

## Approved Minutes

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

**Date: Thursday 30 March 2023, 10:00**

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

### Members

Susan Douglas-Scott CBE	Board Chair
Gordon James	Chief Executive
Callum Blackburn	Non-Executive Director
Marcella Boyle	Non-Executive Director
Michael Breen	Director of Finance
Morag Brown (via MS Teams)	Non-Executive Director
Jane Christie-Flight	Employee Director/Non-Executive Director
Karen Kelly	Non-Executive Director
Mark MacGregor	Medical Director
Stephen McAllister	Non-Executive Director
Rob Moore	Non-Executive Director
Linda Semple	Non-Executive Director (Vice Chair)
Steven Wallace	Non-Executive Director

### In Attendance

Anne Marie Cavanagh	Director of Nursing and Allied Health Professionals
Carolynne O'Connor	Deputy Chief Executive/Director of Operations
Gareth Adkins	Director of Strategy, Planning and Performance
Serena Barnatt	Director of Workforce
Nicki Hamer	Head of Corporate Governance and Board Secretary

### Observer

Caroline Handley	Deputy Director, National Elective Services
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### Minutes

Christine Nelson	Deputy Head of Corporate Governance
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## 1 Opening Remarks

### 1.1 Chair's Introductory Remarks

Susan Douglas-Scott welcomed everyone to the Board meeting, acknowledged there were a new First Minister and Cabinet Secretary, who had a background in health and that the Cabinet Secretary had already been invited to visit NHS Golden Jubilee (NHS GJ).

Susan Douglas-Scott highlighted that KPMG had been appointed as the external auditors for NHS GJ and they would be presenting at the meeting.

It was noted that at the last Board Seminar, the Board learned about the Health and Care (Staffing) (Scotland) Act 2019, received an update on the Expansion Phase 2 and participated in a session with Counter Fraud.

Susan Douglas-Scott commended the Staff Awards event held, stating how rewarding it was to see and hear all the positive stories, thanked Tosh Lynch and Joe Keenan for presenting the event and the Communications Team for their hard work in making the event a success.

Susan Douglas-Scott reminded the Board of the Spiritual Care Strategy and how it emanated the essence of spiritual care and leadership and embraced the values of the organisation. Susan Douglas-Scott reflected on the challenges some people were experiencing and sent love, care and compassion.

Susan Douglas-Scott congratulated Linda Semple and Stephen McAllister on being accepted onto the first cohort of the Aspiring Chairs programme with NHS Education for Scotland (NHS NES).

Susan Douglas-Scott asked the Board to note that Karen Kelly had given one year's notice of stepping down as a Non-Executive Director and expressed the Board's appreciation for Karen Kelly's contribution to NHS GJ. Recruitment for a replacement would be started prior to Karen Kelly leaving the Board. In addition the Board noted that Rob Moore and Morag Brown had been re-appointed for a further four years. Susan Douglas-Scott offered congratulations and thanked them for their continued service.

Susan Douglas-Scott reminded the Board of the upcoming seminar on Understanding the Blueprint for Good Governance (BfGG) and requested that if any Board members who still wished to attend, to notify Nicki Hamer by 31 March 2023.

The Board welcomed Caroline Handley, Deputy Director for National Elective Services (NES) as an observer at the meeting.

Susan Douglas Scott advised the Board that she had attended the Green Theatres launch hosted by CfSD on 28 March, adding that it was a very well attended and informative event and the Centre for Sustainable Delivery (CfSD) would update the board at the seminar in April.

Susan Douglas-Scott had attended the Board Chairs Group and received presentations on the CfSD, discussed anchor institutions, health and equalities and was given an opportunity to introduce the National Spiritual Care Lead from Scottish Government and to encourage other Board Chairs to develop their own Spiritual Care Strategy.

## **1.2 Apologies**

No apologies received

## **1.3 Declarations of Interest**

There were no changes to the standing declarations of interest.

## 2 Chief Executive Update

Gordon James was pleased to highlight that NHS GJ had become the first Scottish Health Board to be accredited Joint Advisory Group (JAG) status for Endoscopy.

