

**Approved Minutes**  
**Board Meeting – public session**  
**29 March 2018**



**Members**

Stewart MacKinnon (SM)	Interim Chair
Hany Eteiba (HE)	Acting Medical Director
Jane Christie-Flight (JCF)	Employee 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
Karen Kelly (KK)	Non Executive Member
Kay Harriman (KH)	Non Executive Member
Marcella Boyle (MB)	Non Executive Member
Mark MacGregor (MM)	Non Executive Member

**In attendance**

Angela Harkness (AH)	Director of Global Development and Strategic Partnerships
Peter Morrison (PM)	Member of public

**Minutes**

Tracey Wark (TW)	Personal Assistant
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**Apologies**

Christine McGuinness (CMcG)	Corporate Affairs Manager
Julie Carter (JC)	Deputy Chief Executive / Director of Finance
Robin McNaught (RM)	Interim Director of Finance
Sandie Scott (SS)	Head of Corporate Affairs

**1. Chair's Introductory Remarks**

- 1.1 SM welcomed everyone to the Board Meeting, and introduced:
- Peter Morrison, a patient who continues to attend for annual check-ups and joined the meeting as an observer today.
  - Tracey Wark, as minute secretary. SM advised that Tracey is also a Diversity Champion and Confidential Contact.
- 1.2 SM highlighted that the **Board Workshop** held yesterday was very useful and enlightening.

1.3 **Sir Magdi Yacoub visited** the Foundation on 8 March as part of the 70 years NHS / 10 Years Heart & Lung celebrations. Sir Magdi is an Egyptian-British Cardiothoracic Surgeon and Professor of Cardiothoracic Surgery at Imperial College London. He is renowned for establishing heart transplantation in the UK and continues to lead on innovative heart research across the world. Following a tour of GJF's facilities, he participated in presentations and discussions with our medical and research specialists. HE added that Sir Magdi has expressed a keen interest in exploring opportunities for collaboration with GJNH and the University of Glasgow.

1.4 **Adverse Weather** - SM noted his thanks to staff for the extra effort made to travel to work during the recent adverse weather and to those who stayed over to ensure continued patient care, covering shifts for colleagues who were unable to travel. JY highlighted the level of dedication of all staff involved noting they are our greatest asset.

Action No.	Action	By	Status
290318/01	<b>Adverse Weather:</b> Liaise with Comms Dept to issue a Board notice to thank staff for their outstanding efforts during recent adverse weather conditions.	AH/Comms Dept	New

1.5 **Employee Director** – The group congratulated Jane Christie-Flight on being re-elected by staff side to continue to serve as Employee Director. The Cabinet Secretary will be advised by the Chair and asked to reappointment her as Employee Director.

Action No.	Action	By	Status
290318/02	<b>Reappointment:</b> Inform the Cabinet Secretary's office that Jane Christie-Flight has been re-elected by staff side to serve as Employee Director and ask for confirmation of Scottish Government.	SM	New

1.6 **IM&T Security Documentation** – Non Executive Members are required to re-submit security documentation following the recent cyber incident.

Action No.	Action	By	Status
290318/03	<b>Cyber Incidents:</b> Following recent cyber incidents, there is a need for non-executives to reinstate their <b>IM&amp;T Security Documentation</b> .	Non-executives	New

## **2. Apologies**

2.1. Apologies were noted as above and accepted.

## **3. Declarations of Interest**

3.1. There were no declarations.

## **4. Minutes of Last Meeting**

4.1. The Minutes of the last meeting held on 15 February 2018 were approved.

## **5. Matters and Actions Arising**

### **5.1 Actions**

5.1.1 All previous actions were updated and closed.

### **5.2 Matters arising**

5.2.1 The following matters and actions were raised:

<b>Action No.</b>	<b>Action</b>	<b>By</b>	<b>Status</b>
290318/04	<b>Values Based Recruitment:</b> Invite new Non-executive Directors to take part in future <b>senior recruitment selection processes.</b>	SM / JY	New

## **6. Person Centred**

### **6.1 Heart and Lung 10<sup>th</sup> / NHS 70<sup>th</sup> Anniversary Plan**

6.1.1 This year, 2018, marks the 70<sup>th</sup> anniversary of the creation of the NHS. There is a Scottish Group and a UK National Group driving forward anniversary plans – this includes full collaboration of the four UK nations in celebration.

