

**Approved Minutes**  
**Board Meeting**  
**Thursday 17 September 2015**



**Members**

Jeane Freeman (JF)	Chair
Stewart MacKinnon (SM)	Non Executive Board member
Mark MacGregor (MM)	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 announced that she will be stepping down in March as she has been selected to stand as a candidate in next year's Scottish Parliament elections.
- 1.3    JF advised that, In a commission signed by Rear Admiral Michael Gregory OBE, Her Majesty's Lord Lieutenant of The County of Dunbartonshire, Jill W Young has been appointed as the new Deputy Lieutenant of West Dunbartonshire.
- 1.4    The Golden Jubilee has made history by being shortlisted in two categories in the inaugural Icon Awards. As well as the Golden Jubilee being the only NHS organisation nominated for the prestigious Employer of the Year award, our Employee Director , equality lead, and one of our Senior Clinical Perfusionists Jane Christie-Flight, is the only NHS employee and only woman in the running for the Uniformed Icon of the Year award.

- 1.5 Paul Gray, Director General and Chief Executive of NHSScotland, recently visited the Golden Jubilee to learn more about our Quality Framework.
- 1.6 Health Secretary Shona Robison recently visited the Golden Jubilee to see a demonstration of our Quality Framework. During a tour of key areas, Ms Robison was shown a demonstration of the innovative 3D imaging technology, which makes lung operations quicker, safer and more effective. The Golden Jubilee's thoracic (lung) team is the first in Scotland to use 3D imaging during keyhole surgery on patients needing treatment for lung cancer.
- 1.7 As part of our ongoing dedication to education, innovation and sharing best practice, the Golden Jubilee recently hosted its first Perioperative Transesophageal Echo (TOE) Course.
- 1.8 Two heart transplant patients from the Golden Jubilee National Hospital cycled more than 70 miles to raise money for the unit that saved their lives. David Todd and Silvio Garcia – who were transplanted within a month of each other – cycled from Glenrothes to the Clydebank hospital, covering the 72 mile route over the course of two days to raise funds for a new bed bike for the hospital's Rehab Department.
- 1.9 As part of Transplant Week 2015, the Golden Jubilee National Hospital has received a donation of more than £8,000 from The Glasgow Reds Official Liverpool Supporters Club and Santander Group PLC to support the team that saved the life of their friend and co-worker, Samantha Bell.
- 1.10 Serving up fresh, local, food and produce on a daily basis, the Beardmore Hotel and Conference Centre has joined an elite list of dining venues after receiving the Taste Our Best Award from Visit Scotland. The Taste Our Best Award is given to restaurants and dining venues who strive to deliver sustainable, high quality, local, fresh food and ingredients on a daily basis for their customers.

## 2 Apologies

- 2.1 Apologies were received from:

Phil Cox (PC)	Non Executive Board member
Kay Harriman (KH)	Non Executive Board member
Maire Whitehead (MW)	Non Executive Board member
Jack Rae (JackR)	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 24 June were approved as accurate subject to the following amendments:

- P6, 6.3.5 – amend to state General Medical Council referred to all consultants as having ‘leadership responsibilities’.
- P8, 6.4.4 – amend to state MH responded that ‘he and the appraisal lead review all Form 4s and they are assured that’ quality is very high across the organisation.
- P8, 6.5.2 – amend to state that Jackie Wales has been appointed as ‘professional’ lead .
- P9, 8.1.2 – amend to state that MM ‘highlighted that it is not a target to achieve’ one case of MRSA/MSSA.
- P9/10, 8.1.3 – amend to state that JR added that the next orthopaedic expansion will ‘not’ involve recruitment of more nurses but ‘will utilise existing staffed beds’.

### **5 Matters and Actions Arising**

#### **5.1 Actions**

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

Action no: 060815/02  
Action: Updated Leadership Framework to future Board  
Action by: JY/DM  
Action status: Ongoing  
Action update: To be brought to the October Board meeting

#### **5.2 Matters Arising**

5.2.1 There were no matters arising.

## 6 Person Centred

### 6.1 Workforce Plan

- 6.1.1 DM presented the updated workforce plan, which the Golden Jubilee Foundation is required to produce on an annual basis. The Workforce Plan describes our current workforce profile and intentions for the ongoing development of our workforce to support service delivery over the next 12 months.
- 6.1.2 JF highlighted that a graph is missing or has been included twice (p25). DM advised that he would get this updated.

