Unapproved Minutes
Board Meeting
Thursday 26 October 2017

Members

Stewart MacKinnon (SM)	Interim Chair
Phil Cox (PC)	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 (JY)	Chief Executive
Julie Carter (JC)	Deputy Chief Executive/Director of Finance
June Rogers (JR)	Director of Operations
Anne Marie Cavanagh (AMC)	Nurse Director
Safia Qureshi (SQ)	Director of Quality, Innovation, and People
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

Staff attendance

Gary Wright	Consultant Cardiologist and Electrophysiologist

Minutes

Christine McGuinness	Corporate Affairs Manager

1 Chair's Introductory Remarks

1.1 SM welcomed:

- Hany Eteiba to his first meeting as Acting Medical Director and congratulated him on taking up the post of President of the Scottish Cardiac Society.
- Gary Wright, Consultant Cardiologist and Electrophysiologist, who is attending the meeting as an interested member of staff

1.2 SM advised that JY was presented with the Golden Jubilee's Employer Recognition Scheme Gold Award by HRH Prince Henry of Wales on 9 October.

1.3 SM highlighted that the Golden Jubilee has retained Healthy Working Lives Gold award and has received a certificate of recognition for supporting West Dunbartonshire Council's Schools Employability Skills Programme.

1.4 SM congratulated Carole Anderson on achieving seventh place in the Financial Times' inaugural 'OUTstanding Leading LGBT+ Public Sector Executives List'.

1.5 SM updated the Board on this week's Annual Review:

- The Cabinet Secretary viewed KEWS300, our new digital system that staff to take paperless, digital, recordings of vital signs and observations.
- The William Cullen Prize was awarded to the Clinical Educators.

1.6 SM advised members that the next West of Scotland Health and Social Care Delivery Plan Engagement Event takes place in Glasgow on Tuesday 14 November 2017 from 1.30-5pm.

2 Apologies

2.1 Apologies were received from:

Mike Higgins (MH)	Medical Director
Mark Macgregor (MM)	Non Executive Member

3 Declarations of Interest

3.1.1 There were no declarations.

4 Minutes of Last Meeting

4.1 Minutes of the meeting held on 14 September were approved as accurate subject to the following amendments:

- P4, 6.1.1 – amend JY to JCF

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:	Delayed pending the outcome of the Chair recruitment process

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 on 13 October 2017, highlighting the following:

1. To enhance the visibility and accountability of senior nurse leadership, a uniform will now be worn by Nurse Directors, Associate Nurse Directors and Clinical Nurse Managers at all times when working in a clinical environment.
2. The Forum approved the Occupational Health and Mental Health and Wellbeing policies. All of our policies can be found on Staffnet, under Quick Links, then QPulse Policies.
3. The Forum was informed that the national e-KSF system will no longer be in use from 31 March 2018. Turas Appraisal will replace e-KSF for all 22 Boards in NHSScotland from February / March 2018.
4. The Forum noted the arrangements for seasonal flu vaccine this year and that support is required from senior clinicians (all professional groups), senior managers and staff side to ensure we can improve our staff uptake of the vaccine.
5. The Forum noted that the Professional Registration Policy has been updated to reflect national guidance. Any member of staff who fails to maintain an effective registration status with a statutory regulator will be offered a non-professional role, paid at that vacancy rate of pay, whilst an investigation is undertaken.
6. The Forum approved the Nursing Workforce Rostering Policy. This identifies the framework that Clinical Nurse Managers and Senior Charge Nurses will use to ensure efficient and effective use of the nursing workforce within the Board. It will be used in conjunction with the existing local processes for the management of supplementary staffing (bank, excess hours and overtime).

6.1.2 SM asked what the reluctance is to get the flu vaccine. JCF responded that it's personal preference. JY added that there is some complacency as we have not had a flu pandemic in the UK for a number of years. JY added that the Occupational Health team is also trying to capture the number of people who get their vaccine at their GP surgery or chemist.

6.1.3 KK commented that she was glad to hear that Turas will be more intuitive and easy to use. JCF responded that staff are being encouraged to keep the appraisal dates they have. JCF added that the move away from e-KSF will hopefully be a big win, as it has such a bad reputation across the organisation that it has tarnished the PDP process.

