

Approved Minutes
Public Board Meeting
 2 August 2018



**Golden Jubilee
 Foundation**

Patients at the heart of progress

Members

Susan Douglas-Scott (SDS)	Chair
Phil Cox (PC)	Non-Executive Director
Kay Harriman (KH)	Non-Executive Director
Karen Kelly (KK)	Non-Executive Director
Marcella Boyle (MB)	Non-Executive Director
Jane Christie-Flight (JCF)	Employee Director
Jill Young (JY)	Chief Executive
Julie Carter (JC)	Deputy Chief Executive/ Director of Finance
June Rogers (JR)	Director of Operations
Mike Higgins (MH)	Medical Director
Gareth Adkins (GA)	Director of Quality, Innovation, and People

In attendance

Hany Eteiba (HE)	Acting Medical Director
Sandie Scott (SS)	Head of Corporate Affairs
Performance paper only: Carole Anderson (CA)	Head of Strategy and Performance

Minutes

Christine McGuinness (CMcG)	Corporate Affairs Manager
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Apologies

Mark MacGregor (MM)	Non-Executive Director
Anne Marie Cavanagh (AMC)	Executive Nurse Director
Angela Harkness (AH)	Director of Global Development and Strategic Partnerships

Standing Declarations of Interest

Susan Douglas-Scott	Chair, Independent Living Fund
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1. Chair's Introductory Remarks

- 1.1. The Board welcomed MH back after his extended absence.
- 1.2. The Golden Jubilee launched its robotic lung surgery service with national radio and broadsheet stories during UK Robotics Week in June.
- 1.3. After being nominated in two categories – the Golden Jubilee finalist Employer of the Year (above 50 employees) and Role Model of the Year (Carole Anderson) – the ICON awards unfortunately will no longer be taking place. Our thanks to the those who nominated us as we continue in our commitment as a values based employer.
- 1.4. Following a Cabinet reshuffle, the First Minister has appointed a new Cabinet Secretary and junior ministerial team. The Board congratulated former Chair, Jeane Freeman MSP, on being appointed Cabinet Secretary and wished her and her new team every success. Ms Freeman is joined by Joe FitzPatrick as Minister for Public Health, Sport and Wellbeing and Clare Haughey as Minister for Mental Health. The Cabinet Secretary came along to meet staff before the Big NHS Singalong Live event and we look forward to welcoming her back in the near future.
- 1.5. The Golden Jubilee represented NHSScotland in ITV's Big NHS Singalong Live. Our amazing Theatre Nurse Lily Hendry featured in the show following a filmed visit by former JLS singer and Strictly Come Dancing contestant Aston Merrygold. Following this planned visit to see if GJF was a potential base for the singalong, we were chosen to be the only Scottish broadcast site for the live singalong show. This was part of the BBC's celebrations of the 70th anniversary of the NHS. A highlights film is available on our social media channels.
- 1.6. Our Chair and Chief Executive, alongside nominated staff, attended the Royal civic reception to celebrate 70 years of the NHS in Scotland at the National Museum of Scotland.
- 1.7. Our Excellence Awards 2018 launch this week with 10 categories being handed out, including the annual William Cullen Prize and a one-off Platinum award this year to mark the 70th anniversary of the NHS. Please encourage nominations.
- 1.8. Nominations are open for the Scottish Health Awards until 30 August with 17 awards being handed out at the ceremony in Edinburgh on 1 November. The Board noted that Sandie Scott, Head of Corporate Affairs, has been invited to sit on this year's judging panel by Paul Gray, Director-General Health at the Scottish Government.
- 1.9. The Chief Executive recruitment process is well underway with interviews planned for 26 and 27th September using the Values Based Recruitment process developed at GJF.
- 1.10. JY reminded Board Members about the 70th anniversary Gala Day on Sunday 2 September and Jubilee's Got Talent on Friday 28 September.

