

Approved minutes

Meeting: NHS Golden Jubilee Board Meeting

Date: 28 May 2020, 10am

Venue: Microsoft Teams Meeting

Members

Susan Douglas-Scott CBE	Board Chair
Linda Semple	Vice Chair
Karen Kelly	Non-Executive Director
Stephen McAllister	Non-Executive Director
Marcella Boyle	Non- Executive Director
Rob Moore	Non- Executive Director
Morag Brown	Non-Executive Director
Jane Christie-Flight	Employee Director/Non-Executive Director
Jann Gardner	Chief Executive
June Rogers	Deputy Chief Executive / Executive Director of Operations
Colin Neil	Executive Director of Finance
Mark MacGregor	Medical Director

In attendance

Anne Marie Cavanagh	Executive Nurse Director
Gareth Adkins	Executive Director of Quality, Innovation & People
Angela Harkness	Executive Director of Global Development & Strategic Partnerships
Liane McGrath	Head of Corporate Governance & Board Secretary
John Scott	Director of Facilities and Capital Projects (<i>Item 8.1 only</i>)

1 Opening Remarks

1.1 Chairs introductory remarks

Susan Douglas-Scott opened the meeting and thanked Members for joining via Microsoft Teams. Susan Douglas-Scott commended the Executive Team for their dedication and hard work during the Covid-19 pandemic period to date and for the continued delivery of excellent care to the people of Scotland.

The risk of NHS Golden Jubilee (GJ) underutilisation during this time was noted, the Board's Recovery Plan had been submitted to the Scottish Government (SG). The plan outlines the recommended ways NHS GJ could be used going forward, ensuring the organisation is used to its full potential. Feedback from SG is awaited and meantime the Executive Team continue to engage with other NHS Boards regarding how NHS GJ can support recovery as a national resource.

1.2 Chief Executive introductory remarks

Jann Gardner thanked Susan Douglas-Scott for the positive comments and expressed gratitude to Board Members for their support during this challenging period. The Senior Management Team within NHS GJ have worked flexibly over the past number of months to adapt to a changing national picture and to redesign services at pace. This process had been facilitated by the agile governance approach Board Members supported.

Jann Gardner also noted that BBC Scotland had collated a series of two programmes based on NHS GJ. The first involved patients and staff and focuses on core services, the second piece on the recovery phase and NHS GJ support to NHS Scotland will follow.

2. Apologies

No apologies were noted.

3 Standing Declarations of interest

Susan Douglas-Scott CBE	Chair, Independent Living Fund
Linda Semple	Non-Executive Director, NHS Ayrshire & Arran
Morag Brown	Board Member, Glasgow Association for Mental Health
Stephen McAllister	Non-Executive Director, NHS Forth Valley
Jane Christie-Flight	Board Member, Scottish Pensions Advisory Board
Jann Gardner	Director of Scottish Health Innovations Ltd (SHIL)
Angela Harkness	Trustee, Scottish Sports Futures

4. Updates from last meeting

4.1 Unapproved minutes from 26 March 2020 Meeting

The minutes of the previous meeting were read and agreed as an accurate record subject to the following change:

- Page 3, first paragraph, 'Gareth Adkins' to be changed to 'Colin Neil'.

4.2 Board Action Log

Board Members reviewed the Action Log and agreed to close all previous actions.

4.3 Matters arising

There were no matters arising noted.

5 Clinical Governance

5.1 Site Update

Anne Marie Cavanagh get a brief update to the Board on the current hospital status noting that the organisation currently had:

- 86 patients across ward areas
- 20 patients in Critical Care
- 9 Theatres and 3 Cath Labs running
- 24 outpatients expected on site today, this included pre-op testing

As of 27th May 2020, no confirmed Covid-19 positive patients were on site. However, with patient flows this could change and would continue to be closely monitored.

The Board noted this update.

5.2 Reducing Risks

Mark MacGregor presented the paper on Clinical and Operational Service changes due to Covid-19. The paper outlined plans for restarting services across the NHS GJ site and aimed to provide reassurance that robust measures were in place to restart safely.

Mark MacGregor gave an overview of the main report sections and noted the importance of the organisation's approach to risk, including policies and procedures to minimise risk. Of particular note was the diagram on page two which illustrates residual risk following the implementation of risk mitigations.

Zoning policy and pathways had evolved during the pandemic and the site now concentrates on separating elective and emergency pathways to reduce patient risk. Standard Operating Procedures (SOPs) for any new services are developed using a structured approach for any new service undertaken on the NHS GJ site. The SOP template was provided to Board Members for information and Mark MacGregor noted that this had been well received by other NHS Boards.