6.1.4 PC asked when managers will be advised about the new appraisal system. JCF advised that those conversations have already started and added that this couldn't have been done any earlier as there would not have been anything to show them. SQ added that the system is wizard based and as it has been simplified, it looks a lot easier to use.

6.1.5 The Board noted the report.

6.2 Consultant Appointments

6.2.1 JY asked the Board to approve the appointment of a new Consultant Anaesthetist, advising that the Appointment Panel unanimously recommended the appointment of Dr Roddy Chapman, who is currently working in Monklands District General Hospital and has in excess of 10 years experience as a Consultant Anaesthetist.

6.2.2 SM apologised that there had been no Non Executives available to attend the interviews. PC commented that this was the first time it has happened. KK added that she and MB have both completed their training.

6.2.3 SM added that our recruitment process is being used for the next round of Chair appointments and for future Non Executive recruitment exercises. JY added that this will be used for all NHSScotland Executive Board Members and their direct reports from 1 April 2018.

6.2.4 The Board approved the appointment of Dr Chapman.

6.3 Person Centred Committee update – 10 October 2017

6.3.1 KH updated the Board on discussions at the PCC meeting on 10 October 2017, highlighting the following:

1. The Committee noted the Involving People update. The report highlighted the role of lay representatives and development of a patient involvement officer role.
2. The Committee passed on their thanks for a clear Learning and Organisational Development Activity Report for 2016/17, noting that this aligned to the leadership framework.
3. The Committee was presented with the findings of a complaint and noted that they felt the process had been thorough. The Committee also reviewed the quarterly complaints report and requested that the next report looks at trends of upheld and partially upheld complaints, as well as including conversion analysis.
4. The Committee noted that everything is on target in relation to Medical Appraisal and Revalidation, and invited the Board Appraisal Lead to attend the January meeting.
5. The Committee gave thanks for the informative and detailed Workforce Monitoring Report and requested further analysis on staff turnover is undertaken and the results fed back to the January meeting. The Committee also asked for the Equalities Group to discuss if the organisation is comfortable with the 70/30 gender split; have a discussion around inclusion and whether the organisation is representative of the national population – the outcomes of thist discussion should be steered back through the Senior Management Team and Partnership Forum.

6.3.2 The Board noted the update.

7 Safe

7.1 HAIRT

7.1.1 AMC asked the Board to approve the HAIRT reports for July and August 2017, highlighting the following:

1. One Staphylococcus Aureus Bacteraemia to report in July and three in August.
2. No Clostridium Difficile Infection to report.
3. The Hand Hygiene bi-monthly audit for July demonstrated 94% compliance.
4. Cleaning and the Healthcare Environment Facilities Management Tool: Housekeeping compliance was 98.4% in July and 98.21% in August. Estates compliance was 99.17% in July, and 99.06% in August.
5. Surgical Site Infection: Cardiac SSIs within control limits in July; none to report in August.

7.1.2 AMC highlighted that the colour coding relating to hand hygiene compliance in NSD (page 6, third line) should be amber instead of green.

Action no: **261017/01**
Action: **Correct HAIRT P6, third line – NSD – should be amber instead of green**
Action by: **AMC**
Action status: **NEW**

7.1.3 AMC highlighted that there was a non compliance with hand hygiene amongst the student nurse cohort and assured the Board that has been fed back to the Clinical Educators and Practice Education Facilitators. JY asked if this was one student being non compliant on four occasions. AMC responded that it was four separate students. JY stated the importance of feeding this back to the university. AMC assured the Board that we have already communicated this to the university. PC commented that students fresh from training should never fail. AMC added that all cases were after patient contact.

7.1.4 JCF asked how we compare nationally in terms of compliance with hand hygiene, housekeeping and estates. AMC responded that the Infection Control Committee looks at this in detail, adding that we normally have 94-95% compliance, which is higher than average. AMC added that a national programme of work is underway to review and improve this nationally. AMC commented that our strong performance may be in part owing to the housekeeping team reporting to the Senior Infection Prevention and Control Manager.