**Action no:** 291015/01  
**Action:** Check graphs on p25 of workforce plan  
**Action by:** DM  
**Action status:** NEW

- 6.1.3 DM advised Board members that the HR team will include a new role which will focus on workforce planning and medical recruitment. He commented that it will be exciting to be able to project 10 years ahead instead of one, and that whilst Boards only have a commitment to have an annual workforce plan, he would like this to be a five year plan with annual updates.
- 6.1.4 MM asked how we can plan numbers for retirement of staff. DM advised that there is now no retirement age but a separate piece of work is ongoing around the health of the workforce and understanding how we can use skills differently when staff can no longer work in frontline roles. AMC added that there are lots of workforce tools which can be used to look at age profiles, but added that engagement with staff is key to help them make the transition.
- 6.1.5 JF added that thought should be given to how we can support any staff with considerable experience who need to step away from frontline roles. SM responded that one way is to utilise their experience and move them eg training and development roles. DM added that this is already possible, for example through the Theatre Academy.
- 6.1.6 JCF commented that there could be a possible exodus of staff in seven years as a result of the changes to the pension scheme. MM added that there is a specific issue with consultants as a result of pension taxation rules, noting that many consultants will hit their limit in their mid-50s. DM noted that this is a significant issue for some staff within the organisation.

6.1.7 Board members approved the Workforce Plan 2015/2016 and its publication on the website.

## **6.2 iMatter**

6.2.1 DM updated Board members on iMatter, NHSScotland's staff experience programme.

- iMatter provides reliable metrics of staff experience and employee engagement in the workplace. The responses to each question are used to calculate an overall Employee Engagement Index Score (EEI) and questions have been mapped to specific Staff Governance Standards, providing a clear indication of how teams meet each Standard.
- The report provides a measure of how teams, Directors and the Board meet the staff governance standards, identifying whether staff are being kept well informed, appropriately trained and developed, involved in decisions, treated fairly and consistently with dignity and respect and whether the organisation provides a safe working environment that considers their staff's health and wellbeing.
- These measures will be used by team managers when completing the monitoring tool reporting on meeting Staff Governance Standards and forms part of the Annual Review. The data will also be incorporated into our dashboards to reflect team effectiveness and inform staff morale and attendance.
- Progress updates are provided on a regular basis to the Senior Management Team, Partnership Forum and Person Centred Committee.

### **Current status**

- The Golden Jubilee Foundation will have completed our iMatter rollout by the end of 2015, being the first Board in NHSScotland to do so. Our overall Board response rate was 69% (1,121 out of 1,616 staff) and our overall Employee Engagement Index score was 77%.
- Every level, from teams to Chair, requires a response rate of 60% to generate a report. Out of a total of 125 teams, 100 teams received a report and 25 did not. All Directors achieved this and 80% of teams in each Group received reports. Every team at every level therefore need staff engaging and receiving a report every year to be able to benchmark and demonstrate continuous improvements.
- Board members noted progress against the iMatter Implementation Roll-out Plan to date and planned activities for the next reporting periods. It was also noted that Project Lead support has been extended for a period of six months to allow the programme to become fully embedded as a model of continuous improvement through links to other work streams, such as the values programme,

recruitment, KSF, Staff Governance, workforce measures and patient experience.

- 6.2.2 JCF commented on the EEI, noting that this indicates a much more engaged workforce, and asked when the Board will be meeting to discuss their action plan. It was agreed that JF and DM would meet to discuss this and Board members would approve the action plan virtually.

**Action no:** 291015/02  
**Action:** Discuss Board iMatter action plan  
**Action by:** DM/JF  
**Action status:** NEW

- 6.2.3 The Board noted the update.

### **6.3 Person Centred Committee approved minutes**

- 6.3.1 The Board noted the approved minutes of the Person Centred Committee meeting held on 26 May.

