

Approved Minutes  
**Public Board Meeting**  
 6 December 2018



### Members

Susan Douglas-Scott	Board Chair
Mark MacGregor	Non Executive Director
Phil Cox	Non Executive Director
Kay Harriman	Non Executive Director
Karen Kelly	Non Executive Director
Marcella Boyle	Non Executive Director
Linda Semple	Non Executive Director
Jane Christie-Flight	Non Executive Director / Employee Director
June Rogers	Interim Chief Executive / Director of Operations
Julie Carter	Director of Finance
Anne Marie Cavanagh	Nurse Director
Mike Higgins	Medical Director
Gareth Adkins	Director of Quality, Innovation and People
Angela Harkness	Director of Global Development and Strategic Partnerships

### In attendance

Sandie Scott	Head of Corporate Affairs
Jann Gardner	Chief Operating Officer/ Interim Deputy Chief Executive, NHS Fife

### Minutes

Christine McGuinness	Corporate Affairs Manager
----------------------	---------------------------

### Apologies

Stephen McAllister	Non Executive Director
--------------------	------------------------

### Standing Declarations of Interest

Susan Douglas-Scott	Chair, Independent Living Fund
Linda Semple	Non Executive Director, NHS Ayrshire & Arran
Marcella Boyle	Interim Head, The Princes Trust

## 1. Chair's Introductory Remarks

### 1.1. Susan Douglas-Scott opened the meeting and made the following remarks.

- Jann Gardner was welcomed as an observer to the meeting. Jann takes up post as our new Chief Executive on 21 January. Her attendance at the meeting is part of her transition to the role, and she will formally attend her first Board meeting on 14 February.
- June Rogers was welcomed to her first meeting as Interim Chief Executive.
- The University of Glasgow and the Golden Jubilee Foundation have signed a Memorandum of Understanding (MOU) to further strengthen their relationship in medical science. It will formalise joint collaboration on major scientific areas and disciplines of mutual interest.
- The Golden Jubilee Foundation had a very successful Annual Review. The Cabinet Secretary for Health and Sport, Jeane Freeman MSP, was very pleased with what she heard and saw during her visit.
- Following the Annual Review, the Cabinet Secretary for Health and Sport, Jeane Freeman MSP, presented our Excellence Awards.
- Hany Eteiba, Associate Medical Director and Consultant Cardiologist, has been awarded an Honorary Professorship at the University of Glasgow's Institute of Cardiovascular and Medical Sciences. Congratulations to Professor Eteiba.
- Physiotherapists at the Golden Jubilee have implemented a technique to help critically ill inpatients on the heart transplant list get vital exercise. By moving the patient onto a tilt table, they can be moved into a standing position to walk with the aid of a walking frame while still being on a balloon pump by avoiding bending the hip further than 30 degrees. Without the new protocol, the mobility of heart failure patients on bed rest is restricted for the duration of the time they are dependent on a balloon pump – often months. Again congratulations to all involved in this innovation. Excellent for patients and at the heart of what we do at GJNH.

## 2. Apologies

### 2.1. Apologies were noted as above.

## 3. Declarations of Interest

### 3.1. Marcella Boyle advised that she is finishing up as a Trustee of the Princes Trust. It was agreed that this should be logged as a Standing Declaration for this meeting.

Action No.	Action	Action by	Status
061218/01	<b>Minutes:</b> Record Marcella Boyle's Trustee role with The Princes Trust as a Standing Declaration	Christine McGuinness	NEW

Action No.	Action	Action by	Status
061218/02	<b>Minutes:</b> Remove Marcella Boyle's Trustee role with The Princes Trust as a Standing Declaration (once tenure completed)	Christine McGuinness	NEW

3.2. Angela Harkness advised that she is no longer a Trustee of Keech Hospice.

3.3. All other declarations are as noted above.

#### 4. Updates from last meeting held on 13 September 2018

##### 4.1. Minutes of last meeting

4.1.1. The minutes of the last meeting were read and approved for accuracy with the minor amendments below recorded and auctioned:

