

## Approved Minutes

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

**Date:** Thursday 28 March 2024, 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
Michael Breen	Director of Finance
Jane Christie-Flight	Employee Director/Non-Executive Director
Karen Kelly	Non-Executive Director
Linda Semple (via MS Teams)	Non-Executive Director (Vice Chair)
Mark MacGregor	Medical Director
Morag Brown (via MS Teams)	Non-Executive Director
Rob Moore	Non-Executive Director
Stephen McAllister	Non-Executive Director
Lindsay Macdonald	Non-Executive Director
Rebecca Maxwell	Non-Executive Director
Marcella Boyle	Non-Executive Director

### In Attendance

Anne Marie Cavanagh	Director of Nursing
Carole Anderson	Director of Transformation, Strategy, Planning and Performance
Nicki Hamer	Head of Corporate Governance and Board Secretary
Sandie Scott	Director of Strategic Communications and Stakeholder Relations
Graham Stewart	Deputy Director of Finance
Laura Smith (via MS Teams)	Director of People and Culture
Christine Divers	Director of National Elective Services (deputising for Director of Operations).

### Apology

Carolynne O'Connor	Deputy Chief Executive/Director of Operations
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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 and all participated in a short wellbeing discussion.

Susan Douglas-Scott welcomed Christine Divers to the meeting, who was deputising for Carolynne O'Connor and welcomed Morag Brown, Laura Smith and Linda Semple who were attending the meeting via Microsoft Teams.

Susan Douglas-Scott highlighted that it was the last NHS Golden Jubilee Board meeting for Karen Kelly and Michael Breen. Karen Kelly had been in office for the last seven years and Michael Breen for the past 18 months. Both were thanked for their hard work over the periods served and wished them every success with their future endeavours.

Susan Douglas-Scott welcomed two new Non-Executives Directors to the Board meeting. Lindsay Macdonald, is a Management Accountant and appointed to serve as Chair of the Audit and Risk Committee and Rebecca Maxwell whose experience is in capital has joined the Expansion Programme Board.

Susan Douglas-Scott welcomed Graham Stewart to the meeting in his role as Interim Director of Finance.

Susan Douglas-Scott shared some highlights since the last Board meeting which included:

- Laura Smith joined NHS Golden Jubilee at the start of January 2024.
- Susan Douglas-Scott attended the Aspiring Chairs Programme Closing Session on 26 January 2024.
- Susan Douglas-Scott and some of the other Board members attended a Cyber Resilience Workshop for Public Sector Board Members.
- The recruitment process for the Director of Finance was underway with interviews scheduled towards the end of April 2024.
- The art competition judging took place on 22 February 2024. A date is being arranged for the awards ceremony. Susan Douglas-Scott thanked the Communications Team for arranging the competition.
- The Board Chairs Group had met on three occasions. Susan Douglas-Scott thanked Linda Semple for attending the January meeting on her behalf. The new Cabinet Secretary for Health attended the last meeting. This was a positive meeting with the Cabinet Secretary showing a willingness to support the work of Centre for Sustainable Delivery (CfSD) and NHS Scotland Academy (NHSSA). An emphasis was made on Health Boards using the Golden Jubilee Conference Hotel. There was an emphasis on NHS Scotland moving forward as one organisation.
- The Cabinet Secretary for Health planned to visit NHS GJ on 22 May 2024.
- A date for the official opening of the NHSSA Skills and Simulation Academy had not yet been confirmed. Susan Douglas-Scott and Gordon James hoped to meet with the Cabinet Secretary on the same date.
- The Health Improvement Scotland (HIS) Inspection Report had been published on the HIS website and would be published on NHS GJ website, subject to approval at the Board Private Session that afternoon.

## 1.2 Apologies

Apologies were noted above.

