

## Approved Minutes

**Meeting: NHS Golden Jubilee Public Board Meeting**

**Date: Thursday 28 July 2022, 10:00**

**Venue: Level 5 East Boardroom/ MS Teams**

### Members

Susan Douglas-Scott CBE	Board Chair
Gareth Adkins	Executive Director of Quality, Innovation & People
Callum Blackburn	Non-Executive Director
Morag Brown (via MS Teams)	Non-Executive Director
Anne Marie Cavanagh	Executive Director of Nursing and Allied Health Professionals
Jane Christie-Flight	Employee Director/Non-Executive Director
Karen Kelly	Non-Executive Director
Professor Jann Gardner	Chief Executive
Dr Mark MacGregor	Executive Medical Director
Stephen McAllister	Non-Executive Director
Rob Moore (via MS Teams)	Non-Executive Director
Colin Neil	Executive Director of Finance
Linda Semple	Non-Executive Director (Vice Chair)

### In attendance

Serena Barnatt	Human Resources Director
Christine Divers	Director National Elective Services
Gerard Gardiner	Head of Corporate Governance and Board Secretary
Nicki Hamer	Deputy Head of Corporate Services
Sandie Scott (MS Teams)	Director of Strategic Communications and Stakeholder Relations
Graham Stewart	Deputy Director of Finance

### Guests

Michael Breen	Non-Executive Director, NHS Ayrshire and Arran
Carolynne O'Connor	Director of Operations, NHS Lancashire and South Cumbria

### Minutes

Denise Crossan	Senior Corporate Administrator
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## 1 Opening Remarks

### 1.1 Wellbeing Pause

Susan Douglas-Scott introduced the Wellbeing Pause, aimed at helping to recreate connections between colleagues.

### 1.2 Chair's Introductory Remarks

Susan Douglas-Scott welcomed all to the hybrid Board Meeting.

Newly appointed Director of National Elective Services, Christine Divers, was welcomed to the meeting. Carolynne O'Connor, Director of Operations NHS Lancashire and South Cumbria, who will join NHS Golden Jubilee (NHSGJ) in October 2022 as Deputy Chief Executive and Director of Operations was welcomed to the meeting. The Chair noted that Michael Breen, Non-Executive Director of NHS Ayrshire and Arran had joined the meeting as an observer.

The Board noted that it was Colin Neil's last Board meeting and Board Members thanked him for his enormous contribution over the years and wished him well in his new role.

Susan Douglas-Scott informed the Board that sadly, a NHSGJ Consultant Anaesthetist, had passed away suddenly. The Board were saddened by the news and extended their condolences to the family.

The Board extended their thanks to all staff for their commitment and hard work during an exceptionally difficult year.

Susan Douglas-Scott remarked that the Annual Accounts were approved at the June meeting and that the Board were looking forward to seeing the outputs from the evolving NHSGJ portfolio and the key role NHSGJ would play in Innovation, as the Board's ambitious plans are progressed.

On 10 June 2022 the Board welcomed the Permanent Secretary, JP Marks and showcased the work of NHSGJ, Centre for Sustainable Delivery (CfSD) and NHS Scotland Academy (NHSSA). A photoshoot session was held for the media and the Permanent Secretary spoke with a number of staff and patients.

Susan Douglas-Scott noted that NHSGJ was celebrating 20 years of collaboration, innovation and person centred care as a unique national asset for NHS Scotland, carrying out close to one million procedures, treating patients from every Health Board area across the country. The Communications Team were thanked for their continued support.

NHSGJ hosted the Lord Lieutenant of Dunbartonshire and representatives of Lancastria families and Foundation Scotland for the annual Lancastria wreath-laying service.

### **1.3 Apologies**

Lynne Ayton	Interim Executive Director of Operations
Marcella Boyle	Non-Executive Director

### **1.4 Declarations of Interest**

There were no changes to the standing declarations of interest.

## **2 Chief Executive Update and Remarks**

Jann Gardner informed the Board of a number of recent senior appointments including: Carolynne O'Connor Deputy Chief Executive/ Director of Operations;

Denis Flanagan, Commercial and Logistics Director; Christine Divers, Director of National Elective Services; and Jennifer Pope, Deputy Director of Workforce. Jann Gardner also informed the board a preferred candidate had been identified for the post of Executive Director of Finance and would announce in due course following Cabinet Secretary approval.

