

Approved Minutes
Board Meeting
Thursday 10 December 2015



Members

Jeane Freeman (JF)	Chair
Mark MacGregor (MM)	Non Executive Board member
Phil Cox (PC)	Non Executive Board member
Kay Harriman (KH)	Non Executive Board member
Jack Rae (JackR)	Non Executive Board member
Maire Whitehead (MW)	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

In attendance

Sandie Scott (SS)	Head of Corporate Affairs
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Minutes

Christine McGuinness	Corporate Affairs Officer
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1 Chair's Introductory Remarks

- 1.1 JF opened the meeting and thanked everyone for their attendance.
- 1.2 Our rescheduled Annual Review will now take place on Friday 29 January 2015.
- 1.3 We were recently presented with the Silver Award by Defence Employer Recognition Scheme in national recognition of our commitment to the Armed Forces.
- 1.4 Specialists at the Golden Jubilee National Hospital carried out a live case transmission to the 26th Annual Cardiovascular Interventions meeting at the world renowned Scripps Clinic in San Diego, California, on Friday 30 October 2015. The surgical team used state of the art

metallic stents to reconstruct the patient's diseased arteries in a form of coronary stenting known as Complex Interventional Indicated Procedure (CHIP).

- 1.5 As part of their dedication to leading quality, research and innovation, the Golden Jubilee National Hospital showcased some of their groundbreaking innovations in improving patient care at the 5th annual Enhanced Recovery After Surgery (ERAS) Conference on Friday 6 November 2015. The Golden Jubilee displayed six abstracts, and has been selected out of hundreds of submissions to provide two of just seven presentations on the day, more than any other UK Board. Consultant Orthopaedic surgeon, Andrew Kinninmonth, chaired a session focusing on Enhancing Research at the conference.
- 1.6 Lung specialists at the Golden Jubilee National Hospital have more than doubled resection rates for lung cancer across the west of Scotland, it has been announced as part of Lung Cancer Awareness Month. The Golden Jubilee is one of the largest thoracic (lung) units in the UK, carrying out around 1,400 operations each year, of which 35 per cent are for lung cancer. Over the past five years, resection rates at the Golden Jubilee have increased from 10 per cent to 25 per cent, meaning more people are receiving and benefiting from this treatment than ever before.
- 1.7 The Golden Jubilee has become the first hospital in Scotland to implant a life saving new technology in a patient suffering from heart failure. The MultiPoint Pacing (MPP) device is a potentially groundbreaking piece of technology used for administering Cardiac Resynchronisation Therapy (CRT) in heart failure patients. Up until recently, CRT devices only allowed for one area of the left ventricle to be stimulated, or paced, but MultiPoint Pacing allows two locations to be paced at the same time.
- 1.8 As part of the development of non executive NHS Board members a series of information booklets are now available online and a link has been sent out to Board members. The Innovation booklet was created and produced by the Golden Jubilee Foundation.

2 Apologies

- 2.1 Apologies were received from:

Stewart MacKinnon (SM) Non Executive Board member

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 29 October 2015 were approved as accurate subject to the following amendments:

- P12, 8.1.4 – amend to read ‘JackR commented that the table of unavailable patients on page 19 needs adjusted to align with figures provided. .’

5 Matters and Actions Arising

5.1 Actions

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

Action no: 291015/01
Action: Updated Recruitment Process to a future Board Meeting
Action by: DM
Action status: Ongoing
Action update: 31 March 2016 Board Meeting

Action no: 291015/03
Action: Update on rollout of Leadership Framework and Human Factors training
Action by: JY/DM
Action status: Ongoing
Action update: 11 February 2016 Board Meeting

5.2 Matters Arising

5.2.1 There were no matters arising.

6 Person Centred

6.1 Partnership Forum

6.1.1 Board members were given an update on discussions at the Partnership Forum meeting which took place on 4 December 2015.

Person Centred

- This suite of work-life balance policies was circulated to the Forum in October, following the release of the updated PIN. Comments were fed back and reflected in the policies. The Forum had virtually approved them, following the cancellation of the November meeting, and they were formally approved at the

meeting. The Forum noted plans to run open sessions for staff and managers to raise awareness of these policies.

