

Approved Minutes
Board Meeting
31 March 2016



Members

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| Stewart MacKinnon (SM) | Vice Chair |
| Maire Whitehead (MW) | Non Executive Board member |
| Mark MacGregor (MM) | Non Executive Board member |
| Phil Cox (PC) | Non Executive Board member |
| Jane Christie-Flight (JCF) | Employee Director |
| Jill Young (JY) | Chief Executive |
| Julie Carter (JC) | Finance Director/ Deputy Chief Executive |
| Anne Marie Cavanagh (AMC) | Nurse Director |
| Mike Higgins (MH) | Medical Director |
| June Rogers (JR) | Director of Operations |
| David Miller (DM) | Interim Human Resources Director |

Minutes

Christine McGuinness (CM) Corporate Affairs Officer

1 Chair's Introductory Remarks

- 1.1 Vice Chair SM welcomed members to the meeting. Members approved his appointment as Interim Chair.
- 1.2 Board members were reminded that the pre-election period known as Purdah commenced on 24 March and runs until 5 May.
- 1.3 First Minister Nicola Sturgeon visited the Golden Jubilee National Hospital to mark the 500,000th procedure carried out here. She arrived with Health Secretary Shona Robison and met patient Robert Gibson, 73, before being given a tour of 3 East.
- 1.4 Figures released by the Scottish Government in February showed that in the last three years, the Golden Jubilee National Hospital has treated every planned heart and lung patient within their Treatment Time Guarantee (TTG).
- 1.5 Andrew Kinninmonth, who launched the Orthopaedic Department at the Golden Jubilee National Hospital, has now retired.
- 1.6 The Golden Jubilee Foundation was recognised for its ongoing dedication to equality in the workplace and given the Sector Champion Award at the Stonewall Scotland Awards 2016.

- 1.7 Chef de parties Iain Keown and Allan Campbell received a merit certificate in the prestigious Hospital Catering Association Hot Cookery Competition award at Hotelympia. The hospital Catering Team is also in the top three in the Healthcare Category of the 2016 Cost Sector Catering Awards.
- 1.8 A senior Consultant Anaesthetist at the Golden Jubilee National Hospital has been named a Visiting Professor at Strathclyde University in recognition of his research work. The three-year term of office will see Professor Stefan Schraag work on key research projects at the Golden Jubilee alongside the university's Department of Computer and Information Sciences.
- 1.9 The Golden Jubilee Conference Hotel was delighted to receive the Taste Our Best Award from VisitScotland for the second successive year.

2 Apologies

- 2.1 Apologies were received from:

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| Kay Harriman | Non Executive Board member |
| Jack Rae | Non Executive Board member |

3 Declarations of Interest

- 3.1 There were no declarations to record.

4 Minutes of Last Meeting

- 4.1 Minutes of the meeting held on 11 February 2016 were approved as accurate subject to the following amendments:
- P9, item 8.2.1 – remove 'small' from second bullet point and stop third bullet point at 'sick'.
 - P10, item 8.5 – add in more information from Audit and Risk Committee update.
 - P12, item 9.2.2 – amend 'HRH' to 'Her Majesty'.

5 Matters and Actions Arising

5.1 Actions

- 5.1.1 All actions were closed with the exception of the following:

Action no: 101215/02
Action: KSF review/update in line with new scorecard
Action by: DM
Action status: Ongoing
Action update: Due to take place March/April 2016

Action no: 101215/04
Action: Progress paper on Clinical Outcomes framework
Action by: MH
Action status: Ongoing
Action update: June Board meeting

Action no: 291015/01
Action: Update Recruitment Process to Board
Action by: DM
Action status: Ongoing
Action update: Future Board Meeting – date TBC

Action no: 170915/04
Action: Consider adding risk of cyber attack to Board Risk Register/Update to Board
Action by: JC
Action status: Ongoing
Action update: Presentation to Audit and Risk Committee on 19 April 2016

5.2 Matters Arising

5.2.1 Pre-election period (Purdah)

5.2.1.1 JY advised members that discussions are ongoing in relation to the pre-election for the Scottish Parliament elections, and possible extension of this for the European Parliament elections. Further information will be circulated as soon as it becomes available.

5.2.2 Interim Chair of Audit and Risk Committee

5.2.2.1 SM advised the Board that Phil Cox has been appointed Interim Chair of the Audit and Risk Committee for the duration of SM's appointment as Interim Chair of the Board.