Jann Gardner reflected that these were important posts during a time of change within NHSGJ and welcomed the robust recruitment process which had resulted in increased resilience to the organisation through these appointments.

Jann Gardner provided Board Members with an overview of the key aspects of the 4 governance quadrants including financial and performance update. It was noted that the committees had received data and information through the integrated performance reports and financial year end reports that spanned two reporting periods. It was also noted that Executive colleagues would reference the data presented and discussed at committee also providing an update where appropriate of any key changes.

Jann Gardner noted that NHSGJ had successfully been re-accredited with the Defence Employer Recognition Scheme (ERS) Gold Award. NHSGJ first received the Gold Award in 2017 and now submits a bid for re-accreditation every five years. The ERS Gold Event ceremony will take place at Stirling Castle on 3 November 2022.

Jann Gardner noted that plans were underway for a re-scheduled visit from the Chief Executive of NHS Scotland, Caroline Lamb, on 26 August 2022.

Jann Gardner noted that the iMatter survey had closed on 18 July 2022, with the results from this to be presented to the Board in due course.

### **3 Updates from last meeting**

#### **3.1 Unapproved minutes from 30 June 2022 Board Meeting**

The Board approved the minute of the last meeting as an accurate record.

#### **3.2 Board Action Log**

The action log was reviewed and no live actions were noted.

#### **3.3 Matters Arising**

There were no matters arising.

### **4 Clinical Governance**

#### **4.1 Clinical Governance Report**

The Board was presented with the Clinical Governance Report.

Anne Marie Cavanagh, Executive Director of Nursing and Allied Health Professionals, reported that there were seven complaints reported in March 2022 and five in April 2022. There were two Stage 1 complaints of which zero were responded to within the five day response time. There were five Stage 2 complaints of which four were not responded to within the 20 day response time. Improvement plans for response times include weekly reporting at Executive Directors Group with additional Key Performance Indicators (KPIs) currently being identified and developed

There were two Serious Adverse Event (SAE) reviews commissioned in April 2022. The crude mortality data was noted which remained within control limits. There were no Whistleblowing reports in the period.

Anne Marie Cavanagh provided an overview of the HAIRT report and highlighted the following:

- Staphylococcus Aureus Bacteraemia – 1 case in April.
- Clostridioides difficile infection – 0 cases since March 2021.
- Hand Hygiene – bi-monthly report indicates overall compliance of 100%.
- Gram Negative/ E.coli Bacteraemia – 0 cases since September 2021.

It was noted that Covid-19 Respiratory Pathways were well embedded and teams continued to work to reflect output from national groups within local arrangements, as well as contributing to the work of national groups.

Professor Bob Masterton attended the Expansion Programme Board on 19 July 2022 and provided an Infection Control Project update assuring members on the progress to date in Phase 1 and 2 of the expansion.

The Board approved the Clinical Governance Report.

## 4.2 Clinical Governance Committee Update

Morag Brown, Chair of the Clinical Governance Committee, provided an overview of the key issues discussed at the meeting held on 29 June 2022.

- The Committee were provided with a Significant Adverse Event (SAE) overview report. Ninety-eight actions are currently open, with the department working closely with the Divisions to address each action.
- One new risk was noted on the Board Corporate Risk Register for the Committee regarding the Lab system. Assurances were provided around the proposed mitigations in place, noting that dis-continuity of service provision would have serious implications.
- Stewart Craig and Amanda Forbes attended the meeting to present the Cardiac Surgery update. The Committee thanked the department for their continued support.
- Martin Dawes presented the SACCS Strategy. The Strategy would be presented to all Committees in the June/July Committee cycle. The Strategy was recently developed for planned and unplanned care to oversee and review the service's

seven priorities. The Committee endorsed the Strategy and noted that it was an excellent and compelling report.

The Board noted the Clinical Governance Committee Update.

