

**Approved Minutes  
Board Meeting  
Thursday 6 August 2015**



**Members**

Jeane Freeman (JF)	Chair
Kay Harriman (KH)	Non Executive Board member
Maire Whitehead (MW)	Non Executive Board member
Jack Rae (JackR)	Non Executive Board member
Stewart MacKinnon (SM)	Non Executive Board member
Mark MacGregor (MM)	Non Executive Board member
Phil Cox (PC)	Non Executive Board member
Jane Christie-Flight (JCF)	Employee Director
Jill Young (JY)	Chief Executive
Julie Carter (JC)	Director of Finance
June Rogers (JR)	Director of Operations
Anne Marie Cavanagh (AMC)	Nurse Director
Mike Higgins (MH)	Medical Director
David Miller (DM)	Acting Director of Human Resources

**Minutes**

Christine McGuinness                      Corporate Affairs Officer

**1      Chair's Introductory Remarks**

- 1.1    JF opened the meeting and thanked everyone for their attendance.
- 1.2    JF updated members on the successful Royal Official Opening of the Golden Jubilee Innovation Centre by His Royal Highness The Prince Charles, Duke of Rothesay, on Wednesday 24 June. Two films from the event are now live on the NHS Golden Jubilee YouTube channel and a picture special has been included in the Summer edition of the staff magazine.

**2      Apologies**

- 2.1    There was full attendance at the meeting.

**3      Declarations of Interest**

- 3.1    There were no declarations of interest.

## 4 Minutes of Last Meeting

4.1 Minutes of the meeting held on 24 June were approved as accurate subject to the following amendments:

- **Page 9, 8.2.1** – amend bullet points as follows:
  - The total number of orthopaedic theatre slots planned for the month of April (joint replacements, foot and ankle surgery and other orthopaedic procedures) was 359. The actual number of theatre slots utilised was 415.
  - The Phase 5 orthopaedic expansion is now complete and it is likely to commence in August. The business case for Phase 6 is almost complete.
  - GJNH orthopaedic surgeons have already begun the 2015/16 outreach clinics having already visited NHS Highland.
  - Endoscopy activity is causing some concern. The main reason for the shortfall is consultant availability. However measures are being put in place to improve this situation.
  - Plastic surgery (including hand surgery and general plastic surgery) was only slightly behind plan by 5 procedures which is a significant improvement on the trend experienced throughout 2014/15.
  - A business case is being prepared for a further ophthalmology expansion which will be expected to deliver an additional 1,200 procedures per annum.
  - Despite a 24% increase in the diagnostic imaging target, activity was ahead of plan by 60 examinations for the month of April.
- **Page 10, 8.3.1** – should read: JC reported that formal reporting is not due until the end of the first quarter however due to improvements in the finance system we can produce an interim management report to the Board for month 1.
- **Page 11, 8.7.1** – should read ‘A joint meeting is scheduled with ourselves and Scottish Government Audit and Risk Committee with the aim of using the opportunity for informal peer to peer discussions’.

## 5 Matters and Actions Arising

### 5.1 Actions

5.1.1 All actions were closed with the exception of those noted below.

Action no:	110515/11
Action:	Update on waiting list pressures
Action by:	JR/JC
Action status:	Ongoing – every Board

## **5.2 Matters Arising**

5.2.1 There were no matters arising.

## **6 Person Centred**

### **6.1 Partnership Forum**

6.1.1 JCF gave members an update from the Partnership Forum meeting held in July.

#### **Person Centred**

- The Forum was updated on progress to date with the roll-out of iMatter; it was noted that:
  - Group 1 had a 65% response rate with an Employee Engagement Index (EEI) of 76%;
  - Group 2 had a 73% response rate and were awaiting the results;
  - Each team requires a 60% response rate to achieve a report; and
  - the project lead is busy ensuring that all teams develop action plans, including those without an EEI score.
- The Forum approved the updated Managing Workforce Change policy, noting the main change required was the removal of reference to compulsory redundancy.
- The Forum was updated on the outputs from the Partnership Forum Values Session, noting that the current Partnership Values were still appropriate and should be retained. The session should be run again in a couple of years, to ensure that our partnership mechanisms are always able to support the organisation.
- The Forum discussed the draft Leadership Strategy. Feedback was positive, although it was noted that the time commitment for staff to complete additional mandatory training would need to be considered. It was also noted that this Strategy comprises part of Everyone Matters 2020, yet there was no reference to this or the linkages to delivery of Staff Governance.

