

Approved Minutes
Board Meeting
Thursday 14 September 2017



Members

Stewart MacKinnon (SM)	Interim Chair
Mark McGregor (MM)	Non Executive Member
Karen Kelly (KK)	Non Executive Member
Marcella Boyle (MB)	Non Executive Member
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
Anne Marie Cavanagh (AMC)	Nurse Director
Safia Qureshi (SQ)	Director of Quality, Innovation, and People

In attendance

Angela Harkness (AH)	Director of Global Development and Strategic Partnerships
Sandie Scott (SS)	Head of Corporate Affairs
Margaret Duncan (MD)	Performance Manager, Scottish Government

Public attendees

Ed Calvert	Airway Visualisation Services
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Minutes

Christine McGuinness	Corporate Affairs Manager
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1 Chair's Introductory Remarks

- 1.1 SM welcomed:
- Marcella Boyle and Karen Kelly to their first Board meeting.
 - Margaret Duncan, Performance Manger at the Scottish Government
 - Ed Calvert from Airway Visualisation Services, who is attending as a member of the public
- 1.2 SM confirmed the following Governance Committee memberships:
- Audit and Risk Committee: Karen Kelly (Chair from January 2018), Kay Harriman, Phil Cox
 - Clinical Governance Committee: Mark McGregor, Phil Cox, Karen Kelly, Jane Christie-Flight
 - Person Centred Committee: Kay Harriman (Chair), Marcella Boyle, Mark McGregor, Jane Christie-Flight
 - Endowments Sub Committee: Phil Cox (Chair), Kay Harriman, Marcella Boyle, Stewart Mackinnon
 - Board of Trustees: All Non Executives

Action no: 140917/01
Action: Update Terms of Reference for Board Committees and bring back to the Board
Action by: JY
Action status: NEW

- 1.3 SM advised that the Chair recruitment process will be getting under way shortly, with a view to filling the post by April. More information will follow in due course.
- 1.4 SM reminded the Board that the Annual Review will take place on Monday 23 October. All Board Members are expected to attend.
- 1.5 SM circulated copies of the Meeting Planner for 2018 and 2019.
- 1.6 SM reminded members about the West of Scotland Health and Social Care Delivery Plan engagement event on Wednesday 20 September.
- 1.7 SM advised members about a national event for all NHSScotland Non Executive Directors being planned for Monday 14 May 2018. Expressions of interest need to be noted by Friday 22 September.
- 1.8 SM advised that Board members are being asked to complete a survey as part of this year's Stonewall submission. JCF added that this year, all staff can complete the survey, not just LGBT staff.
- 1.9 SM advised the Board that the Golden Jubilee Foundation will be awarded the Defence Employer Recognition Scheme Gold Award at an event in London next month. JY added that this is a prestigious award which recognises the work we have done over the last 15 years to support the Armed Forces and Reservists.
- 1.10 SM advised that a team of staff from our Clinical Laboratories are running the Great Scottish Run 10K to raise funds for the Golden Jubilee Foundation Innovation Fund on Sunday 1 October.
- 1.11 SM advised the Board that our Director of Research and Development, Professor Colin Berry, has set up an international collaboration to investigate and help improve care for patients with ischaemic heart disease. The relationship follows the Golden Jubilee's involvement in many world leading cardiac research trials and its emergence over the last decade as one of Europe's leading heart and lung centres.
- 1.12 SM thanked Phil for chairing the last meeting in his absence.
- 1.13 JY added that Hany Eteiba has been appointed as Acting Medical Director, and will attend future Board meetings in this capacity.