- The Forum discussed the latest KSF report including the current position in areas across the Board. It was noted that this position has improved slightly in the last month and it is anticipated that the target will be achieved by the end of March. There was also discussion around how the 80% target should be the minimum achieved, with the expectation being that where possible all staff should have an up to date PDR on the system.
- The Forum discussed the progress to date with iMatter. It was noted that work has been progressing to ensure all teams have action plans on the system.
- The Forum noted that the Employee Director and Acting Director of Human Resources had received letters from Government confirming that the embargoed staff survey results would be released on Thursday 10 December.

Safe

The Forum:

- Formally approved Pre and Post Employment Checks Policy, which was developed following the release of the PIN policy.
- Was updated on the process to support Nursing staff with the introduction of Nursing Revalidation in April 2016. It was noted that not all staff revalidate in April, the example given was that in Critical Care 5% of staff require to revalidate in the three month period following the introduction of this process. The Forum noted the ongoing work and were keen to keep this as a standing agenda item until next summer.
- Discussed compliance with mandatory training in particular areas and received assurance that this was being addressed.
- Discussed and approved the updated Media policy and Digital and Social Media policy.

Effective

- The Forum received a short briefing paper on the possible impact on the Board's partnership model if the Trade Union Bill is enacted. It was noted that the First Minister has written to the UK Government asking that Scotland be excluded from the Bill, an action which has been undertaken by the Welsh Government also. The Forum noted the update and re-affirmed its commitment to partnership working.
- The updated Staff Governance Action Plan, which also incorporates the 2020 Everyone Matters actions plans, was

presented to the Forum. It was highlighted that all actions now align to the delivery themes and the Staff Governance Standards.

- The Forum approved the proposed public holiday's dates for 2016/17. It was noted that since Easter falls again in this holiday year, the days would require to be brought forward.

6.1.2 JF asked about the standard of compliance with mandatory training. DM responded that the Board is on target to meet compliance but some areas are challenged to release staff.

6.1.3 The Board noted the update.

6.2 Medical Education Strategy

6.2.1 The Board discussed the Medical Education Strategy for the Golden Jubilee Foundation for the period leading up to 2020 which:

- Sets out a vision for a centre of excellence, recognised nationally and internationally, which provides the highest quality of medical education and leadership.
- Covers all teaching activities relating to undergraduates, postgraduates in formal training programmes, clinical fellows, specialty doctors and consultants at all stages of their careers.
- Aims to provide direction and a coherent vision, to guide planning and investment, promote oversight and good governance of resources, and to ensure that medical education and training continues to support the overall Board strategy and vision.

6.2.2 PC commented that the strategy needs to reflect that we have engaged with staff and external organisations, adding that this should be highlighted in the five key principles at the beginning of the document. JF commented that this is the first of the high level objectives.

6.2.3 MM commented it was not clear from the table on p9 why West of Scotland trainees were distributed in the way they were. MH responded that training allocations were agreed regionally and nationally by a formal process involving Boards and Deanery and that there were many complex factors which played into this.

6.2.4 JackR asked for an idea of the cost involved in delivering the strategy. MH responded that you wouldn't normally cost a strategy as it is not a business plan but reassured the Board that existing structures are in place and that most elements are being delivered already in some capacity. JC added that there are two different pots of money – one

for post graduate and one for undergraduate, but assured the Board that she doesn't have any concerns around these.

- 6.2.5 JF commented that the strategy is easy to read and very clear. JF added that the undergraduate survey shows significant improvement but asked what happens with this data. JC responded that the Regional ACT group, which the Director of Medical Education sits on, will scrutinise this fully.
- 6.2.6 AMC added that it is excellent to see that trainee feedback states that experience has improved.
- 6.2.7 The Board approved the Medical Education Strategy.