### **6.4 Person Centred Committee update**

- 6.4.1 DM updated the Board on discussions at the Person Centred Committee meeting, which was held on 25 August.

#### **Person Centred**

The Committee noted the content of the following documents:

- Person Centred Programme Report
- Involving People Update
- Annual Complaints and Feedback Report

The Committee also reviewed and endorsed the content of the Staff Governance feedback from the Scottish Government. The letter highlighted many areas of good practice and was well received by the committee. The Board response to the letter will be shared with PCC members in October 2015.

The Board Dementia Strategy was presented and approved by the Committee.

#### **Safe**

The Committee reviewed the Complaints Scrutiny Report.

The Committee also highlighted a complaint received by the Board for discussion and learning at the PCC meeting in November 2015.

The reviewed and endorsed the following reports:

- Occupational Health and Safety Report
- Learning and Development Report
- Mandatory Training Guide

### **Effective**

The Committee discussed the quarterly Knowledge and Skills Framework (KSF) report, which highlighted that the KSF percentage had dropped to 75% and would fluctuate at some points throughout the year. Assurance was provided 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 noted the quarterly sickness absence report and acknowledged that the percentage remained above 4% due to long term absence, which is being managed appropriately.

The Committee reviewed the iMatter report and praise was given for the achievements reached to date, including a very positive Employee Engagement Score of 77% for the Board.

The Committee approved the Board Workforce Plan for 2015/16.

- 6.4.2 JF asked if the KSF target is 80%. MM commented that we should consider raising the target every year once we have achieved the qualitative aspect of the reviews. DM added that the Heads of Service are attending the next PCC meeting to give assurance that KSF is a high priority.

## **7 Safe**

### **7.1 HAIRT**

- 7.1.1 AMC presented the Healthcare Associated Infection Reporting Template (HAIRT) and highlighted that:

- there were no cases of Clostridium Difficile;
- Hand hygiene compliance and technique was at 99%, with an increase in medical staff compliance from 92% to 99%;
- Housekeeping compliance was recorded at 98.9% and Estates at 99.5%; and

- Cardiac and Orthopaedic Surgical Site Infections are below the control limits; there was one deep cardiac SSI in July.

### **Increase in SABS**

There was one SAB in July, which takes the total to seven since April 2015. Five are confirmed cases and two attributed to the Golden Jubilee via another health board – these are all different strains of SABS, and are not linked. As we historically have low numbers of infections, just one SAB can impact on achievement of the targets, for example our current rolling quarterly SAB rate (April 2015 to June 2015) is 0.41 per 1000 Occupied Bed Days, against a national trajectory of 0.24 – based on this, it is anticipated that we will not achieve the 2015/2016 SAB reduction target in 2015/16.

- 7.1.2 MM commented on his concern at the number of SABS and noted a discrepancy with the numbers in the report – the table on page 15 shows eight, but it says seven everywhere else. JF noted that the graph on page four adds up to seven.
- 7.1.3 AMC reassured Board members that no patients have suffered any ongoing harm and highlighted that the issue seems to be with insertion of particular devices and cannulas. The infection control team have scrutinised all cases and an action plan is in place including educating patients around their use.
- 7.1.4 The Board noted the report and approved its publication.

**Action no:** 291015/03  
**Action:** Correct numbers in report and Publish HAIRT  
**Action by:** AMC/COMMS  
**Action status:** NEW

## **7.2 Board Risk Register**

- 7.2.1 JC updated Board members on the Board Risk Register, noting that this has been updated to reflect the current risks recognised by the Board as noted below.
- Risk S1, 'Inability to deliver Beardmore Hotel and Conference Centre 2020 Strategy' remains unchanged as a medium risk.
  - Risk S2, 'Adverse effects on Board's 2020 strategy as a result of consequences of the Integration of Health and Social Care' remains as a medium risk.
  - Risk S3, 'Failure to deliver the Board's 2020 vision of leading quality, research and innovation' remains as a medium risk.