2 Apologies

2.1 Apologies were received from:

Mike Higgins (MH)	Medical Director
Phil Cox (PC)	Non Executive Member
Kay Harriman (KH)	Non Executive Member

3 Declarations of Interest

3.1.1 There were no declarations.

4 Minutes of Last Meeting

4.1 Minutes of the meeting held on 3 August 2017 were approved as accurate subject to the following amendments:

- P1, 1.2, 6 – remove ‘which literally pours profits back into the NHS’
- P4, 6.1.6 – amend to read ‘...developing the Board policy which has been created in order to reflect national terms and conditions’.
- P4, 6.2.1, bullet 1 – remove staff
- P6, 6.3.4 – remove ‘difference between’ and amend ‘shouldn’t’ to ‘cannot’
- P6, 7.1.5 – add in details of film
- P7, 7.1.7 – amend ‘phrase’ to ‘technique’
- P7, Action 030817/06 – amend owner from JC to COMMS

5 Matters and Actions Arising

5.1 Actions

5.1.1 All actions were closed with the exception of the following:

Action no:	030817/04
Action:	Share surgeon coaching video
Action by:	MM
Action status:	Ongoing
Action update:	Exec team to check content before cascading

Action no:	030817/08
Action:	Review Audit Scotland workforce report for any recommendations to action
Action by:	JC
Action status:	Ongoing
Action update:	ARC referred to PCC; JC will pick this up with KH

Action no: 140917/02
Action: Speak to KH re Audit Scotland report to PCC
Action by: JC
Action status: NEW

5.2 Matters Arising

5.2.1 There were no matters arising from the minutes.

6 Person Centred

6.1 Partnership Forum

6.1.1 JCF updated the Board on discussions at the Partnership Forum on 18 August 2017, highlighting the following:

1. The Forum was given an update on the Free Will service to be provided to the Board.
2. The Forum approved the Workforce Monitoring Report and noted the Learning and Development annual report for 2016/17.
3. The Forum was informed of the training available to prepare staff for retirement.
4. The Forum approved the draft Annual Review self assessment, subject to a minor change.
5. The Director of Nursing is the Board's Executive lead for the new national Excellence in Care programme. It was agreed that the first stage indicators would be brought to a future meeting.
6. The Forum was given an update on the Scanning Business Case. Based within Medical Records, this aims to address the backlog of notes to be scanned using a 'scan and demand' model.
7. The Forum reviewed the Terms of Reference of this new iSteer group. It was agreed that updates should be brought to future meetings.
8. The Forum noted an update on the expansion programme. It was highlighted the Young Persons Forum, Disabled Staff Network and LGBT staff network should all be engaged with as part of the expansion.
9. The Forum was informed that the Golden Jubilee has been involved in the development of both the National and Regional Delivery Plans; the final plans are due in March 2018.
10. The Forum was given an update on progress of the short life working group which was established to manage the transfer of the linen service to NHS Greater Glasgow & Clyde from 1 December onwards.
11. The Forum approved the following policies: Job Evaluation; Significant Change New Post policy; Bomb Threat policy; Recruitment and Selection policy; and Volunteer policy.

- 6.1.2 KK asked if there was a reputational risk from asking staff to donate money through the Free Wills scheme. JCF responded that this has been raised by Staff Side and advised that the Partnership Forum has been given an assurance that no staff will be pressurised to donate money. SM stated that this was reassuring.
- 6.1.3 MB asked if sufficient resources are available to deliver the scanning programme. JCF responded that introduction of different systems has released capacity within the Health Records team. JY added that we have a dedicated projects team to sign off resources required for any project, and that this is part of our overarching eHealth Strategy. JR commented that we have been working towards this for a long time and that there has been staff engagement throughout the process.
- 6.1.4 The Board noted the report.