## **5 Staff Governance**

### **5.1 Staff Governance Report**

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

Sickness absence was noted at 5.4% in April 2022 which was a reduction of 0.6% from March 2022. Special leave arrangements for Covid will come to an end on 31 August 2022. An assessment on the impact of the change will be provided to Staff Governance and Person Centred Committee at future meetings. Gareth Adkins added that self-isolation rules for staff in respect of Covid-19 would continue, changing in line with national guidance as required.

In relation to absence due to Mental Health, personal problems such as Bereavement and Stress and Anxiety were the most prevalent factors in absence rates. For work related problems Stress and Anxiety were the most prevalent factors.

Data from the Employee Assistance Programme (EAP) indicated that an improvement in mental health and wellbeing could be seen for those who had attended counselling, providing encouraging signs as to the value of the Board's decision to invest in the EAP. Gareth Adkins noted that the counselling service was confidential, that aggregated data was provided on performance of the service, and staff were not identifiable via the data provided. It was noted that across all NHS Scotland Health Boards, mental health related absence accounted for 20% – 25% of all absences and within NHSGJ this is 25%. Since the introduction of the Employee Assistance Programme, NHSGJs Mental Health absence rate had reduced from 25% to 20%, which supported the Board's approach to early intervention.

The Agenda for Change (AfC) appraisal rate for April 2022 was 51%, down 1% from the previous month. The Medical appraisal rate for April 2022 was 88.6% up from 83.8% in March 2022. 73.9% of Job Plans were completed as at April 2022 for 2022/23 up from 68.7% in March 2022.

Linda Semple noted the interesting discussion and commented that staff with disability related to mental health issues should be provided with support through reasonable adjustments from recruitment through to employment. The Board noted the Staff Governance Update.

### **5.2 Staff Governance and Person Centred Committee Update**

Susan Douglas-Scott noted that the majority of points from the meeting held on 14 July 2022 had been covered within item 6.1 but drew attention to:

- The Committee welcomed the Learning and Organisational Development 2021/22 plan, which they found very engaging and commended the work by the team.
- The Committee commended the work of the Occupational Health Team and noted the strong cross working that was evident with a focus on outcomes.
- The Committee noted the Health and Wellbeing review. The Committee noted an opportunity to explore links between the Health and Wellbeing Plan and Site Plan to further develop the use of green space, taking into account affordability.
- The Committee noted strong comments and feedback received from patients during the year and the improvement in processes and outcomes supporting patients. The Committee reflected that there had been a real focus on improvement and felt it was important to note that compliments far outweighed complaints.
- The Committee received an update from Anne Marie Cavanagh and Theresa Williamson on the Nursing Strategy, which focused on leadership development and change. The Committee had a deeper discussion on 'Schwartz Rounds' and encouraged participation at these events, including by Non-Executive Directors.
- The Committee approved the Equal Pay Analysis paper
- The SACCS Strategy was presented and endorsed by the Committee.
- The 2022/23 revised Key Performance Indicators (KPIs) were approved by the Committee.
- The Committee received a deep dive into Data Monitoring and agreed to carry the item forward to the next meeting to allow a broader discussion.
- The Committee noted the work underway to refresh the Volunteer Strategic Plan. A number of positive comments were made on the value that volunteers make to patients and staff and the value that volunteers take from their work.
- Jann Gardner presented the Corporate Objectives, which it was noted was being reported to each governance committee and to Board on 28<sup>th</sup> July 2022.

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

### **5.3a Workforce Plan 2022 – 2025 and 5.3b Workforce Monitoring Report**

Gareth Adkins provided an update on year one of the three-year Workforce Plan. Health Boards had been asked by Scottish Government to produce a three-year Workforce Plan for 2022 to 2025, aligned to other key plans, including Annual Delivery Plans and three-year Financial Plans.

The plan was presented to the Staff Governance and Person Centred Committee on 14 July 2022 and following feedback from the Committee, a number of areas within the plan were strengthened. The plan was in draft form in accordance with national guidance and linked to the National Workforce Strategy.

