

# Approved Minutes

## Board Meeting

### Thursday 8 December 2016



#### Members

Stewart MacKinnon (SM)	Interim Chair
Jill Young (JY)	Chief Executive
Phil Cox (PC)	Non Executive Member
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
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
David Miller (DM)	Interim Director of Human Resources

#### In Attendance

Angela Harkness (AH)	Director of Global Development and Strategic Partnerships
Sandie Scott	Head of Corporate Affairs

#### Public Attendees

Margaret Williamson	Director, Boardroom Development Ltd
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#### Minutes

Christine McGuinness	Communications Manager
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#### 1 Chair's Opening Remarks

- 1.1 SM welcomed members to the public session of the Golden Jubilee Foundation Board meeting and reported as follows.
- 1.2 Jill Young has been named Leader of the Year at the Scottish Health Awards 2016. The Board congratulated Jill on this distinguished award.

- 1.3 First Minister Nicola Sturgeon MSP delivered the keynote speech at the #Heart25 event on Friday 9 December, marking the 25<sup>th</sup> anniversary of heart transplantation in Scotland with patients, relatives and staff. The event was trending on Twitter – you can see all the tweets at #Heart25
- 1.4 The Golden Jubilee Foundation Annual Review on 10 November was another great success, highlighting how we continue to lead Quality, Research and Innovation for the NHS in Scotland.
- 1.5 A total of 17 individuals and teams were honoured across nine categories at the Golden Jubilee Foundation Excellence Awards 2016, recognising the positive difference that individuals make towards providing an excellent service to patients, visitors, carers and guests.
- 1.6 Nursing staff were also celebrating their achievements throughout the year at the recent Golden Jubilee Foundation Nursing Awards.
- 1.7 The Research Showcase on Friday 2 December highlighted the cutting-edge work being carried out by our heart, lung, orthopaedics and anaesthetics departments, and a keynote speech from Professor Ian Ford, Professor in Biostatistics at the University of Glasgow. The event was even trending on Twitter – you can see all the tweets at #GJR12016
- 1.8 The Board noted that it was David Miller's last meeting as Interim Director of Human Resources and recorded their thanks for his leadership and commitment over the past 18 months.

## **2 Apologies**

- 2.1 There was full attendance at the meeting.

## **3 Declarations of Interest**

- 3.1 There were no declarations.

## **4 Minutes of last meeting**

- 4.1 Minutes of the meeting held on 27 October 2016 were approved as accurate subject to the following amendments:
  - P6, 6.6.1 – amend to read ‘...Clinical Governance colleagues...’
  - P7, first bullet – amend from ‘MM referred to’ to ‘A question was asked about’
  - P7, 7.1.3 – amend to read ‘...reporting from Ward View...’
  - P8, 7.2.7 – amend from ‘... inappropriate access results in...’ to ‘... inappropriate access may result in...’
  - P11, first bullet – remove ‘MRI’ from first sentence and remove second sentence

## **5 Actions and Matters Arising**

### **5.1 Actions**

5.1.1 All actions were closed.

5.1.2 Members were reminded that they need to provide an update on their actions in advance of the meeting.

### **5.2 Matters Arising**

5.2.1 There were no matters arising.

## **6 Person Centred**

### **6.1 eHealth Strategy**

6.1.1 JC presented for approval the Board's updated eHealth Strategy, which reflects on progress to date and to outline key priorities for the coming years.

- Programme to deliver Electronic Patient Record will be fully implemented.
- Further exploitation of our Clinical Portal to provide a consolidated view of information with easy to access, electronic records, leading to a reduction of paper records.
- Sharing of clinical information across the West of Scotland through the development of a Regional Portal.
- Supporting patients' access to health information by the implementation of a patient portal.
- Enhanced medicines management capability achieved through the better sharing of prescribing data between primary and secondary care including the extended use of the Emergency Care Summary into scheduled care.
- Improved stock control and drug dispensing will be supported by the implementation of electronic drug cupboards across all wards.
- Business case for adoption of the Hospital Electronic Prescribing and Management system.
- The strategy also addresses the challenges anticipated throughout the change management process so that expected benefits of eHealth technologies are fully realised.