6.2 Corporate Objectives

- 6.2.1 JY asked the Board to approve the Corporate Objectives for 2017/18, highlighting the following:
- Standard process followed as in previous years.
 - This year we are piloting three objectives on a once for Scotland approach to see if they could be rolled out to every NHS Board.
 - The executive team have agreed to share their individual objectives as part of the national programme of work.
- 6.2.2 KK commented that the appendix is really clear and easy to follow. KK also commented that the national landscape seems cluttered and asked whether JY sees this as a prime document that links to performance monitoring for the Board. JY commented that the landscape is cluttered at the moment but for the right reasons and gave some examples of ongoing work at a national and regional level. She explained that the corporate objectives are linked to specific SMART targets in the Board's Local Delivery Plan, adding that we are one of only a few Boards to do it this way. KK commented that this was helpful.
- 6.2.3 JY noted that she and JC sit on a number of national work stream groups. JC responded that it is right and proper that we are included on working groups that could potentially impact on our Board.
- 6.2.4 The Board approved the Corporate Objectives for cascade to staff.

Action no: 140917/03
Action: Cascade Corporate Objectives to staff
Action by: COMMS
Action status: NEW

6.3 Consultant Appointments

- 6.3.1 JY asked the Board to ratify the appointments of three Consultants – two on a permanent basis and one locum. JY added that ratification of the locum appointment was being sought to allow the contract to be converted to a permanent post at a later date, if this is deemed appropriate.
- 6.3.2 MM asked if this was allowed under national terms and conditions of service as this is the equivalent of having a probationary period. JY responded that this is not a probationary offer but a locum position with the potential to convert to a substantive post; adding that our medical recruitment process allows this within a maximum of 18 months of the interview process.
- 6.3.3 The Board ratified the appointments of:
1. Carl Green as Consultant Orthopaedic Surgeon.
 2. Hari Doshi as Consultant Transplant and Retrieval Surgeon.
 3. Suku Nair as Locum Consultant Transplant and Retrieval Surgeon and potential conversion to a substantive post if approved by the Chief Executive and Medical Director.

6.4 Health Promoting Health Service

- 6.4.1 AMC asked the Board to approve the annual Health Promoting Health Service submission, highlighting the following:
1. The report is for 2016/17.
 2. Scottish Government (SG) refined reporting arrangements after feedback last year.
 3. Report needs to be submitted to SG by 30 September.
- 6.4.2 The Board approved the HPHS annual submission.

Action no: 140917/04
Action: Submit HPHS report to Scottish Government
Action by: AMC
Action status: NEW

7 Safe

7.1 HAIRT

- 7.1.1 AMC asked the Board to approve the HAIRT for June 2017, highlighting the following:
1. No Staphylococcus Aureus Bacteraemia to report.
 2. No Clostridium Difficile Infection to report.
 3. Next Hand Hygiene audit due in July.

4. Housekeeping compliance was 98.6%, up from 98.42%; and Estates compliance was 98.9%, down from 99.04%.
 5. Surgical Site Infection: All within control limits.
- 7.1.2 AMC noted that a glossary is included in the back of the report, to explain acronyms.
 - 7.1.3 SM stated that he had been discussing acronyms with KK and MB, and asked if these are standardised. AMC confirmed these are standard acronyms in line with the national template.
 - 7.1.4 MM commended the Orthopaedic team for not having any infections for 10 months, adding that this is very impressive given the volume of activity. JY advised that thanks have been given to the team.
 - 7.1.5 KK commended the overall performance in terms of prevention and control of infection.
 - 7.1.6 The Board approved the report and its publication on the website.

Action no: 140917/05
Action: Publish HAIRT online
Action by: AMC/ COMMS
Action status: NEW

7.2 Clinical Governance Committee approved minutes

- 7.2.1 MM asked the Board to note the approved minutes of the Clinical Governance Committee meeting held on 25 April 2017, and highlighted that the Board has already received an update of the meeting held on 25 July 2017.
- 7.2.2 The Board noted the minutes.

8 Effective

8.1 Performance

- 8.1.1 JY updated the Board on performance at end July 2017, and advised that we now have a Non Executive Member in attendance for the next few meetings of the Performance and Planning Committee.
 1. Three Root Cause Analysis processes (RCAs) were logged in June, taking the quarterly total to eight. This is higher than previous quarters (2016/17 average was three per quarter). Whilst there does not appear to be any common issues, this is being closely monitored.

