

**Approved Minutes
Board Meeting
Thursday 16 February 2017**



Members

Stewart MacKinnon (SM)	Interim Chair
Jack Rae (JackR)	Non Executive Member
Mark McGregor (MM)	Non Executive Member
Phil Cox (PC)	Non Executive Member
Kay Harriman (KH)	Non Executive Member
Julie Carter (JC)	Deputy Chief Executive/ Director of Finance
June Rogers (JR)	Director of Operations
Mike Higgins (MH)	Medical Director
Anne Marie Cavanagh (AMC)	Nurse Director
Safia Qureshi (SQ)	Director of Quality, Innovation, and People

In Attendance

Angela Harkness (AH)	Director of Global Development and Strategic Partnerships
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Minutes

Christine McGuinness	Communications Manager
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1 Chair's Introductory Remarks

- The Board welcomed Safia Qureshi to her first meeting as Director of Quality, Innovation, and People.
- The Board congratulated Hany Eteiba, Associate Medical Director of Regional and National Services Division, on being appointed President Elect of the Scottish Cardiothoracic Society.
- The Golden Jubilee Foundation and the Department for Work and Pensions hosted West Dunbartonshire's first Disability Confident employer engagement event on Friday 10 February. Already a level two 'Disability Confident Employer' hosting this event reinforces their commitment to becoming a level three 'Disability Confident Leader'.
- The Golden Jubilee Foundation has been named as one of the top 100 employers in the UK for supporting Lesbian, Gay, Bisexual and Trans (LGBT) members of staff in the Stonewall Workplace Equality Index (WEI). The Foundation faced rigorous competition from amongst the 439 organisations which took part in the WEI this year making to meet a series of strict criteria, ranking 63rd in the UK as a whole.

- The Board congratulated the team at the Golden Jubilee Conference Hotel, after starting 2017 in spectacular fashion. The hotel was awarded VenueVerdict Gold Accreditation for 2016 and was named Best UK Conference Hotel in the Small Business Awards 2016.

Action no: 160217/01
 Action: Send letter to Hany Eteiba from Board, congratulating him on his appointment as President Elect of the Scottish Cardiac Society
 Action by: SM/CP
 Action status: NEW

2 Apologies

Jill Young (JY)	Chief Executive
Jane Christie-Flight (JCF)	Employee Director
Maire Whitehead (MW)	Non Executive Member
Sandie Scott (SS)	Head of Corporate Affairs

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 8 December 2016 were approved as accurate subject to the following amendments:

- P7, 7.3.3 – delete last sentence
- P9, 8.1.2 – change to read “We are still intending to have all online by the end of March; the main block currently is familiarity with the system.”

5 Matters and Actions Arising

5.1 Actions

5.1.1 All actions were closed.

5.2 Matters Arising

5.2.1 There were no matters or actions arising.

6 Person Centred

6.1 Partnership Forum

6.1.1 JC presented the paper on behalf of JCF, giving the Board an update on discussions at the Partnership Forum meeting which took place on 13 January 2017.

- Equality Outcomes for 2017-2020 were supported in principle, subject to consultation before sign off.
- An update was provided on Electronic Patient Records.
- Plans for the elective care expansion were discussed.
- The Board is working towards achieving Investor in Young People status.
- Concerns were raised about closure of the canteen at Christmas. Assurances were given that Staff Side will be involved in any future short life working groups.

6.1.2 PC commented that there should be early engagement about Christmas holidays to ensure that nobody is left thinking their Christmas hasn't been considered. AMC responded that the main issue was the short notice in communicating the change to staff despite the operational plans being signed off in October/November.

6.1.3 MM asked if there is a requirement to provide hot food for staff. JC responded that hot food was available from the vending machines. MM commented that as the hotel kitchen was open, could they not have provided a meal service for staff on these days. JC responded that this was available to staff who wanted to access it.

6.1.4 JC added that in previous years, the hospital kitchen closed early because demand is traditionally low, and added that the numbers who went through last year were very small. JC added that a short life working group is being set up, with Staff Side involvement, to plan for this year.

6.1.5 The Board noted the update.

6.2 Person Centred Committee approved minutes

6.2.1 The Board noted the approved minutes of the meeting of 18 October 2016.

6.3 Person Centred Committee update

6.3.1 JackR gave the Board an update on discussions at the meeting of 31 January 2017.

- The NHSScotland Staff Survey will cease this year. iMatter and ad-hoc internal surveys will be used to gather feedback going forward.
- A new national complaints procedure will be introduced on 17 March 2017.
- eKSF activity is behind plan, but the 80% target can still be achieved. The HR Team are working with managers to ensure that the Board meets the 80% target by 31 March 2017.
- Sickness Absence was discussed and it was noted that there are still a small number of "not known" causes of absence. OHS and physio posters about what staff can do to keep themselves fit.
- The draft Communications Strategy highlights the rapid and unpredictable change in digital communications channels providing challenges for the future.
- A complaint was discussed around handling of conversations with a patient who has Dementia and has a relative with power of attorney.

