

## Approved Minutes

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

**Date: Thursday 30 May 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
Jane Christie-Flight	Employee Director/Non-Executive Director
Linda Semple	Non-Executive Director (Vice Chair)
Lindsay Macdonald	Non-Executive Director
Marcella Boyle	Non-Executive Director
Mark MacGregor	Medical Director
Morag Brown (via MS Teams)	Non-Executive Director (left meeting early due to technical issues)
Rebecca Maxwell	Non-Executive Director
Rob Moore	Non-Executive Director
Stephen McAllister	Non-Executive Director

### In Attendance

Carole Anderson	Director of Transformation, Strategy, Planning and Performance
Carolynne O'Connor	Deputy Chief Executive/Director of Operations
Eleanor Lang	Associate Nurse Director – Education and Professional Development (Deputising for Anne Marie Cavanagh)
Graham Stewart	Interim Director of Finance
Laura Smith	Director of People and Culture
Nicki Hamer	Head of Corporate Governance and Board Secretary
Sandie Scott	Director of Strategic Communications and Stakeholder Relations

### Observers

Sarah Coulter	Scottish Clinical Leadership Fellow and CEPAS Lead Pharmacist of the West of Scotland Cancer Network
Zaid Tariq	Deputy Director of Quality, Performance, Planning and Programmes

### Apology

Anne Marie Cavanagh	Director of Nursing
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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 Eleanor Lang to the meeting, who was deputising for Anne Marie Cavanagh and welcomed, Sarah Coulter, Scottish Clinical Leadership Fellow and CEPAS Lead Pharmacist of the West of Scotland Cancer Network and Zaid Tariq, and the new Deputy Director of Quality, Performance, Planning and Programmes who were observing the meeting via Microsoft Teams.

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

- A Walkround of Phase Two on 4 April 2024 with Gordon James
- Director of Finance vacancy had been recruited into and Jonathan Gamble hoped to take up post in September 2024.
- Attendance at a Senior Leaders Event at University of Strathclyde Technology and Innovation Centre which was open to all NHS Scotland Board Chairs and Chief Executives. The event was one of several planned Ministerial roundtable engagement events on the proposed Vision and Outcomes for Health and Social Care.
- The Cabinet Secretary, Neil Gray, visited NHS Golden Jubilee (NHS GJ) to visit the NHS Scotland Academy Skills and Simulation Centre on 22 May 2024 and then chaired the first meeting with NHS Scotland Board Chairs since taking up the position of Cabinet Secretary.
- University of Glasgow visited the Clinical Skills and Simulation Centre and signed the Memorandum of Understanding with NHS GJ.

## **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:

- NHS GJ won Employer of the Year at the Scottish Veterans Awards.
- The WelcoMe accessibility tool had been launched.
- The new Changing Places Toilet was used by attendees of the “Turning Point” two day conference.
- Nurses Day and Operating Department Practitioner Day were celebrated.
- The National Day for Staff Networks included a stall showcasing all Staff Networks available at NHS GJ across a two week period.
- The Cabinet Secretary opened the NHS Scotland Academy (NHSSA) Skills and Simulation Centre on 22 May 2024.
- NHS Scotland Board Chief Executives were meeting at NHS GJ on 10 and 11 June and would be invited to tour the new surgical centre.

- National Elective Co-ordination Unit (NECU) waiting list validation campaign for Orthopaedics, Endoscopy and Dermatology would launch in June 2024.
- NECU and Rapid Cancer Diagnostic Services were hosting two sessions and 8 posters had been accepted for the NHS Event on 10 June 2024.
- Scottish Adult Congenital Cardiac Service (SACCS) nursing team were named finalists in the Royal College of Nursing (RCN) Scottish Nurse of the Year Awards.
- NHS GJ Conference Hotel (GJCH) were finalists in the E Awards, recognised for the Best Meetings, Incentives, Conferences and Exhibitions (MICE) Supplier, Best Scottish Venue and Events Team and also the Best Sustainable Supplier.
- GJCH was a finalist in the 7<sup>th</sup> Annual Scottish Hotel Awards (Prestige) for the best Four Star hotel in the West and the Best Conference and Events Hotel.
- Healthcare Venues Experts certified GJCH as a Healthcare Venue in Glasgow and therefore GJCH would now be promoted on the official Healthcare Venues website.
- GJCH hosted the 27<sup>th</sup> Business Breakfast Club for the Dunbartonshire Chamber of Commerce.
- The Central Legal Office (CLO) Annual Performance Review had been carried out.
- The Bi-annual Spring Engagement Session with the Chief Operating Officer (COO) had taken place.
- Gordon James, Susan Douglas-Scott and Laura Smith attended the University of Strathclyde Event recognising 60 years of the Royal Charter.