- P8, 7.1.3 – remove last sentence
- P9, 7.2.3 – change 'tax' to 'pension'

Action No.	Action	Action by	Status
061218/03	<b>Minutes:</b> Amend as discussed	Christine McGuinness	NEW
061218/04	<b>Minutes:</b> Publish approved minutes online	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
011118/01	<b>Declarations:</b> Add Linda Semple, Non Executive Director, NHS Ayrshire & Arran, as a Standing Declaration for future meetings	Christine McGuinness	<b>Ongoing</b> Will be added in this set of minutes

Action No.	Action	Action by	Status
011118/05	<b>Clinical Governance Committee minutes:</b> Circulate correct approved version	Christine McGuinness	<b>Ongoing</b> Awaiting minutes
020818/07	<b>Charity Trustees:</b> Arrange training session on the role of Trustees and Endowment Funds	Julie Carter	<b>Ongoing</b> To be included at February 2019 Board Workshop
020818/14	<b>Strategy Development:</b> Paper to be presented for Board approval by February 2019	Gareth Adkins	<b>Ongoing</b> To be presented for approval at February 2019 Board Meeting

### 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: 2 November 2018

5.1.1. Jane Christie-Flight provided an update on discussions at the Partnership Forum meeting held on 2 November 2018.

#### Person Centred

- **Policies:** The Forum approved the following policies: Redeployment, Workforce Change, Facilities, Car Lease, and Agenda for Change Guidance on Starting Salaries, Incremental Points, Acting Arrangements and Related Issues
- **Theatre Academy:** Progress was noted.
- **Chip and PIN: Introduction** in the Golden Bistro was supported and a feasibility study into introducing it within Cafe Latte was requested.

## Safe

- **Car Parking:** The Forum supported proposals from the Car Parking group to:
  - Develop a Car Parking policy and staff guidance
  - Establish a compulsory vehicle registration database for staff
  - White line parking bays at the south east of the car park
  - Convert existing land into car park use.

- 5.1.2. Mark MacGregor asked about providing a subsidy for car leasing when the majority of staff do not need to travel between sites.. Gareth Adkins added that the organisation's contribution isn't increasing. Julie Carter added that the changes to the policy are about adding value, highlighting that it is sometimes more cost effective to provide a lease car due to the amount of mileage an individual has related to work duties. Julie Carter added that we currently only provide 19 lease cars across 2000 staff.
- 5.1.3. Linda Semple emphasised the need for a balanced economy at a time when we are going to be asking staff to do more, and for flexibility if we are going to develop more joint posts with other NHS Boards.
- 5.1.4. Susan Douglas-Scott commented on the need to consider caring responsibilities that staff may have and that the policy should be Equality Impact Assessed.
- **Smoking on Hospital Grounds:** The Staff Governance Sub Group will review the Board policy in light of the Scottish Government's position on Nicotine Vapour Products.
- 5.1.5. Linda Semple commented that the Scottish Prison Service has just gone smoke-free but allows vaping everywhere.
- 5.1.6. Mark MacGregor stated that he is still uncomfortable with vaping.
- 5.1.7. Mike Higgins commented that there is clear evidence around vaping as an aid to smoking cessation. Mike Higgins added that the Scottish Government have taken a stance on this and organisationally we want to be in line with that policy.
- 5.1.8. Susan Douglas-Scott asked if the organisational policy applies to the hotel. Jane Christie-Flight confirmed that it does. Susan Douglas-Scott responded that we need to look at this in the wider scheme of things, with more visible notices and using our values as a way to address the issue with people.
- 5.1.9. Phil Cox commented that it's not easy to police the smoking policy, there is not one solution and the complexity should not be underestimated. Phil Cox added that if people are not comfortable addressing the issue directly, then they can report it to hospital management.
- 5.1.10. Mark MacGregor asked if the Chief Medical Officer at the Scottish Government is the person responsible for the change in policy. Mike Higgins confirmed this.