The Board noted that Gordon James, Linda Semple and Serena Barnatt had attended a Scottish Veterans Event in the Golden Jubilee Conference Hotel (GJCH) and had been commended for their support. The Board would be advised in April whether they had achieved gold accreditation. Gordon James added that work was ongoing around recruiting people from the armed forces and veterans into NHS jobs.

Gordon James reported that since July 2022, the Scottish National Radiology Reporting Service (SNRRS) had completed over 200k examinations which would have been carried out by local providers, saving £1.5m for the NHS.

Gordon James highlighted the showcase held with the University of Strathclyde (UoS) and the NHS GJ senior team, stating that it was really interesting, provided an understanding of the breadth of work that UoS and NHS GJ could do together. Gordon James also attended a research event at University of Glasgow (UoG) where more clinical connections were made.

Gordon James stated that he had met with Members of Scottish Parliament (MSPs), the Principles of UoS and UoG, the Chamber of Commerce and West Dunbartonshire Council, adding that these meetings had been very positive.

Gordon James reported attendance at the Health and Sport Committee with NHS Greater Glasgow and Clyde (GGC) and NHS Highland. The meeting went well, covering a wide range of topics.

The Board noted that the GJCH was a finalist in the Scottish Prestige Hotel awards and that the ceremony was being held on 23 April 2023.

Gordon James reported that the Green Theatres Programme launch welcomed more than 400 delegates and the link to the event could be shared with anyone who would like to learn more about the programme.

The Board were informed that CfSD launched the Cataract Blueprint for Scotland and the National Elective Co-ordination Unit (NECU) had started validating waiting lists on behalf of Health Boards, for five specialties, for patients waiting more than a year and that CfSD were discussing how to progress clinical validation with Scottish Government (SG).

Gordon James advised that the Innovation Design Authority (IDA) recently approved value cases for the roll out of Closed Loop Diabetes and Digital Dermatology programmes and that SG would provide funding for the first two years.

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

#### **3.1 Unapproved minutes from 24 January 2023 Board Meeting**

The Board approved the minute of the last meeting subject to the following being noted:

- Item 4.3 – Annual Feedback Report 2021/22. Marcella Boyle requested an action to be noted regarding future reports to include complaints and compliments for cases jointly owned with other NHS Boards. The Board agreed this was an action for the Staff Governance and Person Centred Committee rather than for the Board.
- Item 2 – Chief Executives Update – Callum Blackburn queried the meaning of the NHS Scotland Academy programmes being noted as green. The Board confirmed this was referring to being recorded as green RAG status and agreed to amend the minute to reflect this.

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

The Action Log was reviewed and actions updated or closed.

#### **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 by Anne Marie Cavanagh who reported an improvement in the number of stage one and two complaints, showing that improving the whole methodology was taking effect.

Anne Marie Cavanagh reported that one Serious Adverse Event Review (SAER) was commissioned in November, one in December and that a review of SAERs was underway. There were 10 mortalities recorded in November and 12 in December. No whistleblowing concerns had been raised.

Anne Marie Cavanagh provided an overview of the Health Associated Infections (HAI), noting the year to date (YTD) figure was higher than last year but there were no undue concerns. Surgical Site Infections (SSI's) were reported with sporadic cases or Vancomycin Resistant Enterococcus (VRE) in the Intensive Therapy Unit (ITU) since January 2023. Mark MacGregor provided an overview of VRE, adding that 11 cases had been reported since January and an assertive approach was underway to close this down, including screening all patients and increased cleaning measures.

Anne Marie Cavanagh reported that the level of respiratory infections and the Covid-19 status was low but staff continued to be vigilant and weekly data was being

monitored. All inpatients continued to be asked respiratory screening questions on admission.

Susan Douglas Scott asked why there had been a drop in medical staff compliance with hand hygiene. Mark MacGregor stated that this was thought to be due in the main to the wearing of fitness bands and assured the Board that measures had been taken to rectify this.

The Board approved the Clinical Governance Report.

