

**Approved Minutes
Board Meeting
Thursday 11 May 2017**



Members

Stewart MacKinnon (SM)	Interim Chair
Phil Cox (PC)	Non Executive Member
Kay Harriman (KH)	Non Executive Member
Jack Rae (JackR)	Non Executive Member
Jill Young (JY)	Chief Executive
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

Sandie Scott (SS)	Head of Corporate Affairs
Eleanor Lang	Clinical Education and Improvement Nurse

Minutes

Christine McGuinness (CM)	Communications Manager
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1 Chair's Introductory Remarks

- 1.1 SM advised that JY, JC, JR and MH had given evidence at the Health and Sport Committee, and commended them on the good outcome from this.
- 1.2 SM advised that applications for two new Non Executive Members close on 19 May 2017.
- 1.3 SM congratulated the Board on being the first NHS Board in Scotland to achieve the Gold standard in Investors in Young People.
- 1.4 SM congratulated the Board on being re-accredited with Investors in Volunteers status.
- 1.5 SM advised that the Minister for Public Health and Sport, Aileen Campbell MSP, visited on 2 May. After a short tour, she launched the healthy volunteer programme, having her movement pattern recorded in our state of the art Motion Analysis Laboratory.

- 1.6 SM congratulated the hospital Catering Team on being shortlisted for the new Staff, Health and Wellbeing Award at the Hospital Caterers Association awards.
- 1.7 SM congratulated Transplant Coordinator Jane Lockhart on being shortlisted in the Heart Health Professional category at this year's Heart Hero Awards, run by the British Heart Foundation.
- 1.8 SM informed the Board that generous guests at Robert and Mary Wilson's Golden Wedding raised £1,500 for the Golden Jubilee National Hospital as a thank you after Robert's aortic valve replacement.
- 1.9 SM advised the Board that the public Annual Review will take place on 23 October and will be chaired by the Cabinet Secretary for Health and Wellbeing, Shona Robison MSP.

2 Apologies

- 2.1 Apologies were received from:

Mark McGregor (MM)	Non Executive Member
Maire Whitehead (MW)	Non Executive Member
Jane Christie-Flight (JCF)	Employee Director
Angela Harkness (AH)	Director of Global Development and Strategic Partnerships

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 30 March 2017 were approved as accurate.

5 Matters and Actions Arising

5.1 Actions

All actions were closed.

Action no:	300317/05
Action:	Discuss graphs in Board reports
Action by:	MH/SQ/CA/MM
Action status:	Ongoing
Action update:	First discussion has taken place. A report and proposal will be brought back to the August Board.

5.2 Matters Arising

5.2.1 There were no matters arising from the minutes.

6 Person Centred

6.1 Equalities Mainstreaming Report

6.1.1 SQ presented for approval the Board's Equalities Mainstreaming Report for 2014-2016 and thanked Eleanor Lang and the rest of the Equalities Group for pulling this together.

- Highlights how we have met the requirements of the Scottish Public Sector Equality Duty.
- Shows how we have embedded participation and equalities into our services, functions and policies, provides information on our protected characteristics and gender pay.
- Demonstrates our progress in implementing our equality outcomes.

6.1.2 PC supported the report, highlighting the spread of case studies.

6.1.3 KH commented that the report was very interesting.

6.1.4 JackR added that the cover photographs are exclusively of women. SQ responded that the Communications team is redesigning the report with more use of infographics and will ensure that a more diverse range of images are included in the final design.

6.1.5 JackR commented that the Delirium care bundle could apply to anyone of any age, but it looks like this is linked to older people in the report. SQ responded that the wording could be made a bit clearer.

6.1.6 JackR commented that some of the key workforce information looks like it relates to a particular generation and asked if there was any value in including population statistics alongside for comparison.

6.1.7 JackR added that the report was very easy to read.

6.1.8 SM congratulated the Equalities team on a job well done.

6.1.9 The Board approved the Equalities Mainstreaming Report subject to the amendments discussed.

Action no: 110517/01
Action: Amend Equalities Mainstreaming Report:
* More diverse pictures
* Clarify that Delirium affects all ages
* Add population statistics alongside staff demographics
Action by: SQ/ Comms
Action status: NEW

Action no: 110517/02
Action: Publish Equalities Mainstreaming Report
Action by: SQ/ Comms
Action status: NEW

6.2 Equality Outcomes

6.2.1 SQ presented for approval the Board's four Equalities Outcomes for 2017-2020 and thanked the HR team and the Equalities Group for the work they have done pulling this together.

