

Approved Minutes

Board Meeting

7 December 2017



Members

Stewart MacKinnon (SM)	Interim Chair
Mark McGregor (MM)	Non Executive Member
Kay Harriman (KH)	Non Executive Member
Karen Kelly (KK)	Non Executive Member
Marcella Boyle (MB)	Non Executive Member
Jane Christie-Flight (JCF)	Employee Director
Jill Young n(JY)	Chief Executive
Julie Carter (JC)	Deputy Chief Executive/ Director of Finance
June Rogers (JR)	Director of Operations
Anne Marie Cavanagh (AMC)	Nurse Director
Hany Eteiba (HE)	Acting Medical Director

In attendance

Angela Harkness (AH)	Director of Global Development and Strategic Partnerships
Margaret Duncan (MD)	Performance Manager, Scottish Government

Minutes

Lori Cassidy	PA to the Medical Director
--------------	----------------------------

1 Chair's Introductory Remarks

- 1.1 SM welcomed everyone to the last Board Meeting of the year.
- 1.2 SM welcomed two visitors who joined the meeting as interested parties, namely Gary Wright (Cardiologist and Electrophysiologist), and Amit Adlakha, a Respiratory Physician from Oxford. Amit works between Oxford and London in Intensive Care; his special interest is lung transplantation.
- 1.3 SM congratulated Hany Eteiba, Acting Medical Director, on his appointment as Vice President (Medical) of the Royal College of Physicians and Surgeons of Glasgow.
- 1.4 SM congratulated the Laboratories Team on achieving UKAS accreditation against the international standards (ISO15189:2012 – Medical Laboratories – Quality and Competence). This follows a three-day inspection earlier in 2017, preceded by considerable hard work by the Team in preparing for the visit.

- 1.5 SM thanked all staff involved in the change of our linen supply contract, which happened on 1 December 2017. Everyone worked really hard to ensure a safe and smooth transition.
- 1.6 SM advised the last Quality Improvement Masterclass would be held in February at Murrayfield Stadium, Edinburgh. Anyone interested in attending should contact Cheryl Prentice.
- 1.7 The Health Improvement Scotland Web-conferencing testing (Cohort 2) will take place on the following dates:
 - Tuesday 16 January (2.30 – 3.30)
 - Tuesday 30 January (2.30 – 3.30)
 - Tuesday 20 February (2.30 – 3.30)
 - Monday 5 March (2.30 – 3.30)
 - Tuesday 20 March (2.30 - 3.30)

We require one Executive and one Non-Executive to attend. Nominations are required by close of play on Monday 18 December.

- 1.8 Revised annual rates of remuneration have now been agreed. These reflect the 1% increase tabled and will be backdated to 1 April 2017.
- 1.9 We have recently been accredited as a Scottish Qualifications Authority Approved Centre for Scottish Vocational Qualifications in clinical support, levels 2 and 3. These qualifications can be verified on site and staff will receive a national qualification on completion.
- 1.10 Phase 2 of the Expansion Programme has been awarded to Kier Builders.

2 **Apologies**

- 2.1 The following apologies were noted.

Phil Cox (PC)	Non Executive Member
Sandie Scott (SS)	Head of Corporate Affairs

3 **Declarations of Interest**

- 3.1 There were no declarations.

4 **Minutes of Last Meeting**

- 4.1 Minutes of the last meeting were approved subject to one change.

5 **Matters and Actions Arising**

- 5.1 Three actions completed; fourth to Update Terms of Reference has been delayed pending appointment of Chair. Agreed to carry forward and bring back to meeting in due course.

