

**Approved Minutes
Board Meeting
Monday 11 May 2015**



Members

Jeane Freeman (JF)	Chairman (Chair)
Jack Rae (JackR)	Non Executive Board Member
Phil Cox (PC)	Non Executive Board Member
Kay Harriman (KH)	Non Executive Board Member
Jane Christie-Flight (JCF)	Employee Director
Jill Young (JY)	Chief Executive
Julie Carter (JC)	Finance Director
Anne Marie Cavanagh (AMC)	Nurse Director
June Rogers (JR)	Director of Operations
Mike Higgins (MH)	Medical Director

In attendance

Sandie Scott (SS)	Head of Corporate Affairs
David Miller (DM)	Head of Human Resources

Minutes

Christine McGuinness (CM)	Corporate Affairs Officer
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1 Chair's Introductory Remarks

- 1.1 JF welcomed everyone to the meeting; in particular Anne Marie Cavanagh, who was attending her first meeting as Nurse Director.
- 1.2 JF advised that the Board has received a letter from the Scottish Government confirming sign off of our LDP and Financial Plan.
- 1.3 The Board was updated on the pioneering Seven Day Service implemented by the Rehabilitation Department, which is celebrating its one year anniversary of making a positive impact on patient outcomes.
- 1.4 Patients, staff and visitors can view the Scarred FOR Life exhibition, a powerful portrait exhibition of adults with Congenital Heart Disease, until the end of May.
- 1.5 JF told members about the 2015 Advanced Hip Arthroplasty Course, taking place on Friday 15 May, with over 150 delegates from across the UK and Europe. The theme of this year's event will be the Art of Arthroplasty, with seminars throughout the day examining a range of topics, including complexities, complications and key decisions in hip surgery, prosthetics, computer navigation, robotics and reconstruction.

1.6 JF advised members of the Non Executives meeting taking place on 24 June as part of the NHSScotland Event.

1.7 JF advised the Board about the changes in membership of the governance committees:

- All Chairs will remain the same
- MW will move from Audit and Risk Committee to Person Centred Committee
- KH will move from Clinical Governance Committee to Audit and Risk Committee
- SM will remain a member of the Clinical Governance Committee and Chair of the Audit and Risk Committee
- PC will move from Person Centred Committee
- to Clinical Governance Committee
- JF will speak to JCF about the committees she is not a member of

Action no: 110515/01
Action: Discuss committee membership
Action by: JF/JCF
Action status: NEW

2 Apologies

2.1 Apologies were received from:

Mark MacGregor (MM)	Non Executive Board Member
Stewart MacKinnon (SM)	Non Executive Board Member
Maire Whitehead (MW)	Non Executive Board Member
Lindsey Ferries (LF)	Director of Human Resources

3 Declarations of Interest

3.1 There were no declarations of interest.

4 Minutes of Last Meeting

4.1 Minutes of the meeting held on 12 March 2015 were approved as accurate subject to the following amendments:

- P6, 8.1.7 – change ‘only 50%’ to ‘lower’
- P7, 8.2.2 – change last sentence to read ‘JR responded that patients in Shetland are selected as appropriate to be sent to the Golden Jubilee.’

5 Matters and Actions Arising

5.1 Actions

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

Action no: 231014/04
Action: Update Workforce Strategy in line with Leadership Framework
Action by: JY/LF
Action status: Ongoing
Action update: Leadership Framework paper to the August Board Meeting, Requirement for a separate workforce Strategy considered thereafter.

5.2 Matters Arising

5.2.1 There were no matters arising.

6 Person Centred

6.1 Partnership Forum

6.1.1 JCF provided the Board with an update of discussions from the Partnership Forum meeting held on Friday 17 April 2015.

