

Approved Minutes

Meeting: NHS Golden Jubilee Public Board Meeting

Date: Thursday 28 September 2023, 10:00

Venue: Level 5 East Boardroom/MS Teams

Members

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

In Attendance

Anne Marie Cavanagh	Director of Nursing
Carole Anderson	Director of Transformation, Strategy, Planning and Performance
Carolynne O'Connor	Deputy Chief Executive/Director of Operations
James Ayling (via MS Teams)	Non-Executive Director, NHS Borders (Aspiring Chairs Programme)
Nicki Hamer	Head of Corporate Governance and Board Secretary
Jenny Pope	Interim Director of Workforce
Christine McGuinness	Communications Manager

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 and all participated in a short wellbeing discussion.

Susan Douglas-Scott highlighted the following updates since the last Board meeting:

- Carole Anderson was welcomed to her first Board meeting in her new role as Director of Transformation, Strategy, Planning and Performance.
- Jenny Pope was welcomed to the meeting in her interim role as Director of Workforce
- Pam Gosal MSP and Jason Leitch, National Clinical Director for NHS Scotland visited NHS Golden Jubilee (NHS GJ).

- Susan Douglas-Scott and Gordon James met with the Chair and Chief Executive of NHS Lanarkshire to look at how the Health Boards could work together
- The Scottish Speak Up Week Conference was held on 5 September. Anne Marie Cavanagh attended a number of the virtual sessions. Scottish Speak Up Week was being held the following week with the aim to raise awareness of the support and processes in place around Whistleblowing. A dedicated stall would be located at the West Lifts.
- Callum Blackburn attended the Cabinet Secretary meeting on 4 August as NHS GJ Whistleblowing Champion. Callum Blackburn reported that a high interest was shown in the culture change aspect with one Health Board developing a culture dashboard.
- Susan Douglas Scott thanked Linda Semple for attending the Board Chairs Group Away Days in September. Linda Semple reported that the Hotel had received very high praise from the Chairs and that strategic health inequalities, anchor institutions and sustainability were discussed. Linda Semple highlighted the positive discussions she had witnessed regarding NHS GJ, especially regarding the expansion. Linda Semple agreed to send the NECU annual report to the Chairs Group as there had been interest expressed in receiving more information on CfSD and NECU.
- A further delay had been reported with Blueprint Self-Assessment this month.
- A Careers Event was planned for later that afternoon for S3-S6 local school students to highlight the many career opportunities that existed within NHS GJ.
- Susan Douglas-Scott advised the Board that she was unable to attend the private session of the Board and that Linda Semple would step in as Chair. In addition the Digital Session scheduled to be part of the Private Board meeting would be discussion at the end of the Public Meeting.

1.2 Apologies

Stephen McAllister Non-Executive Director

1.3 Declarations of Interest

There were no changes to the standing declarations of interest.

2 Chief Executive Update

Gordon James reported the following highlights:

- Organ and Tissue Donation Week took place from 14-18 September:
 - SNAHFS performed the 500th Scottish heart transplant
 - Cousins Fraser Wilson and Louise Campbell shared their heart transplant stories.
 - NHS GJ staff and patients helped Scotland win the national Race for Recipients, with more than 50,000km clocked during the week.