### 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:

- The Board had written to John Burns, Chief Operating Officer (COO) and Caroline Lamb, Chief Executive, NHS Scotland and Director General of Health and Social Care regarding TAVI. A response had been received stating that a national review was taking place and a further response would be provided in due course.
- Gordon James had been appointed as the Chair of the new National Picture Archiving Communication System (PACS) Group and co-chair of the Medical Devices Committee to oversee the impending new regulations.
- Preparation was underway for the launch of the new Board intranet. Sandie Scott commented that a phased launch would commence on 1 April 2024 and the planned completion date was 30 June 2024. The new site would enable more interaction and be more easily accessible on all types of devices. Board members would be advised on how to access.
- NHS GJ had been invited to be represented on the Clydebank Town Planning team which had been granted a £10m fund.
- A Memorandum of Understanding (MOU) NHS Transformation Executive Quarterly meeting was held in January and work continued to be progressed.
- Mid-Year reviews for the Executive Team had been completed and authorised by the Remuneration Committee.
- A letter had been received from Scottish Government (SG) regarding objective setting for the next year.
- Through the ongoing partnership work with University of Strathclyde, the Orthopaedic team visited the National Manufacturing Institute Scotland facility.
- Director of Finance interviews had been set for 26 April 2024 with applications closing at the start of April. Gordon James thanked Michael Breen for his dedication and hard work over the past 18 months and welcomed Graham Stewart into the interim role.
- Five members of staff, from a cross-section of the organisation and their partners had been invited to attend the Kings Garden Party.
- Lesley McGuire had been nominated for the Healthcare Scientist of the Year Award. Unfortunately they did not win but Gordon James acknowledged it had been a great achievement to be nominated.
- The Scottish Adult Congenital Cardiology Service had reached the final stage of the RCN Nursing Team of the Year Award. Anne Marie Cavanagh congratulated the team on the nomination, advised that the ceremony was planned for 23 May 2024 and that NHS GJ has sponsored the Health Care Support Worker award.
- Gordon James thanked Michael Breen and Karen Kelly for their service to NHS GJ and the support they had given him since joining the organisation.
- Gordon James advised that a farewell presentation had been held for Lily Bryson, who retired last week.

- Lindsay Macdonald and Rebecca Maxwell were welcomed to their first Board meeting since joining as Non-Executive Directors.

Gordon James advised he had attended the following:

- An introduction to NHSSA Development Day
- The launch of the Dementia Strategy
- A visit to the Cardiac Department, Medical/Service Planning Sessions, a Multi-Disciplinary Team (MDT) meeting in Orthopaedics and Medical Records Department.

Gordon James advised of the following Upcoming Events:

- All staff events
- People Awards
- NHS Scotland Event, being held in Glasgow. Eight poster submissions had been made and a number of applications to host sessions had been submitted, with the National Elective Co-ordination Unit (NECU) and Rapid Cancer Diagnosis Service (RCDS) sessions having been confirmed.
- Positive Media activity was reported for NECU, NHSSA, Cancer, 100 day zero patients and that NHS GJ was the largest MAKO Centre in the UK.

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

#### **3.1 Unapproved minutes from 14 December 2023 Board Meeting**

The Board approved the minutes of the 14 December 2023.

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

The three live actions were discussed and the Board agreed they were now complete and could be closed.

#### **3.3 Matters Arising**

There were no matters arising.

### **4 Clinical Governance**

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

Anne Marie Cavanagh reported that in November, there were 8 complaints received. Four Stage One Complaints, with three responded to within the target (75%) and of the Four Stage Two complaints received, one was responded to within target (25%). The complaints information was now presented and discussed at the Confirm and Challenge meetings to ensure a multi-dimensional approach.

Anne Marie Cavanagh advised that there had been no Serious Adverse Event (SAE) reviews commissioned in November and no whistleblowing concerns had been raised.

With regard to Health Associated Infection (HAI), two Staph Aureus Bacteraemia (SABs), zero Clostridiodes Difficile (CDiff) and one Gram Negative/E.coli Bacteraemia (ECB) had been reported in December 2023. Hand Hygiene compliance was reported at 98% in January 2024.

Cardiac Surgery reported two Surgical Site Infections (SSI's) in December, both reported as superficial infections, and one unconfirmed in January. There had been no SSI's reported in Orthopaedic Surgery. Respiratory infections continued to be monitored closely in line with Public Health Scotland (PHS) advice.

Anne Marie Cavanagh advised that the risk relating to Covid-19 would now be contained within any HAI risks.

The Board approved the Clinical Governance Report.