## **4.2 Clinical Governance Committee Update**

Morag Brown, Chair of the Clinical Governance Committee, provided an update on the paper presented, highlighting the key issues discussed at the meeting held on 16 March 2023 including the following:

- The Committee welcomed oversight of the Significant Adverse Events Review (SAER) Learning Summaries and noted improved collaborative working with territorial Health Boards and suggested considering addressing any inequalities issues around the development of patient pathways.
- The Committee looked forward to receiving an updated report on concluded actions and a comprehensive wrap-around report on Transcatheter Aortic Valve Implantation (TAVI).
- The Committee approved the Corporate Risk Register, Committee Terms of Reference, subject to two amendments to the membership, and the Committee Workplan for 2023/24.
- The Committee noted the Whistleblowing Q3 Update, including the new “Speak Up” approach and that two questions would be included in the iMatter questionnaire to help increase focus on this subject.

The Board noted the Clinical Governance Committee Update.

## **4.3 Clinical Governance Committee Terms of Reference (ToR)**

Mark MacGregor outlined the changes to the ToRs in line with the second version of the BfGG.

The Board approved the ToRs subject to the amendments noted by the Clinical Governance Committee.

# **5 Staff Governance**

## **5.1 Staff Governance Report**

The Board was presented with the Staff Governance Update by Serena Barnatt. It was noted that the sickness absence rate for January was 6.1%, down 0.8% on the previous month. Stress/anxiety and depression remained the highest absence reason at 20.7%, Cold and Flu was 16.4%, down 19% on the previous month and Covid related absence was noted as 0.2%. A report on musculoskeletal absence, provided to Staff Governance and Person Centred Committee (SGPCC) and

Partnership Forum, would be used to inform the work of the Health and Wellbeing Group.

Serena Barnatt reported that the Agenda for Change (AfC) appraisal rate was 66%, an increase of 4% and that all service areas were working towards the 80% end of year target. 82.6% of job plans were signed off in January, which reflected the performance of Mark MacGregor and team, as this was the highest ever number reported. A report on service planning, appraisal and job planning would be provided to the May Board meeting.

Action No:	Action	Action By
Bpu/230330/01	Present a service planning, appraisal and job planning report to the May meeting.	Mark MacGregor

Serena Barnatt reported that disciplinary and grievance cases continued to report low numbers which reflected good partnership working. Jane Christie-Flight added that statistics had reported low since the values work in 2011/12. The approach of early mediation helped, along with the Once for Scotland Policy. It was noted that discussion was underway on the culture and on reviewing the values of the organisation.

The Board approved the Staff Governance Report.

## 5.2 Staff Governance and Person Centred Committee Update

Marcella Boyle reported the key items from the meeting held on 14 March 2023, including:

- The Committee noted the progress made on appraisals and job plans.
- The Committee approved the Equalities Mainstreaming Report and commended the work undertaken by Rob White.
- The Committee noted the feedback report, including compliments and noted that NHS GJ were to be a pilot site for “Compassionate Communications” training.

Marcella Boyle reported the May agenda would be busy and would include a deep dive to continue to promote a positive culture.

Stephen McAllister highlighted the link between absence and appraisal in organisations and commended the work in this area.

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

## 5.3 Equalities Mainstreaming Report

Gareth Adkins presented the Equality Outcomes Midpoint Report, recognising the work of Rob White across the organisation. Gareth Adkins outlined the refined governance with the new Diversity and Inclusion Group structure, which included all the key people across the organisation, which had resulted in better engagement.

Gareth Adkins explained the report was a statutory response under the Public Sector Duties of the Equality Act, which required a four year outcomes report on a range of topics. The key points to note were:

- Executive leads were restructured to align with protocol for protected characteristics and would engage with the networks.
- Further networks were being developed.
- Training was being undertaken on neuro diversity and unconscious bias.

Gareth Adkins highlighted the Phase 2 wayfinding work and service design for the Adult Congenital Heart Service.

Susan Douglas-Scott commented that it was good to hear that the staff networks were strengthening and suggested Endometriosis Awareness was included in the Women’s Network.