2. Increased occupancy was noted in NSD, 2 West, 2 East, and 3 West; 2 East is still below target but is showing an upward trend. As Orthopaedic surgical activity has remained broadly on target the Service are investigating the impact of ongoing reductions in orthopaedic length of stay as a possible driver of lower bed occupancy. Cardiac occupancy has reported a downward trend since the start of the financial year; they continue to work collaboratively with other wards, lending staff and bed capacity as required.
3. Disciplinary and Grievances were well within target, at 0.28% and 0% respectively.
4. The Treatment Time Guarantee was not met for 25 patients in July due to ongoing waiting list pressures in the Electrophysiology (EP) service. Improvements are being seen, with a view to all EP patients being seen within 12 weeks by the end of October.
5. There was a slight increase in the percentage of up to date Knowledge and Skills Framework reviews during June to 77%, however, the Board remains below the 80% target. Departmental Managers are being reminded of the importance of completing timely reviews all through the year with their teams.
6. Medical appraisal interviews were on target at the end of July but work remains to be done in ensuring there is a signed Form 4 to confirm the appraisal process. The Appraisal Lead continues to work with Appraisers to help ensure the process is completed in good time.
7. Five Stage 2 complaints were partially or fully upheld during the first quarter, resulting in an amber rating. As the number of upheld cases is slightly above target, and as this is a new performance measure, close attention will be paid to performance in this area in the coming reporting periods. One out of three Stage 2 complaints in May was responded to within 20 days due to a combination of reasons including sickness of a key member of the investigating team and late comments from another Board. An extension has been given on a fourth case which is being taken forward as a Root Cause Analysis.

Divisional Update – Surgical Services

8. Waiting list pressures in Cardiac Surgery are associated with a high number of urgent inpatient referrals. The Divisional Team continue to work with the Patient Flow Team on a number of improvement projects to support the timely management of patients.
9. Available cardiac theatre sessions between July and October 2017 have been offered to NHS Grampian. This collaborative working will facilitate the treatment of 16 patients by NHS Grampian surgeons, who will travel to GJNH.
10. There was a higher than normal number of Orthopaedic cancellations in June and July. The Service aims to reduce cancellations to 3% through further detailed analysis and sharing this information with the Consultant Team and thereafter improving processes.

11. A scoping exercise has shown that there is not enough capacity in the Surgical Day Unit (SDU) to accommodate medium and long term Day of Surgery Admission goals for the Orthopaedic, Thoracic and Cardiac Surgery services. The Committee noted the challenges facing SDU and asked for the development of detailed options setting out expected costs and service implications.

Divisional Update – Regional and National Medicine

12. Building work on MRI 3 and MRI 4 is approximately 20 days behind, the project team are closely monitoring and managing this. A contingency plan is being developed to ensure planned activity can be delivered despite the delay. MRI 3 and MRI 4 are both planned to go live in early December.
 13. The SPVU Team participated in a successful Peer Review of Pulmonary Hypertension Centre and Shared Care Centres led by the Quality Surveillance Team. The unit was commended on a number of areas of good practice including their cohesiveness, our patient pathway and the strength of our nursing team.
 14. While the number of patients on the coronary waiting list has remained fairly steady the waiting time for treatment has increased to between 11 and 12 weeks. Options for extra long term capacity are being investigated with extra lists arranged in the interim to minimise the length of time patients wait for treatment.
 15. Cath Lab 3 is due for replacement at the start of 2018/19 subject to Capital approval. Discussions are focusing on potential timescales.
- 8.1.2 JR highlighted that we can only do one or two Electrophysiology cases per day. JCF asked if referrals are now coming up to national levels. JR confirmed we are seeing an increase in line with that. JY commented that the national demand for Electrophysiology has been raised. MM commented that he doesn't think this will be the end of it, as Scotland is way behind Europe in terms of referrals, so demand will continue to increase.
- 8.1.3 KK commented that the waiting lists are very helpful but noted that there is no target line included. SQ added that a working group will be looking at charts in all Board reports. JR explained that the target is waiting time and not numbers on waiting lists and that the legal treatment time guarantee is 12 weeks but this does not include patients who are medically or socially unavailable. JY added that, although the legal target is 12 weeks, we work towards nine weeks, but the area that fluctuates is the unavailability of patients. AMC added that the Performance and Planning Committee receive a detailed paper that highlights how many patients are waiting and the time associated.

