

**Approved Minutes  
Board Meeting  
Thursday 3 August 2017**



**Members**

Phil Cox (PC)	Non Executive Member (Acting Chair)
Kay Harriman (KH)	Non Executive Member
Mark McGregor (MM)	Non Executive Member
Jane Christie-Flight (JCF)	Employee Director
Jill Young (JY)	Chief Executive
Mike Higgins (MH)	Medical Director
Julie Carter (JC)	Deputy Chief Executive/ Director of Finance

**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

**1      Chair's Introductory Remarks**

- 1.1    PC welcomed members to the meeting, advising that he is Chairing on behalf of SM, and wished him a speedy recovery on behalf of the Board.
- 1.2    PC provided the following updates:
  1. Two new Non Executive Members have been appointed from 1 August for a period of four-years. Marcella Boyle and Karen Kelly will attend their first Board meeting on 14 September.
  2. The Chair Recruitment process will hopefully be getting under way shortly, with a view to filling the post by April. More information will follow in due course.
  3. The Annual Review will take place on Monday 23 October.
  4. Five heart transplant patients competed in the British Transplant Games last weekend. They were among 750 athletes taking part in the flagship event in North Lanarkshire.
  5. We marked our 15<sup>th</sup> anniversary as part of NHSScotland on 27 June 2017 by announcing that we have performed over 600,000 procedures for Scottish patients. Since its purchase in 2002, the Golden Jubilee has helped Scottish NHS Boards across Scotland to reduce waits for surgical or diagnostic imaging procedures.

6. In July, we launched Café Latte, our new not for profit, coffee shop. Profits from the cafe will be reinvested into the charity that supports the groundbreaking innovations and research work of the Golden Jubilee.
7. Transplant Coordinator Jane Lockhart was named a Heart Hero for her compassion and dedication to helping heart transplant patients. Jane picked up the Heart Hero Award for Heart Health Professional at a ceremony at British Heart Foundation (BHF) Scotland's Annual Supporter Conference at the University of Edinburgh.
8. For the second year in a row, the Golden Jubilee Conference Hotel has been shortlisted as a Hotel Restaurant of the Year finalist, after successfully securing a large number of votes from members of the public. Food Awards Scotland celebrate the very best in Scottish food hospitality and are designed to recognise the efforts of Scotland's restaurants, takeaways, gastro pubs and cafes. The Hotel has once again been praised for delivering outstanding customer care, receiving the TripAdvisor Certificate of Excellence for the seventh year in a row.

## **2 Apologies**

### **2.1 Apologies were received from:**

Stewart MacKinnon	Interim Chair
June Rogers	Director of Operations
Anne Marie Cavanagh	Nurse Director
Safia Qureshi	Director of Quality, Innovation, and People

## **3 Declarations of Interest**

### **3.1 There were no declarations to record.**

## **4 Minutes of Last Meeting**

### **4.1 Minutes of the meeting held on 15 June 2017 were approved as accurate subject to the following amendment(s):**

- P3, 6.1.3 – amend to read 'When discussing the catering review, JC commented that...'
- P5, 7.1.2 – change 'different type of graph' to 'CUSUM graph'

## **5 Matters and Actions Arising**

### **5.1 Actions**

All actions were closed.

Action no:	300317/03
Action:	Discuss graphs in Board reports
Action by:	MH/SQ/MM/CA
Action status:	Closed
Action update:	MH advised that SQ is leading on this piece of work and has formed a short life working group to look at all the reports and provide clarity on expectations.

- 5.1.1 JY asked if a paper will be presented to the SMT for approval first. MH confirmed this and advised that a management workshop will be held early in the New Year.
- 5.1.2 PC asked if we have a sense of the work that will be involved in undertaking this exercise and when the Board can expect an update. MH responded the report is due to be presented to the Board in December 2017.
- 5.1.3 PC asked for the action to be closed as this report will come to the Board in due course.
- 5.1.4 The Board agreed to close the action.

## **5.2 Matters Arising**

- 5.2.1 There were no matters arising from the minutes.

## **6 Person Centred**

### **6.1 Partnership Forum**

- 6.1.1 JCF updated the Board on discussions at the Partnership Forum meeting which took place on 14 July 2017.