2. Apologies

2.1. Apologies were noted as above (MM, AMC, AH).

3. Declarations of Interest

3.1. SDS advised that since 31 May 2018, she is no longer a Non-Executive Director of NHS Education for Scotland and asked that this be removed from the Standing Declarations of Interest.

4. Updates from last meeting

4.1. Minutes of last meeting – 21 June 2018

4.1.1. The minutes of the last meeting were approved subject to the following amendments:

- P16, 6.2.4, amend first sentence to read as follows: GA commented that the iMatter completion rate is in line with other Boards.
- P8, 6.3.6, amend first sentence to read as follows: KH asked how staff know that it is safe to tell us they are from a care experienced background.
- P8, 6.3.6, amend second sentence to read as follows: GA highlighted that there is a child protection module on learnPro.
- P13, 8.1.3, amend to read as follows: HE advised that the reports of technical issues are related to familiarity with the system and assured the Board that this is being addressed.
- P13, 8.1.5, amend to read as follows: JR advised that staff were calling patients as a test and that this had brought the 'Did Not Attend' rate back down, to 1.3%.
- P13, 8.2.1, Ophthalmology, amend to read that activity was behind full year plan.
- P14, 8.3.2, amend second sentence to read as follows: JC confirmed that Boards had been given further funding for the pay award but not for incremental drift.
- P15, 8.5.1, change 'or' to 'for'.

Action No.	Action	Action by	Status
020818/01	Minutes of last meeting: Update and approve minutes	Christine McGuinness	NEW
020818/02	Minutes of last meeting: Publish approved minutes	Christine McGuinness	NEW

4.2. Actions

4.2.1. All previous actions were updated and closed, except for the following:

Action No.	Action	Action by	Status
210618/10	Corporate Parenting: Widen out Equality Impact Assessment around ethnic minorities, LBGT and disability	Anne Marie Cavanagh	ONGOING
210618/11	Corporate Parenting: Update recruitment paperwork to gather information on whether staff have come from a looked after background	Gareth Adkins	ONGOING
100518/04	Conflict of Interest Policy: Circulate policy and FAQs to all Non-Executive Directors (Related to action 290318/12)	Sandie Scott/ Christine McGuinness	ONGOING
100518/06	Whistleblowing: Circulate Whistleblowing Policy and associated guides to Non-Executive Directors when published (Related to action 150218/01)	Sandie Scott/ Christine McGuinness	ONGOING

4.2.2. SS advised that the Conflicts of Interest Policy and FAQs are currently in the process of being approved will be circulated next week.

4.2.3. SS advised that the Whistleblowing Policy and guides need updating and will be circulated as soon as they have been approved. MB added that she had met with fellow Whistleblowing Champions from NHS Ayrshire & Arran, and Dumfries & Galloway.

4.3. Matters Arising

4.3.1. There were no matters arising from the minutes or actions.

5. Person Centred

5.1. Partnership Forum Update – 13 July 2018

5.1.1. JCF presented the Partnership Forum update for discussion and noting.

The Forum discussed and approved:

- Proposal for Excellence Awards 2018.
- Annual Feedback Report 2017/18.
- Managing Skin at Work policy.

The Forum discussed and noted:

- Clinical Education Annual Report.
- Annual Report and Accounts for 2017/18.
- Property and Asset Management Strategy interim update.
- Review of the Lay Representation requirements for the Foundation.
- Progress of the Netcall Switchboard automation project.
- Golden Jubilee Foundation Travel Plan.

5.1.2. HE commented that the Netcall switchboard automation was working really well and asked about the impact on staff morale and numbers. JCF commented that there had been some unease before it was rolled out but staff are content with the implementation. JCF added that the automation has freed up staff time to help at Reception. GA commended the good piece of work that has gone on to get to this point and suggested a note of thanks be sent to the project team and staff involved.

