

Approved Minutes
Board Meeting
Thursday 27 October 2016



Members

Stewart MacKinnon (SM)	Interim Chair
Jill Young (JY)	Chief Executive
Phil Cox (PC)	Non Executive Member
Kay Harriman (KH)	Non Executive Member
Jack Rae (JackR)	Non Executive Member
Mark McGregor (MM)	Non Executive Member
Maire Whitehead (MW)	Non Executive Member
Jane Christie-Flight (JCF)	Employee Director
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
David Miller (DM)	Interim Director of Human Resources

In Attendance

Sandie Scott	Head of Corporate Affairs
Angela Harkness (AH)	Director of Global Development & Strategic Partnerships

Minutes

Christine Nelson	Executive PA
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1 Chair's Opening Remarks

- 1.1 SM welcomed members to the public session of the Golden Jubilee Foundation Board meeting.
- 1.2 Earlier this week the Golden Jubilee Foundation won 'Employer of the Year' at the Icon Awards, which celebrate the contributions of Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) individuals across Scotland. In addition to winning 'Employer of the Year' our Employee Director, Jane Christie-Flight, was the only NHS employee selected in the category of 'Uniformed Icon of the Year'.
- 1.3 SM congratulated Jill Young for being shortlisted as 'Leader of the Year' at the Scottish Health Awards 2016. The Golden Jubilee Foundation wish her the best of luck at the awards which are held on Thursday 3 November 2016.

- 1.4 The Golden Jubilee Hotel have won Conference Venue of the Year at the small business awards run by CV magazine.
- 1.5 SM advised that the December's board workshop (Wednesday 7 December) will have an eHealth focus along with a tour of how technology is being used by staff across the Board.

2 Apologies

- 2.1 There were no apologies received.

3 Declarations of Interest

- 3.1 There were no declarations.

4 Minutes of last meeting

- 4.1 Minutes of the meeting held on 15 September 2016 were approved as accurate subject to the following amendments:
- P6, 7.1.3 – change 'that the situation is still better than at this time last year' to 'that we used to be better than we currently are'.
 - P7, 7.1.4 – change 'but it can be really serious for patients' to 'but it can be a serious event for patients'.
 - P12, 8.2.2 – change 'they do four joints' to 'some do four joints' and add 'for foot and ankle surgery' to the end of the last sentence.
 - P12, 8.2.3 – delete this section.
 - P13, 8.2.5 – delete the last sentence beginning 'she added'.

5 Actions and Matters Arising

5.1 Actions

- 5.1.1 All actions were closed.

5.2 Matters Arising

- 5.2.1 There were no matters arising.

6 Person Centred

6.1 Partnership Forum

6.1.1 JCF provided an update on discussions at the Partnership Forum meeting which took place on Friday 14 October 2016.

Person Centred

- The Forum was provided with an update on the progress of iMatter and the Board's Values Pulse Survey.

Safe

- An update on the work of the mandatory training short life working group was given.
- The Forum discussed the progress of the Theatre Academy.

Effective

- The proposed public holiday dates for 2017/18 were approved.
- The Forum was updated on the plans to date in relation to the Board's expansion work, including two further MRI units and an ophthalmology suite.
- An update on the progress to date on the ongoing Band 1 review was given.
- The Board's Winter Plan was presented to the Forum for information.

6.1.2 JCF stated that SM has attended the Partnership Forum on 14 October. SM confirmed he had found this beneficial.

6.1.3 SM reminded the Board members that they need to do their iMatter action plan but raised the issue of JY being included in the Board team and the Executive Team. DM agreed to remove JY from the iMatter Executive Team.

Action no: 271016/01
Action: Remove JY from the iMatter Executive Team
Action by: DM
Action status: NEW

6.1.4 JCF commented under the Band 1 review that eight staff have declined moving from Band 1 to Band 2. These are mostly related to being near retirement. Paperwork was signed off and the process was concluded on time. A summary paper will be presented to the Partnership Forum on 17 November 2016.

6.1.5 MM asked if any Band 2 staff had reacted negatively to the Band 1 Review. JCF responded that questions were raised initially, but staff were reassured that the review is evidenced through changes to job descriptions to reflect Band 2 roles. Staff are also aware of the process in place to query the band of their role, should they feel appropriate.