- **Investors in Young People:** The Forum was advised that the Golden Jubilee has achieved Investors in Young People Gold accreditation.
- **Gender Neutral Toilets:** The Forum approved a proposal to introduce a small number of gender neutral toilets in public areas, using temporary signage in the first instance to evaluate the clarity of the signs.
- **Policies:** The Forum approved a range of new or reviewed policies:
  - Personal Development Planning and Review
  - Dealing with Employee Grievance
  - Embracing Equality, Diversity, and Human Rights
  - Adverse Weather
  - Management of Employee Capability
  - Management of Employee Conduct
  - Preventing Bullying and Harassment
  - Shared Parental Leave
  - No Smoking
  - Lone Worker
  - Display Screen
  - Annual Leave **(New)**
  - Trans Inclusion
  - Alcohol and Substance Misuse Attendance Management guidance
  - Waiting Times Initiative Payments **(New)**
- **Expansion:** The Forum was given an update on the hospital expansion programme.
- **Regional and National Working:** The Forum was advised that the Golden Jubilee is involved with the three regional groups and the National group, and that these groups are in the process of developing delivery plans which are to be submitted to Government in September.

- **Staff Governance Action Plans:** The Forum reviewed and signed off the 2106/17 Staff Governance Action Plan and approved the 2017/18 action plan.

### **Annual Leave Policy**

- 6.1.2 JCF advised the Board that a new annual leave policy has been approved, adding that this is based on the new national policy for NHSScotland. JCF commented that this will need to be communicated to staff as there are changes to the policy in terms of being able to carry forward leave into the next holiday year.
- 6.1.3 PC asked how many days can be carried over currently. JCF responded that staff can carry forward up to five days by exception, but these days must be used in April. PC commented that staff can only be fit and healthy if they use their annual leave.
- 6.1.4 JC assured the Board that Internal Audit look at this every year to ensure the policy is being applied and adhered to.

### **Waiting Times Initiative Payments Policy**

- 6.1.5 JCF added that the new policy on Waiting Times Initiative payments was viewed positively.
- 6.1.6 PC asked if Staff Side are happy with the policy. JCF confirmed this and added that the British Medical Association were an integral part of developing the Board policy which reflects national terms and conditions.
- 6.1.7 The Board noted the update.

## **6.2 Involving People Strategy**

- 6.2.1 JCF presented for approval the Involving People Strategy, highlighting that:
- This describes our organisation's framework and appropriate processes to engage with our, patients and the public in the continuous improvement of services we provide.
  - The strategy has been developed by the Involving People Group with support from Scottish Health Council. The approach taken has been agreed with the Person Centred Committee.
- 6.2.2 PC commented that the strategy was very clear, adding that it needs to be because of the target audience.
- 6.2.3 SS commented that the strategy needs to be updated to provide more context on the Communications Scorecard, noting that this is wider than monitoring social media.
- 6.2.4 The Board approved the Involving People Strategy subject to the amendment re function of the Communications Scorecard (more than social media).

Action no: 030917/01  
Action: Update Involving People Strategy re function of the Communications Scorecard (more than social media)  
Action by: SS/SQ  
Action status: NEW

Action no: 030917/02  
Action: Publish Involving People Strategy  
Action by: COMMS  
Action status: NEW

### 6.3 Person Centred Committee update

6.3.1 KH updated the Board on discussions at the Committee meeting which took place on 25 July 2017.

- **Involving People Strategy:** The Committee approved the strategy
- **Person Centred Activity:** The Committee noted the report on person-centred activity, including 'What Matters To You' day, Investing in Volunteers accreditation and the Investor in Young People gold award.
- **Caring Behaviours Assurance System:** The Committee was given an update on the Caring Behaviours' Assurance System and our successful implementation of the programme.
- **Knowledge and Skills Framework:** The Committee noted the eKSF update and recommended identifying areas with poorest performance for special targeting and support.
- **iMatter:** The Committee noted the iMatter update and supported the proposed actions to promote completion of team action plans.
- **Occupational Health and Safety Report:** The Committee noted good progress in particular on Physiotherapy initiatives and in Cognitive Behavioural Therapy uptake and impact.
- **Staff Governance Monitoring Framework:** The Committee noted satisfactory PIN compliance, demonstrating that we are fully implementing all of the best practice Workforce policies and conducting policy reviews in line with our planned timetable.
- **Clinical Education Annual Report:** The Committee noted the Clinical Education Annual Report, noting progress and strengthening of links to external agencies, e.g. undergraduate nursing student support.

6.3.2 PC added that MW asked the Committee to continue supporting and encouraging our volunteers.

6.3.3 AH asked if we have a financial analysis of how much volunteers save the Board. JY responded that the Volunteer Manager and Spiritual Care Lead have a range of statistics on the volunteer hours and days provided, and this could easily be translated into that. PC commented that people volunteer because they want to and that he feels it is not appropriate to add a value to this. JCF commented that there is clear guidance on roles that should be provided by staff rather than volunteers, adding that the Trade Unions would challenge any attempt at getting volunteers to carry out tasks that should be carried out by staff.

