

## Approved Minutes

**Meeting:** NHS Golden Jubilee Board Meeting  
**Date:** 23 July 2020, 10am  
**Venue:** Microsoft Teams Meeting

### Members

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

### In attendance

Gareth Adkins	Executive Director of Quality, Innovation & People
Anne Marie Cavanagh	Executive Director of Nursing and Allied Health Professionals
Serena Barnatt	Human Resources Director
Liane McGrath	Head of Corporate Governance & Board Secretary
Sandie Scott	Head of Communications
Lyndsay Turner	Scottish Government Senior Policy Manager and Performance Sponsor.
John Scott	Expansion Programme Director ( <i>Items 8.2 and 8.3 only</i> )

## 1 Opening Remarks

### 1.1 Chairs introductory remarks

Susan Douglas-Scott opened the meeting, thanked Members for joining this meeting of the Board via Microsoft Teams and welcomed Lyndsay Turner, Scottish Government Senior Policy Manager and NHS Golden Jubilee (NHS GJ) Performance Sponsor.

Susan Douglas-Scott informed the Board that the NHS GJ Recovery Plan has been formally approved by the Scottish Government. A vast amount of work has been carried out to get to this stage and all staff members involved were commended.

The Hospital Expansion Programme Phase 2 Full Business Case was presented to the Capital Investment Group at the end of June 2020. Formal response is awaited and Board Members will be updated further in the Private Session of the Board. Jann Gardner added that the Board Workshop scheduled for August 2020 will focus on the Hospital Expansion Programme Phase 1.

Susan Douglas-Scott also noted that the Health and Social Care Workforce Mental Wellbeing support line, operated by NHS 24, was launched on 20 July 2020. This is a national service and has been communicated to all staff as part of the NHS GJ Staff Health and Wellbeing programme. Supporting staff during these times is of the utmost importance and we continue to focus on this area.

Susan Douglas-Scott also updated the Board on the NHS GJ Staff Awards. Nominations for the awards has been open to staff and members of the public between January and March 2020 but due to the pandemic, awards planning was suspended. The awards are now being relaunched, with nominations open again from 31 July until noon 31 August 2020. A special recognition category award will now be added so that any nominations specifically due to COVID-19 challenges can be recorded and acknowledged. An alternative virtual event to celebrate is being planned.

## **1.2 Chief Executive introductory remarks**

Jann Gardner highlighted that the programme of Board virtual walk rounds has commenced and for the first event, the Board met with representatives from the Ophthalmology Team. More sessions are planned over the coming year.

The NHS GJ first Day Case Hip Replacement was carried out this week with the patient being admitted at 7.30am and discharged home at 6.30pm. The procedure went well and the patient was followed up by phone and is recovering well at home.

## **2. Apologies**

Apologies were noted from Linda Semple, Vice Chair.

## **3 Standing Declarations of interest**

Susan Douglas-Scott CBE	Chair, Independent Living Fund
Linda Semple	Non-Executive Director, NHS Ayrshire & Arran
Morag Brown	Board Member, Glasgow Association for Mental Health
Stephen McAllister	Non-Executive Director, NHS Forth Valley
Jane Christie-Flight	Board Member, Scottish Pensions Advisory Board
Jann Gardner	Director of Scottish Health Innovations Ltd (SHIL)
Angela Harkness	Trustee, Scottish Sports Futures

## **4. Updates from last meeting**

### **4.1 Unapproved minutes from 25 June 2020 Board Meeting**

The minutes of the previous meeting were read and agreed as an accurate record.

### **4.2 Board Action Log**

Members agreed to close off all actions.

### **4.3 Matters Arising**

There were no matters arising.

## **5. Clinical Governance**

### **5.1 IPR Board Summary Report**

Jann Gardner highlighted the IPR Board Summary Report and confirmed that each section would be discussed in detail throughout the Board Meeting.

The Board approved the Integrated Performance Report Board Summary Report.