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

Action no: 261017/02
Action: Publish HAIRT online
Action by: AMC/ COMMS
Action status: NEW

7.2 Clinical Governance Committee approved minutes

7.2.1 PC, on behalf of MM, asked the Board to note the approved minutes of the Clinical Governance Committee meeting held on 25 July 2017.

7.2.2 The Board noted the minutes.

7.3 Clinical Governance Committee update

7.3.1 PC, on behalf of MM, updated the Board on discussions at the Clinical Governance Committee meeting on 10 October 2017, highlighting the following:

1. The Committee supported the Influenza Vaccination Policy and discussed increased service demand in Australia and New Zealand during their flu season.
2. The Committee discussed the Surgical Brief and the consistency in quality of approach.

7.3.2 The Board noted the update.

8 Effective

8.1 Performance

8.1.1 JY updated the Board on performance at end August 2017, highlighting the following:

1. The Electrophysiology waiting list continues to improve. However, 24 patients were not treated within the 12 week Treatment Time Guarantee (TTG) in August.
2. Bed Occupancy improved in August as operating returned to normal following the peak summer period. Surgical cancellations due to a shortage of Critical Care beds, however, led to less demand for post-operative ward beds and a reduction in September occupancy.
3. All five Stage 1 complaints received in July, and six complaints received during August, were responded to within the five working day target or agreed extensions.
4. While a slight improvement in KSF performance was seen in August, compliance remains just below the Board target of 80%. Managers and Human Resources are working collaboratively to ensure reviews are undertaken in good time.

5. A high number of long term patients in Critical Care resulted in higher bed occupancy. There were also more complex patients who needed more than one to one nursing. However, there was a reduction in available nursing staff due to maternity and unplanned leave. To help ease the pressure, elective admissions were reduced and additional staff were deployed. A short life working group led by the Nurse Director has been set up to help address the issues.
6. A number of Cardiac Surgery patients from NHS Grampian have now been treated at GJNH. Two new permanent Consultants have been appointed for Cardiac Surgery and Transplant.
7. Electronic referral to the Thoracic service via SCI Gateway is now established with NHS Lanarkshire to GJNH. Work is also underway to bring Greater Glasgow and Clyde, and Ayrshire & Arran online.
8. Work to reduce the number of surgical cancellations within Orthopaedics is delivering good results. While the cancellation rate in July stood 4.2%, it fell to 2.2% in August.
9. A total of 655 patients were referred for Direct NSTEMI in the first year, of which 221 were accepted for direct admission (33%). Overall 23% of patients admitted were discharged home following their procedure, saving almost 1,000 bed days in their referring Board.
10. The waiting time for Coronary procedures remains at over 11 weeks. To ensure all patients were treated within the Treatment Time Guarantee, additional lists were arranged in July and August. The management team is looking at a number of possible models to deliver a sustainable service. In the mean time the waiting list position remains under close review, with updates provided to the Executive Team and the Performance and Planning Committee at regular intervals.
11. The Medical Physics Team achieved ISO 9001 re-certification following a successful audit.

8.1.2 HE advised that the EP situation has been taken to the West of Scotland region for discussion and a Continuing Medical Education (CME) session was held internally for clinicians and managers aross the region to come up with a clinical referral process that doesn't jeopardise patient care. This will be escalated to the national group for review of the service. JY commented that it is known that patients are under referred for this specialty and added that it has been escalated up to the Cabinet Secretary. JY reminded the Board that there is a clinical urgency for these patients and provided an assurance that we are doing everything we possibly can to resolve this.

8.1.3 PC asked what the national sickness absence rate is to compare it to the Board's 4.9%. JCF responded that the national rate is 5.2% with the other patient-facing national boards sitting between 7% and 9%. JY responded that the rate is higher in areas of high intensity and stated that we are asking whether to re-look at 12-hour shifts in areas where workload is both heavy and intense.

8.1.4 JY advised the Board that a number of steps are being taken to address the pressures within Critical Care:

1. A short life working group has been established and is meeting weekly.
2. Huddles are taking place twice a day.
3. Cancelled patients are being prioritised.
4. Providing appropriate information for patients and relatives to help them understand the situation.