- 6.3.4 AH asked for clarity on how other charities can share this information and we cannot. JC added that this is not the culture of the NHS or public sector and added that we have a duty to ensure that any new volunteer roles being developed do not take away from staff roles.
- 6.3.5 JY commented that there was a really good presentation at our annual volunteers' day about the value our volunteers add to the Board. PC added that this value should not be described in financial terms. JC commented that this can be quantified differently.
- 6.3.6 The Board noted the report.

## 7 Safe

### 7.1 HAIRT

- 7.1.1 MH presented the Healthcare Associated Infection Report (HAIRT) for May 2017, highlighting the following points:
- **Staphylococcus Aureus Bacteraemia (SAB):** No cases to report.
  - **Clostridium Difficile infection (CDiff):** No cases to report.
  - **Hand Hygiene:** Compliance was 98%, down slightly from 99%.
  - **Cleaning and the Healthcare Environment Facilities Management Tool:** Housekeeping Compliance was 98.42%, down slightly from 99.17%, and Estates Compliance was 99.04%, down slightly from 99.15%.
  - **Surgical Site Infection (SSI):** All within control limits. There have been no Orthopaedic SSIs for a year.
- 7.1.2 KH asked for confirmation that no links had been identified in the previous SABS. MH confirmed this was the case.
- 7.1.3 PC asked if a combination of activities have been undertaken in Orthopaedics to reduce SSI rates. MH responded that the team have taken ownership of their own figures and are very proud that they've not had any infections. MH added that we can investigate to see if the Orthopaedic performance could be replicated in Cardiac.
- 7.1.4 JY asked if we benchmark against other cardiac units for infections etc. JC commented that it would be interesting to see if the National Cardiac Benchmarking Collaborative (NCBC) data has that in it and advised that she could get that information.

Action no: 030817/03  
Action: Source NCBC cardiac benchmarking data  
Action by: JC  
Action status: NEW

- 7.1.5 MM commented that it would be interesting to get an Orthopaedic Consultant to observe a cardiac procedure and vice versa. KH asked if there was any best practice that could be learned from this. MM added that there is a really good video about coaching surgeons after they have qualified.

Action no: 030817/05  
Action: [Share link to surgeon coaching video](#)  
Action by: MM  
Action status: NEW

7.1.6 PC asked how surgeons are reviewed and if there are any checks after training. MH responded that they have to achieve certain competencies during training and then have to go through the medical revalidation process. PC commented that he thought there would be an element of peer review. MM responded that this is not in the culture amongst medical groups. MH added that the senior medical team is exploring the 'Star Chamber' approach for high risk cardiac cases; this involves dual Consultant operating and peer to peer mentoring.

7.1.7 PC asked if we would want to see medical staff peer reviews evolve within the Board. MM responded that coaching is a more appropriate technique to use. KH added that it is more about continuous improvement. JY agreed that the quality improvement route may be the way to look at it, and commented that she does not know if all comparative data is shared across departments, commenting that this may promote healthy competition across the teams.

Action no: 030817/04  
Action: [Raise data sharing conversation and feedback loop at SQ's SLWG \(benchmarking across departments\)](#)  
Action by: MH  
Action status: NEW

7.1.8 The Board noted the report and approved its publication.

Action no: 030817/06  
Action: Publish HAIRT  
Action by: COMMS  
Action status: NEW

## 7.2 Clinical Governance Committee update

7.2.1 MM updated the Board on discussions at the meeting which took place on 25 July 2017.

- **Complaints:** The complaints Annual Feedback Report was noted
- **Divisional Reports:** The committee received verbal and written reports and noted that the number and variation of falls had reduced in Surgical Services.
- **Annual Learning Report:** The Committee welcomed the report, noting the information was presented very clearly.