### **5.2 Clinical Governance**

Anne Marie Cavanagh presented the Clinical Governance Board Update.

There was one Stage 1 complaint in May, resolved within five days, and one Stage 2 complaint reported in April which was resolved out with the response threshold but to the patient's satisfaction.

There were four serious adverse events reported in May with one having a Level 1 review commissioned.

Anne Marie Cavanagh reported the Healthcare Associated Infection key points including two Staphylococcus aureus Bacteraemia (SAB) infections and one Clostridioides difficile (C-Diff) infection. Hand hygiene compliance was reported at 100%.

A national multidisciplinary COVID 19 Nosocomial Review Group has been established, this group will focus on review of Infection Control indicators.

The Board approved the Clinical Governance Report.

### **5.3 New Service and Service Resumption Summary**

Mark MacGregor outlined the new agile governance process implemented to ensure proposals to commence new services or restart core services are robustly reviewed and approved appropriately. This schedule had been reviewed at the Clinical Governance Committee.

The Board noted the Governance Schedule for restart and new services.

### **5.4 Clinical Governance Committee Update**

Morag Brown gave an overview of the key points discussed at the Clinical Governance Committee meeting held on 1<sup>st</sup> July 2020, including positive feedback regarding the cancer services delivered at NHS GJ with visiting Consultants commending staff for the high quality care delivered.

The process to investigate Significant Adverse Events (SAE) has restarted and a detailed report will be provided at the September 2020 meeting of the Committee.

The Duty of Candour Report was presented to the Committee, the same format as per in the previous two years was used following agreement across Clinical Governance networks.

Committee Members noted that a new Covid-19 risk has been included within the Board Risk Register.

Members were assured of the robust Internal Audit Plan for 2020-2021, which includes audit of Patient Pathways. Updates from the internal audit will be noted as on future agendas

The Terms of Reference were reviewed and approved by the Committee and a revised Work Plan will be presented to the Committee at the September 2020 meeting.

The Board noted the Clinical Governance Committee Update.

## **5.5 Clinical Governance Committee Terms of Reference**

Anne Marie Cavanagh outlined the revisions made to the Clinical Governance Committee Terms of Reference, which were approved by the Committee on 1<sup>st</sup> July 2020.

The Board noted the changes and approved the updated Clinical Governance Committee Terms of Reference.

## **6 Staff Governance**

### **6.1 Staff Governance**

Gareth Adkins presented the Staff Governance Board Update.

The sickness absence rate remained above target at 4.7% in May and Covid-19 special leave was reported at 5.4%, this is currently down to 3% with most cases being due to underlying health conditions.

Guidance on risk assessments for staff at the highest risk is expected from Scottish Government by 31<sup>st</sup> July 2020. This will enable risk assessments to be carried out before it is deemed safe for the affected staff to return to work.

A small number of staff grievance cases are currently being investigated and Board Members were assured that a robust process was being worked through to assess each case. Members discussed the importance of sensitively handling cases to ensure all staff are subject to fair and equitable processes.

TURAS and Medial Staff appraisals remain on hold. The Person Centred and Staff Governance Committee noted at their last meeting that a robust programme of work will be required to increase compliance rates.

Gareth Adkins also noted that the job planning process is due to resume soon and will link with the Board's Recovery Plan.

The Board approved the Staff Governance update.

### **6.2 Person Centred and Staff Governance Committee Board Update**

Stephen McAllister highlighted key points from the Person Centred and Staff Governance Committee which took place on the 2<sup>nd</sup> July 2020.

The Committee noted the intention to refresh the Partnership Agreement and Recognition Agreement.

The Occupational Health and Safety Report was presented to the Committee and Committee Members commended staff on their work throughout the pandemic response and progression into recovery phase.

The Communications Annual Report was also presented to the Committee and members commended the wide ranging work carried out, especially throughout the pandemic.

The Committee discussed the expansion of the Human Resources team and noted that a Recruitment Hub is to be established to support the Recovery Plan.

