**Unapproved Minutes**

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

**Date: Thursday 27 March 2025, 10:00**

**Venue: Level 5 East Boardroom/MS Teams**

**Members**

Susan Douglas-Scott CBE Board Chair

Stephen McAllister Non-Executive Director (Vice 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

Mark MacGregor Medical Director

Morag Brown Non-Executive Director (via MS Teams)

Rob Moore Non-Executive Director

Rebecca Maxwell Non-Executive Director

**In Attendance**

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

Elaine Kettings Associate Nurse Director

**Observer**

Liam Steward Sponsorship Support Manager, Directorate for Chief Operating Officer, NHS Scotland.

**Apologies**

Anne Marie Cavanagh Director of Nursing

**Minutes**

Christine Nelson Deputy Head of Corporate Governance

**1 Opening Remarks**

* 1. **Chair’s Introductory Remarks**

Susan Douglas-Scott welcomed everyone to the meeting, including Liam Steward, Sponsorship Support Manager from the Directorate for Chief Operating Officer, NHS Scotland, who was in attendance as an observer. Everyone participated in a short wellbeing discussion.

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

* An update on Board Chair’s meetings.
* NHS Board Chairs met with the Cabinet Secretary on 29 January 2025.
* Chair and Chief Walkrounds had been progressing well. The previous day a walkround had been carried out in Reception and previously with Learning and Organisational Development Team and Medical Secretaries.
* Attendees at the Kindness Matters launch had filled the auditorium full with many additional participants joining online. The Workshops had also been well attended.
* Mhairi Wyllie, Non-Executive Director with Scottish Fire and Rescue, had been paired with NHS Golden Jubilee (NHS GJ) as part of the Aspiring Chairs Programme and had been invited to attend some of the Governance Committees and Board meetings.
* Susan Douglas-Scott had been invited to give a Keynote Speech at the 2025 LGBT+ Leadership Conference on 10 April 2025.
* The Board were reminded to Save the Date of 5 June 2025 for Volunteer Week 2025 where NHS GJ would celebrate 21 years of volunteering.
	1. **Apologies**

The Board noted Anne Marie Cavanagh’s apologies and welcomed Elaine Kettings who was deputising.

* 1. **Declarations of Interest**

There were no changes to the standing declarations of interest.

**1.4** **Matters Arising**

There were no matters arising.

* 1. **Chief Executive Update**

Gordon James reported the following highlights:

* Ivan McKee, Minister for Public Finance visited NHS GJ to better understand the work of Centre for Sustainable Delivery (CfSD) with a further meeting planned with Ivan McKee and Jann Gardner, Chief Executive of NHS Greater Glasgow and Clyde to discuss Planned Care.
* A Public Service Reform Summit had been held on 17 February 2025 and attended by Executive and Non-Executive representatives from several NHS Health Boards.
* Representatives from Health Service Executive in Ireland carried out an Elective Hospitals Site Visit, which included a tour of NHS GJ. James Boyce from the Sponsorship Team also attended.
* NHS GJ had now been accredited University Status with University of Glasgow (UoG). In addition, The University of Strathclyde (UoS) Memorandum of Understanding (MoU) had been extended.
* Protecting Vulnerable Groups (PVG) requirements had changed from 1 April 2025. Nicki Hamer was managing this process for the Non-Executive Directors.
* NHS Scotland Academy (NHSSA) welcomed a visit by the Kings Trust.
* The First Minister announced £6m investment for Accelerated National Innovation Adoption (ANIA) through CfSD.
* Gordon James was invited by UoG to attend the Scottish Life Science Awards Dinner.
* A delegation from the Galician Net-Zero Healthcare Systems and the British Embassy in Spain visited NHS GJ, along with the Chief Medical Officer and Santiago Miralles the Consul General of Spain in Edinburgh as part of a tour of Scotland to identify and share best practice.
* Gordon James would attend the DesignHopes Conference that evening with UoS.
* A visit was being planned for 2 May 2025 with the Permanent Secretary regarding Planned Care.

Within NHS GJ, the following highlights were shared:

* The third CT Scanner had been procured and pre-work on the location and logistics was underway, with a plan to go live in quarter three.
* A workshop was being arranged to review the Corporate Objectives for 2025/26, the outcome of which would be shared with the Board for approval.
* Monthly All Staff events had been established with good representation attending. Gordon James thanked Carolynne O’Connor for chairing these and Executive representatives for their support. A positive response had been received from staff.
* Welcome Events for new staff were established monthly supported by Non-Executive and Executive Directors.
* The new Central Sterilising and Processing Department (CSPD) was due to go live week beginning 31 March 2025.
* Our People Award Winners had been invited to represent NHS GJ at the Royal Garden Party.

