

Unapproved Minutes  
**Public Board Meeting**  
 1 November 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
Stephen McAllister	Non Executive Director
Jane Christie-Flight	Employee Director
Jill Young	Chief Executive
June Rogers	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

### In attendance

Sandie Scott	Head of Corporate Affairs
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Interventional Cardiology paper only:

Lynne Ayton	Associate Director of Operations, Regional and National Medicine
Mitchell Lindsay	Consultant Cardiologist

### Minutes

Cheryl Prentice	PA to the Chair and Chief Executive
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### Apologies

Angela Harkness	Director of Global Development and Strategic Partnership
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### Standing Declarations of Interest

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

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

- Stephen McAllister and Linda Semple were welcomed to their first Board meeting.
- Jill Young was welcomed to her last Board after 14 years as Chief Executive at the Golden Jubilee and 40 years service to the NHS.
- Lynne Ayton, Associate Director of Operations – Regional and National Medicine, and Dr Mitchell Lindsay, Lead Cardiologist, were welcomed to the meeting. We will take their presentation and paper on the Interventional Cardiology Strategy first and then we will return to the agenda.
- The Blueprint for Corporate Governance has been added to the Admin Control folder for today's meeting.
- A selection of guides and policies are available on Admin Control for Non Executive Directors. Please highlight if there are particular policies that Non Executives wish to have on this.
- The Board was given an update on recent media coverage.

## 2. Apologies

2.1. Apologies were noted as above.

## 3. Declarations of Interest

3.1. Linda Semple advised that she is also a Non Executive Director at NHS Ayrshire & Arran and asked for this to be added as a Standing Declaration of Interest.

Action No.	Action	Action by	Status
011118/01	<b>Declarations:</b> Add Linda Semple, Non Executive Director, NHS A&A as a Standing Declaration for future meetings	Cheryl Prentice/ Christine McGuinness	NEW

3.2. All other declarations were noted as 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 recorded and actioned.

Action No.	Action	Action by	Status
011118/02	<b>Minutes:</b> Amend as discussed	Cheryl Prentice	NEW
011118/03	<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
130918/03	<b>HAIRT:</b> share update with Clinical Governance and Risk Management Group	Anne Marie Cavanagh	ONGOING
130918/05	<b>CGC:</b> Membership to be corrected	Mike Higgins (Lori Cassidy)	ONGOING
130918/06	<b>Resilience Standards:</b> Share Adverse Weather learning points with the Board for information	Anne Marie Cavanagh	ONGOING
020818/07	<b>Charity Trustees:</b> Arrange training session on the role of Trustees and Endowment Funds	Julie Carter	ONGOING
020818/11	<b>Strategy Development:</b> Update to September Board meeting for Non Exec input	Gareth Adkins	ONGOING
020818/12	<b>Strategy Development:</b> Regular updates to Board meetings	Gareth Adkins	ONGOING
020818/13	<b>Strategy Development:</b> Hold Strategy Board Workshop on 5 December	Gareth Adkins	ONGOING
020818/14	<b>Strategy Development:</b> Paper to be presented for Board approval by February 2019	Gareth Adkins	ONGOING
020818/17	<b>TURAS:</b> Provide feedback on issues experienced by Directors / Associate Directors	Executive Directors	ONGOING

### 4.3. Matters Arising

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

## 5. Person Centred

### 5.1. Person Centred Committee update: 16 October 2018

5.1.1. Kay Harriman gave an overview of discussions that had taken place at the recent Person Centred Committee which the following topics discussed.

- **Involving People Report:** The committee noted the report and was pleased to learn that the first group of role models has been identified and details are provided on Staffnet.
- **Learning and Organisational Development:** The Committee noted progress and look forward to when this will be incorporated into the GJF People Strategy.
- **Volunteers Strategy and Action Plan:** The strategy laid out clearly how the Volunteer Strategy will be delivered, as well as setting out the required governance and accountability. The Committee noted that we have 71 volunteers across various roles.
- **Medical Appraisals and Revalidation:** The Committee was assured that learning from previous years had been taken into account and a new phasing is planned for this year.
- **Complaints:** The Committee reviewed a fully upheld complaint from Radiology around communication and staff attitude, and noted the actions that had been taken.
- **Complaints Report:** The Committee reviewed the quarter one report and noted that one complaint was not responded to within 20 days. The Committee requested the volume of patients be added to the report to give a clearer analysis.
- **Staff Governance Report:** The Committee noted the quarter two report. The Committee also noted the outcome of the iMatter questionnaire, which maintained an Employee Engagement Index of 78, and discussed progress with action plans.
- **Human Factors:** Progress with implementation across GJF was discussed and the Committee noted the need for new trainers to continue with progress.
- **Partnership Forum Report:** The report highlighted that a review of PIN policies is underway and work has started to align policies with the Once for Scotland approach.