Person Centred

- The Forum was updated on the work undertaken by the Staff Governance Policy Sub Group in 2014/15 to support delivery and raise awareness of the Staff Governance agenda within the Board. It was noted that the group had focused on policy review and delivering the Action Plan; and the Staff Governance Submission was approved at the Person Centred Committee and ready to be sent to Scottish Government.
- The quarterly KSF report was presented. The Forum recognised that a huge amount of work had been undertaken, discussing how this could be maintained and how to assure the quality of the process.

Safe

- The Forum approved changes to fire training. It was noted that the new training model would:
 - train patient facing staff in evacuation techniques;
 - provide practical training on a bi-annual basis for staff, with the e-learning model completed in between times; and
 - revise the e-learning content to supplement the practical elements.

Effective

- The Forum discussed the six-monthly sickness absence report. It was noted that the absence figure was slightly above the 4% target and it was looking likely that it would remain at this level till year end. Discussion followed around how Staff Side and management could work to support staff.
- The Forum was provided with an update on the progress to date on the changes to the NHS Pension Scheme which came into effect on 1 April. Changes to the scheme governance were discussed noting that there was now a new governance scheme with a new Scheme Advisory Board being established which provides a route for Ministers to seek advice around policy matters relating to the pension scheme. The Forum was informed that the

Employee Director had been appointed to the Board representing national staff side.

- The Forum was informed that the pilot of the relocation of hospital reception at night was due to commence on Monday 27 April. This would be closely monitored and updates would continue to be provided.
- The Forum discussed the progress on 'Pay As If At Work' and it was noted that:
 - calculations for 2008-2014 have now been received for areas that were omitted previously;
 - the 2008-2010 calculations for all other staff were now available and being checked;
 - staff issues had been forwarded to payroll;
 - payments would not be processed by payroll until possibly June due to staff and system problems; and
 - the Board needed to confirm that it wanted the automatic calculations activated.

Social Bite

- 6.1.2 The Board heard about plans to establish a partnership with Social Bite for the development of the coffee outlet in the Conservatory.
- 6.1.3 Social Bite is a sandwich shop with a difference - 100% of their profits are given to good causes and one in four members of staff working directly for them are formerly homeless people. They also feed the local homeless community through their 'Suspended Coffee and Food' initiative.
- 6.1.4 The Social Bite outlet will initially be for 12 months, during which time it will be operated by Hotel staff.
- 6.1.5 The Board noted the update.

6.2 Care Bundles

- 6.2.1 AMC provided the Board with an update on the review of aspects of 'care bundle' activity within the Board, and the value these add for patients, staff and the organisation and the context of supporting person centred care in NHSScotland and beyond.
- 6.2.2 Within the Board, we use a variety of methods to enhance the care experience for our patients and staff. There is a blended approach to achieving this using the following examples of care bundles:
 - Caring Behaviours Assurance System (CBAS)
 - Emotional Touch Points
 - HeartMath®
 - Schwartz Rounds
- 6.2.3 JackR asked what triggers an Emotional Touch Point. AMC responded that a member of staff or a volunteer will raise an issue about a patient feeling that they have not had a good experience and a more in-depth conversation needs to take place. Touch Points could also be triggered by a CBAS conversation, as this will take the conversation to the next level. JF responded that this was a much clearer way of explaining the difference.

- 6.2.4 JF asked for further information about Schwartz Rounds. MH responded that this programme will be revitalised with support from the Interim Head of Nursing and two clinicians. MH added that the Rounds should happen monthly, but a couple had been cancelled; he's hoping to build a routine so that people expect them to happen, and that they are in the same place. AMC added that a target of six has been set for this year to get them back on track.
- 6.2.5 AMC added that a piece of work will be undertaken on the science of caring; a lot of innovative work is ongoing at the Golden Jubilee.
- 6.2.6 JackR asked how this fits in with the Scottish picture. AMC responded that the Chief Nursing Officer is working to get this more embedded across Scotland.
- 6.2.7 JF commented that the Board has previously talked about how to incorporate patient stories into meetings, and asked if members were comfortable with the proposed approach. JackR commented that it might be worth testing out; adding that the Clinical Governance Committee already follows a similar approach. PC commented that this can be very reflective and useful, but care should be taken that it doesn't distract from Board business.
- 6.2.8 JF added that it is important for the Board to get an overview of how we are engaging patients.. JY suggested that bringing stories once or twice a year, with examples of actions and improvements, would provide that overview. PC suggested having these at the Board workshops as this would allow more time to discuss the details and any potential issues. MH suggested the Board should be looking at the stories and themes that emerge from them. JF suggested that patient stories be considered at one of the Board workshops.