8.1.5 AMC commented that addressing cancellations and improving patient experience is our top priority, adding that we are doing a priority piece of work to identify any lessons learned, with a focus on highlighting the correct triggers and escalations. JY added that we thought this was a one off incident that would last a couple of days and we are now in week four. JR commented that there have been no breaches of the 12 week treatment time guarantee despite the ongoing pressures, but added that a few orthopaedic procedures have been cancelled due to the complexity of the revision involved. JR added that she has written to NHS Grampian to advise that we will be able to help them out when the service here gets back on an even keel.

8.1.6 PC asked how we inform patients that they are going to be cancelled and also asked for some additional data that could help Non Executive Members understand how difficult the situation is. JR advised that often patients are already here when the procedure is cancelled, and advised that a detailed paper will be going to P&P, adding that in one particular week there were three transplants and one VAD performed.

8.1.7 KK commented that bed occupancy is volatile and asked if that is typical or symptomatic of the current situation. JY responded that there are a range of issues from staffed bed numbers to reduced length of stay and increased numbers of patients. JC added that we have the beds but not the staff and have had to cancel all study leave to support the service.

8.1.8 SM asked what the issue is in NHS Grmpian. JY responded that they have the surgeons and we have the facilities. HE added that NHS Grampian is very grateful because we are providing help in a supportive manner.

8.1.9 HE explained that our Intensive Care Unit is traditionally for cardiac and thoracic surgery patients but we are now seeing an increase in cardiology and orthopaedic patients needing looked after because of the complexity of their treatment and care. HE added that this will continue to change and we need to look at our capacity in response to that. JY responded that that is a good message to finish on. We thought it was a blip, but we now need to plan for it continuing going forward.

8.1.10 The Board noted the report.

8.2 Business activity

8.2.1 JR updated the Board on patient activity in August 2017, highlighting the following:

1. Measured against a total activity projection of 46,071, the combined inpatient/day case and imaging activity at the end of August was ahead of plan by 1.3% for the month of August when adjusted to reflect complexity, although 2.7% behind the year to date plan.
2. Overall, orthopaedic surgery is currently ahead of plan by 38 theatre slots.
3. Ophthalmology activity was ahead of plan by four procedures in month; the year to date shortfall is currently 232 procedures.
4. General Surgery performed slightly behind target by two procedures; the service remains ahead of plan year to date. There have been no requests for additional activity therefore no weekend operating lists were carried out for general surgery in August.
5. 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. Hand surgery was slightly behind plan for the month of August by three procedures. Minor and major plastic surgery procedures were also behind plan.
6. The Endoscopy service performed behind plan by 49 procedures in August. There is a shortfall of 122 scopes year to date. Additional theatre capacity will be made available in September and October to begin to recover this.
7. The Diagnostic Imaging service over performed by 64 examinations in August but remains slightly behind the year to date plan by 88 examinations.

8.2.2 PC asked if the joint revision programme is going to get bigger or smaller. JR responded that the Revision Strategy Group is looking into this in detail; some Boards do not have access to a revision surgeon and therefore send patients here, and we also have our own patients who need revision surgery. Some modelling work has been started but we don't yet know how complex it is going to be or what the length of stay may be. AMC added that the orthopaedic ward's shift to locating all long stay patients in one corridor is working well, adding that there is a different pace and ambience for patients who have to stay longer in hospital.

8.2.3 MB asked what progress has been made in moving towards carrying out seven procedures per eye list. JR responded that there are different challenges every week but she has been given assurances that the clinicians will move to seven if we can resolve their issues with the microscope. JY added that several of our Ophthalmology Consultants are visiting rather than substantive, which means we have to be flexible to some degree. JR added that she believes this will be resolved soon.