7.2.2 The Board noted the report.

## 8 Effective

### 8.1 Performance

8.1.1 JY updated the Board on operational performance, highlighting the following points:

- 1 **Root Cause Analysis:** Five Level 1 Root Cause Analyses (RCAs) had been reported in the year to date. Two arose from Stage 2 complaints where patients had been readmitted to their local hospital soon after discharge, while the other three covered issues such as a CT scanner breakdown, and communication of ultrasound reports to GPs.
- 2 **Electrophysiology Waiting List:** Ongoing waiting list pressures in Electrophysiology (EP) resulted in the Board not meeting the Treatment Time Guarantee (TTG) for one patient in April, six in May and 16 in June. Whilst extended working days, extra sessions, and repatriation of patients has started to bring the size of the waiting list down, some patients are still not being seen within their TTG. Further extra sessions are planned; it is hoped this will improve the situation further.
- 3 **Treatment Time Guarantee:** The Board did not meet the TTG for one Orthopaedic patient in March 2017 after a patient was not added to the waiting list in error because the request was thought to be a duplicate of an old entry. Staff have been reminded of the importance of double checking waiting list requests and histories before removing patients from the list.
- 4 **Bed Occupancy:** Acute bed occupancy in April was markedly below target:
  - 4.1 **NSD** – Occupancy fell below target as a number of transplants had been undertaken and there were no urgent patients in the ward. Early indications are that May and June occupancy for NSD will be much higher as there have been a number of urgent patients.
  - 4.2 **Orthopaedics** – The team are investigating possible reasons for lower occupancy including reductions in length of stay.
  - 4.3 **Cardiothoracic** – Whilst Cardiac occupancy improved, Thoracic occupancy fell to 57.5%; this has been attributed to reduced operating and increased consultant leave over the Easter period.
- 5 **Complaints:** Eight Stage 1 (straightforward) complaints were received in April and May; all but one was responded to within the five working day target. The late response was sent on day six with an agreed extension as the patient was not available on day five to close off the complaint. Two out of three Stage 2 complaint responses (those requiring investigation) in April were late; one was delayed due to the complexity of the response and a need to consult the Central Legal Office, and the other due to a delay in receiving investigation findings from the service Clinical Governance Lead.
- 6 **Knowledge and Skills Framework:** The number of staff with an up to date eKSF review has fallen since the start of the new financial year, with the position at the end of May just below target at 76%. Departmental Managers are being reminded of the importance of completing timely reviews all through the year with their teams.

- 7 **Orthopaedic Day of Surgery Admission (DoSA):** Performance improved to 66% during April (above the new target of 65%) but then fell in May to 52%. On reviewing the cases, the Team believe the fall was due to patients being moved between Consultant waiting lists, meaning they could not be admitted on day of surgery. The Service Team are working with the Booking Office to understand why patients were not admitted on day of surgery.
- 8 **Orthopaedic Wards:** The new ward model in Orthopaedics where Ward 2 East take fast flow, enhanced recovery type patients and 2 West slower flow, longer term patients in the new 'Clyde Wing', is working well with faster discharges for fast flow patients, positive patient and staff feedback, and improved working with the Discharge Lounge. An Enhanced Monitoring Unit will be established to provide greater support to complex patients.
- 9 **Ophthalmology clinic:** The team has successfully implemented their latest expansion, increasing clinic capacity from 18 patients a session (32 in a full day) to 24 patients a session (48 in a full day) through use of a 'Three Optometrist' model. Along with the opening of the Mobile Theatre, and clinical recruitment the increase in clinic throughput will support the delivery of an additional 2,100 additional cataract procedures for NHS Scotland in a full year.
- 10 **Cardiac Surgery:** Waiting list pressures are still being seen in Cardiac Surgery, with high numbers of urgent inpatient referrals meaning the Service has less space to manage the elective waiting list within the nine week target. Cardiac Surgery are working with the Patient Flow Team on a number of improvement projects to support the timely management of patients including a review of referral status and the content of referral letters.
- 11 **Critical Care:** May was a busy month for Critical Care with increased demand from emergency Cardiology and Thoracic patients leading to cancellations in other areas. A review of Critical Care flow and occupancy is to be undertaken in the coming months.
- 12 **National Services Division:** Annual Reviews for all three National Services went well, with the Services being commended on a successful year.
- 13 **Organ Care System (OCS):** Preparations are complete and the team are now waiting on a suitable case on which to use the system for the first time.
- 14 **Radiology Training Academy:** Proposals to provide further training posts were approved and work to date commended: 40 training opportunities have been provided to date.

8.1.2 PC asked if the Orthopaedic fast and slow streams programme was an individual or team idea. JY responded that the team came up with the idea and that the ward team are really focussed on improving and progressing that.