- NHS GJ was ahead of plan (+1.4%) at the end of July 2023 having carried out 7,111 in-patient, day case and diagnostic procedures in the month.
- Following submission of the Annual Review, Joint Advisory Group (JAG) Accreditation for Endoscopy Services had been further extended until May 2024.
- NHS GJ Laboratory accreditation had been maintained with 20 of the 21 mandatory findings closed at round one. This was an excellent United Kingdom Accreditation Service (UKAS) Assessment Final Report.
- NHS GJ were delighted to visit the UK Centre for Process Innovation (CPI) Medicines Manufacturing Innovation Centre and the National Manufacturing Institute Scotland, both based in Paisley. The visits were organised by colleagues at the University of Strathclyde, who were partners in both organisations.
- Cardiology patient Johnny Dreczkowski thanked the team at NHS GJ and had raised over £60,000 for charity following catheter ablation surgery. Johnny used his 'new life' to the full by embarking on gruelling, long distance cycle rides to raise money for one of his local charities.
- The family of a patient raised more than £5,000 for Scotland's heart transplant service in memory of their loved one who sadly passed away.
- In July, husband and wife doctors Donna Clayton and Jason Roberts competed in the Union Cycliste Internationale (UCI) Cycling World Championships in Glasgow.
- Two new Clinical Directors; Chris Gee (Orthopaedics) & Kasra Shaikhrezai (Cardiac Surgery) had been appointed.
- Iain Skene, the new Head of Procurement, was welcomed to the organisation.
- Day one of the Healthcare Built Environment Session had been held with Day two to follow.
- Bairns' Hoose Ministerial Health Event had been held.
- Visits were hosted for
 - Damon Scott, Dunbartonshire Chamber of Commerce.
 - National Clinical Director, CfSD and Phase 2 focus
- NHS GJ enjoyed visits to:
 - Winter Planning Event on 22 August 2023
 - Anne Marie Cavanagh and nursing colleagues attended the University of Rijeka for the Caring Science International Collaborative - International Scientific Meeting 2023. They presented on how NHS GJ had operationalised the research data and findings, 'Nursing Leadership utilising research to improve outcomes for staff and patients'.
- Internal Visits and Events included:
 - A visit to Rehabilitation and Orthopaedics
 - A local Chamber of Commerce event was held in the Hotel. The Hotel continued to promote how they could work with local businesses.

3 Updates from last meeting

3.1 Unapproved minutes from 25 July 2023 Board Meeting

The Board approved the minute of the last meeting.

3.2 Board Action Log

The Action Log was reviewed and the Board noted that all actions were completed.

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. The following was noted:

- There were 16 complaints received in June 2023. Eleven of these were stage one, with 7 responses provided within the five day timeline. There were five stage two complaints received, with three responses provided within the 20 day timeline.
- The Executive Leadership Team were monitoring progress of the improvement processes.
- There were three Significant Adverse Event (SAE) reviews commissioned in July and four in June.
- There were 12 deaths recorded in both June and July. Reporting of this data was being further reviewed in response to any learnings from the Countess of Chester Hospital outcome.
- There were no whistleblowing concerns raised during this reporting period.
- There were no Health Associated Illness (HAI) instances reported and the hand hygiene rate was reported at 97% for July.
- There were no Surgical Site Infections (SSI's) reported for June and July and the Vancomycin Resistant Enterococcus (VRE) mitigations were de-escalated.
- The Flu and Covid-19 vaccination programmes were underway and Covid-19 community rates of transmission continued to be closely monitored.

Mark MacGregor commented that it was good to see the infection rates reducing.

The Board approved the Clinical Governance Report.

4.2 Clinical Governance Committee Update

Morag Brown, Chair of the Clinical Governance Committee, provided an update, highlighting the key issues discussed at the meeting held on 7 September 2023.

The Board noted the Clinical Governance Committee Update.

4.3 Whistleblowing Quarter One Report

Anne Marie Cavanagh presented the Quarter Two report for Whistleblowing, reporting that there were no concerns reported. Focus had been maintained on

raising awareness of the Standards and process, along with a continued improvement on the uptake of the training modules.

Anne Marie Cavanagh highlighted that a presentation by the Independent National Whistleblowing Officer (INWO) was planned for the next Board Seminar.

Gordon James highlighted the overall iMatter results for the Board and acknowledged that consideration would be given to the outcome.

Linda Semple commended the quality and clarity of the Equality Impact Assessment (EQIA) carried out and commended NHS GJ's EQIA process.

The Board approved the Whistleblowing Training Update.

4.4 Annual Learning Summary

Anne Marie Cavanagh presented the Clinical Governance Annual Learning Summary and advised the Board that some meaningful discussion had taken place at the recent Clinical Governance Committee around this report.

The report provided the opportunity to triangulate data and provide deeper analysis and understanding, which supported the focus on improvement and ensured alignment of learning. Anne Marie Cavanagh highlighted a number of points within the paper.

Carole Anderson reported that it was hoped that more Quality Improvement resource would be available for Quarter 4 and could provide support around potential interventions, for example with Orthopaedic adverse events.