6 Person Centred

6.1 Partnership Forum

6.1.1 JCF updated the Board on discussions at the Partnership Forum meeting on 18 March 2016.

Person Centred

- The Forum agreed to consider working with Lets Connect, a company which offers a home computer and technology salary sacrifice scheme to staff, enabling staff to purchase products from Samsung, Apple and HP, making significant savings and paying through salary sacrifice.
- The Forum noted the progress that has been made in achieving our current Equality Outcomes and that work has commenced on new outcomes for 2017-2020.
- The Staff Governance Submission was approved. It was noted that, although the Staff Governance Action Plan (SGAP) is no longer part of the submission, this will be presented to the next meeting for approval. The action plan incorporate actions from the 2020 Everyone Matters delivery plan, action areas from the staff survey and action areas from iMatter.
- The Forum received an update on iMatter, noting that the Board achieved the required response rate in their first anniversary cycle, with all Directors receiving a directorate report.

Safe

- The Forum approved travel guidance which has been designed to assist staff travelling overseas for short term work projects, attendance at conferences, meetings or other activities on behalf of the Foundation.

Effective

- The draft Local Delivery Plan and three-year Financial Plan was approved.
- The Counter Fraud Partnership Agreement has been updated to note the new Partnership Agreement.
- The Forum was updated on the initial work that will be required to initiate the expansion project.
- The Forum was informed that the Night Worker was moving the pilot to weekend cover.

6.1.2 MM asked if the same rules apply to all staff in relation to the Travel Policy. JCF responded that the policy reminds staff that they are responsible for ensuring their own safety and taking relevant precautions when travelling on Board business. JY confirmed that this is primarily health and safety guidance and does apply to all staff.

6.1.3 The Board noted the update.

6.2 Recruitment

- 6.2.1 DM updated the Board on the review of the recruitment process for senior and medical appointments, highlighting that the policy will come to the Board following approval by the Executive Team and Senior Management Team.
- 6.2.2 JY advised that a draft has been shared with the Scottish Government; a lot of interest has been expressed in our current process and the updated version will continue to lead best practice in this key area.
- 6.2.3 SM asked if we have had feedback from previous candidates. JY responded that both successful and unsuccessful candidate have fed into the review process, as well as external assessors who have sat on panels, adding that even unsuccessful candidates see it as a worthwhile exercise for their personal development.
- 6.2.4 The Board noted the update.

7 Safe

7.1 HAIRT

- 7.1.1 AMC presented the HAIRT report for January 2016, highlighting the following key areas:
- Staphylococcus Aureus Bacteraemia – nil to report
 - Clostridium difficile infection – nil to report
 - Hand Hygiene – January Bi Monthly Hand Hygiene report has been delayed due to LanQip access issues. An interim reporting tool has been developed for implementation in February, with an extraordinary bimonthly report being produced from February data.
 - Cleaning and the Healthcare Environment Facilities Management Tool - Housekeeping Compliance maintained at 98.9 %, Estates Compliance down to 98.46% (from 99.5%)
 - Surgical Site Infection – all within control limits.
- 7.1.2 The Board approved the HAIRT and its publication on the website.

Action no: 310316/01
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 on 24 November 2015.

7.3 Clinical Governance Committee update

7.3.1 MM updated the Board on discussions at the Clinical Governance Committee meeting on 22 March 2016.

Person Centred

- Following recent discussions there is work ongoing to collate existing material into a patient story bank which the committee will be updated on.

Safe

- The revised structure of the Divisional Reports for Regional National Medicine and Surgical Specialties was presented. Concerns were noted in the RNM report regarding bed occupancy in the NSD pod. Following discussion around the operational and risk issues it was noted that the issue is on the Divisional risk register and there are no immediate safety concerns.
- Two closed RCA reports were noted with discussion on the opportunities for improvement that were identified.
- The committee discussed the reporting plans for the coming year and intentions to develop reports looking at broader thematic analysis to support a more integrated approach between safety and improvement.

Effective

- The January HAIRT report was discussed and the committee acknowledged the work ongoing in relation to SABS and no new SABS in January.
- The HAI inspection report from the recent unannounced visit was discussed noting the Hospital received one requirement for improvement.
- A draft annual report and Terms of Reference were reviewed with comments provided. Timelines for final approval and Board submission were noted.
- The Committee was updated on progress in relation to the Clinical Outcomes Framework with agreement to bring a paper to the next meeting detailing the proposals.

7.3.2 MH commented that the Clinical Outcomes work is timely with the development of the National Clinical Framework. MM responded that it is important to consider all options.

7.3.3 MW posed a hypothetical question about use of the hotel and what would happen if we didn't have this facility. SM asked if there was evidence of other centres which have a hotel. JY responded that people look to us for expertise in this area, adding that there's a hospital in Norway with a basic patient hotel and the Mayo Clinic. MM

responded that NHS England puts patients up in commercial hotels. JC added that the Beatson also uses commercial hotels for patients.

7.3.4 The Board noted the update.

8 Effective

8.1 Performance

8.1.1 JY updated the Board on hospital performance for December 2015, noting that data for January 2016 data had been included where available.

