



## Members

Susan Douglas-Scott	Board Chair
Mark MacGregor	Non Executive Director
Karen Kelly	Non Executive Director
Marcella Boyle	Non Executive Director
Jane Christie-Flight	Employee Director
Jill Young	Chief Executive
June Rogers	Director of Operations
Julie Carter	Director of Finance
Gareth Adkins	Director of Quality, Innovation & People
Anne Marie Cavanagh	Nurse Director
Mike Higgins	Medical Director
Angela Harkness	Director of Global Development and Strategic Partnerships

## In attendance

Sandie Scott	Head of Corporate Affairs
Margaret Duncan	Performance Manager, Scottish Government

## Minutes

Cheryl Prentice	PA to Chief Executive and Chair
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## Apologies

Phil Cox	Non Executive Director
Kay Harriman	Non Executive Director

## Standing Declarations of Interest

Susan Douglas-Scott	Chair, Independent Living Fund
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### 1. Chair's Introductory Remarks

1.1. Susan welcomed everyone to the meeting and mentioned the following in her opening remarks:

- We have now received the confirmation letter of the approval of the Outline Business case (OBC) for our expansion phase one (Ophthalmology).
- Cabinet Secretary has written to all Chief Executives on 10 September about the Elective Centre Programme and has given clarity on requirements for continued patient flow to the Golden Jubilee Foundation.

- Phil Cox has accepted the role of the Golden Jubilee Board Vice Chair. This has now gone to the Cabinet Secretary for her approval.
- As part of the NHSS Chief Executive’s office programme, they have reviewed the current suite of resource booklets and have updated the Induction approach and Quality Improvement and measurement booklets. There is a range of booklets for Non executives available and the digital links have been sent to Board members.
- Around 3000 people helped the Golden Jubilee Foundation celebrate 70 years of the NHS and 10 years of their heart and lung service at our Gala Day (Sunday 2 September 2018). The big celebration kicked-off with a parade of local community groups, before West Dunbartonshire Provost William Hendrie declared the Gala Day open. Well done to everyone who organised this hugely successful event.
- Massive well done to our [#TeamJubilee](#) which completed the 45-mile [Pedal for Scotland](#) Challenge from Glasgow to Edinburgh on Sunday. Amelia Clifford, Angela Harkness, Philip Cole and Mark MacGregor cycled the route to raise money in celebration of 10 years of Heart and Lung Services here at the Golden Jubilee and 70 years of the NHS.
- As part of the Stonewall Workplace Equality Index, we are inviting staff to complete a survey to give us their view on equality and working at GJF. The survey is available electronically or in hard copy.
- On Wednesday 19 September, the Golden Jubilee Foundation is helping to launch a brand new training initiative on a multi agency approach to challenging domestic abuse. West Dumbartonshire has the worst record in Scotland so it is an important local initiative for us to be involved in.

**2. Apologies**

2.1. Apologies were noted as above.

**3. Declarations of Interest**

3.1. Declarations were noted as above.

**4. Updates from last meeting held on 2 August 2018**

**4.1. Minutes of last meeting**

4.1.1. The minutes of the meeting held on 2 August 2018 were read and approved for accuracy with minor changes noted to pages 6, 12 and 13.

Action No.	Action	Action by	Update
020818/01	<b>Minutes:</b> Publish Approved Minutes online	Communications Department	NEW

## 4.2. Actions

4.2.1. All previous actions were updated and closed, except for the following:

Action No.	Action	Action by	Update
020818/07	<b>Charity Trustees:</b> Arrange training session on the role of Trustees and Endowment Funds	Julie Carter	Ongoing. Will be arranged at a suitable date.
020818/11	<b>Strategy Development:</b> Update to September Board meeting for Non Exec input	Gareth Adkins	Ongoing. Confirmed strategy will go to Senior Management Team, Partnership Forum and Board
020818/12	<b>Strategy Development:</b> Regular updates to Board meetings	Gareth Adkins	Ongoing
020818/13	<b>Strategy Development:</b> Hold Strategy Board Workshop on 5 December	Gareth Adkins	Ongoing
020818/14	<b>Strategy Development:</b> Paper to be presented for Board approval by February 2019	Gareth Adkins	Ongoing
020818/17	<b>TURAS:</b> Provide feedback on issues experienced by Directors / Associate Directors	Executive Directors	
020818/18	<b>iMatter and Values Action Plans:</b> Combine plans and complete Non Executive Directors' Action Plan after Board workshop in September	Gareth Adkins/ All	Ongoing. Chair will be supported to complete iMatter action plan with Non-Execs. There is an option to combine non-exec and exec plans but needs agreement following both being completed separately

