Approved Minutes
Board Meeting
Thursday 30 March 2017

Members

Stewart MacKinnon (SM)  Interim Chair
Mark McGregor (MM)  Non Executive Member
Maire Whitehead (MW)  Non Executive Member
Phil Cox (PC)  Non Executive Member
Kay Harriman (KH)  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
Sandie Scott (SS)  Head of Corporate Affairs
Margaret Duncan  Performance Manager, Scottish Government

Minutes

Christine McGuinness  Communications Manager

1  Chair’s Introductory Remarks

1.1  SM welcomed everyone to the meeting.

1.2  SM advised that the Trans Pride flag will be raised at the hotel at 9.15am tomorrow morning and that everyone is welcome to attend.

1.3  SM advised that SS has circulated a link to the new Non Executive Director guide on ‘Improvement Focused Governance’.

1.4  SM advised that an unprecedented number of trainees and staff presented at the Society for Cardiothoracic Surgery (SCTS) in Great Britain and Ireland’s annual conference, adding that it is a testament to the recognised good work taking place at the Golden Jubilee that so many of our staff are presenting at this internationally renowned event.
1.5 SM advised that the family and friends of a man treated for heart failure donated over £6,000 to the Golden Jubilee National Hospital by walking up Ben Nevis. Bobbie Patten set about raising money in memory of her partner of 22 years, Kevin Maloney, after being overwhelmed by the level of support and care he received at the hospital before he passed away in 2015.

1.6 SM advised that the Foundation is continuing to work with the University of Glasgow, and hospitals around the UK, to lead on the T-TIME Study for heart attack patients. The trial aims to reduce long term damage to patients following a heart attack by administering a drug which breaks down micro blood clots, restoring blood flow to the multiple branches of the affected artery.

1.7 SM congratulated staff and teams on the following achievements:

- Carole Anderson was presented with the Stonewall Scotland LGBT Role Model Award.

- Cameron (Cammy) Murray was runner-up in the Innovation category at the British Journal of Nursing awards for his groundbreaking Nurse Led Clinic has reduced the amount of time patients need to spend in hospital, and is primarily used to review patients who have had common complications following thoracic surgery.

- The Communications team won the award for ‘Best Use of Social Media’ at the NHSScotland Communications Awards after a judging panel of experts from across the communications industry recognised the reach and engagement achieved by #Heart25. They were also finalists in the ‘Best Use of Innovation’ category for their in-house film service, producing more than 100 films in just 18 months and Communications Officer Simon Cassidy was a Young Achiever of the Year finalist.

1.8 SM advised that the recruitment process to appoint two Non Executives in place of JackR and MW has kicked off with a view to appointments being made by June, and recruitment for a permanent Chair will commence in the Autumn, with a view to having the post filled early in the new year.

1.9 SM advised that the Performance and Planning Committee needs attendance from a Non Executive at meetings in July, August, September and November.

| Action no: | 300317/01 |
| Action: | Re-circulate PPC meeting dates for Non Executive attendance |
| Action by: | SS |
| Action status: | NEW |
2 Apologies

2.1 Apologies were received from:

Jack Rae (JackR) Non Executive Member

3 Declarations of Interest

3.1 There were no declarations.

4 Minutes of Last Meeting

4.1 Minutes of the meeting held on 16 February 2017 were approved as accurate subject to the following amendments:

- P3, 6.1.3 – remove last sentence.
- P7, 8.1.5 – remove third sentence.
- P9, 8.2.3 – remove last sentence.
- P9, 8.2.5 – amend last sentence to read ‘… in line with learning from the Indian model’.
- P10, 8.3.2 – remove.
- P12, 8.7.2 – amend first sentence to read ‘… in the first phase’, remove second sentence.

5 Matters and Actions Arising

5.1 Actions

Action no: 160217/01
Action: Send letter to Hany Eteiba from Board on appointment as President Elect of the Scottish Cardiac Society
Action by: SS
Action status: Ongoing
Action update: JY has personally sent a letter. Separate letter to be sent from SM.

5.2 Matters Arising

5.2.1 There were no matters arising from the minutes.
6 Person Centred

6.1 Appointment of Programme Director

6.1.1 JY updated the Board on the recruitment process for the expansion Programme Director, and asked the Board to ratify the appointment of the successful candidate.

6.1.2 SQ gave a verbal update on the successful candidate, adding that it is hoped they will take up post at the end of April or beginning of May.