## Effective

- **Central Sterile Processing Department (CSPD) Infrastructure:** The Forum supported the proposal to include CSPD within the design plans for the Phase 2 expansion.
- **Interventional Cardiology Strategy:** After discussion on the recommendations that address workforce sustainability, the Forum supported the strategy.
- **Winter Plan:** The Forum noted the Board's Winter Plan.
- **Chief Executive Contingency Cover:** The Forum was updated on the temporary arrangements which have been put in place to ensure service demands are met during the transition between Chief Executives.
- **European Union (EU) Withdrawal Checklist:** The Forum was informed that the Board completed the checklist in partnership.

5.1.11. The Board noted the update.

## 5.2. Expansion Phase One Full Business Case

5.2.1. June Rogers presented for approval the Full Business Case (FBC) for Phase One of the Hospital Expansion Programme, highlighting the following:

- Modelling assumptions have been reviewed and remain consistent with the Outline Business Case.
- Increased Capital costs reflect changes in fire regulations, European Union (EU) Withdrawal and ground conditions that are significantly worse than originally expected.
- Reduced Revenue costs reflect service redesign and equipment costs.
- Build times are still being agreed.

5.2.2. Julie Carter added that the Scottish Government is funding staffing costs and Boards will fund the marginal costs, adding that the Boards are comfortable with this arrangement.

5.2.3. Julie Carter commented that the whole life costs in the FBC should be £21.9M, not £21.7M. This will be updated prior to submission to the Scottish Government Capital Investment Group.

Action No.	Action	Action by	Status
061218/05	<b>Expansion:</b> Amend whole life costs in FBC from £21.7M to £21.9M	Julie Carter	NEW

5.2.4. Karen Kelly raised concerns about debt financing available to the construction partner and asked for the Board to note these concerns and the risk around it. Julie Carter

commented that this is a good point to raise, and agreed to add this to the Expansion Risk Register, and provided assurance that tolerances will be included to provide action trigger points..

- 5.2.5. Karen Kelly asked how the other elective centres programmes are progressing and if there is a potential that we may have to absorb additional capacity if they are not ready on time. June Rogers responded that this is a reasonable question and although we do not yet know the answer, we are, for the time being, keeping our team here focused on delivering our own expansion. June Rogers added that our own expansion will be delivered incrementally and we will address the question about providing additional capacity when the time comes. Susan Douglas-Scott added that the Cabinet Secretary wants to meet with her and Jann Gardner in early 2019 about the Jubilee Model.
- 5.2.6. Linda Semple commented that she is assured that the economic case stands and that a realistic risk assessment has been carried out.
- 5.2.7. Linda Semple commented that she is disappointed with the low BREEAM environmental score for the building and that it would be good to build something more environmentally friendly. June Rogers agreed that she would raise the issue with the Programme Director.

Action No.	Action	Action by	Status
061218/06	<b>Expansion:</b> Raise low BREEAM environmental score concerns with the Programme Director	June Rogers	NEW

- 5.2.8. Phil Cox commented that the Board needs to be clear with the construction partner around the 19-month build and asked that Non Executive Directors be warned early out of committee if there is any change to the timescales. June Rogers agreed that this was a reasonable expectation. June Rogers commented that a workshop takes place next week to review the timescales and that she is hopeful that these can be brought back down. June Rogers commented that everyone here is disappointed with the timeline provided to date but while we are working to reduce to reduce the timeline, we need to focus on a safe, appropriate timescale.

Action No.	Action	Action by	Status
061218/07	<b>Expansion:</b> Update Non Executive Directors of any changes to timescales out of committee	June Rogers/ Julie Carter	NEW

- 5.2.9. Phil Cox asked when we will know the outcome of the independent review. Julie Carter commented that this will be brought to the next Board meeting along with an output paper from the private Board workshop.