The Board commended the comprehensive plan and welcomed that it had clear links to other key plans across the organisation. The Board discussed disability monitoring from the Workforce Monitoring Report and noted that although the disability disclosure figures were lower than hoped, there were positive steps being considered to encourage disclosure. Among these steps, Gareth Adkins noted that the 'Ability Network' had been set up with the aim of enabling and supporting those who had a disability or long term condition and encouraging them to disclose this.



A query was raised in relation to how NHSGJ's Workforce Plan aligns with other Health Boards. Serena Barnatt advised that the Workforce Plans of individual Boards are prepared as part of national activity, with "gap analysis" carried out to identify any national 'hot spots' and to ensure sustainability across all Health Boards. This in turn ensures that individual workforce plans inform the National Workforce Strategy for Health & Social Care in Scotland.

Morag Brown queried if disability data could be analysed throughout the recruitment process, from application to appointment, to provide visibility into rates of interview and successful appointment of persons with a disability. Serena Barnatt responded that if candidates disclose their disability then this could be tracked but candidates often do not disclose this information. The Board noted that the decision to disclose a disability was a personal one to the candidate/employee and noted the measures aimed at encouraging disclosure.

Gareth Adkins noted that HR were actively considering ways of expanding the approach to work placements, referencing the opportunity to increase the number of placements for people with a disability NHSGJ currently has a graduate placement with the Glasgow Centre for Inclusive Living, which is currently one every two years. Gareth Adkins noted opportunities to expand the number of placements with other organisations such as Inclusion Scotland including non-graduate level placements.

The Board also discussed current higher staff turnover rates, and it was noted that this was in line with the current experience of other Health Boards are experiencing and was being closely monitored to identify any 'hot spots' which required particular attention.

The Board approved the Workforce Plan and the Annual Workforce Monitoring Report.

## 6 Finance and Performance

### 6.1 Operational Performance Report

Colin Neil, Executive Director of Finance, provided a presentation on the Operational Performance position as at 30 April 2022 and noted the following key points:

#### Ophthalmology

- Levels of theatre activity are heavily dependent on Consultant availability
- Some success in collaborative working with Health Boards providing Ophthalmologists for staffed theatres
- Outpatient capacity increasing
- In-Patient cancellation rate remains at 4.4% (target is 3%)
- Patients breaching Treatment Time Guarantee (TTG) increased to 132 in month, with improvement work ongoing

#### Orthopaedic Surgery

- Focus continues to be a balance between long waiting and clinically urgent patients awaiting Scottish Government (SG) instruction

- Day of Surgery Admissions (DOSAs) rate increased to 62%
- Cancellation rate reduced by 0.4% to 3.2% from previous month
- 39% of knee replacements performed on Robot against target of 26%
- In-Patient Waiting List (IPWL) noted at 1956, with 790 patients waiting >52 weeks
- Referrals from Boards continue to be 'Treat' only
- Available: Unavailable remains steady at 76%:24%

### **Endoscopy**

- Endoscopy continued to perform well against a challenging target
- Endoscopy cancellation rate continues to decrease to 6.3%. Covid related issues continue to drive this high cancellation rate
- Nursing workforce planning for expansion in progress
- Ongoing reliance on Agency and overtime

### **General/Colorectal Surgery**

- General Surgery cancellations decreased to 11.9% in April from 12.7%. Patients not fit or no longer requiring surgery were main reasons for cancellations
- Focused quality improvement to reduce on the day cancellations

### **Cardiac Surgery Inpatient Waiting List**

- Activity maintained ahead of plan
- Number of patients breaching TTG reduced in March 2022
- Four Cardiac Theatres scheduled to be online from end June 2022

### **Cardiac Surgery**

- Activity at April was 95 against year to date target of 79
- Urgent: elective ration was slightly higher than pre-Covid trends

### **Cardiac Surgery**

- Cancellation rate remains high at 16.1% (19 cancellations) due to staffing (no ICU bed) and patients not fit on day of surgery
- Robust multidisciplinary analysis of reasons for cancellation every week.

Improvement work includes critical care re-design and improvement in pre-operative assessments.

