

Approved Minutes
Public Board Meeting
 4 April 2019



**Golden Jubilee
 Foundation**

Patients at the heart of progress

Members

Susan Douglas-Scott CBE	Board Chair
Phil Cox	Vice Chair
Kay Harriman	Non Executive Director
Marcella Boyle	Non Executive Director
Linda Semple	Non Executive Director
Stephen McAllister	Non Executive Director
Mark MacGregor	Non Executive Director
Jann Gardner	Chief Executive
June Rogers	Director of Operations
Julie Carter	Director of Finance
Anne Marie Cavanagh	Nurse Director
Gareth Adkins	Director of Quality, Innovation and People
Angela Harkness	Director of Global Development and Strategic Partnerships

In attendance / Observers

Paul Cannon	NHS Lanarkshire
Karen Anderson	NHS Tayside
Mahmood Adil	NHS National Services Scotland
Mark Aggleton	Healthcare Improvement Scotland
Margaret Doherty	Healthcare Improvement Scotland Public Partner

Minutes

Christine McGuinness	Corporate Affairs Manager
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Apologies

Karen Kelly	Non Executive Director
Jane Christie-Flight	Non Executive Director / Employee Director
Alistair Macfie	Interim Medical Director
Sandie Scott	Head of Corporate Affairs

Standing Declarations of Interest

Susan Douglas-Scott CBE	Chair, Independent Living Fund
Linda Semple	Non Executive Director, NHS Ayrshire & Arran
Stephen McAllister	Non Executive Director, NHS Forth Valley
Angela Harkness	Trustee, Scottish Sports Futures
Karen Kelly	Special Advisor, NHS Tayside Audit Committee
Jane Christie-Flight	Board Member, Scottish Pensions Advisory Board

1. Chair's Introductory Remarks

1.1. Susan Douglas-Scott opened the meeting and made the following remarks.

- Welcome to Paul Cannon, Board Secretary at NHS Lanarkshire, who is observing the meeting ahead of our appointment of a Board Secretary.
- Welcome to Quality of Care review panel, who are observing the meeting:

Karen Anderson	NHS Tayside
Mahmood Adil	NHS National Services Scotland
Mark Aggleton	Healthcare Improvement Scotland
Margaret Doherty	Healthcare Improvement Scotland Public Partner
- Alistair Macfie has been appointed as Interim Medical Director. Alistair is not able to attend today but will attend from the next meeting onwards. We have begun the process of recruiting to the permanent Medical Director post.
- Julie Carter is moving to the Scottish Ambulance Service as full time Director of Finance. We are in the process of recruiting a new Director of Finance.
- We are undertaking a review of our governance and committee infrastructure in line with the Blueprint for Good Governance and have several key pieces of work underway:
 - Development of a new performance report.
 - Redesign of the pathway for governance/performance decisions to align Committee/Board dates.
 - Development of Committees and terms of reference.
 - Recruitment of a new Board Secretary – we're delighted that NHS Lanarkshire's Board Secretary Paul Cannon is with us today to observe as a peer review.
- Work has begun on the Golden Jubilee Foundation's dedicated cataract unit following Full Business Case approval by the Scottish Government. The unit will start treating patients in 2020 and increase the numbers of cataracts year on year up to 18,000 per year in 2035. Work is also progressing on phase two.
- The Golden Jubilee Foundation received a Stonewall Scotland 'star performer' award in recognition of the Golden Jubilee's decade-long commitment to LGBT equality in the workplace. The Golden Jubilee has been asked to provide a young trans person with a work placement and mentoring from the Chair.
- We have taken delivery of a new state-of-the-art Computer Tomography (CT) scanner to help further reduce waiting times across Scotland. The new equipment will more than double CT capacity at the Clydebank hospital, with an extra 10,500 procedures planned in 2019/20 for orthopaedic, cardiothoracic, stroke and neurological patients, as well as those on a cancer treatment pathway.

2. Apologies

2.1. Apologies were noted as above.

3. Declarations of Interest

3.1. There were no changes requested to the Standing Declarations of Interest.

4. Updates from last meeting held on 14 February 2019

4.1. Minutes of last meeting

The minutes of the last meeting were approved with the minor amendments below:

- P15, CT scanner – change 140 to 440 and 280 to 880.