Action No.	Action	Action by	Update
210618/10	<b>Corporate Parenting:</b> Widen out Equality Impact Assessment around ethnic minorities, LGBT and disability	Anne Marie Cavanagh	ONGOING. Proposal to gather more information on staff with a looked after background to be discussed at Partnership Forum in August.
210618/11	<b>Corporate Parenting:</b> Update recruitment paperwork to gather information on whether staff have come from a looked after background	Gareth Adkins	ONGOING: Proposal to gather more information on staff with a looked after background to be discussed at Partnership Forum in August.

### 4.3. Matters Arising

4.3.1. There were no matters arising from the minutes or actions.

## 5. Person Centred

### 5.1. Partnership Forum update: 17 August 2018

5.1.1. Jane Christie-Flight gave the Board an overview of the discussion from the Partnership Forum meeting which was held 17 August 2018.

- **iMatter** - there has been 63% response rate to the iMatter questionnaire with a resulting 78% Employee Engagement Index (EEI) rate. Within our Board, 30% of teams did not generate a report, an increase on the previous year's figure of 21%. Action plans are required to be completed by 1 October at 12noon.

5.1.2. Mark MacGregor enquired how our EEI score compares to that of other Boards. Jane Christie-Flight stated we are above the national average, noting we were part of the initial pilot and are therefore in our third year of the process. It was highlighted to members that Gareth Adkins is leading discussions with the Human Resources team to coordinated pulse surveys for staff.

- **Once for Scotland National policies** – it has been agreed nationally that Partnership Information Network (PIN) policies will be developed on a Once for Scotland basis and that partnership will be commencing this work immediately with the aim to be concluded by 2020.

- **Adverse Weather update** - the impact of the Summer hot weather was discussed and it was noted that the weather presented challenges for working conditions within the theatre area, particularly in the orthopaedic theatres. As a result a mini business case was presented to the Capital group for improved air conditioning units with these areas. The theatre team is working with the estates team to coordinate the required work, ensuring that there is minimal disruption.
- **Work Life Balance** – the group approved the refreshed policies under this remit with minor changes. All entitlements remain the same.
- **Central Sterile Processing Department (CSPD) Strategy** - the Forum received an update on the CSPD Strategy. Activity, pressure points and department footprint have been reviewed to identify the future service requirements. Recently CSPD roles were awarded Healthcare Scientist status and the team is now looking at the impact of this. Job descriptions are being reviewed and training opportunities explored.
- **Band 8 using Time off in lieu (TOIL)** - following guidance, the Forum supported our Board position for band 8 and above using TOIL. The usage of TOIL remains at the discretion of the Line Manager and any TOIL accrued must be used within a three month period.
- **Trade Union Facilities time** - as a result of the Trade Union Bill, there is now a requirement for the board to report on facilities (partnership and trade union) time. In line with the Once for Scotland approach, a recording form has been developed nationally, which trade union representatives are required to complete when they undertake duties, and this will then be recorded on SSTs by line- managers.
- **Central Sterile Processing Department (CSPD)** - After discussion on the progress of the CSPD strategy, Jane Christie-Flight informed the group that an option appraisal paper will be presented at a future Senior Management Team (SMT) meeting about the future of the CSPD service.

5.1.3. The Board noted the update.

## **5.2. Person Centred Committee minutes: 24 April 2018**

5.2.1. The approved minutes from the meeting of the Person Centred Committee held in April were reviewed by Board members who noted their approval.