Action no: 110515/02
 Action: Incorporate discussion on Patient Stories into Board Workshop
 Action by: SS/AMC
 Action status: NEW

- 6.2.9 SS added that the Annual Feedback Report will be coming to the June Board meeting for approval, highlighting that this is a high level report. JF commented that the Board should defer making a decision until they see the Annual Feedback Report.
- 6.2.10 The Board agreed that the current HeartMath resources were sufficient but agreed to continue investing in CBAS and Touch Points to maintain sustainability and to further invest in Schwartz Rounds to achieve this.

6.3 Person Centred Committee minutes

- 6.3.1 The Board noted the approved minutes from the Person Centred Committee meeting held on 25 November 2014.

6.4 Person Centred Committee update

- 6.4.1 JackR provided the Board with an update on discussions at the Person Centred Committee meeting held on 31 March 2015.

Person Centred

- The Committee noted:
 - Partnership Forum Update
 - Values Culture and Dashboard update
 - Involving People Update
 - Staff Governance Submission
 - Equalities Mainstreaming Report
- The Committee reviewed and endorsed:
 - Care Bundles
 - Person Centred Programme Report

Safe

- The Committee reviewed the Complaints Scrutiny Report and confirmed which complaint they would like to review at the next meeting. The Committee was also presented with a recent compliment received by the Board.
- The Committee noted the Occupational Health and Safety report.

Effective

- The Committee discussed the end of year quarterly KSF report.
- The Board has achieved the Heat Standard of 80% of KSF PDRs signed off as at the 31 March 2015. An action plan has been developed to ensure that the Board maintain this percentage and also improve the quality. The Nurse Director and Heads of Operations attended the PCC Committee to explain the progress they achieved and how they would maintain it.
- The Committee noted the six monthly sickness absence report.
- The Committee reviewed the Communications Team balanced scorecard and noted the positive progress.

6.4.2 The Board noted the update.

6.5 Equalities Mainstreaming Report

6.5.1 DM presented the Equalities Mainstreaming Report for approval, highlighting that there is a requirement to publish information and progress reports in 2015 under secondary legislation in the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

6.5.2 JF commented that the inclusion of case studies brings the report to life and makes it a more interesting read.

6.5.3 JF commented that the wording on pay gap analysis should be rephrased around the incremental drift rather than being about gender, suggesting that more context needs to be provided around this.

Action no: 110515/03
Action: Amend wording in Equalities Mainstreaming Report
Action by: DM

Action status: NEW

6.5.4 JF congratulated the team on the format of the report.

6.5.5 The Board approved the Equalities Mainstreaming Report and its publication on our website.

Action no: 110515/04
Action: Publish Mainstreaming Report on website
Action by: DM/COMMS
Action status: NEW

Values

6.5.6 DM updated on the review of the groups agenda and focus noting that he had met with KH about how to make the group more robust; KH added that the purpose of the meeting was to see if this piece of work had been concluded or if there was still more to do. JY added that the Quality and Innovation Group would provide oversight of this work.