Gordon James advised of the following Upcoming Events:

- The Hospital: Life on the Line Preview would be held in the Auditorium at 4pm with the first episode broadcast on Monday 3 June, 9pm on Channel 5.
- NHS Grampian were visiting NHS GJ on Friday 31 May.
- As part of Volunteer Week, an event was being held on Wednesday 5 June for volunteers. Members of the Board would attend the event.
- Public Health Scotland Event – A conversation with Professor Sir Michael Marmot in Improvement Scotland and Progressing Health Equality was planned for 12 June 2024.

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

#### **3.1 Unapproved minutes from 28 March 2024 Board Meeting**

The Board approved the minutes of the 28 March 2024 subject to Marcella Boyle being added as a Board Member in attendance.

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

The Board agreed that the remaining action was now complete and could be closed.

#### **3.3 Matters Arising**

There were no matters arising.

## **4 Clinical Governance**

### **4.1 Clinical Governance Report**

Eleanor Lang presented the Clinical Governance update from the Integrated Performance Report (IPR) which included the following:

- Fourteen complaints were reported in February 2024, 10 stage one with 8 responded to within target and four stage two complaints with one responded to within target.
- One Significant Adverse Event (SAE) was commissioned in February 2024
- There were no Health Associated Infections (HAI) reported.
- Hand Hygiene was reported at 98% in January 2024.
- There was one Surgical Site Infection (SSI) reported in Cardiac Surgery in January with none in either Cardiac or Orthopaedic Surgery in February
- Covid 19 Risk (S20) was now incorporated into HAI risk (S6).

Mark MacGregor reported that from a Clinical Governance perspective, the key risk regarding Transcatheter Aortic Value Implantation (TAVI) had reduced from a funding perspective but not yet regarding waiting lists. A more detailed update would be provided in the Board Private Meeting.

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 9 May 2024, highlighting the following:

- The Committee approved the Strategic Risk Register, noting that Risk S6 would include Covid requirements and agreed that the level of risk around the Laboratories required close monitoring.
- The Committee thanked everyone involved in the hard work to receive the additional TAVI funding which would improve the service of patients across the West of Scotland.
- The Committee noted the governance overview provided on the Scottish Adult Congenital Cardiology Service (SACCS), noting the eHealth challenges, work on patient flow and the discussions on how additional junior surgical staffing could be sourced.
- The Committee noted an update on Synchrophi which detailed how challenges were being overcome with the implementation plan in place.
- An update on the complaints review was noted.
- The Annual Report for 2023/24 was approved.
- Actions for the Committee within the Blueprint for Good Governance Improvement Plan were noted.
- The Committee noted the Resilience update and thanked Katie Bryant and the Clinical Governance Team on the Scottish Government Emergency Resilience Response exercise.

The Board noted the Clinical Governance Committee Update.

### **4.3 Golden Jubilee Research Institute Annual Report for 2023/24**

The Board welcomed Catherine Sinclair, Head of the Golden Jubilee Research Institute (GJRI) to the meeting to present the GJRI Annual Report for 2023/24. The following was noted:

- 38 projects were approved with 17 projects approved so far in 2024 meaning GJRI were on track to meet the target of 40 across 2024.
- Participant recruitment was on target with 794 recruited against a Key Performance Indicator (KPI) of 800. There were additional participants recruited for the NOVEL research project but this was not included in the statistics due to the nature of the study being blood sample analysis.
- Income in 2023/24 had been more challenging with a drop in income compared to the previous year. To address this the EDGE Research Management System had been implemented. In addition NHS GJ Bio-repository and Clinical Trials Unit were being introduced over the following three years.
- An overview of the Support Departments research use and funding was provided.
- A summary of the KPIs for quarters one to three for 2023/24 was provided.

Carole Anderson highlighted the agreed Memorandum of Understanding (MoU) with University of Glasgow and their interest in Bio Banking. Catherine Sinclair advised that existing governance could be followed for this project but staff resource was required to run the project. A business case would be developed.