## **5.3. Health Promoting Health Service Annual Report**

5.3.1. Anne Marie Cavanagh presented the annual report for Health Promoting Health Service which has been completed in its new format. Once it has been approved by the Board this will then be shared with the National team.

- 5.3.2. There has been great involvement from team and departments in the development of this report with Anne Marie Cavanagh extending her thanks to those that had contributed and in particular the Communications team for the new-look design.
- 5.3.3. It was highlighted to the group that the detail covered within this report is based on the work undertaken in the last year; however this some examples are a culmination of work started in 2015. The group discussed the ‘MOT’ service that was available to staff offered through Occupational Health with Mark MacGregor questioning if this was the right language we should be using. The service was explained as an opportunity for staff to speak with our Occupational Health Nurses and get general health advice and blood pressure checks. Anne Marie Cavanagh advised that this is an incredibly valued and well used service.
- 5.3.4. Board members confirmed their support of the Health Promoting Health Service annual report with one discussed amendment on page 12.

Action No.	Action	Action by	Update
130918/02	<b>HPHS Annual Report:</b> Amend typo on P12 to read ‘delivery of baby’	Anne Marie Cavanagh	NEW

**5.4. Living our Values**

- 5.4.1. Gareth Adkins undertook a review of our Living our Values document following the appointment of our Board Chair.
- 5.4.2. During discussion a review of the action plan was completed with Susan Douglas-Scott highlighting to Gareth Adkins a number of actions that she would take forward as lead role. Some Non Executive Directors have now attended Human Factors training and it was agreed to circulate upcoming dates for training for remaining Board members. Adjustments to the delivery timetable will be actioned by Gareth Adkins to reflect discussions.
- 5.4.3. Susan Douglas-Scott is keen to keep this document live refreshing this as and when required. Board member confirmed they were content with this approach and supportive of the changes.

**6. Safe**

**6.1. Healthcare Associated Infection Report: June 2018**

- 6.1.1. The Board discussed and approved the HAIRT reporting template for June 2018, noting the following key information.

- There were no cases of Staphylococcus Aureus Bacteremia or Clostridium Difficile.
- Hand Hygiene compliance remained high at 98% with Medical Staff compliance increasing from 92% to 96%.
- Cleaning and the Healthcare Environment was high at 98.61% for Housekeeping and 99.42% for Estates compliance.
- Whilst Surgical Site Infections (SSI) were within control limits for hip and knee surgery, Cardiac surgery breached upper control limits in February but have gradually reduced. No commonalities in surgeon, theatre or organism have been identified. The Prevention and Control of Infection Team are collaborating with Tissue Viability, SCNs, Nurse Practitioners and SS Clinical Governance Lead to review and optimise practice to further promote SSI prevention.

6.1.2. Anne Marie Cavanagh highlighted to members a copy of the driver diagram has been shared with members which outlines that how we are addressing areas that have identified infections, it was stressed intervention of infection is about everyone taking responsibility for this. This work will continue to be monitored through the Clinical Governance Risk Management group which Anne Marie Cavanagh will action.

6.1.3. The Board noted the Infection Control report.

**6.2. Clinical Governance Committee minutes: 17 April 2018**

6.2.1. The minutes of the Clinical Governance Committee meeting held in April were reviewed by the Board, Jill Young highlighted that the membership information on page one should be amended as some of the individuals under membership in the Committee minutes are actually in attendance.

6.2.2. Board members noted the approved minutes of the Clinical Governance Committee.

Action No.	Action	Action by	Update
130918/05	CGC: Membership to be corrected	Mike Higgins (Lori Cassidy)	NEW

**6.3. Contingency for Chief Executive role**

6.3.1. As discussed at the Remuneration Committee in July this year it was agreed that June Rogers would step into the role as Deputy Chief Executive to allow Julie Carter to continue in her part time secondment role supporting the Scottish Ambulance Service and thus having a full time Deputy to support GJF at an operational level.

6.3.2. Board members were presented with a list which outlines which Executive would support both internal and external requirements from the 1 December 2018 until the new Chief Executive is appointed and in post.