6.5.7 The Board noted the update on Values.

6.6 Knowledge and Skills Framework

6.6.1 DM provided the Board with an update on Knowledge and Skills Framework (KSF).

- 80% of staff on Agenda for Change terms and conditions had an up-to-date KSF Personal Development Review (PDR) at 31 March 2015, up from 54% on last year.
- PDR completion rates by Division as at 31 March 2015:
 - Board – 80%
 - Beardmore hotel – 80%
 - Corporate – 83%
 - Regional and National Medicine Division – 83%
 - Surgical Specialties Division – 77%
- Human Resources (HR) will continue to provide individual support to line managers and staff to ensure the trajectory of 80% continues to be achieved by the Board.
- Future actions to support the KSF process are currently being finalised in response to the internal audit conducted by PriceWaterhouseCooper in January 2015.
- Work will continue with each Division to ensure engagement and commitment to the PDR process is continued throughout 2015/16.
- Regular update reports will continue to be sent to each manager by the HR team, with additional support being provided by HR where necessary.
- Quarterly updates will be presented to SMT, Partnership Forum, Person Centred Committee and Board.

6.6.2 JF recorded the Board's thanks to everyone who has been involved in getting us to this position and for the leadership that has helped achieve the target, commenting that there now to be a focus on quality to ensure that the 80% target is sustainable.

Action no: 110515/05
Action: Record Board's thanks on achievement of KSF target
Action by: DM/Comms
Action status: NEW

6.6.3 The Board noted the update and agreed to continue its support to ensuring KSF activity.

7 Safe

7.1 HAIRT

7.1.1 AMC presented the Board with the Healthcare Acquired Infection Reporting Template (HAIRT) for March 2015 which highlighted the following key areas:

- Bacteraemias – one case to report.
- Clostridium Difficile infection – no cases to report.
- Hand hygiene – Combined Compliance and Technique maintained at 97% with the next audit due June 2015.
- Cleaning and healthcare environment – Housekeeping and Estates compliance data average scores at 98.4% (97.4%) and 98.5% (98.15%) respectively.
- Surgical site infection (SSI) – Cardiac and Orthopaedics SSIs both below control limits
- New national standards were issued in February and we will now be inspected against these.

7.1.2 JF asked for a glossary of acronyms to be included in the report before its publication on the website. (? 715 below says this too)

7.1.3 JackR asked if there was any significance with NSD on the chart on page three. AMC responded that this is more to do with the type of patients being cared for in this area and assured the Board that care bundles are in place to identify and address any issues as they arise.

7.1.4 JackR asked about compliance with antibiotics. MH advised the criteria is very strict; there has to be a clear reason for prescribing those which are not routine.

7.1.5 JackR asked about acronyms which were not explained. JF asked for a glossary of acronyms to be included in the report, and asked for some context to be included around use of antibiotics.

Action no: 110515/06
Action: Add glossary of acronyms to HAIRT report
Action by: AMC
Action status: NEW

Action no: 110515/07
Action: Additions to HAIRT re context on use of antibiotics
Action by: AMC
Action status: NEW

7.1.6 The Board noted the report and approved its publication on the website subject to the amendments requested.

Action no: 110515/08
Action: Publish HAIRT on website
Action by: AMC/COMMS
Action status: NEW

7.2 Clinical Governance Committee minutes

- 7.2.1 The Board noted the approved minutes from the Clinical Governance Committee meeting held on 27 January 2015.

7.3 Clinical Governance Committee update

- 7.3.1 The Board was given an update on discussions at the Clinical Governance Committee meeting held on 24 March 2015.

Person Centred

- The Committee was presented with a proposal to host a “Dementia Cafe” at GJNH. Run in association with the Clydebank Branch of Alzheimers Scotland, this will strengthen links with the local community and provide an opportunity for our Dementia Champions to increase their experience of working with people with dementia in a new setting.

Safe

- The Surgical Services Risk and Safety Report for January 2015 was presented for noting.
- The group reviewed the Regional and National Medicine Divisional Risk and Safety Reports reports for July to September and October to December:
- Discussion focussed on RCA RNM 14-03, which was reviewing organ retrieval. Two SBARs, RNM 14-06 and RNM 14-07, were also discussed. These related respectively to ECG transmission by the Scottish Ambulance Service and a drug administration error.

