

Approved Minutes
Board Meeting
Thursday 15 June 2017



Members

Stewart MacKinnon (SM)	Interim Chair
Kay Harriman (KH)	Non Executive Member
Jack Rae (JackR)	Non Executive Member
Mark McGregor (MM)	Non Executive Member
Maire Whitehead (MW)	Non Executive Member
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
Mike Higgins (MH)	Medical Director
Anne Marie Cavanagh (AMC)	Nurse Director
Safia Qureshi (SQ)	Director of Quality, Innovation, and People

In Attendance

Angela Harkness (AH)	Director of Global Development and Strategic Partnerships
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Public in Attendance

Ram Yaganthi	Student working with Hotel
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Minutes

Christine McGuinness	Communications Manager
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1 Chair's Introductory Remarks

- 1.1 SM welcomed Ram Yaganthi, a student currently working on his dissertation project at the Golden Jubilee Conference Hotel.
- 1.2 SM welcomed JackR and MW to their last meeting, and thanked them for their eight years' service as Non Executive Members of the Board.
- 1.3 SM updated the Board on a visit by the Cabinet Secretary for Health and Sport. Shona Robison MSP was given a first look at our pilot telehealth outpatient clinic with NHS Fife, visited our new optometrist and nurse-led ophthalmology outpatient service, and was given an update on the hospital expansion as part of the Scottish Government's Elective Centres Project.

- 1.4 SM thanked John Connaghan, NHSScotland’s Chief Operating Officer and the Scottish Government’s Director of Health Performance and Delivery, for supporting the Board and wished him well for his new post in Ireland.
- 1.5 SM updated the Board on the recent Volunteer event, at which we were presented with our Investing in Volunteers (liV) certificate and plaque. The Golden Jubilee was one of the first NHS organisations in Scotland to achieve the liV accreditation in 2009 and we are one of the first organisations to be accredited for the third time in a row.
- 1.6 SM advised that the Golden Jubilee had recently marked another UK first, using groundbreaking technology on a patient undergoing percutaneous coronary intervention (PCI) for narrowed heart arteries. Cardiologists Stuart Watkins and Keith Oldroyd showcased one of their first ever cases using PCI Assist at the world-leading EuroPCR Congress in Interventional Cardiovascular Medicine held this week.
- 1.7 SM congratulated the Golden Jubilee Conference Hotel on winning the Success Through Sustainability award and for being finalists in the Excellence in Customer Service category at the inaugural Working4Business Award ceremony.

2 Apologies

- 2.1 Apologies were received from:

Phil Cox (PC)	Non Executive Member
Sandie Scott (SS)	Head of Corporate Affairs

3 Declarations of Interest

- 3.1 There were no declarations to record.

4 Minutes of Last Meeting

- 4.1 Minutes of the meeting held on 11 May 2017 were approved as accurate subject to the following amendment(s):
 - P3, 6.1.4 – amend first sentence to read ‘JackR added that the cover photographs are exclusively of women’.

5 Matters and Actions Arising

5.1 Actions

All actions were closed with the exception of the following:

Action no: 300317/05
Action: Discuss graphs in Board reports
Action by: MH/SQ/CA/MM
Action status: Ongoing
Action update: First discussion has taken place. A verbal update will be provided at the August Board.

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 JCF updated the Board on discussions at the Partnership Forum meeting which took place on 21 April 2017.

- **Free Will scheme:** The Forum approved the Free Will service, which will be offered to staff by the scheme providers, McClure Solicitors.
- **Equality Mainstreaming Report:** The Forum approved the report and supported this being taken to Person Centred Committee for formal approval.
- **Equality Outcomes:** The Forum approved the Equalities Outcomes for 2017-2020.
- **Health Promoting Health Service:** The Forum noted that work streams have been put into place to address the points raised within the response.
- **Local Delivery Plan and Financial Plan:** The Forum noted that draft copies of both our Local Delivery Plan and Financial Plan have been submitted to Scottish Government for comment.
- **Catering Group:** The Forum was given an overview of the national review of NHS catering services and advised that a working group will be established to review our catering service.
- **Expansion Plans:** The Forum was given an update on the expansion programme. It was noted that a weekly project team meeting had been established. This has staff side representation on it.
- **Night Worker:** The Forum was informed that one specific part of the new service had not worked as well as expected and a partnership group is being convened to further review this and identify a potential digital system to support the way forward.