Action No.	Action	Action by	Status
040419/01	Minutes: Amend/approve as discussed	Christine McGuinness	NEW
040419/02	Minutes: Publish approved minutes online	Christine McGuinness	NEW

4.2. Actions

4.2.1. All previous actions were updated and closed, except for the following:

Action No.	Action	Action by	Status
140219/08	Volunteer Strategy: Change some of graphics to represent a wheelchair user	Gareth Adkins/ Marcella Boyle/ Communications	Ongoing. Awaiting updated version.
140219/09	Volunteer Event: Invite all Board Members	Marcella Boyle/ Communications	Ongoing. Will be circulated in line with event plan.

Action No.	Action	Action by	Status
140219/10	Volunteer Strategy: Publish final version online	Communications	Ongoing. Awaiting updated version
140219/16	Endowments Sub Committee: Bring forward proposal on committee name	Phil Cox	Ongoing. Committee will discuss on 16 April 2019.

4.3. Matters Arising

4.3.1. There were no matters arising from the minutes and actions.

5. Person Centred

5.1. Hospital Expansion Phase One

5.1.1. June Rogers provided an update, highlighting the following:

- The Full Business Case was approved by the Scottish Government Capital Investment Group on 30 January 2019.
- Piling and services alteration works are complete and drainage works are nearing completion.
- A self check-in solution is imminent.

5.1.2. Angela Harkness commented that we are working with Scottish Health Innovations Limited to build a bespoke self check-in system, adding that there is an opportunity to develop a strategic partnership with the potential to see return on investment on this work.

- An ophthalmology information evening will be held in late spring 2019 for medical staff, nurses and allied health professionals. As well as information about the new integrated unit, there will be presentations on models of care and workforce plans. Look out for more information over the next few weeks.

5.1.3. Susan Douglas-Scott asked who will be invited to the open evening. June Rogers responded that a wide group of people will be invited to the educational event to find out about our ophthalmology model. Susan Douglas-Scott asked for Non Executive Directors to be invited and for the date to be circulated in advance.

Action No.	Action	Action by	Status
040419/03	Expansion Event: Invite Non Executive Directors to ophthalmology information evening	June Rogers/ Communications	NEW
040419/04	Expansion Event: Circulate date of ophthalmology information evening to Board Members	Christine McGuinness	NEW

5.1.4. Jann Gardner commented that the Golden Jubilee has been approached by others to provide advice and collaboration on our learning from the phase one programme so far, adding that the new visuals make it easy for people to understand what we are doing.

- Work is ongoing to replace the Consultant Microbiologist role. HAI Scribes are being approved by the Infection Control Team in the interim.

5.1.5. Kay Harriman asked if this could potentially cause a delay in the programme. June Rogers responded that this could cause a delay but everything is being done to prevent this. June Rogers assured the Board that the HAI Scribes are being overseen by a Microbiologist.

5.1.6. June Rogers added that there is a shortage of Microbiologists across the country. Jann Gardner commented that there may be an opportunity to do something across the West of Scotland.

5.1.7. The Board noted the update.

5.2. Hospital Expansion Phase Two

5.2.1. June Rogers provided an update, highlighting the following:

- The Initial Agreement has been approved and the Outline Business Case is being developed in line with the project plan.
- A valuable 'lessons learned' event was held with the Principal Supply Chain Partner (PSCP), which has helped Phase Two get off to a great start.
- The Clinical Brief and Schedule of Accommodation have been signed off.
- Renovation of vacated areas will be included in the phase two plan.
- Kier have formally been appointed for stage one.

- The Kier and Aecom review of Stage 2 programme is underway. A wider review of the overall programme and other identified Work Task Orders is also underway. This includes an assessment of modular construction and identification of possible enabling works to reduce the main construction period.

5.2.2. Marcella Boyle commented that June Rogers' update had addressed one of her questions about the relationship with the PSCP and asked if the same team members are still involved. June Rogers responded that most team members are the same and added that a representative from the PSCP will periodically attend our Senior User Group meeting to give updates and are now more part of the combined team.