6.1.6 MM asked if the discussions with the BMA regarding converting two public holidays into annual leave had encountered any difficulties. JY commented that this was aimed at providing more flexibility to keep the service running.

6.1.7 The Board noted the update.

6.2 Person Centred Committee Update (12 July 2016)

6.2.1 The Board noted the update.

6.3 Person Centred Committee Approved Minutes (12 July 2016)

6.3.1 The Board noted the minutes.

6.3.2 JackR confirmed these have now been approved.

6.4 Person Centred Committee Update (18 October 2016)

6.4.1 JackR provided an update on discussions of the Person Centred Committee meeting which was held on Tuesday 18 October 2016.

Person Centred

The committee noted the content of the following:

- The Involving People Update
- The corporate learning and organisational development six month report.
- The Band 1 review update
- The Staff Governance Policy tracker update

Safe

The committee noted the content of the following:

- The complaints report providing a template for the coming year. A case study for discussion at the meeting on 24 January 2017 was agreed.
- The quarterly eKSF report.
- The mandatory training report
- The medical appraisal and revalidation report.

Effective

The committee reviewed and noted the following:

- The Partnership Forum Report
- The health promotion report
- The sickness absence report
- The Values and iMatter report with an update presentation on the Scottish and Golden Jubilee Foundation position.

6.4.2 JackR stated that the review of the policies is on track with the only outstanding ones awaiting PIN policies.

- 6.4.3 JackR commented that KSF progress is satisfactory and managers are now receiving more detailed information to allow more efficient monitoring.
- 6.4.4 JackR stated that the workforce education short life working group is working to improve the quality and detail of the information disseminated to managers for mandatory training.
- 6.4.5 JackR assured that despite medical appraisals being a little behind the trajectory, the deadline is expected to be met.
- 6.4.6 JackR commented that the Golden Jubilee Foundation has been praised for their achievements with iMatter. The focus is now on getting everyone on board for June 2017 and progressing action plans.
- 6.4.7 JackR asked the Board to note that Paul Graham, Spiritual Care and Diversity Lead is leaving the organisation to take up a promoted post in Lanarkshire. The Person Centred Committee has acknowledged Paul's dedication throughout his time with the organisation and wished him well in his future role.
- 6.4.8 The Board noted the Person Centred Committee Update.

6.5 Mandatory Training

- 6.5.1 DM explained that this work was an outcome of a recent mandatory training audit and asked the Board to note the progress update and agree the recommendations made within the Corporate Mandatory Training report.
- 6.5.2 DM stated that with the help of Learning and Organisational Development and e-Health, mandatory training is now being recorded on one system with improved reports currently being tested. Feedback has been very positive. Training courses have been simplified and the process for non compliance with training requirements is being formalised with additional support being offered to teams struggling to protect training time for staff.
- 6.5.3 PC asked if a clause could be included in staff contracts to advise that non compliance with mandatory training would be deemed as misconduct. DM responded that this is included in the Learning and Organisational Development policy, which carries the same weight as an employment contract. The rate of non compliance is approximately 15% but this needs to be addressed.
- 6.5.4 JY gave assurance that the tolerances agreed within the report will be reviewed in 6 months and regularly thereafter and Heads of Department will be expected to monitor their reports closely.
- 6.5.5 SM asked if the Executive Management Team are up to date with their Mandatory Training. DM confirmed this is the case.
- 6.5.6 JC asked if someone shows as within the three-month lapse status on the report, are they classed as being non compliant. DM clarified that this status is counted as being still live.
- 6.5.7 MH stated that with a 90% tolerance rate, if departments don't achieve 100% of this tolerance then the organisation can't achieve the overall 90% target.

- 6.5.8 MW asked if the reports will include staff on sick or maternity leave. DM stated that this will be reflected in the reports so will not flag as non compliance.
- 6.5.9 MW stated that this was a tremendous piece of work and is very informative. DM confirmed he was pleased with how the process had gone and the outcome achieved to date.
- 6.5.10 MM asked if doctors complete mandatory training through another Board on another system eg. Learnpro, can this be incorporated into the Golden Jubilee Foundation system. DM confirmed that this is in place.
- 6.5.11 The Board noted the progress of the Corporate Mandatory Training Review and approved phase one.

