

Approved Minutes

Meeting: NHS Golden Jubilee Board Meeting
Date: 29 July 2021, 12.30pm
Venue: Microsoft Teams Meeting

Members

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

In attendance

Gareth Adkins	Executive Director of Quality, Innovation & People
Anne Marie Cavanagh	Executive Director of Nursing and Allied Health Professionals
Kevin Kelman	Director of NHS Scotland Academy
Nicki Hamer	Deputy Head of Corporate Services

Apologies

Stephen McAllister	Non-Executive Director
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1 Opening Remarks

1.1 Chairs Introductory Remarks

Susan Douglas-Scott opened the meeting and thanked Board Members for joining via Microsoft Teams.

Susan Douglas-Scott informed Board Members that the Annual Accounts are presented for review and approval today. The Board extended thanks to Colin Neil and the Finance Team for their commitment in what has been a difficult year.

As NHS Golden Jubilee (NHS GJ) formally enters the new financial year, the Board is looking forward to seeing the outputs from its evolving portfolio, the rapidly expanding National Hospital, recently fully reopened Hotel and Conference facilities, the Centre for Sustainable Delivery (CfSD), the NHS Scotland Academy (NHSSA) and NHS GJs role in Innovation.

The Cabinet Secretary for Health and Social Care visited NHS GJ today and was impressed with the Eye Centre and commented on the person centred facilities it had to offer. The Cabinet Secretary will visit in August 2021 to open the NHSSA and also agreed to a meeting with the Board Chair and Chief Executive to have a more structured discussion around NHS GJ.

Patients are benefiting from a new Artificial Intelligence (AI) assisted computerised tomography (CT) scanner at NHS GJ.

CfSD has launched Early Cancer Diagnostic Centres, Centres in NHS Ayrshire & Arran, Dumfries & Galloway and Fife with CfSD playing a key role in this.

The programme of Board virtual walk rounds will continue at the end of the Private Board Meeting and the Cardiology Team will join to present their virtual walk round.

1.2 Chief Executive Introductory Remarks

Jann Gardner noted that she was delighted to have welcomed the Cabinet Secretary to NHS GJ today and noted that there had been opportunity to talk about the core hospital and the additionality that Phase One and Two will provide. The Cabinet Secretary had noted that he would like to have a follow up meeting to discuss NHS GJs role in national recovery.

Today's Board meeting is a formal opportunity to look back with the Annual Report of 2020/21 and look forward with RMP3 Remobilisation Plan for 2021/2022. The Annual Report has been presented to the Audit and Risk Committee and has had a positive response from the Auditors.

Jann Gardner informed Board Members of the Annual Accounts process. Jann Gardner expressed thanks to Colin Neil and the Finance Team for their great work and financial stewardship over the year.

She noted that following approval, a signed copy of the accounts will be submitted to the Scottish Government directly by the External Auditor, these are then submitted to Parliament. Once the accounts are approved in Parliament they will be published on NHS GJ website.

Remobilisation Plan 3 (RMP3) has officially been approved by the Scottish Government and preparations have commenced for RMP4, which is due to be submitted by 30 September 2021. RMP4 will evolve NHS GJs current plans to provide a clear route map, to describe an ambitious and clear way forward which will be co-designed with various teams and will set NHS GJs commitment for future performance.

This includes both the core NHS GJ plans for 2021/2022 and beyond and also the rapidly evolving work of the CfSD, the joint NHS Scotland Academy, the Accelerated National Innovation Approach (ANIA) which are providing a broader approach to supporting NHS Scotland and is an exciting development for NHS GJ. Jann Gardner is pleased to be leading across this diverse workplan and will be requesting further funding for CfSD at the next Health and Social Care Management Board (HSCMB) in August/September to enable CfSD to sufficiently support the entire innovation pipeline in Scotland.

2. Apologies

Apologies noted as above.

3 Standing Declarations of interest

Susan Douglas-Scott CBE	Chair, Independent Living Fund Trustee, Voice Ability
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)

4. Updates from last meeting

4.1 Unapproved minutes from 25 May 2021 Board Meeting

Board Members approved the minutes from the previous Board meeting.

4.2 Board Action Log

No live actions noted.

4.3 Matters Arising

There were no matters arising noted.

5. Clinical Governance

5.1 Clinical Governance Report

Anne Marie Cavanagh presented the Clinical Governance Report.

