

Approved Minutes

Meeting: NHS Golden Jubilee Public Board Meeting
Date: Thursday 26 September 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
Lindsay Macdonald	Non-Executive Director
Jonny Gamble	Director of Finance
Marcella Boyle	Non-Executive Director (via MS Teams)
Mark MacGregor	Medical Director
Morag Brown	Non-Executive Director (via MS Teams)
Rebecca Maxwell	Non-Executive Director
Rob Moore	Non-Executive Director
Stephen McAllister	Non-Executive Director (Vice Chair) (via MS Teams)

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
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

James Boyce	Head of Health Sponsorship, Scottish Government (via MS Teams)
Katie Cuthbertson	National Director, Centre for Sustainable Delivery

Apology

No apologies received.

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 meeting and invited everyone to participate in a short wellbeing discussion by highlighting it was Human Resource Professional Day, recognising the dedication and hard work of the NHS Golden Jubilee (NHS GJ) staff who played a vital role in the organisation.

The Board noted that it was Climate Change Week and associated activities planned within the organisation to promote sustainability.

Susan Douglas-Scott reminded the Board that Speak Up Week was week beginning 30 September 2024 and asked Board members to provide some lines to Nicki Hamer in support of the initiative.

Susan Douglas-Scott acknowledged those who were joining the meeting on Microsoft Teams and welcomed James Boyce, Head of Health Sponsorship, Scottish Government and Katie Cuthbertson, National Director, Centre for Sustainable Delivery (CfSD) who were attending the meeting as observers.

Susan Douglas-Scott let the Board know of the death in service of three board colleagues who sadly passed away during the month of August 2024. She acknowledged this as a very sad and difficult time for their families and closest colleagues. NHS GJ Board in turn conveyed their deepest sympathies to the families and colleagues of Scott McNair, Fred Rafferty and Kamal Deep

Susan Douglas-Scott shared the following highlights since the last Board meeting:

- Susan Douglas-Scott was a speaker at the recent LGBTQ+ Leadership Conference.
- Susan Douglas-Scott remotely attended the Board Chairs Away Days. Neil Gray, Cabinet Secretary for Health and Social Care attended and spoke about the Future of Health and Care in Scotland.
- Neil Gray visited NHS GJ as part of Climate Week. Susan Douglas-Scott, Gordon James and Callum Blackburn introduced him to the sustainability projects underway and he visited the Skills and Simulation Centre. Professor Paul Rogers from University of Strathclyde and Dr Euan Winton from Heriot-Watt University also shared their DesignHopes work.
- Lord Darzi's report on the investigation into NHS England had been received and the content noted by the organisation.

1.2 Apologies

There were no apologies to note.

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:

- Board Chief Executives Development Session focused on digital strategy, looking at the integrated care record, the new digital platform and a repository for all information nationally.
- The first revised sponsorship group was held with Scottish Government (SG) with regular meetings with James Boyce to be arranged.
- A medical device workshop, arranged by SG, was hosted by NHG GJ.
- John Burns, Ivan McKee and Mark Logan from SG met with CfSD on productivity and Digital Dermatology.
- The strategic partnership agreement with University of Strathclyde was renewed.
- A Board engagement meeting with Health Improvement Scotland (HIS) to discuss feedback on safe staffing was held.
- The Executive Leads were meeting fortnightly to discuss the Achieving the Balance programme.
- An All Staff Session was held, which was well attended. The meeting was recorded and made available to staff who were unable to attend.
- Further progress had been made with the opening of the Surgical Centre.
- Junior Doctors induction took place.

- A school careers event was held, with positive attendance and feedback.

Gordon James provided an overview of letters received from SG over the last quarter and confirmed that these would be included in future Corporate Governance quarterly reports.