5.2.3. Jann Gardner added that a stress test of the financials has resulted in a really robust revision to the 1:500 drawings.

5.2.4. Phil Cox commented that the current status reflects how firm we were during phase one and the relationship is where it needs to be.

5.2.5. The Board noted the update.

6. Safe

6.1. Healthcare Associated Infection Report: January 2019

6.1.1. Anne Marie Cavanagh presented the HAIRT report, highlighting the following key points.

- Two Staphylococcus Aureus Bacteraemia cases were reported.
- Zero Clostridium Difficile infection cases, none since June 2018.
- Hand Hygiene bimonthly report for January 2019 demonstrates overall compliance was maintained at 98% with medical staff compliance decreasing to 92% from 95%. The Interim Medical Director and Associate Nurse Director will jointly provide leadership around medical compliance.
- Surgical Site Infections are within the control limits.
- Cleaning and the Healthcare Environment Facilities Management Tool – Housekeeping compliance was to 98.71%, down from 99.08%. Estates compliance was 98.93%, down from 99.46%.

6.1.2. Linda Semple commented that she was glad to see the reduction in infections following Coronary Artery Bypass Grafts.

6.1.3. Jann Gardner assured the Board that the Executive Team are taking particular interest in infection rates and adherence to the 'bare below the elbows' approach.

- 6.1.4. Mark Macgregor commented that, although there have been a few incidences of SABS, he is reassured that there are no trends. Mark Macgregor also commended the new graphs in the report, adding that these make it easy to see any trends. Anne Marie Cavanagh explained that a thorough investigation is carried out into each incident. Linda Semple added that the Clinical Governance Committee spends a lot of time discussing the reports and each incident gets a significant level of scrutiny through the governance committee. Susan Douglas-Scott added that there are also follow-up actions if necessary.
- 6.1.5. Jann Gardner advised the Board of a really good example of learning from a single case resulting in a 'back to basics' approach to skin preparation in theatres, with a training video being made to support this.
- 6.1.6. Susan Douglas-Scott commented that she is pleased to hear about the joint leadership role from the Interim Medical Director and Associate Nurse Director and that it is good to see this being shared across the disciplines. Anne Marie Cavanagh added that it is really important that this is being talked about at the highest levels.
- 6.1.7. Jann Gardner advised that the Clinical Governance and Risk Management Group have discussed the need to refresh the standards and expectations around wearing and changing of scrubs and that a communication plan will be put in place to support this. Susan Douglas-Scott agreed that this was important and really good work.
- 6.1.8. The Board approved the HAIRT report and its publication on the website.

Action No.	Action	Action by	Status
040419/05	HAIRT: Publish HAIRT online	Christine McGuinness	NEW
040419/06	Scrub wear: Communication plan to support	Comms/AnneMarie Cavanagh/Alistair Macfie/Gareth Adkins	NEW

6.2. EU Withdrawal

- 6.2.1. Anne Marie Cavanagh updated the Board on preparations for EU Withdrawal. The focus is remaining on business continuity. All department leads and managers are ensuring that their local plans are up to date and to consider them with a view to the risk areas identified.
- 6.2.2. Mark Macgregor commented that there are instructions not to stockpile medicines but asked about the situation with joint implants and cardiac devices. Anne Marie Cavanagh advised that key decisions are being taken nationally about what items need to be advance purchased.

- 6.2.3. Susan Douglas-Scott asked if this applies to everything the Golden Jubilee needs. Anne Marie Cavanagh assured the Board that a lot of work is going on around this and is being led internally by the Procurement and Medical Physics teams.
- 6.2.4. Anne Marie Cavanagh added that discussions are also taking place about where large quantities of items are available in the event that these need to be shared across Scotland, as is the normal process in the event of a potential shortage.
- 6.2.5. Jann Gardner added that we will respond as and when we need to and assured the Board that this is one of our biggest potential risks and that the organisation is doing everything we can to minimise that.
- 6.2.6. The Board noted the update.