The Board noted the Annual Learning Summary.

4.5 Realistic Medicine

Susan Douglas-Scott asked the Board to note that Helen Mackie, Associate Medical Director was leaving NHS GJ as she had accepted the role of Deputy Chief Medical Officer in Kent. The Board wished Helen Mackie all the best in her new role and commended her work on Realistic Medicine.

Mark MacGregor provided a brief background on the Realistic Medicine Programme within NHS GJ and highlighted the main challenge to implementation had been staffing, including project management resource. Next steps included sourcing a replacement for Helen Mackie, reinvigorating the team and action plan, while ensuring alignment with the Value and Sustainability Plan.

The Board noted the Realistic Medicine update.

4.6 Quarter 1 Feedback Report

Anne Marie Cavanagh presented the report with Key Performance Indicators (KPIs), highlighting the breakdown of complaints by month and themes detailed on page 6. There had been an increase in complaints around clinical treatment and

cancellations. There had been one complaint received regarding staff attitude but no pattern had been identified.

There had been five new complaints made to the Scottish Public Services Ombudsman (SPSO) since the last report and none had been closed. Four of these were at stage one.

Anne Marie Cavanagh advised that a meeting had taken place with Care Opinion regarding feedback reporting. It had been ascertained that it was possible to be more specific around NHS GJ's part in joint complaints with other Health Boards.

The Board noted the Quarter 1 Feedback Report.

5 Staff Governance

5.1 Staff Governance Report

Jenny Pope presented the Staff Governance Report for July 2023, reporting the following:

- The sickness absence rate stood at 5.5%, down 0.5% on the previous month, with a rolling 12 month rate of 5.6%.
- Anxiety/stress/depression/other psychiatric illness continued to be the highest cause at 28.9% of all sickness absence. An in-house Counsellor was being recruited as part of the Employee Assistance Programme (EAP). Injury/ fracture was the second top cause, at 9.1% for July.
- Covid-19 special leave accounted for 0.1% of all contracted hours in July.
- Turas Agenda for Change staff appraisal rate was reported at 69% on 31 July, for the previous 12 months.
- Medical appraisal rate for April 2023–March 2024 was reported as one doctor out of 152 having completed their appraisal.
- At 28 September 2023, 99 out of 125 job plans for 2023/2024 had been signed off.

The Board approved the Staff Governance Report.

5.2 Staff Governance and Person Centred Committee Update

Marcella Boyle reported the key items from the Staff Governance Person Centred Committee (SGPCC) meeting held on 5 September 2023.

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

5.3 Clinical Education Annual Report 2022/23

Anne Marie Cavanagh presented the Clinical Education Annual Report, highlighting the Caring Behaviours Assurance System (CBAS) and the continuation of the Vocational Qualifications Team to support staff development through Scottish Vocational Qualifications (SVQs) in Healthcare Support.

Sixty Newly Qualified Practitioners were starting with NHS GJ in October and Return to Practice, Open University and Higher National Certificate (HNC) students continued to be welcomed into practice learning experiences.

Anne Marie Cavanagh reported that the staff awards had really boosted staff morale.

The Board noted the Clinical Education Annual Report for 2022/23.

5.4 iMatter Update

Jenny Pope provided a verbal update on iMatter and highlighted the following:

- The response rate had increased from 61% in 2022 to 65% in 2023.
- The Employee Engagement Index (EEI) had increased from 74 to 76.
- The thermometer had increased from 6.8 to 7.1.
- Action Plans had increased from 59% to 75%.
- Inclusion of the new questions around raising concerns were aimed at raising awareness of the Whistleblowing process. The Board achieved scores of 77 and 71 for these questions.

Gordon James thanked the Human Resources (HR), Learning and Organisational Development (L&OD) and Communications teams for promoting iMatter.

Susan Douglas-Scott highlighted the next step would be for teams to progress their agreed action plans and encouraged openness and transparency around progress. Jenny Pope advised there was a plan to remind teams mid-year.

The Board noted the iMatter update.