Anne Marie Cavanagh gave an update on complaint numbers and response times. In May 2021 there were six complaints reported, Stage 1 complaints were responded to within in day five and six. Stage 2 complaint turnaround times for April 2021 however were disappointingly low at 25%. She noted reasons and plans for rapid improvement.

Three Serious Adverse Event (SAE) reviews were commissioned in the month of May 2021 and the crude hospital mortality figure for May 2021 was noted. There were no Whistleblowing reports for May 2021.

Anne Marie Cavanagh provided a breakdown of the response times for Stage 2 complaints. In order to understand why the response times were poor, a 'Deep Dive' review took place at the June Clinical Governance Risk Management Group (CGRMG) meeting. The 'Deep Dive' identified a number of improvement actions, some of which have already been implemented.

Anne Marie Cavanagh outlined the figures for Staphylococcus Aureus Bacteraemia (SAB), Clostridiodes Difficile, Gram Negative Bacteraemia and Hand Hygiene.

The Board noted the Clinical Governance Report.

5.2 Clinical Governance Committee Update

Morag Brown gave an overview of the key points discussed at the Clinical Governance Committee meeting held on 7 July 2021.

The Committee placed the NICOR issue on the Board Risk Register. The Medical Director outlined a number of actions that are being taken forward to mitigate the risk.

In relation to Significant Adverse Events (SAEs) the Committee have processes in place to monitor the development and adherence to action plans which will provide increased scrutiny.

The Committee have taken forward further work in relation to the Radiology issues and a Short Life Working Group (SLWG) has been established to look at the interim actions that can be taken forward until another solution is identified.

The Board noted the Clinical Governance Committee Update.

5.3 Clinical Governance Committee Annual Report

In relation to complaints, Anne Marie Cavanagh advised that during the last CGRMG meeting, staff were disappointed at the complaint response times and were provide with the reasons as to why the management team have been taking a closer look at this area.

Anne Marie Cavanagh stated that quality responses remain a top priority for complaints and teams ensure they communicate with the complainant at the appropriate time.

Morag Brown commented that a positive debate took place at the last Clinical Governance Committee in relation to this area. The Committee acknowledged the relationship between complaints and SAEs. Assurance has been provided that if there has not been enough of a deep dive into a complaint then a more detailed piece of work takes place.

Mark MacGregor highlighted that not all complaints require a full a Route Cause Analysis (RCA) as the majority of complaints are often about behaviours and communication. In a complex case an RCA is required and it is important to make the switch from the complaints process to RCA process which inevitably takes longer.

Susan Douglas-Scott noted that NHS GJs complaints, in relation to other Health Boards are relatively low, but it is important that complaints are dealt with in a timely matter with compassion.

The Board noted the Clinical Governance Annual Report.

6 Staff Governance

6.1 Staff Governance Update

Gareth Adkins presented the Staff Governance Board Update.

The sickness absence rate for May 2021 was noted. There has been a significant drop in Covid Special Leave following the end of shielding. In support of the delivery of the Strategy, the Health and Wellbeing Delivery Plan was presented to the Staff Governance and Person Centred Committee meeting in July 2021. Work will continue to improve sickness absence rates and to bring this in line with the national target.

The TURAS appraisal rate for May 2021 was noted. Appraisals remain an area of focus for managers and the Executive Team. Regular monitoring of data is taking place at the Senior Manager Business meeting.

The Board noted the Staff Governance Update.

6.2 Staff Governance and Person Centred Committee Update

Marcella Boyle highlighted key points from the Staff Governance and Person Centred Committee (SGPCC) which took place on 7 July 2021.

The Committee had an introduction to Tosh Lynch, Spiritual Care Lead, who replaces Andy Gillies. Tosh Lynch will focus on an audit of Spiritual Care and the introduction of a Strategy.

The Committee received assurance in relation to Appraisals. An SLWG has been established and will take a 'Back to Basics' approach. This area will remain an area of focus for the Committee.

The Committee commended the Learning and Organisational Development (L&OD) Plan and the use and flexibility of resources with the team. Committee Members welcomed the plan and approach that the L&OD Team has taken in what has been a difficult year.

Gareth Adkins emphasised that the Staff Governance and Person Centred Committee are looking at wide range of activity across health and wellbeing which is multifactorial. Gareth Adkins welcomed the commitment from the Board and Corporate teams in relation to the Strategy.