6.6 Annual Feedback Report

- 6.6.1 AMC thanked her Clinical Governance colleagues and Communications team for producing the Annual Feedback Report and asked the Board for approval.
- 6.6.2 JackR referred to page 3, 1.3 and asked if it was worthwhile to continue the connection with the Lomond and Argyll Advocacy Service if it has never been used. AMC confirmed this was considered but has remained as there is no cost implication and is an important resource to have access to.
- 6.6.3 JackR referred to page 16, 2.1 and asked if complainants are notified of the 20 day response deadline and if this is exceeded are they given an explanation. JY confirmed that this happens. AMC explained that exceeding the deadline exceptional but usually occurs if someone is on leave and unable to respond within the deadline. Complainants are notified of this and an explanation given.
- 6.6.4 JY referred to page 19, 3.3 and asked if Human Factors training can be added. The Board agreed.

Action no: 271016/02
Action: Add Human Factors training to the Annual Feedback Report, page 19, section 3.3.
Action by: SS
Action status: NEW

- 6.6.5 JackR referred to the list of groups and committees which support the governance of feedback processes listed on page 21 and asked if the Clinical Governance Committee should be included. The Board agreed.

Action no: 271016/03
Action: Add Clinical Governance Committee to the Annual Feedback Report, page 21, list of groups and committees.
Action by: SS
Action status: NEW

- 6.6.6 A question was asked about learning example 2 (page 18, 2.4), if the outcome for the patient should refer to the incorrect anaesthetic as opposed to the incorrect anaesthetist being documented. AMC confirmed anaesthetist was correct.
- 6.6.7 SM commented that this was a well balanced report.
- 6.6.8 The Board approved the publication of the Annual Feedback Report subject to the changes agreed.

7 Safe

7.1 HAIRT

7.1.1 AMC presented the Healthcare Associated Infection Reporting Template for August 2016, highlighting the following:

- **Staphylococcus Aureus Bacteraemia** – One SAB was identified in 3E. Currently investigating the source but device related.
To date: April – August 2016 – 3 SAB have been noted.
In comparison: April – August 2015 – 6 SAB were noted.
- **Clostridium difficile infection** – Nil to report, last case reported March 2014.
- **Cleaning and the Healthcare Environment Facilities Management Tool** – Housekeeping compliance 98.46% and Estates Compliance 98.55%
- **Surgical Site Infection** – All are within control limits.
- **Hand hygiene** – The bimonthly report from July indicates 98% compliance with Hand Hygiene. Medical Staff compliance has decreased slightly to 92%. The September figures are not available yet and will be shared when available.

7.1.2 AMC stated that SABS rate and trajectory are more aligned and numbers have reduced. Page 4 gives the detail of areas with recurring SABS.

7.1.3 AMC highlighted an issue with the MRSA screening reporting from Ward View, which will be altered to provide a daily update.

7.1.4 JY referred to page 6, Hand Hygiene report summary and that this was the lowest figure received. This was linked to medical staff not taking the opportunity to clean hands. MH and AMC are working on an action plan to address this issue and the figure has improved since this report was produced.

7.1.5 MM referred to the trajectory on page 3 and queried that Oct–Dec 15 and Jan–March 16 rates are the same. AMC agreed to check this.

Action no: 271016/04
Action: Check statistic for trajectory on page 3 of HAIRT report for Oct-Dec 15 and Jan-March 16.
Action by: AMC
Action status: NEW

- 7.1.6 JackR referred to page 10, C diffogenic antibiotic usage and asked why we report on this. MH explained this was in relation to the strategy to reduce this antibiotic use.
- 7.1.7 MW asked about the process if a patient is MRSA positive . AMC confirmed the GP is notified and JY stated the patient's treatment will continue but they may be cared for in an isolated area.
- 7.1.8 The Board noted the Healthcare Associated Infection Reporting Template for August 2016 data and approved its publication.