### **Thoracic Surgery**

- Zero patients waiting over 12 weeks
- All tracked patients from May 2020 to date have met the 31 day cancer target

### **Cardiology:**

- Target (511) was not met at end of April due to equipment failure, staff shortages and patient cancellations. Number of procedures carried out was 457.
- 1244 patients on the IPWL with 52 waiting longer than one year. 48 of these waiting for Electrophysiology (EP) procedures
- Urgent to Elective ratio remains high, which impacts on elective capacity.

### **Cardiology Waiting List**

- Longest waiting patients continually reviewed by clinical team



- Compliance with the 72 hour target had improved to 39% by April 2022.

### **Radiology**

- April activity remains behind YTD target
  - Ongoing significant workforce challenges due to short and long term sickness and maternity leave
- Ongoing increased short notice patient cancellations due to Covid related issues.
- SNRRS continues to perform well in 'business as usual model'
  - 96.4% of examinations met the seven day turnaround time
- Collaboration with NHSSA progressing the Ultrasound project
- Ongoing work to upgrade RIS, successful upgrade in June 2022

### **Current Situation:**

- Total clinical activity 6% above target
- Teams reviewing plans to exceed 2022/23 by 10%
- 'Phase 2 / Day 1' planning moved into 'State of Readiness'. Planning underway to maximise capacity on opening.

The Board discussed the impact of non-repatriation of patients and the effect this was having on performance. It was noted that this was putting the system under duress and though it had been noted that non-repatriation was likely to feature as part of Winter Planning arrangements, non-repatriation was now featuring as part of hospital operations more consistently across the financial year. It was noted by the Board that NHSGJ intend to formally write to each West of Scotland Chief Executive to outline the current duress on the system that non-repatriation was having to seek a co-ordinated resolution.

Colin Neil advised that NHSGJ would consider approaching SG with a funding proposal in regard to non-repatriation of patients, particularly given its principal benefit was to the wider NHS Scotland system. Colin Neil indicated that this topic would form part of the regular performance update at FPC committee and to the Board as required, with recommendations as to funding requirements developed as the situation required.

The Board approved the Operational Performance Report.

## **6.2 Finance Report and Financial Plan 2022/23 – 2024/25**

Colin Neil provided an update on the Month 2 financial position and noted the following key points:

- The financial position as at 31 May 2022 reported a total surplus of £0.02m for core revenue and income.
- 2022/23 Total Efficiency Savings target of £4.51m. The total identified, to date, in year is £1.3m with an initial estimation of schemes amounting to c£1m to follow. Leaving a potential shortfall of £2.2m.
- Non-core position reported as break-even.
- Capital position reported as break-even.

- The Golden Jubilee Conference Hotel (GJCH) position had been closed at break-even at this point of the financial year as forecasts are being developed for this area together with income assumptions and support funding.
- The trail of RRL Baseline budget to current annual budget had not been included at month 2, as this would be issued by SG for Quarter 1 reporting. At this stage it would be incorporated into the paper in line with last year, including agreement on original budget.
- Expenditure was £14k overspent with underspend in pays being offset by a current pressure in non pays.
- Medical Pays, Admin Pays, Surgical Supplies are all expenditure areas that are overspent.
- SG have allocated £2.2m of Covid Funding for 2022/23 allowing coverage of some key financial pressures.
- Funding approved for Ophthalmology IS Hybrid Model, Main Suite IS Theatre, General Surgery, Phase 2 accelerations and Endoscopy Mobile Unit.
- CfSD Baseline Workforce agreed and formal position on programme budget awaited.
- NHSSA funding sources currently above anticipated spend, awaiting confirmation on final revenue allocation, capital allocation has been agreed.
- Core Capital allocation is £2.6m and now have £8.6m of approved capital spend. Refurbishment of another Cath Lab has been approved through Infrastructure Support funds and part of ambitions for 2022/23.

The Board commended the achievement of a revenue surplus, while acknowledging financial challenges in certain areas.