6.3 Nursing Clinical Education Strategy

- 6.3.1 The Board discussed the Nursing Clinical Education Strategy which:
- Outlines our plans for all education and training activity within the Nursing Dept for the period 2015-2018 and maps to our overarching Nursing Strategy
 - Is laid out into four sections, which mirror the pillars of learning as per the NHS Education for Scotland (NES) Post Registration Career Framework Pillars of Practice for Nurses, Midwives and Allied Health Professionals (AHPs).
- 6.3.2 JF commented that the strategy was very clear and well written.
- 6.3.3 The Board approved the Nursing Clinical Education Strategy.

6.4 Nursing Revalidation

- 6.4.1 The Board discussed and noted the Golden Jubilee's preparedness for Nursing and Midwifery Revalidation.
- All practising nurses and midwives must be registered with the NMC and revalidation is the new process by which nurses and midwives will demonstrate that they practise safely. This new process will begin in April 2016.
 - The purpose of revalidation is to improve public protection by making sure that nurses and midwives continue to practise safely and effectively throughout their career.
 - The responsibility for registration has and continues to be with the individual registrant. The organisation's role is to support nurses to achieve this as the impact of nurses lapsing would be a potential risk to the delivery of safe nursing care across the organisation.

- We are encouraging nurses to register to NMC online to establish their date to revalidate; a communications plan is in place to support this.
- National funding will be provided to assist Boards with revalidation and we will continue to have a planned education and awareness programme throughout 2016 to ensure that staff are supported to achieve this.

6.4.2 JackR commented that this is going to be very challenging. AMC responded that this has been recognised nationally and that is why so much effort is being put into communicating and engaging with staff.

6.4.3 MM asked AMC if she thinks some staff will retire early as a result of this. AMC responded that our age profile varies in different specialties and there are currently no concerns across the Board.

6.4.4 JF commented that the Board wants to be assured of the standard that is being set in the assurance conversations that are taking place. JY responded that this would be progressed for example snapshot audits could be undertaken. JF asked for consideration to be given to that and for an update to be brought back to the Board in February 2016.

Action no: 101215/01
Action: Consider how review of quality of revalidation conversations can be done and update on progress
Action by: AMC
Action status: NEW (11 February 2016 Board)

6.4.5 The Board noted the update and concerns over the NMC being unable to tell employers when staff are due to be revalidated, in particular in terms of workforce planning.

6.5 Knowledge and Skills Framework

6.5.1 DM updated the Board on activity against the Knowledge and Skills Framework (KSF) target.

- The Board KSF Personal Development Review (PDR) percentage at 30 November 2015 was 70%.
- A range of actions have been agreed and incorporated into the 2015/16 action plan to support managers in achieving the 80% target by 31 March 2016.
- A range of activities have either taken place or are planned to support the embedding of meaningful PDR/PDP conversations:
 - KSF Appraisal Skills Training

- Reports are being produced on a monthly basis and issued to Managers which details those staff who have an outstanding review over 12 months.
- Complete 'on paper' option has already been implemented by a number of departments.
- Manager and Staff Guides/Guidance for both managers and staff are now incorporated into KSF training and are accessible on the intranet.
- Annual assessment of KSF processes effectiveness using iMatter data to provide reliable team based data on staff experience in relation to learning, performance development and review.
- Tailored support service: Working closely with Heads of Operations and Department Managers, and based on outcomes from iMatter team results, we will identify which teams require support to maximise the effectiveness of appraisal conversations and support managers to develop solutions.
- Personal Development Review Surgeries have been scheduled to support staff, managers and reviewers and enable them to understand their role in the KSF PDR process.

6.5.2 JF commented that some departments are achieving significantly below 50% and asked if there were any specific issues. DM responded that there are different issues in different teams, e.g. restructuring or leadership, but assured the Board that the HR team are providing additional support where required. JackR added that the Heads of Operations had attended the Person Centred Committee and provided assurance that this is high on the agenda. He added that it might be helpful to provide numbers as well as percentages to give context to the report. JF agreed this would be helpful and to know what and where the issues are, as well as the plan to address these. JY commented that this could be considered in the scorecard for next year. JF suggested that March would be a good time to consider this as there will be a year's worth of data to help the Board understand.