Effective

- HAIRT reports were presented for January and February; it was noted that HAIs continue to be low.
 - Sandra McAuley (Senior Prevention and Control of Infection Nurse) presented the new procedures for screening of Carbapenemase-producing Enterobacteriaceae (CPE). This is a new National requirement.
 - Under AOB, the Chair of the committee presented a paper outlining potential principles of a draft Clinical Quality Measurement Framework, which will be considered.
- 7.3.2 JF asked when the Dementia Café is due to start. AMC responded that this is scheduled to get under way at the end of May.
- 7.3.3 JF asked what the expectation is for discussion on volunteer involvement. MH responded that this goes through the Person Centred Committee, but the Spiritual Care Provider reports to the Head of Clinical Governance. JF asked JackR and MM to discuss the appropriate governance route.

Action no: 110515/09
Action: Agree which governance committee volunteering activity should be discussed at (PCC/CGC)
Action by: Exec Leads/ Committee Chairs
Action status: NEW

7.3.4 The Board noted the update.

7.4 Board Risk Register

7.4.1 JC presented the Board with the updated Board Risk Register, highlighting that this has been updated to reflect the current risks and the controls and measures in place to mitigate these.

- Risk S1, 'Inability to deliver Beardmore Hotel and Conference Centre 2020 Strategy' remains as a medium risk.
- Risk S2, 'Adverse effects on Board's 2020 strategy as a result of consequences of the integration of Health and Social Care remains as a medium risk but will be monitored closely.
- Risk S3, 'Failure to deliver the Board's 2020 vision of leading quality, research and innovation', remains as a medium risk.
- Risk S4, 'Failure to deliver Board's financial targets as set out in the Financial Plan' remains unchanged.
- Risk C1, 'Inability to sustain the Scottish National Advanced Heart Failure Strategy' was previously reduced and will be reviewed again in June 2015.
- Risk C2, 'Failure to meet SLA and waiting time targets' was updated to include both SLA activity and waiting time activity. This has been reduced to a medium risk.
- Risk C3, 'Impact of Healthcare Associated Infection on ability to deliver corporate objectives/patient care' has been reduced from a high to a medium risk.
- Risk C4, 'Inability of current SACCS service to cope with increasing demand and expectation', remains unchanged as a high risk, recognising the ongoing work reviewing the capacity and the development of data collection.
- Risk HR1, 'Inability to develop and sustain a flexible and appropriately skilled workforce', remains as a medium risk.
- Risk HR2, 'Failure to secure effective staff engagement in organisational change', remains a medium risk.
- Risk C5, 'Impact of potential Ebola virus and preparedness' remains as a medium risk. Following reduction in numbers in the African continent, a decision will be taken on whether to reduce the rating or remove the risk.

7.4.2 The Board approved the updated Board Risk Register.

7.5 Board Risk Work update

7.5.1 JC provided the Board with an update on the next steps in development of new Risk Management Procedures.

7.5.2 JF thanked JC for a very clear report. PC added that he is content with the way this piece of work is shaping up.

- 7.5.3 The Board agreed that regular updates should be provided to the Audit and Risk Committee and Board.

8 Effective

8.1 Performance

- 8.1.1 JY provided the Board with an update on the latest performance report, highlighting the key areas.

Safe

- MRSA/MSSA bacterium – There was one incidence of MRSA/MSSA bacterium in the final quarter giving a total of 0.08 cases per 1000 acute occupied bed days. For the year, we have stayed in the green target range.

Effective

- Bed occupancy within the wards had been on an upward trend during the months of November to February however performance reduced in March 2015 to 77% and moving this from green to amber.
- The critical care ward bed occupancy continues to be reported in the green range despite a slight reduction from February to March.
- Sickness absence within the Board has been reported slightly above the HEAT standard of 4% for a significant part of 2014/15. The Board's sickness absence rate for the year was around 4.5%.
- The Board received a snapshot of the total number of patients waiting for cardiac surgery, thoracic surgery and cardiology with a breakdown of the number of available and unavailable patients together with an update on the challenges within cardiac surgery and cardiology device waiting lists.