Mark MacGregor also outlined the enhanced consent process, ensuring patients are part of decision making during their clinical journey. A patient information leaflet is in draft and will be given to all patients prior to their admission.

Stephen McAllister commended this piece of work noting its clear format and language. Board Members discussed the paper and agreed with these comments. Linda Semple asked if user testing of the patient leaflet and consent form would be carried out. Mark MacGregor confirmed that this would be part of the initial roll out and would be closely reviewed with the first cohort of patients.

Board Members supported the principles outlined in this paper and noted the update.

5.3 Draft Recovery Plan

Jann Gardner formally noted that the Board's Recovery Plan had been submitted to the Scottish Government on 25th May 2020, feedback was awaited. The Recovery Plan would be further discussed in the Private session of the Board as this contains information sensitive to the business of the Board.

The Board noted this update.

5.4 Clinical Governance

Integrated Performance Report – Board Summary Report

Anne Marie Cavanagh presented the Clinical Governance section of the Board Summary Integrated Performance Report and highlighted the following points:

- All complaints received in February and March 2020 had been responded to and were now closed.
- HAIRT, SAB and Hand Hygiene data from February 2020 was presented.
- Surgical Site Infection rates remained within normal control limits.

Anne Marie Cavanagh also noted that the NHS GJ Healthcare Environment Inspectorate (HEI) Report was published at the end of February 2020. Five requirements had been noted

within the report, a number of these were actioned immediately and all requirements had since been addressed.

During the Covid-19 pandemic period, national infection control guidance has updated regularly and the organisation has adapted at pace to ensure compliance with this. The Communications Team have provided excellent support in ensuring staff have access to live information via the StaffNet Covid-19 hub and information is cascaded daily via the Command Structure.

Board Members noted the requirement for up to date data to ensure a current position could be reviewed. Anne Marie Cavanagh advised that some of the national surveillance reporting had been suspended during the pandemic response, this would be restarted as the next phase is progressed.

Board Members noted the update and approved the Clinical Governance section of the IPR.

5.5 Risk Register

Colin Neil presented the Board Risk Register and noted that the Register had been approved at the Audit and Risk Committee on 19th May 2020. A number of updates were noted at the start of the paper and Members were asked to approve the changes.

Susan Douglas-Scott highlighted Risk S17 'If we are unable to agree a robust recovery plan and implement effectively then we may fail to maximise the capacity available at GJNH'. This risk is of particular note in light of the current use of private sector health facilities across Scotland. Going forward, it is critical that NHS GJ capacity is optimised in conjunction with private sector facilities use.

Jann Gardner agreed with this point and suggested that an addendum be added to the Board Recovery Plan and submitted to the Scottish Government to highlight this key risk.

Board Members supported this suggestion and requested that Jann Gardner write to John Connaghan at the Scottish Government.

Board Members approved the changes to the Risk Register.

Action: Jann Gardner to draft an addendum to the Recovery Plan regarding optimal use of NHSGJ in light of private sector use and submit to the Scottish Government for review.

6 Staff Governance

6.1 Staff Governance *Integrated Performance Report – Board Summary Report*

Gareth Adkins presented the Staff Governance section of the Board Summary Integrated Performance Report. The main points have been discussed via the Agile Governance meetings and no critical issues were noted.

Sickness absence across the organisation rose to 5.0% in March 2020 and a 5.0% special leave rate relating to Covid-19 was also reported. Covid-19 related absence rates peaked in March 2020 and have steadily declined since then, the figures now largely relate to at risk staff following national shielding guidance.

Medical Appraisals and Agenda for Change TURAS Appraisals are both currently suspended due to the Covid-19 pandemic. The TURAS rate in January 2020 was 72%, work will restart on improving this position once the suspension is lifted. The Medical Appraisal rate was reported as 58.4% in March 2020, again improvement actions will be implemented when this process restarts.

Board Members noted the update and approved the Staff Governance section of the IPR.

6.2 Personal Protective Equipment (PPE)

Gareth Adkins gave a brief update on PPE, a fuller update would be detailed in the Board's Private session as this contained information sensitive to the business of the Board.

The Board has been actively monitoring PPE stock and supply chain during the pandemic. Engagement with National Services Scotland continues via weekly national meetings and ongoing dialogue.

The Board noted this update.