6.1.2 KH asked for information on the issues identified in the Night Worker pilot. JCF responded that hotel staff were still uneasy about addressing and actioning eg cardiac arrest calls. JC added that the key principle worked but the issue was with cross covering these specific and important roles, adding that there were limitations with some of the older systems in use. JY added that a fully automated system is now being considered to address this.

6.1.3 When discussing the catering review, JC commented that most Boards have a low, or no, price subsidy for staff and it is important that we consider how we action this and added that we need to ensure we have the right service

offering for staff and we should ensure our pricing structure to reflect this. This is the remit of the group that has been established. JCF added that we need to make sure the service is sustainable for the expansion programme.

6.1.4 The Board noted the update.

6.2 Annual Feedback Report

6.2.1 AMC presented for approval the Annual Feedback Report for 2016/17, which:

- outlines how we have engaged with patients and services users to improve services;
- includes information on:
 - encouraging and gathering feedback;
 - encouraging and handling complaints;
 - culture, including staff training and development;
 - improvements to services as a result of complaints and feedback; and
 - accountability and governance.
- must be submitted to the Scottish Government by 30 June.

6.2.2 AMC thanked the Clinical Governance, Human Resources and Communications teams for pulling the report together.

6.2.3 JCF commented that the section on complaints does not reflect the increase in patient activity and suggested describing the number of complaints as a percentage of activity. AMC responded that this could be described as a percentage against occupied bed days, in line with prevention and control of infection reporting.

6.2.4 MW commented that many people don't make formal complaints and asked if comments and concerns are recorded. AMC responded that this is included in the report. SQ commented that this is in section 3.2 and added that a piece of work is already under way to add contextual details to the report next year.

6.2.5 The Board approved the Annual Feedback Report subject to the design being finalised, with page numbers added and tables numbered.

Action no:	150617/01
Action:	Finalise design of Annual Feedback Report, numbering tables and pages, and adding data on complaints as a percentage of patient activity
Action by:	AMC/ Comms
Action status:	NEW

Action no:	150617/02
Action:	Submit Annual Feedback Report to Scottish Government (by 30 June 2017)
Action by:	AMC
Action status:	NEW

7 Safe

7.1 HAIRT

7.1.1 AMC presented the Healthcare Associated Infection Report (HAIRT) for April 2017, highlighting the following points:

- **Staphylococcus Aureus Bacteraemia:** No cases to report.
- **Clostridium Difficile infection:** No cases to report.
- **Hand Hygiene:** Compliance was 99% in March. Next audit is due in May 2017.
- **Cleaning and the Healthcare Environment Facilities Management Tool:** Housekeeping Compliance was 99.17%, Estates Compliance was 99.15%.
- **Surgical Site Infection:** No cases to report.

7.1.2 MM commented that although he had been concerned about the continuing rise in SABS last year, this was always within the control limits, and added that a CUSUM graph might be a better way to show this. AMC responded that the report is a national template, adding that Board members receive the same report that goes to the Scottish Government. JY added that the graphs will be part of the review that we will have a verbal update on at the August meeting. AMC agreed that there was value in looking at the data to see how it could be presented differently.

7.1.3 JackR asked if there were any consequences arising from patients who are not screened for MRSA. AMC responded that all patients are screened, and added that the report highlights the need to get the timing of the screening right. JY added that the Senior Charge Nurse from 2 West has been invited along to the next Clinical Governance Committee meeting to talk about some of the challenges that are going on in that area.

7.1.4 The Board noted the report and approved its publication.

Action no: 150617/03
Action: Publish HAIRT
Action by: AMC/ Comms
Action status: NEW

7.2 Property and Asset Management Strategy

7.2.1 JC presented for approval the updated Property and Asset Management Strategy, which describes:

- the state of the Board assets;
- the asset challenges over the next 10 years;
- the service challenges over the next 10 years and how they influence the property and asset management plans for the Board; and
- a plan on how the Board needs to transform the assets to deliver our strategy and vision.

7.2.2 SM commented that the report was very well written, adding that it tells a nice story and that there are no surprises.

- 7.2.3 JackR asked about the DMZ firewalls. JC responded that this describes the type of firewall.
- 7.2.4 JackR asked if we should refer to development of the existing research and innovation centre. JC responded we are hoping to build a new dedicated standalone research and development unit.
- 7.2.5 JackR noted a typographical error on page 46, “stranding” agenda items.
- 7.2.6 SM asked about new technology in orthopaedics. JC responded that there are some IT changes, adding that anything new will go through the Medical Equipment Group.
- 7.2.7 MM asked about the annual mileage reported for lease car holders. JC responded that some members of staff have not had a full year in post and that the lease car policy has a requirement for a minimum of 1,800 miles per year, adding that a new national policy will be coming out soon.
- 7.2.8 The Board approved the Property and Asset Management Strategy.