Colin Neil delivered a presentation on the Financial Plan 2022/23 – 2024/25 and noted the following key points:

- Additional baseline funding has not yet been confirmed. 2% assumed as the baseline uplift at this time of £2.2m.
- Waiting Time Improvement initiatives agreed of £5.3m with a further £0.874m to be confirmed.
- Covid-19 Funding – confirmation of an increase in NHSGJ funding to £2.2m
- It was assumed that a further uplift would be confirmed to fund the proposed increase in the Public Sector Pay Policy (PSP) offer of a 5% pay award.
- All NHSGJ and other NHS Boards SLA uplifts would be subject to the Corporate Finance Network (CFN) SLA inflationary uplift agreement. Recent discussions had suggested an increase of 3.23% to be applied to all SLAs in 2022/23. This change represented a benefit of £965k to NHSGJ. Any increase to pay award will also increase SLA receipts when the % was agreed.
- Remobilisation, Recovery and Redesign Plan funding had been agreed at £5.334m. Further discussions ongoing to finalise the funding required for Cardiac IS theatres, Mobile Cath lab and Cardiology weekend sessions of £0.874m.
- Vaccination costs confirmed as previous submission at £100k.
- Test & Protect cost confirmed at £251k based on existing mobile testing facility.
- Other Covid funding of £2.2m had also been confirmed by SG, to cover the ongoing costs of Covid. This included funding for the forecast income loss for the GJCH into 2022/23. This had been revised slightly within the current version of the Finance Plan to £1.2m from the original £1.5m.

- HLD Recovery – The Board previously received non-recurring funding to support the workforce implemented into the HLD division. This area will require to be managed within the £2.2m Covid funding and cost reductions.
- NHS Scotland Academy – Further clarity had been received through meetings with SG around the initial £4.5m for the revised National Treatment Centre Resource and Investment for accelerated workforce development programmes in the future. Whilst SG Health Finance had confirmed that only £3.5m had been set aside for this now, plans had been put forward to be included within the 2022/23 funding requirement. 70% of this was assumed to relate to initiatives undertaken at NHSGJ whilst the remaining 30% was assumed to relate to NES work programmes.
- CfSD assumes a cost neutral position within the Finance Plan with £5.34m workforce baseline, £369k additional for Innovation and Strategy Programme and £7.5m programme budgets.
- Elective Treatment Centre assumes a cost neutral position, Annual Delivery Plan (ADP) activity plan assumptions and aligned with original Phase 1 & 2 FBC position plus the impact of the two Endoscopy rooms and incorporated acceleration of plans.
- International Recruitment costs assumptions of £905k align with the business case being developed. Income of £625k was assumed in the revised Finance Plan although it was acknowledged that an element of internal costs may need to be funded directly via the Board.
- Cath Lab 5 – No external funding support had been approved, at this stage, to support this development. Discussions ongoing via regional planning and Health Boards, and will be the subject of discussion with Regional forums and with Scottish Government.
- Service Planning – Collation of these across services incorporated development plans to increase sessional availability. Further work will be required to prioritise these developments and take proposals to Scottish Government for funding.
- eHealth Investment – additional support incorporated following approval of the investment paper and in light of key issues experienced over the last two years and the evolving demand on the eHealth Team from agile working, system response and to national system upgrades and innovative technologies.
- LIMS increased Costs – Following the notice served to the Board, as well as six other Health Boards for the current Labs Information Management System, a provision of £1m had been included within the revised financial plan to account for this potential unexpected cost to extend/replace the current system.
- From current models the efficiency savings programme was projected to be in the region of £4.5m - £4.6m for 2022/23.
- The Capital Plan had been issued to the Scottish Government for the next five years. It had also been noted that “Phase 3” ambitions are under construction and would follow in due course.
- Annual Delivery Plan Update
  - Planned Care Recovery Schemes HLD Division
    - Eradication of long waiting electrophysiology patients
    - Increasing cardiac surgery by operating one extra theatre day/week to support NHS GJ patients and other NHSS long waiting cardiac surgery patients

- Initiating non-repatriation for cardiology patients to support regional flow (releases beds to WoS, not an activity increase)
- Planned Care Recovery Schemes NES Division
  - Re-purposing endoscopy capacity for general surgery
  - Optimising general surgery theatre lists
  - Use of unstaffed cataract capacity by NECU campaign capacity/IS team
  - Extension of current IS cataract contract
  - Offering unused orthopaedic /General Surgery Theatre capacity to NECU/IS team
  - Procurement of a dual Vanguard Unit to provide Endoscopy and General Surgery capacity

The Board approved the Finance Report and Financial Plan 2022/23 – 2024/25.