The Board noted that Board members would be welcome to attend the networks and expressed their thanks to the Communications team for their support with the report.

Linda Semple commented that the report was excellent, suggested the inclusion of sustainability issues and commended the health passport. Linda Semple highlighted the use of the term “trans status” and requested this was changed to “gender reassignment” throughout the report.

Susan Douglas-Scott requested that a progress update was provided at a future Board meeting.

Gareth Adkins informed the Board that in response to a risk around lack of capacity, approval had been granted for an additional post to support the Diversity and Inclusion work.

Susan Douglas-Scott advised the Board that Rob White had presented the wayfinding proposal to the Expansion Programme Board and suggested a walkround of the Eye Centre could be arranged for the Non-Executive Directors at the next Board Seminar.

The Board approved the Equality Outcomes Midpoint Report.

<b>Action No:</b>	<b>Action</b>	<b>Action By</b>
Bpu/230330/02	“Trans status” to be changed to “gender reassignment” in the Equalities Mainstreaming report.	Gareth Adkins
Bpu/230330/03	Update on Diversity and Inclusion and the Mainstreaming report to be provided at a future Board Meeting.	Gareth Adkins
Bpu/230330/04	A walkround of the Eye Centre to be arranged for Non-Executive Directors at the next Board Seminar.	Nicki Hamer

## 5.4 Staff Governance and Person Centred Committee Terms of Reference Annual Review

Serena Barnatt reported that the SGPCC ToRs had been updated to reflect the BfGG and that membership had been amended to reflect the Staff Governance Standards which required to have five Non-Executive Directors and lay representatives, instead of four.

The Board approved the SGPCC ToRs.

## 6 Finance and Performance

### 6.1 Operational Performance Report

Carolynne O'Connor provided a presentation on the Operational Performance position at January 2023, which included the following:

- Ophthalmology completed a total of 835 cataract procedures against a plan of 880. One hundred percent of in and out patients continued to be treated within 12 weeks. The inpatient cancellation rate decreased to 2.1%, continuing to meet targets. Improvement work continued to achieve 8 Cataracts per list, Optometrist led clinic outcomes were being reviewed prior to full implementation and project groups had been established to progress the work streams identified in the improvement plan.
- The Orthopaedic Service completed 449 procedures against a plan of 431. The Day of Surgery Admissions (DOSAs) rate was 56.8% against a target of 55%. Completion of four joints per session decreased to 30.8%. An action plan was in place to improve this performance. The cancellation rate was 5.8% against a target of 3%, mostly due to patients being unwell. 48% of knee replacements were performed by the robot against a target of 26%. The inpatient waiting list was 922 with 525 patients waiting over 52 weeks, although the number of long waiting patients continued to drop. The overall waiting time for surgery remained at 4-5 months but work continued to reduce the waiting time to 12 weeks by the end of May.
- Endoscopy reported a total of 602 scopes carried out against a plan of 438, 3% behind the revised ADP. The cancellation rate was 9.6%. NHS GJ were managing NHS GGC and NHS Lanarkshire waiting lists. A new national Unisoft service was being rolled out, with NHS GJ being an early adopter.
- General/Colorectal surgery carried out 121 procedures against a target of 100. The Enhanced Monitoring Unit (EMU) beds for general surgery were open, helping to reduce reliance on High Dependency Unit (HDU) beds. Cancellations reduced to 4.9%, the first time that the 7% target had been met.
- Heart, Lung and Diagnostics (HLD) division:
  - Cardiac Surgery reported 26% activity, ahead of plan, a reduction in inpatient waiting list, a 16.7% cancellation rate and an ongoing focus on DOSAs, Enhanced Recovery After Surgery (ERAS) and reducing length of stay.
  - Thoracic Surgery reported an outpatient waiting list of 96, Inpatient waiting list of 65, no patients waiting over 12 weeks and theatre activity of 96 procedures, 23 procedures under target. The recruitment process had begun for a sixth Consultant.