- 8.1.4 MB asked if we operate to a tolerance, e.g. 120%, knowing that 20% will be unavailable. JR explained that we are staffed to full capacity, and book patients accordingly as well as provide additional evening and weekend sessions through flexibility of our staff. JY added that patients are also asked in advance if they are willing to come in at short notice to reduce numbers of cancellations.
- 8.1.5 In relation to providing NHS Grampian with additional capacity to reduce their cardiac surgery waiting times. JCF asked if this is the proper thing to do when our own waiting list is under pressure. JR advised that our challenge is Consultant surgeons for any additional work but we do have nursing and theatre capacity; Grampian are therefore providing their own Consultant to use this capacity. JY added that this ties into the Once for Scotland approach, and added that patients shouldn't have to wait longer for surgery because of where they live.
- 8.1.6 The Board noted the report.

8.2 Business activity

- 8.2.1 JR updated the Board on patient activity in July, highlighting the following:
1. Inpatient/Day Case/Diagnostic Imaging Activity was behind plan by 4.3%.
 2. Orthopaedic Surgery is behind plan by seven. Orthopaedic joint activity was ahead of the year to date plan by 22 primary joint replacements and 32 foot and ankle procedures, but behind by 61 procedures in the month.
 3. Ophthalmic Surgery activity was again behind plan for the month of July by a further 56 procedures. This is largely attributable to Consultant availability and less activity than anticipated being carried out in our mobile theatre. Recovery of the cataract shortfall is a priority for Divisional team and all options are currently being explored.
 4. Endoscopy was behind plan by 19 procedures. There is a shortfall of 63 scopes year to date. Additional theatre capacity will be made available to recover this.
 5. General Surgery performed slightly behind target by four procedures but remains ahead of plan year to date.
 6. Hand surgery was behind plan by 41 procedures. Minor and major plastic surgery were also slightly behind plan.
 7. Diagnostic Imaging is behind the monthly plan by 174 examinations.
- 8.2.2 MM stated his surprise at cancellations on the day in Ophthalmology due to different opinions regarding need for surgery. JR replied that she had just been told this was the reason for an increase of on the day cancellations and added that, whilst other Boards referral criteria is not standardised, our own Consultants see the importance of this.

8.2.3 MM added that there shouldn't be different thresholds. JR agreed and provided an assurance that the Lead Surgeon is working through this issue and reminded members that we rely on a number of visiting consultants in this specialty from other Boards. JY added that all decisions should be about patient need.

8.2.4 The Board noted the update.

8.3 Finance

8.3.1 JC updated the Board on the financial position, highlighting the following:

1. Year-to-date results show a total surplus of £832k. This is primarily due to phasing of a number of initiatives in line with financial planning assumptions and is in line with the Board's financial plan.
2. It has been agreed that the Board adopt the 'model' policy implemented in NHS England for Conflict of Interests (Bribery Act etc) this approach has been supported by the Scottish Government Health and Social Care Directorates. Due to the slight change in focus, the draft policy will now be completed by the end of the calendar year.
3. Updated capital plans were presented to the Capital Group detailing items that we could potentially accelerate into the current financial year.
4. The Finance Department embarked on a project at the end of last financial year to compile patient level costing data. The next stages involve extending the list of procedures and specialties; and considering running quarterly reports for all activity (or a sample) as part of routine reporting. The work has also been shared with West of Scotland Boards and a collaboration project is being developed. In addition, the Board is represented on a national group considering a standard system costing system for NHSScotland.
5. Efficiency savings delivered were £1.169m against the target of £1.330m, reporting a gap of £161k at this early stage. This is in line with the trajectory at this stage within the financial year, with additional efficiency schemes planned for the latter half of the year that will aim to recover this.