6 **Person Centred**

6.1 Workforce Plan

- 6.1.1 SQ asked the meeting to review and approve the Workforce Plan for 2017/18 which identifies progress last year, highlights the ongoing work for the years ahead and the Golden Jubilee Foundation's commitment to their workforce. This had previously been presented and approved at appropriate groups and is key to the future delivery of the service provided to our patients.
- 6.1.2 MM stated point 3.1 detailed a relatively small increase and asked how this tied in with Arthroplasty. SQ pointed out that this is a short term plan and the expansion group are addressing ongoing increases.
- 6.1.3 MB stated that the plan was well presented.
- 6.1.4 SQ highlighted that, overall, there are quite ambitious plans for 2020; a leadership framework has been incorporated so that whatever the individual level, there will be a development route available. Once complete, the workforce strategy will be presented to the Board for approval.
- 6.1.5 JY commented that there is a second phase of national workforce planning guidance due soon. SQ confirmed that this would probably mean the summer before publication. JY stated that these timescales would potentially allow us to incorporate our plans for the expansion.
- 6.1.6 The Board approved the Plan.

6.2 Partnership Forum

- 6.2.1 JCF updated the Board on discussions at the Partnership Forum on 17 November 2017 and highlighted the following:
1. The Forum received a presentation on cyber security which focussed on this from a work and personal perspective. This was well received and perceived as useful from both aspects. This is now being offered to all staff.
 2. The Forum discussed and approved four policies:
 - Use of Fixed Term Contracts
 - Secondment
 - Driving at Work
 - Management of Violence and Aggression at Work
 3. The Forum received an update on the development of the Young Persons Forum, which is for staff between the ages of 16-24. The Forum is currently considering how best to support young staff members when they join the organisation. They are also looking at how they can link in with the expansion programme. Further updates will follow. The Forum was updated on the collaboration with West of Scotland and will be updated over the coming months.

6.3 Person Centred Committee

6.3.1 There was no update on PPC for October. The next meeting is in January.

7 **Safe**

7.1 **HAIRT**

7.1.1 AMC asked the Board to approve the HAIRT report for September and highlighted the following:

- 1 Staphylococcus Aureus Bacteraemia (SABs): No SABs to report in September. We are above projection with six months still to go.
- 2 Clostridium Difficile Infection (CDI): No CDI to report
- 3 Hand Hygiene: The bi-monthly report from September demonstrates 98% compliance. Although it was noted that some staff were still not using the five key elements, the majority of staff groups had improved.
- 4 Cleaning and the Healthcare Environment: Facilities Management Tool – Housekeeping Compliance is 98.46% and Estates is 99.34%
- 5 Mycobacterium Chimaera: No further updates, but noted that work is continuing with HPS to manage the very low risk associated with the water coolers.
- 6 CSPD Washer Disinfectant: The review of disinfectant product used concluded that there was no actual or likely harm to patients. Everything is moving forward satisfactorily and consideration is being given to inclusion in Human Factors training.
- 7 Surgical Site Infection: Within control limits.

7.2 The Board approved the report and its publication on the website.

8 **Effective**

8.1 **Performance**

8.2 JY updated the Board on performance at end of November, highlighting the following:

- 1 Combined inpatient / day case and imaging activity at the end of October was ahead of plan by 5.5% and 0.4% behind the full year to date.
- 2 Orthopaedic joint activity was ahead of the year to date plan by 103 primary joint replacements and 67 foot and ankle procedures although behind by 98 other 'non' joint' procedures (e.g. Anterior Cruciate Ligament repair). Throughout 2017, there continues to be a higher than expected demand for foot and ankle surgery and lower orthopaedic 'other' than expected. Overall, orthopaedic surgery is currently ahead of the full year plan by 69 procedures / theatre slots.
- 3 General surgery performed in line with the monthly target and is also slightly ahead of the year to date plan. There have been recent requests from Boards for additional activity, so the service is exploring the potential to provide weekend operating lists.
- 4 Hand surgery was ahead of plan for the month of October by 12 procedures. Minor and major plastic surgery procedures were slightly behind plan.