Action no: 101215/02
Action: KSF review/update in line with new scorecard
Action by: DM
Action status: NEW

6.5.3 The Board noted the update.

6.6 Recruitment update

6.6.1 DM updated the Board with the current position on recruitment.

- There are a small number of specialist posts which we have not been able to fill due to a shortage in qualified candidates.
- Longer term planning is in place.
- Recruitment fairs will be attended in Edinburgh, Dublin and Madrid in 2016.
- Five Modern Apprentices will be offered by 2017; work is ongoing with the University of the West of Scotland and West Dunbartonshire Council to identify these roles.
- Theatre Training Academy is in development

6.6.2 JackR asked for further information on the Theatre Training Academy. AMC responded that recruitment is under way, with successful candidates coming in between August and November 2016, with the training programme taking place over nine months.

6.6.3 KH asked about the positions which have been vacant for a year. DM responded that these are the specialist posts within the Scottish Adult Congenital Cardiac Service (SACCS) and Scottish National Advanced Heart Failure Service (SNAHFS). MH added that these are very difficult to fill posts. JF asked if part of the issue with SNAHFS is that surgeons want to perform both heart and lung transplants but we can only do heart. MH confirmed that this is part of the issue.

6.6.4 KH asked what we can do to make sure we are the most attractive employer. MH responded that our value based recruitment process ensures we are identifying the best candidates but noted that NHS England has more flexible remuneration packages. MM commented that although NHSScotland has opted not to give out merit awards, consultants will receive the 1% pay uplift which NHS England does not receive.

6.6.5 The Board noted the update.

6.7 Person Centred Committee Approved Minutes

6.7.1 The Board noted the approved minutes of the Person Centred Committee meeting held on 25 August 2015.

6.8 Person Centred Committee Update – 24 November 2015

6.8.1 The Board noted the update from the Person Centred Committee meeting which took place on 24 November 2015.

Person Centred

- The Committee noted the Person Centred Programme Report, Involving People Update and Flying Start programme.

Safe

- The committee reviewed and endorsed Medical Appraisal and Revalidation, Medical Education Strategy, Nursing and Midwifery Revalidation, Nursing Clinical Education Strategy and Learning and Development Report.
- The Medical Education and Nursing Strategies fit well with the aspirations of the Board and reflect our Vision and Values. The Committee agreed to review progress in one year.
- The Committee also discussed the challenges of Medical Appraisal and the trajectory for bedding the system down following recent adjustments to process and are fully supportive of these. Progress will be reviewed at end of March 2016.
- The Committee are supportive of the high aspirations demonstrated in strategies which relate to leading in Practice, Innovation and Quality Improvement. However, concern was expressed that this is not always evidenced in all aspects of performance. Examples included statutory and mandatory, training, timely achievement of Medical Appraisal and Validation and KSF.

Effective

- The Committee reviewed and endorsed the Workforce 2020 Vision Implementation Plan, Partnership Forum Report and iMatter report.
- The Committee discussed the quarterly Knowledge and Skills Framework (KSF) report, which highlighted that the KSF percentage had been dropping but was now increasing and currently sits at 70%. Assurance was provided by the Heads of Operations that KSF remains a high priority for the Board, with a further focus in 2015/16 on the quality of the conversation carried out.
- The Committee received a presentation from Liz Reilly, iMatter National Project manager who gave praise to the Board for the achievements reached to date, including a very positive Employee Engagement Score of 77% for the Board and being the first NHS Board in Scotland to fully implement iMatter.

6.8.2 JF commented that the issue with fixed targets is that they are either hit or missed but that the quality framework will triangulate data from more than one source, adding that it is important to carefully consider language used.

6.8.3 MM added that we should state how many people completed training within the last 12 months. JF added that this goes back to the previously noted issues with the national HR system. [MH noted that it was not clear why there was a particular problem with Doctors, of all](#)

staff groups, failing to maintain compliance with mandatory training. The same individuals were often assiduous in maintaining continuous education for clinical skills and strong contributors to institutional goals. While the problem was real and required to be addressed, low rates of compliance with the formal mandatory training modules should not be seen as a marker of general apathy about training or of poor institutional engagement.