6 Finance and Performance

6.1 Operational Performance Report

Carolynne O'Connor presented the Operational Performance Report to 31 July 2023 with the following highlights noted.

Heart, Lung and Diagnostics (HLD)

- At Month 4, Heart and Lung was reported 8% behind plan. This was due to anaesthetic gaps resulting in reduced capacity. Reduced bed capacity in Cardiology continued to be challenging, along with a high referral rate.
- The Radiology position was 3% above target
- Challenges reported included Workforce in Perfusion and Anaesthetists, the West of Scotland bed position with delayed repatriation and the 72 hour Non-ST Segment Myocardial Infarction (NSTEMI) target had been impacted.
- Limited ability to reduce long waits was reported with ongoing workforce challenges.

Cardiac

- Cardiac surgery activity was reported as 7% behind plan.
- Focused improvement work was planned to commence with leadership from the newly appointed Clinical Director.
- The cancellations rate was high year to date as a result of increased urgent out of hours activity and reduced workforce in Critical Care.
- Job Planning was ongoing to support more flexible working.
- Long wait patients in Scottish Adult Congenital Cardiology Service (SACCS) were impacted by a high cancellation rate, as a result of Anaesthetic availability.

Thoracic

- Thoracic surgery activity continued to meet the 31 day cancer target.
- A sixth Surgeon was due to commence in Quarter 2.
- 'Day zero' cases had increased resulting in a reduction in the requirement for High Dependency Unit (HDU) beds.

Interventional Cardiology

- Activity was reported at 11% behind plan.
- Bed pressures in referring Health Boards' impacted the ability to maintain flow across the service. There was no ability to expand bed base as 'recovery' posts had been withdrawn.
- A failure to consistently meet NSTEMI 72 hour target was reported.
- Efficiency work was ongoing to maximise Cath Lab capacity.

Electrophysiology (EP)

- Reported at 5% behind activity plan due to cancellations to accommodate more urgent device patients.
- Vetting was ongoing with Long Waiters (>78 weeks).
- A high number of referrals continued to be received.
- There continued to be insufficient Anaesthetic capacity to meet demand.

TAVI

- Reported as behind 229 plan at Month 4 but assurance was provided that activity would catch up in Quarter 2.
- Waiting lists were being managed on a clinical urgency then chronological basis with elective patients waiting beyond Treatment Time Guarantee (TTG)
- Referrals continued to out strip capacity
- An Executive decision re list management was pending

Scottish National Advanced Heart Failure Service (SNAHFS) / Transplant / Retrieval

- Ten transplants had been carried out at month four (16 YTD)
- Planning had commenced to open a second National Services Division (NSD) Pod in Quarter 3.
- A Full Business Case was being progressed through Board Committees to support ongoing substantive funding for 35 transplants per annum.

SACCS

- Reduced activity was reported across interventions as a result of Consultant leave and cancellations.
- Regarding Cardiovascular Magnetic Resonance (CMR), additional SACCS activity had been facilitated by the mobile facility.
- A major review was ongoing. The draft report recommended ongoing national designation.

Scottish Pulmonary Vascular Unit (SPVU)

- The business case for National Services Division (NSD) 2024/2025 funding cycle had been submitted to NSD.

Radiology

- Month three activity was reported to be on target.
- The Cardiac Imaging workforce was being increased to support increased activity.
- A mobile Cardiovascular Magnetic Resonance (CMR) Unit was on site at month four, supported by Scottish Government and SACCS funding.
- The Ultrasound Academy new build was ongoing with modest disruption to the department reported.

National Elective Services

Ophthalmology

- A total of 1102 cataract procedures were carried out against an original plan of 1066 during July 2023. The service was reported at 7% ahead of the year end plan.
- 100% Ophthalmology in and out patients continued to be treated within 12 weeks
- The Inpatient cancellation rate target of 3% or less had been achieved for the sixth consecutive month.
- Workforce challenges due to recent Consultant resignations would have the biggest impact from September onwards. Recruitment continued with limited success to date. All options, including joint appointments, were being explored.
- There was a plan to roll out Optometrist listings for a clinic model to increase surgeon time in theatre. This was waiting on re-evaluation of Optometrist job descriptions.
- Some trainees had now achieved the level of competency to carry out independent lists.
- Turnaround time had reduced and it was anticipated that there would be a further decrease as a test of change to improve flow had been introduced during July.