Person Centred

- Complaints – The number of complaints received in March was six and five of these have breached the 20 day response target. Reasons for this include complaints handling issues and delays in receiving feedback to complaints complicated by another Board's involvement.
- Medical Appraisal- During 2014/15 a total of 76 doctors have been appraised and of this number, 63% have completed the appraisal process. All doctors due for revalidation have met their appraisal requirements due to the efforts of the Medical Lead for appraisals.
- KSF PDR performance- the Board finished the year by achieving the target for KSF PDRs, with 80% of staff having a KSF PDR completed during the past year.

- 8.1.2 MH assured the Board that up-to-date information on medical appraisals and revalidation will be included in a Board report.

Action no: 110515/10

Action: Update on Medical Appraisals at August Board
Action by: MH/JC
Action status: NEW

8.1.3 JackR noted a discrepancy with the numbers on page 16 – there are 14, not 15. MH added that patients are advised of any delays; this is generally a result of a person centred approach, which we don't want to lose.

8.1.4 JackR asked about the waiting list numbers on page 11. JR advised that she had asked the same question and that this will be fed back once the information is available.

Action no: 110515/11
Action: Update on Waiting List Pressures (P11, Performance)
Action by: JR
Action status: NEW

8.1.5 DM commented that sickness absence for March was 5% (previously 4.5%)

8.1.6 The Board noted the report.

8.2 Business update

8.2.1 JR provided the Board with an update on activity within the hospital in March 2015.

- Activity for inpatients/day case procedures measured against a projection of 11,115 (which excludes cardiothoracic/cardiology activity) was ahead of plan by 233 procedures (25.3%) for the month of March when adjusted to reflect orthopaedic complexity.
- Diagnostic imaging, when measured against a projection of 15,995 examinations, was ahead of plan by 571 examinations (40.9%) for the month of March.
- Measured against an activity projection of 27,110 (Appendix A), the combined inpatient/day case and imaging activity at the year end was 16.0% ahead of plan.
- When adjusted to reflect complexity (Appendix B) the combined inpatient/day case and imaging activity at the end the year end was 18.1% ahead of plan.
- The Waiting Times Internal Audit Report for March was in the amber range with 98% compliance. This can be attributed to one missing Treatment Time Guarantee (TTG) letter for cardiac surgery and one missing TTG letter for cardiology.

8.2.2 JR also provided an update on full year activity at 31 March 2015.

- Inpatient/day case procedures were up 25% compared to the previous year.
- Diagnostic imaging procedures were up 15% compared to the previous year.
- An additional 5,037 patients were seen/treated compared to the previous year.

8.2.3 JY advised the Board that two new consultants have been appointed following a recruitment process the week before. MH added that both successful candidates have been working here as locums.

8.2.4 JF commented that staff are consistently delivering expansions whilst maintaining high quality services, and asked that something be sent out to the teams to acknowledge the Board's thanks. JR agreed that this would be welcomed by the teams.