Mark MacGregor highlighted that early conversations had taken place regarding people interested in samples but more awareness around the financial aspect was required. The Orthopaedic team currently shared fat samples to laboratories for some projects but further detail on extending this facility required discussion.

Mark MacGregor highlighted that 20-25% of NHS GJ Consultants were research active which was a positive number, but other staff groups required to be encouraged to become involved.

Gordon James advised that a workplan with University of Glasgow was being considered with the potential of a monthly research meeting being set up.

Lindsay Macdonald asked what the crossover was from the Innovation Fund and Research. Mark MacGregor advised that the Innovation Fund was a separate national fund and innovation projects tended to be more industry funded.

The Board approved the GJRI Annual Report for 2023/24.

Catherine Sinclair left the meeting.

## **5 Staff Governance**

## 5.1 Staff Governance Report

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

- Absence had decreased by 0.2% to 5.9% for March across the organisation. The rolling 12 month absence figure for 2023/24 was 5.6% against 6.2% for NHS Scotland. Anxiety/stress/depression and other psychiatric illnesses continued to be the highest reason for absence with a 0.1% decrease on the previous month.
- Turnover continued to trend downwards at 8.5%.
- TURAS appraisals increased by 1% to 68%. Thanks was extended to the Learning and Organisational Development (L&OD) team for their ongoing improvement work in this area.
- Mandatory Training compliance remained below target. Executive Leadership Team had discussed at a recent meeting and agreed on a renewed focus to drive improved compliance with Mandatory Training and Appraisal.

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 7 May 2024 which included:

- Updates on the new Changing Places Toilet Facility and Wellbeing Zone.
- Approval of the Strategic Risk Register and noted the request for a deep dive to be undertaken to provide assurance on the mitigation of risk, beginning with fixed term contracts.
- The Committee noted the Agenda for Change process would be a regular ongoing discussion in 2024/25 and that regular updates would be provided to the Committee.
- The Committee discussed the Blueprint for Good Governance Implementation Plan and welcomed the refreshed metrics. The Committee agreed that this would be a standing agenda item for 2024/25.

Marcella Boyle advised that Rob Moore was now joining all Staff Governance and Person Centred related meetings in preparation for taking over as Chair when she stepped down in 2025.

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

## 5.3 Changing Places Toilet Facility

The Board welcomed Rob White to the meeting to provide an overview of the Changing Places Toilet (CPT) Facility.

Rob White outlined what the CPT was, the facilities it offered and the positive impact it would have on people with profound disabilities and that the facility promoted social inclusion. The facility was located on level one to provide accessibility to both the hospital and hotel.

Two events had been booked with GJCH as a direct result of the CPT Facility being established.

Susan Douglas-Scott thanked Rob White for his input and Morag Brown for championing this project.

Stephen McAllister asked where the help alarm within the CPT rang and who would respond. Rob White advised that it rang at hospital reception as this was staffed on a 24 hour basis and security and clinical staff would respond as required.

A Communications campaign to promote the facility was planned.

The Board noted the Changing Places Toilet Facility update and looked forward to seeing the facility after the Board meeting.

*Rob White left the meeting.*

## **5.4 Wellbeing Zone**

Tosh Lynch was welcomed to the meeting to present the Wellbeing Zone update. The Board noted the following:

- The process followed to ascertain what was required and to identify funding.
- The zone was now complete, awaiting furniture being identified and installed in the near future.
- The Project Group liaised with architects and developed an action plan.
- Regular Communications were shared with staff on progress.
- The Zone had been located intentionally beside the Garden of Reflection and the Spiritual Care area.
- Examples of potential activities planned for the zone included mindfulness, Reiki and Yoga.
- A themed wall was planned to include detail of what the Zone was to be used for.
- A booking process for usage of the space would be identified and staff would be consulted on what each room within the space could be used for.
- It was hoped that the opening date of the Zone would be known by the end of June 2024.

The Board noted the update on the Wellbeing Zone.

Tosh Lynch left the meeting.

## **6 Finance and Performance**

### **6.1 Operational Performance Report**

Carolynne O'Connor presented the Operational Update for Month 11 for February 2024, which included the following.