6.1.2 SM commented that the Board workshop on the previous day and the clinical departments tour was useful and asked for a thank you to be sent to Sally Smith and Gerry Newlands on behalf of the Board.

6.1.3 In sharing these sentiments, MW added that it was helpful to see how things operated in the wards and added that particular thanks should be given to Cameron Murray Senior Charge Nurse Thoracic Unit for coming in on his day off to showcase his wards work to the Board.

6.1.4 KH commented that the presentations and tour brought a very long paper to life and put it into context.

**Action no:** 081216/01  
**Action:** Thank those involved in the eHealth presentation and tour at the Board workshop  
**Action by:** SS  
**Action status:** NEW

6.1.5 The Board approved the eHealth Strategy.

## **6.2 Partnership Forum (25 November 2016)**

6.2.1 JCF provided an update on discussions at the Partnership Forum meeting which took place on Friday 25 November 2016.

### **Person Centred**

- The Forum was provided with an update on the process of Pensions Auto Enrolment. It was noted that we were approaching our re-enrolment date of 30 November, when all staff would be automatically re-enrolled into the pension scheme, in line with legislation. Staff wishing to leave the scheme, then need to contact the Scottish Public Pensions Agency and complete the relevant forms. It was flagged that although staff have three months where, if they decide to leave the scheme, the contributions will be refunded but due to the dates for the December payroll to be processed, staff only had five days should they wish to ensure that payment wasn't debited from their December salary. In total 179 members of staff will be auto-enrolled through this process.

### **Effective**

- The Forum was updated on the national catering strategy and the potential impact for the Board. It was noted that the current proposal would apply initially to those NHS Boards planning new builds or requiring to re-develop their catering estate or equipment. Boards like ourselves who are fully compliant with legislation or those with substantive reasons for maintaining existing arrangements would not be expected to change their service model within the short to medium term. The current proposals will have a resource impact for both the patient meal delivery service and for the staff and visitor restaurant facility, resulting in service provision implications in terms of capacity and demand, recruitment, financial risks, and associated facility re-design, as detailed in the paper.
- The Forum was update on the plans to date in relation to the Boards expansion work including two further MRI units and an ophthalmology suite. It was noted that Claire McArthur had been appointed as the Project Manager.
- Band 2 transfer of staff was effective from 1 October and the pay was processed for the October salary. In total there were 135 staff affected by this exercise, but some chose to remain on Band 1 for personal reasons. In line with the outlined process, discussions about the Band 2 role will be integrated into future PDR's for any individual who has remained on Band 1. The Forum was content to close the project.

- 6.2.2 PC asked about information given to staff regarding pension auto-enrollment. JCF responded that letters were issued to all affected staff by the Human Resources team, with information and details about what they need to do.
- 6.2.3 PC asked if staff can access independent financial advice. DM responded that details were included in a factsheet provided with the letter. The Board noted the update.

### 6.3 Health Promoting Health Service

- 6.3.1 AMC updated the Board on progress with the Health Promoting Health Service programme.
- The Board's submission was sent in at the end of September.
  - No feedback or mitigation has been requested to date.
  - A national report will be circulated in the new year; this will be circulated through the usual governance channels before coming back to the Board.
- 6.3.2 JackR congratulated the team on the report.
- 6.3.3 The Board noted the update.

## 7 Safe

### 7.1 HAIRT

- 7.1.1 AMC presented the Healthcare Associated Infection Reporting Template for October 2016, highlighting the following:
- **Staphylococcus aureus Bacteraemia** – one case was identified
  - **Clostridium difficile infection** – Nil to report, last case reported March 2014
  - **Hand Hygiene** – The bimonthly report from September demonstrates 96% compliance with Hand Hygiene. Medical Staff compliance has decreased to 86%, in particular TH14. Local data in October suggest that this has improved and sits 100%
  - **Cleaning and the Healthcare Environment- Facilities Management Tool -** Housekeeping Compliance was at 98.27% and Estates Compliance at 99.44%.
  - **Surgical Site Infection** – CABG, Cardiac and Orthopaedic SSI rates are within control limits.
- 7.1.2 MM commented that the SAB information is being closely monitored and has been discussed thoroughly at CGRM and CGC meetings and there is nothing new to add.
- 7.1.3 JackR commented that hand hygiene levels amongst medical staff was a concern. MH assured the Board that this is being monitored and that a message has been communicated to medical staff that this is not acceptable and that in addition to improving compliance rates they also need to be seen as role models.