Action no: 110515/12

Action: Send letter of thanks to Orthopaedic and Ophthalmology teams

Action by: JF/Comms

Action status: NEW

8.2.5 The Board noted the update.

8.3 Finance update

8.3.1 JC provided the Board with an update on financial activity for March 2015.

- The year-to-date (YTD) results at 31 March 2015 show a total surplus of £501k; this is in line with the predicted position in the finance plan at the end of month 12.
- The capital spend in 2014/15 was £3.821m against a budget of £3.824m thus demonstrating a slight underspend of £3k; the two major projects undertaken during the year both showed slight underspends in the final accounts.
- The draft budgets for each of the Divisions are in the process of being finalised. Our systems have improved and we have implemented the use of the Health Sector Budgeting within e-Financials system which means that the recurring elements of the budgets will be automatically roll-over from 2014/15 to 2015/16, saving a significant amount of time and therefore mean that we should be able to produce financial information in period one.
- The annual audit of the Director's Report and Annual Accounts will commence on 5 May, it is anticipated that the auditors will be on site for two weeks. Following completion of the audit, the Director's Report and Annual Accounts will be presented to the Senior Management Team on 4 June, Audit and Risk Committee on 9 June and Board on 24 June.
- At month 12 recurring efficiency savings achieved were £2.930m against a plan of £2.930m. We also have non-recurring savings to date of £343k. Therefore total savings of £3,273k were delivered for the year 2014/15.

8.3.2 The Board noted the update.

8.4 Audit and Risk Committee minutes

8.4.1 The Board noted the approved minutes from the Audit and Risk Committee meeting held on 3 February 2015.

8.5 Audit and Risk Committee update

8.5.1 The Board was given an update on discussions at the Person Centred Committee meeting held on 24 April 2015.

Person Centred

- Internal audit reported on their activity over the period:
 - A review of the recruitment processes. This overall was a fairly positive report with one medium risk and two low risks. Actions were agreed by the Committee.
 - The key financial controls (budgetary controls) audit. This was also very positive with two minor recommendations noted.
 - A review of the endowment funds process, given the imminent transfer of funds. Overall this was also positive with two low risks noted. Actions were also agreed
 - A review of the TrackCare project management arrangements pending the go live date in June. Again a very positive report with one low risk recommendation.
- The committee received an update on the endowments transfer, this was discussed and actions noted.
- The committee noted under 'any other business' that the Scottish Government Audit Committee have requested an informal peer to peer meeting with the Board Audit and Risk Committee to share good practice and learning.

Safe

- The Board risk register was reviewed by the committee and approved the mitigating controls in place to manage the risks. This will be presented to the May Board meeting.
- The Committee also received an update on the next stages of the development of the risk management procedures following the recent Board workshop. The actions were approved by the Committee, and will be presented to the May Board meeting for final approval.

Effective

- The internal audit annual report was presented to the committee. This was discussed in detail in particular the audit opinion. Further actions were agreed with the final report to be presented to the June committee meeting.
- The external audit interim report was presented. This was very positive with no concerns presented to the Committee.
- A number of reports were presented providing assurance to the committee on the internal controls and thereby represented within the governance statement:
 - Audit and Risk Committee annual report;
 - Person Centred Committee annual report;
 - Clinical Governance Committee annual report;
 - Information Governance annual report;
 - Risk Management annual report; and
 - Endowment Subcommittee annual report.
- The draft Governance Statement was approved.
- The Committee received a summary of the Audit Scotland report 'Update on Developing Financial Reporting' and noted the Board response to the recommendations identified in the report.

- The Committee received an update on the outcome of the Government procurement process for the new banking services due to take effect from autumn 2015.
- Counter Fraud Services attended the Committee meeting and presented an update on fraud activities across NHS Scotland. The Committee found this very helpful and agreed to maintain their rigour on fraud prevention.
- Outcomes of the National Fraud Initiative were presented. This was in line with previous years with, to date, no significant issues identified.

8.5.2 The Board noted the update.

9 AOCB

9.1 Quality and Innovation Group update

9.1.1 The Board was given an update on discussions at the meeting held on 2 April 2015.

Person Centred

- The Board Leadership Framework will be presented for discussion to the Quality and Innovation Group and the Senior Management Team. This will provide direction to the ongoing development of our Quality Improvement approach and support our Quality Framework.
- Our Values Programme will now report to the Quality and Innovation Group. A review of key future priorities will be undertaken to define the next steps and a stock-take of values measurement work will be carried out to support migration to the MicroStrategy platform and mobile application prototype.