### 6.3 Finance and Performance Committee Update

Stephen McAllister, Chair of Finance and Performance Committee, referred to the update contained within the Board papers. He noted that all matters discussed at the meeting held on 5 July 2022 had been covered in the earlier updates.

The Board noted the Finance and Performance Committee Update.

## 7 Strategic Portfolio Governance

### 7.1 Hospital Expansion Programme Update

The Board received an update from Colin Neil on progress with the Expansion Programme and were presented with the following key information:

#### Phase 1 Eye Centre

- Operational from November 2020
- Ongoing defects monitoring continued
- Agreed water chilling solution with the PSCP
- NHS Scotland Assure to review design
- Solution will be taken to the Water Safety & PCIC Groups
- Floor issue identified in OPD (3 rooms)

#### Phase 2 Surgical Centre

- Works continue on site to programme
- Significant level of works to progress in coming four weeks
- Issues affecting programme
  - Water management solution to minimise/prevent water dumping
  - Access date to Endoscopy Decontamination area
- No changes to the high risks previously reported
- Stage 3 Key Stage Assurance Review (KSAR) Action Plan issued to NHS Scotland Assure in May 2022
- Independent review by Technical Consultants
- Stage 4 KSAR commenced in May 2022

- Workshops held with NHSGJ, NHS Assure, Kier and Subcontractors
- Draft report issued week commencing 1 August 2022 with final report due end of August 2022

The Board noted the Hospital Expansion Programme Update.

## **7.2 Strategic Portfolio Governance Committee Update**

Linda Semple, Chair of the Strategic Portfolio Governance Committee, highlighted the matters arising at the Committee held on 5 July 2022.

- The Committee noted progress and commended the work of NHSSA and CfSD and approved the Assurance Statement for CfSD.
- The Committee approved the amendment to the Terms of Reference as recommended in the Report submitted.

The Board noted the Strategic Portfolio Governance Committee Update.

## **7.3 The Scottish Adult Congenital Cardiac Service (SACCS) Strategy**

Gareth Adkins updated the Board on the SACCS Strategy.

The Strategy had been developed to address the growing number of adults with congenital heart disease. Whilst there are many areas within SACCS requiring development, the Strategy focuses on the seven key priorities described in the Report.

The Board noted that the Strategy had been presented to, and endorsed by, all NHSGJ Governance Committees. Susan Douglas-Scott noted that thorough discussion had taken place at those Committee meetings, providing her confidence that the Board should approve the Strategy as recommended.

The Board approved the SACCS Strategy.

## **7.4 CfSD Assurance Statement**

Linda Semple presented the CfSD Assurance Statement. The Strategic Portfolio Governance Committee had approved the Assurance Statement and asked the Board to note that assurance had been provided on the work of CfSD and that the full Assurance Statement would be discussed at the private session of the Board.

The Board noted the CfSD Assurance Statement.

## **7.5 SPGC Annual Report 2021/22**

Linda Semple referred the Board to the Report contained in Board papers.

The Board noted the SPGC Annual Report for 2021/22.

## **8 Corporate Governance**

### **8.1 Cyber Security**

Colin Neil provided an update on Cyber Security and noted the following key points:

- NIS Directive - Compliance targets provided for all Boards and target noted at 60% overall compliance by December 2023. NHSGJ compliance at January 2022 was 43%
- NIS Compliance Update – prioritised effort following NIS Tracker Development. Focus on Black/Red/Amber tasks. Review of previous evidence and identify gaps. Challenges including: Workforce; competing priorities; and volume of recommendations (102) and controls (436)
- NIS Compliance – Progress Locally - Projected current compliance approx. 47.5%
- Further Activity - A number of “in-flight” exercises towards compliance
- Additional systems from Capital spend (software/hardware)
  - Recruitment of key cyber and governance posts
  - New IT Service Desk product
  - Redesigned inventory processes
  - Potential for additional 8% increase
- Next interim audit scheduled for October 2022

The Board sought assurance on the internal timeline to achieve the 60% compliance target. Colin Neil confirmed that a number of planned actions were anticipated to deliver a further 8% compliance, with the interim audit in October 2022 expected to deliver further progression. Colin Neil added that recruitment to key posts within the Digital and e-Health division would prove important in improving compliance rates towards the 60% target.