Safe

- While the incidence of Clostridium Difficile infections (CDI) remains at zero, a further Staphylococcus Aureus bacteraemia (SAB) case was reported during December bringing the total number of cases April-December 2015 to nine. The cases have not come from a common source and all have been found to be different strains. Prevention and Control of Infection Team and clinical teams are working together to improve the SAB position.

Effective

- Bed occupancy performance within acute wards moved from a green, on target position for both October and November to amber for both December and January. Critical Care also saw a dip resulting in a red score for January. Pressures remain in some areas with occupancy in excess of 90%; these wards are being closely monitored by their respective management teams.
- Full compliance was demonstrated in the December 2015 waiting list audit. This has resulted in three consecutive months of target being achieved, an excellent achievement.
- As of January 2016 medical job planning for both Regional and National Medicine and Surgical Services is complete with all job plans signed off.
- Critical Care cancellations due to bed capacity for the month of December were abnormally high. A paper was presented at the March Performance and Planning Committee detailing the reasons for the high rate of cancellations. The majority of the reasons were due to staffing issues both for sickness absence and unavailability of bank staff.
- While improving, the day of surgery admission rate for Orthopaedics is still lower than expected. An internal audit to ascertain why more primary joint patients are not being admitted on the day of surgery was presented at the March Performance and Planning Committee. This showed that nearly 50% of patients potentially eligible for day of surgery admission do not see an anaesthetist in clinic, resulting in ineligibility. A further audit is under way to understand the reasons for this.

- There was one cardiac Treatment Time Guarantee breach in January 2016 due to an administration error associated with TrakCare. The breach has been fully investigated with a number of corrective actions in place to avoid recurrence.
- Due to the theatre equipment problems within Ophthalmology in November and December it is anticipated that by year end overall target activity will be short by about 100 procedures.
- Pressures remain in the Electrophysiology (EP) and Devices waiting lists following an increase in referrals. The closure of Cath Lab 2 for refurbishment has added to the challenge. The clinical and management teams are working together to agree plans on a weekly basis.

Person Centred

- Sickness in December increased to 5.4% and again in January to 6.4%. December has historically been a high month for sickness/absence, however, the position was closely monitored by both HR and Divisional teams.
- Complaints responded to within the 20 day target during November was 75% this has increased to 100% in both December and January. Divisional teams are working closely with Clinical Governance to emphasise the importance of timely responses.

8.1.2 PC asked for further information about the sickness absence rate. DM responded that there were a high number of long term absences in the previous year and this year has been more short term absences. DM added that a four-year trend paper will be discussed at the next Senior Management Team meeting; this will agree actions to address this going forward. JY added that the new dashboards have identified clear correlations between absences and other outcome indicators such as falls, infections and budget.

8.1.3 MM highlighted that the bed occupancy table on page three of the report states January 2015 instead of January 2016. JC took an action to get this updated.

Action no: 310316/02
Action: Performance report, p3 – change date in bed occupancy table from January 2015 to January 2016
Action by: JC
Action status: NEW

8.1.4 MM asked what Ward 2D is. AMC responded that this is a cardiology ward and an extension of Ward 2C.

8.1.5 MW asked about the patient who breached the Treatment Time Guarantee. JR responded that this was a user issue with the patient management system, and assured the Board that both the patient and Scottish Government have been kept informed at all times.

8.1.6 The Board noted the update.

8.2 Business update

8.2.1 JR updated the Board on hospital activity to end January 2016 and highlighted the following:

- Activity for inpatients/day case procedures was ahead of plan by 3.3% for the month of January when adjusted to reflect orthopaedic complexity.
- Diagnostic imaging, when measured against a projection of 19,910 examinations, was ahead of plan by 198 examinations (13%).
- The combined inpatient/day case and imaging activity was 7.5% ahead of plan for the month and 7.8% ahead of plan year to date.
- When adjusted to reflect complexity, the combined inpatient, day case and imaging activity was 9.1% ahead of plan for the month and 9.4% ahead year to date.

Orthopaedic Surgery

- Despite the holiday period, January was another extremely productive month in orthopaedic surgery. The total number of orthopaedic theatre slots used was 456 against a plan of 359.
- Two orthopaedic expansions have been implemented: Activity relating to Expansion 5 increases the target by 200 primary joint replacements to be delivered between August 2015 and March 2016; Activity relating to Expansion 6 increases the target by an additional 75 primary joint replacements and an additional 100 foot and ankle procedures to be delivered between January 2016 and March 2016.