Gordon James provided an overview of letters and reports received from SG over the last quarter, which would be included in the next quarterly Governance Report.

Gordon James highlighted the following successes:

* The Hospital Expansion Team abstract had been recommended for in-person video and poster award at the European Healthcare Design 2025 Congress and Exhibition at the Royal College of Physicians (RCP) in London.
* Paul Forsyth was welcomed to NHS GJ as the first Cardiac Pharmacist in Scotland
* Golden Jubilee Conference Hotel (GJCH) won Best Premium Casual Dining and Best Corporate Events Hotel awards at the National Hotels of the Year Awards.
* Ward Four West won Workplace of the Week on Go Radio.

 The Board noted the Chief Executive update.

1. **Consent Agenda Items – Approval Only**

Susan Douglas-Scott highlighted the Consent Agenda Items which had been presented to the Board for Approval and provided assurance that these items had been approved through the relevant Governance Committees.

* 1. Whistleblowing Quarter Three Report
	2. Health and Safety Quarter Three Report
	3. Blueprint Implementation Plan for 2024/25
	4. Board/Committee Dates 2025/26
	5. Corporate Governance Quarter Three Report
	6. Governance Committee Terms of Reference 2025/26
	7. NHS GJ Equality Outcomes 2025-29
	8. Mainstreaming Equalities Report
	9. NHS GJ Equal Pay Statement.

The Board approved the Consent Agenda Items.

**3.0 Items for Approval**

**3.1 Board**

**3.1.1 Unapproved Minutes from 12 December 2024 Board Meeting**

The Board approved the minutes of the 12 December 2024.

**3.1.2 Board Action Log**

 There were no outstanding actions for discussion.

**3.2 Clinical Governance**

**3.2.1 Clinical Governance**

Elaine Kettings presented the Clinical Governance update from the Integrated Performance Report (IPR) which included data up to 31 December 2024.

Three Complaints were reported in December 2024. Elaine Kettings provided an update on the status of the complaints. There had been no new Significant Adverse Event Reviews (SAER) commissioned in January 2025. Eight Deaths were reported in January 2025 and 16 in December 2024. There had been no Whistleblowing Concerns reported.

Elaine Kettings advised that all Health Associated Infections reported were within standard control measures and provided an overview of Surgical Site Infections reported.

Mark MacGregor informed the Board that an improved approach to identifying any learning from complaints was being developed. In addition, Mark MacGregor highlighted that the number of SAERs was slowly reducing and work was ongoing to continue improvement in this area.

The Board approved the Clinical Governance Report.

**3.3 Staff Governance**

**3.3.1 Staff Governance**

Laura Smith provided an overview of the highlights and lowlights of the Staff Governance Report to 31 December 2024.

NHS GJ Board noted the sickness absence rate of 7%, 0.4% higher than the previous month and was the highest rate seen in the previous 12 months. Absence due to anxiety/stress/depression or other psychiatric illness had been 24.2%.

Absence due to cold and flu increased in December, which was an identified trend across Scotland. Laura Smith reported that 457 vaccinations had been administered, which was a reduction from 500 the previous year, despite an increase in workforce. Work was underway to identify ways to increase update in 2025.

Agenda for Change Staff Appraisal rate dropped to 67% with Corporate Teams identified as the lowest completion rate at 61%.

Absence due to anxiety, stress, depression or other psychiatric illness reduced to 24.2% in December 2024 from 26.7% in November 2024. The annual rate continued to trend down and was reported as a stable rate within NHS GJ.

The Board approved the Staff Governance Report.

**3.4 Finance and Performance**

**3.4.1 Operational Performance Report**

Carolynne O’Connor presented the Operational Update for 31 December 2024 (month 9).

**National Elective Services (NES)**

Carolynne O’Connor provided an update on NES activity which had slightly behind ADP by 6%. This was behind revised target due to the delay of Phase Two and CSPD.

Ophthalmology completed 1000 cataract procedures against a plan of 946. Activity remained 7% behind plan with work continuing to maximise lists and weekend working to support recovery of the position. Band Five Registered Nurses were now competent in all three areas within theatres, an increase from 35% the previous year. Fifty four percent of on the day cancellations were replaced during December 2024, resulting in an overall cancellation rate of 3.6%.

Carolynne O’Connor advised that Endoscopy reported 8% behind plan due to the delay in Endoscopy Decontamination Unit (EDU) and challenges with two new sterilisation washers. Weekend working continued to support recovery of the position.

Orthopaedics were 4% behind plan due to the delayed opening of Phase Two. The Team had stepped up to support recovery of the position, with a focus on four joint lists. Carolynne O’Connor praised Gary Howson, Charge Nurse for his successful project in introducing recliner chairs to Ward Four West.