#### **Effective**

- The Forum received a presentation from NHSScotland Counter Fraud Services; it was noted that Lily Bryson is our Board's Fraud Liaison Officer.
- The Forum was given a finance update and it was noted that figures currently were in line with those forecast.
- The Forum was given an update from the Beardmore, including an update of the progress being made in delivering the strategy. It was noted that the Business Development team is now in place,

following redesign of this service, and seems to be working effectively already.

6.1.2 DM advised the Board that the Golden Jubilee Foundation is the first Board to have completely rolled out iMatter, highlighting that the results are very positive, with a response rate of 69% and Employee Engagement Index of 77%.

6.1.3 KH asked when he will get an overall feel for the results. DM advised that a high level paper will go to the Partnership Forum and Senior Management Team, and that this can also be presented to the Board if helpful. It was agreed that the iMatter paper should be presented to the September Board Meeting.

Action no: 060815/01  
Action: iMatter paper to next Board (September)  
Action by: DM  
Action status: NEW

6.1.4 The Board noted the updates.

## **6.2 Annual Feedback Report**

6.2.1 Board members discussed the Annual Feedback Report on comments, concerns and complaints and the Participation Standard Self Assessment.

### **▪ Annual Feedback Report**

Boards are required to produce to inform assessment of the Boards position in relation to the Participation Standard for the NHS in Scotland:

- 70% increase in the number of Speak Easy forms following a redesign of the form.
- Increase in the patient opinions published with 25 compared to 8 previous years, 92% of which are positive.
- Increase from 506 to 733 in number of email enquiries with 98% responded to within 2 days.
- Increase in formal complaints from 42 to 51; percentage upheld has reduced from 52% in 2013/2014 to 35% in 2014/2015 with 80% closed within the 20 working days.

### **▪ Participation Standard Self Assessment**

- The Participation Standard was introduced in 2010 with a requirement to evidence the standards from 2010/2011 onwards.

- The self assessment process is an evolving one and this year Boards are being asked to submit the annual report along with a self assessment of the position in relation to standards 1 and 3, providing a supporting statement. It is anticipated that next year there will be a more formal assessment involving the Scottish Health Council.
- The following levels are recommended for the standards based on the SHC advice and discussions:
  - Standard 1: Level 3 – Evaluating
  - Standard 3: Level 2 – Implementing
- The Annual Feedback Report and Self Assessment will be presented to the Person Centred Committee for approval.

6.2.2 JackR asked if there are adequate resources to ensure appropriate responses are made to comments posted on social media and not just stock answers. JY responded that the Communications team respond to all comments and ensure responses are personalised.

6.2.3 JCF acknowledged that the self-assessed level of Standard 3 has dropped since the last report, in part due to staffing issues within the Clinical Governance team, and that more work needs to be done to bring this back up. AMC responded that the new Head of Clinical Governance and Volunteer Manager are taking this forward.

6.2.4 The Board approved in principle the Annual Feedback Report.

### **6.3 Leadership Strategy**

6.3.1 JY presented the draft Golden Jubilee Foundation Leadership Strategy:

- The Strategy sets out our ambitions to have a workforce that has a patient / customer-led approach that is open, questioning and participative, and has an embedded understanding of modern quality improvement techniques and Human Factors issues.
- With our vision of ‘Leading Quality, Research and Innovation for NHSScotland’, we need to ensure that talent is encouraged and rewarded by giving individuals and teams the tools to realise their full potential within our organisation.
- The Leadership Strategy focuses on three key elements:
  - developing Capability and Capacity for Improvement;
  - enabling and Empowering our Staff; and
  - creating a Culture for Improvement and Innovation.
- It will allow us to continue to improve and innovate, continue to provide and further enhance the highest standards of care for NHSScotland’s patients, and to develop to become the best in the world at what we do.