## **4.2 Clinical Governance Committee Update**

Morag Brown provided an overview of the Board update report from the Clinical Governance Committee (CGC) meeting held on 7 March 2024.

The Committee discussed the following business:

- The Committee welcomed the progress on the plans that supported the SAEs and commended the work of all involved.
- The Strategic Risk Register was approved and the Committee agreed to adding National Services Division (NSD) services on the Risk Register due to constraints in funding.
- The Integrated Performance Report (IPR) and HAIRT update were approved.
- The Committee received a detailed governance overview of the Cardiac Service and acknowledged the recruitment challenges.
- The Committee received the Clinical Effectiveness Update and noted the reduction in compliance of the Scottish Patient Safety Programmes (SPSP) charts in relation to Medication Reconciliation. A more in-depth analysis would be provided at the next meeting.
- A review of Excellence in Care was reported and the Committee noted that confirmation of funding was still awaited.

The Board noted the Clinical Governance Committee Update.

## **4.3 Whistleblowing Quarter Three Report**

Anne Marie Cavanagh reported that there had been no whistleblowing concerns raised during Quarter Three and that work continued to raise awareness of the whistleblowing process and the accompanying training module, which continued to see an increase in participation.

The Independent Whistleblowing Officer (INWO) were relaunching the Whistleblowing Practitioners Forum with Anne Marie Cavanagh and Nicki Hamer participating and providing feedback to the Board.

Callum Blackburn highlighted that the Whistleblowing process had been introduced three years ago and that work to raise awareness continued with an 'ask the expert'

session being held recently on Microsoft Teams which had received good attendance.

Gordon James thanked Callum Blackburn for providing a Whistleblowing Update at the recent Partnership Forum.

The Board approved the Whistleblowing Quarter Three Report.

## **5 Staff Governance**

### **5.1 Staff Governance Report**

Laura Smith provided an overview of the highlights of the Staff Governance Report for the past quarter including the following:

- The absence rate had been stable for the past 3 months. It was hoped that this would reduce during spring.
- Turnover rate continued to reduce and had remained stable in January and February. Reasons for leaving continued to be monitored.
- Access to the listening ear service continued to increase.
- New TURAS reports would enable more detailed reports. The TURAS rate remained below target, but progress had been made.
- New rigour had been implemented relating to fixed-term contracts which would support managers in dealing with contracts coming to an end more timeously.

Laura Smith reported the following as a lowlight:

- Absence rate remained higher than desired with anxiety, stress and depression reason having increased to 22.8%. This was a typical rate for the organisation but a 20% rate had been achieved over the previous few months.

Susan Douglas-Scott asked who provided the Listening Ear Service. Laura Smith advised that it was the two Spiritual Care staff currently but further support was being considered to support the demand and provide more in-depth support.

Stephen McAllister highlighted the link between absence and appraisal contribution and that it was likely that if appraisal rates increased, then absence rates would reduce.

Linda Semple suggested that students from West College Scotland may be interested in Volunteering as part of the placement requirements of their course.

Susan Douglas-Scott suggested that consideration could be given to training some of the pastoral care volunteers to support the Listening Ear service.

The Board approved the Staff Governance Report.

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

Marcella Boyle provided an overview of the Staff Governance and Person Centred Committee (SGPCC) meeting held on 28 March 2024 which included:

- The Committee welcomed Laura Smith and Linda Semple to their first meeting.

- The Committee approved the IPR and discussed the planned work around sickness absence/safe attendance and recognised that the term safe attendance was more person centred.
- The Committee noted the risk relating to fixed-term contracts along with other medium – high rated risks, especially the International Recruitment risk.
- The Committee discussed the Volunteer and Spiritual Care Strategies.