- Interventional Cardiology coronary work for elective/urgent capacity was 3% below plan. Cath Lab activity was increasing slowly but had been impacted by lab breakdowns, which was being rectified. Electrophysiology (EP) activity was 9.6% below plan, the service continued to receive a high number of referrals and the waiting list position was deteriorating due to lack of general anaesthetic capacity. A business case was being developed.
- TAVI activity was forecast to achieve 208 procedures by year end, but there had been a detrimental impact on elective coronary and Non-ST Segment Elevation Myocardial Infarction (NSTEMI) capacity. An implementation plan was in place to achieve 229 procedures for 2023/24.
- Radiology cumulative activity was 7% ahead of the YTD target. Reporting capacity continued to be the most significant challenge in diagnostic imaging. The March 2023 target was for 70% of exams to be completed within 6 weeks of referral. Magnetic Resonance Imaging (MRI) achieved 50.4%, Computed Tomography (CT) 62% and Ultrasound 100%. Additional funding had been granted for weekend working for CT and Ultrasound.

The Board noted the transplant activity and positive outcomes.

Gareth Adkins highlighted that baseline funding was provided for c. 17-20 transplants per year and carrying out an additional 20 transplants (i.e. 100% increase) was supported by non-recurring cost per case, which does not allow for investment in the team and facilities. Given the complexity, time and care required for transplants, this can result in displacement of other more regular clinical activity.

Linda Semple commented on delays in NHS Borders and asked whether this was related to NHS GJ or repatriation. Carolynne O'Connor responded that repatriation was a big element.

Linda Semple asked about the benefits of robotic knee surgery and whether the 40% rate could be increased. Carolynne O'Connor stated that the Surgeons had reported positive patient outcomes and the aim was to increase this, but as some cohorts of patients would not be suitable for robotic surgery, 100% would not be achievable. Mark MacGregor reported that the benefit of robotic surgery was a longer lasting joint, due to better alignment, and further research by the team to validate this was underway.

Gareth Adkins highlighted that as the prevalent number of patients in Scotland with primary arthroplasty rises, there could be a point in future when a higher number of patients require arthroplasty revision surgery. Mark MacGregor responded that this could be a future opportunity for NHSGJ services. Gareth Adkins also noted that as NHS GJ carried out a high volume of primary arthroplasties by highly skilled surgeons, further research was required to understand the impact of robotic surgery with respect to longer term clinical outcomes and impact on reducing the requirement for future revisions.

The Board approved the Operational Update.

## **6.2 Financial Report as at 31 December 2022 (Month 9)**

Michael Breen reported the Month 9 financial position, including the following comments/observations:

- Month 9 actual surplus versus YTD budget of £70k was reported.
- Financial Year End (FYE) efficiencies of £2.535m had been identified at Month 9.
- NHS GJ was on track to deliver the Financial Plan with a breakeven outturn forecast at March 2023.
- Anticipated full year funding allocations of £122.224m from SG with confirmed allocations of £79.433m at Month 9 and a further £42.791m anticipated this financial year.
- Core funding released at Month 9 was £80.105m.
- Other income totalled £61.594m equating to an over-recovery against a YTD budget of £771k
- An expenditure overall overspend of £701k, with favourable pay costs of £902k and adverse non pay costs of £1,603k.
- Month 9 efficiencies of £2.535m were identified with a further £0.367m forecast. The forecast to March 2023 was £2.902m with a gap to the Financial Plan of £1.688m. Further efficiencies were being sought.
- The key risks and current assumptions of the projected breakeven outturn included the pay award and Phase 2 recruitment being fully funded. Service Level Agreement (SLA) volume levels would be achieved, Cath Labs were covered and TAVI funding mitigated.
- The breakeven non-core position included depreciation charges, annual managed expenditure items and any impairment of assets.
- The revised capital plan at December 2022 was £36.220m with expenditure to date of £17.584m.

Michael Breen added that a significant issue with the national financial ledger system had been reported to the Finance and Performance Committee (FPC). This was due to a scheduled system update which, when it was implemented, resulted in significant downtime and unavailability of some key functions and processes.