Susan Douglas-Scott stated that staff wellbeing is a concern for the Board and queried if the Executive Team are doing everything that can be done to understand how are staff are coping with the demands they are facing.

The Executive Team responded and acknowledged the difficult circumstances staff are working under. The Executive Team continue to meet with their teams as often as possible and have one on one conversations. Staff are engaged and keen to understand the way forward and the Executive Team must continue to ensure demands are realistic and sustainable.

As part of improving the environment for staff, the staff rest areas will be refurbished and a Reflection Garden is being progressed through the Board of Trustees.

It was highlighted that although staff morale is low, staff are still passionate about the care they deliver.

Jann Gardner highlighted that it is important to stay connected to Clinical Teams and Partnership Seminar type conversations are planned, in partnership with Jane Christie-Flight, in the coming months.

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

7. Finance and Performance

7.1 Operational Performance Report

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

- The year to date figures for cataract procedures and cancellations were noted.
- Eye Centre Performance has deteriorated during June 2021 as a result of Consultant availability, higher number of complex procedures, new Phaco machine in Theatres and physical distancing.
- Training of new nursing staff in the Eye Centre enables an increase of theatre capacity to 3.4 theatres per week from 5 July 2021. Matching consultant availability to this has been a challenge.
- Independent Sector contract started on 12 June 2021 for Clinical, Theatre lists will start on 3 July 2021.
- The year to date figures for Orthopaedic Surgery were noted.
- Mutual Aid sessions repatriated to NHS GGC on 22 June 2021.
- Focus continues to be on patients who are identified as urgent or long waiting.
- One Saturday theatre session restarted on 3 July 2021. The Saturday working process has been challenging.
- The Osteosarcoma service will repatriate to NHS GGC imminently.
- Weekly Cancer theatre lists continued throughout May 2021 for NHS Lanarkshire.
- Endoscopy activity commenced on 7 June 2021 in the Vanguard Unit. The activity will gradually increase as operators become familiar with the unit. NHS GJ need to become self-sufficient in this service.
- Very low waiting list in Cardiac Surgery.
- Sessions allocated to Grampian in May 2021 and NHS GJ will continue to support this.
- High cancellations recorded in May 2021. Team continue to interrogate the cancellations to improve the situation.
- Thoracic surgery service continues to do well. Service remains responsive to waiting time pressures and performing in line with expectations.
- There are no patients waiting over 12 weeks and the In-Patient Cancer target is being met.
- The Robotic Assisted approach is becoming the preferred incision option.
- The year to date Cardiology figures were noted.
- Shortfall in activity is due to increased number of urgent patients resulting in the cancellation of elective lists to accommodate.
- Staffing weekend working continues to be challenging now that restrictions have been lifted.
- The Cardiology service is experiencing a gradual increase in urgent referrals.
- Robotic Colorectal surgery commenced as planned with two Consultants already trained on the DaVinci.
- Mobile Cath Lab in place at hospital main entrance while Cath Lab 3 is replaced.
- Staffing challenges across many specialities. Challenges emerged in June 2021 and are expected to continue into the summer. Discussed at Agile Board meeting.
- Continue to focus on recruitment for opening of Phase One and Two.
- Radiology review is now completed, the outcome has been received and an action plan is being prepared and will be presented to Board Members at a future meeting.

Action No.	Action	Action by	Status
210729/01	Radiology review report to be presented at a future meeting.	June Rogers	New

The Board approved the Operational Performance Report.

7.2 Finance Report

Colin Neil presented the Finance position for Month 2 and noted the following key points:

- A total outturn surplus reported of £0.348m for core revenue and income.
- 2021/22 Total Efficiency Savings target of £4.044m. The total identified to date is £2.044m.
- Non-core and Capital position were noted as break even.
- Income has an over recovery of £231k and the core expenditure at an underspend of £117k, pays are overspent and non pays underspent.
- Remobilisation Plan monitoring will be as it has been in previous years. The funding streams have been confirmed with the exception of the efficiency savings impact.
- First tranche allocation was received at Quarter 1 this year.
- Efficiency savings at Month 2 are showing a gap of £2m. More work has been done and it is felt the first quarter report will improve the position by £0.5m.
- Written formal approval has been provided in relation to the Endoscopy Mobile Unit at £3.553m, Weekend Ophthalmology activity at £3.551m and the NHS Scotland Academy at £2m.
- Limited capital spend in the first two months with the exception of the Expansion Programme.
- The inclusion of two additional Endoscopy rooms as part of the Phase Two Expansion Programme has been approved and additional funding authorised.