6.3 Social Distancing and Facility Changes to Reduce Risk

Gareth Adkins update the Board on the social distancing and facilities work that was ongoing across the organisation to ensure compliance with national guidance. A short life working group (SLWG) had been established to review staff and patient flows throughout the site and the scope for social distancing. Common themes including signage and standardised operating procedures would be taken forward by this group. Risk assessment work is underway and will be revisited as the organisation moves into the recovery phase.

Colin Neil advised the Board that work had been conducted across the Command Structure to ensure adequate adjustments were made, as necessary, and to ensure Corporate areas fully comply with national guidelines. A number of measures have been implemented to facilitate this including staff rotas, working from home measures and redesign of office layouts. A review of corporate areas has produced positive results. The work to date will be augmented by departmental visits from Health and Safety colleagues to support Heads of Department in ensuring workspaces are comply with social distance requirements in the longer term.

Members discussed this work and Gareth Adkins confirmed that the Conference Hotel was also included in the scope. Morag Brown commended this work but noted that social distancing is one tool in the pandemic response and asked for confirmation of other works ongoing. Gareth Adkins confirmed that technology options are under review and would be progressed via the SLWG. The Board will be updated on progress in due course.

Colin Neil noted that the ongoing Accommodation Review would now be reviewed in light of social distancing requirements and would inform changes to the long term plan.

The Board noted this update.

6.4 Partnership Forum Update

Jane Christie-Flight gave an overview of the April meeting of the Partnership Forum and confirmed that the following key topics had been discussed:

- The Forum was updated on the changes to the national partnership structures as a result of Covid-19.
- In light of the pandemic response period, a number of HR processes had been temporarily paused and individuals notified of this. Processes would now be restarted where possible.
- The Forum approved three updated policies: Annual Leave, Special Leave and Workforce Change.
- The British Medical Association request to restart study leave was supported by the Forum provided training was online or virtual.
- Health and Safety structures had been reviewed and Forum members noted the proposed new structure.
- The proposal for staff health and wellbeing was presented.
- The Forum was updated on the Recovery Plan and were assured that they would be involved in progressing work to deliver the proposals.

Staff Health and Wellbeing was discussed and Elaine Cameron asked for confirmation of provision for staff counselling. Jane Christie-Flight noted that staff could be referred via Occupational Health and the Board's StaffNet site also signposts staff to national resources. However, it was acknowledged that further access to services like this would be reviewed as part of the Staff Health and Wellbeing group that had recently convened. Gareth Adkins confirmed that the Staff Health and Wellbeing Strategy was being drafted and would be taken forward via the new group.

The Partnership Forum Update was noted by Board Members.

7 Finance and Performance

7.1 Operational Performance

Integrated Performance Report – Board Summary Report

June Rogers updated the Board on Operational Performance, the Board Summary Integrated Performance Report noted the Board's position to the end of March 2020. The following key points were highlighted:

- All non-urgent elective activity was suspended on 16th March 2020 as per Scottish Government instruction. As a result, the end of year performance position had been adversely impacted.
- Prior to this suspension, elective activity had demonstrated an improvement across a number of surgical specialties and utilisation levels were positive.
- Diagnostic services had also been performing well prior to the pandemic and the improvement plan had positively impacted waiting time figures.
- The non-urgent activity suspension has significantly impacted the Cardiology, Cardiac and Thoracic programmes. At the end of March 2020, 143 patients exceeded their 12

week Treatment Time Guarantee. This will be a key priority area during the recovery phase.

- In the early part of 2020, the Mobile Theatre had been used across the weekend by an external provider to treat cataract patients from NHS GGC. NHS GJ managed the logistics of this service including patient bookings. Agreement to retain the mobile unit is outstanding, pathways are currently being reviewed to confirm if this unit will be required going forward.

June Rogers noted that Clinical Service Teams are focused on the recovery plans and continue to prepare for services restarting. Over the last few months a number of cancer patients have been treated at NHS GJ in collaboration with other NHS Scotland Boards. This work continues and is anticipated to expand following recovery plan approval.

Board Members noted the update and approved the Operational Performance section of the IPR.

7.2 Finance Report

Integrated Performance Report – Board Summary Report

Colin Neil referred to the Finance Section of the IPR and highlighted the Month 12 position, subject to External Audit review, to Board Members. The following points were highlighted to Members:

- At year end the organisation had a total surplus of £217,000. This includes over-recovery of £44k of income and a core expenditure underspend of £178k. Non-core expenditure reflects a £5k adverse variance.
- The Capital Position includes an additional spend on Mobilisation of £165k and the return of £1.59m in Elective Centre Funding to the Scottish Government.
- CRL Balance was achieved at financial year-end

Colin Neil updated the Board on Efficiency Savings, noting that the efficiency target was achieved with a modest £3k excess, against the full year target of £4.807m. The Board has identified £2.505m in recurring savings on a current year basis, this is anticipated to mature into a full year effect of £3.755m. Therefore, a full year gap of £1.052m currently exists and requires to be addressed via further savings initiatives.