6.1.2 JY is a member of the NHSS group and delivered a presentation (copy available on request) outlining the aims and objectives of the anniversary plan which focuses on valuing NHS staff, their continuous commitment to our service delivery, plus actively promoting confidence in the NHS' long term future amongst the general public.

- 6.1.3 JY highlighted 2018 marks a dual celebration. It has been 10 years since heart and lung services became part of the Golden Jubilee family therefore, a short life working group has been set up to discuss and propose ideas on how best to celebrate both key milestones.
- 6.1.4 The Anniversary week concludes on 5 July with a six week launch taking place week commencing 21 May by Scottish Government. A soft launch has commenced through social media.
- 6.1.5 NHSS branding is in place and should be used by all Boards and can also be used by healthcare partners. It can be used in conjunction with own logos to promote any events.
- 6.1.6 A total of £10k has been set aside of GJF non-recurring funds to support events. Endowment funds cannot be used for staff functions or events, however, they can be used for advancement of health as noted on the report. The groups will continue to consider and develop innovative ideas for sponsorship.

## **6.2 Ratification of Appointments**

- 6.2.1 A number of selection processes have taken place with shortlisted candidates being interviewed through the Board's detailed competency and Values Based Recruitment Programme. The Board unanimously ratified three senior appointments:
- Consultant Anaesthetist – Dr Bushan Joshi
  - Director of Quality, Innovation and People – Mr Gareth Adkins
  - Chief Pharmacist – Mrs Yvonne Semple

## **6.3 Expansion Update**

- 6.3.1 JR provided an update on the expansion programme, reporting that there have been excellent synergies between West Dunbartonshire Council, West College, Kier and GJF. Furthermore a Steering Group, reporting to the Programme Board, has been formed with a mandate to drive progress.
- 6.3.2 Following a review of resources, JR advised the Board that additional roles for Phase 2 have been identified:
- Health Intelligence Analyst
  - Workforce Planning Lead
  - Lead Consultant Orthopaedic Surgeon
  - Lead Consultant Anaesthetist
  - Lead Consultant Microbiologist
- 6.3.3 Once the programme budget has been finalised, the plan is to work with HR to commence the recruitment programme.
- 6.3.4 The Board acknowledged the overall progress of the hospital expansion to date.

## **7. Safe**

### **7.1 HAIRT**

- 7.1.1 AMC highlighted the salient points of the HAIRT report (January data):
- 7.1.2 **Surgical Site Infection** : Health Protection Scotland (HPS) have changed their SSI protocol to continue surveillance up to 30 days then report infection status, instead of at point of identification as previously. Rates are within control limits.
- 7.1.3 **Hand Hygiene**: Board compliance rate of 97%. Medical staff compliance dropped to 90% with bare below elbows compliance continuing to be a problem. The Acting Medical Director issued communication to medical leads, reminding them of the importance to strictly adhere to the Board's policy.
- 7.1.4 AMC gave reassurance that we have a zero tolerance policy to compliance which is reported through our SMT and Partnership Forums; thus ensuring the inclusion of staff. Meetings were held with nursing teams to advise them of the need to escalate any issues concerning non-compliance. If any member of staff feels uncomfortable raising a challenge, they should not hesitate to report this to our Acting Medical Director / Associate Medical Directors – immediate action will be taken.
- 7.1.5 It was made clear that all GJF's outpatient areas must be treated as 'clinical areas' i.e. bare below elbows adherence.
- 7.1.6 **Staphylococcus Aureus Bacteraemia**: One case reported.
- 7.1.7 **Clostridium difficile infection**: One case reported and first since March 2017 – previous case was in March 2014. No learning needs have been identified and known risk factors include: justified antibiotic use plus significant bowel related medical history.
- 7.1.8 AMC reported progress had been made to spread the standardised PVC bundle throughout all clinical areas.
- 7.1.9 The Board approved the report for publication.