The Board noted the Person Centred and Staff Governance Committee update.

### **6.3 Person Centred and Staff Governance Terms of Reference**

Gareth Adkins outlined the changes to the Person Centred and Staff Governance Terms of Reference.

Under the Committee remit, Committee Members will review reports on complaints and feedback and ensure, where appropriate, actions are included in the staff governance action plan or involving people action plan.

The Board approved the updated Person Centred and Staff Governance Terms of Reference.

## **7. Finance and Performance**

### **7.1 Operational Performance**

June Rogers presented the Operational Performance Board Update and noted the following key points:

- Prior to suspension of services due to Covid-19, improvement across a number of specialities was demonstrated.
- Suspension of services has resulting in an increased number of patients waiting beyond the national 12 week Treatment Time Guarantee (TTG). Actions are being taken to address this position.
- Clinical Teams are focusing on recovery plan implementation with expectations exceeded in both cancer and diagnostic services.

June Rogers gave an overview of the plans to restart services starting with an audit of patients' willingness to attend for treatment and isolate for 14 days prior to admission currently being carried out.

June Rogers provided a summary of the current situation including assurance that Clinical Governance and Risk Management Group and Gold Command continue to review the restart of services on an ongoing basis. Activity numbers are being monitored weekly against the recovery plan. Elective orthopaedics, endoscopy, ophthalmology, cardiac surgery and urgent cardiology cases are progressing well and are ahead of Recovery Plan trajectories.

Susan Douglas-Scott commended this approach, especially the progression of innovative ways of working and new patient pathways.

The Board approved the Operational Performance Report.

## **7.2 Finance Report**

Colin Neil presented the Finance Report and noted the following key points:

- The month 2 financial position was reviewed at the Finance, Performance and Planning Committee on 1<sup>st</sup> July and a total surplus of £109k was reported.
- Income under recovery was noted as £1,486k.
- An underspend of £1,585k was reported which reflects a favourable variance of £11k on non-core expenditure. This was noted to be due to the reduction in activity during the first quarter.
- Key financial considerations noted were efficiency savings and break even position at month 2, pending baseline assumptions.

Colin Neil stated that the capital position reports a baseline formula capital of £2.691m. Additional funding of £2m has been confirmed from the recovery plan. Expansion Programme Phase 1 allocation is to be confirmed as is Phase 2 pending Full Business Case approval from the Capital Investment Group.

Colin Neil provided a month 2 summary financial position reporting total expenditure at approximately £23.2m with a combined core expenditure underspend totalling £1.585m.

Colin Neil summarised that the income of £1.486k under-recovered reflects the under-activity during the first 2 months of the financial year due to the pandemic. Income assumptions will be further defined after the quarter 1 review across NHS Scotland.

The £1.585m expenditure underspend is also a consequence of reduced activity due to the pandemic. There have been reductions in supplementary spend for some specialties due to reduced service provision and some historical vacancies.

The next submission date for Remobilisation Plans to Scottish Government is 7<sup>th</sup> August 2020. Jann Gardner thanked Lyndsay Turner for supporting NHS GJ through the recovery plan process.

The Board approved the Finance Report.

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

Karen Kelly provided a summary report of the Finance, Performance and Planning Committee meeting held on 1<sup>st</sup> July 2020.

The month 2 financial performance was noted and the impact of the current climate was highlighted. Hospital Expansion Phase 1 and Phase 2 financial allocations were noted. Efficiency savings continue to be a key priority and are recognised as a challenge across NHS Scotland. The organisation will work towards identifying new schemes for 2020-21.

Committee Members were updated on the Hotel and Conference Centre; work continues on the Hotel Recovery Plan.

Committee members noted the new performance monitoring templates which will provide robust recovery plan performance data to facilitate monitoring and scrutiny.

The Board noted the update from the Finance, Performance and Planning Committee.

#### **7.4 Finance, Performance and Planning Committee Terms of Reference**

Colin Neil outlined the reviewed Terms of Reference for the Finance, Performance and Planning Committee, which were approved by the Committee on 1<sup>st</sup> July.