Safe

- The Group discussed an update paper on our existing quality improvement (QI) resources and presented an outline of key areas to create and build further capacity and capability to enable delivery of our Board vision. The initial approach was supported and it was recognised that the Leadership Framework will provide strategic focus and positioning for the QI infrastructure work. It is intended that QI resources will be deployed and developed across the whole organisation and will function at varying and appropriate levels.
- Work to develop the quality indicators within the new MicroStrategy mobile application app is well advanced, with the main focus being on quality control and the addition of further drill down and more granular data. Data governance arrangements are being established and the next phase will focus on sharing progress across the Board and developing the Governance and Values-based workforce elements of the app. A visual insights tool will be available to enhance the ability to “slice and dice” the data.

Effective

- Revised terms of reference were approved and key elements of the Innovation programme were discussed.

- The group were advised on progress with the Campus Branding work and updated on the next steps to reach agreement to support communication and engagement with the new branding.
- An update on the national focus of the Innovation Champions (ICs) was provided which outlined the plans for ICs to work on a collaborative basis where common themes and projects were identified. This would support broader cross-sector working with industry and academia. It was suggested that each IC would be supported at Board level by an identified Non Executive Director. Finally, the ongoing professional development of ICs is being considered to ensure skills and knowledge continue to increase. They will also attend meetings of the Innovation Partnership Board on a rotational basis.

9.1.2 Following discussion on frequency of updates to the Board, it was agreed that reports should be provided quarterly.

Action no: 110515/13
 Action: Add quarterly QIG update to Board schedule
 Action by: COMMS
 Action status: NEW

JF commented that the Scottish Government has embraced the Institute of Healthcare Improvement framework and is looking to us to see what we are doing with our quality improvement infrastructure, and asked if we are looking at getting, or accreditation of this work. JY responded that we are securing intellectual property rights and taking legal advice. JF noted that there are lots of conversations about how we can link our work to other areas and the need to get recognition for this. JY agreed to discuss this offline, noting that the quality and leadership framework is unique and that the Scottish Government Audit Committee wants to visit to see what we are doing.

9.1.3 The Board noted the update.

9.2 Endowments Sub Committee update

9.2.1 PC provided the Board with an update on discussions at the Endowment Sub Committee meeting of 27 April 2015.

- Due to last minute apologies with sickness absence, the Committee was not quorate; however the Committee discussed this position and agreed to go ahead noting that it could not approve any decisions.
- A number of the papers were for review and discussion so this was accepted by the Committee members. The Chairman subsequently met with the Executive Lead and reviewed and agreed the decisions below.

Person Centred

- The internal audit report on endowment governance, roles and responsibilities and preparation for transfer was reviewed by the Committee. Two minor findings were agreed. In addition it was agreed it would be useful for the newly appointed auditors to present to a future Board of Trustees meeting, and additional training provided for endowments subcommittee members.

- The committee reviewed the draft letter to fund-holders confirming the transfer arrangements. Further changes were agreed prior to final issue.
- The committee received a detailed update on the endowments fund transfer process and agreed good progress had been made with the transfer taking place as planned.

Safe

- The committee reviewed in detail the draft case for support that had been developed from the recent workshops. The committee agreed the document was too lengthy and that a shorter document would be more helpful before sending to be tested by philanthropists. Further proposed changes were agreed prior to final approval.

Effective

- The Endowments Sub Committee annual report was reviewed and endorsed by the committee. This will be presented to the Board of Trustees for final approval.
- The paper describing the process for appointment of external auditors for the charity was presented to the committee. Members agreed the appointment and this will be presented to the Board of Trustees for final approval.
- The committee agreed to the recommendation to change the accounting date from March 2015 to March 2016. This will be presented to the Board of Trustees for final approval.
- A detailed project plan on the key transfer activities and the next stage of work was presented to the committee. Updates will be provided at future meetings.

9.2.2 The Board noted the update.

10 Date and Time of Next Meeting

10.1 The next meeting takes place on Wednesday 24 June 2015 at the earlier time of 9am.