6.8.4 The Board noted the update.

7 Safe

7.1 Healthcare Associated Infection Report

7.1.1 Board members discussed the Healthcare Associated Infection Reporting Template (HAIRT) for October 2015.

- Staphylococcus aureus Bacteraemia – one SAB to report in September, taking the total to seven since April 2015.
- Clostridium difficile infection – No cases to report
- Hand Hygiene - September combined Hand Hygiene Compliance and Technique was 99%.
- Ancillary/ Other score dropped to 88% (n=2). Theatres have reminded staff to ensure visitors to the department are aware of hand hygiene requirements. Next audit due December.
- Cleaning and the Healthcare Environment- Facilities Management Tool – Housekeeping Compliance was at 98.44% and Estates Compliance at 98.8%.
- Surgical Site Infection – rates are within control limits.
- Following an unannounced visit on Tuesday 6 and Wednesday 7 October 2015 the draft report for accuracy has been agreed and action plan submitted to the Healthcare Environment Inspectorate. The full report will be published on 15 December 2015.
- The Board also noted the Prevention and Control of Infection Annual Report 2014/15, which details a summary of HAI activity and progress against the Prevention and Control of Infection Programme in 2014/15.

7.1.2 MM asked if there had been any SABS in November or December. AMC responded that there were none in November and the December data is not yet available..

7.1.3 JackR asked if we screen patients for HIV. AMC confirmed that patients are screened on admission.

7.1.4 The Board noted the report and approved its publication.

Action no: 101215/03
Action: Publish HAIRT
Action by: AMC/Comms
Action status: NEW

7.2 Clinical Governance Committee Approved Minutes

7.2.1 The Board noted the approved minutes of the Clinical Governance Committee meeting held on 25 August 2015.

7.3 Clinical Governance Committee Update – 24 November 2015

7.3.1 The Board discussed the update from the Clinical Governance Committee meeting which took place on 24 November 2015.

Person Centred

- Four video patient stories were watched as an example of the impact these can create. Consideration is being given how this principle can be implemented in the Golden Jubilee Foundation.
- Discussions were had about the 'second victim' concept and support given to staff. The second victim theory looks at the impact of unexpected adverse events on health care providers; specifically feelings of guilt or doubts about their own abilities.

Safe

- The Surgical Services Division report was received and particular focus was given to two RCAs and their learning and outcomes discussed.
- One incident highlighted the growing issue of chlorhexidine allergy and the difficulties it creates within a surgical environment.
- The action plans for Serious Adverse Events was presented. The approach of extracting more complex cross divisional issues was discussed.
- The new Adverse Events Policy was ratified and will be launched in 2016.
- The Prevention and Control of Infection Annual Report 21014/15 was received.

Effective

- The clinical outcomes framework was discussed and an update will be given at the next Clinical Governance Committee meeting.
- The August HAIRT report was received with updates on the reduction of SABs reported.

7.3.2 JY advised that SS is going to take the lead on developing a range of patient stories through different media with a view to building a library that can also be used as part of the Human Factors training. SS confirmed that this work has already started with videos uploaded to the corporate YouTube channel and she is working with the Head of Clinical Governance on this.

7.3.3 JF asked for an update on the Clinical Outcome framework. JY responded that MH is leading this work and an update will be taken to the next Clinical Governance Committee meeting. MH added that a short life working group has been set up but each service is in a different stage of development and an outline framework has been circulated to each group. JY added that this is a new concept so there is no obvious benchmark sites. MW commented that this links to patient stories and patient satisfaction. JF asked for an update paper to be brought to the Board after it has been to the Clinical Governance Committee. JY advised that it is important that this work remains closely integrated into phase 2 expansion of the total Quality Indicators and is taken through the agreed internal operational groups (for example CGRM, SMT and Quality and Innovation) and that it is too important a piece of work to be rushed. Following discussion, JY advised that any Board member could attend the Clinical Governance and Risk Management Group for the discussion on this if wished. MH advised that he is keen to have a report for discussion by the end of March 2016 but he will give a verbal update to the Clinical Governance Committee in January.

Action no: 101215/04
Action: Update paper on Clinical Outcomes framework
Action by: MH
Action status: NEW (after SMT and CGC)

7.3.4 The Board noted the update.

8 Effective

8.1 Performance

8.1.1 The Board received the Board performance report reflecting progress against the refreshed monthly key performance indicators (KPIs) for September 2015 with October data included where available.