6.3.2 MM asked about consenting patients who are not capable of making decisions. PC commented that this was considered from a legal point of view using the four step test to determine whether the patient is capable of making decisions. MH responded that there is an element of judgement with patients who are on the cusp. In the example discussed, the patient's relative had power of attorney should have been involved in conversations but wasn't. AMC added that the relative with power of attorney was present so the question was why weren't they in the room, commenting that this goes back to education of the clinical staff. MM added that if we have a good consent process it should be apparent that the person does or does not have the capacity to retain the information and suggested that having this recorded would be helpful.

6.3.3 AH commented that the physiotherapy referral programme could be linked in to the Centre for Health and Wellbeing work.

6.3.4 JC added that the Comms strategy is out for consultation and will come back to the Board for formal approval. SM commented that he did not have a lot to add and thought this was fairly comprehensive. AH commented that she and SQ will feed back views to SS on links to the overall Board Strategy.

6.3.5 The Board noted the update.

7 Safe

7.1 Healthcare Associated Infection Report

7.1.1 The Board discussed and approved the Healthcare Associated Infection Reporting Template (HAIRT) for December 2016.

- No Staphylococcus Aureus Bacteraemia to report.
- No Clostridium Difficile Infection to report (last case reported March 2014).
- 99% Hand Hygiene compliance (up from 96%), with medical staff compliance at 96% (up from 86%) - bimonthly report for November.
- Housekeeping Compliance was at 98.5% (up slightly from 98.27%) and Estates Compliance at 98.77% (down slightly from 99.44%) - Cleaning and the Healthcare Environment Facilities Management Tool.
- All Surgical Site Infections (CABG, Cardiac and Ortho) were within control limits.

7.1.2 MM commented that it was good to see the SAB rate back down.

7.1.3 MM commented that there have been no orthopaedic surgical site infections for four months, noting that this was quite impressive.

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

Action no:	160217/02
Action:	Publish HAIRT
Action by:	AMC/ Comms
Action status:	NEW

7.1.5 The Board also discussed and approved the infection control annual report for 2015/16.

7.2 Clinical Governance Committee approved minutes

7.2.1 The Board noted the approved minutes of the meeting of 22 November 2016.

7.3 Clinical Governance Committee update

7.3.1 MM updated the Board on discussions at the meeting of 31 January 2017.

- The Regional and National Divisional Update was well received, and challenges around Medicines Reconciliation and proposed improvements considered.
- Continued excellent performance with low SABS and Surgical Site Infections was noted.
- The Annual Infection Control Report for 2015/16 was approved.
- There was a general discussion around the governance of new procedures and the framework around this was commended.

7.3.2 The Board noted the update.

8 Effective

8.1 Performance

8.1.1 JC presented the latest Board Performance report, highlighting areas of operational performance discussed at the January 2017 Performance and Planning Committee.

- Clinical incidents continue to be low with two 'high' severity incidents reported in CCU in October, and zero 'high' or 'very high' incidents reported during November.
- Performance against the nine-week stage of treatment target for Heart and Lung Services met the 90% target in October, but fell to 72.7% in November; this was as a result of high patient demand on the waiting lists. All patients were treated within 12 weeks.
- New bed management approaches are being tested in Cardiac and Orthopaedics.
- Good progress has been made in medical job planning. The Medical Team continue to work with HR and the wider e-Job Planning Project Team to progress the remaining job plans.
- All October complaints responses were sent within 20 days, but all five were late in November; reasons include delays receiving information from another Board, change in senior staff member leading on the investigation, and further questions being asked.
- Sickness absence rose to 5.33% during November, with the majority reported as short term.

Divisional Update – Surgical Services

- Continued good performance against the Day of Surgery Admission (DoSA) target for primary arthroplasty patients has resulted in rising demand for the Surgical Day Unit (SDU), with the number of admissions exceeding capacity at some points in the day. Options are being explored via a Short Life Working Group to find an acceptable solution.
- Close attention continues to be paid to the Cardiac Surgery waiting list which has remained high due to high referrals and a more urgent case-mix. The Cardiac Management Team is working on a number of projects, including the Scottish Patient Flow Programme and a review of patient scheduling practices.