Gordon James highlighted the following successes:

- NHS GJ hosted a national Scan for Safety event showcasing the organisation's experience of Point of Care scanning.
- Joint Advisory Group (JAG) accreditation was achieved for Endoscopy.
- NHS GJ celebrated 1000 Transcatheter Aortic Valve Implantation (TAVI) procedures.
- NHSS Assure Commissioning and handover of the Expansion Phase 2 concluded. Gordon James thanked all staff involved in bringing the project to this stage and for the multi-disciplinary approach undertaken.
- NHS GJ was awarded the Cycling Friendly Employer Plus Award from Cycling Scotland.

Gordon James highlighted the following upcoming events:

- The Our People Awards event was being arranged. 173 entries had been received.
- Cyber/Fraud awareness month would be recognised throughout October.
- Mid-year reviews were underway.
- The Chief Operating Officer Engagement Session was being arranged for 1 November 2024.
- A ministerial visit to Phase 2 would be arranged, likely to be during November 2024.
- Emma McColl, Clinical Nurse Manager was climbing Ben Nevis as part of the "Turn the Peaks Pink" campaign for Organ and Tissue Donation week.

Carole Anderson advised that the bio-space meadow opened on 23 September 2024 with an aim to attract indigenous species of wild flowers and insects.

The Board noted the Chief Executive update.

3 Updates from last meeting

3.1 Unapproved minutes from 25 July 2024 Board Meeting

The Board approved the minutes of the 25 July 2024, subject to Sandie Scott being removed as being in attendance.

3.2 Board Action Log

There were no outstanding actions for discussion.

3.3 Matters Arising

There were no matters arising.

4 Clinical Governance

4.1 Clinical Governance Report

Anne Marie Cavanagh presented the Clinical Governance update from the Integrated Performance Report (IPR) which included the following:

- Twenty Five complaints were reported in April 2024, 22 were categorised as stage one and three as stage two. The Feedback Improvement Report was presented to Committees during September 2024.
- There were two Significant Adverse Event Reviews (SAER) commissioned in May 2024.
- There were 10 deaths reported in May 2024 and five reported in April 2024 all within control limits.
- There were no whistleblowing concerns reported.
- Healthcare Associated Infections (HAI) reported in May comprised of one Staph Aureus Bacteraemia (SAB), and one Gram Negative/E.coli Bacteraemia (ECB). Hand Hygiene was reported at 99% compliance in May 2024.
- Surgical Site Infections (SSI) reporting comprised of three in Cardiac Surgery and one in Orthopaedic surgery.

Mark MacGregor highlighted that teams continued to work on Quality Improvement but were restrained due to current lack of capital investment.

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 5 September 2024, highlighting the following:

- The Strategic Risk Register was approved.
- SAER update was noted along with the thematical analysis of the overdue actions which was underway.
- The Hospital Electronic Prescribing and Medicines Administration (HEMPA) implementation update was noted.
- The Safe Staffing update was noted, acknowledging the challenges around workstreams.
 - Quarter one Whistleblowing Report was approved, noting plans for Speak Up week and the critical link to staff wellbeing and safety.

The Board noted the Clinical Governance Committee Update.

4.3 Whistleblowing Quarter One Report for 2024/25

Anne Marie Cavanagh presented the Whistleblowing Quarter One Report for 2024/25, reporting that there had been no concerns raised during quarter one. The main focus continued to be raising awareness and training and to ensure staff felt their environment was conducive to raising concerns if required.

Callum Blackburn advised that a Whistleblowing Oversight Group had been established with the first meeting having taken place and that the Communications (Comms) Team were working on promoting Speak Up Week.

Jane Christie-Flight highlighted that Confidential Contacts were to be provided with additional training and these roles would potentially be reviewed and promoted as Speak Up Ambassadors.

Laura Smith highlighted the opportunity to link speak up work and psychological safety to the culture work being undertaken within the organisation.

Gordon James highlighted the Independent National Whistleblowing Office (INWO) were running three online events and encouraged colleagues to participate.

The Board approved the Whistleblowing Quarter One Report for 2024/25.