Action no: 150617/04
 Action: Add explanation to PAMS re robotics covering a spectrum of techniques
 Action by: JC
 Action status: NEW

Action no: 150617/05
 Action: Submit PAMS to Scottish Government
 Action by: JC
 Action status: NEW

8 Effective

8.1 Performance

8.1.1 JY updated the Board on operational performance in March, highlighting the following points:

- **Adverse Events:** There were four events in March - three high and one very high, all of which occurred in different areas of the Board.
- **Electrophysiology Waiting list:** The Board was advised that the Electrophysiology waiting list continues to be under significant pressure. A small number of recent breaches under the Treatment Time Guarantee were identified in April and May with more expected during June. Additional capacity has been provided to address the immediate pressures and to scope work to understand SACCS requirement for the service. The Management Team also plan to work with Regional referrers to establish referral criteria, to benchmark the GJNH service with other NHS Scotland providers, and to review the existing service for potential efficiencies.
- **Cancer Treatment Target:** All cancer patients were treated within 31 days. The target has been achieved consistently during every month in

2016/17; the median waiting time for treatment was 13 days, with the longest being 31 days.

- **Bed occupancy:** This fell below target in March after a reduction in occupancy across the Acute Wards. Demand for orthopaedic beds fell as a result of Consultant sickness absence. Cardiac and Thoracic bed occupancy also fell and is being monitored closely as part of their bed review.
- **Sickness Absence:** The Board sickness absence rate of 4.7% was one of the lowest recorded in NHSScotland in 2016/17.
- **Discipline and Grievance:** Disciplinarys were reported at a rate of 0.11%. No grievances were reported for the second consecutive quarter.
- **Complaints:** One complaint response was late after the initial investigation determined that a full Root Cause Analysis should be carried out. This was agreed with the complainant, who is being kept informed.
- **Orthopaedic Peer Review:** A recent peer review highlighted that 56% of our hip replacement patients are now being discharged on post operative day two. GJNH is the only Board to achieve such short length of stays while maintaining consistently good patient outcomes.
- **Ophthalmology Outpatients:** Work to deliver a further increase in Ophthalmology outpatient capacity is under way, with three new Optometrists and two Ophthalmic Support Workers recently recruited. The new clinic model will see a phased increase in clinic capacity from June, moving from the current position of 18 patients a session (32 in a full day) to a planned position of 24 patients a session (48 in a full day).
- **Cardiac Day of Surgery Admission (DoSA):** Anaesthetic support for Cardiac Pre-Operative assessment clinics is supporting the Cardiac DoSA pilot. Of the patients reviewed by the Consultant Anaesthetists during April, 40% were admitted as DoSA. A number of Cardiac Surgeons are already participating in the pilot; work to encourage the whole Consultant Team to take part is under way.
- **Cardiac On-Call Rota:** The Divisional and Patient Flow Teams have been working together to improve the pathway for urgent cardiac patients. Changes to the Cardiac On-Call Rota will come into effect on 1 July 2017. A different surgeon with no scheduled theatre commitments will be on call for 24 hours, Monday to Thursday. They will be responsible for all emergency cases out of hours and review all urgent inpatient referrals. It is anticipated that this change will enhance patient experience, improve the flow of urgent inpatients in Cardiology, and smooth demand across the surgical waiting lists.
- **Transplants:** Two transplants have taken place so far in 2017/18.
- **Organ Care System:** Preparations for the Organ Care System (also known as 'Heart in a Box') are well under way with a planned go live in June 2017. Meetings have been held with regional Organ Donation Clinical Leads to build donor site support for the programme, and to talk about changes to practice to support the new service. A number of local 'dry runs' have also been carried out to test both the kit and transport arrangements.
- **MRI expansion:** Work to install a third MRI scanner (MRI3) on Level 1 to support national waiting times work is going well. Radiographer

recruitment is under way and the main contractor has been selected, with a view to building work being completed by end October.

8.1.2 JCF asked if the Regional and National Medicine report should be included in the paper. JY responded that this is included on pages 10 and 11.

8.1.3 SM asked whether Non Executive Members were attending the Performance and Planning Committee. JY advised that they are.

8.1.4 JackR asked if the tolerance is correct for the KPI on incidents. JY responded that this is correct and recorded as a percentage.