5.1.3. The Board noted the update.

Action No.	Action	Action by	Status
020818/03	Netcall Switchboard Automation: Thank project team and staff for the successful launch and implementation	Sandie Scott/ Cheryl Prentice	NEW

5.2. Learning and Organisational Development Annual Report 2017/18

5.2.1. GA presented the Learning and Organisational Development Annual Report.

- The report highlights activity during 2017/18 and priority work areas for 2018/19.
- The number of Coaches within the organisation has increased.
- A national collaboration is underway to develop leadership courses.

5.2.2. KK stated that she was really pleased to see the focus on coaching as she is great advocate of both formal and informal coaching. She asked if the coaching will be carried out internally or by an external company. GA confirmed that we have staff trained as qualified coaches within the organisation.

5.2.3. JY added that there is also a list of external coaches that can be accessed for more senior staff. JY added that staff can request coaching through their appraisals.

5.2.4. GA added that he is looking at how we pull together all the different types of learning reports and how these will fit into the wider workforce strategy.

- 5.2.5. JY commented on how easy the report is to read and asked GA to thank the Learning and Organisational Development Manager and team. SDS commented that the report looks very professional and that this type of report should be the standard.
- 5.2.6. GA added that the Board's Learning and Equalities Project Officer helped with the content and style. SDS added that he is definitely an asset to the organisation.
- 5.2.7. The Board noted the Learning and Organisational Development Annual Report.

Action No.	Action	Action by	Status
020818/04	Learning and Organisational Development Annual Report: Thank the Learning and Organisational Development Manager and team for producing an easy to read document	Gareth Adkins	NEW

5.3. Person Centred Committee Update – 24 July 2018

- 5.3.1. KH presented the Person Centred Committee update.

The Committee had discussed and noted:

- Dignity at Work survey results.
- Complaints Report.
- Sickness absence.
- Learning and Organisational Development Plan and Annual Report.
- Clinical Education Annual Report.

- 5.3.2. The Board welcomed the briefing and noted the update.

6. Safe

6.1. Healthcare Associated Infection Reporting Template (HAIRT) – May 2018

- 6.1.1. MH presented the HAIRT for discussion and approval, highlighting the following:

- There were no cases of Staphylococcus Aureus Bacteremia or Clostridium Difficile.
- Hand Hygiene compliance remained high at 98% with Medical Staff compliance increasing from 92% to 96% in May. The current escalation process for repeated non-compliance has undergone review and wider consultation with Senior Charge Nurses and the final version is nearing completion.
- Cleaning and the Healthcare Environment was high at 98.95% in both Housekeeping and Estates.

- Surgical Site Infections (SSI) were within control limits for hip and knee surgery. However, Cardiac surgery breached its upper control limits in February. No commonalities in surgeon, theatre or organism have been identified. The Prevention and Control of Infection Team are collaborating with Tissue Viability, Senior Charge Nurses, Nurse Practitioners and Clinical Governance Leads to review and optimise practice to further promote SSI prevention.

6.1.2. JY commented that there was a detailed discussion at the Clinical Governance Committee about Surgical Site Infections at which AMC explained that sometimes you get a peak which cannot be explained.

6.1.3. The Board approved the HAIRT and its publication on the website.

Action No.	Action	Action by	Status
020818/05	HAIRT: Publish HAIRT on website	Anne Marie Cavanagh/ Communications	NEW

6.2. Response to NHS Tayside issue

6.2.1. JC presented the Board’s response to the NHS Tayside issue for sign-off.

- The response has been signed off by the Senior Management Team, Audit and Risk Committee, Endowments Sub Committee and Board of Trustees and is now presented to the Board for final sign-off.
- Some specific actions have been identified:
 - eHealth reporting has been incorporated into the Finance report.
 - The Communications and Corporate Affairs team is reviewing clarity of instructions on cover papers, e.g. what the Board is being asked to do.
- The Office of the Scottish Charity Regulator (OSCR) review, which is due at the end of September, is likely to recommend the separation of Charity Trustees from Board Members.

6.2.2. PC added that those within the organisation who need to be aware of this report have been made aware through our governance channels.