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:

- The absence rate remained at 6.8%.
- Turnover for the month had increased to 0.6% from 0.4%, with the rolling 12 month figure remaining stable at 8.1%.
- Sickness absence due to Anxiety, Stress, Depression or other Psychiatric Illness increased slightly to 23.4% in July 2024.
- TURAS appraisal rate for July 2024 was reported at 68%, an increase of 2% from June.
- TURAS Learn migration and the review of fixed term contracts were now complete.
- HR Team continued to promote safe attendance with planned training sessions fully booked. Hot spots for absence continued to be provided with targeted support.

The Board discussed the current status of Covid within the organisation, noting that this was no longer specifically recorded and therefore Covid absence data was not available. The Board noted that staff would be encouraged to be vaccinated.

The Board approved the Staff Governance Report.

5.2 Staff Governance and Person Centred Committee Update

Rob Moore provided an overview of the Staff Governance and Person Centred Committee (SGPCC) meeting held on 3 September 2024 which included:

- The Committee approved the IPR, Corporate Objectives for 2024/25, the Strategic Risk Register, the Quarter One Feedback Report and the Whistleblowing Quarter One Report.
- An update on Agenda for Change (AfC) projects was received.
- The Committee noted that the iMatter results had increased for all areas, despite a lower % response rate noting that overall responses increased.

The Board discussed access to funds from SG for the AfC supplementary elements, noting there was no formal clarification as yet with national boards. Funding for the agreed 5.5% pay award had been confirmed.

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

5.3 Clinical Education Annual Report 2023/24

Anne Marie Cavanagh presented the Clinical Education Annual Report for 2023/24, highlighting key priorities and focus.

Anne Marie Cavanagh reported that new staff had been inducted and orientated within the new Surgical Centre, supported by the Clinical Education team.

Work with the National Registered Nurses was being written up now that all cohorts had been completed. The Clinical Education staff involved in this work had now returned to their core roles.

Business as usual continued with regard to new equipment training and eRostering. Hospital Electronic Prescribing and Medicines Administration (HEPMA) implementation was being supported by the Clinical Education Team.

The Board thanked Anne Marie Cavanagh for presenting the excellent report and requested that their thanks was shared with the Clinical Education team for the assurance the report provided.

Linda Semple suggested that the links to the Caring Behaviours training with the SG Standards could be linked to the Corporate Objectives.

Rob Moore commended the report and suggested perhaps more information could be provided within the Team Successes section.

Mark MacGregor acknowledged that currently there was not a Medical Education report but this would be discussed with the new Clinical Director of Medical Education, Lorna Swan, ensuring links with nursing colleagues.

The Board agreed that Clinical Education should include all professions, including Healthcare Science and eventually NHSSA and noted that SGPCC were working towards this.

The Board noted the Clinical Education Annual Report for 2023/24.

5.4 Clinical Education Strategy

Anne Marie Cavanagh presented the Clinical Education Strategy, outlining the “Strategy on a Page” approach.

Anne Marie Cavanagh highlighted the section on Scottish Vocational Qualifications (SVQs) and Healthcare Support Workers (HCSW) as being a priority area of growth with investment made in the SVQ “team” to work across all staff groups and support both hands-on and academic approaches to training.

Marcella Boyle commended the report, especially the inclusion of links between career pathways, accessibility and stressed the importance to include opportunities for entry level staff.

The Board approved the Clinical Education Strategy.

6 Finance and Performance

6.1 Operational Performance Report

Carolynne O'Connor presented the Operational Update for June 2024 (Month 3), which included the following:

Heart, Lung and Diagnostics (HLD)

- Performance was 5% ahead of plan with over performance from Cardiology, Cardiac and Thoracic surgery.
- TAVI implementation plan for 461 procedures was underway.
- Additional beds had been opened in Level 2 East to support patient flow.
- Planned Care funding for ultrasound had been extended for the full year.
- Scottish National Radiology Reporting Service (SNRRS) had increased by 13% since May 2023, with an additional 14 reporters in place.

