

**Approved minutes**

**Meeting: NHS Golden Jubilee Board Meeting**

**Date: 30 January 2020**

**Venue: Level 5 Corporate Boardroom**

**Members**

Susan Douglas-Scott CBE	Board Chair
Linda Semple	Vice Chair
Karen Kelly	Non-Executive Director
Stephen McAllister	Non-Executive Director
Marcella Boyle	Non- Executive Director
Rob Moore	Non- Executive Director
Morag Brown	Non-Executive Director
Jane Christie-Flight	Employee Director/Non-Executive Director
Jann Gardner	Chief Executive
June Rogers	Deputy Chief Executive / Executive Director of Operations
Colin Neil	Executive Director of Finance
Mark McGregor	Medical Director

**In attendance**

Anne Marie Cavanagh	Executive Nurse Director
Gareth Adkins	Executive Director of Quality, Innovation & People
Angela Harkness	Executive Director of Global Development & Strategic Partnerships
Liane McGrath	Head of Corporate Governance & Board Secretary

**Minutes**

Cheryl Prentice	PA to Chief Executive & Chair
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**1 Opening Remarks**

**1.1 Chairs introductory remarks**

Susan Douglas-Scott opened the meeting and made the following opening remarks.

- Congratulations were given to Senior Physiotherapist Dr David MacDonald for receiving an MBE in the New Year Honours for services to healthcare and for his work as the National Lead for Enhanced Recovery across NHS Scotland.
- The NHS Scotland Event takes place on 24 and 25 June 2020 at the SEC campus. Each Board can submit up to five bids for spotlight and parallel sessions and unlimited abstracts for the poster competition.
- Nominations for the NHS Golden Jubilee (GJ) 2020 Staff Awards have opened. This year there are 12 categories and approximately 60 nominations have been received in the first three weeks.
- Scottish Ensemble are celebrating their 50<sup>th</sup> anniversary with a new production about heart transplant. The team spent time with NHS GJ staff and patients last year in order to prepare the show.

## 1.2 Chief Executive remarks

Jann Gardner advised the Board of the following:

- The organisation is in the process of making a number of senior manager appointments as part of Infrastructure and Expansion developments.
  - Human Resources Director, Serena Barnatt has commenced in post and will play a key role in ensuring robust HR arrangements are in place to take the organisation forward in this exciting period of growth.
  - The Board's new Senior Planner is due to commence in post next week. This post will provide planning support to a number of programmes linked to the Board Strategy.
  - The recruitment process for four Clinical Service Manager posts is underway and due to conclude at the end of this week. These posts will provide Operational Management support to the new Divisional Structure.
- Specialists at NHS GJ have now carried out more than 150 robotic lung surgery operations, helping patients get home quicker. Surgeons at the heart and lung centre have been using their dedicated thoracic (lung) robot over the past 18 months.
- The Orthopaedic Service have started using a robot for routine total and partial knee replacement surgery. It is anticipated that approximately 300 patients will benefit from the robotic procedure in the first year.

## 2. Apologies

No apologies were noted.

## 3 Standing Declarations of interest

Susan Douglas-Scott CBE	Chair, Independent Living Fund
Linda Semple	Non-Executive Director, NHS Ayrshire & Arran
Stephen McAllister	Non-Executive Director, NHS Forth Valley
Angela Harkness	Trustee, Scottish Sports Futures
Karen Kelly	Special Advisor, NHS Tayside Audit Committee
Jane Christie-Flight	Board Member, Scottish Pensions Advisory Board
Jann Gardner	Director of Scottish Health Innovations Ltd (SHIL)

### 3.1 New Declaration of Interest

Morag Brown	Board Member, Glasgow Associate for Mental Health
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## 4. Updates from last meeting

### 4.1 Unapproved minutes from 21 November 2019 Board Meeting

The minutes of the previous meeting were read and agreed as an accurate record subject to the following amendments:

- Page three under section 5.2 the removal of the word 'on' and replace with 'an'.
- Page ten under section 7.7 remove the phrase 'was supported' and replace with 'on hold pending funding bids'
- Page eleven section 7.7 replace 'development of the Charity' with 'developing the Charity'.

