

**Approved Minutes  
Board Meeting  
Wednesday 24 June 2015**



**Members**

Jeane Freeman (JF)	Chair
Kay Harriman (KH)	Non Executive Board member
Maire Whitehead (MW)	Non Executive Board member
Jack Rae (JackR)	Non Executive Board member
Stewart MacKinnon (SM)	Non Executive Board member
Mark MacGregor (MM)	Non Executive Board member
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**

Margaret Duncan (MD)	Scottish Government
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**Minutes**

Cheryl Prentice (CP)	PA to Chief Executive & Chair
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**1 Chair's Introductory Remarks**

- 1.1 JF opened the meeting and thanked everyone for their attendance.
- 1.2 JF encouraged members to visit the art exhibition by heart transplant patient Brian Keeley and his wife Bibo, which showcases portraits and artwork of his experience as a patient.
- 1.3 The new brand was formally launched at the NHSScotland Event by the Cabinet Secretary; it was noted that this was received positively by those in attendance.
- 1.4 Phase one of the new Quality Framework is almost fully operational and was also demonstrated at the NHSScotland Event; it was noted that this can be downloaded as an app and accessed anywhere. It was

agreed that the app will be demonstrated at the Board Workshop on 5 August.

Action no: 240615/01  
Action: Demo Quality Framework at Board Workshop (5 August)  
Action by: JY/JC  
Action status: NEW

- 1.5 JF informed members that she was now a member of the Transformational Programme Board and would bring any relevant updates to future meetings.
- 1.6 Board members were advised that the Cabinet Secretary for Health and Wellbeing plans to visit on 13 August; further plans will be shared once available.

## **2 Apologies**

- 2.1 Apologies were received from:

Phil Cox (PC) 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 11 May 2015 were approved as accurate subject to the following amendments:
  - P2, Referencing SM as moving from the Clinical Governance Committee to the Person Centred Committee; SM will remain a member of Clinical Governance Committee and Chair of the Audit and Risk Committee.

## **5 Matters and Actions Arising**

### **5.1 Actions**

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

Action no:	110515/02
Action:	Incorporate patient stories into Board workshop
Action by:	AMC/SS
Action status:	Ongoing
Action no:	110515/09
Action:	Agree which governance committee will discuss volunteer activity (CGC/PCC)
Action by:	Exec leads/Committee chairs
Action status:	Ongoing
Action no:	110515/10
Action:	Update on medical appraisals in next performance report
Action by:	MH/JC
Action status:	Ongoing – August Board
Action no:	110515/11
Action:	Update on waiting list pressures
Action by:	JR/JC
Action status:	Ongoing – every Board
Action no:	231014/04
Action:	Consider need for a workforce strategy following development of Leadership Framework
Action by:	JY/DM
Action status:	Ongoing – after Leadership Framework goes to August Board

## **5.2 Matters Arising**

5.2.1 There were no matters arising.

## **6 Person Centred**

### **6.1 Partnership Forum**

6.1.1 JCF gave members an update from the Partnership Forum meetings held in May and June.

#### **May Meeting**

- Discussion that took place during this meeting were regarding the Facilities Policy which had been refreshed and the Boards values statement included.
- During the meeting it was raised that facility request forms were not being completed on a regular basis, JCF reported that the HR team

have now confirmed that they now receiving more request forms. JCF explained that the facilities forms allows us to quantify the time.

- The Nightworker pilot ran 21 successful nights out of 28, the second phase of the pilot will now commence following this outcome.

### **June Meeting**

- JCF informed members that the upcoming Staff Survey was expected the week commencing 10 August. A communications plan is in place to raise awareness to staff.
- To date phase one is now completed of the iMatter project, with phase two closing on Friday 26 June. Members were advised that the Board's response is 100% and Birgit Clark, Project Lead is working with outstanding teams to ensure they respond within the required timeframe.
- AMC is currently working on the Board's action plan in response to the Vale of Leven response which all Boards have been asked to complete. AMC got approval from the Partnership Forum to share this virtually as there was no meeting scheduled before the response is due. AMC agreed to share a copy of our response with the Board for information.