6.2.3. SDS asked the Board if they were feeling assured. The Board agreed it was assured by the response.

6.2.4. MB asked if NHSScotland will be delivering training for all Trustees. JC responded that the Audit and Risk Committee had discussed plans for formal training for all Board members. JC added that she will speak to the Auditors about delivering additional training. SDS added that she found ‘On Board’ training very helpful and would recommend it for all Non Executive Directors. JY highlighted that the training is different for Trustees and Non Executive Directors and asked for both to be delivered in tandem.

- 6.2.5. SDS stated that there should be a Trustees' session on the the role of a Trustee and the endowment fund.

Action No.	Action	Action by	Status
020818/06	Charity Trustees: Arrange training session on the role of Trustees and Endowment Funds	Julie Carter	NEW

- 6.2.6. SDS commented that she also found it helpful to have a one to one session with JC. JC commented that she was happy to do this for any Board members.
- 6.2.7. The Board approved the updated Business Contingency Plan.

6.3. Clinical Governance Committee update – 31 July 2018

- 6.3.1. PC presented the Clinical Governance Committee update for MM.

The Committee had discussed and noted:

- Surgical Services divisional report.
- Regional and National Medicine divisional report.
- Reports on three closed Significant Adverse Events.
- HAIRT report for May 2018.
- Annual Learning Report.
- Complaints Report.

- 6.3.2. PC highlighted that the complaints report noted that conversations with families don't always go as positively as Golden Jubilee participants think they have. This is an area that can be improved on. SDS commented that having person centred conversations is a real skill and agreed that the focus should be on having conversations in a way that is understandable to the individual.
- 6.3.3. KK asked if the annual learning report captures interventions and if this ties into the work that GA is leading. JY responded that the clinical governance report is detailed around how clinical incidents have been handled. PC commented that communication is the main theme of the report. GA replied that the reports he is looking at are around learning activity that has been undertaken, not about closing the loop on incidents, but there is maybe something that could be picked up through the workforce development programme on an ongoing basis.
- 6.3.4. MB commented that the Person Centred Committee discussion on complaints identified emerging themes about communication and attitude. SDS commented that the Human Factors training would help with all of this and asked MH and HE to encourage medical staff to attend.

Action No.	Action	Action by	Status
020818/07	Human Factors: Encourage Medical staff to attend	Mike Higgins/ Hany Eteibas	NEW

6.3.5. JY urged the need to break down any issues into specific themes rather than the broad spectrum of communication, which ranges from receiving an appointment letter to a face to face conversation and everything in between. SDS added that there are diversity issues to take into consideration too.

6.3.6. The Board noted the update.

7. Effective

CA entered the meeting

7.1. Performance Report

7.1.1. SDS welcomed CA to the meeting.

Scorecard

7.1.2. JY presented the Performance update for discussion, highlighting the following:

- **Theatre cancellation rates:** All specialties met their June cancellation rate targets with the exception of Orthopaedics. A rise in unavoidable cancellations saw an increase on May's record low of 1.6%. This was down to a rise in patients with skin conditions.

7.1.3. JR assured the Board that she gets a weekly update on cancellation numbers and reasons for these.

7.1.4. SDS asked if the balance was towards patients cancelling. JR responded that this relates to patients being cancelled on admission.

7.1.5. JY highlighted that we are still ahead of planned activity year to date despite the increase in cancellations.

- **Treatment Time Guarantee (TTG):** Waiting time challenges are still being experienced in some areas. This peaked in May, with the TTG not being met for 62 Cardiac Surgery and Cardiology patients. The Scottish Government has confirmed funding to continue with additional weekend sessions. We have written a briefing for the Cabinet Secretary with a view to getting a more substantive resolution in place.