Ophthalmic Surgery

- Ophthalmology activity remains high and performed slightly ahead of the original plan, with 429 patients having been treated in the month.
- Activity associated with the Ophthalmology expansion increases the target by an additional 400 procedures to be delivered between January 2016 and March 2016.
- Ophthalmology outpatient activity increased in line with the expansion plan in November with the expectation of an increased number of surgical procedures in January. However, due to consultant availability, the increased target number was not met. A surgical appointment has been made to support delivery of the latest ophthalmology expansion; however, this consultant is not yet in post.

- It is our expectation that, with the exception of the procedures cancelled due to equipment issues (approximately 100), the full year target will be met.

Plastic Surgery

- Plastic surgery (including hand surgery and general plastic surgery) was significantly behind plan. Consultant availability continues to present significant challenges due to long term sickness absence. Alternative options for the provision of this service are being considered.

Endoscopy

- There has been sustained improvement in endoscopy although there was a slight shortfall of 24 procedures in January. The shortfall in the month of January can be attributed to the impact of the holiday period. While our expectation is to continue to deliver in accordance with the monthly plan, at this point in time, it is unlikely that we will recover the year to date deficit.

Diagnostic Imaging

- Increased activity associated with the mobile MRI contributed to the over performance of 311 diagnostic investigations in the month of January. The other contributing factor was an increase in ultrasounds carried out.

Situation at End January 2016

- Cancellations over the holiday period due to equipment issues presented challenges in delivering activity associated with the ophthalmology expansion. A new part time Consultant Ophthalmologist is not yet in post. However, the team is making every effort to counteract the effect of both of these issues in order to ensure delivery the full year activity target.
- Ophthalmology activity will increase to 6,200 procedures in 2016/17. The Ophthalmology team continuously strive to improve their productivity and their model of care and to date they have successfully implemented significant improvements.
- Endoscopy has shown sustained improvement since September. Although recovery of the shortfall will be challenging, we will focus our attention on recovering as much of this as possible.
- Over the past few months, delivery of the plastic surgery programme has been affected by the long term, unexpected absence of two consultants. Access to visiting consultants to fill this gap is extremely challenging, however, a part time hand surgeon has recently been appointed on a fixed term basis to support the delivery of this service in the next financial year.

- The Recovery Group continues to meet on a weekly basis to scrutinise theatre utilisation and address shortfalls in activity as they arise.
- Allocations have been communicated to referring Boards for the period 2016-2019. Referrals are now expected to come to GJNH from every Board in Scotland.

8.2.2 MM commented that every activity report has diagnostic cardiology under target and interventional cardiology above target, and asked why we don't change these. JR responded that the targets are what we commit to deliver for referring Boards and that the targets are driven by the waiting times, which we don't have any control over.

8.2.3 The Board noted the update.

8.3 Finance update

8.3.1 JC updated the Board on the current financial position, highlighting the following key areas:

- The year-to-date (YTD) results show a total surplus of £77k; it is anticipated that the Board will achieve break-even by year-end.
- The interim visit by external auditor was undertaken in December with the results reported to the February Audit and Risk Committee. No recommendations arose from this audit; the Committee noted this was a very positive report.
- As in prior years we have issued deadlines for processing goods and invoices for year-end.
- The external audit interim visit was completed in December; the output will be formally reported by Scott Moncrieff in January however no significant issues were noted during the exit meeting.
- At month 10, recurring efficiency savings achieved were £2.760m against a plan of £2.808m, which is demonstrating we are £48k behind plan at month10, with a forecast demonstrating the savings will be delivered in line with plan. We also have non-recurring savings to date of £193k.

8.3.2 SM asked why the expansion is not included in the figures. JC responded that the impact of this will not be realised at this early stage.

8.3.3 SM asked about the timeframe for expansion. JC responded that this is a big building project which will take several years to complete. JY added that we are looking at some medium term measures that can be implemented whilst we wait on the full building project being completed.

8.3.4 SM commented that the current financial position is healthy.

8.3.5 The Board noted the update.

8.4 Local Delivery Plan/ Financial Plan

- 8.4.1 JC presented the draft Local Delivery and Financial plans, highlighting that these had been submitted in draft to the Scottish Government and ensuring the Board that these will be brought back to the Board if any changes are required.
- 8.4.2 JY added that the targets will be aligned to our corporate objectives and rolled into the corporate balanced scorecard once they have been approved by the Scottish Government.
- 8.4.3 SM asked about the case for lung transplantation. JY responded that a proposal to look at scoping the options is being prepared and will include status quo and potential repatriation to Scotland. MM commented that there is an argument for centralising at scale to provide maximum clinical benefits to patients.
- 8.4.4 PC commented that the Board should note the amount of work that has gone into producing the LDP. SM noted that this was well written and thanked the team.
- 8.4.5 The Board approved the draft Local Delivery Plan 2016/17 and the three-year Financial Plan.

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 12 May at 9.30am.
- 10.2 The next Board Workshop will be held on the afternoon of Wednesday 11 May.