The Board approved the revised Terms of Reference.

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

#### **8.1 NHS Golden Jubilee Recovery Plan**

Jann Gardner referred the Board to the Recovery Plan and noted that this version had now been published. A further iteration is to be submitted to Scottish Government by 7<sup>th</sup> August 2020, following the territorial Boards submissions on 31<sup>st</sup> July 2020. Jann Gardner gave assurance that the next iteration will come to the Board at a future date.

Board Members discussed the Recovery Plan and commended the work to date. The key factor of NHS GJ being a Covid light site was noted and Board Members highlighted the importance of maintaining this status.

Colin Neil informed the Board that a pilot of thermal cameras will take place at the Hotel, starting in 2-3 weeks' time. All staff, patients and visitors will be subject to a temperature check on arrival at the Hotel entrance. If the pilot is successful it will be expanded to include the Hospital entrance.

The Board noted the Recovery Plan.

*John Scott joined the meeting*

#### **8.2 Hospital Expansion Phase One and Phase Two Update**

Susan Douglas-Scott welcomed John Scott, Expansion Programme Director, to the meeting.

June Rogers explained that work on the Hospital Expansion Phase 1 continues and is progressing well despite challenges experienced due to physical distancing rules, availability of materials and contractors. Building control measures have been implemented and monitoring continues to ensure compliance.

Colin Neil reported on the financial position of Phase 1 and gave assurance that although there may be a slight increase in cost, this will remain within tolerance.

Marcella Boyle asked about the volunteer input to the self check-in service. June Rogers responded that system testing will be carried out when the outpatient service is re-started and volunteer involvement will then be finalised.

Clinical work groups have been established for refurbishment and design of existing clinical areas. John Scott added that through the lessons learned discussions, ways have been identified to reduce the number of design reviews.

Board Members noted the Hospital Expansion update.

### **8.3 Hospital Expansion Risk Review**

John Scott provided an Expansion Programme Risk Register Update following the last update in December 2019. The risk register for Phase 2 was developed as part of the Initial Agreement (IA) submission and followed the same process as Phase 1. The project team and Head of Risk and Clinical Governance meet monthly to review the risks. The project's Principle Supply Chain Partner also provides regular updates.

A Risk and Benefit workshop was held in April 2019 to review the risk register as part of the Outline Business Case (OBC) development. This was approved in September 2019.

The main emerging risk identified through this process was in relation to the Consultant Microbiologist support to the programme which was escalated to the Board Risk Register. This has subsequently been addressed through the recruitment of a Consultant Microbiologist and a Technical Advisor.

With regard to project assurance, it was agreed with Scottish Government to review the hospital expansion programme as a Gateway Review 0 in January 2018, which was outlined in the OBC. A delivery confidence assessment of amber/green was given in October 2019. A number of positive observations were identified from the review.

The project management structure has been refreshed with the role of Programme Manager changing to Clinical Programme Manager and the appointment of a Senior Project Manager.

The governance structure has also been updated with the Programme Steering Group being replaced by a revised Senior User Group with expanded membership and remit.

Risk reporting is monitored monthly by the Senior User Group.

The Board noted the Hospital Expansion Risk Review Report.

*John Scott left the meeting*

## **9 Minutes for Noting**

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

The Board noted the Clinical Governance Committee approved minutes for the meeting held on 10<sup>th</sup> June 2020.

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

The Board noted the Person Centred and Staff Governance Committee approved minutes for the meeting held on 18<sup>th</sup> June 2020.

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



The Board noted the Finance, Performance and Planning Committee approved minutes for the meeting held on 19<sup>th</sup> June 2020.

**10 Any Other Competent Business**

No further business was noted.

**12 Date and Time of Next Meeting**

The next scheduled meeting of the NHS GJ Board is Thursday 24 September 2020 at 10am.

**The meeting closed at 11.35am**