but added that this is only for cases with a Degree of Surgical Difficulty rating of one (DSD1).

8.2.4. SDS asked if we are still filling cancelled cataract slots direct from Outpatients, commenting that this is a service for patients. JR responded that this is working well and patients are only selected for this following their Consultation.

8.2.5. SDS commented that joint employment appointments are good for the career of the Consultant going forward, adding that it is important to look at different ways of working. JY added that a number of Boards are keen to consider joint appointments.

8.2.6. The Board noted the update on hospital activity.

### **8.3. Finance Report**

8.3.1. JC provided an update on the financial position, highlighting the following key points:

- The year-to-date (YTD) results show a small surplus of £3k; this is in line with the finance plan.
- The Board submitted the detailed financial plan with associated finance templates to Scottish Government on 9 March 2018 in line with agreed timescales.
- The draft 2018/19 budgets and efficiency plans for each of the Divisions and Corporate functions are in the process of being finalised.
- The capital spend for 2017/18 was £7.358m against a budget of £7.358m, demonstrating a breakeven position; this number is also subject to audit.
- The annual audit of the Directors Report and Annual Accounts will be undertaken during the two weeks commencing 7 May 2018. The accounts will be presented to the Senior Management Team (SMT) on 7 June 2018, prior to being presented to the Board for approval on 21 June 2018.
- As in the prior year, it is planned that the annual accounts and report for the Board charity will be undertaken in tandem with the Board accounts. We have reviewed the income received and the total value of the Boards endowment funds are in excess of £2m therefore the endowments accounts will be consolidated into the Board accounts this year. The charity accounts and annual report will be presented to the Endowments sub-committee and then the Board of Trustees prior to submission to the Office of the Scottish Charity Regulator (OSCR).
- At month 11, total efficiency savings delivered were £4.207m against a Local Delivery Plan (LDP) target of £4.038m, reporting £169k favourable performance against plan at this stage. This is ahead of the planned trajectory and we expect to meet our Board efficiency savings annual target of £4.5m at this stage. The savings achieved to date are split with recurring efficiency savings achieved of £3.277m and non recurring savings of £0.930m. Details of this are included in Appendix 1, page 5.

8.3.2. KK offered a well done to the Finance team on the good financial performance which has been sustainable since she joined the Board.

8.3.3. SDS asked if we know what the Golden Jubilee's contribution to the National Boards' joint savings will be. JC responded that we have put forward £1.9m in 2017/18 and anticipate putting forward a similar amount in 2018/19.

8.3.4. The Board noted the update on the financial position.



#### **8.4. Audit and Risk Committee approved minutes**

- 8.4.1. KK presented for noting the approved minutes of the Audit and Risk Committee meeting which took place on 6 February.
- 8.4.2. KK commented that the Board's business continuity was further put to the test during the extreme weather event and the organisation demonstrated that they can cope very well.
- 8.4.3. The Board noted the approved minutes from the Audit and Risk Committee.

#### **8.5. Audit and Risk Committee update**

- 8.5.1. KK provided an update on discussions from the meeting which took place on 10 April, highlighting the following key points:
  - An update was provided on Counter Fraud activities for 2017/18 and it was noted that there is no update on incidences of fraud to report at this stage. Work is progressing on developing the proactive plan for 2018/19.
  - Horizon Scanning is a new agenda item for all meetings and a few potential issues were raised.
  - The Committee considered a Self Assessment Tool for completion by Audit Committee members and it was agreed this would be completed at the next Audit and Risk Committee meeting.
  - A verbal update was provided on the Internal Audit Contract.
  - The Committee approved authorisation for signatory responsibilities for the Director of Global Development and Strategic Partnerships.
  - Draft annual reports from all governance committees were noted by and it was agreed that they would all be compiled in a consistent format before being submitted to the Board for final approval.
  - The Board Risk Register was approved with further information to be added detailing the expansion risk register (including both the Principal Supply Chain Partner and the Board risks).
  - The Internal Audit Progress Report was presented with completed audits on Gifts and Hospitality, Endowment Funds and Workforce Planning; these identified medium and low findings, and there were no major issues reported.
  - External Audit presented their interim audit report which did not identify any significant deficiencies and found there were adequate financial controls in place. Karen Kelly, Committee Chair, congratulated the team on this positive report.
  - The Committee approved the plans for Consolidation of Endowments Accounts into the Board Accounts for 2017/18.
  - Accounting Policies for 2017/18 were approved for the purpose of informing the annual accounts.
  - Members approved the draft Governance Statement which will be incorporated into the annual accounts.