Action No.	Action	Action by	Status
061218/08	<b>Expansion:</b> Board Workshop Paper and Independent Review findings to next Board Meeting	June Rogers/ Julie Carter	NEW

- 5.2.10. Linda Semple suggested that, in the negotiations, we make it clear that the Board couldn't give blanket approval but is keen that the conversations are successful. Julie Carter assured the Board that no decisions will be taken if the timescale for building is more than 19 months. Susan Douglas-Scott stressed the importance of advising the construction partner that the Board is keeping a close control over the project.

- 5.2.11. Marcella Boyle asked for the Workforce Plan to be more reflective of the support role provided by volunteers, who will play an active role in the expansion, adding that this service may also need to scale up.

Action No.	Action	Action by	Status
061218/09	<b>Expansion:</b> Add more detail into the Workforce Plan on the support role provided by volunteers and how this may need to scale up to support the expansion	June Rogers/ Julie Carter/ Gareth Adkins	NEW

- 5.2.12. Marcella Boyle commented that the community benefits are wider than the partnership with West College Scotland, adding that we are a national Board and there will be national opportunities for young people. Marcella Boyle added that she would like to see engagement with other colleges.

Action No.	Action	Action by	Status
061218/10	<b>Expansion:</b> Add more detail on wider community benefits	June Rogers/ Julie Carter	NEW

- 5.2.13. The Board noted their discontent with the timescales for the building element of the project.



- 5.2.14. The Board approved the Full Business Case (FBC) for Phase One of the Hospital Expansion Programme subject to timescales being addressed satisfactorily with the construction partner.

### 5.3. MRI 2 Business Case

- 5.3.1. June Rogers presented for approval a business case for the direct replacement of one of the Board's Magnetic Resonance Imaging (MRI) scanners, highlighting the following:

- MRI 2 has now reached the end of its useful life in line with the Medical Equipment Group replacement programme.
- Improved diagnostic visualisation will supplement national waiting times' work.

- 5.3.2. Mark MacGregor asked if it will be a narrow or wide bore MRI. June Rogers responded that it will be a narrow bore as it is a "like for like" replacement but assured the Board that we already have wide bore general and cardiac MRIs.

- 5.3.3. Mark MacGregor commented asked if we should considering a more advanced machine than the 1.5 TESLA when 3 TESLAs are quite common and the Queen Elizabeth University Hospital has a 7 TESLA. June Rogers responded that the clinical and research teams are happy with the proposed MRI but assured the Board that there will be time to scope out options before MRI 1 is due for replacement.

- 5.3.4. The Board discussed and approved the Business Case for a direct replacement of the existing Cardiac Magnetic Resonance Imaging (MRI) scanner as part of the planned medical equipment replacement programme.

- 5.3.5. Marcella Boyle asked about the loss of capacity for eight weeks to allow installation to take place. June Rogers responded that extended days and weekend working are being looked at to minimise the disruption.

- 5.3.6. The Board approved the business case for MRI 2.

## 6. Safe

### 6.1. Healthcare Associated Infection Report: August 2018

- 6.1.1. Anne Marie Cavanagh presented the HAIRT report, highlighting the following key points.

- **Staphylococcus Aureus Bacteraemia:** None to report.
- **Clostridium Difficile Infection:** None to report.

- 6.1.2. Mark MacGregor commented that we have seen some Clostridium Difficile (C.diff) infections this year, and although well within the limits, there was a prolonged period of no C.Diff previously.

