

Unapproved Minutes Board Meeting 15 February 2018



Members

Stewart MacKinnon (SM)	Interim Chair
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 (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
Sandie Scott (SS)	Head of Corporate Affairs

Minutes

Christine McGuinness	Corporate Affairs Manager
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1 Chair's Introductory Remarks

1.1 SM welcomed everyone to the first Board Meeting of 2018, and introduced two observers:

- Kirsty Maclean, Interim Clinical Nurse Manager for Outpatients
- Gaynor Williamson, Commercial Manager for Scotland, Johnson & Johnson Medical Devices

1.2 SM congratulated the Board on the following achievements:

1.2.1 The Golden Jubilee has achieved Disability Confident Leader accreditation – the highest possible recognition of our commitment to supporting staff, patients, and community partners with a disability.

1.2.2 SM advised the Board that, for the fourth year in a row, the Golden Jubilee Foundation has been named as one of the top 100 employers in the Stonewall Workplace Equality Index (WEI). It also continues to be the only Scottish NHS Board in the top 100 list. We ranked 88th out of over 430 entries and were the sixth top UK Health and Social Care Organisation.

- 1.2.3 The Golden Jubilee Conference Hotel won Conference Hotel of the Year in the regional Scottish Hotel Awards. The national awards take place in April.
- 1.3 SM informed the Board that two heart transplant recipients have won Gold and Silver medals as part of Team Great Britain at the World Transplant Winter Games in Switzerland. Linda Owen and Sue Swinson were part of Team GB's Gold medal-winning Curling team. Sue also brought home individual silver medals in skiing Super G (Super Giant Slalom), Slalom and Parallel Slalom categories.

2 Apologies

- 2.1 The following apologies were noted:

Phil Cox (PC)	Non Executive Member
Mark McGregor (MM)	Non Executive Member
Safia Qureshi (SQ)	Director of Quality, Innovation and People

3 Declarations of Interest

- 3.1 There were no declarations.

4 Minutes of Last Meeting

- 4.1 Minutes of the meeting held on 7 December 2017 were approved subject to the following amendments:
- Amend HE's title to Acting Medical Director
 - P7, 8.4.1 – amend typographical errors in points 8 and 11.

5 Matters and Actions Arising

5.1 Actions

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

Action no:	140917/01
Action:	Update Terms of Reference for Board Committees and bring back to the Board
Action by:	JY
Action status:	Ongoing
Action update:	Deferred pending outcome of the Chair recruitment process

5.2 Matters arising

- 5.2.1 There were no matters arising from the previous meetings.

6 Person Centred

6.1 Partnership Forum – January 2018

6.1.1 JCF updated the Board on discussions and highlighted the following:

1. **Staff Governance Monitoring 2018/19:** The Scottish Workforce and Staff Governance (SWAG) Committee has agreed to a further year of interim monitoring arrangements to ensure that the refreshed process is robust and fit for future purpose. Our annual response is due to be signed off by 31 May 2018.
2. **Everyone Matters: 2020 Workforce Vision Implementation Plan:** The actions required to deliver the 2020 vision are incorporated into the Board's Staff Governance Action plan. The current plan was being progressed by the Staff Governance Sub Group. This will be brought to the Forum along with the new plan for approval shortly.
3. **Policy Approval:** The Forum approved the Whistle Blowing, Gender Based Violence and Uniform policies.

6.1.2 MB asked for an update on Whistleblowing and an indication of when the policy will be available on the website. JCF confirmed that this is being processed and added that staff and manager guides will be updated too. SS added that the policy and guides will be uploaded to the website as soon as they are received from Human Resources.

Action no:	150218/01
Action:	Publish Whistleblowing Policy and updated Staff and Manager Guides online
Action by:	JCF/ COMMS
Action status:	NEW

6.1.3 The Board noted the report.

6.2 Person Centred Committee update – January 2018

6.2.1 KH updated the Board on discussions and highlighted the following:

1. **Involving People:** Good progress was noted against the action plan.
2. **Person Centred Committee Annual Report:** The draft annual report was approved subject to addition of next year's activities.
3. **Caring Behaviours Assurance System:** A report on the International Relationship Based Care Symposium was received and implications for the Board discussed.
4. **Complaints Report:** Good progress with the new two-tier process was noted. The challenge of timelines with complaints with RCAs was also discussed.