6.1.3 The Board ratified the appointment of the Programme Director for the hospital expansion.

7 Safe

7.1 HAIRT


- Staphylococcus Aureus Bacteraemia – one case to report.
- No Clostridium Difficile Infection to report (last case reported March 2014).
- 98% Hand Hygiene compliance (down from 99%), with medical staff compliance at 97% (up from 96%) – Next audit due April 2017.
- Housekeeping Compliance was at 99% (up slightly from 98.5%) and Estates Compliance at 99% (up slightly from 98.77% - Cleaning and the Healthcare Environment Facilities Management Tool.
- All Surgical Site Infections (CABG, Cardiac and Ortho) were within control limits.

7.1.2 AMC provided an update on the national issue with Mycobacterium in relation to heater/cooler units used in cardiac surgery. A national patient notification exercise started in mid-March and a telephone helpline has been set up. All patients in Scotland will receive the same letter and reactive media lines have also been prepared and approved nationally.

7.1.3 JCF commented that the focus is on the heater/cooler units in the heart lung machine and asked if other heater devices in the theatre environment are being looked at. AMC added that the national focus is currently on these and the patient notification exercise but assured the Board that there is a very low risk and low numbers of patients identified with the infection nationally.

7.1.4 JCF commented that there is only one provider of heart lung machines, so there may be some anxiety around that.
7.1.5 MH commented that the patient notification exercise has been exemplary.

7.1.6 MM commented that he has always interpreted CABG and valve surgical site infections (SSI) separately, so asked if this meant there has been five SSIs. AMC confirmed this was the case.

7.1.7 MM asked if there is clear guidance on who is swabbed and when. AMC confirmed this and that swabs will be taken if there is a wound leak.

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

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<tr>
<td>Action:</td>
<td>Publish HAIRT on website</td>
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<tr>
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<td>AMC/ Comms</td>
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8 Effective

8.1 Performance

8.1.1 JY presented updated the Board on operational performance discussed at the February 2017 Performance and Planning Committee.

Safe

- No ‘high’ or ‘very high’ risk incidents were reported during December 2016. The last ‘high’/‘very high’ risk incident was reported in October 2016.

Effective

- Cardiology continues to see waiting list pressures due to a higher proportion of complex (and therefore lengthier) cases, and a rise in Electrophysiology referrals. As a result the service fell short of the inpatient and day case stage of treatment target with only 62.8% of patients in December and 50.5% of patients in January seen within nine weeks of referral.
- Cardiac performance against the nine week target was also below target in December and January after a number of surgical cancellations in December caused by Critical Care bed shortages. Looking ahead to February, however, the service expects performance to improve.
- One Orthopaedic patient breached the Treatment Time Guarantee after they were removed from the waiting list in error. They have since received their treatment.
Person Centred

- Performance against our complaints response timeline target remains challenging, with three out of four responses from December delayed due to a combination of reasons. The Medical Director is leading a formal review of internal processes that coincides with our new handling guidelines.
- After a peak in November, sickness absence fell during December. Of the 4.73% sickness/absence reported, 2.04% were long term and 2.73% short term.
- Board eKSF compliance was 82% at 30th March 2017 against a target of 80%.

Divisional Update – Surgical Services

- Orthopaedics exceeded the 50% target for Day of Surgery Admission (DoSA) in November and December, allowing them to increase their target from the start of the new financial year.
- The first Cardiac Surgery DoSA patient was admitted in February; the Team are looking forward to admitting more DoSA patients in the coming months.
- Thoracic Surgery are piloting the use of hospital transport to help get Lanarkshire patients to GJNH for a 7.30am admission, supporting DoSA for thoracic surgery.
- Ophthalmology Outpatients Department moved to Level 4 on 6 March ahead of the new mobile theatre arriving on site in mid-March. This latest expansion will allow GJNH to deliver 2,800 extra outpatient appointments and 2,100 extra cataract procedures in a full year.

Divisional Update – Regional and National Medicine

- Preparations for the introduction of the Organ Care System (‘Heart in a Box’) to support the organ retrieval programme are well under way.
- The Scottish Adult Congenital Cardiac Service recently welcomed Consultant Radiologist Dr Gianta Wong.
- Improvement work is under way in the Scottish Pulmonary Vascular Unit to reduce the number of return DNAs at clinic. Use of the Netcall reminder service will be monitored.
- Work to install a third MRI scanner to support national waiting times is well under way, with the business case for a fourth scanner due to be presented to the Board in May.

8.1.2 JY commented that there was one breach of the Treatment Time Guarantee, noting that this was down to administration error and had been identified quickly, adding that the patient has since had their procedure and is doing well.

8.1.3 MM commented that consultant job planning is going well and it is expected that all will be completed by April.
8.1.4 JY commented that there has been a huge increase in referrals for cardiology/electrophysiology and the team are looking at clinical patient patterns to identify the reasons for this. JR added that there has been a challenge as there is a very small group of consultants who deliver this service, and only three procedures are carried out per day. JR assured the Board that the team are looking into this.