#### **4.2 Board Action Log**

Board Members reviewed the Action Log and agreed to close all previous actions.

#### **4.3 Matters arising**

There were no matters arising noted.

### **5 Safe**

#### **5.1 Integrated Performance Report – Board Summary Report December 2019**

Jann Gardner opened discussions on the Board's Integrated Performance Report (IPR) for the month of December 2019. The report continues to be developed and all Board Members were encouraged to feedback on any suggested additions or changes.

#### **5.2 Clinical Governance (IPR Board Summary Report page 6)**

Anne Marie Cavanagh presented an update on Clinical Governance.

It was reported that seven out of ten stage one complaints were responded to within the national timescale target and there has been a reduction in complaints for the period until October 2019 by 11.1%.

All stage two complaints were responded to within required timescales and the complaints team remains committed to ensuring complaints are answered effectively and efficiently.

An update on the Board's HAIRT report for the month of November was given, no Staphylococcus aureus Bacteraemias (SAB) or Clostridioides difficile infection (CDI) were reported.

The Boards Hand Hygiene compliance was 99% in November 2019. This positively reflects excellent work to maintain staff awareness.

New Healthcare Associated Infections (HAI) targets have been set by the Scottish Government, these targets are related to antibiotic use have been recorded within the Boards Annual Operational Plan.

Anne Marie Cavanagh provided the Board with a status update on coronavirus, the Scottish Government Resilience team and HAI Unit have shared information with NHS Scotland

Boards. A State of Readiness meeting has been organised internally, led by the Head of Infection Control.

The Board has been asked for a status report on negative pressures rooms and information is currently being prepared for the Scottish Government.

Board Members discussed the coronavirus and asked for assurance on Mask Fit Testing onsite. Anne Marie Cavanagh assured the Board that the list of trainers had been refreshed and the ongoing programme of testing is being overseen by the Infection Control Team.

Karen Kelly queried the potential impact on the Board if the World Health Organisation upgraded the emergency status. Anne Marie Cavanagh noted that the Board would follow all guidance as required, however, the main requirements centre on the continued application of standard hygiene precautions.

Linda Semple asked if a specific interface is in place with the Hotel regarding readiness, Anne Marie Cavanagh advised that the Hotel are included in resilience discussions.

Morag Brown asked for assurance regarding consumable supply levels, it was confirmed that supplies are managed through the Pandemic Flu team and a national contingency supply is in place.

Board Members noted the update and approved the Clinical Governance section of the IPR.

### **5.3 Clinical Governance Committee update**

Linda Semple chaired the Clinical Governance Committee that was held in January 2020 and therefore noted comments from the Committee. The key topics covered during this meeting were Complaints Management Performance, Surgical Services Division Report, the Scottish Adult Congenital Cardiac Service and the delivery of the Microbiology Service.

Linda Semple also advised the Board that the eHealth Steering Group has a direct governance reporting line into the Clinical Governance Committee.

Board members noted this update.

## **6 Person Centred**

### **6.1 Staff Governance (IPR Board Summary Report page 10)**

Gareth Adkins presented an update on Staff Governance. The Board sickness absence rate was 5.1% for November 2019 against a target of 4%. Targeted improvement workshops for teams that have a high sickness absence rate are being progressed.

An action plan has been drafted in line with the feedback received from the staff survey undertaken by the 'See Me' campaign. Supporting staff health and wellbeing is a key Board priority and the action plan will be implemented over the coming months.

TURAS completion levels have risen to 78% and following focused work from the Medical Director, 66.7% of medical staff now have signed off job plans.