The Board were advised of the predicted break even position at month 12 and the actual outturn surplus of £222k. This position had been anticipated to be higher but was limited due to the challenges faced by the pandemic at year end.

Linda Semple requested that formal thanks be expressed to Colin Neil and the Financial Team for their work over the past year. Board Members supported this and noted their appreciation.

Board Members noted the update and approved the Financial Performance section of the IPR.

8 Effective - Business and Strategy

John Scott jointed the meeting.

8.1 Hospital Expansion Phase One and Phase Two Update

Susan Douglas-Scott welcomed John Scott, Interim Director of Facilities and Capital Projects, to the meeting.

John Scott referred to the Progress Report and advised the Board that the Phase One Site continues to remain open in line with national advice. Works continue to progress where possible but have been impacted by reduced resources, non-attendance by critical sub-contractors and the reduced ability to carry out critical activities due to social distancing rules. The revised Phase One Programme completion date is August 2020 and the impact of the delay is being monitored by the Project Manager and Cost Advisor.

The Board is working with the National Centre of Excellence to review works to date and continues to engage with Health Facilities Scotland on a weekly basis.

Jann Gardner commended John Scott and the Expansion Team in negotiating changes during this time and progressing the works under challenging circumstances.

John Scott also gave an update on Phase Two of the Expansion Programme and noted the pandemic impact on the Full Business Case (FBC) submission. Drafting of the FBC has continued and informal discussions have taken place with Scottish Government. The organisation is currently awaiting confirmation of the Capital Investment Group's next meeting. The full Planning application was approved on the 13th May 2020 subject to a number of conditions which will be addressed in due course. Enabling works continue on site where possible and have also been impacted by reduced resources as per Phase One.

Board Members discussed the progress to date and queried stakeholder engagement processes going forward. Sandie Scott advised that stakeholder engagement will be carried out in a virtual way prior to the completion of the FBC.

Board Members noted the update.

John Scott left the meeting.

8.2 Corporate Objectives

Jann Gardner noted that the Executive Director Objectives for 2020-21 would be presented in the Private Session of the Board as they contained confidential staff information.

Board Members noted this update.

9 Corporate Governance

9.1 Agile Governance Approach – Next Phase

Jann Gardner outlined the Agile Governance paper, highlighting that the paper detailed how the organisation would progress back towards a more regular framework of governance. The paper outlines four phases and indicative timelines for progression.

Susan Douglas-Scott advised that any decision taken on this by Board Members would be subject to Cabinet Secretary approval.

Board Members discussed the paper and Linda Semple suggested that it be made clear that the Board may move between phases if required in future, for example if a second pandemic wave is experienced. In addition, the paper should also state that the 'Business as Usual' arrangements will not return in their entirety to those pre-Covid19. It is recognised that elements of agile working and virtual meeting formats will be in place for a significant period.

Board Members supported this paper and asked that it be submitted to the Cabinet Secretary for approval.

Action: Jann Gardner to ensure the paper is updated to indicate Agile Governance arrangements may move in a flexible way between phases if required and that elements of agile working will remain for a significant period.

Action: Jann Gardner to ensure the updated paper is forwarded for Cabinet Secretary approval.

10 Minutes for noting

10.1 Audit and Risk Committee Approved Minutes

The approved minutes of the Audit and Risk Committee (ARC) held 14 April 2020 were noted by Board members.

Karen Kelly advised that a further meeting of the ARC had taken place since the 14th April 2020 and the Annual Accounts process was progressing well. Both Internal and External Audit have advised their programme of work is proceeding as per the annual plan and will be able to provide their opinions. The Annual Accounts are therefore anticipated to be submitted for Board approval as per the original timetable.

Board Members noted this update.

11 Any Other Competent Business

No further business was noted.

12 Date and Time of Next Meeting

The next scheduled meeting of the NHS GJ Board is Thursday 23 July 2020 at 10am.

An Extra Ordinary meeting of the NHS GJ Board will take place on Thursday 25 June 2020 at 10am to review and approve the Annual Accounts.

The meeting closed at 12.10pm