General Surgery/Colorectal service reported 4% ahead of plan at December 2024, 17% ahead of plan year to date.

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

Carolynne O’Connor provided an overview of the successes and challenges within HLD which were reported 1% behind plan at 31 December 2024.

Meeting the 460 planned Transcatheter Aortic Valve Implantation (TAVI) procedures had been challenging due to unplanned leave. Close monitoring was in place and it was forecast that the Plan would be met by year end.

Thoracic Service reported activity 3% ahead of plan, with the 31 day Cancer target met, which was consistent with the previous two years.

Carolynne O’Connor praised the significant achievement with TAVI activity within the Cardiology Service.

Electrophysiology activity was on plan, thanks to significant effort from the team which had included weekend working and utilisation of the mobile Catheterisation Laboratory (Cath Lab).

Susan Douglas-Scott commended the progress made.

Mark MacGregor highlighted that two new Consultants had been recruited to Cardiology which was a real success story as both had relocated from outwith Scotland. This was testament to the reputation of NHS GJ attracting high calibre applicants. In addition, a third Imaging Cardiac Consultant had been recruited.

Morag Brown agreed with Mark MacGregor and passed on thanks on behalf of the Clinical Governance Committee to colleagues for their hard work and dedication as well as to Mark MacGregor in terms of successful recruitment.

Gordon James confirmed that a decision was awaited from Scottish Government (SG) regarding a request for funding to support 420 TAVI cases.

Gordon James advised that total activity was forecast at a 25% increase on the previous year. This was a 51% increase on activity achieved in 2019/20. NHS GJ had achieved significant growth despite challenges and were now the largest Diagnostic Centre in Scotland. Gordon James recognised the hard work and dedication of NHS GJ teams, despite the level of challenge.

The Board approved the Operational Update.

**3.4.2 Financial Report as at 31 January 2025 (Month Ten)**

Jonny Gamble presented the key points of the financial position for month 10, providing assurance that the organisation was in a good position financially, with a year to date (YTD) core revenue position as an adverse variance of £118k.

The Achieving the Balance position was on track and had been a real success story for the organisation with positive feedback received within the All Staff Session.

Capital Income and Expenditure had increased and therefore additional scrutiny had been put in place with a regular report being provided to Finance and Performance Committee. Jonny Gamble reported that the majority of the additional Capital granted since December 2024 had resulted in a positive impact for staff and patients. SG were being regularly updated on the Capital position, with any remaining Capital being carried forward to 2025/26 financial year.

The Board approved the Financial Report as at 31 January 2025 (Month Ten).

**3.4.3 2024/25 Annual Delivery Plan Quarter Three**

Carole Anderson presented the Annual Delivery Plan (ADP) Quarter Three Update, advising that the update report had been presented to relevant Governance Committees prior to SG submission on 12 March 2025.

Carole Anderson reported that there were no actions categorised at red status, five were amber and 7 were on track. An overview of the amber status actions was provided. Maximisation of theatre utilisation was being worked through, aiming to improve turnaround time and have less time between cases. The second element of delivery of the end target had been impacted by the delay to Phase Two but a recovery plan was now in place.

With regard to a national workaround for the National Lung Biopsy Service model, Carole Anderson advised that this did not relate to NHS GJ delivery but more around the ability to engage with national programmes.

Carole Anderson reported that some Endoscopy referrals had been received through the National Endoscopy Reporting System.

Within the Digital Services action, delays continued nationally with Trakcare which was preventing progress of the upgrade within NHS GJ. In addition, there had been a national delay with Hospital Electronic Prescribing and Medicines Administration (HEMPA) due to risks identified with system redeployment. Laboratory Information Management System (LIMS) testing was being carried out, which had also caused delay.

Carole Anderson reported that the forecast for Quarter Four was expected to be similar to Quarter Three.

The Board approved the Annual Delivery Plan Quarter Three Update.

**3.4.4 Annual Delivery Plan 2025/26**

Carole Anderson presented the Annual Delivery Plan for 2025/26, a draft of which had been submitted to SG in January 2025. The final version had been submitted on 17 March 2025, subject to final approval by NHS GJ Board. Carole Anderson highlighted the Appendices, which were key to the overarching plan and provided an overview of the main elements and priorities within the Plan.

Callum Blackburn commended the Quality, Performance and Planning Team on the quality of the Plan and acknowledged the adoption of the National Waste Targets.

Gordon James advised the Board on the collaboration with NHS Education for Scotland (NES) to accelerate the Cataract Academy. A Business Case would be presented at the next NHS Scotland Academy Executive Programme Group. A decision was awaited from SG regarding associated funding but it was hoped to commence the programme from August 2025. This project would result in an additional 3600 cataract procedures being carried out, which would be a sustainable solution for Scotland.