7. Effective

7.1. Performance Report: January 2019

- 7.1.1. Jann Gardner presented an update on Performance, highlighting the following key information.
- Bed occupancy is reasonable although had been lower in cardiology during the festive period due to the shortage of blood supplies.
 - Following concerns around the failure to attend rate, a campaign is being launched to highlight the impact of this. We are getting a really good response to filling ophthalmology cancellations from same day clinic appointments. A small number of thoracic cancellations were a result of unplanned consultant absence.
 - Treatment Time Guarantee breaches in cardiology are a result of increased referrals across the different specialties. We have an ambitious and robust plan to address this going forward through use of a temporary mobile cardiac catheterisation laboratory (cath lab) and development of a business case for a fifth permanent cath lab.
 - Sickness absence was 5.2% in January. Although above the target, this remains lower than the NHSScotland average of 5.64%.
- 7.1.2. Susan Douglas-Scott asked Kay Harriman if any issues were raised about sickness at the Person Centred Committee. Kay Harriman assured the Board that the Person Centred Committee looks at this in detail and is assured by the amount of work that is going on behind the scenes.
- 7.1.3. Gareth Adkins explained that the sickness absence rate had started to come down but increased again in December and January. Gareth Adkins added that a lot of work is being done around mental health, which has been identified as the number one cause of absence, and we will be surveying staff to find out what they think will

be helpful to them. Susan Douglas-Scott commented that this positive action is very helpful to address some of these issues.

- 7.1.4. Mark Macgregor commented that the report only shows a three month trend but the Person Centred Committee looks at the detail over a much longer period.
- 7.1.5. June Rogers provided an update on areas that are progressing well.
- Robotic surgery is going well. A third surgeon has completed their training and we have successfully completed 55 surgeries, which is in line with the plan.
 - Discharge trajectories for patients undergoing primary joint replacement have been exceeded - 20% of primary total hip replacement patients were discharged on post-operative day one in December, with this increasing to 29% in January. A significant amount of work is going on to identify appropriate patients and ensure they are ready and able to go home.
- 7.1.6. Mark Macgregor commented that some patients may feel they are being discharged prematurely and asked if we know how patients feel about this. June Rogers advised that we do a lot of 'prehabilitation' with patients to prepare them for their experience and added that the clinical teams do a lot of work to identify patients who are suitable for this enhanced recovery pathway. Anne Marie Cavanagh added that patients are advised at an early stage that they are on this pathway and the clinical teams are closely monitoring patients when they go home.
- January was the ninth successive month ophthalmology reported cancellations within the 3% target. This figure does not include those slots filled from clinic on the day.
- 7.1.7. Linda Semple asked how much of the reduction in ophthalmology cancellations is due to filling slots from outpatient clinics. June Rogers added that the cancellations still count as such but a focussed piece of work is being carried out on this. June Rogers added that after 'Did Not Attend' rates decreased following the introduction of an appointment reminder service, a member of staff was brought in to call patients directly to remind them about their appointments and we are seeing direct benefits from that, so will be keeping both for now.
- 7.1.8. Linda Semple asked if we are sharing our intelligence around this with other Boards. June Rogers advised that we do share this but added that the Golden Jubilee has a unique approach to booking patients.
- 7.1.9. Julie Carter added that the Golden Jubilee chaired a recent meeting of the National Theatre Productivity Group and people had a more positive perspective about our approach to filling cancelled slots from outpatient clinics after watching a couple of patient experience videos. June Rogers added that good patient preparation and clear criteria is the key to making this a success.

- The Cardiology team won the £10,000 Improvement and Innovation award at the annual National Cardiac Benchmarking Collaborative for the Non ST Elevation Myocardial Infarction service redesign. The award is voted for by peers at the event.

7.1.10. June Rogers provided an update on areas that are causing challenges.

- Cardiology and cardiac surgery waiting times continue to cause concern. We cannot perform elective surgery during the Christmas and New Year period. The number of referrals is increasing significantly and the more cardiology procedures we do, the more this impacts on the cardiac surgery programme. We are planning to bring the mobile cath lab back on site in the summer – this will be carefully times so as not to be impacted by any works on the new cataract unit.