#### **National Elective Services (NES)**

- Ophthalmology: 977 cataract procedures were carried out against a plan of 938, four percent ahead in month and one percent ahead in year. The Cancellation rate was 3.1% with 97% unavoidable. 55% of on the day cancellations were filled with patients straight from clinic. Lists with over 7 patients increased for the fifth consecutive month to 85% which equated to a 61% increase since June 2023. Median turnaround time continued to be circa five minutes for the fifth consecutive month. Consultant resource recruitment was an ongoing challenge.

The Board discussed the following in relation to the Ophthalmology Update;

- The significant achievements made by the service were commended.
  - In relation to patients being offered treatment straight from clinic, patients were advised in advance of their consultation that they could be invited for treatment at short notice and feedback received from patients was very positive in this respect.
  - Weekend working had not been as frequent as hoped due to low staffing resource.
  - Whether the social aspect of treatment would be captured for example a reduction in falls and impact on family support. It was noted that this was an area that could be looked at once delivery levels were achieved. This would be useful information to gather across the organisation. The Board discussed how this data could be collated, for example, through volunteers.
- Orthopaedic Surgery: 422 procedures were carried out against a plan of 489, the deficit was due to the delayed opening of Phase 1. Performance was 7% ahead of plan. Foot and ankle and soft tissue knee procedures performed ahead of plan but Joints were reported 73 procedures behind in month, although 7 procedures ahead year to date. Four joint list performance increased by 7.5% to 68.8% in month. Day of Surgery Admission (DoSA) rate remained above target for the fifth month in a row. Three Band 6 Physiotherapists started with the service in February to support facilitating early mobilisation and discharge trajectories.

The Board discussed the following in relation to the Orthopaedic Update;

- The Four Joint and DoSA rate for NHS GJ was the best in Scotland.
  - An Orthopaedic peer review carried out was very positive from a SG/CfSD perspective with NHS GJ Orthopaedic Clinical Lead and Clinical Leads from other Boards. The improvement processes undertaken at NHS GJ were recognised. Congratulations were extended to the Team.
  - With regard to finding different benchmarking regarding comparisons, Mark MacGregor explained the need to compare internationally. NHS GJ were now included on a database where comparisons could be made with the best organisations in the world.
- Endoscopy/General/Colorectal: A total of 711 scopes were carried out against a plan of 1155, the deficit due to the delay to Phase 2 opening. Year to date performance was 6% behind original plan. There was an over performance of 150 against the revised plan. Maximising bookings and scheduling and delivery of additional lists to recover lost capacity continued to be a priority. A total of 194 general/Colorectal procedures were carried out against a target of 223, again



due to the delay of Phase 2. This meant 10% cumulatively behind year end plan. A total of 126 general surgery procedures were carried out against a plan of 194 and a total of 67 colorectal procedures against a plan for 29 with a utilisation rate of 97% reported.

The Board discussed the following in relation to the Operational Update;

- If baseline was considered and targets revised, NES would be 1% ahead of the revised target, only 3% behind the original plan. Heart, Lung and Diagnostics (HLD) would be 5% behind which was a significant improvement. The revised plan was shared with SG regularly.

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

- Overall HLD performance was reported as 5% behind plan for Heart and Lung with a predicted year end position of -5%.
- Radiology overall activity was reported 0.1% behind Service Level Agreement (SLA) target. This was predicted to balance by year end. There had been a slight increase in regional Cardiovascular Magnetic Resonance (CMR) with SACCS CMR waits for reporting due to unplanned Consultant absence. There had been significant improvement in waiting lists for Computer Technology Coronary Angiogram (CTCA) and the Ultrasound Academy continued to perform above target.
- Cardiac Surgery had maintained 6% activity over ADP target with DOSA at 11.5%, six patients reported. Long waiting SACCS patients required complex planning with full team support available to schedule when patients were ready.
- Thoracic activity continued to perform 6% ahead of plan. The cancellation rate increased from the previous month to 5.4% due to patients not being well enough for the procedure. The 31 day Cancer target continued to be met.
- Cardiology remained challenging with overall activity remaining at 9% behind plan. Some sessions had been cancelled due to increased sickness absence within the team. Hot Lab capacity continued to reduce 72 hour Non-ST Segment Elevation Myocardial Infarction (NSTEMI). TAVI was 23% over plan with a continued focus on urgent inpatients and long waiting patients. Electrophysiology (EP) was 4% behind activity plan, an improvement on the previous month. All long waiting patients required General Anaesthetic. The device service was 13% ahead of target but the ongoing increase in demand for urgent capacity had resulted in the 2024/25 ADP being adjusted to support increased activity.