### **7.2 General Data Protection Regulations (GDPR) Action Plan**

- 7.2.1 The new regulation comes into force on 25 May 2018. Further guidance is being sought from the Scottish Charity Regulator (OSCR) and the Charities Commission in terms of Fundraising Regulations.
- 7.2.2 JY outlined the key changes necessary by GJF and these include: increasing the rights for individuals, strengthening the obligations for organisations, strengthening the management of breaches and delivering sanctions where departments are not being compliant. Financial penalties are already in place by the Regulator for any non-compliance.
- 7.2.3 JY confirmed that Central Legal Office have provided excellent guidance. HE, our Caldicott Guardian is Chair of the Information Governance Group, which is

responsible for making sure compliance is upheld. The Board agreed that all SMT should attend the current training course to ensure full awareness and compliance is exercised. An action plan (RAG) has been developed which identifies outstanding actions to be addressed – GJF must be GDPR compliant by 25 May 2018.

7.2.4 The Board noted their support.

Action No.	Action	By	Status
290318/05	<b>General Data Protection Regulations:</b> Check available guidance regarding how long documentation covering complaints should be held by GJF.	JC	New
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.	AH	New
290318/07	<b>General Data Protection Regulations:</b> provide six-month implementation update report of the Data Protection Programme to the Board.	JC	New

### 7.3 Cyber Resilience Action Plan

7.3.1 Following last year's global cyber attack and the significant impact on some NHS Scotland services, the Scottish Government and the National Cyber Resilience Leaders' Board developed a Public Sector Action Plan focusing on Cyber Resilience. The Deputy First Minister issued correspondence to all NHS Chief Executives instructing them on the appropriate action to be taken to implement the plan within the required timescales.

7.3.2 We are required to have critical cyber security controls in place by the end of October 2018.

7.3.3 The Board agreed that Cyber Security training be mandatory for all Information Asset Owners in the first instance and be offered to all staff. Ten courses have been delivered – further dates to be arranged. Board members also agreed to attend training.

7.3.4 Processes have been put in place to manage staff who repeatedly click on suspicious email attachments despite repeated communications to be vigilant and resist doing so. Additionally, a policy is now in place for the management of infected devices and use of personal devices for business purposes.

Action No.	Action	By	Status
290318/08	<b>Cyber Resilience:</b> Circulate to board when available new Policy for the management of any computer or device infected by a virus.	JC	New
290318/09	<b>Cyber Security Training:</b> To circulate training dates to all Board members.	JY	New

7.3.5 Board members supported the implementation of the above action plan and a proposal to obtain Cyber Essentials Plus Accreditation.

7.3.6 Approval was also given for the purchase of an automated patch management system.

## 8. Effective

### 8.1 Performance Report

8.1.1 JY updated the Board on performance as discussed at the March Performance and Planning Committee. This included Board Exception reports – KPI's, Divisional Exception and Waiting List reports plus the Corporate Balance Scorecard.

8.1.2 **Bed occupancy** Elective Acute Wards dropped in December before increasing slightly in January. A drop in occupancy would be expected over the festive period but reported figures were challenged by some wards therefore, a review would be undertaken.

8.1.3 **Treatment time guarantee (TTG)** fell short in December but increased in January. However, Cardiac Surgery has been experiencing high volumes of urgent inpatient referrals along with, elective priority patients – all impacting on length of wait. Similarly, Cardiology Electrophysiology experienced high volumes of referrals for example; November returned more than twice the capacity of the service. To assist with increased capacity, Scottish Government has provided additional funding as noted in the Annual Operation Plan.

8.1.4 **Job Planning** – HE informed the Board that full reporting of job planning will commence in April 2018. This will assist in delivering further improvements plus will also deliver Year-On-Year data. HE added; as of 28 March the figures for job planning sign-off were:

- Regional and National Medicine at 72%
- Surgical Specialties 28% of JP's (engaged in final stages)

8.1.5 HE also explained that discussions are continuing about three key areas: technicalities on figures, remuneration and preparation time on Sundays in readiness for Monday theatre.