Linda Semple queried if the outcomes from discussions with the Performance Review Groups (PRGs) in relation to efficiency savings would be shared with Board Members. Colin Neil responded that there are no fixed plans for the £2m efficiency savings gap. A deeper dive will be progressed through the Finance and Performance Committee and escalated to Board if appropriate.

Susan Douglas-Scott highlighted the emerging challenges of the accelerated opening of the Eye Centre, increase in independent sector moving into that space and the impact that is having on our consultants, asking what do we do about fulfilling a more substantive staffing base to enable us to take those performance plans forward in a way in the way that our ambition is set out.

Colin Neil responded to say that it is difficult there are still opportunities to be had. The process of developing and redesigning may lead to efficiencies being identified. Historically over the last number of years, not managed to mature the full level of savings that are required on a recurring basis. Through Audit Scotland Reports, the broad average pre Covid was 50% being made recurrently and 50% non-recurrently. NHS GJ would hope to achieve 50% efficiency savings on a recurring basis given the current challenges.

Linda Semple suggested that NHS GJ should benchmark against what CfSD are offering other Health Boards. Jann Gardner welcomed the point raised and advised that June Rogers and Colin Neil will meet with CfSD colleagues to develop the NHS GJ Heatmap. By RMP5, which will be the Annual Delivery Plan (ADP) from next year, there will be a more robust suite of work in collaboration with CfSD.

Susan Douglas-Scott queried the pressures in Medical Pays and invited Colin Neil to share more on this area.

Colin Neil informed Board Members that Medical Pays is an area that has had financial pressure in. Working closely with Medical Director and divisional ops teams to do forensic analysis on service plans put in place and current cohort of consultant job plans. Working

with Medical Director to convert triple time payments into substantive posts to ensure more sustainable model of service delivery.

The Board approved the Finance Report.

7.3 Finance and Performance Committee Update

Rob Moore presented the Finance and Performance Committee update.

The Board noted the Finance and Performance Committee Update.

7.4 Audit and Risk Committee Update

Karen Kelly presented the Audit and Risk Committee Update.

The Committee were presented with a Fraud update and following the meeting Karen Kelly, Colin Neil and Lily Bryson met with Gordon Young from the Counter Fraud Service (CFS). Gordon Young highlighted the new Cabinet Office that has been established, it is a new government standard around fraud risk, risk measurement, risk assessment and it is intended that this is adopted by all NHS Boards in Scotland. There are 12 standards within it which will come into effect from 2022 and NHS GJ are already meeting a lot of these standards.

The Committee reviewed the interim Network and Information Systems (NSI) Directive Audit and Action Plan and noted the recommendations that will be actively worked through. The next visit is scheduled for November 2021.

The Board noted the Audit and Risk Committee Update.

7.5 Audit and Risk Committee Annual Report

Karen Kelly referred Board Members to the circulated paper and had no further comments to add.

The Board noted the Audit and Risk Committee Annual Report.

7.6 Audit and Risk Committee Terms of Reference

Colin Neil informed Board Members that the only change is the updated work plan which was previously approved at the Audit and Risk Committee.

The Board approved the Audit and Risk Committee Terms of Reference.

7.7 Board Risk Register

Colin Neil informed Board Members that the Board Risk Register was reviewed and approved at the Audit and Risk Committee on 20 July 2021. The Risk Register has also been scrutinised at the respective Committees. Workforce remains as high risk and Covid-19 retained as a high risk. The provision of PPE risk has been removed from the Board Risk Register, should the landscape change this risk would then be escalated to the Board Risk Register.

There are two new risks included in the Risk Register, they are: National reporting of CT data as medium risk; and site masterplan as medium risk.

The Board approved the Board Risk Register.

7.8 Remobilisation Plan

Jann Gardner informed Board Members that RMP3 has now been approved by Scottish Government and returned to the Board to progress. RMP3 is presented today for discussion and formal approval. If approved RMP3 will then be published on NHS GJ website.