7.1.6. SDS asked if this briefing includes details of what we need in terms of recruitment. JY confirmed this.

7.1.7. MB commented on the good update on TTG and highlighted that the new Cabinet Secretary has stated that waiting times is one of her key priorities. JY responded that we would need significant funding on a continuous basis to solve this waiting time challenge but there are varying views on the funding solution. JY added that the brief has the evidence to back up current and future patient demands. SDS the value and importance that our approach is transparent and all our reports are backed up by evidence. JR added that we have made the point that we are the most efficient cardiology centre in the UK and this is the first time in our history that we have reported breaches.

- **Sickness absence:** The rate reduced in April to 4.78% which was below the 4.86% reported by NHSScotland as a whole but above the target of 4%.

7.1.8. KK asked about vacancies and asked if the areas of concern would be advertised soon. JY assured the Board that there are no concerns around vacancies but we have large departments that always have a high turnover due to the number of staff and type of roles. JY added that the Workforce Review Group continues to meet fortnightly but the indicators have been included to monitor the time it takes to complete each step of the recruitment journey. GA added that there is an overarching indicator which has been broken down into the component parts of the recruitment pathway.

Review of Indicators

7.1.9. CA updated the Board on the review of the Key Performance Indicators.

- We are using different data visualisation methodology to track performance, with a move towards run charts and statistical process charts.
- GA helped deliver workshops about the best way to visualise data and help people understand and analyse it.

7.1.10. KH commented that it is great to see a recruitment KPI and asked if it was tracking time to offer or time to appointment, highlighting that time to offer is the truer measure of efficiency as the other side is outwith our control. CA advised that the recruitment team have identified optimum timescales for each part of the process.

7.1.11. MB commented on the increasing number of complaints which have been fully or partially upheld. CA added that we already had an indicator around the number of upheld Stage 2 complaints and advised that the Performance and Planning Committee should not be focusing on outcomes. JY added that the information is available and that trends can be tracked but haven't been brought forward in a trend analysis.

7.1.12. KK commented that she likes the trends visuals within the report and is happy to encourage their extended use.

7.1.13. SDS asked why there are two red thresholds for patient bed night usage in the hotel. CA responded that the hotel has a daily allocation of patient bedrooms and if under used, it is difficult to re-sell to other clients. CA added that hospital bed occupancy also has two red line thresholds with the box coloured blue in between. JY asked if we could use this same legend for hotel patient bedroom occupancy. CA replied that she

is happy to amend that. GA added that this could be included through the work he is undertaking around data visualisation.

Action No.	Action	Action by	Status
020818/08	Performance Scorecard: Change hotel patient bedroom occupancy to have a blue box between two red threshold lines	Julie Carter (Carole Anderson)	NEW

7.1.14. SDS thanked CA and her team for their hard work on this highlighting that it had been very helpful.

7.1.15. The Board noted the update.

CA left the meeting

7.2. Hospital Activity Report – June 2018

7.2.1. JR presented the year-end Hospital Activity report for discussion and noting, highlighting the following:

- **Total activity:** It has been a good productive start to the year. At the end of June, inpatient/day case activity was 19% higher than at the same time last year and diagnostic imaging activity was 24% higher. Measured against a total activity projection of 48,419, the combined inpatient/day case and imaging activity was ahead of plan by 6.6% for the month and 3.6% ahead year to date.
- **Orthopaedic Surgery:** Orthopaedic activity remained high in the month and the service continues to over-perform by 49 procedures year to date. Activity was ahead of the year to date plan by 65 primary joint replacements and 17 foot and ankle procedures although behind by 33 other 'non joint' procedures.
- **Ophthalmic Surgery:** Activity was slightly behind plan by seven procedures for the month of June and 17 procedures behind the year to date plan. Having now reinforced the floor and having purchased a new microscope for the mobile theatre, we are now achieving seven cataract procedures per half day session. We are hopeful that this level of productivity in the mobile unit will continue.
- **General Surgery:** Activity was very slightly behind the monthly target by one procedure and the service is 17 procedures behind the year to date plan.
- **Plastic Surgery:** For reporting purposes, Plastic Surgery has been split and will be monitored throughout 2018/19 as hand surgery, minor plastic surgery, and major plastic surgery. Hand surgery was ahead of plan for the month of June by 17 procedures. Minor plastic surgery procedures were 11 procedures behind plan and 3 major plastics procedures were carried out in the month of June.