Susan Douglas-Scott welcomed the assurance that Month 10 was on the same trajectory.

Linda Semple asked if efficiency savings still had to be realised and would they be delivered, given the trajectory being reported being break even. Michael Breen stated a clearer definition of what constituted efficiency savings was required, and how they were reported, going forward. Michael Breen noted that not all in-year budget savings were included within the reporting of efficiencies e.g. corporate reserves held for particular purposes, such as a Nursing pay pressure budget, and items such as these were part of the overall mitigation/ forecasting strategies to achieve a break even position for 2022/23.

Michael Breen stated that an update on the 2022/23 efficiencies programme would be provided at the next FPC meeting to allow further more detailed discussion and scrutiny.

Karen Kelly referred to the Operational report and asked if there were efficiencies reflected in that report that were difficult to capture. For example, reviewing the

resources needed to deliver the plan and was there a need to realign that resource and highlight the good news regarding efficiencies. Carolynne O'Connor responded that over performance was being looked at with Finance and how procedures could be aligned to ensure appropriate payment.

Linda Semple commented that given the purpose of NHS GJ, a communication model was important and perhaps a value management model could be considered.

Stephen Wallace asked if the ledger issues were solved. Michael Breen stated that most of the significant issues were resolved by the end of February with NHS GJ staff relying for a further period on more manual processes.

Susan Douglas-Scott acknowledged the complexity of the reporting, that the team had been working hard and asked Michael Breen to pass on thanks on behalf of the Board.

The Board approved the Month 9 Financial Report.

### **6.3 Finance and Performance Committee Update**

Stephen McAllister presented the update from the Finance and Performance Committee meeting held on 7 March 2023, stating that there were further matters that would be discussed during the Board Private meeting. Stephen McAllister thanked the team and Committee for reconvening for an extraordinary meeting on 16 March 2023 and highlighted the following:

- The Committee noted GJCH was 20% ahead of plan.
- The Committee noted the performance reviewed was exceptional and considered how to manage the areas for improvement.
- The management of waiting lists on behalf of other NHS Boards had been a positive move.
- The Committee received an update from the Research Institute on the recovery of research programmes after the Covid-19 pandemic.
- The Committee discussed the robust governance requirements for digital transformation within the organisation and agreed a report would be provided to the Board.

The Board noted the Finance and Performance Committee Update.

### **6.4 Audit and Risk Committee Update**

Karen Kelly provided an overview of the report from the Audit and Risk Committee (ARC), held on 14 February 2023 which included:

- The Committee noted an advisory review had been carried out with GJCH and 6 observations were highlighted, all of which were accepted, and responses were underway.
- The Committee noted 22 outstanding actions from the follow up audit report. Michael Breen reported that the Executive Directors were ensuring that actions were being followed up.

The Board noted the Finance and Performance Committee update report.

## **6.5 Delivery Planning Template Review Q3**

Gareth Adkins outlined the templates prescribed by SG and that the highlight reports summarised the key points. The red RAG status related to EP Cardiology but the majority of actions were on track. Gareth Adkins provided an overview of changes in RAG status, one due to Colorectal staff sickness rates and one regarding virtual consultations.

Gareth Adkins reported that due to the deadline set by SG, the report had already been submitted to SG, pending Board approval.

Susan Douglas-Scott advised that any amendments could still be provided to SG and reminded colleagues that the report had been approved by FPC on 7 March 2023.

The Board approved the Delivery Planning Template Review for Quarter 3.

## **6.6 Finance and Performance Committee Terms of Reference Annual Review**

Stephen McAllister highlighted the minor changes to the ToRs as noted by FPC.

The Board approved the Finance and Performance Committee ToRs.

## **6.7 Introduction to External Audit Team**

Susan Douglas-Scott welcomed Rashpal Khangura, External Audit Director and Imogen Milner, External Audit Manager from KPMG who joined the meeting to provide an introductory presentation to the Board.

Rashpal Khangura introduced the core team and provided some background on their experience then provided an overview of the scope of the audit, outlining the different components including; financial management; financial sustainability; vision; leadership and governance, as well as use of resources to improve outcomes. Some enhanced work would be carried out on financial sustainability and understanding the arrangements to deliver the financial plan.