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

## 6 Finance and Performance

### 6.1 Operational Performance Report

Christine Divers presented the Operational Update for Month 9 for December 2023, which included the following:

#### National Elective Services (NES)

- Activity was reported 9% ahead for the month, 4% ahead year to date (YTD).
- Ophthalmology carried out 755 procedures, 113 ahead of the plan YTD. The Inpatient cancellation rate was 3.4% against a target of 3%. 77% of lists had more than 7 patients. Turnaround time continued to be approximately five minutes for the sixth successive month. A full time Locum Consultant had been secured for November 2023 to March 2024.
- Orthopaedic Surgery completed 386 procedures, an over-performance of 22%. 416 procedures ahead of plan YTD. Orthopaedic joint procedures over-performed by 70 procedures. Day of Surgery Admissions (DOSAs) continued to exceed the 75% target for the 5<sup>th</sup> consecutive month. All discharge trajectories were met with the highest discharge rate achieved for post-operative day one total hip replacement patients. Waiting times for joints was 13 weeks against a target of 12 weeks. Cancellation rate was 2.6% against a target of 4%. The 100<sup>th</sup> day zero case was recorded.
- Endoscopy reported completion of 714 scopes in December against a plan of 880. The underperformance was due to the delayed opening of Phase 2 and the subsequent loss of capacity. YTD performance remained 6% ahead of plan. Utilisation remained above 85% for the sixth consecutive month. A bowel screening trial was underway with Grampian patients.
- A total of 157 General/Colorectal procedures were carried out in December which was cumulatively 6% behind the end of year plan. A total of 36 colorectal procedures were carried out against a plan of 25. General surgery activity was 49 procedures behind target, due to the delay in opening of Phase 2. Utilisation of lists remained above 90% for the second consecutive month. The cancellation rate for general surgery was 6.4% during December, which was the lowest since May 2023. Utilisation of colorectal theatres was 100% with no cancellations. A General surgery improvement workshop was held in December with a draft action plan completed.

#### Heart, Lung and Diagnostics (HLD)

- Successes reported included funding being secured for 2023/24 “Winter” Beds from November 2023. The plan was to adopt a business as usual approach to

these beds. The HLD Values and Efficiency Operational Lead was now in post. Twenty Six transplants had been completed by the end of month 9. CfSD had developed a bid for support to develop a Head and Neck Cancer Pathway.

- Challenges included the increasing number of patients waiting over 78 weeks for Electrophysiology (EP) and Transcatheter Aortic Valve Implantation (TAVI), with demand outstripping capacity. Some Health Boards had reached the funding threshold and activity was being considered on a case by case basis for funding authorisation. The Scottish National Advanced Heart Failure Service (SNAHFS) business case was supported by the NHS Scotland Chief Executives. However there was no commitment to funding.
- Performance was reported 6% behind plan with Cardiac surgery performing ahead of plan but Cardiology continued to drive the deficit. Radiology performance was 1% behind target but ahead on Cardiac work. Improvement plans were in place to meet the Annual Delivery Plan by year end.
- Cardiac inpatient waiting list was 6% ahead of plan with the cancellation rate under 14% in December and one complex patient waiting over 52 weeks, although a plan was in place for this patient.
- Thoracic surgery activity was 2% ahead of plan with the cancellation rate reduced to 4.6% and the 31 day cancer target had been met.
- Cardiology overall activity was 9% behind plan. Increased “hot lab” capacity to reduce 72 hour Non-ST Segment Elevation Myocardial Infarction (NSTEMI) had impacted on overall capacity. TAVI was 11% over plan. A Quality Improvement Programme had been initiated to review Cath Lab efficiency and throughput. EP was 6% behind plan due to a demand and capacity mismatch, 12 patients were waiting over 78 weeks, all of whom required general anaesthetic.

Stephen McAllister asked how the cost of the “winter beds” could be balanced out. Michael Breen responded that the performance justified the outlay, that the HLD review would support this and would have a positive impact on the NSTEMI target across the year. Mark MacGregor commented that patients could not be discharged to their home Health Board without treatment, therefore the beds were crucial to quality of care and activity.

Gordon James advised that NHS GJ had not received an allocation of the £10m winter pressure funding from SG as there had been an expectation that this would be transferred from Health Boards when NHS GJ treated their patients. Unfortunately this had not happened and therefore NHS GJ would be seeking an allocation of this funding in future years.

Linda Semple agreed with Susan Douglas-Scott that the “Winter” Beds terminology was no longer the best description and that NHS GJ’s offer was more related to consolidating and growing capacity. Linda Semple recommended that NHS GJ’s situation was more around managing surge and flow but the baseline offer would require to be identified.

The Board approved the Operational Update.