- **Hand Hygiene:** Bimonthly report from July demonstrates a compliance rate of 96%, with Medical staff compliance decreasing from 96% to 91%. The next report will describe the September 2018 performance.
- 6.1.3. Susan Douglas-Scott commented that Outpatient areas are considered clinical and that hand hygiene relation to bare to elbow had been breeched affecting our figures. Mike Higgins assured the board that this is changing and that the medical workforce are committed to addressing this.
- 6.1.4. Linda Semple commented that there is a trend of a spike in August and suggested this was related to the new intake of medical entrants as other Boards have similar issues.
- **Cleaning and the Healthcare Environment Facilities Management Tool:** Housekeeping Compliance was 98.92% and Estates Compliance was 99.51%.
  - **Surgical Site Infection (SSI):** Hip and Knee replacement SSIs are within control limits. Cardiac and Coronary Artery Bypass Graft SSIs are also within control limits, but remain above the centre line. The Prevention and Control of Infection Team continue to undertake enhanced surveillance.
- 6.1.5. Mark MacGregor commented that the central line for Surgical Site Infections (SSI) in Coronary Artery Bypass Surgery should move up. Anne Marie Cavanagh responded that this has already been discussed by the Prevention and Control of Infection Committee. Anne Marie Cavanagh assured the Board that actions from the SSI short life working group are now being closed off. Mike Higgins added that this has been treated as a genuine rise. Anne Marie Cavanagh added that rates of infection include 30-day surveillance.
- 6.1.6. Linda Semple commented on national targets now getting into areas of marginal improvement and asked if there's an opportunity for the Golden Jubilee to be leading the way in this area, adding that as a centre of excellence, maybe we should have a target of 100%. Anne Marie Cavanagh commented that there is a balance between setting a target and staff striving for something that may not always be attainable. Mike Higgins added that there is not a lot of quality science to prevent infections but we have a series of measures that we think will help. Mike Higgins added that we don't want to be in a situation where every infection is seen as a fail but there might be something about how we take it on to the next stage.
- 6.1.7. Linda Semple commented that not calling it a target might be the next step. Mark MacGregor suggested reframing it as a quality improvement approach. Susan Douglas-Scott agreed with not using 'fail' language and asked if the science links into research. Gareth Adkins responded that zero tolerance sets expectations but there's a balance of where you focus for quality control and where to bring an issue under control.
- 6.1.8. Susan Douglas-Scott urged members to continue discussions at the Clinical Governance Committee.

6.1.9. The Board approved the HAIRT report and its publication on the website.

Action No.	Action	Action by	Status
061218/11	<b>HAIRT:</b> Publish HAIRT online	Christine McGuinness	NEW

## 7. Effective

### 7.1. Performance Report: October 2018

7.1.1. June Rogers presented the Performance report, explaining for the benefit of new members that this report provides a summary of divisional reports which are reviewed in full by the Performance and Planning Committee.

#### Person Centred

- **Sickness Absence:** The rate reduced in September for the fourth successive month. The sickness absence rate of 4.74% was the lowest since September 2017.
- **Complaints:** The number of complaints received in September was the lowest level since April 2017.

#### Effective

- **Ophthalmology:** The service reported its' lowest ever cancellation rate of 1.5% (10 procedures) during October. Additionally, suitable patients continue to be recruited from outpatients to replace on the day cancellations and ensure the Ophthalmology theatres are fully utilised.
- **Thoracic Surgery Day of Surgery Admission:** Rates continue to exceed the monthly improvement target and are in line to achieve the March 2019 target of 44%.
- **Treatment Time Guarantee (TTG):** In September, 92.2% of patients were treated within their Treatment Time Guarantee. This is the first time that fewer than 95% of patients have been treated within 12 weeks.

#### Divisional Update – Surgical Services

- **Cardiac pre-operative assessment:** Introduction of an additional consultant anaesthetist has helped to increase activity. During October over 100 patients were assessed by anaesthetists in clinic, this is the first time this figure has been achieved.
- **Robotic Assisted Thoracic Surgery:** We have now successfully treated 35 patients.
- **Hip Replacements:** In September, 20% of primary total hip replacement patients were discharged on post operative day one. The trajectories for post-operative day two and three discharge following total hip replacement and day

three discharge following total knee replacement were all exceeded in September.