The Board noted the Cyber Security update.

### **8.2 Board Corporate Risk Register**

Colin Neil informed the Board that the Board Corporate Risk Register had been refreshed and had been reported to each of the Committees in the June/July cycle. The narratives for each risk had been updated as part of this refresh.

The Board approved the Board Corporate Risk Register.

### **8.4 Corporate Objectives**

Jann Gardner provided the Board with an overview of the Corporate Objectives.

The Corporate Objectives and vision had been formed to set the direction for NHSGJ senior leadership. A session had taken place with senior leaders on Wednesday 27 July 2022, with group discussion aimed at ensuring awareness of the objectives, and reflection on their role in shaping activity and priorities in different service areas.



Jann Gardner remarked that it was an exciting period of growth and development for the organisation, with the opportunity of maximising NHSGJ's contribution to NHS Scotland Recovery.

Gareth Adkins provided the Board with some of the examples of specific activities that were designed to ensure achievement of the Corporate Objectives and noted that each objective had been mapped against the Board Corporate Risk Register.

The Board commended the work undertaken on the Corporate Objectives and the integration with the Board Corporate Risk Register.

It was agreed that Committee cover papers should now include an explicit linkage as to which Corporate Objective the Report was concerned with.

Action No.	Action	Action by
Bpu/220728/01	<b>Corporate Risk</b> Cover paper templates to identify alignment to the relevant Corporate Objective.	Gerard Gardiner

The Board approved the Corporate Objectives.

## 8.5 Whistleblowing Annual Report

Anne Marie Cavanagh presented the Whistleblowing Annual Report and noted that no concerns were raised in 2021/22. As no concerns had been raised the Annual Report focused on governance arrangements to ensure appropriate oversight of management of concerns and activities aimed at raising awareness of the standards. The report would be sent for information to the Independent National Whistleblowing Officer for information, if approved by the Board.

Anne Marie Cavanagh extended thanks to Callum Blackburn for his contribution to the report.

Callum Blackburn noted that 'Speak Up' week would take place between 3 and 7 October 2022, noting the focus of the week was the promotion and celebration of speaking up within NHS Scotland.

The Board approved the Whistleblowing Annual Report

## 8.6 Standing Financial Instructions (SFIs)

Colin Neil presented the Standing Financial Instructions.

All individual instructions had been reviewed and approved by the Audit and Risk Committee and were being presented to the Board for formal approval. The SFIs will be published on the Board's intranet to ensure visibility by all staff.

Colin Neil explained that the full suite of SFIs is subject to review every two years. However any significant changes to individual instructions will be progressed as required.

The Board noted that it was important that staff were aware of the SFIs. Colin Neil advised that this was something that would be developed further and presented through various forums to create awareness. It was suggested that such communication include reference to the index of SFIs, to enable staff to navigate quickly to those SFIs which relate to specific activities

Action No.	Action	Action by
Bpu/220728/02	<b>Standing Financial Instructions</b> Staff communications regarding SFIs to include reference to the SFI Index.	Executive Director of Finance

The Board approved the Standing Financial Instructions.

## 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 12 May 2022.

### 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 3 May 2022.

### 9.3 Finance and Performance Committee Approved Minutes

The Board noted the Finance and Performance Committee approved minutes for the meeting held on 3 May 2022.

### 9.4 Strategic Portfolio Governance Committee Approved Minutes

The Board noted the Strategic Portfolio Governance Committee approved minutes for the meeting held on 5 May 2022.

### 9.5 Audit and Risk Committee Approved Minutes

The Board noted the Strategic Portfolio Governance Committee approved minutes for the meeting held on 20 April 2022.

## 10 Any Other Competent Business

There was no other competent business raised.

## 11 Date and Time of Next Meeting

The next scheduled meeting of the NHS GJ Board will be Thursday 29 September 2022 at 10am.