## 8.2 Hospital Activity Report – January 2018

8.2.1 JR updated the Board on hospital activity, highlighting salient points:

1. **Operational Governance** – Activity for inpatients / day case procedures measured well against projection of 16,621 (excludes cardiothoracic / cardiology activity) and was ahead of plan by 0.4% when activity is adjusted to reflect complexity and 4.0% behind in full year to date.
2. **Orthopaedic Surgery:** at the end of January activity was ahead of the year to date plan by: 156 primary joint replacements and 93 foot and ankle procedures, but behind by 87 other 'non joint' procedures. Overall, orthopaedic surgery is currently ahead of the full year plan by 212 procedures / theatre slots.
3. **Plastic Surgery:** has been split for reporting purposes and will be recorded/monitored throughout 2017/18 as: hand surgery, minor plastic surgery and major plastic surgery. Due to holiday periods, hand surgery was behind plan for the month of January by 20 procedures. Minor and major plastic surgery procedures were slightly behind plan.
4. **Ophthalmic Surgery:** Ophthalmology activity was 52 procedures behind plan for the month of January. The ophthalmology year to date shortfall is currently 619 procedures. This continues to be primarily due to consultant availability and slightly reduced productivity within mobile theatre.
5. **General Surgery:** General surgery performed slightly behind the monthly target in January but remains ahead of the year to date plan.
6. **Endoscopy Recovery:** performed well and the shortfall has been recovered. The expectation is that this position will continue until year end.
7. **Future:** consideration will be given on how to best utilise small gaps in theatre availability. Various potential uses were discussed including; foot and ankle surgery and gastroscopies.

8.2.2 The Board noted the report.

## 8.3 Finance – January 2018

8.3.1 JY updated the Board on the financial position, highlighting the following:

1. **Current position:** The year-to-date (YTD) results show a small surplus of £80k including both core and non-core expenditure. This is in line with the forecast in the finance plan with an expectation to break even at year-end.
2. **Capital Stimulus:** Spend in the year relates to the MRI suite i.e. two new MRI scanners. It has been agreed with Scottish Government Health and Social Care Directorates (**SGHSCD**) to move funding from the capital

stimulus element, to be reinstated against 2018/19 to contribute to the funding of a second CT scanner. KK updated that she had raised concerns with JC around the level of capital available in January, particularly against Medical Theatres. JC and JY have confirmed that this funding will be used for robotic equipment which will be purchased by year-end; a meeting will take place later today to finalise contractual agreement.

3. **Efficiency savings:** Total efficiency savings delivered were £3.939m against a Local Delivery Plan target of £3.648m; ahead of the planned trajectory. We predict meeting our Board efficiency savings annual target.

8.3.2 The Board noted the updated financial position.

## **8.4 Risk Appetite**

8.4.1 JY presented a revised Risk Appetite statement noting that it forms a key part of the Enterprise Risk Management (ERM) development within the Board. The statement was reviewed at the December Board Workshop and approved by the Audit and Risk Committee in February 2018. The statement is aligned to the Board Risk Register and comprises the four pillars of GJF's Campus (Hospital, Hotel, Research & Development and Innovation) and in parallel with risk cluster scoring on a scale of one to five.

8.4.2 JY confirmed that the Board is leading Quality, Research and Innovation for NHS Scotland and aims to deliver world class healthcare services both nationally and internationally. We have good governance structures and continue to maintain our strong appetite for innovation.

8.4.3 The Board approved the revised Risk Appetite Statement.

## **8.5 Annual Operational Plan (AOP)**

JY presented the Annual Operational Plan which Boards are now required to submit - these replace the former Local Delivery Plan. This new format is designed to enable a greater understanding of local planning and its alignment with Regional and National Planning processes.

**Amendments to the report:** Minor changes were suggested by MG and KH and are noted as actions below.

MB referred to **page 27** of the draft report in regard to the Scottish Government commitment that more than half of frontline NHSS spending will be in community health services over the forthcoming years. JY confirmed that whilst this is not directly relevant to this Board, all opportunities to support this will be included within the Board's future financial plans. JY highlighted the possibility of territorial boards experiencing greater impact regarding a shift in the share of frontline budget.

The Board approved the Annual Operational Plan 2018/19 pending feedback from Scottish Government.