- 7.1.4 KH asked about the hand hygiene audits. AMC responded that these bi-monthly audits involve observing practice by random sampling and that any issues are addressed at the time of observation.
- 7.1.5 SM asked what the sanctions were for compliance breaches and how these were applied. JY responded that the Board has a zero tolerance approach with a 'three strikes' system which can result in disciplinary action.
- 7.1.6 JackR asked how an infection can develop in pericardial fluid. AMC responded that it was a Swan Ganz Catheter so it relates to an insertion.
- 7.1.7 JackR asked about the figures relating to 3 East. AMC responded that a detailed investigation is carried out into each SAB but assured the Board that there have been no common denominators, and this could be as a result of complex patients having more devices.
- 7.1.8 The Board noted the Healthcare Associated Infection Reporting Template for October 2016 data and approved its publication.

**Action no:** 081216/02  
**Action:** Publish HAIRT  
**Action by:** AMC/Comms  
**Action status:** NEW

## **7.2 Clinical Governance Committee approved minutes (23 August 2016)**

- 7.2.1 The Board noted the approved minutes from the Clinical Governance Committee meeting on 23 August 2016.

## **7.3 Clinical Governance Committee update (22 November 2016)**

- 7.3.1 MM updated Board members on the recent Clinical Governance Committee meeting.

### **Person Centred**

- The Complaints Report was received. Some complaints were received after the formal complaints process deadline, and so were time barred. However, it was confirmed that the patients still had their complaints answered.
- Themes around Communication and Consent were discussed, and it was noted that the Board were developing a revised Consent Policy and Form.

### **Safe**

- Incidents and complaints were discussed. The importance of communication within teams and also with patients was highlighted.
- A Procedural Pause (a temporary stop when unexpected events happen in theatre) is being developed as a recommendation from a recent RCA.
- Ongoing improvements to the Mortality and Morbidity meeting process are under way to support enhanced sharing of learning, and it was noted that the draft national recommendations had recently been published.

- The Claims Report was received by the Committee for the first time. The format was welcomed and it was noted that in future, learning from each claim would be highlighted.

## **Effective**

- The September HAIRT report was received. Ongoing issues around SABs are being addressed through implementation of care bundles for inserted devices.

7.3.2 MW asked for an update on progress with the new consent policy. MH responded that consent is not just about signing a form, it is about a conversation with genuine informed consent. MH added that different patients will want different levels of information but that clinicians need to have as much time as possible for patient discussions.

7.3.3 MW asked how much involvement there is with carers. MH commented that there is a strong awareness of this, but it must be balanced with confidentiality, adding that there is a different process for patients who fit into the category of 'Adults with Incapacity'.

7.3.4 The Board noted the update.

## **8 Effective**

### **8.1 Performance**

8.1.1 JY presented the latest Board Performance report, highlighting areas of operational performance discussed at the November 2016 Performance and Planning Committee.

#### **Safe**

- During August there were no high or very high graded clinical incidents, while in September there was a very slight rise with a rate of 0.05% reported.

#### **Effective**

- A mixed bed occupancy picture was reported in the Acute Wards. While NSD was busy Monday to Friday due to the elective programme, the low number of urgent transplant patients staying over the weekend brought their overall occupancy percentage down. Orthopaedics has experienced issues in ensuring timely bed status updating on TrakCare resulting in an underreporting of their activity and an under target position. Finally in Cardiothoracic, Ward 3 West reached its highest occupancy this year; however, Ward 3 East demonstrated lower occupancy averaging 65.6% across August and September.

- During July and August, four patients were reported to the national Information Services Division (ISD) as having breached the 31 day cancer treatment target at GJNH after updates to their waiting list unavailability and admission date were not updated on their home Board's information systems. The home Board has now confirmed that they have resubmitted correct data to ISD meaning our performance will be corrected to 100% ahead of the quarterly results being published.