- 6.3.2 JCF commented that the Leadership Strategy is a key deliverable within the 2020 Vision and this is a huge piece of work to empower staff and give them the skills for success.
- 6.3.3 PC asked that we not confuse people's drive to enhance their professional skills with leadership functions, adding that you don't have to be an excellent leader to do your job well.
- 6.3.4 JF commented that the Leadership Strategy is actually a Leadership Framework. The key phrase is 'leader in quality and innovation' so that it is clear that this is expected from every member of staff, or else there may be a risk that staff might think it only applies to them if they have a team to lead. As PC highlighted that the document can be read in different ways, it needs to be clear so that it cannot be misinterpreted.
- 6.3.5 MH commented that the phrasing and terminology needs to be more explicit, highlighting that the General Medical Council referred to all consultants as having 'leadership responsibilities'.
- 6.3.6 MW commented that this is something we are already doing 90% of the time, pointing out the danger of it looking like an 'add on'.
- 6.3.7 Following discussion, the Board agreed the direction of travel and made suggestions to improve clarity within the document and to ensure the Board understands what success looks like.
- 6.3.8 The Board approved in principle the Golden Jubilee Foundation Leadership Strategy and agreed it should return to the Board for approval at a future date.

Action no: 060815/02  
Action: Updated Leadership Framework to future Board  
(Date tbc)  
Action by: JY/DM  
Action status: NEW

#### **6.4 Appraisal and revalidation**

- 6.4.1 MH gave an update on the appraisal and revalidation process which doctors use to demonstrate to the General Medical Council (GMC) that they remain up to date and fit to practice.
- In addition to being on the GMC register, all doctors practising in the UK require a licence to practice issued by the GMC; this licence must be renewed or "revalidated" every five years.
  - Appraisal has a number of mandatory elements tied to the five year appraisal cycle. In particular, once per revalidation cycle, doctors

must undertake 360 degree feedback from colleagues and collate formal feedback from patients using a standard questionnaire.

- The appraisal / revalidation cycle follows the financial year. For this introductory phase of revalidation only, the GMC has curtailed the length of the cycle to three years so that all existing licensed doctors can undergo revalidation before the end of March 2016. This is a staged process with each individual doctor's revalidation date set by the GMC. In general, doctors with revalidation dates in 2014/15 will have required output from two annual appraisals (conducted in years 2012/13 and 2013/14). Within these appraisals, they must have addressed all the mandatory elements of a full cycle.
- Key highlights from the report:
  - 2010/11: approximately 40% of medical consultants underwent an annual appraisal, no non-consultant grade doctors underwent appraisals.
  - 2012/13: 100% of medical staff completed their annual appraisal.
  - 2013/14: 93% of doctors completed their appraisals. However, appraisals were bunched at the end of the year and not all documentation was completed by the 31 March deadline.
  - 2014/15: 85% of doctors due to be appraised completed their appraisals. This lower rate of completion was a further reflection of the bunching of appraisals round the year end following on from the previous year.
  - In 2014/15, 99 doctors had GJNH as their Designated Body at 31 March 2015. Of these, six were new appointments during the year, with appraisal records up to date and two had prolonged periods of absence. 14 doctors eligible for appraisal did not undergo appraisal (8 consultants and 6 fellow, associate specialists or specialty doctors).
  - Since 31 March 2015, only NES trained appraisers may be used for doctors' appraisal in NHSScotland. To maintain their skills, NES recommends appraisers should have a caseload of 10 appraisees; GJNH has 16 appointed appraisers and the average ratio of appraisees to appraisers is six. This has not substantially changed from last year and it remains policy to gradually increase the ratio to the NES recommended value.
  - A staged plan to spread appraisals through the year in 2015/16 is in place and will be underpinned by a system of formal escalated reminders.
  - The appraisal lead, who is also the Deputy Responsible Officer, has scheduled monthly meetings with the Medical Director / Responsible Officer, at which they consider all the upcoming revalidation recommendations.

6.4.2 JackR asked MH if he is confident that all appraisals and revalidations will be completed by March 2016. MH responded that there are no

issues with revalidations, adding that he and the appraisal lead meet monthly to go through appraisals and sign off revalidations.