### Divisional Update – Regional and National Medicine (RNM)

- **Transplants:** As at 15 November 2018 there were 21 patients on the transplant waiting list. Five transplants have been carried out during 2018/19.
- **Cardiology:** Following confirmation of funding from Scottish Government, a recovery plan is in place to reduce the cardiology waiting times before the end of the financial year. This is being closely monitored.
- **Transcatheter Aortic Valve Implantation:** The service has been running successfully since 10 April 2018. As of 6 November 2018, 50 patients had been successfully treated, with excellent outcomes.
- **Laboratories:** A business proposal will be presented to the Senior Management Team in November to seek authority to progress a strategic partnership to install a new testing facility

7.1.2. Karen Kelly asked if the issue affecting Cowlairs sterilising centre is likely to impact on the Golden Jubilee. June Rogers responded that we only send out robotics equipment to be cleaned and sterilised and assured the Board that a plan was put in place quickly to send this elsewhere if necessary. June Rogers added that the Golden Jubilee has helped support NHS Greater Glasgow & Clyde during this time.

7.1.3. Susan Douglas-Scott commented that an expansion of sterile services on site will allow us to potentially repatriate robotic sterilisation.

7.1.4. The Board noted the Performance report.

### 7.2. Hospital Activity Report: October 2018

7.2.1. June Rogers provided an update on business activity update, highlighting the following key points.

- **Activity:** Activity for inpatients/day case procedures measured against a projection of 16,589 (which excludes cardiothoracic/cardiology activity) was ahead of plan by 14.1% for the month of October. When activity is adjusted to reflect complexity, we are 2.5% ahead of the year to date plan. Measured against a total activity projection of 48,419, the combined inpatient/day case and imaging activity at the end of October was ahead of plan by 14.6% for the month of October when adjusted to reflect complexity; and 6.9% ahead of the year to date plan.
- **Orthopaedic Surgery:** Orthopaedic joint activity was ahead of plan by 40 joint replacements and eight foot and ankle procedures although behind plan by 28 'non joint' procedures. The year to date plan has been exceeded by 201 primary joint replacements and 31 foot and ankle procedures although is behind the 'non joint' procedures plan (which consists of intermediate/minor procedures such as Anterior Cruciate Ligament repair, arthroscopy etc) by 26 procedures. Overall, orthopaedic surgery is currently ahead of the year to date by 206 procedures/theatre slots.

- **Ophthalmic Surgery:** Ophthalmology activity was ahead of plan by 30 procedures and is 189 procedures behind the year to date plan.
- **General Surgery:** General surgery performed ahead of plan by 11 procedures and is slightly behind the year to date plan by two procedures.
- **Plastic Surgery:** Hand surgery was behind plan by 25 procedures. Minor plastic surgery procedures were 15 procedures behind plan. Major plastic surgery is no longer carried out.
- **Endoscopy:** The endoscopy service performed ahead of plan by 119 procedures and is 384 ahead of the year to date plan.
- **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 Magnetic Resonance Imaging (MRI) scanners. It would appear that the additional activity being carried out in the new MRI scanners was underestimated. The service continues to significantly over perform – the monthly target was exceeded by 430 examinations in the month of October.
- **Mobile Cardiac Catheterisation Laboratory (Cath Lab):** A mobile lab will be on site from January to March 2019. It is expected to carry out 500 procedures during this period.

7.2.2. Susan Douglas-Scott asked where the mobile Cardiac Catheterisation Laboratory (Cath Lab) will be placed. June Rogers responded that this will be at the ambulance entrance.

7.2.3. Marcella Boyle commented that we will have considerable work and movement at both sides of the building and asked how it is going to feel for people coming into the mobile cath lab as this is next to the building site. June Rogers responded that we are unsure how it is going to feel but assured the Board that we have tried to mitigate the risks and only pre-selected patients will go into the mobile unit. June Rogers added that we are maximising opportunities to treat more patients and assured the Board that we will review based on patient and staff experience and feedback.

7.2.4. June Rogers advised that a Cross Site Coordination Group has been set up to bring all different pieces of work together, including installation of new Computer Tomography scanner, upgrade of the Magnetic Resonance Imaging scanner, mobile Cardiac Catheterisation Laboratory and external construction work.

7.2.5. Susan Douglas-Scott commented that the bottom line is to ensure that patients are still getting a great service in a disrupted physical environment, and provided assurance that the Board will keep an eye on it.