- Risk S4, 'Failure to deliver the Board's financial targets as set out in the Financial Plan' remains as a medium risk.
- Risk C1, 'Inability to sustain the Scottish National Advanced Heart Failure Strategy' remains a high risk.
- Risk C2, 'Failure to meet SLA and waiting times targets' remains as a medium risk.
- Risk C3, 'Impact of Healthcare Associated Infection on ability to deliver corporate objectives/patient care' has been increased to a high risk.
- Risk C4, 'Inability of current SACCS service to cope with increasing demand and expectation', remains as a high risk.
- Risk HR1, 'Inability to develop and sustain a flexible and appropriately skilled workforce' remains as a medium risk.
- Risk HR2, 'Failure to secure effective staff engagement in organisational change', remains as a medium risk.
- Risk C5, 'Impact of potential Ebola virus and preparedness' has been removed from the Board Risk Register.

7.2.2 JF asked about the ability to sustain SNAHFS strategy. MH responded that this is an issue with low organ donations and therefore transplant numbers; there have been two transplants and three LVADs this year. MH added that close working relationships continue with the units at Papworth and the Freeman and that the focus continues to be on excellent outcomes.

7.2.3 JF commented that she recognises the benefits of technology and innovations and combined heart and lung transplant but asked when the Board can expect to see the updated strategy. MH responded that the strategy is being updated and that, although expensive, there are new technologies which could be 'game changers' in this area. JY added that we don't yet have a date for bringing this to the Board but that she hopes the updated combined Board Strategy will be coming to the Board in the last quarter of the year. JF asked for thought to be given to how this fits in to the Annual Review – perhaps a brief mention in the public session but a more detailed discussion in the private session.

7.2.4 MM asked about the volume of lung transplants for Scotland. MH responded that her did not have the actual number to hand but that it is higher than the number of heart transplants.

MM asked if Northern Ireland heart transplant patients are treated in Southern Ireland. JY responded that these patients are usually treated at the Freeman in Newcastle.

7.2.5 JF asked about the SACCS risk. MH responded that although we currently employ a single consultant for this service, support is being provided by the Royal Brompton Hospital. The team have been doing a

great job and he is comfortable with how things are running at the moment. MH added that the arrangement with the Royal Brompton is due to end in December but noted that there has been some interest in the vacant consultant posts and he is confident that they will be able to appoint in due course.

7.2.6 The Board approved the updated Board Risk Register.

### **7.3 Assurance paper on cyber attacks**

7.3.1 JC provided Board members with an update on current processes and ongoing improvements with regard to information governance to minimise the impact of potential cyber attacks.

- Since August 2014, the Scottish Government eHealth Department has been operating a reporting process for significant information security incidents, which requires each NHS Board to report all Major and Moderate security incidents – to date, the Golden Jubilee has reported zero Major or Moderate incidents.

#### **Actions in place to reduce the risks of IT security are:**

- Mandatory Training for all staff on Safe Information Handling is undertaken at induction for new staff and for existing staff on a bi-annual basis. This includes identification and understanding of IT security risks as well as raising awareness about malware attacks, phishing emails and security breaches and how they should be handled if targeted.
- All policies have been reviewed and updated to reflect the risk of potential attacks; these have been communicated to staff.
- Regular communication has been issued to all staff regarding potential malware attacks:
  - weekly updates in eDigest;
  - all staff emails when new alerts are received; and
  - internally designed posters on malware and phishing attacks distributed to all service areas, creating a visual awareness to all staff.
- Regular communication and support from the Scottish Government and other NHS Boards, including alerting of any potential attacks and sharing good practice.
- Implementation of malware detection software to identify, capture and inoculate any malware intrusion within the organisation.
- Recent internal audits have supported the robust process in place.
- An improved governance structure has been put in place with the establishment of an Information Governance Group reporting to the eHealth Steering Group and chaired by the Medical Director and has representation from senior management from clinical and corporate areas.

## Further Review of Controls

- In August 2015, the Senior Management Team endorsed approved an additional piece of work to build and fully implement an Information Security Management System (ISMS) by 2017. Given the evolving nature of technology, it is essential the control sets, standards and guidance are constantly updated to mitigate any risks.
- The Information Governance Group will provide the scrutiny and monitoring of the action plan. Progress updates will be provided to the eHealth Steering Group and the Senior Management Team, and can also be provided to the Board, if required. Board members noted the controls in place to manage information governance within the Board and updated action plan following the recent issued policy.