Safe

- A sixth SAB case was reported during August. Our current quarterly rolling SAB is now over the national target for the period as well as

our own lower local target. The Prevention and Control of Infection Team are working closely with the clinical teams involved.

Effective

- As of the end of quarter two the Research Institute have already delivered their target for invoiced income and have almost delivered annual income received for themselves and hotel through external marketing of the centre, a very impressive achievement.
- Significant improvements have been seen in the timely updating of bed closures on TrakCare since the last meeting with unpublished October bed occupancy showing fewer instances of missed opportunities for bed closures. Better bed occupancy data will help services plan admissions and staff rotas, benefiting both patients and our teams.
- The Orthopaedic team were commended on sustained achievement of their target Enhanced Recovery after Surgery (ERAS) length of stay (LOS) for both primary hip and primary knee patients. Three day LOS has been maintained for primary hip replacements since April 2015 while LOS of four days or less has been delivered for primary knee replacements since December 2014

Person Centred

- While within target with 67% of reviews complete, as of the end of September eKSF performance had fallen by 11% from the quarter one position. A renewed focus on review is being given to completion of KSF reviews with improved performance expected in the imminent future.
- Sickness absence remained over target in September at 5.3%, reducing a little in October to 5.1%. There are a number of staff who have been absent long-term over recent months due to injury or chronic health problems and many of these staff have already resumed or have a planned date to resume to duty in the foreseeable future. Managers and HR are working closely with Occupational Health to facilitate and accommodate a return to work and seek specialist advice and support where required.

8.1.1 JF noted that sickness was up in September and asked what the position has been since then. DM confirmed this was down to 5.1% in October.

8.1.2 JackR asked if the absentees were in particular areas and if there was any particular reason for this. JY responded that Theatres and the Hotel were the key areas for this report. DM added that there have been a few long term absences.

8.1.3 The Board noted the report.

8.2 Business update

8.2.1 The Board discussed and noted business activity for October 2015.

- Measured against an activity projection of 32,584, the combined inpatient/day case and imaging activity was 13.9% ahead of plan for the month and 5.7% ahead of plan year to date. When adjusted to reflect complexity, the combined inpatient/day case and imaging activity at the end of October was 16.2% ahead of plan for the month and 7.3% ahead of plan year to date.

Orthopaedic Surgery

- The annual target for orthopaedic joint replacements for 2015/16 is based on 3,600 primary joints; there is also a target number of 705 orthopaedic non-joint procedures for the year.
- The total number of orthopaedic theatre slots in our original plan for the month of October (joint replacements, foot and ankle surgery and other orthopaedic procedures) was 359. The actual number of theatre slots utilised was 427.
- Since the above activity plan was agreed, two orthopaedic expansions have been implemented. Activity relating to Expansion Five increases the target by 200 primary joint replacements to be delivered between August 2015 and March 2016. Activity relating to Expansion Six increases the target by an additional 75 primary joint replacements and an additional 100 foot and ankle procedures to be delivered between October 2015 and March 2016.

Ophthalmic Surgery

- Ophthalmology activity remains high and performed exactly in accordance with plan for the month of October with 400 patients having been treated in the month.
- Ophthalmology outpatient activity will increase in November and the forthcoming expansion will be fully implemented by 1 December.
- Activity associated with the Ophthalmology expansion increases the target by an additional 400 procedures to be delivered between October 2015 and March 2016.

Plastic Surgery

- Plastic surgery (including hand surgery and general plastic surgery) was a total of seven procedures ahead of plan. Consultant availability, however, remains challenging.

Endoscopy

- Endoscopy activity improved in September but was slightly behind plan by eight procedures in the month of October. While this is a considerable improvement on previous months, the delivery of endoscopy remains a challenge. This shortfall can be attributed to consultant availability. Every effort will be made to continue to recover the year to date deficit.