Gareth Adkins advised that the Scottish Public Service Ombudsman (SPSO) will publish National Whistleblowing Standards in July 2020, an early draft had been released and will be further discussed in the Private Session of the Board.

A Once for Scotland Whistleblowing policy is being prepared in light of the new Standards, following publication, the Board's Human Resource and Clinical Governance Teams will work parallel to develop and implement an associated action plan.

Board Members noted the update and approved the Staff Governance section of the IPR.

## **6.2 Person Centred and Staff Governance Committee update**

Stephen McAllister provided an update from the Person Centred and Staff Governance Committee, noting that Gareth Adkins had covered most of the relevant points from the Committee discussions in the Staff Governance update.

Thanks were extended to Jane Christie-Flight for work on the Once for Scotland Workforce policies and the programme of implementation underway within the Board.

Board members noted this update.

## **6.3 Partnership Forum update**

Jane Christie-Flight gave an overview of the November and December meetings of the Partnership Forum and highlighted the following main points:

- A process is being developed to provide Non Executive Board members with access to updated Board policies via one central point.
- A Standard Operating Procedure (SOP) for staff access to information systems had been drafted and was supported by the Forum.
- Discussions on the Board Infrastructure work had taken place and Jane Christie-Flight highlighted the importance of communicating a clear message to all staff to ensure the rationale behind the changes are fully understood. Jann Gardner noted the Board's commitment to maintaining robust staff engagement.

Board Members discussed the infrastructure changes in more detail and Karen Kelly highlighted the importance of having an effective central infrastructure to support front line staff. Board Members agreed with this point and noted that investment in the organisation's management structure was key to ensuring effective service delivery.

Board members noted the Partnership Forum update.

## **6.4 Whistleblowing**

Susan Douglas-Scott gave an update on the Scottish Government National Whistleblowing Officer appointments process. Every NHS Board in Scotland will be allocated one of the individuals appointed into these roles. The appointees will be Non-Executive Board Directors and will seek assurance that Board whistleblowing processes are in line with National Standards.

Information on the posts, including successful candidates and the timeline taking up post, will be shared with Board Members when available.

Board Members discussed the new National Whistleblowing Standards and the reference to concerns raised anonymously. The new Standards note that anonymous information will not be managed under the whistleblowing standards, however, Boards will continue to have a duty to investigate anonymously raised concerns.

Morag Brown noted potential issues with this new classification and the concern that some staff members may be discouraged from highlighting potential issues. It was noted that alternative reporting options were in place for staff. The Board noted these concerns and agreed that a close monitoring process would be required to ensure all potential issues highlighted were managed appropriately.

Susan Douglas-Scott also highlighted the importance of maintaining a clear grievance process in addition to the whistleblowing procedure.

The Board noted this update.

## **7 Effective**

### **7.1 Operational Performance (IPR Board Summary Report page 15)**

June Rogers updated the Board on Operational Performance and advised that excellent work continues across all services which is incorporated in the full IPR. However, the Finance, Performance and Planning Committee discussed operational challenges to November 2019.

At the end of November, National elective activity was 1.1% behind plan for the month and 3.8% behind the year to date. It was noted that this activity demonstrates a slight improvement in November in comparison to the previous month.

June Rogers gave an update on Orthopaedic activity and informed members that work is continuing to optimise theatre utilisation.

June Rogers also noted a reduced conversion rate for surgery within the Orthopaedic Service compared to the same period last year. This had been discussed with Service Level Agreement leads from referring NHS Boards and the importance of referring patients that meet the NHS GJ clinical criteria was highlighted.

Linda Semple advised that following discussion at the Finance Performance and Planning (FPP) Committee, June Rogers was asked to undertake a piece of work reviewing conversion rates, the analysis will be shared at the next FPP meeting.

A joint Consultant appointment has been made with NHS Lanarkshire which will support the Orthopaedic service, in addition to this a further Foot and Ankle surgeon is due to take up post in the coming months.