7.3.2 SM noted that updates should come via the Audit and Risk Committee to the Board. He noted that a lot of good work is being done but suggested that some of the work is moved up, in particular those actions relating to internal audit. SM also suggested that consideration should be given to the role of a Senior Risk Officer. MH commented that the Caldicott Guardian role is not about information governance but guardianship of individual rights.

7.3.3 JF commented that some people hack systems for fun and others as a phishing exercise and asked whether this should be added to the Board Risk Register. SM feels this is a huge issue, noting that banks are regarding this as their biggest IT spend.

7.3.4 The Board asked for more thought to be given to adding this to the Board Risk Register, in particular with Health and Social Care Integration increasing the amount of information being transferred.

**Action no:** 291015/04  
**Action:** Consider adding risk of cyber attack to the Board Risk Register  
**Action by:** JC  
**Action status:** NEW

7.3.5 MM asked what we are doing to prevent attacks. JC responded that all NHS Boards are on the N3 network and any work in this area is carried out on a national basis. JY added that a national working group is being set up to oversee this but that we will follow due process to review and determine if this needs to be added to the Risk Register. JF noted that a number of things need to be considered and asked for a report to be brought to the Board via the Audit and Risk Committee.

**Action no:** 291015/05  
**Action:** Further report on risk of cyber attack to the ARC and then Board  
**Action by:** JC  
**Action status:** NEW

7.3.6 The Board noted the update.

#### **7.4 Clinical Governance Committee approved minutes**

7.4.1 The Board noted the approved minutes of the Clinical Governance Committee meeting held on 26 May.

#### **7.5 Clinical Governance Committee update**

7.5.1 MM updated Board members on discussions from the Clinical Governance Committee meeting on 25 August.

#### **Person Centred**

The role and value of patient stories in the Committee was discussed; it was agreed that ongoing trials of patient stories were, nevertheless, worth pursuing.

#### **Safe**

There was discussion on how complaints feed into the Committee; it was agreed to focus on extracting clinically relevant issues and themes. Improving the learning from complaints is part of ongoing work, which will be linked into this.

Following discussion of investigations closed since the last meeting, the Committee requested to receive reports to provide assurance on ongoing investigations, action plans, and particularly on closure of actions.

The Regional and National Medicine Division's clinical governance report was discussed and the Committee was updated on the current cardiac transplantation trigger review process.

#### **Effective**

The HAIRT report for May was presented and a verbal update noted a small number of SABs. The work in response to this was discussed in detail; it was noted there is no evidence of a singular cause.

An update on SPSP activity was presented: performance is generally

high, and there was discussion of future plans, including deteriorating patient work.

## **AOCB**

The Committee was given an update on progress against the Vale of Leven recommendations and noted the Morecombe Bay Report; both highlight the dangers of Boards being distracted from core responsibilities during organisational change.

The NHS Healthcare Improvement Scotland (NHS HIS) Quality of Care consultation was discussed; the joined approach to scrutiny and improvement is welcomed, though concern was noted regarding the potential burden associated with the proposed scrutiny processes.

- 7.5.2 AMC advised that the deadline for responding to the consultation is 30 September, and that she would be submitting a response on behalf of the Board.
- 7.5.3 JY added that NHS HIS have visited on a number of occasions to see our Quality Framework and are coming back out once the updated dashboards are available.
- 7.5.4 MM commented that there is a challenge in combining scrutiny and improvement and noted that some people are pushing for an independent external regulator to be established.
- 7.5.5 The Board noted the update.

## **8 Effective**

### **8.1 Performance**

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

### **Safe**

- Five SABs were reported in the first quarter giving an incidence rate of 0.41 per 1000 occupied bed days. The cases were all different strains of S.aureus with no point source. The incidence of SABs at GJNH has traditionally been very low and so priority is being given to investigating the root cause of these cases.
- Twelve high and one very high clinical incident were reported in June. As a percentage of patient activity this represents a slight increase in clinical incidents from May to June, however it

remains comfortably within the KPI target.