- A new Duty Radiologist/Cardiologist roster was in place, which provided cover for 80% of the week for urgent complex cases and a plan was in place to fill the remaining gap within the next year.
- Cardiothoracic middle grade rota was now fully staffed.
- The Cardiac service reported activity had been maintained at 6% over target, with all long waiting patients for Scottish Adult Congenital Cardiology Service (SACCS) reviewed and dated. The cancellation rate had reduced further in July with any cancellations related to Perfusion and Intensive Care Unit (ICU) nursing shortages.
- The Thoracic service activity was reported 9% ahead of plan. Day of Surgery Admission (DOSA) rate was 21%. An improvement plan was in place to address this. The Day Zero programme cases were increasing with a focus to further increase this. The 31 day cancer target was met.
- The Cardiology Service reported 5% overall ahead of plan, although Electrophysiology was 1% behind plan. Planned Care funding to support weekend working was in place. Any long waiting patients required general anaesthetic and activity would improve in this area in August when a new Consultant started. The Device Service performed 7% ahead of plan, due to an increase in urgent referrals.
- The Radiology Service reported overall activity 1% ahead of target, with significant improvement reported in the Cardiovascular Magnetic Resonance (CMR) waiting list. Planned Care were supporting additional Computed Technology (CT) and Magnetic Resonance Imaging (MRI) activity at weekends. The Ultrasound Academy continued to perform above target and was also supporting additional weekend lists with Planned Care funding.
- An update on TAVI (461) implementation was provided including the mobile van being on site from 2 June 2024, a Locum Cardiology Consultant appointed until the end of July and nurse and Imaging Cardiologist Consultant recruitment underway. An additional treatment area had been equipped to support increased patient flow. Lists had been increased and included an increased proportion of patients from elective waiting lists.

National Elective Services (NES)

- NES reported activity 11% ahead of target.
- Ophthalmology carried out a total of 1095 cataract procedures against a plan of 972 in June 2024, which supported the deficit in May, resulting in the service being ahead of plan by 1% at the end of month three. Improvement focus areas included reducing duplication and variation within the outpatient clinic pathway and a trial to implement Band 4 led clinics to release trained staff for work in theatre. 40% of on-the-day cancellations were replaced in June 2024, resulting in an overall cancellation rate of 2.3%. Consultant recruitment continued to be challenging but locum cover had been sourced.
- Endoscopy carried out 750 procedures against a plan of 571, 31% ahead of plan. Over performance had been supported through weekend working and filling short notice cancellations.
- The Orthopaedic service reported activity at 8% ahead of plan at June 2024. Joints were behind by 29 cases, due to delay in the sixth theatre opening. Day of surgery discharge continued to increase. Day one discharge trajectories remained above average at 15% and 47% respectively for knees and hips. Four joint lists remained low, but this was expected to improve from July 2024.
- General Surgery/Colorectal service reported activity ahead of target by 20% due to an increase in general surgery cases during June to maximise theatre utilisation. General surgery reported 139 procedures against a plan of 104. Twenty colorectal procedures were carried out against a plan of 29, due to Consultant leave.
- Recruitment of Anaesthetists remained challenging with targeted recruitment campaigns planned.

Gordon James acknowledged the unique position due to the delay in opening of the Phase 2 Expansion and highlighted to the Board the impact on meeting the Annual Delivery Plan and Financial Plan targets. Gordon James commended the Services who had demonstrated great dedication and flexibility in their approach.

The Board approved the Operational Update.

6.2 Financial Report as at 30 June 2024 (Month Three)

Susan Douglas-Scott formally welcomed Jonny Gamble to the meeting, his first formal one in his role as Director of Finance and invited him to present the Month 3 Financial Report.