A positive position was reported for Ophthalmology with the recent recovery plan leading to an improvement in activity. It is anticipated that the previously reported shortfall will show a full recovery in the next set of performance figures.

General Surgery activity is behind plan and this position is unlikely to be recovered by year end. The reliance on visiting Consultants to deliver this service is challenging. Mark MacGregor noted that discussions are ongoing with the Consultants that currently support this service and future options are being reviewed.

Overall there has been a slight increase in the shortfall in diagnostic imaging activity in November, June Rogers stated that improving performance remains a key priority.

The Treatment Time Guarantee (TTG) position was discussed and June Rogers advised that the clinical service continue to work towards a recovery plan to reduce the number of patients waiting over 12 weeks for treatment. The loss of the mobile Cath Lab has impacted Cardiology activity, however, waiting time improvement actions continue to be sought. The opening of Cath Lab 5 will provide additional capacity in the longer term.

Workforce challenges were discussed and the Board noted the national shortage of trained Cardiac Physiologists. Jane Christie-Flight acknowledged that the NHS Scotland Academy may be able to assist with training in the future.

Susan Douglas-Scott noted that, via the Board Chairs and Chief Executive fora, the role of NHS GJ in providing national support continues to be highlighted. The ongoing delivery of both National Elective Services and Regional Heart and Lung services continue to provide essential capacity to support the national waiting times improvement work.

Board Members approved the Operational Performance report.

## **7.2 Finance Report (IPR Board Summary Report page 18)**

Colin Neil presented the Finance update reporting that position for month eight indicated a total surplus of £309k, including income, core and non-core. Income indicated an under recovery of £131k for the year to date and core expenditure (pay and non-pay) detailed an underspend of £441k. Colin Neil stated that non-core expenditure reflects a break even position for the year to date.

As of month eight efficiency savings work continues to be progressed to achieve the full year target of £4.807m. The £2.530m recurring savings identified on a CYE basis is anticipated to mature a FYE saving of £3.530m therefore at this stage of the Financial year a FYE gap of £1.277m was noted, further savings initiatives continue to be sought.

Overall, a positive position was reported and Board Members were advised that at this stage a breakeven position was anticipated at year end. A modest surplus may be achieved which can be attributed to provisions made but not required to date for the pending EU Withdrawal and an additional Mobile Cath Lab. In addition to this the Boards run rate has also been lower than originally anticipated.

Board Members approved the Finance report and the Board financial position for month eight.

## **7.3 Finance, Performance and Planning Committee update**

Linda Semple presented the Finance Performance and Planning Committee Meeting update and advised the Board that the Committee had scrutinised operational and financial reports and were assured of the current position.

An improvement in Operational Performance had been noted, however, the Committee had held detailed discussions on waiting time targets. Committee Members were assured of the reasons behind the current waiting time performance and agreed that June Rogers will provide further activity analysis where required.

The Committee also reviewed the Boards efficiency savings performance and noted the current £850k gap classified as a Red rating. While this position is not optimal the ongoing work to close the gap was noted.

The Golden Jubilee Conference Hotel was noted as significantly ahead of income plan for the year to date and the outlook for conference business remains strong.

Board Members noted the update from the Committee.

## **8 Effective – Business and Strategy**

### **8.1 Hospital Expansion Phase One update**

June Rogers noted that Phase One of the Expansion project is progressing in accordance with the plan.

June Rogers noted that referring Boards have been asked to consider their allocation needs for Ophthalmology to coincide with the opening date of the new Eye Centre. Workforce processes are being taken forward and recruitment will commence in the coming weeks to ensure the expanded service is operational by summer 2020. Progress also continues on the Wayfinding work and self-check-in service.

Board members noted the Hospital Expansion Phase One update and were assured that the programme is progressing well.

### **8.2 Hospital Expansion Phase Two update**

June Rogers updated the Board on progress with Phase Two of the Hospital Expansion Programme. Preliminary enabling work has commenced and are progressing well.