### **Person Centred**

- Nine complaints were received during August (one for Regional and National Medicine, two for Corporate and six for Surgical Services) resulting in an above target rate of 0.13% being returned for the month. The cases had no common themes. In September, however, the number of complaints fell with only two complaints were reported.
- Sickness absence increased during September to 5.1%, the first time it has exceeded 5% this year. There was a broadly even split between short and long term absence which was reported at 2.8% and 2.2% (approximately) respectively.
- Four grievances were reported during the second quarter resulting in a rate of 0.22%. While this is higher than the Quarter 1 position of 0.05% it is within target.

### **Divisional Update – Surgical Services**

- The Day of Surgery Admission (DoSA) rate for primary arthroplasty patients reached 60% and 59% during July and August respectively meaning that the 50% target has now been met for five months in a row.
- The Cardiac Surgery waiting list has continued to rise following an increase in urgent and priority elective cases, a temporary shortfall in ICU nursing, and a small rise in emergency admissions. The shortfall in ICU nursing has also led to sometheatre patients being cancelled. To help mitigate the impact and ensure as many patients as possible can be taken to theatre, ICU1 has stayed open over a number of recent weekends.
- The pilot cataract assessment telehealth clinic cited in the last report took place during November. The clinic went well with our GJNH Ophthalmologist successfully reviewing NHS Fife patients remotely.

### **Divisional Update – Regional and National Medicine**

- The Medical Physics Department has again successfully passed external audit by Bureau Veritas, providing certification of our ISO9001 quality management system. During the audit the department was commended on their continual improvement of the quality management system and the interface between the department and the hospital senior management team, with no opportunities for improvement identified.
- The refurbishment of Cath Lab 4 was completed as planned on 20 November 2016 with all four labs operational from 21 November 2016.
- As of 23 November 16 there have been a total of 10 transplants year to date. Three short term VADs have also been implanted in the year to date and there have been seven ECMO cases.

- The 2015/16 Annual Performance Reviews for our national services (SNAHFS, SACCS and SPVU) were held with National Services Division (NSD) in November. Our performance was reviewed and positive feedback was given along with congratulations on a well organised day.
- The Cardiology waiting list has continued to grow. While the overall Cardiology waiting list continues to be managed within the 12 week Treatment Time Guarantee, a number of Electrophysiology patients are waiting close to the guarantee limit. Extra sessions are planned for December 2016 to manage the waiting list pressure and close monitoring of all lists is in place.

8.1.2 MH reminded members that the performance indicator in the scorecard for consultant job planning is about moving from a paper system to an electronic one. Some progress has been made but there are still only between a quarter and a third online; we are still intending to have all of these online by the end of March. The main block currently is familiarity with the system and getting them signed off electronically, but the Human Resources team are supporting this. The next stage is writing to all of the doctors to advise that these need to be signed off by the end of January 2017 and if they are not, they will be classed as being in dispute with their job plan. It is expected that this will encourage sign off.

8.1.3 JackR asked about cardiac surgery and shortfall in ICU nursing. AMC responded that there has been a mixture of vacant posts and sickness absence but added that there is a national shortage of Critical Care Nurses.

8.1.4 The Board noted the report.

## **8.2 Business**

8.2.1 JR updated the Board on hospital activity for September 2016.

- Measured against a total activity projection of 37,871, the combined inpatient/day case and imaging activity at the end of September was 6.9% ahead of plan year to date when adjusted to reflect complexity.
- Orthopaedic joint activity was ahead of plan by 160 primary joint replacements and 152 foot and ankle procedures. However, orthopaedic 'other' activity was behind plan by 182 procedures. When this shortfall is offset against the over performance in joints and foot and ankle surgery, orthopaedic surgery is currently exceeding the year to date plan.
- Ophthalmology activity remains high and performed behind plan by 35 procedures, although the total shortfall year to date is 25 procedures.
- General surgery was 15 procedures ahead of plan for the month and 112 procedures ahead of plan year to date. Weekend operating lists continues to support one of our referring Boards.
- Plastic Surgery figures have now been split and will be monitored throughout 2016/17 as hand surgery, minor plastic surgery and major plastic surgery. Since recruiting a part time fixed term hand surgeon, the activity is now 53 procedures ahead of plan year to date. However, minor plastic surgery is behind plan 78 procedures and major plastic surgery is significantly behind plan by 120 procedures. This is due to continued lack of Plastic Surgeon availability. Recovery of this situation is under constant review both within Division and at the weekly Recovery Group; however, a solution to this is unlikely to be imminent.

