

Approved Minutes

Meeting: NHS Golden Jubilee Board Meeting
Date: 27 January 2022, 10.00am
Venue: Microsoft Teams Meeting

Members

Susan Douglas-Scott CBE	Board Chair
Prof Jann Gardner	Chief Executive
Callum Blackburn	Non-Executive Director
Elaine Cameron	Non-Executive Director
Karen Kelly	Non-Executive Director
Marcella Boyle	Non-Executive Director
Morag Brown	Non-Executive Director
Rob Moore	Non-Executive Director
Stephen McAllister	Non-Executive Director
Jane Christie-Flight	Employee Director/Non-Executive Director
June Rogers	Deputy Chief Executive / Executive Director of Operations
Anne Marie Cavanagh	Executive Director of Nursing and Allied Health Professionals
Colin Neil	Executive Director of Finance
Gareth Adkins	Executive Director of Quality, Innovation & People
Mark MacGregor	Medical Director

In attendance

Gerard Gardiner	Head of Corporate Governance and Board Secretary
Nicki Hamer	Deputy Head of Corporate Services
Sandie Scott	Director of Strategic Communications and Stakeholder Relations
Serena Barnatt	Human Resources Director

Guests:

Sharon Stott	Information Governance Manager
Stuart Graham	Director of Digital & eHealth

Apologies

Linda Semple	Non-Executive Director (Vice Chair)
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Minutes

Denise Crossan	Corporate Administrator
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1 Opening Remarks

1.1 Chair's Introductory Remarks

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

Susan Douglas-Scott noted that the Board would receive an assurance statement relating to the Centre for Sustainable Delivery (CfSD) work. Susan Douglas-Scott extended congratulations to Katie Cuthbertson, who had been appointed National Director of Transformation CfSD.

Susan Douglas-Scott noted that the programme of Board virtual walk rounds would continue at the end of the Board Meeting with the Planning and Performance Team.

Susan Douglas-Scott reported on her attendance at a number of Board Chair Group meetings and System Pressures meetings since the last Board meeting. Health Boards have continued to experience operational pressures and NHS GJ continues to offer support to territorial partners. In addition, Susan Douglas-Scott participated in Cyber Resilience meetings and attended the public NHS Greater Glasgow and Clyde (GGC) Board meeting as an observer in order to gain appreciation of the approach to governance of a neighbouring NHS board.

Susan Douglas-Scott welcomed David van der Zalm, Management Trainee at NHS GJ, who had joined the Board meeting as an observer.

1.2 Chief Executive Introductory Remarks

Professor Jann Gardner, Chief Executive, acknowledged the challenges which the Covid pandemic had presented since the last meeting of the Board including in relation to staff shortages and patient cancellations. Professor Gardner noted that despite this, during the festive period there had been up to eighteen Theatres and five Cath Labs running and this has had a great impact for patients. Professor Gardner commended staff for their adaptability, flexibility and resilience during this time, and extended particular thanks to the Patient Coordination Centre who played a pivotal role in handling calls from worried patients.

December 2021 marked the 30th anniversary of the Adult Heart Transplant Service in Scotland, with the first transplant procedure having taken place on 6 January 1992. Professor Gardner noted that it was positive the contribution NHS GJ had played as the home to the service.

Professor Gardner congratulated Cardiologist Professor Roy Gardner who had been appointed as Chair of the British Society for Heart Failure.

Professor Gardner congratulated Ms Rebekah Mean, Orthopaedic Physician Associate who had been named UK Physician Associate of the year.

Professor Gardner also congratulated Katie Cuthbertson on her recent appointment to the role of National Director of CfSD.

Professor Gardner noted that following a successful recruitment process, Graham Stewart had been appointed as the Deputy Director of Finance and will helpfully join NHS GJ before the end of the financial year.

Professor Gardner noted her thanks and best wishes to Bronagh Bell, Hotel Director, who retires in February 2022. The Hotel Director job description is under review to align to the work of the NHS Scotland Academy (NHSSA). The Hotel's General Manager will provide interim cover until the post has been filled.

Professor Gardner noted that June Rogers, Deputy Chief Executive and Executive Director of Operations would retire from the organisation in May 2022. The grading of the role will be reconsidered by the National Evaluation Committee in February 2022 and the role would then be re-advertised.