Following additional public engagement, the planning application for Phase Two was submitted to West Dunbartonshire Council in December 2019. Feedback has been received and is being addressed. Quarterly meetings have been scheduled with West Dunbartonshire Council and the NHS GJ Executive Team.

Board members noted the Hospital Expansion Phase Two update.

### **8.3 NHS Scotland Academy**

Anne Marie Cavanagh updated the Board on progress with the NHS Scotland Training Academy. The strategy paper had been shared with the Operational Performance Board and the National Elective Programme Board; both forums were supportive of the programme and steps taken to date.

The NHS GJ Executive Team continue to actively engage with stakeholders and to work in collaboration with the team at NHS National Education Scotland. The first meeting of the Strategic Programme Board of the NHS Scotland Academy will be scheduled for March 2020, membership will include Executives Directors from NHS GJ and NHS NES alongside Chief Executive representatives from other NHS Boards.



Jann Gardner confirmed that programme developments have also been shared with key individuals at Scottish Government including the Director General. This key programme will provide NHS Scotland with the opportunity to address long standing workforce challenges.

Marcella Boyle highlighted the potential benefits of additional input to the programme from external sources. Jann Gardner acknowledged this point and assured Board Members that external engagement had commenced and that this would develop as the programme matures.

Karen Kelly enquired on the timescales for appointing dedicated staff to take forward the work programme. Anne Marie Cavanagh confirmed that the early stages of this have commenced with job roles and descriptors being drafted. Initial members of the project team are also in place and the team will develop over the coming months.

Morag Brown highlighted the opportunity to convene a reference group to support the programme, this would allow a wide range of stakeholders to input knowledge and advice from their experience. Jann Gardner assured the Board this is being explored as part of the Academy's overall development.

Board Members noted the work undertaken to date on the development of the NHS Scotland Academy.

#### **8.4 Sharing Intelligence for Health and Care group**

Jann Gardner noted the feedback letter received following the recent visit from Health Improvement Scotland and reported that overall the comments received were positive and constructive.

Board Members noted this update.

#### **8.5 EU Withdrawal**

Anne Marie Cavanagh advised the Board that planning for the EU withdrawal continues to be a priority for Scottish and UK Governments.

Anne Marie Cavanagh referred to the update from the national team at Scottish Government in relation to the recent General Election. Communication from the national team confirmed that a no deal scenario at the end of January 2020 was highly unlikely. In light of this, no-deal contingencies were no longer being progressed. However, the Board continues to prepare for the EU Withdrawal and Business Continuity Planning remains a key priority.

Board Members noted this update.

#### **8.6 Strategic Partnership Policy**

Angela Harkness outlined the Strategic Partnership Policy. The Policy had been reviewed by the Finance, Performance and Planning Committee and the Clinical Governance Committee, both supported the policy proposal.

Further work will be done on the development of the policy in coming months as this key programme of work is further established, as such a six-month review period has been allocated.

The Board approved the policy.

## **9 Minutes for noting**

### **9.1 Clinical Governance Committee Approved Minutes**

The approved minutes of the Clinical Governance Committee (CGC) held 6 November 2019 were noted by Board members. Karen Kelly highlighted that she was no longer a member of the CGC but had been noted as submitting apologies. It was agreed that this correction would be captured and recorded at the next Committee meeting.

**Action: CGC Minutes to be updated to remove Karen Kelly from apologies list.**

### **9.2 Person Centred and Staff Governance Committee Approved Minutes**

The approved minutes of the Person Centre and Staff Governance Committee held 7 November 2019 were noted by Board members.

### **9.3 Finance, Performance and Planning Committee Approved Minutes**

The approved minutes of the Finance, Performance and Planning Committee held 7 November 2019 were noted by Board members.

## **10 Any Other Competent Business**

No further business was noted.

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

Thursday 26 March 2020 at 10am

**The meeting closed at 12.30pm**