- 5 The endoscopy service performed ahead of plan by 10 procedures. In the YTD, there is a shortfall of 122 scopes and we remain optimistic that the shortfall will be recovered by the year end.
- 6 Diagnostic Imaging activity has remained high and the service has over performed by 262 examinations in October and remains ahead of the year to date plan by 407 examinations.
- 7 Our two new MRI scanners have now been installed on site and are now treating patients. Radiographers have been recruited and have been fully trained to operate the new equipment.
- 8 Bed Occupancy had improved in August. However, the shortage of critical care beds which led to surgical cancellations also resulted in a lower demand for post-operative ward beds and a subsequent reduction in occupancy in September. A short term working group has now been set up to take this forward. It was also noted that blood products availability over the Christmas period was being closely monitored. This would be reported on and updated at the working group.
- 9 The Electrophysiology waiting list continued to improve, although 26 patients were not treated within the 12 week Treatment Time Guarantee (TTG) in October; most of these were electrophysiology. Additional monies had been made available to Glasgow by the Scottish Government to put in a range of additional outpatient activity which resulted in increased referrals to our centre. It was noted that there were challenges in terms of patient complexity, however plans are in place to address this.
- 10 At the end of October, no medical job plans had been signed off on the system although 37% had been logged at the discussion stage. There are 150 in total and it is hoped they will be finalised by the end of the year. In answer to KK's enquiry, HE stated that each consultant has a programme of clinical activities which are matched to planned activities and signed off for the year.
- 11 It was noted that sickness absence was down in September at just over the 4% target at 4.3%. The split between long and short term absence continues in line with trend. Long term absence remains at 1.9% with short term at 2.45%.
- 12 KSF performance dropped to 74% compliance in September. Plans to improve have been agreed between department managers and HR so that all planned reviews are on the system before TURAS comes on line. This system will replace eKSF. MM asked about the link between ICU occupancy and surgical cancellations. JR replied that high occupancy combined with sickness absence had resulted in cancellations. She noted the pressure to reach the 12 week waiting time was high. A paper would be presented to the Clinical Governance Committee on cancellation numbers and what that was like from a patient experience perspective. She also noted some patients were cancelled more than once. These tended to be at short notice but we are trying to improve. She commended staff had continually prioritised on a day to day basis and were experienced at explaining to patients

8.2.1 SM asked whether we were behind with ophthalmology in Phase 1 of Expansion Programme. JR advised we were in discussions with the Region regarding appointments as visiting surgeons are not efficient. MM stated there was a national shortage.

8.2.2 JR explained that one potential solution we are piloting is to up-skill the nurses and optometrists to do some of the work carried out by surgeons, but this is ongoing.

8.2.3 JY advised that she attended a meeting with Government this week to discuss the ever increasing demand across Scotland. She stated that everyone was under pressure and we were looking at all possible options. We are currently doing weekend working. Funding is very limited but patient care is a priority and if we can arrange for additional capacity, extra funding should be available.

8.2.4 The report was approved by the Board.

8.3 Finance

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

- 1 Year-to-date (YTD) results showed a total surplus of £152k. This figure includes both core and non-core expenditure and is consistent with the forecast finance plan. The planned surplus consists of:
- 2 Income – behind target by £31k) YTD
- 3 Core Expenditure – under spend of £191k YTD
- 4 Non-core Expenditure – overspend of (£8k) YTD
- 5 It is anticipated the Board will achieve the target agreed with the Scottish Government Health and Social Care Directorates (SGHSCD) and in line with the Board's financial plan.
- 6 To date, efficiency savings delivered were £2.800m against a Local Delivery Plan (LDP) target of £2.558m, reporting £242k favourable performance against plan. This is ahead of planned trajectory and we expect to meet our Board efficiency savings annual target.
- 7 Capital expenditure is £1.472m and is consistent with our plan for the year
- 8 We continue to work closely with Counter Fraud Services (CFS) to deter, disable, detect and deal with financial crime in line with the CFS proactive plan for the year. We held a Fraud awareness session on 1 December and plans are in place for more communication, training and workshops throughout 2018. SM stated that we should consider appointing a new counter fraud champion, given his current interim role as Chair of the Board.
- 9 Delivery of efficiency savings is going well and this was expected to continue for the rest of the year. JCF asked if we had identified efficiency savings target for next year. JC advised it would be clearer following the budget announcement next year, but we are still looking at 3.5% efficiency target. JY stated there would be an NHSScotland budget statement given next week which both JY and JC would be attending; we are not expecting any additional funds at the moment.