7.1.11. Susan Douglas-Scott asked about blood products during the festive period. Anne Marie Cavanagh advised that this is due to change in blood donation practices in this period and the short shelf life of some blood products but assured the Board that this only impacts on planned surgery and there are robust escalation processes that ensure emergency and urgent procedures can go ahead.

- SACCS Consultant capacity is not meeting demand. There is a national shortage of specialists and we have also had a resignation and another going on maternity leave.

7.1.12. Phil Cox commented that we seem to struggle with SACCS specialists and asked if we need a new approach to bringing people in, nurturing them and retaining them. June Rogers advised the Board that people have been leaving for personal reasons but provided assurance that this is being closely monitored.

7.1.13. Marcella Boyle raised concerns about being key person dependant in certain services and one absence can have a serious impact. Marcella Boyle asked if we can do things differently to 'grow our own' and asked how this is being considered as part of the workforce strategy. Jann Gardner assured the Board that the Executive team are looking at how to align our strategy with our workforce.

7.1.14. Jann Gardner advised the Board that a new performance report is being developed and the flow of information into Committees is also being looked at to provide more robust reporting going forward, with plans to introduce this from August/September 2019.

7.1.15. Jann Gardner commented that we are scoping the potential for more training to be delivered either here at the Golden Jubilee or in a hub and spoke way, and this could bring some real benefits for NHSScotland. Jann Gardner added that June Rogers is also looking to develop the patient coordination team to optimise the benefits for a wider co-ordination role.

7.1.16. The Board noted the Performance report.

7.2. Hospital Activity Report: January 2019

7.2.1. June Rogers provided an update on business activity, highlighting the following key points.

- Activity was ahead of plan by 10.6% for the month and 4.8% year to date.
- Orthopaedic activity is 355 ahead of plan year to date.
- Ophthalmology activity is 150 procedures behind year to date but was 56 ahead or the month.
- General surgery is behind by seven procedures year to date.
- Hand surgery was 33 procedures behind plan and minor plastic surgery 14 procedures behind plan. Hand and plastic surgery are only provided for one Board - allocations have been halved for 2019/20 based on uptake in 2018/19.
- Endoscopy is 712 procedures ahead of plan year to date.
- Diagnostic Imaging is 3.7% ahead in the month and 7.9% ahead year to date.
- It is anticipated that we will finish 2018/19 with activity 5.5% ahead of plan.

7.2.2. The Board noted the Business Activity report.

7.3. Finance Report: January 2019

7.3.1. Julie Carter provided members with an update on the financial position, highlighting the following information.

- It is anticipated that the Board will achieve the breakeven target.
- Efficiency savings delivered were £3.430m against an Annual Operational (AOP) target of £3.330m, reporting a surplus of £100k at this stage. This is in the main due to phasing movement in some projects with no risk in delivery of the 2018/19 target.
- New funding streams are being considered for the years ahead.

7.3.2. Linda Semple commended staff for delivering efficiencies during a difficult year. Julie Carter commented that it is getting harder but we continually reinforce that this is not about cost cutting but about productivity and putting money back into the NHS and thanked the Board for their support.

7.3.3. Susan Douglas-Scott commented that some of the efficiencies will come back around again through the elective work.

7.3.4. Marcella Boyle praised the good financial management, adding that the fact we have achieved this in a year where we have done so much more speaks for itself. Jann Gardner agreed that this is a great achievement from all staff and echoed Julie Carter's points about securing additional funding streams for key pieces of work.

7.3.5. The Board noted the Finance report.

8. AOCB

8.1. Non Executive Director development

- 8.1.1. Marcella Boyle advised that she and Karen Kelly had observed a recent NHS Ayrshire & Arran public Board meeting and it had been helpful to see how another Board operates. Marcella Boyle noted similarities with Golden Jubilee but on a different scale. Marcella Boyle advised that that it had been really helpful to see how another Board operates and encouraged other Non Executive Directors to do so.

9. Date and Time of Next Meeting

- 9.1. The next meeting takes place on Thursday 9 May 2019 at 10am.