Action No.	Action	By	Status
290318/10	<b>Draft Annual Operational Plan 2018-19:</b> Update the Draft Annual Operational Plan with minor changes.	JY	New

## 8.6 Financial Plan

- 8.6.1 JY advised that a draft financial plan for 2018-19 has been prepared for submission to Scottish Government. It is integral to the Annual Operational Plan (previously the Local Delivery Plan – LDP) process. This new plan is for 2018/19 but also provides significant finance issues and implications over the next 3 – 5 years.
- 8.6.2 JY gave assurance to KK that there are no anticipated high risk schemes relating to clinical care. Efficiency projects have been developed and are low risk. Scottish Government has announced support for investment in our elective capacity expansion. A programme has been developed for two phases, with revenue and capital implications assumed within the financial plan.
- 8.6.3 MB asked for wording to be inserted in to the Financial Plan (and Operational Plan) to reflect the positive benefits of apprenticeships and the value of developing and retaining personnel. JY highlighted this was within the Operational Plan but would ask JC to review.

Action No.	Action	By	Status
290318/11	<b>Financial Plan</b> – review wording in the Financial Plan and the Operational Plan to reflect the benefits of apprenticeships and the value of developing and retaining personnel.	JC/CA	

## 8.7 National Boards' Collaboration Plan

- 8.7.1 In line with national guidance, the draft plan was submitted to Scottish Government pending Board approval. A national meeting will be held in the coming weeks to review and discuss reports from the national and regional Boards.
- 8.7.2 The Board discussed and noted the summary Plan.

**8.8 Conflict of Interest Policy**

- 8.8.1 JY outlined that our new policy is being developed in line with our legislative requirements: to maintain a register for gifts/ hospitality. An arrangement is in place and supported by the Audit and Risk Committee.
- 8.8.2 A short life working group was established to take this work forward and meetings have been held with Counter Fraud Services therefore; supporting the Board draft policy for 'Managing Conflict of Interests in the NHS'. An anti-bribery statement has been prepared in conjunction with the policy and associated guidance delivered.
- 8.8.3 In response to a question from MM, JY agreed to confirm whether the register will be made public.

Action No.	Action	By	Status
290318/12	<b>Conflict of Interest Policy:</b> Prepare and share with staff and Board the Communications Plan and FAQ.	SS	New
290318/13	<b>Conflict of Interest Policy:</b> In response to a question from MM, JY agreed to confirm whether the register will be made public.	JY	New

8.8.4 The Board approved the new Policy.

**8.9 Audit and Risk Committee approved minutes**

8.9.1 The minutes of the Audit and Risk Committee held on 7 November 2017 were approved.

**8.10 Audit and Risk Committee Update**

- 8.10.1 The Audit and Risk Committee update was discussed and noted. KK referred to discussions at the Board Workshop on 28<sup>th</sup> March 2018 during which, an action was agreed to **measure the effectiveness** of Board Committees and SM agreed and suggested it should be an independent review.
- 8.10.2 A valuable meeting was held last week with **Counter Fraud Services** - it was agreed that this should be planned on an **annual basis**.
- 8.10.3 Scott Moncrieff will be reappointed as our **external auditors**.

## 9. AOCB

### 9.1 Duty of Candour

9.1.1 PC reported that new statutory Duty of Candour legislation will be implemented at 1 April 2018. This legislation requires all health and social care providers to be open and honest when there has been an unexpected event or incident which has resulted in death or harm, that is not related to the course of the condition for which the person is receiving care.

9.1.2 JY emphasised that the Board is well prepared as a result of lots of planning meetings, communications, and training. The Clinical Governance team is now rolling out Duty of Candour training to more groups of staff.

### 9.2 Clinical Governance Specialist Presentation Day

9.2.1 MM confirmed that this has been scheduled for 29 May and asked everyone to note into their diary.

Action No.	Action	By	Status
290318/14	<b>CGC Specialist Presentation Day:</b> scheduled for 29 May. Resend to diaries.	MM / Lori Cassidy	New

### 9.3 Non-Executive attendance at Committee meetings

Action No.	Action	By	Status
290318/15	<b>Non-Executive attendance at Committee meetings:</b> CEO encouraged all Non-Executives to actively attend a selection of internal committee meetings in order to gain greater awareness of our wider business.	Non-Executive Directors	New

## 10. Date and time of next meeting

Thursday 10 May 2018, 10am.