Orthopaedic Surgery

- A total of 425 orthopaedic procedures were carried out in July against a plan of 392.
- Year to date, all specialties were ahead of plan (Total 219 procedures).
- Day of Surgery Admission (DOSA) rate was above 60% for a second month (60.3%) against a plan of 62.5%. This was one area of focus for the Orthopaedic Improvement Short Life Working Groups and it was anticipated that there would

be further increases as the test of change to book patients further in advance was trialled.

- The four joints per session rate increased in July to 40.2% against a target of 47%.
- The mobilisation on day of surgery rate continued to increase, reaching a high of 32% of all patients in July.
- The number of patients being discharged home from the ward on Post-operative Day (PoD) one, following Total Knee Replacement, continued to improve.
- The cancellation rate increased markedly to 13.3% during July. This increase was unavoidable due to environmental challenges in theatre.
- Discharge trajectories were maintained for a second month with the exception of Day Three Total Knee Replacement patients, which was under by 3%.
- Inpatient Waiting Lists (IPWL) totalled 1558, with 780 patients waiting >52 weeks (Board waits). This increase was attributed to receipt of the 2023/2024 allocations which continued to be for patients waiting in excess of 104 weeks.

Endoscopy

- A total of 580 scopes were carried out in July against a plan of 589 (3% cumulatively behind year end plan). This was mainly due to environmental challenges in theatre, one Endoscopy washer breakdown and an air conditioning failure in Vanguard.
- The previous challenge regarding receipt of referrals had been resolved.
- The Endoscopy cancellation rate increased to 10.1% in July. This was a direct result of the challenges in theatre, Central Sterilising and Processing Department (CSPD) and the Vanguard Unit.
- A plan was in place to recover activity lost in September with one Saturday list per week being carried out from the beginning of August.

General/Colorectal Surgery

- A total of 123 General/Colorectal procedures were carried out in July against a monthly target of 149. 5% behind end of year plan.
- General surgery activity was behind plan for the third month. This was due to the allocated Health Boards' having difficulty identifying day case patients. In response to this, NES divisional management team were working closely with Scottish Government Access team to re-allocate capacity to Health Boards' who had suitable patients.
- There was a corresponding increase in Colorectal activity during July (48 cases against a plan of 30) to ensure that the theatre capacity lost to general lists was utilised.
- Two new Consultant General Surgeons had been appointed, meaning less dependence on visiting Consultants and more consistency in the current service.
- Two new Clinical Fellows in General Surgery had been appointed in readiness for the increased capacity once Phase 2 opens.
- General surgery cancellations increased from 11.2% in May to 14.3% during July. This was mainly due to the environmental issues in theatre which resulted in a loss of cases.

Susan Douglas-Scott shared an email comment from Stephen McAllister regarding a concern he had picked up at an external meeting that NHS GJ service is Glasgow centric. Carolynne O'Connor responded that any capacity was made available and

discussed with all Health Boards', in conjunction with the Planning Team. In addition, management of capacity provision was being discussed with the Chief Operating Officer, NHS Scotland.

Susan Douglas-Scott shared a further query on behalf of Stephen McAllister around concern that Forth Valley Elective Centre would initially only be treating patients from Glasgow and that their NHS GJ capacity would reduce. Carolynne O'Connor stated she was unaware of this and would look into the matter and provide an update ahead of the next Chairs Group meeting. Gordon James explained that National Treatment Centres (NTCs) were allocated areas and specialties and NHS GJ offered capacity to Health Boards without such an allocation.

The Board approved the Operational Update.