Professor Gardner advised on progress regarding the relationship with the University of Strathclyde, noting that further updates will be provided in the coming months. Professor Gardner highlighted the excellent work Sandie Scott, Head of Strategic Communications and Stakeholder Relations had been undertaking in relation to strategic partnerships.

Finally, Professor Gardner noted the recent publication of 'Using Predictive Analytics to Improve Patient Outcomes'. The book has had three chapters co-authored by three Senior Nursing professionals within NHS GJ. Professor Gardner congratulated those involved in the publication, commending their expertise and the enhancement to the reputation of NHS GJ by publication of the work. Professor Gardner further reflected on the quality of care and compassion received by the patients treated at NHS GJ. Professor Gardner congratulated the Executive Director of Nursing and her team on this.

Susan Douglas-Scott wished for the Board's thanks to be passed on to Professor Roy Gardner, Dr Rebekah Mean, Katie Cuthbertson and the 2 nursing professionals, Theresa Williamson and Jacqui Brown, involved in the recent publication.

2 Apologies

Apologies were noted from Linda Semple, Non-Executive Director.

3 Standing Declarations of Interest

There were no Standing Declarations of Interest.

4 Updates from last meeting

4.1 Unapproved minutes from 21 November 2021 Board Meeting

The Board considered the minute from the Board meeting held on 21 November 2021. The minute of the meeting was approved and accepted as an accurate record.

4.2 Board Action Log

The action log was reviewed noting the two live actions are either progressing or have a due date of March 2022.

4.3 Matters Arising

There were no matters arising.

5 Clinical Governance

5.1 Clinical Governance Report

The Board was presented with the Clinical Governance Report.

Mark MacGregor, Medical Director, reported that there were eleven complaints in November 2021. Of the seven Stage 1 complaints, four were responded to within the five day target.

There were two Stage 2 complaints in October 2021 and two were responded to within the 20 day target.

The Board noted the commission of seven Serious Adverse Event (SAE) reviews in November 2021 which is slightly above confidence limits. The crude mortality data was noted and remains within control levels.

The Board noted there were no whistleblowing reports.

Mark MacGregor, provided an overview of the November HAIRT report and highlighted the following:

- Staphylococcus Aureus Bacteraemia - 1 case.
- Clostridioides difficile infection – 0 cases, since March.
- Hand Hygiene – bi-monthly report indicates overall compliance of 99%.
- Gram Negative/ E.coli Bacteraemia – 0 cases.

The Board was informed of the evolution of Covid 19 pathways, which were previously red, amber and green, to the Respiratory pathways. The Respiratory pathways will be Respiratory (Red) and non-Respiratory (Green). Mark MacGregor advised that speciality specific pre-elective guidance would be reviewed by Clinical Teams.

Anne Marie Cavanagh, Executive Director of Nursing and Allied Health Professionals, reflected on the improvement work that had taken place regarding complaints. The Executive Team have reviewed progress on complaints on a weekly basis since January 2022. There has been a concerted effort from operational teams, Anne Marie Cavanagh was confident improvement, in respect of response times and quality, would be evident in the coming months.

Susan Douglas-Scott welcomed the input of the Executive Team in this area.

Professor Gardner highlighted the active role that the Executive Team were and would continue to play in ensuring timely responses and a focus on learning from complaints, development of standardised approaches, and managing the effectiveness of internal communications relating to complaints.

The Board noted the Clinical Governance Report.

5.2 Clinical Governance Committee Update

Morag Brown, Chair of the Clinical Governance Committee, provided an overview of the key issues discussed at the Clinical Governance Committee meeting held on 13 January 2022.

Significant Adverse Events (SAEs)

The Committee was provided with a Significant Adverse Events (SAEs) overview report. Members were updated on key actions, areas for improvement and associated timelines. The Committee discussed the SAEs and noted the learning summaries. The Committee was advised that a deep dive of SAEs would be undertaken at the March meeting to seek further scrutiny into the ongoing issues in Radiology.

Clinical Department Update (Critical Care)

The Committee was assured by the comprehensive Clinical Governance processes that the department had in place. A recent session on clinical governance had been well attended by relevant professionals. Throughout the Pandemic the Critical Care Unit had assisted and supported other Health Boards. Members were impressed with the ability of the Transplant Service to handle a significant increase in number of procedures in a complex time.