- Endoscopy was behind plan by 17 procedures, although is ahead year to date by 11 procedures. Diagnostic Imaging significantly exceeded the plan by 209 examinations (10.9%) and is currently ahead of the year to date plan by 1226 examinations (10.7%).
- 8.2.2 SM questioned if there was still only one Foot and Ankle surgeon as the workload in this area looks significant. JR confirmed this was the case but assured the Board that this is being considered as part of the Orthopaedic Strategy as this has been a big demand area, but added there is also a requirement for consideration of an increase in other members of the multi-disciplinary team eg intensive physiotherapy.
- 8.2.3 SM asked if the proposal for an interim ophthalmology theatre was part of the expansion. JY responded that there is still increasing demand in Scotland and that the potential for a mobile ophthalmology unit will be planned in the context of the larger expansion plans but is a new consideration and will also compliment the planning of the £5m ophthalmology acceleration programme. JR added that we await Scottish Government approval to proceed.
- 8.2.4 MW asked where the mobile theatre will be placed. JR responded that there are three options being considered but planning permission is required for this as it will need to be on a stable and solid foundation.
- 8.2.5 JackR asked how staff are responding to the demands and the developments within the service. JR responded that the team are very enthusiastic and keen. JY added that this is also a recognition for the team as the Scottish Government chose the Golden Jubilee to deliver the extra capacity.
- 8.2.6 The Board noted the report.

### **8.3 Finance**

- 8.3.1 JC updated the Board on the financial position at at September 2016.
- The year-to-date (YTD) results show a total surplus of £218k, which is broadly in line with the forecast in the finance plan for this period. At this stage it is anticipated that the Board will achieve break-even by year-end.
  - Non-recurring bids were due to be submitted by 11 November to allow adequate time for review and completion of the process.
  - A detailed updated capital plan has been approved by the Capital Group and will be presented to the medical equipment group. Agreement will be requested from the Scottish Government Health and Social Care Directorates (SGHSCD) to transfer £2.256m from revenue to capital. Also included is the £5m that the Board received from SGHSCD as part of the capital stimulus, however due to timing of the funds being transferred, we have agreed that we will return £4.580m of this to SGHSCD in the current year; this will be returned to the Board in 2017/18 to complete the procurement of two MRIs and the Ophthalmology build.
  - A short-life working group has been established with the support of the Audit and Risk Committee and is continuing to work towards delivery of the areas noted below.
    - Fraud Awareness Campaign
    - Fraud Awareness Workshops

- Fraud Impact Assessment
  - Counter Fraud Assessment Tool (previously CFS checklist)
- The Bribery Act has now been fully implemented in Scotland, therefore we are in the process of preparing a policy with regard to the Act. In addition to this, CFS have offered to attend a future Senior Managers meeting to present a short presentation on what the Bribery Act actually means for NHS Boards. This is being scheduled for the December meeting. The team from CFS are also developing a workshop in relation to the Act, which is likely to be available towards the end of the year. When the dates of the workshop are known, we will organise these within the Board.
  - At month six, recurring efficiency savings achieved were £1.919m against a plan of £1.378m, which is demonstrating we are £541k ahead of plan at month six. We also have non-recurring savings to date of £280k; these are also detailed in the appendix to this paper. Therefore total savings of £2.199m were delivered to the end of month six.

8.3.2 JackR asked if the reserved budget has always been included in the plan. JC responded that this has always been in there but we have recently changed how this is reported.