6.3.3. Susan Douglas-Scott expressed confidence in this arrangement as the Executive Team are very supportive of each other and have the adaptability to step in and provide Executive guidance over all remits of the Board.

6.3.4. Board members confirmed their support of the contingency cover outlined within Jill Young's paper.

#### **6.4. EU Withdrawal checklist**

6.4.1. A small group has been established to review the state of readiness of the Board for pending EU Withdrawal, Anne Marie Cavanagh is the Executive lead for this.

6.4.2. The overall aim of the group is to have early sight on the potential impact of Brexit for the Board as a whole and to address any areas of concern that present.

6.4.3. It was reported that we are required to return our EU Withdrawal checklist to Scottish Government direct by close of play 14 September 2018. Marcella Boyle gave Anne Marie Cavanagh details of an NHS lead on Brexit to as it may be worth Anne Marie Cavanagh connecting with her.

6.4.4. There have been no funds earmarked for the potential financial impact of Brexit. However, Julie Carter reported that the finance team have already been testing some scenarios in preparation of this. A National group has been convened and in the future a decision would be made on the funds allocated to Boards to support EU withdrawal, if necessary. .

6.4.5. Board members supported the EU Withdrawal checklist drafted.

#### **6.4.6. Organisational Resilience Self Assessment**

6.4.7. The Resilience Self Assessment submission to Scottish Government was brought to the Board for approval.

6.4.8. Anne Marie Cavanagh informed the group that since the self assessment was completed in 2016 there are nine elements where we have progressed from a level two to a level three which places us in the monitoring category.

6.4.9. Plans are being coordinated to undertake a desktop exercise which will have the support from other National Boards such as the Scottish Ambulance Service and their resilience team. Details of the proposed plans will be included within the resilience paper.

6.4.10. Susan Douglas-Scott enquired what action we had undertaken following the impact of the adverse weather in February. Anne Marie Cavanagh responded that we had completed a detailed debrief and highlighted a number of the key learning from the paper. Assurance was given that we now have a formal process in place to manage this going forward;. Anne Marie Cavanagh agreed to share the debrief paper and learning points with members for information.

6.4.11. Board members approved the Resilience Standards Self Assessment.

Action No.	Action	Action by	Update
130918/06	<b>Resilience Standards:</b> Share Adverse Weather learning points with the Board for information	Anne Marie Cavanagh	NEW

## 7. Effective

### 7.1. Performance Report: July 2018

7.1.1. The latest Board Performance report highlights areas of operational performance discussed at the August 2018 Performance and Planning Committee.

7.1.2. The key areas of focus in the most recent Board report are:

#### Effective

- For the month of June a total of 50 patients exceeded their 12 week Treatment Time Guarantee (TTG), this figure increased to 54 patients in July. Of this number six patients (four in June, two in July) were Cardiac Surgery patients, a total of 46 Cardiology patients exceeded the TTG in June increasing to 52 patients in July.
- Theatre cancellations rates have been generally improving during July, with only Endoscopy, General Surgery and Cardiology reporting cancellation rates above the specialty specific targets set by the Theatre Utilisation group.

#### Person Centred

- Sickness absence reduced in June to 5.1% slightly above the 5.00% national average absence figure for NHS Scotland and above the national target of 4%.
- There were a total of three complaints received during June, one stage one and two stage two; this equated to 0.04% of patient activity for the month and is comfortably below the 0.1% target.

#### Safe

- There was one case of Staphylococcus aurea bacteraemia reported during quarter one, and no cases of Clostridium difficile. The target of Staphylococcus aurea bacteraemia cases is 0.12 per 1000 occupied bed days, the one instance reported equates to 0.08 cases per 1000 occupied bed days.