7.2 Record Management Plan

- 7.2.1 JC presented the submission of the Golden Jubilee Records Management Plan (RMP) to the Keeper of the Records and asked the Board to review the plan, note the description of the evidence provided and approve the submission to the Keeper by 31 October 2016.
- 7.2.2 JC stated that policies had not been included but can be supplied, if required. She explained that this is the first time this exercise has been carried out so is unsure of how much feedback will be received but will forward this to the Board on receipt.
- 7.2.3 MM stated that as The Golden Jubilee Foundation is a national service, caring for relatively small numbers of patients over a long period of time. Normally if no contact is made in 10 years then records are destroyed. He asked if the Foundation holds records for longer. JC confirmed this to be the case.
- 7.2.4 JY commented that there will be a presentation on EPR and similar projects at the December Board workshop.
- 7.2.5 MH stated that this was a massive piece of work as it included all records, not just clinical records.
- 7.2.6 JC commented that this exercise had raised awareness and highlighted some areas which needed a little work.
- 7.2.7 SM asked what the sanctions are around staff accessing records inappropriately. JY assured the Board that staff are aware that regular audits are carried out, and any inappropriate access may result in a disciplinary procedure.
- 7.2.8 MM asked if the December workshop will also demonstrate the process for patients to access and input to their own health records. MH added that currently a formal request is required but in future the records will be co-owned. JackR asked if access was ever refused. MH stated that it would only be refused if it was thought access could prove harmful to a patient or if information relating to a third party would be detrimental.
- 7.2.9 MW asked what the age of consent for a patient to access their own health records is. As no one could confirm, JC agreed to investigate this.

Action no: 271016/05
Action: Confirm the age of consent for a patient to access their own health record.
Action by: JC
Action status: NEW

7.2.10 The Board approved the Records Management Plan for submission.

7.3 Winter Plan

7.3.1 JY gave an overview and requested the Board to approve the Winter Plan for 2016/17

7.3.2 JY stated that the preparation of the Festive period rotas is progressing. Dates have not been confirmed for when blood products will be unavailable which determines the dates when no elective procedures are carried out and only emergencies are done.

7.3.3 JackR asked if there are potential challenges of repatriation of patients. JY explained the need to be careful not to keep patients longer than necessary and create delayed discharge. AMC stated that the majority of discharges are to home and most delays are usually weather related. MH commented that problems with repatriation are likely to be complex cases, which can be unpredictable.

7.3.4 The Board approved the Winter Plan.

8 Effective

8.1 Performance

8.1.1 JY presented the latest Board Performance report, highlighting areas of operational performance discussed at the September 2016 Performance and Planning Committee which included a snapshot of the waiting list position at 8 and 15 September 2016.

- Board Exception Report – Key Performance Indicators (KPIs)
 - a) Effective KPIs
 - b) Person-centred KPIs
 - c) Safe KPIs
- Divisional Exception Reports
 - a) Surgical Services
 - b) Regional and National Medicine
- Inpatient waiting lists – Cardiac Surgery, Thoracic Surgery, Cardiology, Electrophysiology and Devices.

- Corporate Balanced Scorecard (Appendix 1)

8.1.2 JY explained that the 31-day cancer target was breached for the first time in August. This was because patients were unavailable and we rescheduled their treatment. We notified Glasgow but this wasn't reflected in their system due to a system fault which has now been rectified and the breaches will be retrospectively cancelled.

8.1.2 MH explained that the Job Planning process has been difficult but is progressing slowly. Assistant Medical Directors are updating MH regularly and lots of support has been given from HR team to overcome any difficulties. The overall trajectory is tight to get all job plans signed off and entered into the system by the end of March but it is deemed achievable.

8.1.3 JackR stated the report from surgical division was very positive and queried page 14, Thoracic Surgery Inpatient Waiting List, Unavailable patients on the waiting list during the last 26 weeks. Colours have been transposed. JR agreed to change this.

Action no: 271016/06
Action: Performance Report, page 14, Unavailable patients on the waiting list during the last 26 weeks. Colours to be transposed.
Action by: JR
Action status: NEW

8.1.2 The Board noted the report.

8.2 Business

8.2.1 JR updated the Board on hospital activity for August 2016 and stated that September data is consistent too, which will be reported at the next Board meeting.