Linda Semple commended the Plan and welcomed the inclusion of the Anchor Matrix and the Climate Change Activity.

The Board approved the Annual Delivery Plan for 2025/26.

**3.4.5 2025/26 to 2027/28 Financial Plan**

 Jonny Gamble presented the 2025/26 to 2027/28 Financial Plan, advising that the final draft had been submitted to SG on 17 March 2025, subject to final approval of the Board.

 Jonny Gamble provided an overview of any updates made since the Board had approved the previous draft and provided assurance that the efficiency gap identified was well within a deliverable tolerance for NHS GJ, especially in line with what had been achieved in 2024/25. Jonny Gamble noted that this would require careful planning to ensure a breakeven position each year.

 Jonny Gamble outlined the key points to note for 2025/26, which included inflation and agreed expenditure pressures.

 Jonny Gamble reported that the Plan incorporated a hybrid model of Central and Local/Divisional Schemes and provided an overview of Central Schemes included.

 Jonny Gamble provided a summary of the key high level risks.

 The Board noted that Non-Core Funding supported the organisation’s depreciation costs.

 Jonny Gamble provided assurance that the Strategic Capital Planning Group would monitor the Financial Plan.

 Susan Douglas-Scott assured the Board that the Plan had been developed in close consultation with SG colleagues and that the Executives had been closely involved in identifying how best to deliver the requirements of the Cabinet through the Academy and CfSD.

 Linda Semple asked if SG funding of the National Insurance Contribution being partially funded by sustainability funding was a potential risk. Jonny Gamble confirmed this funding had been confirmed by SG and therefore was not a risk.

 Jonny Gamble confirmed to Lindsay Macdonald that maintenance costs had been built into the Plan. Gordon James advised that a Backlog Maintenance Plan had been provided to SG, which factored in all elements but focussed on the priorities and would prevent impact on activity and environment.

 The Board approved the 2025/26 to 2027/28 Financial Plan.

**3.5 Strategic Portfolio Governance**

No items were scheduled to be discussed.

**3.6 Corporate Governance**

**3.6.1 Strategic Risk Register**

 Jonny Gamble presented the Strategic Risk Register for January 2025.

Gordon James advised that Kevin McMahon, Head of Risk and Clinical Governance was already proving an asset to the organisation and was implementing increased governance and assurance.

 The Board approved the Strategic Risk Register.

**3.6.2 Board Strategy**

 Carole Anderson presented the Board Strategy which had been subject to a wide consultation process, with feedback incorporated and the final version being presented to the Board for approval.

 Carole Anderson advised that as part of the consultation process, 850 stakeholders had been approached and SG Sponsorship Team had confirmed the Strategy aligned with the ministerial objectives. An overview of feedback themes was provided.

 Carole Anderson provided assurance that the Key Facts would be updated annually and the Strategy would be published online. An official launch, animated videos and guidance documents were being planned with the Communications Team.

 Carole Anderson thanked everyone involved for their time and effort to provide the organisation with a clear route map for the next five years.

 Susan Douglas-Scott commended the Strategy and highlighted the importance of the Strategy being a live document, which could flex to accommodate any changes in direction in Scotland.

 The Board commended the level of engagement received, agreed the Strategy was exemplary and clearly outlined what NHS GJ could offer, including as an Anchor organisation.

 Carole Anderson advised that some of the feedback received had been more operational and would be incorporated into the planning and implementation stages.

 The Board approved the Board Strategy.

**4 Consent Agenda Items – For Awareness Only**

 The Committee noted the following Consent Agenda Items:

4.1 Clinical Governance Committee Update

4.2 Staff Governance and Person Centred Committee Update

4.3 Finance and Performance Committee Update

4.4 Audit and Risk Committee Update

4.5 Strategic Portfolio Governance Committee Update

**5 Consent Agenda Items – No Further Discussion**

5.1 Minutes for Noting – October to December 2024

 The Committee noted the following Consent Agenda Items:

5.1.1 Clinical Governance Committee Approved Minutes

5.1.2 Staff Governance and Person Centred Committee Approved Minutes

5.1.3 Finance and Performance Committee Approved Minutes

5.1.4 Strategic Portfolio Governance Committee Approved Minutes

5.1.5 Audit and Risk Committee Approved Minutes

**6 Any Other Competent Business**

There was no further business raised.

**7 Date and Time of Next Meeting**

The next meeting of NHS GJ Board had been scheduled for Thursday 29 May 2025 with a Board Seminar scheduled for Thursday 29 April 2025.