1. Policy and Service developments will be inclusive and promote service user access and reduce potential barriers to engagement.
2. Workplace culture is more inclusive and staff enjoy equality of opportunity
3. Service users receive services based on their needs.
4. To actively engage with our staff, patients and the public Involving People in the continuous improvement of our services.

6.2.2 PC noted that he is happy with the outcomes.

6.2.3 JackR commented that they are excellent.

6.2.4 The Board approved the Equalities Outcomes for 2017-2020.

Action no: 110517/03
Action: Publish Equalities Outcomes
Action by: SQ/ Comms
Action status: NEW

6.3 Knowledge and Skills Framework (KSF)

6.3.1 SQ advised the Board that we have exceeded the target for KSF Personal Development Reviews (PDR) recorded on eKSF: at 31 March, 84% of staff on Agenda for Change had an up to date PDR on eKSF, against a target of 80%.

6.3.2 JackR commended the work that has gone in to achieving this good outcome.

6.3.3 PC agreed that there has been a huge effort to get to this point but noted the need to sustain it.

6.3.4 The Board noted the need to maintain this level of activity in the year ahead, and thanked staff for their efforts in helping achieve this.

6.3.5 The Board noted the update.

6.4 Person Centred Committee approved minutes

6.4.1 The Board noted the approved minutes of the Person Centred Committee meeting on 31 January 2017.

6.5 Person Centred Committee update

6.5.1 JackR gave the Board an update on discussions at the Person Centred Committee meeting which took place on 25 April 2017.

- Reviewed the Involving People Draft Strategy.
- Supported the Board's participation in the national 'What Matters To You?' Day on 6 June.
- Noted the Volunteer Manager's Annual Volunteer Activity Report 2016/2017.
- Discussed a complaint and the lessons learned from this.
- Noted Medical Appraisal Compliance and noted the improvement in numbers completed.
- Noted achievement of over 80% compliance with Mandatory training.
- Noted the Sickness Absence had fallen from 5% in 2015/16 to just below 4.5% in 2016/17.
- Noted the Communications update for 2016/2017 and continuing increase in volume across the full range of activity.

6.5.2 The Board noted the update.

7 Safe

7.1 HAIRT

7.1.1 AMC presented the Healthcare Associated Infection Report (HAIRT) for March 2017.

- Three cases of Staphylococcus Aureus Bacteraemia were reported. The full year SAB rate for 2016/17 was 0.16 cases per 1,000 occupied bed days; this is over the Board target of 0.12 cases but below the national target of 0.24 cases.
- One case of Clostridium Difficile Infection was reported. The full year CDI rate was 0.02 cases per 1,000 occupied bed days, which is well within the national and Board targets.
- 99% Hand Hygiene compliance (up from 98%), an improvement with medical staff compliance was noted.
- 98.61% Housekeeping Compliance (down slightly from 99%) and 99.34% Estates Compliance (up slightly from 99%) in Cleaning and the Healthcare Environment Facilities Management Tool.
- All Surgical Site Infections (CABG, Cardiac and Ortho) were within control limits, Three CABG SSI reported in March.

7.1.2 PC asked if 'bundle' relates to something delivered for a particular procedure. JY responded that it is a bundle of practices and tests for a particular device or surgery. JackR added that it identifies all the steps you would take in a particular scenario.

7.1.3 JackR asked how long it takes to get reports back to the team about suspected infections. AMC responded that these can be made available within 24 hours, adding that the challenge is with patients who have a lot of co-morbidities and finding a balance of when to intervene.

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

Action no: 110517/04
Action: Publish HAIRT on website
Action by: AMC/ Comms
Action status: NEW

7.2 Clinical Governance Committee approved minutes

7.2.1 The Board noted the approved minutes of the Clinical Governance Committee meeting held on 31 January 2017.

7.3 Clinical Governance Committee update

7.3.1 MH updated the Board on discussions at the Clinical Governance Committee meeting which took place on 25 April 2017:

- The Regional and National Medical Division discussed their proactive approach to family focussed meetings with bereaved relatives, and recognised this as good practice.
- Both Surgical Services and Regional and National Divisions attended to discuss their reports on governance activity and any lessons learned.