The Board noted the fantastic performance reported and commended all involved in the significant improvements made.

The Board approved the Operational Update.

## **6.2 Financial Report as at 31 March 2024 (Month 12)**

Graham Stewart presented the Month 12 Financial Report, subject to Audit approval, which included the following:

- Board approved break-even Financial Plan was achieved.

- £128k surplus was disclosed at Month 12.
- The Financial Plan required c.-£6.66m of budget savings/in-year efficiencies by year end 2023/24. This had been achieved with £4.8m non-recurrent.
- A non-core break-even position had been delivered.
- Core Capital Resource Limit (CRL) was exceeded with additional in-year Scottish Government funding agreed.
- The overall theme of over-performance was linked to the knock on effect of non-pay expenditure which balanced the pressures in other areas of expenditure.
- GJCH were commended on achieving higher income than planned by £882k.
- Core Funding was anticipated to be £135.031m, which had been confirmed in the Month 13 allocation letter from SG.
- SLA income was ahead of planned budget by £636k.
- The revenue expenditure position for March 2024 reflected an overall adverse variance of -£1.391m.
- Pay costs were £1.174m positive or -0.61% and Non Pay Costs were -£2.512m adverse or -3.3% above Total Budget.
- An increase of 22% in utilities costs was a driving factor in the overspend.
- The return of Recovery monies within HLD contributed £1.8m of recurrent savings.
- The recurring gap had been included in the revised 3 year plan.
- Efficiencies included confirmation of an ongoing 3% efficiency target to deliver a break-even position.
- Robust governance within the Achieving the Balance Programme would focus on the 15 box grid initiatives, medicines management, temporary staffing and productivity.
- An overview of areas being looked at to deliver the required efficiencies was provided.

The Board commended the achievement of a break-even position and the budget savings and in-year efficiencies, noting this was subject to audit approval.

The Board approved the Financial Report as at 31 March 2024 (Month 12).

### **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 14 May 2024 and highlighted the fantastic performance of the organisation whilst noting the challenges around Cardiology and EP.

The Committee noted the anticipated break-even position financially, subject to approval through the audit cycle.

The Board approved the Finance and Performance Committee update.

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

Lindsay Macdonald referred Board Members to the Audit and Risk Committee (ARC) Board update from the meeting held on 16 May 2024 which included:

- The Committee recognised the past input of Karen Kelly to the Committee, to Nicki Hamer in the organisation and preparation for the Committee and the other Committees in dealing with their relevant risks.
- The Committee approved the Annual Governance Report for 2023/24.
- The Committee approved the Strategic Risk Register and associated amendments to Risks.
- The Committee noted that deep dives of allocated risks would commence in July 2024.

The Board noted the Audit and Risk Committee Update.

## **6.5 Annual Climate Emergency and Sustainable Development Report**

Carole Anderson presented the Annual Climate Emergency and Sustainable Development Report for 2022/23 and reported that the report reflected the structure and format of the NHS Climate Emergency and Sustainability Strategy.

Carole Anderson gave recognition to the Team for delivery of the work and the Comms Team for supporting the report.

Carole Anderson reported the key highlights which included reduced consumption in greenhouse gases including anaesthetic gas. The District Heating System had been included and it was noted that heat and energy were the organisation's biggest challenge to achieve Net Zero.

A new governance structure had been established to ensure a coordinated approach to strategy, development and implementation. Key measures would continue to be overseen by the Climate Change and Sustainability Strategic Group.

Opportunities had been identified to use NHS GJ space and role as an Anchor Institution.

Callum Blackburn commended the team on the progress made and thanked Comms for their design input to the report. It had been challenging to identify a baseline but the sub groups were now established and an enthusiastic approach had been adopted.

Lindsay Macdonald highlighted some areas that would potentially deliver big results without too much work or high cost implications. Carole Anderson thanked Lindsay Macdonald for his suggestions and provided assurance that the areas highlighted were being considered and/or progressed.

The Board approved the Annual Climate Emergency and Sustainable Development Report.