5. **Staff Governance Report:** Good progress was noted for the Knowledge and Skills Framework.
6. **Lampard Recommendations:** The Board meets the majority of recommendations and has plans in place to meet the remaining ones.
7. **Annual Results of the Participation Standard:** The Scottish Health Council report on our performance against the Participation Standards was very positive.
8. **Communications Update:** The report on the Board's media and social media presence was received and continued to exceed expectation. The communications plan for the Golden Jubilee expansion programme was discussed.

6.2.2 SM asked if there were any major recommendations from the Lampard report. JY responded that there are no major issues for the Board. KH added that a few minor areas need to be refreshed.

6.2.3 MB added that there was a discussion around the Board's obligations in safeguarding children.

6.2.4 The Board noted the report.

6.3 Person Centred Committee approved minutes – October 2017

6.3.1 The Board noted the approved minutes of the meeting.

7 Safe

7.1 HAIRT

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

1. **Staphylococcus Aureus Bacteraemia:** One case to report.
2. **Clostridium Difficile infection:** No cases to report.
3. **Hand Hygiene:** The bimonthly report demonstrated 97% compliance in November. Medical staff compliance dropped to 91%; the Medical Director has issued a clear communication to staff regarding requirement for a 'bare below the elbows' approach.
4. **Cleaning and the Healthcare Environment Facilities Management Tool:** Housekeeping compliance was 98.66%. Estates compliance was 99.52%.
5. **Surgical Site Infections:** All are within control limits.

7.1.2 SM commented that the report was fairly self explanatory.

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

Action no:	150218/02
Action:	Publish HAIRT
Action by:	AMC/ COMMS
Action status:	NEW

7.1.4 Clinical Governance Committee update – January 2018

7.1.5 AMC updated the Board on discussions and highlighted the following:

1. **Complaints:** The report noted no themes of concern.
2. **Clinical Audits:** The Committee welcomed improved governance of clinical audits. There was discussion around how to manage the audits with particular regard to organisational priorities.
3. **Significant Adverse Events:** There was extensive discussion around Closed Significant Events. A video has been created as an evidence tool for clinical staff around swab counts and this will be shared with other Boards.
4. **Radiology Reports:** An update was given on the formal review and sign off of radiology reports.
5. **Staphylococcus Aureus Bacteraemia (SABs):** There is an ongoing focus on SABs related to devices, using a bundles approach.
6. **Scottish Patient Safety Programme:** The Report included a discussion around performance related to Venous Thromboembolism (VTE) bundles. It was noted that the main challenge would be ensuring reassessment every 48 hours

7.1.6 The Board noted the report.

7.1.7 Clinical Governance Committee approved minutes – October 2017

7.1.8 SM highlighted that he is down as having submitted apologies but is not a member of the Committee. JY advised that Committee memberships have been re-circulated and previous minutes will be amended to reflect this.

7.1.9 The Board noted the approved minutes of the meeting.

8 Effective

8.1 Performance – November/December 2017

8.1.1 JY updated the Board on performance at end of November, highlighting the following.

1. **Bed Occupancy - Intensive Care:** A high volume of non-elective admissions in October resulted in high bed occupancy in ICU2 and a reduced capacity for elective procedures, so lower occupancy within other critical care units. In November as the number of non-elective patients decreased, an increase in elective admissions was seen which resulted in a decrease in ICU2 occupancy whilst other units saw an increased occupancy.
2. **Bed Occupancy - Cardiothoracic wards:** October and November saw an increase in bed occupancy. This correlates to pressure within critical care units which meant a reduced number of patients went through theatre each day. 'On the day' cancelled patients were rescheduled and often stayed in the ward whilst waiting for their next surgery date as opposed to being discharged.
3. **Treatment Time Guarantee (TTG):** Treatment was not delivered within the TTG for 11 patients during November. Four additional Cath Lab operating days and three additional Theatre operating days have been approved to meet demand and ensure patients are treated in time.
4. **Consultant Job Plans:** No job plans had been completely signed off on the eJob Planning system but many had progressed past the initial discussion stage and were in the process of completing the sign off stages.
5. **Sickness Absence:** Levels increased to 5.32% in November against a target of 4%. Local reporting indicates the main reason for sickness absence in November, in three of the four Divisions, as "Anxiety/ stress/ depression/ other psychiatric illnesses", representing almost 20% of overall absence.
6. **MRI expansion:** Both new MRI machines were functioning from early December 2017, when the mobile unit left the GJNH site.
7. **Knowledge and Skills Framework:** Compliance increased to 90% in January. Each department has been tasked with maximising the number of completed Personal Development Reviews recorded on the system before the end of January ahead of the TURAS go-live, the new review system which will replace eKSF.