6.2 Financial Report as at 31 July 2023 (Month 4)

Michael Breen reported the Month 4 financial position and highlighted the following key points:

- The Financial Plan required c.(£6.66m) of budget savings /in-year efficiencies by March 2024.
- The June 2023 position was the third report presented within FY 2022/2023.
- The Scottish Government Finance Performance Report (FPR) had been submitted at month three.
- Significant work had been completed by Finance in advance of Month 5, including allocating further central budgets, revising reporting structures and some specific work on the HLD Division.
- Overall income had exceeded budget by £722k and expenditure was overspent by £1.129m resulting in an overall adverse variance of £407k.
- The Core Revenue Resource Limit (RRL) was anticipated to be £140.3m with £41.187m released to date. The aim was to achieve a zero variance.
- Other Year to Date (YTD) income totalled £29.9m, which was over by £722k.
- Other variances included .a Value Added Tax (VAT) rebate of £244k and Scottish National Radiology Reporting Service (SNRSS) income of £311k.
- Pay costs were reported as £238k favourable, despite an underspend of £442k on medical staff due to a high level of vacancies.
- Non pay costs continued to be over at £1.367m (adverse), although this would reduce slightly in month five.
- The Finance Team continued to work with the Divisions to understand case mix, procurement and data.
- The new procurement system would support better understanding around the complexity of surgical supplies.
- The financial plan assumed £6.66m of budget savings/in-year efficiencies with £4.58m on non-recurring savings identified at month four, giving a balance of £2.085m of unidentified savings to be found by the year end.
- A costing model discussed with National Services Division (NSD) was received positively.

- Additional staffing resources had been agreed across Finance, Procurement, Programme Management and Quality Improvement to drive forward the Sustainability and Value Programme.
- The five key areas of focus for 2023/2024 were outlined.
- The key risks included delivery of budget savings, expenditure being above budgeted levels, any unknown expenditure not included in the Financial Plan, Scottish Government allocations not yet confirmed and Service Level Agreement (SLA) income risks and volume levels being achieved.
- A break-even non-core position was anticipated.
- Confirmation of Core Capital funding of £2.691m had been given with expected allocations of £1.887m “returned”, £1.084m for the NHS Scottish Academy, £4.1m for a water source heat pump and £23m for Phase 2 expansion.

Susan Douglas-Scott highlighted that Stephen McAllister had acknowledged the significant financial pressures across the entire Health and Social Care system with real concerns in other environments about sustainability of services, especially with winter approaching.

Linda Semple noted the nursing underspend and asked if the implementation of safe staffing legislation had been completed. Michael Breen stated this was not being relied on for the financial strategy and was focussed on recruitment. Systems and data were being tested on wards with an aim towards a more holistic position.

Anne Marie Cavanagh advised that workforce tools for safe staffing had been in place for several years, that big changes were not expected and this was more about sustainability of the service.

Anne Marie Cavanagh advised that there was lots of data available and acknowledged that the financial position was not comfortable but the vacancy rate would shift by December, with Quarters three and four looking very different.

Gordon James advised that the Executive Leadership Team had looked at the data for two wards and could confirm they were not running at an unsafe level, despite vacancies. Anne Marie Cavanagh highlighted that some vacancies were based on future activity levels.

Linda Semple highlighted a potential disadvantage for NHS GJ in recruiting newly qualified nurses and that there had been a 20% drop in University applications for nursing. Anne Marie Cavanagh responded that nurse managers adopted a person centred approach with students during placement at NHS GJ, which often resulted in students looking for substantive employment with NHS GJ once graduated.

The Board approved the Month 4 Financial Report as at 31 July 2023.

6.3 Finance and Performance Committee Update

Karen Kelly presented the update from the Finance and Performance Committee meeting held on 5 September 2023 on behalf of Stephen McAllister, noting much of which had already been reported within the meeting. The main concern was around workforce challenges in Perfusion and Anaesthetics.

The Board noted the Finance and Performance Committee Update.

6.4 Audit and Risk Committee Update

Karen Kelly presented the key updates from the Audit and Risk Committee meeting held on 12 September 2023. In relation to the new Internal Auditors Report, Michael Breen confirmed there was now clarity on which actions required to be carried forward, what would be reported to Audit and Risk Committee and to Governance Committees. This would enable a more transparent process which would link to any risks.

The Board noted the Audit and Risk Committee Update.

6.5 Delivery Planning Quarterly Review

Carole Anderson presented the Delivery Planning Review for April to June 2023, which was referred to as Quarter Five for 2022/2023. This update was submitted to Scottish Government on 28 July 2023.