## **7 Strategic Portfolio Governance**

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

Linda Semple provided an overview of the Strategic Portfolio Governance Committee (SPGC) Update Report for the meeting held on 9 May 2024 which included the following:

- The Committee noted the continued work of CfSD and approved their Annual Assurance Statement for 2024/25.
- The Committee noted the continuing work of NHSSA and approved the NHSSA Executive Programme Group Terms of Reference.
- The Committee discussed the Blueprint for Good Governance Implementation Plan and noted their relevant actions.
- The Annual Governance Report for 2023/24 was approved.
- The Digital Improvement Plan and progress was noted which included over 40 large scale projects. Concern was raised around progress of the implementation of the Laboratory Information Management System (LIMS) project with an update to be provided to the July meeting.

The Board noted the Strategic Portfolio Governance Committee Update.

Action No:	Action	Action By
202405230/01	An update on the Digital Improvement Plan to be provided at July Board Private meeting.	Nicki Hamer

## 7.2 NHS Scotland Academy Executive Programme Group Terms of Reference

Gordon James reported that SGPC had approved the reviewed NHSSA Executive Programme Group (EPG) Terms of Reference (ToRs) and highlighted the changes that had been made since the previous year.

The Board approved the NHSSA Expansion Programme Group ToRs.

## 7.3 Annual Delivery Plan 2023/24 Quarter Four Update

Carole Anderson reported the Quarter Four Position on the 2023/24 Annual Delivery Plan (ADP), highlighting the following:

- The ADP template had been reviewed with a new version issued by Scottish Government to include priority areas for recovery and renewal and the 10 national recovery drivers. Future updates would be incorporated into the new template.
- Within the Quarter Four update there was one red deliverable which related to TAVI demand and funded capacity challenges. However, the additional funding allocated would support improvement in this area.
- Overall there were 48 deliverables at the end of Quarter 4 with a decrease in red indicators. Amber indicators had increased by three and there had been a slight decrease in green status indicators.
- The Diagnostic capacity and workforce deliverable status was in line with the national work and was not deemed a risk for NHS GJ.
- The Workforce Plan and Health and Wellbeing of Staff both remained amber.
- Recruitment and Retention of staff had improved from red to amber status.

- The GJCH Strategy Development and Finance review and update of workforce and activity for the expansion had improved from amber to green status.
- An overview of the summary of changes from quarter three to quarter four was provided. Any amber status deliverables would be carried forward to 2024/25.
- The Quarter three and four returns would be submitted to SG in the following few weeks.

Gordon James highlighted the Treatment Time Guarantee (TTG) request for TAVI treatment within six weeks not being reached for the year, yet 280 TAVI procedures had been carried out against a target of 229 and asked how objectives could be more meaningful and achievable for staff. Similarly the national approach to sickness absence with a 4% target. Should the objective be to improve the trajectory across the year rather than an unachievable measure being set.

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

## **8 Corporate Governance**

### **8.1 Strategic Risk Register**

Graham Stewart presented the Strategic Risk Register for May 2024 which was recently presented to the relevant Governance Committees, providing an overview of changes in risk status throughout the reporting period.

Graham Stewart highlighted the emerging risk around capital. Access to slippage would be more challenging. Risk workshops were being arranged with the Capital Delivery Group. The Strategic Capital Group would discuss a proposal to address this issue.

Lindsay Macdonald highlighted the waiting times risk and the importance of gaining understanding of how much of this risk was within the organisation's control.

Carolynne O'Connor responded that it was previously outwith the organisations' control when demand exceeded funding but this had changed now that funding had been provided to increase the level of activity and address the backlog. However, it was noted that patients were high risk which could impact on delivery rates. It was recognised that a backlog remained but now there was a plan to address this, resulting in the backlog reducing throughout the year.

Susan Douglas-Scott noted that the deep dive planned for EP would clarify the level of risk.

Callum Blackburn asked what the CfSD risk related to specifically. Graham Stewart advised it was the ability of CfSD to achieve engagement with Health Boards and to take forward work streams across Scotland.

Susan Douglas-Scott highlighted this had been raised with the Cabinet Secretary who had requested to be made aware of any Health Boards not collaborating with CfSD.