### Divisional Update – Surgical Services

- Urgent inpatient Cardiac referrals remain a dominant feature in the Cardiac Surgery workload although the service is making sustained efforts to reduce the impact on elective patients and minimise the number of patients exceeding the 12 week Treatment Time Guarantee (TTG). In June four patients were treated over the 12 week TTG, this fell to two patients in July.
- In June, there was a reduction in unplanned/ emergency activity, as a result Critical Care were able to provide hospital wide support in order to reduce dependency on bank staffing. A total of 48 shifts were supplied to other areas requiring support in the month of June due to a shortfall in staffing levels.
- A total of 24 Thoracic Surgery patients have now been successfully treated with Robotic Assisted Thoracic surgery (RATs).
- Work is ongoing to achieve the national target of 75% of primary joint patients to be admitted as Day of Surgery Admissions (DoSA) by December 2018. During May our Orthopaedic DoSA rate was 74%.
- The Orthopaedic Enhanced Monitoring Unit (EMU) now has two beds available across five days. The service is working well with a sustained reduction in the number of High Dependency Unit beds required by Orthopaedics.

### Divisional Update – Regional and National Medicine (RNM)

- As at 10 August 2018 there were 18 active patients on the transplant waiting list, with three transplants carried out, year to date.
- As previously reported there are significant pressures in Cardiology, partly driven by the increase in Electrophysiology (EP) referrals, and partly due to the overall capacity gap in coronary intervention compared to demand. Where possible additional Saturday sessions are continuing to run. However these have reduced over the summer months due to difficulties with staffing.
- TAVI has been running successfully since 10 April 2018, and as at 30 August 2018, 35 patients had been successfully treated with excellent outcomes.
- The business case outlining the service pressures facing the SPVU service was supported by the National Specialist Services Committee and additional funding in the service was agreed for 2018-19. All funding for medical posts was however agreed on a non recurrent basis. A further business case was recently submitted to NSD for consideration of recurrent funding and as a consequence funding for the medical posts has been extended for a further 2 years.

- 7.1.3. Jill Young reports that there is a strong focus to address cancellation rates and explained that we have found the referral process from other Boards has created an impact with patients that present here that are not fit for surgery. Although the scorecard continues to report in the red range for this, numbers are decreasing but there is further work to be done with referring Boards to further improve the situation. June Rogers reminded members that the targets we are working to are self imposed targets.

7.1.4. Following a meeting with the Cabinet Secretary Jill Young gave the group confirmation that all our recent bids have been approved and these will contribute to the reduction of Treatment Time Guarantee (TTG) breaches.

7.1.5. Board members noted the Performance report and the Corporate Balanced Scorecard.

## 7.2. Hospital Activity Report: July 2018

7.2.1. The Board discussed and noted the business activity update, noting the following key information.

- Measured against a total activity projection of 48,419, the combined inpatient/day case and imaging activity was ahead of plan by 2.8% for the month when adjusted to reflect complexity and 3.4% ahead of the year to date plan.
- Orthopaedic Surgery: At the end of July, orthopaedic joint activity was ahead of the year to date plan by 81 primary joint replacements and 15 foot and ankle procedures although behind by 53 other 'non joint' procedures (which consists of intermediate/minor procedures such as ACL repair, arthroscopy etc). Overall, orthopaedic surgery is currently ahead of the year to date by 43 procedures/theatre slots.
- Ophthalmic Surgery: Ophthalmology activity was significantly behind plan by 154 procedures for the month of July and 171 procedures behind the year to date plan. Every effort is being made to recover this situation.
- General Surgery: General surgery performed ahead of the monthly target in July by 12 procedures although slightly behind the year to date plan by 2 procedures.
- Plastic Surgery: For reporting purposes Plastic Surgery has been split and will be monitored throughout 2018/19 as hand surgery, minor plastic surgery. Major plastic surgery is no longer carried out. Hand surgery was behind plan for the month of July by 18 procedures. Minor plastic surgery procedures were 10 procedures behind plan.
- Endoscopy: The endoscopy service performed ahead of plan by 16 procedures in the month of July and is 169 ahead of the year to date plan. We continue to carry out additional days of endoscopy. However, we are dependent upon visiting consultant, overtime and bank staff carrying out this work. Again, over the holiday period this has been extremely challenging. To off set this we have received confirmation that we can now recruit nurses into substantive posts to made two additional days per week permanent.
- Diagnostic Imaging: The annual diagnostic imaging target has increased from 29,450 to 31,830 (8% increase) in 2018/19 to take account of the additional activity that will be carried out on the new MRI scanners. While this is an ambitious target, it was exceeded by 278 examinations in the month of July.