- **Endoscopy:** The endoscopy service performed ahead of plan by 41 procedures in the month and is 153 ahead of the year to date plan. Additional days of Endoscopy were staffed in the month of June to support waiting times challenges in another Board. It is our intention to continue to offer these additional lists for the next three months. These sessions are currently being staffed using overtime, bank, and agency staff and are therefore less predictable than they would be if they were operating with a substantive workforce.
- **Diagnostic Imaging:** The annual diagnostic imaging target has increased from 29,450 to 31,830 (8% increase) in 2018/19 to take account of the additional activity that will be carried out on the new MRI scanners. While this is an ambitious target, it was exceeded by 228 examinations in the month of June. The Diagnostic Imaging annual target has been increased by 2,380 examinations in 2018/19. A business case for a second CT scanner will come to the Board for approval in October pending approval of a request for Scottish Government funding to cover staffing costs.

- 7.2.2. SDS asked JY if she will be able to add the CT scanner staffing issue to a future discussion with the Cabinet Secretary. JY responded that we have the Capital funding for the equipment but need recurring funding for staffing and confirmed she will be raising with the Cabinet Secretary.
- 7.2.3. SDS asked how quickly we would be open the second CT scanner. JC responded that it would hopefully be operational within this financial year if approved.
- 7.2.4. JR reiterated that the plan is to bring the business case to the Board for approval in anticipation of getting the revenue funding as that will allow the programme to launch quicker. SDS responded that the Board would welcome the business case being submitted to the next meeting.
- 7.2.5. PC commended JR on a good report.
- 7.2.6. The Board noted the update.

7.3. Finance Report

- 7.3.1. JC presented the Finance report for discussion and noting, highlighting the following:
- **Current position:** The month three results show a total surplus of £1.171m, which is in line with the financial plan.
 - **Financial Plan:** This has been approved, with the aim of achieving the delivery of a balanced financial position by March 2019.
 - **Budgets:** The detail for the expenditure budgets for 2018/19 has been agreed by the Heads of Operations and the Corporate Heads of Department, including the Executive Nurse Director and Acting Medical Director. The 2018/19 Budget paper was approved by the Senior Management Team on 7 July 2018 and reported separately to Performance and Planning Committee on 12 July 2018.

- **Efficiency Savings:** As per our approved financial plan, the level efficiency savings for 2018/19 required a savings target of £4.206m, or 3.13%, with £3.722m or 2.77% of these projects agreed at this stage.
- **2018/19 Pay Policy:** The initial three-tier pay policy was reflected in the May 2018 financial position as originally advised by the Scottish Government. The final pay circular was received from the Scottish Government after month two reporting and the new final two-tier pay policy is now reflected from month three financial reporting. The Scottish Government has confirmed funding for Agenda for Change staffing above the initial 1% in line with this pay circular. The pay award uplift was processed in July 2018 employee pay, with arrears reflected from August 2018.

7.3.2. KK commented that she was happy with the financial position.

7.3.3. JCF raised that in a recent tribunal it was concluded that regular overtime should be included in holiday pay. Given that staff regularly do overtime to support service expansions which have been funded on a non-recurring basis, was there a financial risk for us? JC responded that the finance team has estimated they think Pay As If At Work is going to cost the Board £600,000 per year and this will be reported back to the Board once negotiations have concluded.

7.3.4. The Board noted the update.

7.4. Strategy Development

7.4.1. GA presented a proposal for the development and timescales for creation of an updated overarching Board Strategy.

- A three to five year strategy will be developed with six to eight strategic aims that will underpin the Golden Jubilee's vision of 'Leading Quality, Research and Innovation'. The intent is to provide an overarching strategy that encompasses and aligns existing strategies and plans for the component parts of the Foundation.
- A set of corporate measures will also be developed to track progress against the strategic aims, recognising that whilst there are existing metrics that could be used, additional measures may also need to be developed.
- The Strategy will be brought back to the Board for approval.