Carole Anderson provided an overview of activity including 10 deliverables that were completed/met the target or were closed during the year with 8 additional deliverables in-year and a summary of the changes from the previous quarter.

Carole Anderson explained that the Q5 activity figures were reported against the refreshed 2023/2024 activity plans which would be reflected in the Quarter One update. An overview of the longer-term deliverables was provided and future reporting would be provided on a quarterly basis.

Susan Douglas-Scott noted there were no red areas reported.

Linda Semple asked if the Day of Surgery Admission (DOSA) rate was due to NHS GJ being a national Board and if the figures were reported on an actual or factual basis. Carole Anderson responded that they were actual figures and that the complexities of geographical position were taken into account as NHS GJ tended to treat longer wait patients who were frailer and acknowledged the inability to be fully compared to territorial Boards.

Linda Semple asked if there was a way NHS GJ reported targets could be influenced. Mark MacGregor was confident that the current status could be improved but it was unlikely that NHS GJ could be the best in the country due to the nature of the Board. The Orthopaedic team were aiming for three DOSA cases out of four cases per day.

Gordon James highlighted the importance of setting the right target for NHS GJ and being able to explain any variance.

Mark MacGregor confirmed that clinical teams were on board with the project.

Linda Semple asked if teams were disheartened by not reaching targets. Carolynne O'Connor suggested this issue could be discussed further with the Planned Care Team.

Morag Brown suggested including narrative in reporting would be helpful.

Mark MacGregor commented this was a process measure and carrying out a high number of high quality joints with very low infection rates was the focus in teams. The key restraint at the moment was the number of available beds.

The Board noted the Delivery Planning Update for Quarter Five, 2022/23.

7 Strategic Portfolio Governance

7.1 Strategic Portfolio Governance Committee Update

Linda Semple provided an update on the Strategic Portfolio Governance Committee (SPGC) meeting held on 29 August 2023 and highlighted the key matters arising.

The Board noted the Strategic Portfolio Governance Committee Update.

7.2 Expansion Programme Update

Michael Breen provided a verbal update on the Expansion Programme.

The Board noted the Expansion Programme Update and agreed to discuss this further as part of the Board Private meeting.

8 Corporate Governance

8.1 Strategic Risk Register

Michael Breen reported the September 2023 position of the Strategic Risk Register, which had been reported to Audit and Risk Committee and other relevant Governance Committees. The following was noted:

- There were 18 risks reported, including one very high regarding International Recruitment.
- The risk relating to the financial risk of the Hotel regarding Covid-19 had been closed.
- No further risks had been escalated and there were four emerging risks which would be included in the next iteration.

Michael Breen reported that Katie Bryant had been invited to share the presentation she gave at the recent Board Seminar with other Groups. Callum Blackburn commended Katie Bryant on this presentation.

The Board approved the Strategic Risk Register.

8.2 Corporate Objectives 2023/24

The Board noted and approved the Corporate Objectives for 2023/24.

9 Minutes for Noting

9.1 Clinical Governance Committee Approved Minutes

The Board noted the CGC approved minutes for the meeting held on 6 July 2023.

9.2 Staff Governance and Person Centred Committee Approved Minutes

The Board noted the SGPCC approved minutes for the meeting held on 6 July 2023.

9.3 Finance and Performance Committee Approved Minutes

The Board noted the FPC approved minutes for the meeting held on 4 July 2023.

9.4 Strategic Portfolio Governance Committee Approved Minutes

The Board noted the SPGC approved minutes for the meeting held on 4 July 2023.

10 Any Other Competent Business

Susan Douglas-Scott reminded the Board that Karen Kelly had resigned as Non-Executive Director from March 2024. Recruitment had started for replacement Non-Executive Directors for Karen Kelly and Steven Wallace.

Linda Semple advised that the Aspiring Chairs programme had been well received and another cohort was likely to start in January 2024. Any Non-Executive Directors interested were to advise Susan Douglas-Scott.

11 Date and Time of Next Meeting

The next meeting of NHS GJ Board had been scheduled for Thursday 14 December 2023 at 10:00 hrs.