Rashpal Khangura explained the audit cycle and timetable key points and added that the outcome and key findings of the audit would be presented at the June 2023 Board meeting. Feedback and debriefing would follow thereafter to refine the next audit plan.

Rashpal Khangura highlighted the audit risks and focus areas, including the need to look at revenue and expenditure at year end and check the detail regarding auditing standards and expectations. A valuation of land and buildings would be carried out and a check on provisions held to provide assurance. In addition the new accounting standard, IFRS 16, required some work but it was not anticipated to be significant for NHS GJ.

Gordon James asked for detail on KPMG provision of external audit services to other Health Boards and how learning could be shared. Rashpal Khangura responded that services were provided to the State Hospital and NHS Orkney and good practice would be considered across the three Boards for improvement and to identify themes around systems and processes.

Michael Breen reported that there had been lots of engagement with the KPMG team so far and that they were gaining an understanding of NHS GJ, adding that the methodology outlined was standard and what would be expected. Rashpal Khangura added that no specific issues had been identified so far.

Susan Douglas-Scott stated it was important to have a smooth transition, thanked KPMG for their reassurance and looked forward to working together.

The Board noted the KPMG update.

*Rhaspal Khangura and Imogen Milner left the meeting.*

## **7 Strategic Portfolio Governance**

### **7.1 Strategic Portfolio Governance Committee Update**

Morag Brown had chaired the last Strategic Portfolio Governance Committee (SPGC) held on 9 March 2023, and therefore highlighted the key matters arising which included the following:

- The Committee noted progress, commended the work and approved the Assurance Statement for CfSD.
- The Committee noted the fabulous work carried out by NHS Scotland Academy (NHSSA).
- Gareth Adkins and the Performance and Planning team provided an update on NHS GJ strategic programmes.
- The Committee acknowledged the SG Planning Guidance and how NHS GJ's objectives would be interwoven into responses for the Annual Delivery Plan (ADP) and medium term plan.
- The Committee commended NHS GJ and University of Strathclyde (UoS) Annual Progress Report.
- The Committee agreed there were no risks or issues to be highlighted to Audit and Risk Committee.

Linda Semple commented that the Non-Executive Directors who were not members of SPGC may find it useful to attend a SPGC meeting to hear the updates from CfSD and NHSSA and extended an open invitation.

Susan Douglas-Scott reported that the CfSD Assurance Statement would be provided to the Board Private meeting in May.

The Board noted the Strategic Portfolio Governance Committee Update.

### **7.2 Expansion/NTC Update**

Susan Douglas-Scott invited Michael Breen to provide an update on the Expansion/ NTC Programme.

Michael Breen reported on the revised handover date of 7 September 2023, the NHS Commissioning period of 12 weeks and advised the first patient treatment was scheduled for 1 December 2023.

Michael Breen provided an overview of progress on each level, the issues affecting the programme and an update on the breakthrough areas. The key milestones to handover included completion of the breakthroughs, external landscaping, drop off area configuration, the NHS Assure commissioning and handover of Key State Assurance Reviews (KSARs).

Carolynne O'Connor reported that the State of Readiness (SoR) Group continued to meet monthly and received regular updates from the subgroups which included reporting on RAG status. There were red RAG statuses for CSPD, Endoscopy and Orthopaedic activity as a result of the programme delay. Theatres reported amber RAG status due to delays in breakthroughs as did Workforce due to recruitment difficulties.

Michael Breen outlined the project risk management process including the various delivery groups where risks were reviewed, opportunities for horizon scanning taken to identify any new or emerging risks and that a separate contractor risk register was maintained.

Michael Breen gave an overview of the very high risk relating to inflation costs being above projections, stating that this was being actively managed in partnership with SG. Five high risks were reported for a variety of reasons. Michael Breen assured the Board that these were being closely monitored and mitigations put in place.