Patient Story (Endoscopy)

The patient story provided the Committee with valuable insight into a patient's experience. The feedback demonstrated the significant contribution that Robotic assisted surgery was making to patient experiences and outcomes. The patient was complementary about the care she received, the staff and in particular the Clinical and Catering Teams. Although most of the comments were positive the patient did highlight some areas for improvement which included pre-operative assessment and discharge delays. Overall, it was a very uplifting story from the patient showing good care and outcomes but also key areas for improvement.

Callum Blackburn, Non-Executive Director, highlighted that the last paragraph on page 2, stating 'Cabinet Secretary for Health and Sport' should be corrected to 'Cabinet Secretary for Health and Social Care'

Action No.	Action	Action by	Status
Bpu/220127/01	Clinical Governance Committee Update Paper Amend last paragraph on page 2 of the report, stating 'Cabinet Secretary for Health and Sport' should be corrected to 'Cabinet Secretary for Health and Social Care'	Corporate Administration	New

The Board noted the Clinical Governance Committee Update.

6 Staff Governance

6.1 Staff Governance Update

The Board was presented with the Staff Governance Update by Gareth Adkins, Executive Director of Quality, Innovation & People.

Board Members were informed that there were no disciplinary cases raised in November 2021.

Sickness absence continued to be a challenge in the period and the sickness absence rate for November 2021 was reported at 7.1%. This was consistent with rates across Scotland.

Staff turnover for November 2021 was reported within the control limits at 0.7%.

There had been continued focus on Medical Appraisals. It had been challenging to achieve the desired TURAS appraisal rates. The Staff Governance and Person Centre Committee (SGPCC) discussed this area taking into account the current operational pressures.

Board members were informed that there had been an upward trend in sickness absence rates since May 2021 and this would continue to be monitored. Mental Health illnesses continued to be the highest cause of sickness absence, accounting for 26.9% of all sickness

absence. There are various measures and support in place for staff including the Employee Assistance Programme.

The Health and Wellbeing action plan had been finalised and included a programme looking at resilience workshops across the organisation in the next year. Gareth Adkins advised that key elements of the action plan would be taken forward in the Health and Wellbeing Strategy.

Gareth Adkins highlighted that SGPC have a number of areas of focus that included: Attraction and Retention; Recruitment; Workforce Availability; and Workforce Data. Gareth Adkins added that the International Recruitment Project will be a key project to develop. The organisation aspires to improve real time data and linking workforce data together with establishment, financial and absence data.

The Board noted the Staff Governance Update.

6.2 Staff Governance and Person Centred Committee Update

Marcella Boyle, Chair of SGPC provided an overview of the significant points from the meeting held on 13 January 2022.

The Committee was assured that Medical and TURAS appraisal rates were being closely monitored.

The Committee welcomed the Learning and Organisational Development Team to the meeting and noted the additional staffing resource and the evident return on investment which closely aligned to the priorities of the Committee.

The Committee approved, for publication by the Board, data submitted on equal pay analysis for financial years 2019/20 and 2020/21. The Committee sought a presentation at a subsequent Committee meeting on pay analysis concerning other protected characteristics. This would support the Committee's development of the Diversity & Inclusion Strategy.

The Committee commended the work by teams to achieve a 74% completion rate in iMatter.

Marcella Boyle reflected that the Committee regularly had guests attending to present various topics and this worked well and would continue into 2022/23.

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

7 Finance and Performance

7.1 Operational Performance Report

June Rogers, Executive Director of Operations presented the Operational Performance Report and noted the following November 2021 data:

- The activity figures for November 2021 were noted.
- The year to date figures for Ophthalmology and cataract procedures were noted. Clinic sessions were converted to theatre activity in November to reduce the number of patients waiting over 84 days and reduce the number of patients categorised as DSD3 (degree of surgical difficulty).
- Challenges for the Ophthalmology service continue to include physical distancing restrictions and consultant availability.