Divisional Update – Regional and National Medicine

- Clinical Laboratories received very positive feedback following their three day inspection against the international standards (ISO15189:2012 – Medical Laboratories – Quality and Competence), with particular comment made around excellent staff engagement in the process. Areas identified for improvements are

being taken forward.

- Results of the first three months of the direct NSTEMI programme show a very high rate of revascularisation for the high risk patients referred within 24 hours. The Cardiology Management Team is monitoring performance to ensure that the service is able to manage increased demand ahead of the planned roll out to Dumfries and Galloway in March.
- The Cardiology waiting list remains challenging. Extra lists are in place, however, patients are being booked past the nine-week target with some (particularly in Electrophysiology) booked close to the 12-week Treatment Time Guarantee.
- A Short Life Working Group has been established by the Regional Planning Group to review device activity and future projections across the West of Scotland. The outputs from this group will be reported to Performance and Planning along with ongoing reports from the service on their waiting list performance.

8.1.2 JR commented that November was challenging within cardiac nursing, and that this was followed by the planned service reduction during the festive period as a result of blood stocks. AMC added that there was an increase in short term sickness absence in critical care but the morning huddles were useful in identifying this and being able to move staff around to provide adequate cover.

8.1.3 JR added that there has been an increase in demand for HDU beds for orthopaedic patients, which has created an additional pressure on the service; one bed is generally allocated but on average, three are being used. This has been due to the complexity of the patients and a reluctance to look after them in the wards. The team are looking at how we can provide additional support for these patients in the wards.

8.1.4 KH asked if this is a growing trend. JR confirmed this and highlighted that there are two groups of patients: fast flow and slow flow and the team is testing grouping the slow flow complex patients in one wing. The revision vision group will develop a business case to build a more sustainable service for the complex revision patients.

8.1.5 MM asked which clinicians are looking after the orthopaedic patients in HDU. MH responded that the HDU medical staff look after the patients in this area, calling on the Orthopaedic team if needed. MH added that the patients tend to be older and have more co-morbidities, but noted that the clinical engagement around this has been impressive.

8.1.6 The Board noted the report.

8.2 Hospital activity

8.2.1 JR gave the Board an update on hospital activity at December 2016.

- Activity for inpatients/day case procedures measured against a projection of 14,946 (which excludes cardiothoracic/cardiology activity) was behind plan by 6.2% for the month of December and ahead by 0.4% year to date (YTD) when adjusted to reflect complexity.
- Measured against a total activity projection of 37,871, the combined inpatient/day case and imaging activity at the end of December was 8.0% ahead of plan YTD when adjusted to reflect complexity.
- Orthopaedic surgery is currently exceeding the YTD plan: joint activity was ahead by 149 primary joint replacements and 221 foot and ankle procedures, although 'other' activity was behind plan by 251 procedures.
- Ophthalmology remains behind plan for the month by 45 procedures and 69 procedures YTD. Ophthalmology activity was predicated on the recruitment of two additional ophthalmic surgeons. A delay in the arrival of these staff is currently presenting operational challenges and is likely to continue to result in a shortfall in ophthalmology.
- General surgery is ahead of plan by 30 procedures in the month and 180 procedures YTD. Weekend lists continued in December to support referring Boards.
- Hand surgery exceeded the monthly plan by nine procedures and is 118 ahead YTD.
- Minor plastic surgery is behind plan by 92 procedures YTD and major plastic surgery is behind plan by 179 procedures YTD. Delivery of the Plastic Surgery service remains an ongoing challenge due to the availability of Plastic Surgeons. Discussions are currently under way with the referring Board.
- procedures YTD. We expect this shortfall to be recovered as we progress through the year.
- Diagnostic Imaging significantly exceeded the plan by 269 examinations and is currently ahead of the YTD plan by 2,243 examinations.
- Plans are progressing to commission a mobile ophthalmology unit, running three days per week from end March/ early April 2017. Ophthalmology Outpatients will move to level four in March to accommodate the additional patients who will need to be seen to populate the additional lists.

8.2.2 MM asked about cardiac EP still being behind plan. JR responded that the service is receiving increasing referrals. JR added that the table doesn't accurately reflect the position; she can either keep this line in the report as is and make the data more meaningful, or remove it completely. MM highlighted issues around urgent referrals and the service being grossly underused in this country.