8.1.5 The Board noted the update.

8.2 Business Update

8.2.1 JR updated the Board on hospital activity in April 2017, highlighting the following:

- **Inpatient/ Day Case/ Diagnostic Imaging Activity:** Measured against a total activity projection of 45,996, the combined inpatient, day case and imaging activity at the end of April was 4.8% behind plan when adjusted to reflect complexity.
- **Orthopaedic Surgery:** In addition to the 3,803 primary joint replacements, there is a target number of 681 orthopaedic non-joint procedures and 550 foot and ankle procedures for the year. This equates to a total of 5,034 orthopaedic theatre slots. At the end of April, orthopaedic joint activity was behind the year to date plan by 35 primary joint replacements and 16 orthopaedic 'other' procedures while foot and ankle procedures were slightly ahead of plan by 6 procedures.
- **Ophthalmic Surgery:** Ophthalmology activity was behind plan for the month by 77 procedures, due to consultant availability. There has been further delay in the arrival of the Ophthalmic Surgeon appointed in Autumn 2016. This delayed arrival, together with recent sickness absence, has had a significant adverse impact on our ability to deliver the high number of cataracts in April. Interim solutions to this challenge are being explored. The mobile Ophthalmology theatre arrived on site and went live in mid May.
- **General Surgery:** General surgery performed on target. No weekend operating lists were carried out in April. There have been no requests so far this year for additional weekend general surgery lists.
- **Plastic Surgery:** Hand surgery was exactly as planned for April. Minor plastic surgery was one procedure ahead and major procedures were three behind plan. Delivery of the Plastic Surgery service was an ongoing challenge throughout 2016/17 due to access to Plastic Surgeons. We have therefore realigned some of the major plastics procedures and replaced the capacity with a combination of general surgery and orthopaedic surgery. This agreement was reached with the referring Board.
- **Endoscopy:** The endoscopy service performed behind plan by 11 procedures in April.

- **Diagnostic Imaging:** Activity has remained high in April, although Diagnostic Imaging performed slightly behind plan by 5 examinations.
- **Recovery Group:** The two week Easter holiday period in April presented challenges in delivering the planned activity in most specialties. However, the Recovery Group will continue to meet on a weekly basis to scrutinise theatre utilisation and address the shortfall in activity that has already been accumulated.

8.2.2 JackR asked if we were confident that the second ophthalmic surgeon is still going to come. MH stated we were still hoping to resolve the issue which had caused the delay.

8.2.3 MM asked whether the orthopaedic surgeon availability was just a leave management issue. JR responded that consultants work 42 weeks of the year, theatres operate 48 weeks, and the consultants are flexible with providing additional sessions to fill the gaps. MM commented that this system may need to change. JR responded that it has been complicated with the additional two week closure at Easter.

8.2.4 The Board noted the report.

8.3 Finance Update

8.3.1 JC updated the Board on the financial position in April, highlighting the following:

- **Current position:** Month one results show a total surplus of £1,071k, which is in line with the forecast.
- **Budgets:** Budgets for 2017/18 have been agreed by the Heads of Operations, Corporate Heads and Nurse Director as the key budget holders. A meeting has also been scheduled with the Medical Director and Associate Medical Directors.
- **Efficiency Savings:** The target for 2017/18 is £4.482m.
- **Land Sale:** The sale of land declared surplus by the Board was concluded on 5 May 2017.
- **National Fraud Initiative:** Due to issues with the matching process in the current exercise, the matches were only fully released on 19 May 2017. Work is under way to investigate the recommended matches. It will be the aim as in prior years to clear a minimum of 75% of the payroll matches.

8.3.2 JCF asked for more information on the National Fraud Initiative issues. JC responded that there were national matching issues, which delayed the release of the data from February to May.

8.3.3 The Board noted the update.

8.4 Audit and Risk Committee approved minutes

8.4.1 The Board noted the approved minutes of the Audit and Risk Committee held on 18 April 2017.

8.5 Audit and Risk Committee update

8.5.1 JackR updated the Board on discussions at the Audit and Risk Committee held on 6 June 2017, highlighting the following:

- **Single Finance System:** The service audit report on the National Single Finance System managed by NHS Ayrshire & Arran was reviewed.
- **National Fraud Initiative:** The Board checklist regarding delivery of this exercise was noted.
- **Internal Audit:** The internal audit annual report was approved.
- **Cyber Maturity:** PricewaterhouseCooper presented the cyber maturity report, which was positive but identified further work to strengthen Board resilience.
- **External Audit:** The annual report on 2016/17 audit was approved; this was a very positive report with no significant issues identified.
- **Annual Accounts:** The annual report and accounts were approved. The statement of assurance from the Audit and Risk Committee to the Board was approved and signed by the Chair of the Committee.
- **Committee Annual Report:** The Audit and Risk Committee Annual report was approved.
- **Work Plan:** The work plan for 2017/18 was reviewed with a minor addition agreed.
- **Terms of Reference:** Interim terms of reference for 2017/18 were reviewed and will be reviewed and amended following the successful recruitment of new Non Executives.
- **Audit Scotland Report:** The report from Audit Scotland on improving the quality of NHS accounts was reviewed and noted by the Committee.

8.5.2 The Board noted the update.

Annual Report and Accounts

8.6 Statement of Assurance to the Board

8.6.1 JackR presented the Statement of Assurance which had been approved and signed off by the Audit and Risk Committee.

8.6.2 MM suggested that a line be added to explain JackR taking over as Interim Chair for PC. JC responded that a section was included in the Annual Report and that this could be added to the statement too.

Action no: 150617/06
Action: Add sentence to Statement of Assurance re JackR acting as Interim Chair of ARC for PC
Action by: JC
Action status: NEW

8.6.3 The Board approved the Statement of Assurance

8.7 Annual Report and Accounts

8.7.1 JC presented for approval the Board's Annual Report and Accounts for 2016/17, highlighting that there have been a few changes to the template and that a different format is being looked at for next year.

8.7.2 SM highlighted a few amendments in terms of the dates JF left and he became Interim Chair (pages 29, 31 and 32).

8.7.3 JCF also noted some amendments, highlighting that her name changes between Jane Christie and Jane Christie-Flight throughout the report.

8.7.4 The Board approved the Annual Report and Accounts subject to the amendments being made.

Action no: 150617/07
Action: Amend Annual Report and Accounts to reflect JF leaving date, SM start date, and JCF name change
Action by: JC
Action status: NEW

8.8 Committee Governance Papers

8.8.1 JC presented for approval the governance papers for the Person Centred (Staff Governance), Clinical Governance, and Audit and Risk committees, highlighting that these have already been approved by the relevant group.

8.8.2 JCF raised concerns that the Person Centred Committee had held a non-quorate meeting and highlighted that attendance at this committee had been challenging last year. JY assured the Board that a sentence has been included to explain that no decisions had been made at that meeting and that the programme of meeting is agreed well in advance

8.8.3 For each Governance Committee, the Board:

- noted the Annual Report;
- noted the Annual work plan; and
- approved the updated Terms of Reference.

9 AOCB

9.1 Expansion Update

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

- A project launch meeting with the Principal Supply Chain Partner will take place on 18 July.

- Interviews for the Cost Advisor took place on 14 June.
- Work on modelling for phase two is under way.
- The Initial Agreement for phase one is progressing through appropriate channels, with the West of Scotland region formally signing this off this week.
- The Programme Manager and Programme Director gave an update to the Cabinet Secretary during her visit to the Golden Jubilee on 12 June.

9.1.2 The Board noted the update.

9.2 Non Executive Recruitment

9.2.1 SM provided an update on progress with recruitment for two new Non Executive Members:

- 25 applications were received.
- Five candidates have been shortlisted for interview.
- It is hoped that the two new Non Executive Members will be in place for the August Board meeting.

9.2.2 JackR asked what would happen if the recruitment exercise is not successful. SM responded that the vacancies will be re-advertised if this happens.

9.2.3 The Board noted the update.

9.3 NHS Chairs group

9.3.1 SM provided an update, advising that:

- He has been appointed Vice Chair of the group.
- The Director-General Health and Chief Executive of NHSScotland have set up a meeting with the group Chair and Vice Chair, along with the five regional and national leads, to discuss the joint delivery plans.

9.3.2 JY added that three national Boards are represented at this meeting.

9.3.3 The Board noted the update.

9.4 What Matters To You Day

9.4.1 SQ updated the Board on the success of What Matters To You? Day, highlighting the following:

- The Scottish Government initiative took place on 6 June.
- The Golden Jubilee event was a great success, with approximately 200 responses gathered from staff, patients and visitors.
- The information gathered will be collated into themes and a formal report will come back to the Board through the normal governance routes.

10 Date and Time of Next Meeting

10.1 Thursday 3 August 2017, 10am