## **6.2 Financial Report as at 31 January 2024 (Month 10)**

Michael Breen invited Graham Stewart to present the Month 10 Financial Report which included the following:



- The savings target for 2023/24 had been delivered.
- The Financial Plan for 2024/25 included the required £6.66m of budget savings.
- YTD core revenue position showed a positive variance of +£780k. The position was expected to break even by year end.
- Income to date was c.£193.719m, ahead of a budget of £191.862m, a positive variance of c.£1.856m.
- Expenditure to date was c. £187.817m, ahead of a budget of £186.739m, resulting in an adverse variance of c.-£1.077m.
- The revenue income position reflected an overall positive variance of c. £1.856m.
- Over performance in income and activity offset pressures in non-pay consumables.
- The vacancy rate in nursing staff budget was supporting cost pressures.
- SLA income of c.£67.422m equated to an over-recovery against a budget of c.£67.065m by c.£357k.
- The GJCH continued to attract new business equating to an over-recovery of £1.499m.
- Core income allocated to date was c.£114.720m with an anticipated core Revenue Resource Limit (RRL) of c.£137.665m with £22.945m still to be received.
- Pay Costs were closer to budget, which was a reflection of the work carried out with the Divisions. There remained a nursing underspend of £1m.
- Non Pay costs were more reflective of activity with a YTD variance of c. - £1.768m.
- Challenges continued with the cost of utilities but funding had been ring-fenced within the financial plan and overall non pay costs were offset by pay costs and income.
- Measures were continuing to review spend in Pharmacy, on clinical waste, catering and on areas such as postage and printing. A clearer understanding of costs would be apparent since the Division reviews had taken place and once the Hotel review was complete.
- Additional programme structure for “15 point” grid areas, approved by Executive Leadership Team, had been implemented to achieve the required 3% recurring efficiency target.
- Capital allocations of £4.270m had been confirmed by SG with anticipated allocations of a further £10.187m expected, which would result in an overall funded 2023/24 Capital Plan of £14.457m.
- A break-even position remained forecast for end of year.

Stephen McAllister acknowledged the position was on track for a break-even position but highlighted that the availability of nursing vacancy funds would change and asked what was happening with Non West of Scotland Cardiology. Graham Stewart advised that this was variable. An income plan was set based on the last 12 months and there had been less throughput.

The Board approved the Financial Report as at 31 January 2024 (Month 10).

### 6.3 Finance and Performance Committee Update

Stephen McAllister provided an overview of the Finance and Performance Committee (FPC) Board update from the meeting held on 12 March 2024 which included:

- The Committee reflected on the operational performance noting the continuing challenges around Endoscopy, the impact on general surgery in relation to the delay with Phase 2 and the TAVI issue.
- The Committee noted the financial update and the forecasted break-even position.
- The Committee approved the Strategic Risk Register, the Annual Work Plan and Terms of Reference for 2024/25 and the four commitments contained within the Blueprint for Good Governance Improvement Plan.

The Board approved the Finance and Performance Committee update.

### 6.4 Audit and Risk Committee Update

Karen Kelly referred Board Members to the Audit and Risk Committee (ARC) Board update from the meeting held on 14 March 2024 which included:

- The Committee welcomed the ICO Audit Update and NIS Audit and Cyber Update, noted the strong performance of NHS GJ and commended the team that managed the audit.
- The Committee noted the Internal Audit Recruitment and Succession Planning Report.
- The Internal Audit Progress Report and Annual Plan was approved.
- The Committee approved the March 2024 Strategic Risk Register as well as the Annual Work Plan and Terms of Reference for 2024/25.
- The Committee received an update on the External Audit Plan and noted the 2023/24 Year-End timetable.

Susan Douglas-Scott thanked Karen Kelly for the update and noted the positive report.

Steven McAllister asked if the NIS Audit included contingency planning, for example around cyber incidents as a result of the incident at NHS Dumfries and Galloway. Michael Breen responded that NHS GJ had scored fairly high in that area but would continue to review any new guidance issued as a result of lessons learned from the incident.

The Board noted that as part of the Clinical Governance Audit, the auditors would keep the Chair of the Clinical Governance Committee, Executive Leads and Board Secretary up to date on the process.