8. **Enhanced Monitoring Unit (EMU):** The new EMU has been introduced in Ward 2 East, providing greater support for higher dependency patients and will reduce Orthopaedic requirement for HDU beds. One EMU bed opened ahead of schedule and has been utilised on several occasions. A second EMU bed will open at the beginning of February and utilisation will be monitored and reported monthly.
9. **Theatre Utilisation and Efficiency Group:** Work continues to maximise productivity and efficiency in our theatres through this group. The Committee were advised that cancellations are categorised as being avoidable or unavoidable to allow focussed improvement and for the year to date there has been a reduction in avoidable cancellations.
10. **West of Scotland Regional Adult Congenital Heart Disease (ACHD):** Most patients have now been repatriated to their regional clinics. The final regional ACHD at GJNH was held on Monday 8 January 2018. The teams will be supported initially to ensure a smooth transition.
11. **Transcatheter Aortic Valve Implantation (TAVI):** On 6 November 2017, the Scottish Government accepted a recommendation to extend current TAVI provision by establishing a West of Scotland TAVI service at GJNH. An implementation plan to safely repatriate patients has been approved.

8.1.2 SM asked if the TTG issue is a reflection of what's happening in territorial boards. JY responded that there's not one answer to it all; some if it is down to winter pressures and there's also a point when elective patients become an urgent or emergency case, other referrals are following wait list sessions in other boards. JY assured the Board that no patients have come to harm and that anyone who is cancelled is kept informed and given a new date as soon as possible.

8.1.3 JCF asked if bringing in new recruits with less experience compounds the sickness absence issue. AMC responded that, nationally, Critical Care units have fewer people with experience moving about from unit to unit; however in our last round of recruitment, we saw more experienced candidates applying. AMC added that we have a good programme here and get a lot of student nurses who come back to us.

8.1.4 KK asked what initiatives are in place to reduce sickness absence. JY responded that we have a wide range of initiatives including Occupational Health, local management, sickness absence toolkit, and support from Human Resources (HR). JY added that we have also separated out long term and short term absences as well as looking at specific groups and departments to identify any trends. AMC added that the HR team have undertaken a lot of work with managers around attendance management with triggers for when to have informal and formal meetings. AMC also highlighted that there are different pressures in different departments. JY commented that we are very aware when providing additional sessions, because you can only expect staff to take on so much before it affects their health and wellbeing. MB stated that this was raised at the Person Centred Committee meeting and that there will be a deep dive analysis looking at

different staffing groups/departments, adding that a lot of the focus is about promoting attendance rather than managing sickness.

8.1.5 KK asked if we are no longer providing a regional Adult Congenital Heart Disease clinic. JY responded that we run the Scottish national service but the UK national standards state that patients who are managed well should be cared for through a regional service. JY assured the Board that our team have trained the staff who are running those regional services. HE reiterated that there are two tiers of service; stable patients are supported by a general cardiologist in regional clinics, and more complex patients are supported by the specialist team here.

8.1.6 JY advised the Board that the transplant team have successfully retrieved a heart using the new Organ Care System. SM stated that it would be useful to share the OCS presentation with the new Non Execs. JY added that this system allows the clinical team to retrieve hearts from further distances. HE added that the longer the time it takes to transport the heart, the more damaged it can become, but OCS allows the retrieval team to keep it in a favourable condition until it gets transplanted.