Susan Douglas-Scott stated that the project was progressing well, noting that the delay was disappointing, but that it was important to ensure that lessons learned on other projects were taken on board, adding that it would have been better if earlier notice of the issue had been provided from NHS Orkney. Michael Breen responded that this was a key point to feed back to SG/ NHS Assure and that lessons learned from NHS GJ would be escalated expediently.

Steven Wallace asked what element of the project budget had been impacted. Michael Breen responded that the additional works were currently being costed by Keir and once known by NHS GJ would be shared with SG around how that funding could be made available. M Breen also noted that the Cost Advisers were working through an updated projection for additional costs within the project due to inflation and again this item would be discussed with SG around funding support.

The Board noted the Expansion/NTC Update.

## **8 Corporate Governance**

### **8.1 Board Corporate Risk Register**

Michael Breen reported the February 2023 position with 19 strategic risks, one of which was categorised as high, which was in relation to International Recruitment. The next 3 elements related to workforce capacity, budget settlement and financial planning as well as NHSSA. Assurance was provided to the Board that risk management processes were in place.

Michael Breen stated that there were some new risks to be added to the next iteration of the Risk Register as a result of horizon scanning including challenges in Perfusion services and digital transformation.

Marcella Boyle highlighted the digital transformation risk and the wide ranging impact of this across all of the different Governance committees. Michael Breen acknowledged and agreed with the point stating that FPC, SGPC and SPGC all had some responsibilities based on their remits. Susan Douglas-Scott commented that different elements are required to be owned by different Committees.

Gareth Adkins informed the Board that a meeting had been arranged to look at the potential different elements of the digital risk and that a proposal would be brought back to consider the Governance oversight.

Linda Semple stated this was important as it affected the ability to be more nuanced, for example, the new Blueprint ask of ARC was to disseminate audits that relate to different audit committees and it would be important to see how everything joined up from an overall governance perspective.

The Board approved the Board Corporate Risk Register.

## **8.2 NHS GJ Board Workplan (Financial Year 2023/24)**

Gareth Adkins provided a summary of all the key items from the Committees and thanked Nicki Hamer for producing the paper, which provided visibility for the Board and Committees. Gareth Adkins highlighted the Board Seminar Workplan which provided a framework to work to but noted that this would be agile.

Susan Douglas-Scott thanked Nicki Hamer for developing the Workplan.

The Board approved the Board Workplan for 2023/24.

## **8.3 Corporate Governance Update**

Gareth Adkins invited Nicki Hamer to provide the update, which had been developed as a pre-cursor to the Corporate Governance Blueprint.

Nicki Hamer outlined the plan to bring regular governance updates to the Board when available. The report provided referred to the BfGG-Second Edition and provided the Board and Committee meeting dates for the year, adding that members of the Board were welcome to attend any of the Committees as an observer. Susan Douglas-Scott commented that excellent progress had been made in this area. Nicki Hamer stated that Board self-assessments from the Blueprint were

expected in October. Gareth Adkins agreed to continue to develop the workplan with Nicki Hamer and bring updates to the Board when appropriate.

The Board approved the Corporate Governance Update Report.

## **9 Minutes for Noting**

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

The Board noted the CGC approved minutes for the meeting held on 12 January 2023

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

The Board noted the SGPCC approved minutes for the meeting held on 10 January 2023.

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

The Board noted the FPC approved minutes for the meeting held on 10 January 2023.

### **9.4 Strategic Portfolio Governance Committee Approved Minutes**

The Board noted the SPGC approved minutes for the meeting held on 12 January 2023.

### **9.5 Audit and Risk Committee Approved Minutes**

The Board noted the ARC approved minutes for the meeting held on 8 November 2022.

### **9.6 NHS GJ and University of Strathclyde Partnership annual Progress Report**

The Board noted the UoS Partnership Annual Progress Report.

## **10 Any Other Competent Business**

There was no other competent business raised.

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

An NHS GJ Board Seminar has been scheduled for Thursday 27 April 2023 at 10:00 hrs.

The next meeting of NHS GJ Board has been scheduled for Thursday 25 May 2023 at 10:00 hrs.