7.2.6. Board members noted the Business Activity report.

### 7.3. Finance Report: October 2018

7.3.1. Julie Carter provided members with an update on the financial position, highlighting the following information.

- **Year to date results:** A surplus of £0.167m is in line with the finance plan.
- **Annual Accounts 2018/19:** The external audit interim visit will be completed in December 2018; the output from this will be formally reported by Scott Moncrieff to the April Audit and Risk Committee meeting. The annual audit of the Director's Report and Annual Accounts will commence in May. It is anticipated that the auditors will be on site for two weeks.
- **Efficiency Savings:** At month seven, efficiency savings delivered were £2.011m. these are split with recurring efficiency savings achieved £1,189k and non recurring savings of £82k.

7.3.2. Linda Semple commented that two thirds of efficiency savings are recurring and asked if these are phased. Julie Carter responded that we are on track to meet the efficiency targets. Julie Carter added that the finance team are starting to look at the three-year financial plan.

7.3.3. The Board noted the Finance report.

#### 7.4. Annual Operational Plan Mid-Year Report

7.4.1. June Rogers presented the Annual Operational Plan Mid-Year Report, providing information on how our key strategic priorities have progressed since the submission of our Annual Operational Plan.

7.4.2. Linda Semple commented that filling last minute ophthalmology theatre cancellations from outpatient clinics is an excellent example of innovative work. June Rogers responded that the team work to tight criteria to identify suitable patients to fill any last minute availability, and that we are now starting to tell patients in advance that this might happen. June Rogers added that this started off with one Consultant and advised that she would get a report on the impact this has made.

Action No.	Action	Action by	Status
061218/12	<b>Ophthalmology theatre slots:</b> Calculate impact of filling last minute availability in ophthalmology theatres from the Outpatient list	June Rogers	NEW

7.4.3. Marcella Boyle asked for an update on lung transplant repatriation scoping exercise. Mike Higgins responded that the pace has slowed but he is currently reinvigorate this work. Susan Douglas-Scott commented that she would like to attend any future meeting.

Action No.	Action	Action by	Status
061218/13	<b>Lung Transplant group:</b> Send meeting information to Susan Douglas-Scott	Mike Higgins (Lori Cassidy)	NEW

7.4.4. The Board noted the Annual Operational Plan Mid-Year Report.

## 7.5. Procurement Strategy

7.5.1. Julie Carter presented for approval the Procurement Strategy 2018-2021, highlighting this was an update to the previously approved strategy and now includes the vision and role of Procurement; procurement policies; summary of key priorities over the next three years; and Procurement annual report.

7.5.2. Kay Harriman commented that the strategy doesn't have any reference to human trafficking and she would expect this to come through under ethical working practices. Julie Carter commented that human trafficking wasn't specifically called out in the national strategy that our strategy is based on. Kay Harriman commented that this is standard practice in the private sector. Susan Douglas-Scott suggested this would be good practice.

Action No.	Action	Action by	Status
061218/14	<b>Procurement Strategy:</b> Expand ethical working practices section to make specific reference to human trafficking	Julie Carter	NEW

7.5.3. Susan Douglas-Scott asked for page numbers to be added.

Action No.	Action	Action by	Status
061218/15	<b>Procurement Strategy:</b> Add page numbers	Julie Carter	NEW

7.5.4. Marcella Boyle commented that the Equality Impact Assessment (EQIA) should be widened out. Marcella Boyle asked for the Age section of the EQIA to make specific reference to young people and suggested Young Scot as a link and NHS partner.

7.5.5. The Board approved the Procurement Strategy 2018-2021 subject to agreed changes being made to the strategy and accompanying Equality Impact Assessment.



Action No.	Action	Action by	Status
061218/16	<b>Procurement Strategy Equality Impact Assessment:</b> Widen out EQIA with particular focus on young people	Julie Carter	NEW

**8. AOCB**

8.1. There was no other business to discuss.

**9. Date and Time of Next Meeting**

9.1. The next meeting takes place on Thursday 14 February 2019 at 10am.