8.3.2 KK stated that overall this was an excellent report. She had one question in relation to Section 4, Capital Update; all major items have been tendered in advance of costs being submitted. JC advised that in our tender procurement, we do not make any commitment to purchase until

formally approved. Companies are very much aware that this is only a tendering process until a business case is approved.

8.4 Audit and Risk Committee Update – 7 November 2017

8.4.1 KK presented the Audit and Risk Committee Update. The following papers were included:

- 1 Recent Audit Scotland reports with our local Board actions.
- 2 The National Fraud Initiative update and the outcome of the Post Legislative Scrutiny on the National Fraud Initiative exercise.
- 3 An update on the actions progressed on the recent Cyber Maturity Assessment and the cyber attack on the NHS was presented to the Committee.
- 4 An update on the Property and Asset Management Strategy.
- 5 An update on the administration of the Innovation Fund.
- 6 The papers agreed and supported were as follows:
- 7 The collaboration with NHS24 procurement function.
- 8 The procurement process for the new Internal Audit Contract, due from April 2018.
- 9 The 2017 Internal Audit Charter which describes the framework for the internal audit function, including defining the purpose, responsibilities and authority of the internal auditors
- 10 The papers reviewed included:
- 11 The updated Board Risk Register and the development of the Enterprise Risk Framework. Specifically the Committee reviewed the mitigating controls and noted the risk update.
- 12 The internal audit progress report including research project governance and a service review on Laboratories. No major issues were identified.
- 13 The Board will be adopting a similar Conflict of Interest model to that used in England. This should be completed by December and presented at the February meeting.
- 14 Meeting with Internal and External Auditors: Agreed to meet twice a year. No critical issues about the Audit recommendations and processes.

8.5 Approved Audit and Risk Committee Minutes – 6 June 2017

8.5.1 The above minutes were accepted as read.

8.6 Endowments Sub Committee Update – 7 November 2017

8.6.1 JC presented the above, and the following papers were reviewed:

- The draft Donations Policy and considered the impact and next steps for both the Board and the charity. Action points will come back to the Board for discussion when they are available.
- The current status of the fund balances. The balances are now £1.7m compared to £1.2m at 31 March. The increase is primarily due to additional income supporting the innovation fund through the Small Business Research Initiatives (SBRI) projects.

- An update on the progress of the governance and financial arrangements on the SBRI projects.

8.6.2 The Board noted:

- An update on the work of the Director for Global Development and strategic Partnerships
- A presentation from Mercers, an investment management company who provide investment strategy and management selection advice in relation to the NHS Greater Glasgow & Clyde Endowment Fund. This was well received by the Committee and prompted useful discussion about risk appetite and investment decisions.
- The annual review of the Endowment Charter

9 **AOCB**

9.1 **Expansion Programme**

9.1.1 JR updated the meeting on recent developments. Significant progress had been made in that the concept design in ophthalmology, which has been agreed and approved. In addition, we have scoped out and shared the design and plans with West of Scotland Engagement Group. There have been seven meetings so far and agreement has been reached around demand modelling in Phase 1. We are also considering Endoscopy and Urology; accepting there will be an increase in demand but awaiting confirmation that the West of Scotland will need this. However, we have enough information to progress to write up Phase 2. A meeting is planned with Information Services Division to share and agree data.

9.1.2 JR added that we have modelled five different scenarios; ISD have done a projection with 5% tolerance either way. We have modelled similarly.

9.1.3 JY pointed out that there were factors we had included which ISD have not taken into account.

10 **Date and time of next meeting**

10.1 Thursday 15 February 2018 at 10am