8.3.2 KK asked if there were any common themes coming through from the variance in staff costs, e.g. vacancies and waiting list payments. JC responded that the key theme relates to an increased use in waiting list initiatives. This is due to a number of issues including vacancies, weekend working and sickness cover.

8.3.3 KK asked if the Board Members report could include a breakdown of the £905k staff variance highlighting the key issues. JC agreed to this, and added that it is important to note that the budget setting process

is used as a management tool to identify any pressures that may be coming through and these are referenced in the detailed reports.

Action no: 140917/06
Action: Add key issues summary into header in the future Finance reports
Action by: JC
Action status: NEW

- 8.3.4 SM asked if we will be launching an education campaign to support the ongoing work around the Bribery Act. JC advised that this has already taken place and assured the Board that very tight controls are in place around this and that no issues have come to light to date. JCF added that a short life working group has been set up in partnership to look at the policy and associated guidance.
- 8.3.5 MM asked if we have a register of interest to record any external fees paid to Consultants and if so, if this is mandatory. JC confirmed we have a mandatory register. JY added this is for all staff, not just clinical staff.
- 8.3.6 The Board noted the update.

8.4 Board Risk Register

- 8.4.1 JC asked the Board to approve the updated Risk Register, highlighting the following:
1. Risk S5 – Inability to sustain the Scottish National Advanced Heart Failure strategy: The likelihood was reduced from three to two, moving the risk from a high risk to a medium risk.
 2. Risk S11 – Review of IT security: The likelihood has increased given recent cyber attacks.
 3. A risk register has been developed with input from the Expansion Project Steering Group, Senior Management Team and Board. A risk workshop is being arranged to review this register in greater detail. We will also look to develop the risk appetite and tolerances for the project, which will inform discussions on the escalation from the project register to the Board Risk Register.
 4. Detailed work is being undertaken to review the existing clinical governance process for New Interventional Procedures and link these to robotics to ensure clinical risks and benefits are fully explored independently to any financial and operational issues. Taking this into account, it is not proposed to add robotics to the current Board risk register at this stage.

5. The Trustees agreed that a separate risk register should be established for the Charity. Initial work has commenced on this by the Director of Finance, Director of Global Development and Strategic Partnerships and Chief Risk Officer. The next steps are to evaluate the identified risks, detail the controls in place around these, then agree risk ratings and any gaps where further action is required in order to mitigate potential future risks. It is planned this work will be presented to the Strategic Risk Committee, with future updates provided to the Board, Endowments Sub Committee, and Board of Trustees.
- 8.4.2 In discussing robotics, JY added that we have a very tight protocol in place for the introduction of new clinical interventions or devices.
- 8.4.3 MB asked if we were engaging with the Office of the Scottish Charity Regulator around our charity risks as they are taking a more collaborative approach to the way they work with charities, rather than just regulating them. JC responded that the current risks are in relation to achievement of the charity objectives, and added that she is happy to discuss the wider external risks.
- 8.4.4 SM stated that it is good that we are collecting funds for innovation but at the moment it doesn't say what we are going to do with the money. JC responded that we need to know 'what the initial ask is for' before we receive the funds. JY added that the fund is for a range of purposes– NHSScotland, Golden Jubilee, and other specific wider partnerships so funds will be identified for a range of uses. MB added that while the Fund is the vehicle, the flow of funds in and out is equally important.
- 8.4.5 The Board approved the Risk Register.