The Board noted the Audit and Risk Committee Update.

## 6.5 Standing Financial Instructions, Revised (March 2024)

Michael Breen presented the revised Standing Financial Instructions which had been reviewed in agreement with the Audit and Risk Committee to be clearer and easier to understand. Michael Breen highlighted the changes that had been made.

The Board noted the Revised Standing Financial Instructions for March 2024.

## 7 Strategic Portfolio Governance

### 7.1 Strategic Portfolio Governance Committee Update

Stephen McAllister provided an overview of the Strategic Portfolio Governance Committee (SPGC) Update Report for the meeting held on 28 March 2024 which included the following:

- The Committee received an update on the Anchor Programme and Baseline Metrics and noted the good governance around the programme.
- The Committee noted the NHS GJ Strategic Programmes update which included HEPMA, eRostering and Safe Staffing. The Committee noted the significant impact on the reduction to a 36 hour working week for Agenda for Change staff.
- The Committee commended the work of NHSSA and noted the good examples of collaborative working across NHS Scotland.
- The Committee approved the Blueprint of Good Governance Improvement plan, Annual Work Plan and Terms of Reference for 2024/25.

Linda Semple thanked Stephen McAllister for stepping in to Chair the meeting on her behalf.

The Board noted the Strategic Portfolio Governance Committee Update.

### 7.2 Annual Delivery Plan 2023/24 Quarter Three Update

Carole Anderson reported the Quarter Three Position on the 2023/24 Annual Delivery Plan, highlighting the following:

- There were 48 deliverables at the end of Quarter Three.
- There has been an increase of one red deliverable, the amber deliverables had reduced by one and there has been an increase in indicators categorised as green status.
- An overview of the Quarter Three Projections against actuals was provided. Recruitment and Retention and Delivery of Realistic Medicine had changed to red status. The National Bronchoscopy Training Programme had been reduced to green along with four other amber deliverables.
- TAVI remains a key issue due to the challenges around demand and funded capacity.
- A summary of the changes between Quarter Two and Quarter Three was provided which included that the Cardiac Flow beds were in place, CfSD Accelerated National Innovation Adoption (ANIA) funding has been delayed and workflow planning sessions progress had been slower due to continued focus on

recruitment and retention work. Progress on the wellbeing hub has also been slower than planned due to a requirement to focus on other work.

- Projections for Quarter Four included two red status, 11 amber and 32 green deliverables but these would be confirmed at year end. SNAHFS was a potential risk if the business case was not funded. Other risks related to unconfirmed funding including the Lung Biopsy Service and digital programmes, for example, Laboratory Information Management System (LIMS)

Gordon James advised that SG has now confirmed the ANIA funding as recurring.

The Board approved the Annual Delivery Plan 2023/24 update.

### **7.3 Anchor Strategic Plan Baseline Metrics**

Carole Anderson reported that the 2023/24 baseline was due to be submitted to SG by 29 March 2024. The Plan included a range of employability projects and levels of accreditation on living wage, disability confidence as well as race and disability pay gaps and approach to partnership working.

The procurement aspect was built on the Procurement Strategy. The Land and Assets section reflected the framework arrangements and was influenced by the work for Phase 2 of the Expansion.

Carole Anderson advised that the Metrics would be reviewed annually as part of the Anchor Development Plan.

Callum Blackburn highlighted areas LA5, 10 and 14 and the potential need to take action if the Community identified a demand for this. Carole Anderson responded that this was alluded to in the three year plan and that now that NHS GJ has representation on the Local Planning Board and Diversity Groups, there was an opportunity to look at these areas.

The Board noted the Anchor Strategic Plan Baseline Metrics.

## **8 Corporate Governance**

### **8.1 Strategic Risk Register**

Michael Breen presented the Strategic Risk Register for March 2024 which was recently presented to the relevant Governance Committees.

Michael Breen reported that there are two new risks regarding fixed term contracts and recruitment challenges, particularly in relation to the Digital and Information Governance Team.

Michael Breen reported that there are 20 live risks, one very high – regarding international recruitment but this would not continue into 2024/25 due to a halt in the funding for this programme.