6.1.2 The Board noted the updates.

## **6.2 Workforce Monitoring Report**

6.2.1 DM advised the Board that the Workforce Monitoring report had been submitted to both the Senior Management Team (SMT) and Partnership Forum; comments captured from these meetings are included in the report. It was highlighted that the SMT asked for trend charts to be included within future reports to give a more accurate picture of any changes over the period reported.

6.2.2 KH asked how the criteria we report on is decided. DM responded that the Public Sector Duty gives clear guidance to what should be reported. KH then enquired if there was something we should be doing differently to see changes in what is being presented. DM replied that our age range is starting to decrease and our gender remains predominately female. DM informed members that a piece of work will be taken through the Equalities Group to see what we could be doing better.

6.2.3 JY stated that our ethnic minority figure has halved over the last two years and noted that she had asked DM to review this.

6.2.4 MM enquired if we look at the information on a more demographical basis. Members felt this would be an interesting piece of work to undertake and look at particular areas of interest. JY agreed that this

could be linked into the Leadership Framework that is currently being composed.

- 6.2.5 JackR asked if the summary of key employee information (page three) should be 33%, DM confirmed this and agreed to amend accordingly.
- 6.2.6 It was clarified that the high number of temporary contracts that had come to an end was in relation to Administration Support for project work that had now been completed and the rest was Junior Doctor roles. It was agreed that DM would include some context in the report to state the number of people affected.
- 6.2.7 SM asked if we are challenged on areas we don't have any information for. DM noted that we compare better to other Boards. We are not penalised for the areas we have no information on, but work is done on a continual basis to improve the data we have.
- 6.2.8 MW asked how we establish where the category of stress is coming from. DM informed the group that a questionnaire is completed with the individual and their Line Manager to break down what the stressors are.
- 6.2.9 DM noted that he has tasked the Occupational Health team with finding out further information on the Cognitive Behavioural Therapy service that we use and the benefits of this to staff.
- 6.2.10 Members noted the Workforce Monitoring report and approved its publication subject to inclusion of the discussed changes.

Action no: 240615/02  
Action: Amends to Workforce Monitoring Report as discussed  
Action by: DM

Action status: NEW  
Action no: 240615/03  
Action: Publish Workforce Monitoring Report  
Action by: DM/COMMS  
Action status: NEW

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

- 6.3.1 The Board noted the approved minutes of the Person Centred Committee meeting held in February.

## **6.4 Person Centred Committee update**

6.4.1 JackR gave members an overview of the last Person Centred Committee which was held in May.

- During this meeting the group reviewed a complaint and its response that was returned on behalf of the Board. JackR noted that this complaint in particular highlighted a number of internal communication issues, during the meeting members were assured that the introduction of the new TrakCare system should capture any anomalies.
- Also during this meeting feedback was shared on KSF action plans and an update was also given by MH on the status of Medical Appraisals.

6.4.2 DM noted that sickness absence had increased at the time of the meeting, but this has now decreased.

6.4.3 The Board noted the update.

## **6.5 Person Centred Committee governance papers**

6.5.1 Upon review of the Person Centred governance papers it was highlighted that Board members should be approving the Committee Action Plans. It was agreed that this applies to all three Committees and papers would be amended accordingly.

Action no: 240615/04  
Action: Amend Governance papers in file  
Action by: CM  
Action status: NEW

6.5.2 JackR informed members that the report showed the work the Committee had undertaken to date and the planned work scheduled for the year ahead, highlighting that the work plan is colour coded in line with the Staff Governance Standards.

6.5.3 It was highlighted that the Committee has had an issue with Staff Side representation joining the meetings on a regular basis. JCF confirmed that she was addressing this to ensure the Committee had staff side input.

6.5.4 Updated Terms of Reference were also discussed.

6.5.5 The Board approved the work plan for the year ahead.

## **7 Safe**

### **7.1 HAIRT**

7.1.1 AMC presented the HAIRT report to the group.

- An investigation is under way into one SAB reported with 3 West.
- The Infection Control team is managing the ongoing issue in relation to mycobacterium.
- AMC drew attention to page five of report and advise members that those areas presenting cause for concern in relation to Hand Hygiene are being addressed.
- There were no Surgical Site Infections to report.