8.1.3 The Board noted the update.

## 8.2 Business Update

8.2.1 JY updated the Board on hospital activity, highlighting the following:

- 1 **Inpatient/ Day Case/ Diagnostic Imaging Activity:** Activity was 4.3% behind plan when adjusted to reflect complexity.
- 2 **Orthopaedic Surgery:** Orthopaedic joint activity was behind the year to date plan by 13 primary joint replacements and 38 orthopaedic 'other' procedures, with foot and ankle procedures ahead of plan by 38 procedures. Overall, orthopaedic surgery is slightly behind plan by 13 theatre slots.
- 3 **Ophthalmic Surgery:** Ophthalmology activity was behind plan by 90 procedures. This can mostly be attributed to Consultant availability. Theatre lists in the mobile unit have been reduced to a maximum of six procedures whilst Consultants familiarised themselves with the facility.
- 4 **General Surgery:** General Surgery performed ahead of target by 11 procedures. As there have been no requests for additional activity, no weekend operating lists were carried out in June.
- 5 **Plastic Surgery:** For reporting purposes, Plastic Surgery has been split and will be monitored throughout 2017/18 as hand surgery, minor plastic surgery and major plastic surgery:
  - 6 Hand surgery was behind plan for the month of June by 27 procedures.
  - 7 Minor plastic procedures were slightly ahead.
  - 8 Major procedures were slightly behind plan.
- 9 **Endoscopy:** The Endoscopy service performed behind plan by 22 procedures in June.
- 10 **Diagnostic Imaging:** Challenging activity targets have been set for 2017/18; while 2,418 examinations were carried out, this is slightly behind the monthly plan by 49 examinations.

8.2.2 PC commented it was useful to be updated on the additional work being carried out with NHS Grampian.

8.2.3 The Board noted the report.

## 8.3 Finance Update

8.3.1 JC updated the Board on the financial position in June 2017, highlighting the following:

- 1 **Current position:** The year-to-date (YTD) results show a total surplus of £932k; this is in line with the forecast in the finance plan of £1m under spend by the end of the first quarter.
- 2 **Capital:** The capital budget for 2017/18 for formula capital is £2.691m. In addition to this funding, it has been agreed that the £5m capital stimulus funding will be returned to the Board in 2017/18 to support the MRI expansions and Phase One of the Board expansion.
- 3 **Efficiency Savings:** At month three, efficiency savings delivered were £805k against a target of £997k. This is split with recurring efficiency savings achieved £461k and non-recurring savings of £344k. This is broadly in line with the trajectory at this early stage within the financial year.

8.3.2 The Board noted the update.

## 8.4 Local Delivery Plan letter

8.4.1 JY presented the letter from the Scottish Government, signing off our Local Delivery Plan (LDP), advising that the LDP can now be published on our website.

8.4.2 The Board noted the letter and approved publication of the LDP.

Action no: 030817/07  
Action: Publish Local Delivery Plan  
Action by: COMMS  
Action status: NEW

## 8.5 Endowments Sub Committee update

8.5.1 PC updated the Board on discussions at the Committee held on 26 July 2017.

- 1 **Statement of Assurance:** The statement of assurance to the Board of Trustees was approved.
- 2 **Annual Report:** The Committee approved their annual report for 2016/17.
- 3 **Work Plan:** The Committee approved their work plan for 2017/18.
- 4 **Terms of Reference:** The Committee approved its Terms of Reference for 2017/18.
- 5 **Strategic Partnerships:** The Committee was given a verbal update.
- 6 **External Audit:** The external auditor presented the audit management report on the charity annual accounts and annual report 2016/17. No significant issues were identified.
- 7 **Charity Annual Report and Accounts:** The Committee approved the charity's annual report and accounts for presentation to the Board of Trustees.

8.5.2 The Board noted the update.

## 9 AOCB

### 9.1 Expansion Update

9.1.1 JC provided an update on the elective expansion programme, highlighting the following:

- 1 Kier have been appointed as the Principal Supply Chain Partner.
- 2 Programme launch meeting has taken place, providing an opportunity for key team members to meet each other.
- 3 The Initial Agreement for phase one is with the Scottish Government and they have given go ahead to proceed to Outline Business Case subject to providing additional information by end August.
- 4 Aecom have been appointed as Joint Cost Advisor.
- 5 Scenario modelling is being completed by end August.

6 The Outline Business Case is due to be presented to the Board for approval in December.

9.1.2 PC commented that the Board can approve any relevant documents ex-committee if the timeframes require it.

9.1.3 The Board noted the update.

## **9.2 Long Range Staff Planning**

9.2.1 PC commented on a news story about long term staff planning and asked how we are addressing this. JY responded that Audit Scotland reported on this, and that our annual Workforce Plan is due to come to the Board in the near future following the recent guidance from Scottish Government. JY noted that the Outline Business Case and Full Business Case for the expansion will include a very detailed workforce model projection for the next 15 years.

9.2.2 JC responded that the Finance team will go through the Audit Scotland report in detail as usual for any recommendations that the Board needs to action.

Action no: 030817/08  
Action: Review Audit Scotland workforce report for any recommendations GJF needs to action  
Action by: JC  
Action status: NEW

## **10 Date and Time of Next Meeting**

10.1 The next meeting takes place on Thursday 14 September 2017 at 10am.