Susan Douglas-Scott asked if the International Recruitment risk was only related to SG Funding. Michael Breen responded that the level of International Recruitment had been lower than planned and may have been more related to recruiting to

specific posts. Anne Marie Cavanagh commented that the Peri-Operative team had benefitted significantly from the programme.

The Board approved the Strategic Risk Register.

## 8.2 NHS Credit Union.

Gordon James highlighted the NHS Credit Union update and letter, from the Chief Executive Officer of NHS Credit Union Board, supporting the partnership work and support that has been provided to the NHS Credit Union for over 25 years

The Board noted the NHS Credit Union update

## 8.3 Corporate Governance – Board Member Responsibilities and Membership

Gordon James presented the review of Board Member Responsibilities and Membership to reflect changes in NHS GJ Board Non-Executive membership.

Karen Kelly highlighted on page 2 it stated that Lindsay Macdonald would replace her as a member of SPGC but she had not been a member of that Committee. Linda Semple commented that the rationale had been that it did not seem sensible that the Chair of ARC was a member of SPGC.

The Board approved the Corporate Governance Board Member Responsibilities and Membership.

## 8.4 Blueprint for Good Governance Improvement Plan 2024/25

Gordon James presented the Blueprint for Good Governance Improvement Plan for 2024/25 which had been developed in partnership through development sessions and then approved by Governance Committees.

Linda Semple commented that this had been a useful process and queried the final sentence in the first action relating to the potential of endowments supporting innovation and transformation. The Board discussed and agreed to review the wording of this sentence, remove from the Action Plan but seek approval as an action for Endowments Sub Committee.

Susan Douglas-Scott thanked everyone for their hard work and flexibility around this work, noting that nothing was ever perfect but this process would support improvement significantly.

The Board approved the Blueprint for Good Governance Improvement Plan 2024/25 subject to the agreed amendment.

Action No:	Action	Action By
20240328/01	<b>Blueprint for Good Governance Improvement Plan: Action 1:</b> Sentence relating to endowments supporting innovation and transformation to be re-worded, removed from the Action Plan but	Nicki Hamer

	seek approval as an action for Endowments Sub Committee.	
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## 8.5 Corporate Governance Quarter Three Report

Gordon James explained that the report provided a summary of the Corporate Governance activity for the Quarter ending 31 December 2023. Gordon James thanked Nicki Hamer for writing the four reports presented under Corporate Governance on his behalf.

Susan Douglas-Scott thanked Nicki Hamer for her work which had resulted in a more grounded and clear Corporate Governance structure within the Board.

The Board approved the Corporate Governance Quarter Three Report.

## 9 Minutes for Noting

### 9.1 Clinical Governance Committee Approved Minutes

The Board noted the CGC approved minutes for the meeting held on 14 November 2023.

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

The Board noted the SGPCC approved minutes for the meeting held on 15 November 2023.

### 9.3 Finance and Performance Committee Approved Minutes

The Board noted the FPC approved minutes for the meeting held on 14 November 2023.

### 9.4 Strategic Portfolio Governance Committee Approved Minutes

The Board noted the SPGC approved minutes for the meeting held on 15 November 2023.

### 9.5 Audit and Risk Committee Approved Minutes

The Board noted the ARC approved minutes for the meeting held on 16 November 2023.

## 10 Any Other Competent Business

There was no further business raised.

On behalf of the Board, Susan Douglas-Scott and Gordon James presented Karen Kelly with a gift to mark her leaving and thanked her for her calm and measured approach and for running the Audit and Risk Committee so well over the past 7

years. Susan Douglas-Scott commented that Karen Kelly had always had a careful and clear approach in explaining matters.

On behalf of the Board, Susan Douglas-Scott and Gordon James presented Michael Breen with a gift to mark him leaving the organisation, commenting that when she approached him as a non-accountant he had always be very helpful. Susan Douglas-Scott stated that she was delighted that Michael Breen was remaining within NHS Scotland as he was a high performing and valued individual and while he would be greatly missed at NHSGJ, he would be an asset to NHS Lanarkshire.

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

The next meeting of NHS GJ Board had been scheduled for Thursday 30 May 2024 with a Board Seminar scheduled for 25 April 2024.