- There had been a slight decrease since last reporting period of the Outpatients waiting list and this is in line with reduced allocation associated with the revised RMP4.
- The year to date figures for Orthopaedic Surgery were noted. The shortfall was due primarily to the ability to staff all five Laminar Flow Theatres each day.
- Inpatient cancellations increased in the period.
- Endoscopy had performed well against a challenging target. The majority of patients had been referred to NHG GJ as urgent suspicion of cancer.
- General Surgery cancellations increased from 9.4% in October to 11.1% in November. Measures are being taken to improve this situation including resident medical officers (RMOs) will vet lists and Patient Co-ordination staff will be recruited to call patients prior to admission to ensure they are fit and ready to attend their appointments.
- The Urgent General and Cancer Surgery figures were noted. The expectation was that the majority of this work would go back to Boards by the end of March 2022 but this was still to be confirmed. It is anticipated that standard and robotic assisted (RAS) colorectal surgery will continue for patients from across Scotland.
- The Cardiac Surgery Inpatient waiting list had increased since October 2021 Staffing and theatre challenges are impacting the waiting list however patients continue to be clinically prioritised to ensure urgent patients are treated in a timely manner.
- The Cardiology figures were noted. There was a growing number of long waiting patients due to high urgent demand and activity that has displaced elective work. A gradual increase in referrals is expected as Cardiology clinic and diagnostic investigations improve.
- The Cardiology waiting list demonstrates the continued trend of a gradual increase in urgent referrals. Waiting times for routine procedures was now in excess of 18 weeks and every avenue is being explored to reduce this.
- Despite downtime for CT and MRI due to scanner faults, activity continued to be delivered in line with RMP4.
- Staffing challenges continue to impact on activity especially in Theatres. This was consistent with other Health Boards. Work is ongoing to recruit by Spring 2022.
- NHS GJ continues to support NHS GGC with NSTEMI and non-repatriation of Cardiology or Cardiac surgery patients. This support has saved an estimated 1773 bed days and 189 ambulance journeys between September and December 2021. It was noted that these were conservative estimates.
- On site staff testing had a positive impact over the festive period allowing staff to return to work quicker than if they had a test in the community. Over 100 staff had been tested and out of these there were 7 positive cases.
- There were eighteen theatres and five Cath Labs in operation between Christmas and New Year and sixteen theatres and five Cath labs operational in New Year week. June Rogers thanked all teams involved for their enormous effort during the festive break.

The Board extended thanks to staff for their tremendous achievements in a time of crisis.

The Board approved the Operational Performance Report.

7.2 Finance Report

Colin Neil, Executive Director of Finance, presented the financial position for Month 8 and noted the following key points:

- The financial position as at 30 November 2021 for the financial year 2021/22 reported a total surplus of £0.388m for core revenue and income.
- The 2021/22 Total Efficiency Savings target is £4.044m. The total identified to date was £2.701m, with £0.751m being recurring and £1.950m being non-recurring. At this stage £1.343m has yet to be identified and further work was ongoing to identify savings to close this gap.

- Non-Core and Capital position were both reported as break-even.
- Income was over recovered by £263k. The main contributor to this was within Cardiology and Thoracic non West of Scotland (WoS) activity being above original financial plan by £145k and £170k respectively.
- The forecast for the Hotel remained at break-even when incorporating the financial support identified in the Remobilisation Plan.
- NHS GJ's Revenue Resource Limit (RRL) baseline budget has been included as a separate appendix for reference in the IPR.
- Expenditure was £125k underspent with an underspend in staff costs (largely attributable to vacancies) being offset by non-staff costs.
- Across all staff cost lines an underspend is evident with the exception of Medical salaries. A deep dive had been undertaken on this at the Finance and Performance Committee. Extensive work had been undertaken in service plans and medical budgets by the Medical Director in regard to these deep-dives.
- RMP4 had been approved by Scottish Government. Total recovery funding is £12.142m.
- Access Funding remains the same as reported at month six of the financial year.
- There is a further targeted review to achieve a 50/50 split of recurring and non-recurring savings elements, thus reducing the level of "carry forward" savings requirements into financial year 2022/23. The difficulty of achieving this in the current challenging operational position was noted.
- It had been agreed with Scottish Government that the level of incurred capital expenditure in financial year 2022/23 for Phase 2 of the NHS GJ expansion would be reduced from £32m to £22m.
- The Board was successful in its bid submitted to the National Infrastructure Board for £1,582m for the replacement of an MRI machine.

The Board approved the Finance Report.

7.3 Finance and Performance Committee Update

Stephen McAllister, Chair of Finance and Performance Committee, highlighted the issues arising at the Finance and Performance Committee held on 11 January 2022.

The Committee noted that NHS Golden Jubilee had performed well against RMP4 in terms of Elective Services and Financial Performance.