- The Committee received an update on the recent press on NHS Tayside Issues regarding use of endowment funds. A response letter to Paul Gray, Chief Executive of NHSScotland and Director-General Health and Social Care at Scottish Government, was approved and assurance was given that there is no inappropriate use of Endowment funds within this Board.
- 8.5.2. JC added that Grant Thornton have been appointed as our new Internal Auditors, replacing PricewaterhouseCooper (PwC) following a competitive tender exercise in collaboration with NHS Greater Glasgow & Clyde, NHS Ayrshire & Arran, and NHS24. SDS commented that Grant Thornton were the external auditors for NHS Education for Scotland and their reports were always very clear. KK added that PwC have given assurance of a smooth transition.
- 8.5.3. SDS asked how long Grant Thornton has been appointed for. JC responded that they have been appointed for three years, with a view to extending for a fourth year. JC also advised that as Grant Thornton have been appointed by other Boards, there is a possibility of carrying out some joint audits in areas such as cyber and GDPR.
- 8.5.4. SDS commented that the Director-General Health and Chief Executive of NHSScotland has asked for further detail by the end of June. JY commented that we have provided assurance that everything is robust. JC added that further detail will be provided by the deadline after External Audit conclude their work.
- 8.5.5. The Board noted the update from the Audit and Risk Committee.

## **8.6. Endowments Sub Committee update**

- 8.6.1. PC provided an update on discussions from the meeting which took place on 17 April, highlighting the following key points:
- The Sub-Committee reviewed the current status of endowment fund balances. All of the expenditure transactions are less than £10k per transaction and are in line with existing Board Standing Financial Instructions. No major items were noted.
  - A progress report was provided on the activities to date from the Director of Global Development and Strategic Partnerships.
  - Members received information on 'Keeping Vulnerable Beneficiaries, Volunteers and Staff Safe'. The two key points highlighted were for the following topics to be included in future agendas for discussion: Safeguarding; and Notifiable Events.
  - The Sub-Committee received an update on the Use of NHS Endowment Funds which has arisen following an issue in another NHS Board regarding the use of charitable assets and, in particular, the retrospective application of Endowment Funds. Members approved a response letter to the Scottish Government which provides assurance that the Charity funds are being used in line with charities test and retrospective awards are not permitted, with no exceptions.

- Members were asked to support implementation of an action plan which will ensure compliance with the new General Data Protection Regulation (GDPR) which comes into force on 25 May 2018.
- Members approved the draft Endowments Sub-Committee Annual Report, which will be presented to the next Board of Trustees meeting for formal approval. This can then be used for the annual report submission to the Office of the Scottish Charity Register (OSCR) incorporating all charity activities for the year 2017/18.
- Members noted the consolidation process of the Charity Accounts being merged into the Board Accounts.
- PricewaterhouseCooper (PwC) undertook an internal audit on the Endowment Fund which identified two low rating findings. Management have accepted these findings and taken action to address them.

8.6.2. SDS commented that the Audit and Risk Committee rated it fine.

8.6.3. The Board noted the update from the Endowments Sub Committee.

## **9. AOCB**

### **9.1. Expansion update**

9.1.1. JR provided an update on the elective expansion programme, highlighting the following key points:

- The technical design (1:50) work has taken longer than anticipated but is not impacting on the overall programme timescales.
- The Equality Impact Assessment has now been completed.
- Following a 'joint working' workshop held on 12 March 2018 with West Dunbartonshire Council and West College Scotland, meetings have been established to take forward the Transport and Connectivity, and District Heating System work streams. Meetings to take forward the Employability and Health, Wellbeing, Environment and Economic Growth work streams will be established shortly.
- A stakeholder event with staff, third sector representatives and patients took place on 18 April. Comments will be incorporated within the OBC before submission to the Hospital Programme Board.

9.1.2. The Board noted the update on the Expansion programme.

## **10. Date and Time of Next Meeting**

10.1. The next meeting takes place on Thursday 21 June at 10am.