7.3.2 JY noted that we will need to ensure all board committees are quorate during the transition period from JackR and MW leaving and the new Non Executives starting.

7.3.3 The Board noted the update.

8 Effective

8.1 Performance

8.1.1 JY presented updated the Board on operational performance discussed at the April 2017 Performance and Planning Committee.

Effective

- Acute bed occupancy achieved an amber rating (an improvement) in February for the first time since the second quarter of this year due higher NSD occupancy associated with a rise in the urgent transplant waiting list and Cardiology boarders, and higher Cardiothoracic occupancy following their bed reductions.

- As of year-end, all Regional and National Medicine and 75% of surgical job plans had been signed off. Work to confirm the remainder is underway within Surgical and a Board plan on job plan delivery for next year is being developed.
- A proportion of Cardiology and Cardiac patients continue to wait longer than nine weeks for a procedure. Electrophysiology (EP) remains particularly busy with the Service Team flagging the potential for Treatment Time Guarantee breaches in May and June. The EP Team are working with partner Boards to appropriately vet patients and create extra capacity, and are monitoring the waiting list closely.

Person Centred

- Of the nine nurses due to revalidate in March, all completed the process before the deadline. In total 220 nurses have successfully revalidated during 2016/17, returning a compliance rate of 100% for the full year.
- Three out of six January complaints responses were late, as was the one response sent for February.
- The new NHS Scotland complaint handling procedure went live on 1 April 2017. The Board will now report early resolution complaints (resolved within five working days) as well as those subject to an investigation.

Surgical Services Division

- Orthopaedic Day of Surgery Admission (DoSA) remains above target with performance during January of 60%. The increasing number of DoSA patients has led to pressure on the Surgical Day Unit (SDU); a project is under way to improve flow within the unit and identify options for additional capacity.
- A review of Cardiothoracic beds has led to the realignment of beds. Ward initiatives, such as the Enhanced Recovery after Surgery (ERAS) programme and Thoracic Chest Drain clinic, have reduced length of stay, which means fewer staffed beds are required across level 3.

Regional and National Medicine Division

- In 2016/17, 15 transplants had been carried out, exceeding the target of 11.
- Following a two-day audit by the Human Tissue Authority (HTA) in March, we have been advised that we are fully compliant with standards and our license will be renewed. They also commended the team on their practice.
- In the first seven months of the Direct NSTEMI (Non ST-segment elevation myocardial infarction) Programme, 99% of eligible patients underwent angiogram within 24 hours of referral, maximising the chance of a good clinical outcome.

8.1.2 JackR asked whether something could be done about the charts outside the wards as it could be demoralising for staff to see the drop if an infection occurs. JY responded that the screens display data that

our patients and volunteers told us they wanted to see. AMC added that it is hoped that having this on the dashboard will prompt patients and relatives to ask questions.

8.1.3 JackR asked about the nursing budget being realigned to take account of incremental drift. AMC responded that all posts are budgeted at the mid-point of the scale, and incremental drift occurs as a result of increased salary costs as staff progress through pay bands. AMC added that the Finance team work with departments to establish what spending is attributable to that.

8.1.4 JackR asked whether we use the national workforce planning tool. AMC responded that it is mandatory for all NHS Boards to use this but added that we have local systems in place to supplement this. JY added that the dashboards also monitor predictable absence and skill mix.

8.1.5 JackR asked if there is a risk of overspend in the MRI expansion project from using the mobile unit. JC responded that the Capital Group will be asked how to manage this within the budget, adding that this is a risk that's always there.

8.1.6 JackR asked if this was not significant. JC responded that it is not insignificant but assured the Board that the Capital Group and the Medical Equipment Group decide the priorities.

8.1.7 The Board noted the update.

8.2 Business Update

8.2.1 JR updated the Board on hospital activity at end March 2017.

- Inpatients/Day case activity for 2016/17 is 12% higher than in 2015/16.
- Diagnostic imaging activity for 2016/17 is 14% higher than in 2015/16.
- Combined inpatient/day case and imaging activity for 2016/17 was 14% higher than in 2015/16.
- The Waiting Times Internal Audit Reports has reported 100% compliance throughout the year.
- Agreement has been reached to continue to provide an orthopaedic outreach service in Highland and Shetland throughout 2017/18, some of which will involve initial consultation via telehealth.
- Agreement has been reached with NHS Fife to extend the Ophthalmology pilot which is testing initial consultation by telehealth for cataract patients.
- Agreement has been reached to retain the mobile MRI Unit on site five days per week throughout 2017/18 while work progresses to install a third permanent scanner.