8.1.5 MM asked if medical physics in Glasgow can support the EP service. JR added that it has always been vulnerable but the team are encouraging links with other centres. MH added that the long term plan is to grow the service to meet the unmet population demand.

8.1.6 MM commented that the graphs in the scorecard are very small and advised that the Non Executive training day recommended that there are only four types of chart that should be included in board papers, and asked whether we should have a few graphs that are more prominent so that you can see it in more detail. MH added that he and SQ have had a conversation about this and how it links in with the Quality Framework and happy to consider further.

Action no: 300317/05
Action: Discuss graphs in Board reports
Action by: MH/SQ/CA/MM
Action status: NEW

8.1.7 The Board noted the update.

8.2 Business Update

8.2.1 JR updated the Board on hospital activity at end February 2017.

- Activity for inpatients/day case procedures measured against a projection of 14,946 (which excludes cardiothoracic/cardiology activity) was behind plan by 6.2% for the month and 0.4% ahead when adjusted to reflect complexity.
- Measured against a total activity projection of 37,871, the combined inpatient/day case and imaging activity at the end of January was 7.7% ahead of plan year to date (YTD) when adjusted to reflect complexity.
- Orthopaedic joint activity was ahead of the YTD plan by 167 primary joint replacements and 252 foot and ankle procedures; however, orthopaedic ‘other’ activity was behind plan by 280 procedures.
- Ophthalmology activity was behind plan for the month by 34 procedures and 103 procedures year to date.
- General Surgery is ahead of plan by 15 procedures in the month and 195 YTD. Additional General Surgery lists will continue to be offered to Boards who have challenges in delivering their waiting time guarantee until the end of the financial year.
- Hand surgery exceeded plan by 29 procedures and is 146 ahead YTD.
- Endoscopy was behind plan by one procedure in the month and 36 YTD. We expect this shortfall to be recovered by year-end.
- Diagnostic Imaging significantly exceeded the plan by 141 examinations and is currently ahead of the year to date plan by 2,384 examinations. The mobile MRI scanner will remain on site at GJNH for the full year.

**Plastic Surgery**

The lack of Plastic Surgeon availability continues to present a significant challenge, consequently minor plastic surgery remains behind plan by 100 procedures and major plastic surgery is significantly behind plan by 200 procedures (YTD).

**Ophthalmology service**

Plans continue to be progressed around the commissioning of a mobile Ophthalmology Theatre:

- The Ophthalmology Outpatient Department moved to temporary accommodation on Level 4 in the first week in March.
- The mobile theatre arrived on site on 19 March 2017.
- Installation commenced on 20 March 2017.
- Commissioning and infection control testing will begin on 3 April 2017.
- Go live is scheduled for week commencing 18 April 2017.
- Visiting surgeons will be commissioned, as necessary, to support this activity.

8.2.2 MW asked if the new diagnostic imaging centre at the Queen Elizabeth University Hospital in Glasgow was going to have an impact on our service. JR advised that this was unlikely.

8.3 The Board noted the update.

**8.4 Finance Update**

8.4.1 JC updated the Board on the financial position at month 10 (January 2017).

- Year to date (YTD) results show a total deficit of £187k; it is still anticipated that the Board will achieve break-even by year-end with the deficit against non-core funding due to a shift in provisions that will be managed by year-end.
- A considerable amount of work has been undertaken to realign planned capital expenditure from 2016/17 to 2017/18 and identifying additional projects to match the projects moved to 2017/18.
At month 10, recurring efficiency savings of £3.238m were achieved against a plan of £3.115m. We also have non-recurring savings to date of £414k.

8.4.2 JC confirmed IR35 changes are being fully implemented prior to the April 2017 deadline, and advised that additional controls have been put in place.

8.4.3 The Board noted the update.

8.5 Local Delivery Plan and Financial Plan

8.5.1 JC presented the draft Local Delivery and Financial Plans for approval prior to submission to the Scottish Government on 31 March.

**Local Delivery Plan**

8.5.2 PC commented that he is very happy with both of these.

8.5.3 MM highlighted a typo on P12 in relation to IPTR, noting that this should be “unpac’s”.

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<td>Action:</td>
<td>Amend LDP re IPRT “unpac’s”</td>
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**Financial Plan**

8.5.4 SM asked if JC is happy with the timing of the funding for the expansion programme. JC confirmed she is content with this and added that the Golden Jubilee expansion is likely to be the first elective centre completed.

8.5.5 The Board approved the draft Local Delivery and Financial Plans.

9 AOCB

9.1 There was no other business to discuss.

10 Date and Time of Next Meeting

10.1 The next meeting takes place on Thursday 11 May 2017 at 9.30am. Members were reminded that there is also a half-day Board Workshop on the afternoon of Wednesday 10 May.