7.4.2. PC offered to assist with development of the Strategy and attend at the Senior Management Team (SMT) workshops. JY thanked PC for his support but asked that the SMT workshop be limited to SMT members to allow them to develop their thoughts. JY confirmed there would be several future opportunities for other Board members to participate.

7.4.3. PC stressed the importance of not rushing the process, in particular with a new Chief Executive coming on board who may want some ownership of it. MB added that there are also two new Non Executive Directors coming on board too. JY added that the direction is clear with the expansion programme already underway and all the other programmes are continuing to progress.

- 7.4.4. HE commented that we need to be mindful that the Strategy is an important piece of work to enhance the Golden Jubilee's position in the Region. JY agreed that this was an important point but highlighted that there are other opportunities to make our strategic intent clear during these timescales. GA added that there are elements that can be driven forward ahead of having a final strategy and emphasised that the strategy will be a live document that should be updated annually.
- 7.4.5. SDS stated that it would be helpful to have regular updates. JY added that it would be helpful to get input from Non Executive Directors after the first SMT workshop so that this can feed into the second one.
- 7.4.6. SS asked GA if it would be helpful to have a chat around the governance process and timelines for approval. GA agreed this would be helpful.
- 7.4.7. The Board agreed that they would receive a strategy update at the September meeting, it would form an agenda item at the Board workshop in December, with the final strategy being submitted for approval in either December or February, depending on the outcome of the workshop.
- 7.4.8. The Board approved the Strategy development process and timescales.

Action No.	Action	Action by	Status
020818/09	Strategy Development: Discuss governance route timescales for Strategy approval	Gareth Adkins/ Sandie Scott	NEW
020818/10	Strategy Development: Update to September Board meeting for Non Executive input	Gareth Adkins	NEW
020818/11	Strategy Development: Regular updates to Board meetings	Gareth Adkins	NEW
020818/12	Strategy Development: Hold Strategy Board Workshop on 5 December	Gareth Adkins	NEW
020818/13	Strategy Development: Paper to be presented for Board approval by February 2019	Gareth Adkins	NEW

7.5. Board Risk Register

- 7.5.1. JC presented the updated Board Risk Register for noting.

- **F9, Failure to Deliver the Board’s financial targets as set out in the Financial Plan:** The risk has been updated to reflect the plans for 2018/19.
- **S11, Information and Technology resilience to potential IT security breaches and attacks:** Mitigation reflects that a formal action plan was submitted to the Scottish Government by the end of July and that a review of the risk rating will be undertaken on completion of this. Significant work has been undertaken to update relevant policies, including Data Loss Prevention and Use of Email/ Internet; these will be presented to the next Information Governance Committee meeting for approval. A formal update to the Public Sector Action Plan was submitted to the Deputy First Minister by the end of July. The risk will be further reviewed in August to take account of these changes.
- **O10, Failure to meet SLA and waiting times’ activity targets:** There are ongoing challenges within Ophthalmology due to availability of Ophthalmic Surgeons. This is under review.
- **General Data Protection Regulations (GDPR):** A risk assessment is underway via the Head of eHealth and Information Governance Manager.

7.5.2. PC commented that GDPR should be treated as ‘business as usual’. JY responded that we are just checking that appropriate policies and procedures are in line with regulations. JC added that we are reviewing to ensure that they are fit for purpose.

7.5.3. KK commented that the Audit and Risk Committee has asked for a follow-up Audit report to give this confirmation.

7.5.4. JY commented that the big risk is around patients enacting their ‘Right to be Forgotten’ which can pose challenges if it is not clinically safe for them to do so.