- 8.2.3 PC commented that plastics continues to be an issue and that rebalancing the service is the right thing to do, but he asked what the downstream impact is on the patients, and if we have a sense of how difficult it is becoming. JR responded that the service is only utilised by Lothian, who are still a big user of the private sector.
- 8.2.4 JackR asked if there are plans to strengthen nursing support as well as consultants as part of the ophthalmology expansion. AMC confirmed this was the case, and added that there are plans to put some of our own experienced staff into the modular unit to ensure Golden Jubilee practices and governance processes are adhered to, and assured the Board that the senior team will be keeping a close eye on this.
- 8.2.5 SM commented on the team's visit to India and the opportunities for consultants to work differently. JR commented that the lead clinician is already working between two theatres, and added that the ophthalmology service is where new theatre nurses start out. AMC added that the theatre nursing service is a great example of being creative in delivering the service from nursing assistants up to the Band 6 Nurse who is the main support for the surgeon. JC added that the Board has invested in the Theatre Academy and that the master plan will include a physical change to the theatre environment in line with the Indian model. JR added that nurses are also being up-skilled in line with learning from the Indian model.
- 8.2.6 MM asked if we have done the health economics to ensure that the Indian model is more cost effective than having an extra surgeon. JR responded that we should get this information shortly. AMC added that the current staffing model in ophthalmology has put us in a really good position in readiness for this.
- 8.2.7 The Board noted the report.

8.3 Finance update

- 8.3.1 JC updated the Board on the financial position at December 2016.
- The year-to-date (YTD) results show a total deficit of (£164k) against non-core expenditure (this includes depreciation and claims), with the core expenditure (including all Board running costs) reporting a breakeven position; this is in line with the forecast in the finance plan for this period.
 - The Board's financial plan for the next three years and infrastructure investment capital plan for five years are currently being developed.
 - The budget setting process for 2017/18 formally commenced in January and will be completed by mid February to inform the Board's financial plan.

- The efficiency savings target has been reviewed. Divisions are working to a 5% efficiency target with review meetings in place with the Director of Finance. Although challenging, this could provide opportunities to deliver our services on a more efficient and effective basis.
- Recurring efficiency savings achieved were £2.756m against a plan of £2.699m and non-recurring savings to date are £343k.

Annual Report and Accounts

- The external audit interim visit will be completed in February. The output from this visit will be formally reported to the April Audit and Risk Committee.
- The annual audit of the Directors' Report and Annual Accounts will commence on 3 May. Following completion of the audit, the Directors' Report and Annual Accounts will be presented for approval to the Audit and Risk Committee on 6 June, the Senior Management Team on 8 June, and the Board on 15 June.

8.3.2 The Board noted the report.

8.4 Board Risk Register

8.4.1 JC updated the Board on the Board Risk Register, highlighting that this had gone to the Risk Meeting in December, and that the Chief Risk Officer role has now been embedded.

8.4.2 SM commented that the Chief Risk Officer role is embedding well.

8.4.3 The Board noted the report.

8.5 Audit and Risk Committee approved minutes

8.5.1 The Board noted the approved minutes of the meeting of 8 November 2016.

8.6 Audit and Risk Committee update

8.6.1 PC updated the Board on discussions at the meeting of 7 February 2017.

- The Internal Audit Plan for 2017/18 was discussed and areas for review were discussed by the Committee. This will be presented to the next committee meeting.
- The fraud update focused on the proactive plan, development of a hospitality and gift register, and governance guidance from the Association of British Pharmaceutical Industry.

- Terms of reference and membership of the Strategic Risk Committee were discussed and approved.
- The Board Risk Register was reviewed.
- A paper recommending the consolidation of the Board and Charity Accounts will be presented at the next meeting.
- The accounting policies to be used in the preparation of the annual accounts were approved.
- Guidance to support the Board Governance Statement as part of the annual report and accounts was approved.
- The Committee received an update on the work to review the Board asset lives with the initial phase reviewing medical equipment.
- The Committee received an update on the recent internal audits in procurement, Central Sterile Processing Department, and Clinical Governance.
- The annual refresh of the Procurement Strategy was approved.

8.6.2 AH commented that the meeting was useful for her understanding of procurement, adding that there are lots of exciting opportunities.

8.6.3 The Board noted the update.

8.7 Endowment Sub Committee

8.7.1 PC updated the Board on discussions at the meeting of 7 February 2017.

- An update was provided on work to date in sourcing funds to support the Innovation Fund.
- The open innovation fund is progressing well with funds being received into the charity.
- A reference guide for fund holders was approved and will be put into 'user friendly' language by the Communications team before being issued.
- Training requirements for fund holders, Trustees and the finance team were approved, and will be mandatory for fund holders given the governance requirements surrounding this.
- The updated Endowment Charter was approved.
- A proposal to offer a free wills service was agreed for staff only at this stage.

8.7.2 PC added that there had been a discussion about how the free will service does not cover patients in the first phase.

8.7.3 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 will take place on Thursday 30 March 2017 at 9.30am.