The Committee noted the high rate of cancellations and the complexity of activity required of staff in the Patient Co-ordination Centre. The Committee supported proposals to alleviate pressures in the Centre.

The Committee noted the ambition to achieve a greater proportion of the efficiency savings target by year-end, with a specific ambition to achieve a 50/50 balance between recurring and non-recurring savings.

The Committee accepted the removal of Risk S12 from the Risk Register. The Committee recommended that a deep dive on Cyber Security be considered by the Audit and Risk Committee.

The Committee approved the RMP4 Sign-off Letter and recommended it should be presented to the Board.

The Board noted the Finance and Performance Committee Update.

7.4 RMP4 Sign Off Letter

Professor Gardner advised that the Finance and Performance Committee reviewed RMP4 on 11 January 2022 and recommended its submission to the Board for approval. Board members were asked to approve this RMP to enable its publication, implementation and monitoring.

The Board approved the RMP4 Sign-off Letter.

8 Strategic Portfolio Governance

8.1 Hospital Expansion Programme Update

Phase One

June Rogers, Executive Director of Operations, informed Board Members that engagement continued with the Principal Supply Chain Partner (PSCP) on defects and remedial action.

Phase Two

The Board noted progress with Phase Two and were provided with the following key points:

- Works are progressing to programme and budget;
- Breakthrough works on Level 1 will start in February 2022.
- Breakthrough works would then continue with Level 2, impacting on Radiology areas and the creation of a decontamination space in Phase 2, before moving to Level 3 breakthroughs, which will impact on Theatres. The additional complications of the level 2 and 3 breakthroughs were highlighted by June Rogers.
- The Expansion Team continue to engage with those impacted by the refurbishment plans.
- There has been no change to the four noted risks on the programme risk register.
- A gateway review by NHS Assure was expected in the course of the next few months.
- Assurance reviews would be a significant undertaking through the forthcoming financial year and into the next.

The Board noted the Hospital Expansion Programme Update.

8.2 Strategic Portfolio Governance Committee Update

Elaine Cameron, Vice Chair of the Strategic Portfolio Governance Committee, highlighted key points from the Strategic Portfolio Governance Committee meeting, which took place on 18 January 2022.

The Committee was provided with an update on programmes across the Board and was content with the progress and manner of reporting.

The Committee was assured with the progress reported on the work of CfSD and there was an action for CfSD to present at a future Board Seminar (in April 2022).

The Committee received an update on NHS Scotland Academy progress and were happy with both the progress and content reported.

The Committee discussed the relationship with the University of Strathclyde and approved the process of requesting University Hospital status. The Committee congratulated Professor Jann Gardner on her Professorship.

Professor Gardner noted that the approved CfSD Assurance Statement would be shared with Scottish Government.

Callum Blackburn queried the level of Risk 3 in Appendix 1 of the CfSD Assurance Statement had gone from twelve to zero. Professor Gardner agreed to provide a summary on why the risk had reduced.

Action No.	Action	Action by	Status
BPU/220127/02	CfSD Assurance Statement Provide clarification on why Risk 3 has reduced from twelve to zero.	Professor Jann Gardner	New

(**Addendum** – the risk has been identified as changing. The initial gap in resource is being re-evaluated with prioritisation of work and redistribution within CfSD and collaboration with other delivery partners to optimise the collective capability and capacity in NHS Scotland. Once completed this risk will be reassessed and redefined to reflect these changes. Furthermore, the establishment of the Programme and Strategy Board provided a new opportunity to assess resource and future business case requests as they evolve.)

The Board noted the Strategic Portfolio Governance Committee Update.

8.3 University of Strathclyde Update

Professor Gardner informed the Board that NHS GJ had been exploring joint working with the University of Strathclyde for some time. In order to formalise the relationship with the University, NHS GJ had formally requested University Status from the University of Strathclyde and progressed discussions on partnership governance agreements.

The application for University status is currently being considered by the University of Strathclyde. Professor Gardner advised the Board of the process which the University will follow in consideration of the application.

Professor Gardner advised that Sandie Scott and colleagues are considering, should it be granted, how the University status could be utilised and future proposals will be made to the Board in this respect.

Marcella Boyle recognised the significant work on the partnership with the University of Strathclyde and thanked Sandie Scott for her work on the Shared Interests Summary paper. Marcella Boyle reflected that it was positive to see the University connected with NHS GJ and within the West Dunbartonshire area.