Carole Anderson informed Board Members that RMP3 was submitted to Scottish Government in March 2021. Since then, the Board has been asked to support additional workload through weekend working. This was subject to further discussion with finance teams within NHS GJ and Scottish Government to allow additional guidance and briefing to be sent to Scottish Government on the handling of that and the specifics relating to Ophthalmology Expansion. This has resulted in a small addendum to RMP3 which can be seen on page 41 of Paper 7.8a. This addendum underpins the agreement that has been reached with Government around the allocation of funding and the detail of this can be found in Paper 7.8b.

Carole Anderson noted the importance of sharing the detail of this plan. Bulletins are being prepared and will be shared with staff as soon as Board Members are content to approve. Team discussions are planned to build further understanding of what the Remobilisation Plan means for teams.

Guidance for RMP4 was received last week and was shared with senior managers last week. RMP4 is described as a review of RMP3 however Scottish Government have introduced a number of different templates and requirements which will require further work.

Work on the Annual Delivery Plan (ADP) will commence shortly and will lead Boards back into a three-year cycle and the setting of wider strategic plans.

Carole Anderson suggested that RMP4 guidance should be shared Board Members. RMP4 needs to be with Government for September 2021.

Susan Douglas-Scott asked the Executive Team if they were content that there would not be significant change going forward.

Jann Gardner noted that the plan for RMP4 was to set out a route map for us as organisation to set out our key delivery objectives aligned to our core services – orthopaedics, ophthalmology, general surgery, cardiac and thoracic surgery, cardiology including national heart transplant, SNAFS, SACCS and diagnostics with the inherent intensive care, theatre services and anaesthetics required to support. The route map will define key milestones every 6 months from now until the end of 2023 when Phase 2 will open. This will give staff the reassurance that our strategic plans remain to develop our key specialities.

However, we also stand ready where essential to life, to respond to the needs of the patients of Scotland should the ongoing challenges of the Covid pandemic return levels causing unsustainable duress on territorial Boards. This is likely to be aligned with the work undertaken last year which came in the form of non-repatriation of cardiology patients post procedure, potentially extending orthopaedic lists and days, undertaking complex cancer

surgery and supporting with non Covid ICU transfers should capacity in the ICU community become overwhelmed.

We will however respond to need and will return to the last milestone on the route map as soon as possible should this be required.

The Board approved the Remobilisation Plan.

8 Strategic Portfolio Governance

8.1 Hospital Expansion Programme Update

Phase One

June Rogers informed Board Members that updates for Phase One had been covered earlier in the agenda.

Phase Two

June Rogers noted progress with Phase Two and highlighted the following key points:

- Super structure is progressing at pace. Pre-cast cladding is in place and some windows.
- Clinical workstream groups continue to meet to move forward with refurbishment plans.
- Plans have been revised to accommodate the approved additional two Endoscopy rooms.
- Regular meetings with Expansion Team, Infection Control, Estates and Kier around the breakthrough programme. Should be noted won't be without challenge as breaking into live environment.
- Only area of concern is the national shortage of supplies. Keeping in touch with Kier and HFS on this issue, at this point in time there is no impact on timelines.

Susan Douglas-Scott noted that Kier are live to the considerations of the hospital, the theatres noise levels, impact of dirt and dust and neighbours.

The Board noted the Hospital Expansion Programme Update.

8.2 Strategic Portfolio Governance Committee Update

Linda Semple presented the Strategic Portfolio Governance Committee Update and noted that the CfSD statement of assurance will feature in the Private Session of the Board.

The Board noted the Strategic Portfolio Governance Committee Update.

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 13 May 2021.

9.2 Staff Governance and Person Centred Committee Approved Minutes

The Board noted the Staff Governance and Person Centred Committee approved minutes for the meeting held on 11 May 2021.

9.3 Finance and Performance Committee Approved Minutes

The Board noted the Finance and Performance Committee approved minutes for the meeting held on 12 May 2021.

9.4 Audit and Risk Committee Approved Minutes

The Board noted the Audit and Risk Committee approved minutes for the meeting held on 20 April 2021.

9.5 Strategic Portfolio Governance Committee Approved Minutes

The Board noted the Strategic Portfolio Governance Committee approved minutes for the meeting held on 6 May 2021.

10 Any Other Competent Business

There was no other competent business to record.

11 Date and Time of Next Meeting

The next scheduled meeting of the NHS GJ Board is Thursday 23 September 2021 at 10am.