Action no:	150218/03
Action:	Obtain OCS presentation and share with Non Execs
Action by:	Comms
Action status:	NEW

8.1.7 The Board noted the report.

8.2 Business Activity – December 2017

8.2.1 JR updated the Board on hospital activity.

1. **Activity update:** Measured against a total activity projection of 46,071, the combined inpatient/day case and imaging activity at the end of December was ahead of plan by 3.1% for the month of December when adjusted to reflect complexity and 0.3% behind the year to date.
2. **Orthopaedic Surgery:** Activity was ahead of the year to date plan by 122 primary joint replacements and 74 foot and ankle procedures, although behind by 78 other 'non joint' procedures. 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 118 procedures/ theatre slots.
3. **Ophthalmic Surgery:** Ophthalmology activity was 148 procedures behind plan for the month of December. The ophthalmology year to date shortfall is currently 567 procedures. This continues to be primarily due to Consultant availability and productivity in the mobile theatre.

4. **General Surgery:** General surgery performed slightly behind the monthly target in December but remains ahead of the year to date plan.
 5. **Plastic Surgery:** Hand surgery was ahead of plan the month of December by 7 procedures. Minor and major plastic surgery procedures were slightly behind plan. Major plastics procedures were slightly behind the plan for the month of December but remain 40 procedures behind the full year plan.
 6. **Endoscopy:** The endoscopy service performed ahead of plan by 16 procedures in the month of December.
 7. **Diagnostic Imaging:** Activity has remained high and the service has over performed by 240 examinations in December and remains ahead of the year to date plan by 647 examinations.
- 8.2.2 SM asked about the future of plastic surgery and the sustainability of it going forward. JY responded that we are having conversations about how we can make better use of our capacity. JR added that we are always looking at what else we could do that makes our Theatres more productive.
- 8.2.3 MB asked JR if she thinks we will ever get to seven procedures per list in the mobile unit. JR responded that everything possible is being done to support the clinical team to make this happen.
- 8.2.4 SM asked about bariatric procedures and where these are being done. JR responded that this has been included in error in our spreadsheet as we no longer provide this service, adding that NHS Greater Glasgow & Clyde provide this service for the West of Scotland.
- 8.2.5 SM asked about spinal surgery. JR responded that this is primarily being carried out at the Queen Elizabeth University Hospital with a small number of less complex procedures being carried out at the Golden Jubilee. JY added that this service needs to be adjacent to neurosurgery for complex cases.
- 8.2.6 The Board noted the report.

8.3 Finance – December 2017

- 8.3.1 JC updated the Board on the financial position, highlighting the following:
1. **Current position:** The year-to-date (YTD) results show a total surplus of £288k. This is in line with the forecast in the finance plan.
 2. **Efficiency savings:** Total efficiency savings delivered were £3.48m against a Local Delivery Plan target of £3.38m; this is ahead of the planned trajectory. The savings achieved to date are split with recurring efficiency savings achieved of £2.67m and non recurring savings of £0.811m.

- 8.3.2 KK commented that she is very satisfied with the overall position and added that whilst Capital spend might appear low, this is normal at this time of year.
- 8.3.3 KK asked if the Scottish health budget announcement includes local authorities. JC responded that she is working closely with Scottish Government to develop a national programme of work with NHS Boards and Integrated Joint Boards following the Audit Scotland report into the Scottish Government health finance framework.
- 8.3.4 KK asked about bids for reform monies. JC responded that regional groups will prioritise bids for regional monies. JY added that it looks like the Health and Social Care Transformation Board will be the decision maker but added that it is likely monies will be ring fenced for specific purposes.
- 8.3.5 The Board noted the updated financial position.

8.4 Risk Register

- 8.4.1 JC presented the updated Board Risk Register, asking for approval of the following amendments:
1. **Risk S5 – Inability to sustain the Scottish National Advanced Heart Failure Service strategy, in particular the potential future increase and its impact on other services:** has been removed as this will be managed at Division level.
 2. **Risk S6 – Inability of current Scottish Adult Congenital Cardiac Service clinical service to cope with increasing demand and expectation:** has been removed, as this will be managed at Division level.
 3. **Risk S10 – failure to meet SLA and waiting time activity targets:** likelihood increased from a 1 to a 3, taking the overall risk level to a medium Risk. In January, the Senior Management Team considered if the risk should be further increased to a high. Following discussion and noting that although there are challenges with waiting times targets there are actions underway to address this and these remain within the 5% threshold, it was agreed the risk continued at a medium level.
- 8.4.2 JC also gave an update on the Expansion Risk Register.
- 8.4.3 SM asked about plans to have one master register for expansion risks. JC responded that the detail is being worked on to deliver this and it has become evident that there will still need to be different risk registers for phase one and phase two.
- 8.4.4 SM asked if the governance for risk is Expansion Programme Board, Strategic Risk Committee, Senior Management Team and Board. JC confirmed this is the correct route of governance. JY stated that the expansion Programme Director has been asked to do a visual representation of the governance process.