Activity for inpatients/day case procedures measured against a projection of 14,946 (which excludes cardiothoracic/cardiology activity) was ahead of plan by 8.7% for the month of August and ahead of the year to date plan by 2.0% when activity is adjusted to reflect complexity

Measured against a total activity projection of 37,871, the combined inpatient/day case and imaging activity at the end of August was 7.2% ahead of plan year to date when adjusted to reflect complexity

Current Situation

- General surgery is ahead of plan with the help of weekend working, which was in response to a request from the Government to increase activity to address waiting times.
- There has been a part time surgeon recruited to plastic surgery, who has agreed to work increased hours until the end of March. Availability of Plastic Surgeons remains problematic. Discussions are taking place with NHS Lothian to explore ways to improve this situation.

- The issue of breakdowns of equipment in Ophthalmology has been resolved, with a clear way forward.
- The Recovery Group will continue to meet on a weekly basis to scrutinise theatre utilisation and address shortfalls in activity as they arise.

8.2.2 The Board noted the report.

8.3 Finance

8.3.1 JC updated the Board on the financial position at 31 August 2016.

- The year-to-date (YTD) results show a total surplus of £560k, which includes both core and non-core expenditure. This is broadly in line with the forecast in the finance plan for this period.
- The financial position has been reviewed and it is proposed to release funds initially to cover non-recurring revenue bids noting that this covers revenue only and not capital. It is planned for approximately £500k of non-recurring investment. Capital funds have been allocated for the year.
- No issues are anticipated with the National Fraud Initiative (NFI) counter fraud exercise.
- Efficiency savings are £326k ahead of plan at month 5 with non-recurring savings to date of £132k meaning a total saving of £1.580m delivered to the end of month 5.
- The biggest pressure is the waiting list costs. A working group has been established to oversee this.
- It was proposed that we undertake a revenue to capital transfer in year with the value of this being in the region of £3.8m is now more likely to be somewhere between £1.7m and £2.5m.

8.3.2 PC asked if the overspend on supply variances is normal. JC confirmed that this is normal at this time of year and will balance out before the year end. The reason for this can be related to stock management issues.

8.3.3 MW asked if more detail on the core expenditure of agency staff could be given. JC confirmed that this detail is included in the Performance and Planning Report and that use of agency staff requires Executive authorisation. AMC confirmed that the organisation is working towards the reduction of agency staff and this is being helped by initiatives such as the Theatre Academy.

8.3.4 JackR commented that the efficiency savings of £1.58m and non recurring investment of £500k is very impressive. JC responded that The Golden Jubilee Foundation has undertaken a lot of work on this.

8.3.4 MM noted that waiting list payments have increased and that press coverage on this topic is still regular. JC responded that consultant payments are less than last year but are still significant. This is monitored on an individual basis. JR stated that some services e.g. Plastics, are completely run by visiting consultants but the aim is to have full time consultants to allow better management of finances.

8.3.6 The Board noted the report.

8.4 Annual Review Self Assessment

- 8.4.1 JY asked the Board to approve the draft self assessment and arrangements for the day of the Board's 2015/16 Annual Review which is planned for 10 November 2016.
- 8.4.2 JY stated that the public session is scheduled for 11am in the Innovation Centre and encouraged attendance. A video presentation has been produced by the Communications Department. The Excellence Awards Presentation will follow at 12 noon and lots of staff are expected to be in attendance.
- 8.4.3 JY commented that it is expected that taking forward action points from last year's Annual Review is likely to be the main focus.
- 8.4.4 The Board noted and approved the draft self assessment and programme for the 2015/16 Annual Review.

9 AOCB

- 9.1 SM reminded Board members about the Board workshop scheduled for 7th December which will be followed by dinner, to confirm attendance with Cheryl Prentice and indicate if they require a hotel room to be booked.

Action no: 271016/07
Action: Confirm attendance at Board Workshop and dinner on 7 December and if a hotel room is required.
Action by: All
Action status: NEW

10 Date and Time of Next Meeting

- 10.1 Friday 8 December 2016, 9.30am.