8.5 Annual Review plans

- 8.5.1 JY updated the Board on plans for the Annual Review, highlighting the following:
 1. The Annual Review takes place on Monday 23 October 2017.
 2. It will be chaired by Shona Robison MSP, Cabinet Secretary for Health and Sport.
 3. Staff can attend the public session at 12pm in Arcoona.
 4. Innovation is the theme of the day, with the tour focusing on staff projects and digital innovation. The video presentation which forms part of the public session will cover our 15 year anniversary, last year's performance and future plans.
 5. The Board self assessment will provide progress against the headings noted below for the full year 2016/17, as well as highlight key priorities for this year and beyond.

- 8.5.2 JCF asked if the private meeting with the Cabinet Secretary is the Non Executive meeting. JY responded that, as in previous years, this is now a private meeting with the full Board.
- 8.5.3 SM commented that it would be useful for MB and KK to join the tour as well as the public session if able. KK asked if Non Execs should be here for 11am. JY confirmed that this would be useful.
- 8.5.4 MB gave her apologies as she is out of the country, but asked if we are inviting other Chairs and Chief Executives. SS advised that an open invitation is sent out and that members of the public will have an opportunity to submit questions in advance.
- 8.5.5 MB asked what attendance is normally like. SS advised that we always have good attendance from patients, community and staff, following feedback, we no longer live stream the public session, adding that we now record it and this gets wide engagement across our social media platforms. MB asked if this is shared on LinkedIn, so that Board Members can share with their professional networks. SS confirmed this.
- 8.5.6 SM asked if we get much media coverage from the annual review. SS responded that it differs depending on the topics and priorities.
- 8.5.7 The Board noted the update.

9 AOCB

9.1 Expansion

- 9.1.1 JY advised the Board that she has been asked to Chair the National Elective Centres Programme Board. As a result, she is passing the role of Senior Responsible Officer for our expansion programme to JR but she will still be the accountable officer and chair our programme board.
- 9.1.2 JR updated the Board on activity to date, highlighting the following:
1. Work of clinical task groups is progressing well.
 2. Discussions commenced about Gateway Review.
 3. Aecom have been appointed as Project Manager.
 4. Scoping work has commenced for delivering general surgery in the vacated ophthalmology theatres.
 5. A West College Scotland Director will join the Programme Board.
 6. Phase 2 demand modelling has been accepted by West Boards.
 7. We are working closely with NHS Highland; they are at the same stage as us in developing business cases.

- 9.1.3 MB asked if we are sharing risks with the Principle Supply Chain Partner (PSCP). JC responded that some risks are shared but the Golden Jubilee owns the risk around innovative design. JY added that details will be part of the Business Case development which is the next phase and for example financial penalties will be built in for any significant delays, and added that we can arrange a meeting with the Programme Director if that is helpful. MB agreed that would help her understanding of the process.

Action no: 140917/07
Action: Set up meeting with MB and Expansion Programme Director
Action by: JC
Action status: NEW

- 9.1.4 MB asked about the role of the Scottish Futures Trust in the programme. JC advised that they have not been involved to date and we are still considering what they can do for us. JC added that it is not a 'Hub' project but assured the Board that there is a separate community benefits plan.
- 9.1.5 SQ added that we are working closely with Health Facilities Scotland and taking their advice.
- 9.1.6 MB asked if third sector are being engaged with. JC confirmed this.
- 9.1.7 AH advised that she is looking into whether landfill tax can be used to create an eco corridor as an additional community benefit.
- 9.1.8 The Board noted the update.

9.2 Volunteer Forum

- 9.2.1 SQ asked SM if a decision has been made on which Non Executive will chair the Volunteer Forum going forward. SM advised that a couple of people have expressed an interest, and he will confirm this shortly.

10 Date and Time of Next Meeting

- 10.1 The next meeting will take place on Thursday 26 October at 10am.