7.2.2. Following a productive start to the year, delivery of activity in July was extremely challenging. This is primarily due to July being a peak holiday period which resulted in a number of consultants being unavailable.

- 7.2.3. Mark MacGregor referenced peak holiday periods having an impact on activity enquiring if this could be managed more effectively, June Rogers explained that we do not have the substantive posts within Ophthalmology and therefore visiting Consultants impact on the service. Services that are lead by visiting Consultant availability continues to impact the service as we aren't in control of this. Julie Carter highlighted that Anne Marie Cavanagh is currently carrying out a nursing rostering project and this has worked so well that other staffing groups are considering using the same system.
- 7.2.4. Board members noted the Business update report.
- 7.2.5. **Finance Report: July 2018**
- 7.2.6. The Board discussed and noted the Finance report, noting the following key information.
- 7.2.7. The month four year to date (YTD) results show a total surplus of £0.895m. This includes both core and non-core expenditure. This is in line with the forecast in the finance plan.
- 7.2.8. At month four efficiency savings delivered were £0.874m against an LDP target of £0.807m, reporting a phasing surplus of £67k at this early stage. This is in line with the forecast trajectory within the financial year.
- 7.2.9. This savings achieved to date are split with recurring efficiency savings achieved £531k and non recurring savings of £343k.
- 7.2.10. Julie Carter informed Board members that we are awaiting an the outcome of the pay award funding from Scottish Government who will clarify what each Board will be allocated to cover this cost.
- 7.2.11. Karen Kelly enquired about the balance of cost for surgical supplies which is showing as overspent and the income which is showing as high. Julie Carter responded that with the new waiting times initiative this should triangulate this.
- 7.2.12. Board members noted the Finance report.

## **8. AOCB**

### **8.1. Expansion update**

- 8.1.1. The Board discussed and noted the update on the Expansion programme, noting the following key information.
- The Outline Business Case for the Phase One Ophthalmology expansion has now been approved by the Scottish Government Capital Investment Group. We will now progress to preparing the Full Business Case, which is the final approval process required before building works can commence.

- The Initial Agreement for Phase Two has been submitted to the Scottish Government Capital Investment Group and they meet on the 25<sup>th</sup> September.
- Development of the service model and workforce plan is continuing.

- 8.1.2. June Rogers informed the group that a recent decision with regards to the microscope options for the unit has now been reached with confirmation given that we will be going forward with the choice of floor mounted scopes.
- 8.1.3. We have now received formal communication on the outcome of previous discussions relating to repatriation, a strong message has been issued directly from the Cabinet Secretary that repatriation will not be considered as an option.
- 8.1.4. Work continues to progress on the exploration of self check in for the service with the team visiting a number of sites gaining insight from other hospitals that offer this service. We are hoping to devise our own unique unit that will meet all our needs that have been identified. Marcella Boyle made Board members aware of concerns that had been aired at a recent Volunteer Forum with regards to volunteers being used to support the self check in service. She was asked to take back the message to the group that permanent jobs will not be replaced with volunteers.
- 8.1.5. June Rogers gave members reassurance that, before implementation, a full review would happen with involvement of patients and our partnership colleagues to ensure the self service check-in system is fit for purpose.
- 8.1.6. Following escalation from a senior member of West Dunbartonshire Council we have now received confirmation that our planning application has been signed off as there had been a delay in this process.
- 8.1.7. Jill Young informed members that we have been asked by Scottish Government to establish the feasibility of bringing the project forward in order to assist with increasing demands and therefore discussions have commenced with the team at Kier. A high priority is not to compromise the build or take any unnecessary risks.
- 8.1.8. Board members noted the Expansion update.

## **9. Date and Time of next meeting**

- 9.1.1. The next meeting takes place on Thursday 1 November 2018 at 10am