7.1.2 Clarity was sought regarding the comment on page one around non-compliance. AMC advised this comment referred to the patient as they kept pulling out an infusion line and agreed to add further explanatory text to this section.

Action no: 240615/05  
Action: Add context to HAIRT re patient pulling out line  
Action by: AMC  
Action status: NEW

7.1.3 It was highlighted that there has been a rise in SAB figures, compared to one last year. AMC responded that these infections are not contained within one area and no correlations have been identified. The teams are actively monitoring this to ensure preventative measures can be put in place.

7.1.4 The Board approved the HAIRT and its publication on the website, subject to the addition discussed.

Action no: 240615/06  
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 last Clinical Governance Committee meeting.

### 7.3 Clinical Governance Committee update

7.3.1 MM provided members with an overview of the last Clinical Governance Committee meeting.

- The new Head of Clinical Governance has now taken up post and was in attendance at the last meeting.
- The Clinical Governance Specialist meeting took place on 1 June and was received well. Discussion will take place to give thought to who should be invited to future meetings to ensure all appropriate topics are being covered.

7.3.2 Board members noted the report.

### 7.4 Clinical Governance Committee governance papers

7.4.1 Members were advised that a meeting is scheduled with key members to discuss the work plan for the year ahead now that the new Head of Clinical Governance is formally in place. JY asked if a copy of the proposed plan could be shared with the Clinical Governance Risk Management group before being finalised; MM agreed to circulate this once available.

Action no: 240615/07  
Action: Circulate draft CGC work plan to JY for CGRM agenda  
Action by: MM/MH  
Action status: NEW

7.4.2 JF asked if work plans could be drafted using the quality headers of safe, effective and person centred. It was agreed this would be applied to the work plans for the Clinical Governance and Audit and Risk Committees but the Person Centred Committee should continue aligning theirs to the Staff Governance standards.

Action no: 240615/08  
Action: Update Committee work plans under headers of safe/effective/person centred (CGC/ARC)  
Action by: Exec Leads/ Committee chairs  
Action status: NEW

7.4.3 It was noted that once the dashboards are fully operational they will be viewed at Committee meetings, making a correlation to an agenda item.

7.4.4 The Board supported the Clinical Governance Committee objectives and approved the work plan for the year ahead.

## **8 Effective**

### **8.1 Performance**

- 8.1.1 JY advised that as usual there is no scorecard whilst the Key Performance Indicators (KPIs) for the year ahead are being finalised. She confirmed that the year end reports were attached and that there were no performance issues to report.
- 8.1.2 It was highlighted that we no longer require to monitor energy as one of our KPIs. JF asked how we will continue to capture this. JC responded this information will be included with future Finance reports.
- 8.1.3 JackR asked for further information on the Nurse Practitioner Assistant role. Members were advised that this supports the administration needs of the Nurse Practitioner and is not a Registered Nurse role. AMC informed the group that this role was approved by the Strategic Projects Group and there is plans to make this a substantive role in the future.
- 8.1.4 JF noted the volume of work that goes into devising the operational reports and noted the volume of work being undertaken in terms of Research. JF thanked all those that contributed to the information within the operational reports.
- 8.1.5 The Board noted the report.

### **8.2 Business**

- 8.2.1 JR presented the Business update for April.
- The total number of orthopaedic theatre slots planned for the month of April (joint replacements, foot and ankle surgery and other orthopaedic procedures) was 359. The actual number of theatre slots utilised was 415.
  - The Phase Five orthopaedic expansion is now complete and it is likely to commence in August. The business case for Phase 6 is almost complete.
  - GJNH orthopaedic surgeons have already begun the 2015/16 outreach clinics having already visited NHS Highland.
  - Endoscopy activity is causing some concern. The main reason for the shortfall is consultant availability. However measures are being put in place to improve this situation.
  - Plastic surgery (including hand surgery and general plastic surgery) was only slightly behind plan by five procedures which is a significant improvement on the trend experienced throughout 2014/15.