Diagnostic Imaging

- There is a plan to increase capacity in the mobile MRI unit by 1700 examinations from September 2015 to March 2016. This increase was implemented in accordance with plan and contributed to the over performance of 340 diagnostic investigations in the month of October. The other contributing factor was an increase in ultrasounds carried out in the month of October.

Situation at End October 2015

- In order to create capacity for ongoing expansions, there continues to be a focus on the early mobilisation of orthopaedic patients, a reduction in the length of stay and increasing day of surgery admission (DOSA) rates.
- There has been continued but slow progress in achieving Day of Surgery Admission rates. We are aim to admit 50% of orthopaedic patients as DOSA, however, the year to date average is currently 35%.
- There has, however, been considerable progress made in reducing the length of stay for hip replacement and knee replacement patients. Currently the median length of stay for a hip replacement patient is three days and four days for knee replacement patients.
- We have experienced an increasing number of orthopaedic revision procedures as we have progressed through 2015/16. There were 91 revision procedures carried out at GJNH between April 2015 and October 2016.
- The Recovery Group will continue to meet on a weekly basis to scrutinise theatre utilisation and address shortfalls in activity as they arise.
- Discussions are progressing well with referring Boards around reconciling activity against allocations for 2013-2016 and requirements for capacity at GJNH for the period 2016-2019.

Waiting Times Internal Audit Report

The Waiting Times Internal Audit Report for October was in the green range, with 100% compliance.

- 8.2.2 MM noted that the target of 5000 scopes is not being achieved and asked the reasons for this. JR responded that this is a complicated service to deliver. Although the demand is there, the Boards with significant demand also have considerable distances for patients to travel and patients are required to take KleanPrep the night before. Some Boards only send surveillance patients who are less receptive to travel rather than new patients who are keen for a diagnosis.
- 8.2.3 JF asked about the Day of Surgery Admission rates, which are 35% compared to a target of 50%. JR responded that an audit is under way and additional support is being provided in clinics to boost this. She added that a recent peer review highlighted that our compliance is not consistent with other Boards.
- 8.2.4 JF asked about the trend in Orthopaedics. JR advised that we are getting to the point where our own patients will need their original joints revised, so discussions are under way to determine our 'revision vision'. JY added that this will also be determined in part by the National Clinical Strategy. MM commented that knee revisions are going down and hip revisions have plateaued; this is in part due to the better quality of joints being used. JR agreed that the implant prostheses have got better over the years but she believes the revision rate will go back up again in time.
- 8.2.5 The Board noted the report.

8.3 Finance update

- 8.3.1 The Board discussed and noted the financial position at end October 2015.
- The year-to-date (YTD) results show a total surplus of £294, which is broadly in line with the forecast in the finance plan. At this stage it is anticipated that the Board will achieve break-even by year-end.
 - We have identified the opportunity for further recurring quality bids investment up to value of £500k to be approved in this financial year with implementation from April 2016. This year we have however, with input from Performance and Planning changed our approach to the application process, we identified an improvement tool called 'human return investment' which outlines the importance of being able to quantifiably measure quality improvement progress in order to show a return in investment, this therefore demonstrates the investment made and the quality improvement delivered. This will be aligned to our quality dashboards to monitor the impact of the investment on our services.
 - As in prior years, we were required to submit a return data related to the processing elements of the finance shared services

programme. There have been changes to how the data has been captured for this year's return to ensure that only processing elements of roles are captured and reported. This will be collated into a national report which shows the staff input and volumes of items processed and allows comparators and targets to be set to demonstrate continuous improvement in this area. When this report is available this will be reviewed by the Audit and Risk Committee supported by a local action plan.