The Board discussed Risk B004/22, CfSD commitment to support NHS Recovery and transformation of NHS Scotland Academy, particularly in relation to CfSD being able to deliver their assurance statement, due to a potential lack of collaboration from Health Boards. The Board noted that Gordon James was responsible for the operational performance of CfSD. The Board noted that further consideration to whether CfSD performance should be reported to Finance and Performance Committee could be given.

The Board approved the Strategic Risk Register.

## 8.2 **Blueprint for Good Governance Implementation Plan for 2024/25**

Carole Anderson presented the Blueprint for Good Governance Implementation Plan for 2024/25 beginning by reflecting on the significant positive areas reflected.

Carole Anderson provided an overview of the Plan including the steps already underway to achieve the actions agreed at the facilitated workshop.

Susan Douglas-Scott encouraged all Board members to complete the Cultural Humilities Training and agreed to consider further diversity work through the Board Seminar work plan.

Susan Douglas-Scott suggested another potentially useful Board Seminar topic would be for a more in-depth discussion around the IPR.

Linda Semple suggested consideration was given to how within the Good Governance Framework, Non-Executive Directors could have more influence outwith NHS GJ. Susan Douglas-Scott highlighted the skills set matrix previously carried out and suggested this could be done annually along with the Register of Interests.

Gordon James highlighted the national forums that NHS GJ colleagues were involved in and commented that NHS GJ was well represented across all relevant areas in Scotland.

The Board approved the Good Governance Implementation Plan for 2024/25.

<b>Action No:</b>	<b>Action</b>	<b>Action By</b>
20240530/02	Further Diversity Work and IPR discussion to be considered for future Board Seminar	Nicki Hamer/ Susan Douglas-Scott
20240530/03	Review of Skills Set Matrix of Board Members to be carried out.	Nicki Hamer

## 8.3 **Corporate Governance Annual Report 2023/24**

Gordon James thanked Nicki Hamer for providing the report which incorporated the links across the Action Plans and Blueprint and celebrated the Governance in place across NHS GJ.

Nicki Hamer commented that the report was a reminder of how much work had been completed throughout the year and reflected the strong approach to governance that existed within NHS GJ.

Susan Douglas-Scott thanked Nicki Hamer and the Non-Executive Directors for their work in ensuring the breadth of work and that there were no gaps in the governance structure.

The Board agreed to add a note to appendix three to clarify that the Staff Governance and Person Centred Committee was referred to as the Staff Governance Committee within the report, which was a legal requirement.

Linda Semple queried whether the Nurse Director should be a Board Member as she understood that this had changed many years ago and it was not just in relation to territorial Boards. Nicki Hamer agreed to discuss this further with Linda Semple.

The Board approved the Corporate Governance Annual Report for 2023/24.

Action No:	Action	Action By
20240530/04	Corporate Governance Annual Report appendix 3 to be updated to clarify SGPCC was referred to as Staff Governance Committee within the report.	Nicki Hamer

#### 8.4 NHS Golden Jubilee Code of Conduct

Gordon James highlighted that the Code of Conduct required to be updated annually and highlighted the changes made which were in response to the Once for Scotland approach.

Callum Blackburn highlighted item 4.23 regarding non-financial interests which captured professional memberships. Nicki Hamer confirmed that from 1 April 2024 there was a requirement for Board Members to declare this information.

The Board approved the NHS Golden Jubilee Code of Conduct.

#### 8.5 NHS GJ Board Work Plans for 2024/25

Gordon James highlighted the proposed Board Work Plans for 2024/25 and asked the Board to note that these would be subject to change if and when required.

The Board approved the NHS GJ Board Work Plans for 2024/25.

## 9 Minutes for Noting

### 9.1 Clinical Governance Committee Approved Minutes

The Board noted the CGC approved minutes for the meeting held on 7 March 2024.

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

The Board noted the SGPCC approved minutes for the meeting held on 12 March 2024

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

The Board noted the FPC approved minutes for the meeting held on 12 March 2024

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

The Board noted the SPGC approved minutes for the meeting held on 5 March 2024

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

The Board noted the ARC approved minutes for the meeting held on 14 March 2024

## **10 Any Other Competent Business**

There was no further business raised.

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

The Board noted the Extraordinary Board Private Meeting on 27 June 2024 to approve the Annual Accounts.

The next meeting of NHS GJ Board had been scheduled for Thursday 25 July 2024 with a Board Seminar scheduled for Thursday 29 August 2024.