6.4.3 MW asked if we have a Board Remediation Policy or would use the NHS Education for Scotland policy. MH responded that this is not an issue for the Golden Jubilee. MH added that the need to have a policy comes from the legal framework in England but added that a national policy is being developed jointly by the Scottish Government and British Medical Association.

6.4.4 MM asked how we are ensuring the quality of the appraisals. MH responded that he and the appraisal lead review all Form 4s and they are assured that quality is very high across the organisation.

6.4.5 The Board noted the update.

## **6.5 Healthcare Science Profession brief**

6.5.1 MH gave an update on the Healthcare Scientist Professional Brief.

- The National Delivery Plan (NDP) for the Healthcare Science Professions was launched on 11 May 2015 and sets out the service improvement programmes designed to deliver high quality, sustainable health and care services in Scotland.
- Each NHS Board in Scotland is required to assign an accountable Healthcare Science Professional Lead, who will be responsible for overseeing delivery and ensuring sustainability.
- Board members were advised that Jackie Wales, Labs Manager, now has professional line management responsibility for healthcare scientists, and as the accountable officer, will:
  - implement the NDP;
  - secure corporate support ;
  - work in partnership with other NHS Boards to develop local Implementation Plans by the end of 2015/16; and
  - identify delivery plans and evidence the outcomes
- Resources to support implementation will be developed and disseminated by the office of Chief Health Professions' Officer, who will monitor implementation and provide support.

6.5.2 JCF commented that Jackie Wales has been appointed as professional line manager rather than 'given' line management responsibility.

6.5.3 PC commented that he is not clear what Jackie Wales' specific role is for this and how this will impact. DM responded that she currently sits on workforce planning group and will represent all AHPs and has already successfully changed the culture in Labs since taking up post.

6.5.4 The Board noted the update.

## **7 Safe**

7.1 There were no separate items to discuss.

## **8 Effective**

### **8.1 Performance**

8.1.1 JY presented the latest Board Performance report which highlights areas of operational performance discussed at the July 2015 Performance and Planning Committee.

#### **Safe**

- Due to timing of the report no performance figure was reported for 'Safe' KPIs but it was discussed that 1 SAB was reported in May 2015.

#### **Effective**

- Bed occupancy in Acute and Critical Care wards fell into the amber range in May 2015. It is expected that more information on ward bed occupancy will be available going forward with TrakCare being used to support monitoring.
- The waiting list audit continues to be in the amber range but the most recent audit in May did show an improvement in performance to 99.5%.
- The Committee noted that the Board continues to deliver the 12 week Treatment Time Guarantee for inpatient and day-case treatment.

#### **Person Centred**

- Three complaints were received during April and May 2015, all of which were responded to within the 20 day target.
- Sickness absence has improved to 3.8%, moving performance into the green range and within the HEAT target of 4%.

8.1.2 MM highlighted that it is not a target to achieve one case of MRSA/MSSA. JY responded that this is not a target; there actually was one case in May.

8.1.3 JF commented that bed occupancy has often been an issue, running into Amber, and asked if this has been reflected in the ongoing piece of work. JY responded that TrakCare will provide more robust information on bed occupancy. JR added that the next orthopaedic expansion will

not involve recruitment of more nurses but will utilise existing staffed beds.

8.1.4 The Board noted the report.

## **8.2 Business**

8.2.1 JR provided an update on hospital activity for the period to 30 June 2015.

- Activity for inpatients/day case procedures measured against a projection of 12,674 (which excludes cardiothoracic/cardiology activity) was behind plan by 51 procedures (4.8%) when adjusted to reflect orthopaedic complexity.
- Diagnostic imaging, when measured against a projection of 19,910 examinations, was ahead of plan by 80 examinations (4.6%).
- Measured against an activity projection of 32,584, the combined inpatient/day case and imaging activity at the year end was 0.5% behind plan.
- When adjusted to reflect complexity, the combined inpatient/day case and imaging activity at the end the year end was 1% ahead of plan.
- Work associated with the Phase 5 orthopaedic expansion is now complete, with this increase in activity commencing in August 2015; additional capacity has been allocated to Boards and patients have already been referred.
- A business case has been prepared for a further orthopaedic expansion (Phase 6) which will be expected to deliver an additional 150 joint replacements and 200 foot and ankle procedures per year; it is expected that this expansion will take effect in October 2015.
- A business case is being prepared for a further ophthalmology expansion, which will be expected to deliver an additional 1,200 procedures per year.
- The Access and Delivery Team at the Scottish Government Health and Social Care Directorates (SGHD) has requested additional MRI support for a number of Boards. This will be supported through extending the use of the mobile unit that is currently on site two days per week; in addition to the 2,500 MRIs already planned for the mobile unit, this will provide capacity for a further 1,700 scans between October 2015 and March 2016.