8.2.2 The Board noted the report and congratulated staff for their hard work in achieving this excellent position.

8.3 Finance Update

8.3.1 JC updated the Board on the financial position at month 12 (March 2017).

- The year-end position shown is as forecast, demonstrates a breakeven financial position for the year.
- The capital spend for 2016/17 was £4.947m against a budget of £4.947m, demonstrating a breakeven position.
- The draft budgets for each of the Divisions and Corporate functions are in the final stages of being agreed.
- The annual audit of the Directors Report and Annual Accounts will be undertaken from 3 May 2017 prior to being presented to the Board for approval on 15 June 2017.
- The annual accounts and report for the Charity will be undertaken in tandem with the Board accounts. These will be presented to the Endowments Sub Committee and Board of Trustees prior to submission to the Office of the Scottish Charity Regulator.
- Total efficiency savings achieved were £4.355m against a target of £3.952m. The recurring savings were slightly behind plan by £64k however this variance has been compensated by the significant overachievement in the non-recurring savings to date of £467k above plan. This gives a net over achievement in savings of £403k.

8.3.2 PC congratulated the Finance team.

8.3.3 JackR commended the team on the efficiency savings achieved to date.

8.3.4 The Board noted the update.

8.4 Audit and Risk Committee approved minutes

8.4.1 The Board noted the approved minutes of the Audit and Risk Committee held on 7 April 2017.

8.5 Audit and Risk Committee update

8.5.1 PC updated the Board on discussions at the meeting which took place on 18 April 2017:

- The draft governance statement was approved.
- The Committee reviewed the key points from the recent Audit Scotland update paper on Scotland NHS Workforce, which will be considered as part of the Board's workforce plan.
- A detailed paper describing the current controls in place to mitigate the risks of bribery through interests, gifts and hospitality was presented and reviewed by the Committee.
- The Board risk register was reviewed by the Committee with agreement on the updated controls and revised risk ratings. The committee also agreed that the assurance paper on the Gifts and

Hospitality work avoided the need to add this to the Board risk register.

- The committee annual report was approved.
- The annual reports for the Person Centered Committee, the Clinical Governance Annual Report and the Endowment Sub Committee were all noted by the Committee. These informed the development of the Governance Statement.
- The Information Governance and the Risk Management annual report were also reviewed by the Committee, and also contributed to the governance statement
- The Committee received an update on the progress of the internal audit plan. The reviews completed in this period were: review of the treatment time guarantees, capacity planning and the quality framework application. Within these reports there were four medium findings and seven low findings. The Committee discussed the points raised and supported the management action plans. The auditor did not raise any significant issues from these reviews.
- The draft audit opinion was also agreed.
- The Committee discussed and approved the internal audit plan for 2017/18.
- The external auditors' interim audit report was presented to the Committee.
- The appointment of Scott Moncrieff as the charity external auditors was approved.
- A detailed paper on the implications and management of the new guidance for the public sector on the regulations of IR35 was reviewed.

8.5.2 SM asked if bribery was included in the audit plan. JC confirmed this was the case.

8.5.3 The Board noted the update.

8.6 Endowments Sub Committee update

8.6.1 PC updated the Board on discussions at the Endowments Sub Committee meeting which took place on Wednesday 10 May 2017.

- The Committee noted the increase in balances of Endowment Funds and asked for consideration to be given on how to report progress against specific campaigns and donations.
- The Committee annual report was approved.
- The Committee agreed that the charity annual accounts could be presented to the Board of Trustees in August.
- The Committee approved the appointment of Scott-Moncrieff as the external auditors.

8.6.2 The Board noted the update.

8.7 Annual Review letter

8.7.1 The Board discussed the letter from Cabinet Secretary for Health and Wellbeing, Shona Robison MSP following the 2015/16 Annual Review, which was held on 10 November 2016.