### **Effective**

- Bed occupancy continues to be a challenging area with Acute occupancy within the amber range and Critical Care within the red range during June. The new process for opening and closing beds following the Trak go-live has been cited as a possible contributing factor in the change and so additional training is being provided to ward staff to help ensure processes are followed.
- The Board continue to treat 100% of cancer patients within the 31 days of the decision to treat being made. Performance in this area has been consistently positive with the median wait time recorded as 10 days during May and June 2015.

### **Person Centred**

- All complaints received during the first quarter were responded to within the 20 day target, a notable improvement on performance in the previous quarter.
- After the improvement seen in May's sickness absence figure of 3.8% there was deterioration in performance in June's increasing above target to 4.4% (national HEAT standard target 4%).

8.1.2 MM noted that bed occupancy is running about 10% below and asked if there was any sense of what that equates to in terms of beds and staffing. JY responded that the Performance and Planning Committee receives a full break down for every single area but this is not translated into exact costs. JC added that more orthopaedic beds will be staffed when the phase five expansion kicks in. AMC added that adjustments are made manually and that a separate piece of work is under way within Nursing to understand staff rostering. JY added that Critical Care is different as they require minimum staff numbers for emergencies coming in.

8.1.3 JF asked if the report accurately reflects the position, noting that it looks like we have staffed beds that are not occupied, when we actually have empty beds that are not staffed. JC responded that TrakCare now gives live bed data, and this will be more accurate in future reports.

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 31 July 2015.

- Activity for inpatients/day case procedures measured against a projection of 12,674 (which excludes cardiothoracic/cardiology activity) was ahead of plan by 3% for the month of July when adjusted to reflect orthopaedic complexity.
- Diagnostic imaging, when measured against a projection of 19,910 examinations, was ahead of plan by 190 examinations (10.5%) for the month of July.
- Measured against an activity projection of 32,584, the combined inpatient/day case and imaging activity at the end of July was 6.5% ahead of plan.
- When adjusted to reflect complexity, the combined inpatient/day case and imaging activity at the end the end of July was 7.7% ahead of plan for the month and 2.7% ahead of plan year to date.
- July was an extremely productive month in orthopaedic surgery. The 2015/16 target for orthopaedic joint replacements is based on 3,600 theatre slots (as opposed to patient numbers). The total number of orthopaedic theatre slots planned for the month of July (joint replacements, foot and ankle surgery and other orthopaedic procedures) was 359. The actual number of theatre slots utilised was 407.  
The annual target for ophthalmology for 2015/16 is based on 4,800 procedures (an increase of 1,200 cataracts in comparison to 2014/15).
- Ophthalmology activity remains high and was ahead of plan by 44 procedures for the month of July. Despite the peak holiday period, July was an extremely productive month for ophthalmology.
- Plastic surgery (including hand surgery and general plastic surgery) was a total of 12 procedures behind plan. We continue to see a significant improvement on the theatre utilisation experienced throughout 2014/15.
- Endoscopy activity was behind plan by 33 procedures for the month of July. However, this is a considerable improvement on the previous month. This shortfall can be attributed to consultant availability throughout the month. Every effort will be made to continue to recover this.
- Despite a 24% increase in the diagnostic imaging target, activity remained ahead of plan by 190 examinations for the month of July.
- The Phase Five orthopaedic expansion has been successfully implemented with the expectation that an additional 25 joint

replacements (or equivalent) will be carried out in August.