- **Brexit:** More detailed work is ongoing in relation to Brexit to assess the impact across workforce, research and development funding, procurement, and pharmacy.

7.5.5. KH asked when the information will be presented on Brexit, commenting that this now be more of an issue than the Board had initially thought. JC responded that this is due to come to the next Board meeting and a formal response will go back to the Scottish Government.

Action No.	Action	Action by	Status
020818/14	Brexit: Information to be come to the September Board meeting	Julie Carter	NEW

7.5.6. GA added that SS is pulling together the official response to the Scottish Government’s Brexit state of readiness checklist.

7.5.7. JY commented that the Brexit issue is wider than workforce, as it will potentially impact areas such as procurement and research.

- **Charity:** Work is ongoing to develop the charity risk register
- **Innovation risk:** Work is ongoing to develop the tool.

7.5.8. The Board noted the updates to the Board Risk Register.

7.6. Corporate Objectives

7.6.1. JY presented the 2018/19 Corporate Objectives for noting by the Board.

- These were approved at the Remuneration Committee held on 25 July 2018.
- There are two 'Once for Scotland' objectives for every NHSScotland Executive Director as well as a suite of local objectives.
- Every objective has been set against a named Executive Director with a footnote that every Director has a certain level of ownership of all of them.
- They will be further cascaded to managers and teams in order for them to develop their own objectives.

7.6.2. SDS commented that the objectives are very clear.

7.6.3. SDS commented that the Remuneration Committee were delighted with the Director's and Associate Director's appraisals and commended the team for their hard work.

7.6.4. JY responded that the Directors and Associate Directors were delighted with the outcome and are now awaiting external validation from the Scottish Government.

7.6.5. JY commented that we also need to provide some feedback on the TURAS platform as some challenges were experienced during the process, but highlighted that these are simple things that can be fixed.

7.6.6. The Board noted the Corporate Objectives for 2018/19 and approved their cascade to staff.

Action No.	Action	Action by	Status
020818/15	Corporate Objectives: Circulate to all staff	Communications	NEW
020818/16	TURAS: Provide feedback on issues experienced by Directors and Associate Directors	Executive Directors	NEW

8. AOCB

8.1. Expansion Update

8.1.1. JR presented the Expansion Update for discussion and noting, highlighting the following:

Phase One:

- The Outline Business Case has now been approved by the Scottish Government Capital Investment Group. We will now progress to preparing the Full Business Case, which is the final approval process required before building works can commence.
- A Planning Application has been submitted to West Dunbartonshire Council. Initial feedback has been favourable but we are awaiting a formal response.
- A Consultant Microbiologist has now been appointed to support the programme.

Phase Two:

- The Initial Agreement (IA) was been submitted to the Scottish Government Capital Investment Group earlier this year. An addendum on the impact of Boards repatriating activity has been added and the IA will be resubmitted next week.

8.1.2. JY commented that in her capacity as Chair of the National Programme Board she has asked all expansion centres to provide feedback on the potential of Boards repatriating activity..

8.1.3. SDS commented that the expansion programme is very exciting and it is a fascinating process. JR agreed that it is exciting and added that the second phase even more so.

8.1.4. SDS asked when we can expect the doors to open for phase one. JR responded that phase one is due to open in Spring 2020.

8.1.5. The Board welcomed the briefing and noted the Expansion Update.

8.2. iMatter

8.2.1. SDS advised that the Non Executive Directors need to complete their iMatter action plan. It was agreed to do this following the Board Workshop in September.

8.2.2. KK advised that the Board needs to revisit their Values Action Plan and asked if this could also be picked up in September. The Board agreed to combine the two action plans and pick this up after the Board workshop in September.

Action No.	Action	Action by	Status
020818/17	iMatter and Values Action Plans: Combine plans and complete Non Executive Directors' Action Plan after Board workshop in September	Gareth Adkins/ All	NEW

9. Date and Time of Next Meeting

9.1. The next meeting takes place on Thursday 13 September 2018 at 10am.