The Board noted the University of Strathclyde Update.

9 Corporate Governance

9.1 Cyber Security

Stuart Graham and Sharon Stott joined the meeting.

Colin Neil, Executive Director of Finance welcomed Stuart Graham and Sharon Stott to present on Cyber Security.

Stuart Graham updated on the current Cyber Security position, noting the following key points:

- A final report had been received from the Network Information Systems (NIS) Directive Audit. Clarification questions had been submitted to the competent authority.
- The report included a compliance score and risk profile for NHSGJ. There had been concern around the use of the compliance score as a direct measure for Boards. Some Boards were able to have an on-site assessment but others, like NHS GJ, had a remote visit. This had meant disparity between Boards on scores achieved.
- S Graham advised of his aim of reducing and improving NHSGJ's risk profile in recognition of overall cyber-security compliance. S Graham advised of his intention to present a report to the Board of NHSGJ reflecting this compliance improvement and awareness activity. This would include a 'Heat Map' visualisation with key areas of risk.
- S Graham noted that Cyber Essentials Plus (CEP) accreditation is required of NHS Boards by Scottish Government.
- A Network Penetration Test took place in December 2021. This was a simulated cyber-attack on the organisation. This allows exposure in a safe way to identify vulnerabilities.
- The report from the penetration test had helped shape a Cyber Security Action Plan for NHS GJ.
- At present, the focus is on external network security. Activity is underway for the enhancement of existing security products and the introduction of new products as appropriate.
- The findings from both the NIS Audit and the Network Penetration test will be categorised into technical, process and culture and organisational development items to focus activity.
- S Graham noted that the growing portfolio of NHSGJ required consideration of additional capability in cyber security. A resource capacity assessment has been completed, taking account of NIS requirements. A proposal paper is being prepared for consideration by the board in due course.

Professor Gardner agreed to review how Cyber Security was reported within other Committees. It was recognised that Cyber Security was a requirement for all members of staff.

Action No.	Action	Action by	Status
BPU/220127/03	Cyber Security Full report on NIS Audit and Network Penetration test at a future Board Meeting	Stuart Graham	New
BPU/220127/04	Cyber Security Consideration of reporting of Cyber Security within Board Governance structure.	Professor Gardner	New

The Board noted the Cyber Security Update.

Stuart Graham and Sharon Stott left the meeting.

9.2 Board Risk Register

The Board was presented with the Board Risk Register, which had been discussed at Committee meetings and would be reviewed at the Audit and Risk Committee meeting on 1 March 2022.

Colin Neil, Executive Director of Finance, highlighted that S20 was recorded as High in the Board Risk Register HEAT Map and it should be noted as Medium.

There are three high risks:

- W7 Workforce Capacity and Capability
- O9 Waiting Times Management - remains high despite targets aiming for and agreed with Scottish Government largely been achieved.
- S13 National and Regional Working - RMP4 has been agreed with Scottish Government and compliance is good, however challenges are still being experienced across the national and regional landscape.

Colin Neil informed the Board that a full refresh of the risks would be completed prior to review by the Audit and Risk Committee in March 2022.

Colin Neil highlighted that risk S12 EU Withdrawal would be proposed to be removed at the next Audit and Risk Committee given the rolling status of this historical risk. Any further updates would then be presented to the Board on 31 March 2022.

The Chair endorsed the removal of Risk S12, which was agreed by the Board.

Action No.	Action	Action by	Status
BPU/220127/05	Risk Register Amend risk S20 to Medium in the Board Risk Register HEAT Map.	Colin Neil	New

The Board noted the Board Risk Register.

10 Minutes for Noting

10.1 Clinical Governance Committee Approved Minutes

The Board noted the Clinical Governance Committee approved minutes for the meeting held on 11 November 2021.

10.2 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 9 November 2021.

10.3 Finance and Performance Committee Approved Minutes

The Board noted the Finance and Performance Committee approved minutes for the meeting held on 16 November 2021.

10.4 Strategic Portfolio Governance Committee Approved Minutes

The Board noted the Strategic Portfolio Governance Committee approved minutes for the meeting held on 4 November 2021.

11 Any Other Competent Business

There was no other competent business to record.

12 Date and Time of Next Meeting

The next scheduled meeting of the NHS GJ Board is Thursday 31 March 2022 at 10am.