Jonny Gamble outlined the key points of the financial position for Month 3 which included:

- A Financial Plan gap of £9.994m, with a projected gap at Month 3 of £2.4m.
- A £560k deficit year to date (YTD) at 30 June 2024.
- Efficiency targets had now been phased across divisions.
- The prioritised capital expenditure plan had been revised to match the confirmed Core Capital Resource Limit (CRL)
- Phase 2 Expenditure phasing for 2024/25 and 2025/26 was still to be finalised with Cost Advisors but current estimates had been updated.
- An income to date of £59.721m was ahead of YTD budget of £59.259m, resulting in a positive variance of £0.561m.
- Expenditure to date was £60.281m, ahead of the YTD budget of £59.159m, resulting in an adverse variance of -£1.121m.
- The revenue expenditure position reflected an overall adverse variance of -£1.121m (-1.9%).
- Pay costs were £0.341m overspent (-1% of total budget).
- Non pay costs were £0.780m adverse (-4.24% above total budget).
- The breakdown of key expenditure points by Division reflected the over-performance reported in the activity report.
- The efficiencies update at June 2024 showed underperformance of the Achieving the Balance position with a forecast of -£2.4m.
- An overview of the YTD position for the efficiency plan outlined workstreams with the highest risk of delivery. Further opportunities were being identified to deliver the required savings and achieve a year end breakeven position.
- A total CRL of £11.762m was reported, £7.1m related to total Phase 2 allocation, leaving £4.6m for core business.

Susan Douglas-Scott acknowledged the challenging financial situation.

Jonny Gamble noted this was a new situation for NHS GJ and provided assurance that robust processes and programme management was in place.

Jonny Gamble advised that the All Staff meeting had included an update on the current financial position and staff were encouraged to share ideas of ways to support the efficiency savings. Partnership Forum was also being kept up to date on the financial situation.

The Board approved the Financial Report as at 30 June 2024 (Month 3).

6.3 Finance and Performance Committee Update

Stephen McAllister presented the Finance and Performance Committee (FPC) Update from the meeting held on 9 September 2024.

The Committee approved and reflected on the excellent operational performance within HLD and NES and noted the finance update, acknowledging the importance for even closer monitoring of these updates.

The Committee approved the NHS GJ Research Institute Quarter one report and the Quarter one update on the Annual Delivery Plan (ADP).

The Committee received a presentation on Climate Change initiatives underway within the organisation and noted some excellent initiatives.

The Committee approved the Strategic Risk Register and Corporate Objectives.

The Board approved the Finance and Performance Committee update.

6.4 Audit and Risk Committee Update

Lindsay Macdonald provided an update from the Audit and Risk Committee meeting held on 12 September 2024 which included:

- A Network and Information Systems (NIS) Update, which was encouraging. Auditors would be on site during October or November 2024, with the submission due in January 2025.
- There were no fraud cases reported.
- The Internal Audit Report on risk management was presented to the Committee which was rated as substantial improvement required. This was deemed to be due to two actions being categorised as amber rather than yellow. Eight actions were recommended by Azets, which were now in progress. The Executive Leadership Team had been assured that the reviewed Risk Registers reflected the suggested changes.
- The Committee reviewed and approved the Strategic Risk Register and noted the potential migration of some risks from Strategic Portfolio Governance Committee to other formal Committees.

Susan Douglas-Scott noted that assurance had been provided that NHS GJ were working well with the Internal Auditors and that all actions were largely in progress.

The Board passed on their thanks to Joe Hands for stepping up as Interim Head of Risk and Clinical Governance and for working with the Auditors on the risk review.

The Board noted the Audit and Risk Committee Update.

6.5 Annual Delivery Plan Quarter One Update

Carole Anderson presented the Annual Delivery Plan (ADP) Quarter One Update. The following was noted:

- SG had communicated that the updates were to continue on a formal basis but NHS Health Boards could utilise their own version of the template. The Planning Team were reviewing the template in collaboration with organisational leads to develop a more simplified version.
- A good position had been achieved in Quarter one, linked with the activity and financial plans.
- Planned care was performing well and was being monitored through the Confirm and Challenge meetings.
- Comparative data, detailed on page three of the review note, highlighted positive results and some areas of improvement.

- There were no areas of concern to report.
- NHS Scotland Academy ADP template showed a green rated position.
- CfSD Assurance Statement had already been reported.