8.2.4 The Board noted the update.

8.3 Finance

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

1. Year-to-date (YTD) results show a total surplus of £480k. This is in line with the finance plan. At this stage it is anticipated that 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. The full year forecast undertaken at month five indicated that a breakeven position would still be achieved by year-end, with no significant risks to highlight.
2. The Electronic Patient Records (ePR) business case was approved by the Senior Management Team meeting in August. An ePR Implementation Group has been established to oversee the development and implementation of GJNH ePR and a resource plan developed to highlight the additional resources required during the programme lifecycle.
3. New submissions to the Capital Investment Group must be reviewed and agreed as part of the regional planning process, and included in the regional plans. A strategic assessment of the estate will be undertaken which will include mapping the acute estate; strategic service modelling; and whole system working across all sectors. This will lead to the creation of a whole system service planning tool specifically for NHSScotland.
4. At month five, total efficiency savings delivered were £1.938m against a target of £1.681m. This is ahead of the planned trajectory and we expect to meet our Board efficiency savings annual target at this stage. This savings achieved to date are split with recurring efficiency savings achieved £1.082m and non-recurring savings of £856k.

8.3.2 JCF asked if we are planning ahead for more challenging staff costs next year when the one per cent pay cap is lifted. JC responded that the finance team are playing in a lot of different scenarios between two and three per cent, adding that the one per cent uplift alone will cost approximately £750K.

8.3.3 KK commented that we need to be prepared for the changes to capital investment. JC responded that we don't generally have a lot over £1m but that this is on the radar in terms of the expansion programme.

8.3.4 The Board noted the update.

8.4 Local Delivery Plan mid-year report

8.4.1 JY presented the mid-year report for the Local Delivery Plan, highlighting the following:

1. Scottish lung transplant numbers are increasing significantly
2. Direct NSTEMI has achieved savings of £250K and 500 bed days.

8.4.2 JC commented that the Direct NSTEMI service had cost just £27K to implement and deliver, and that the additional benefit is in improved patient experience and satisfaction. HE added that the new clinical model has gone viral in England and we have had 10 requests so far from centres wanting to know how we did it.

8.4.3 The Board discussed and noted the update.

8.5 Winter Plan

8.5.1 JY presented the Winter Plan for approval, highlighting the following:

1. The plan sets out how we will help other Boards.
2. It highlights workforce issues which could result from an influenza outbreak or adverse weather conditions.

8.5.2 KH asked if there were any changes from previous winter plans. JY added that the West of Scotland region agreed that we should remove the section stating that staff could work at other sites during periods of adverse weather as, in practice, this was difficult to implement due to lack of information on levels of expertise and clearance to perform tasks.

8.5.3 The Board discussed and approved the Winter Plan.

9 AOCB

9.1 Expansion

9.1.1 JR updated the Board on activity to date, highlighting the following:

1. The Phase One Outline Business Case is now being developed after the Initial Agreement was approved by the Capital Investment Group at the Scottish Government.
2. The Phase Two Initial Agreement is currently being developed with the modelling assumptions for orthopaedics being agreed by the West of Scotland region.
3. Scoping work has commenced around modelling for general surgery, endoscopy and urology.
4. Finance reports will be presented to the Programme Board from next month.
5. A representative from West College Scotland now sits on the Programme Board.

9.1.2 SM asked when the building work will commence for Phase One. JR responded that it will be next Summer before we start to see any works on site. JY added that we can take Board members to visit the new MRI Suite when works are completed.

9.1.3 MB asked how West College Scotland (WCS) see themselves being involved. JR responded that we have been working with them for a couple of years especially in those specialties that are challenging to fill.

Furthermore we are providing on the job training for administration courses plusexploring how WCS can support the expansion with dedicated photography etc.

9.1.4 MB asked if there will be an opportunity to involve neighbours to work with us in a different way, for example involving vulnerable people. JY responded that it would be useful for MB to meet up with JR and JC around the community benefits plan.

Action no:	**261017/03**
Action:	**Meet MB to discuss expansion community benefits plan**
Action by:	**JR/JC**
Action status:	**NEW**

9.1.5 The Board noted the update.

9.2 Cardiology Symposium

9.2.1 HE advised the Board about the Cardiology Symposium meeting which takes place on Wednesday 15 November from 9.30am to 4.30pm. Members are free to pop in and out.

10 Date and Time of Next Meeting

10.1 The next meeting will take place on Thursday 7 December 2017 at 10am. The next Board workshop will take place on Wednesday 6 December 2017.