- The business case for the Phase Six expansion is expected to deliver an additional 150 joint replacements and 200 foot and ankle procedures per annum. The five laminar flow theatres will be completely occupied following the Phase Five expansion. The plan is therefore to deliver Phase Six by establishing routine weekend operating lists. There are challenging staffing issues associated to weekend working, however, these are currently being worked through within the divisions. It is anticipated that this expansion will take effect in October 2015.
- A business case for a further ophthalmology expansion is now complete and is expected to deliver an additional 1,200 procedures per year.
- Delivery of our endoscopy commitment presented challenges throughout quarter one, predominantly due to consultant availability. An additional four consultants have been recruited to the bank of visiting surgeons and weekend lists have been initiated. The shortfall subsequently reduced in July and improves further in August.
- A number of measures have been put in place to improve the flow of plastic surgery referrals, although still behind plan year to date, we are experiencing a significant improvement on the utilisation in 2014/15.
- There were zero exceptions in the waiting times audit of July 2015 Admissions, putting us in the green range at 100% compliant.
- Nine cardiac patients from Belfast have been treated; the Belfast team and patients are very happy with the high quality service they have received.

8.2.2 MM asked if there is a cardiac unit in Belfast. JR responded that there is a unit at Belfast Royal Infirmary, but the waiting time is around nine months and they were looking for an NHS facility to assist them with this. JR added that this is working well for both Belfast and GJNH.

8.2.3 The Board noted the report.

### **8.3 Finance**

8.3.1 JC provided an update on the financial position to 31 July 2015.

- The year-to-date (YTD) results show a total surplus of £747k. This includes both core and non-core expenditure, this is broadly in line with the forecast in the finance plan by the end of the first quarter. This surplus is made of the following:
  - Core Position – underspend of £738k YTD;
  - Non-core Position – underspend of £9k YTD; and
  - Total Position – underspend of £747k YTD.

The work within the finance department has seen significant growth over the past two to three years. This, in addition, to the changing role of finance professionals to support the service objectives of the organisation has and will result in further demands. These changes have necessitated consideration of increasing the capacity within the senior finance team.

The existing structure allows for the Director of Finance supported by a single Deputy Director of Finance; this is a unique structure within NHS Scotland finance. The proposal is therefore to increase the capacity within the senior finance team to put in place two Deputy Director of Finance posts split as follows:

- 8.3.2 SM supported the second senior finance post, noting that this was justified. MM asked how this fit in with the 25% required reduction in senior management posts. JY responded that this exercise was a previous target which was delivered and highlighted that a recent comparison of management costs in NHSScotland are 12% lower than elsewhere. JY added that the additional post will support JC so that she can do more in her capacity as Deputy Chief Executive.
- 8.3.3 MM asked how we benchmark against other boards. JC responded that this ties in with the Blue Book and added that all vacancies have to be signed off by the internal Vacancy Approval Group, which also provides additional scrutiny of posts band seven and above. JF added that she feels the Board is under resourced at this level in terms of resilience and forward planning.
- 8.3.4 JY highlighted that she and JC had met with the Scottish Government recently around innovation and that more needs to be done to resource this work. JF added that it is particularly important for us not to take our eye off the ball in order to sustain our credibility and provide a consistently high quality of care.
- 8.3.5 DM added that every single team structure has been reviewed in the past four years to ensure an 80/20 split of clinical/managerial time.
- 8.3.6 The Board noted the report.

#### **8.4 Annual Review update**

- 8.4.1 JY updated Board members on plans for the Annual Review on Monday 9 November 2015, and will be chaired by Maureen Watt MSP, Minister for Public Health.
- 8.4.2 It was agreed the schedule and self assessment would be circulated electronically to all Board members once it has been finalised.

- 8.4.3 SM asked if the name should be changed following the rebranding. JF added that she had the same question, and although she is aware of the timing issues with the hotel transition, she feels we should start using the new names where possible. JY responded that the rebranding will be included within the self assessment and that we would talk through the brand names and reasoning behind it.
- 8.4.4 SM asked if the Non Executive Board Members should attend the full Annual Review. JF responded that it is essential for all members to attend the public session and that it may be helpful for JackR and MM to attend the meeting with patients, if appropriate. She asked if the Minister was planning to have a separate private meeting with board members this year.
- 8.4.5 JY added that she will confirm the schedule, timings and who should attend which parts of the programme, she encouraged all members to attend the lunch with staff.

**Action no:** 291015/06  
**Action:** Circulate Annual Review schedule, requirements for attendance, and Self Assessment to all Board Members  
**Action by:** JY/COMMS  
**Action status:** NEW

- 8.4.6 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 29 October at 9.30am.