8.4.5 SM asked what happens if the Scottish Government rethinks the elective centres programme between phases one and two. JY responded that she chairs the National Programme Board for the elective centres project and that, while potentially there may be different hybrid solutions of what the centres look like and what they do, we are ensuring we base our own expansion primarily around demand for the West of Scotland region. JC added that we have planned for that in our Board Strategy. SM stated that there is no mention of it in the risk register. JC responded that it is a Board Strategy risk rather than an expansion risk. JY added that she has regular meetings with the Cabinet Secretary about the expansion programme and the messages coming through so far are very positive.

8.4.6 MB asked if it was worth following up some of the work with PricewaterhouseCooper around enterprise risk. JC added that the first draft of the Board's risk appetite statement is going to the Audit and Risk Committee this afternoon and will come to the Board after that.

8.4.7 MB asked regarding any implications for Kier and the recent announcement of Carillion. JY responded that we asked for and have received an assurance statement from Kier, which is being presented to the Audit and Risk Committee this afternoon.

8.4.8 The Board approved the updated Risk Register.

9 AOCB

9.1 Expansion Programme

9.1.1 JR updated the Board on progress of the expansion programme, highlighting the following:

1. Work is progressing on the Outline Business Case for phase one.
2. Work is also progressing on the Initial Agreement for phase two.
3. Orthopaedic demand modelling has been agreed by the West of Scotland.
4. Discussion and modelling for other specialties is still ongoing.

9.1.2 JY added that an employability work stream is being set up and stated that it may be useful to invite senior teams from West Dunbartonshire Council and West College Scotland to a future Board workshop..

Action no:	150218/04
Action:	Invite Senior teams from WDC and WCS to a future Board workshop to discuss employability and other opportunities
Action by:	JY/JR
Action status:	NEW

- 9.1.3 MB commented that she has still to have a meeting about community benefits and added that she would like to see this explored with our various academic partners in addition to West College Scotland.
- 9.1.4 AH advised that she will be meeting with Kier and the expansion Programme Director about environmental and biodiversity benefits.
- 9.1.5 MB commented that the dates on P2 of the report appear to have been autocorrected.

Action no: 150218/05
Action: Amend dates on P2 of expansion report, which appear to have autocorrected
Action by: JR
Action status: NEW

- 9.1.6 KH asked who appoints the Gateway Reviewers. JY responded that the Scottish Government appoint them but representatives will come from varied backgrounds, not all from health. SM commented that he thought the Gateway Review was very helpful. JR added that it was positive to get external reassurance and noted that feedback from the reviewers was encouraging about how staff felt involved and engaged in the process.
- 9.1.7 The Board noted the report.

9.2 Annual Review Letter

- 9.2.1 JY presented for information the Annual Review letter, highlighting that this sets out our actions for 2017/18.
- 9.2.2 SM congratulated the team for a very positive outcome.
- 9.2.3 MB asked if we have a date for this year's Annual Review. JY responded that it has not yet been set but is generally in the Autumn.
- 9.2.4 The Board noted the letter from the Cabinet Secretary for Health following the Annual Review for 2016/17.

10 9.3 Internal Auditor workshops

- 10.1.1 KK advised that PricewaterhouseCooper have circulated dates of workshops for Non Executives and as they are all in England, she is going to ask if any of them can be webcast. If anyone wishes to attend, let JC know.

Action no: 150218/06
Action: Advise JC if you wish to attend any PWC workshops
Action by: ALL
Action status: NEW

- 10.1.2 MB suggested asking them if they could set up some Scottish dates.

Action no: 150218/07
Action: Ask PWC if they could consider running
Scottish workshops
Action by: KK
Action status: NEW

11 Date and time of next meeting

11.1 Thursday 15 February 2018 at 10am.