- A business case is being prepared for a further ophthalmology expansion which will be expected to deliver an additional 1,200 procedures per annum.
- Despite a 24% increase in the diagnostic imaging target, activity was ahead of plan by 60 examinations for the month of April.

8.2.2 The Board noted the report.

### **8.3 Finance**

8.3.1 JC reported that formal reporting is not due until the end of the first quarter however due to improvements in the finance system we can produce an interim management report to the Board for month one.

- Budgets for the year ahead have now been signed off.
- Capital funding is tight; £3m has been budgeted for and this will be monitored closely by the Capital group.
- Work on the National Fraud Initiative has commenced and any areas of concern will be flagged up to the Audit and Risk Committee.

8.3.2 The Board noted the report.

### **8.4 Risk Appetite**

8.4.1 SM presented a paper with a draft statement regarding the Board's Risk Appetite and the proposed next steps; he is seeking approval from another organisation he works with to share their principles of Enterprise Risk Management so we can consider any application for our Board or the wider public sector.

8.4.2 MM asked about the statement 'will not accept risk if not safe'. JC stated that measures and tolerances can be put in place in the next stage of the process. It was agreed that MM's point would be taken into consideration and the statement can be re-visited once tolerances and mitigations are in place.

8.4.3 JY added that she has highlighted this work with the National Innovation Partnership Board and hopes to share this with them at a later date.

8.4.4 It was agreed that thought would be given to the colour coding that is used, as presently this creates confusion and to include explanatory text regarding this.

Action no: 240615/07  
Action: Amend colour coding and provide key within risk appetite statement  
Action by: JC  
Action status: NEW

8.4.5 The Board supported the Risk Appetite statement and approved the next steps.

## **8.5 Audit and Risk Committee approved minutes**

8.5.1 Board members noted the approved minutes of the last Audit and Risk Committee meeting.

## **8.6 Audit and Risk Committee update**

8.6.1 SM gave members an overview from the last Audit and Risk Committee.

- Signing authority was discussed and clarified that, in the absence of JY, this would default to JC.
- PwC updated our Annual Report status to adequate, which is the highest rank available; SM reported that we were one of only a few Boards to attain this.
- The Devolved Drug Budget paper was discussed and approved, giving Divisional Heads more financial accountability. This will be reviewed following the first year.

8.6.2 JF stated she felt this was an exciting initiative and looks forward to seeing the benefits from this.

8.6.3 Members noted the update from the Audit & Risk Committee.

## **8.7 Audit and Risk Committee governance papers**

8.7.1 Members reviewed the Audit and Risk Committee papers, noting that the risks have been reviewed and approved by the Auditors.

- A joint meeting is scheduled with ourselves and Scottish Government Audit and Risk Committee with the aim of using the opportunity for informal peer to peer discussions.
- The key change to the Terms of Reference was KH replacing MW on the Committee. SM extended his thanks to MW for her contribution to the group during her term.
- SM agreed to mark the work plan for the Audit and Risk Committee using the headings safe, effective and person centred.

- 8.7.2 The Board approved the Terms of Reference and work plan for the year ahead.

### **Annual Report and Accounts**

#### **8.8 Statement of Assurance to the Board**

- 8.8.1 Board members reviewed the Statement of Assurance which had been approved and signed off by the Audit and Risk Committee.
- 8.8.2 The Board approved the Statement of Assurance.

#### **8.9 Annual Report and Accounts**

- 8.9.1 JC presented the Annual Accounts to the Board; these had been shared with the Auditors, who confirmed they had no changes to the figures although noted some minor textual changes.
- 8.9.2 MM highlighted that the dates in the table on P35 were incorrect. JC agreed to get this amended before they are formally signed off.
- 8.9.3 Members approved the Annual Report and Accounts subject to the discussed error being amended.
- 8.9.4 JF, JY and JC signed the Annual Report and Accounts.

### **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 6 August 2015 at 9.30am.