- Highlights discussions at the patient and Partnership Forum meetings.
- Highlights key points from the public session of the annual review.
- Sets out our Annual Review actions:
 - Undertake 37,800 procedures in 2016/17.
 - Ensure the planned expansion is successful, with phase one (ophthalmology) operational by 2019 and phase two (major hospital expansion) by 2021.
 - Ensure completion of the scoping exercise for lung transplantation in 2017/18.
 - Continue to progress the development of the heart and lung service.
 - Continue to optimise the Structural Heart Programme.
 - Continue to lead on innovation on behalf of NHSScotland.

8.7.2 PC asked for an explanation of Structural Heart. MH advised that this is an umbrella term for a range of cardiological interventions, such as TAVI and MitraClip, for non-coronary defects or abnormalities which do not affect the blood vessels in the heart. MH added that a group has been convened to work across Cardiology and Cardiac Surgery to create a strategy and establish a patient pathway under this banner. JY added that regional and national buy-in will be required.

8.7.3 The Board noted the letter and actions following the 2015/16 Annual Review, which was held on 10 November 2016.

Action no: 110517/05
Action: Publish Annual Review letter
Action by: Comms
Action status: NEW

8.8 Board Risk Register

8.8.1 JC presented for approval the updated Board Risk Register.

- **Risk S6 – Inability of current SACCS clinical service to cope with increasing demand and expectation:** The risk was reduced to medium.
- **Risk S11 – Information and technology resilience to potential IT security breaches and attacks:** This has been updated to reflect progress in the actions around business continuity and that an audit was undertaken in February. A formal report from Audit is pending, with a fuller re-assessment of risk to be undertaken afterwards.
- **Risk S13 – Inability to manage and monitor clinical staff**

8.8.2 JC advised that, following a presentation on bribery from the Counter Fraud Service (CFS) within National Services Scotland, the SMT agreed to review the current controls in place for Interests, Gifts and Hospitality. It is not proposed to add a specific risk to the register at this current time.

8.8.3 SM commented that the Chief Risk Officer role is working well. JY responded that their workload balance is being monitored and JC added that the Executive team will take stock of this after nine months.

8.8.4 The Board approved the updated Board Risk Register.

9 AOCB

9.1 Expansion: Initial Agreement Phase One

9.1.1 JR presented for approval the Initial Agreement (IA) document for phase one of the hospital expansion and set out the next steps.

- Expansion plans are split into two phases:
 - increasing cataract surgery (phase one); and
 - increasing orthopaedic and other surgical capacity (phase two).
- The Initial Agreement document for phase one was developed with engagement and input from:
 - Staff
 - Patients
 - Representatives from third sector organisations
 - West of Scotland NHS Boards.
- The Initial Agreement will now be submitted to the Scottish Government Capital Investment Group (CIG) for their consideration and approval. Following CIG approval, the project will formally move into the Outline Business Case stage before moving to Full Business Case. Only when this process is complete, can construction commence.

9.1.2 KH raised the issue about the tight timelines. JY responded that the team has done everything they can.

9.1.3 SM asked if we can provide feedback on the detail, commenting that he feels there is too much detail in the IA document. JY responded that the detail is frontloaded in the IA and reduces as you progress through the Outline Business Case (OBC) and Full Business Case (FBC) phases. SQ added that they are all different types of documents – the IA is about strategy, the OBC is about options and benefits and the FBC is the final proposal. JC added that, as we are the first organisation to go through the new process, we are likely to get a lot of good feedback.

9.1.4 JackR asked what the nature of oversight will be from the Scottish Government. JC responded that this is where the external gateway reviews come in, adding that internal audit have been asked to run a

mock one to give the expansion team an idea of what to expect. JY added that this non-negotiable check ensures we are ready to progress to the next step. SQ added that JY will receive an assurance report as the Senior Responsible Officer for the project.

- 9.1.5 PC commented that the Programme Manager's briefing at the board workshop was very helpful. SM asked for a message of thanks to be sent to the Programme Manager for her presentation and report.

Action no: 110517/06
Action: Send message of thanks to Expansion programme manager for presentation at board workshop
Action by: CP
Action status: NEW

- 9.1.6 SM asked if we have enough resources within the project team. JY responded that the Programme Director will consider this once they have taken up post.

- 9.1.7 The Board approved the Initial Agreement document for phase one of the hospital expansion.

10 Date and Time of Next Meeting

- 10.1 The next meeting takes place on Thursday 15 June at 10am.