- We continue to have detailed weekly planning meetings internally looking at the capital plan in year and the first half of next year. The latest review has highlighted potential forecast slippage of circa £100k, noting this has reduced significantly from the forecast slippage last month of £350k. It is anticipated this current slippage will be utilised in the steam boiler business case that is due to be presented to the capital group on 9 December. Meetings with the leads for each of the main strands have been held and a contingency plan has been agreed to utilise any further shortfall in the last quarter.
- As carbon emissions no longer form part of the Heat targets for the Board it has been agreed that the information relating to energy performance of the Board would be incorporated into the Board finance report. Currently the energy report is produced on a quarterly basis with the most recent report available being to the end of September 2015; this has been reviewed in detail by the Property and Asset Management Steering Group. The analysis to September 2015 shows gas usage is 4% less than the same period last year and electricity is showing a 2% reduction to the same period last year. Weather significantly affects the gas consumption of the site and for the same period last year weather impact was 11% greater (known as degree days) which would otherwise anticipate a significant increase in gas usage. The net reduction therefore recognises the impact of the energy initiative schemes put in place by the Board.
- At month seven, recurring efficiency savings achieved were £1.778m against a plan of £1.978m, which is demonstrating we are £200k behind plan. Plans are in place to recover this shortfall with a number of significant efficiency procurement schemes in place and will be reported in month eight. We also have non-recurring savings to date of £124k; these are also detailed in the appendix to this paper. Therefore total savings of £1.902m were delivered at the end of month seven.

8.3.2 The Board noted the report.

8.4 Audit and Risk Committee Approved Minutes

8.4.1 The Board noted the approved minutes of the Audit and Risk Committee of 9 June 2015.

8.5 Update – November 2015

8.5.1 The Board discussed the update from the Audit and Risk Committee of November 2015.

Person Centred

- The outcomes from the National Fraud Initiative exercise were reviewed by the Committee. The committee noted the progress to date.
- An update on the Board position with regard to shared financial services and national systems was noted by the Committee.
- The Committee received an update on the administration and management of endowment funds following the transfer from NHS Greater Glasgow & Clyde in April 2015.

Safe

- The Committee received a presentation from the Head of eHealth describing the controls in place to manage the risk of cyber attack and the strength of Information and Technology resilience. This was very useful and the Committee received assurance that all appropriate actions are being taken to manage this. It was agreed this would be added to the Board Risk Register, which will be regularly presented to the Committee and the Board.
- The Committee received an update on the actions contained within the Property and Asset Management Strategy. No significant issues were identified.
- The Board Risk Register was presented to the Committee and they reviewed the controls in place to mitigate these risks.

Effective

- The Internal Audit Progress Report was presented to the Committee. This reported on three reviews – Implementation of Trakcare, Infection Control effectiveness and design, and the annual review of procurement. There were no Critical or High risk reports identified, with one medium risk identified in Infection Control on how audit data is collated and stored. An action plan has been put in place to address this. Four low risks were identified in the Trakcare project and two low risks in procurement. Action plans have been agreed.

- The External Audit Annual Plan was reviewed in detail and approved.
- The Committee received an update on the Audit Scotland published reports in particular the update on the Management of the IT contract in NHS24, an update on the 2013/14 financial issues in Highland and the 2014/15 financial issues in NHS Tayside and the NHSScotland overview report.
- The Committee approved the Standing Financial Instructions, which were updated to include the role of Counter Fraud Services.
- The routine fraud update was presented to the Committee with good progress on both the proactive and reactive action plan.

8.5.2 Following discussion on the work around prevention of cyber attacks, it was agreed that an update will be brought to the Audit and Risk Committee in April/May.

8.5.3 The Board noted the update.

8.6 Endowment Committee

8.6.1 The Board noted the update from the Endowments Committee meeting which took place on 24 November 2015.

Person Centred

- The current endowment fund balances and transactions were presented to the Committee, with no issues identified.

Safe

- The updated Case for Support was presented to the Committee. This is currently being reviewed by external stakeholders and will be presented back to the Committee when updated. The Committee supported the updated version and noted the final draft will be presented at the next Committee meeting.

Effective

- The draft Annual Report was presented and approved by the Committee although noted there may be minor changes following review by the external auditor. The final draft will be presented to the Trustees meeting on 10 December.
- An 'in principle' proposal to potentially transfer commercial income from the Beardmore to the charity was discussed by the Committee. The Committee agreed this requires detailed analysis and consideration with further information to be provided to the next meeting.

- An update on the endowment fund management following the transfer of funds from NHS Greater Glasgow & Clyde in April 2016 was reviewed by the Committee.

8.6.2 The Board noted the update.

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 February 2016 at 9.30am.