8.3.3 JackR asked if agency usage for doctors was a concern. JC responded that this is very small numbers. MH added that we don't use agency doctors unless we absolutely have to, adding that the alternative would be having no doctor. JackR asked if additional supervision is provided. MH responded that supervision would be on a par with supporting junior doctors, but added that although there is an issue nationally, this is not a big issue for the Golden Jubilee.

8.3.4 The Board noted the report.

#### **8.4 Audit and Risk Committee approved minutes (7 June 2016)**

8.4.1 The Board noted the approved minutes from the Clinical Governance Committee meeting on 7 June 2016.

#### **8.5 Audit and Risk Committee update (7 November 2016)**

8.5.1 PC updated Board members on the recent Audit and Risk Committee meeting.

#### **Person Centred**

- The Committee received an update on the progress of the internal audit recommendations following the high risk report on clinical education. One of the key recommendations related to mandatory training and an update and recommendations as presented to the Board was noted by the Committee.
- The Committee noted the update on the open innovation fund to be managed by the charity.
- The Audit Scotland reports on NHS Tayside, NHS 24 and the NHS in Scotland 2016 were reviewed by the Committee with the actions noted.

- The detail of the National Fraud Initiative exercise due to be completed every two years, was presented to the Committee with an update on the outcome of the data analysis due for the February Committee meeting.
- A fraud update was provided which focused on the proactive plan update, detail of Operation Vector - a fraud case in NHS Ayrshire & Arran CSPD department and the Board work on the hospitality and gift register.

### **Safe**

- The authorisation levels for orders was amended to reflect the appointment of the second Assistant Director of Finance. This was agreed by the Committee.
- The Committee considered the proposal for a formal credit control procedure to be put in place for outstanding payroll debts. The proposal was agreed with a 6 month review process put in place.
- The Committee received an update on the actions put in place to mitigate the risk of a potential cyber attack.
- The internal auditors also presented a proposal to undertake a review of the current cyber security controls and present a maturity profile compared to others in the health sector. This assesses any gaps in controls and provides an independent assurance assessment. This was supported by the Committee.
- The Board risk register was reviewed by the Committee and discussion took place across a range of risks including both opportunities and risks from the UK referendum decision to leave the European Union.
- The Committee received an update on the enterprise risk framework with the Chief Risk Officer now in place.

### **Effective**

- The internal audit progress report was presented to the Committee with feedback on the Health and Safety compliance audit – with three medium risks and one low risk; and the Hotel Review on staff rostering with one low risk. Discussion took place on the Health and Safety audit with concerns raised by the Committee. Assurance was given that the training has taken place and all other issues are being dealt with.
- The external auditor presented a verbal update on the external audit review process for 2016/17.
- The Committee agreed the proposal to advertise for the appointment of external auditors for the charity for a period of three to five years.
- The Hotel Beverage Audit was presented to the committee. It was a positive report and in line with previous reports. The Committee agreed this should be reported to the Performance and Planning Committee on a six-monthly basis and would only come back to the Audit and Risk Committee if any issues were identified.

8.5.2 SM asked about plans for carrying out a cyber security desktop exercise. PC responded that this is being looked at but it will need support from appropriate specialists. SM reminded members that this had previously been identified as a critical exercise that should be carried out.

8.5.3 The Board noted the update.

## **8.6 Endowments Committee update (November 2016)**

8.6.1 PC updated Board members on the recent Endowment Committee meeting.

### **Person Centred**

- A detailed annual workplan was reviewed and agreed by the Committee. This will be incorporated into the terms of reference for the committee.
- An update on the fund balances and movement in funds for the 6 months to September was presented for review. The total value has increased since the last reported period.

### **Safe**

- A detailed paper on the proposal to manage the open innovation fund was presented to the Committee. This included supporting papers detailing the project brief, the invitation to tender and the guidance notes. This was reviewed in detail by the Committee and members approved the proposal.

### **Effective**

- Members agreed the proposal to advertise for the appointment of auditors for the charity for a period of three to five years.

8.6.2 The Board noted the update.

## **9 AOCB**

9.1 There was no other business to discuss.

9.2 SM wished members a Merry Christmas and Happy New Year.

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

10.1 Thursday 16 February 2017, 9.30am.