8.2.2 The Board noted the report.

## **8.3 Finance**

8.3.1 JC provided an update on the financial position to 30 June 2015.

- The year-to-date (YTD) results show a total surplus of £994k; this is

in line with the forecast in the finance plan of £1m underspend by the end of the first quarter. It is anticipated that the Board will achieve break-even by year-end.

- The department has its own internal timetable for closing the ledger, which will allow reports to be prepared for the Senior Management Team and Performance and Planning Committee by the 13<sup>th</sup> day. The month-end timetable is being updated to include dates for the issue of reports to all relevant parties, aiming to ensure we have the most up to date information for reporting and action. Indicative dates, with the exception of month 12, are as follows:
  - Day 5 – initial soft close of the ledger meaning all primary systems are closed and all accruals/prepayments have been accounted for;
  - Day 6 – detailed review of the position by the senior finance team;
  - Day 8-10 – review with the Director of Finance and final adjustments; and
  - Day 10 – internal ledger close.
- The capital position for 2015/16 remains tight. Detailed discussions have been held with the Scottish Government Health and Social Care Directorates' capital department with regard to this position.
- Recurring efficiency savings achieved were £925k against a plan of £938k. We also have non-recurring savings to date of £22k, taking total savings to £947k at the end of month three.

8.3.2 Board members were also advised of changes to the Government Banking Service and the impact of this.

8.3.3 SM commented on the UK Government award of the NHSScotland banking arrangements to the Royal Bank of Scotland (RBS) (84% owned by the state) who should in turn outsource the service to its subsidiary, Nat West, which has no operations in Scotland. Furthermore, over the last two years, the whole RBS group infrastructure and payment systems have shown a marked lack of resilience, with systems frequently falling over, which has resulted in severe customer impacts and regulatory fines for RBS. SM believed it appropriate to register these concerns now because the decision may have unintended consequences for us in to the future.

8.3.4 JF agreed it was appropriate to record SM's concerns.

8.3.5 MW asked if capital could be transferred into the Foundation. JC responded that any capital transferred into a charitable fund becomes a donated asset, and there are issues around this and would need to be supported by the Board of Trustees.

8.3.6 The Board noted the report.

## 9 AOCB

### 9.1 Property and Asset Management Strategy

9.1.1 Board members discussed the Property and Asset Management Strategy (PAMs).

- Boards are required to submit an updated PAMs on an annual basis as part of the annual process for the preparation of the 2015 State of NHSScotland Assets and Facilities Report.
- Key messages from the strategy are as follows:
  - All asset groups of the Board are in good functional condition;
  - How the Board assets can support the NHS Scotland 2020 vision and the Board priorities are describe in the document;
  - An integrated approach through the Property and Asset Management Group will take a lead role in implementing this strategy and leading the annual refresh.
- Following approval, the Executive Lead for PAMs, the Head of Estates and the Deputy Director of Finance will meet with the Government SAFR team for a review meeting.

9.1.2 SM asked if we should be increasing our efforts to protect against cyber attack. JC responded that this has not been flagged up as a high risk, adding that resilience measures are in place. It was agreed that JC should provide a paper with assurance around this.

Action no: 060815/03  
Action: Board paper on resilience and security against cyber attacks  
Action by: JC  
Action status: NEW

9.1.3 MM noted that 20 staff have lease cars, highlighting that this seems high for a single site Board. JY responded and reminded members that a national review of lease cars is taking place and we will revisit ours in light of this, also those staff with lease cars receive a lower mile rate in expenses and must prove the amount of mileage they do before having their request signed off.

9.1.4 The Board approved the Property and Asset Management Strategy (PAMs).

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

10.1 The next meeting takes place on Thursday 17 September at 9.30am.