The Board noted the Annual Delivery Plan Quarter One Update.

7 Strategic Portfolio Governance

7.1 Strategic Portfolio Governance Committee Update

Linda Semple provided an overview of the Strategic Portfolio Governance Committee Update Report for the meeting held on 5 September 2024 which included the following:

- The Committee received an overview of the review of the programme management process.
- The Committee noted an update on the Digital Transformation Project, noting the volume of projects and that some projects would move to Business as Usual Status in time.
- CfSD and NHSSA presented updates and the Committee discussed the requirement of formal assurance being provided to the Board, which would be further discussed at the Board Private meeting.
- The Committee noted updates on the relationship with academic bodies, the revised Ethical Sponsorship Principles and Policy and the Corporate Objectives.
- The Committee noted that National Elective Co-ordination Unit (NECU) would be carrying out an impact analysis.

The Board noted the Strategic Portfolio Governance Committee Update.

8 Corporate Governance

8.1 Strategic Risk Register

Jonny Gamble presented the Strategic Risk Register for September 2024, which had been presented to the relevant Governance Committees, providing an overview of changes in risk status throughout the reporting period.

Jonny Gamble thanked Joe Hands for the excellent work undertaken on the review of the Risk Register and highlighted that discussions within the Governance Committees had been beneficial and demonstrated good governance around the Risk Register.

Jonny Gamble advised that some of the financial risks had been strengthened with an increase to the Cyber risk and a new risk being developed around Capital Infrastructure.

Linda Semple highlighted that risk W18 – Staff Health and Wellbeing, was discussed at SGPCC and asked whether the pressure of financial restraints impacting staff health and wellbeing should be considered. Laura Smith responded that risk W18 was directly relating to Covid-19 but provided assurance that this concern would be captured within another developing risk.

The Board welcomed the added focus on the Cyber Security risk in light of recent experiences within other NHS Health Boards.

The Board approved the Strategic Risk Register.

8.2 Corporate Governance Report, Quarter One

Gordon James presented the Corporate Governance Report for Quarter one, thanking Nicki Hamer for her hard work and for producing the report.

Susan Douglas-Scott agreed the report provided the Board with assurance that corporate governance processes are in place.

Carole Anderson also thanked Nicki Hamer for the thorough report as when looking back for information on implementation of items, this had been a really good resource.

The Board noted the Corporate Governance Report, Quarter One.

8.3 Corporate Objectives for 2024/25

Gordon James presented the Corporate Objectives for 2024/25, which had been approved by the Governance Committees. During the governance process, a requirement to include an objective relating to Equality, Diversity and Inclusion and Racism had been highlighted which had now been included.

Gordon James advised that checks would be done to ensure the Corporate Objectives aligned with the revised risks.

The Board agreed that the Corporate Objectives would be presented by exception, if any significant changes, to the relevant Governance Committee then Board.

The Board approved the Corporate Objectives 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 26 July 2024.

9.2 Staff Governance and Person Centred Committee Approved Minutes

The Board noted the SGPC approved minutes for the meeting held on 4 July 2024

9.3 Finance and Performance Committee Approved Minutes

The Board noted the FPC approved minutes for the meeting held on 11 July 2024

9.4 Strategic Portfolio Governance Committee Approved Minutes

The Board noted the SPGC approved minutes for the meeting held on 9 July 2024

9.5 Audit and Risk Committee Approved Minutes

The Board noted the ARC approved minutes for the meeting held on 18 July 2024

10 Any Other Competent Business

For awareness, Gordon James advised the Board that the British Medical Association (BMA) were communicating their support of the proposed pay rise to Consultants, which was likely to move to a ballot process.

The Board discussed the discretionary points process, agreeing that the current process within NHS GJ seemed robust.

11 Date and Time of Next Meeting

The next meeting of NHS GJ Board had been scheduled for Thursday 12 December 2024 with a Board Seminar scheduled for Thursday 31 October 2024.