5.1.2. The Board noted the update.

### 5.2. Person Centred Committee minutes: 24 July 2018

5.2.1. The Board noted the approved minutes for the Person Centred Committee.

## 6. Safe

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

6.1.1. Anne Marie Cavanagh presented the HAIRT report for July 2018, highlighting the following key points.

- **Staphylococcus Aureus Bacteraemia:** None to report in July.
- **Clostridium Difficile infection:** None to report in July.
- **Hand Hygiene:** Bimonthly report from July demonstrates a compliance rate of 96%, with Medical staff compliance decreasing from 96% to 91%.
- **Cleaning and the Healthcare Environment Facilities Management Tool:** Housekeeping Compliance was 98.67% and Estates Compliance was 99.14%.
- **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, with the Prevention and Control of Infection Team continuing to undertake enhanced surveillance.

6.1.2. Anne Marie Cavanagh reported that there has been an improvement in hand hygiene which is measured through observational audits. Mike Higgins stated that there has been a clear message issued that staff about adhering to the policy.

6.1.3. Board members approved the HAIRT report for publication on the website.

Action No.	Action	Action by	Status
011118/04	<b>HAIRT:</b> Publish HAIRT online	Christine McGuinness	NEW

### 6.2. Clinical Governance Committee update: 9 October 2018

6.2.1. Mark MacGregor, Chair of the Clinical Governance Committee, gave members an update on the discussions that took place at the meeting held in October.

#### Person Centred

- An update was received on consent. It was noted that General Medical Council guidance is expected imminently and it was agreed to explore this in more detail at a future meeting.

#### Safe

- The Surgical Services and Regional and National Medicine divisional reports were well received. Promising improvements in outcomes were noted on falls and pressure ulcers within Surgical Services. The Committee welcomed the inclusion of compliments in the Division updates and discussed the importance of learning from when things go well.

- The Committee was updated on Closed Significant Events and learning from these. One event had triggered Duty of Candour and there was significant discussion in relation to this with an acknowledgement of the complexity of the issues within. It was also noted one event was generated retrospectively as a result of a legal claim.

### Effective

- The July HAIRT data was discussed with continued improvement in Staphylococcus Aureus Bacteraemias and ongoing work with cardiac Surgical Site Infections noted.
- There was a helpful presentation giving an overview of Scottish Patient Safety Programme (SPSP) measures to assist Non Executive understanding of SPSP methodology and reporting.

6.2.2. Board members noted the report.

### 6.3. Clinical Governance Committee minutes: 31 July 2018

6.3.1. On review of the Clinical Governance Committee minutes, it was highlighted that amendments requested to the detail had not been actioned. The minutes also stated these were unapproved and only approved minutes should be presented to the Board. Changes would be implemented following the meeting.

Action No.	Action	Action by	Status
011118/05	<b>Clinical Governance Committee minutes:</b> Circulate correct approved version	Cheryl Prentice/ Christine McGuinness	NEW

### 6.4. Interventional Cardiology Strategy

6.4.1. Mitchell Lindsay, Lead Cardiologist, and Lynne Ayton, Associate Director of Operations presented the Interventional Cardiology Strategy highlighting to the group that this is a five year strategy.

- The Board was informed that we are the second largest Cardiology unit in the UK with four Cardiac Catheterisation Laboratories (Cath Labs) and the best door to balloon times in the whole of the UK. Mitchell Lindsay explained to members that we are the only site that operates the flexible working model of 9am to 7.30pm.
- It was reported that we are on average receiving 15 referrals every week above what we can currently deliver on. Therefore, the overall aim of the strategy is to increase the capacity we can undertake.

- We are in the process for advertising posts to support the service and to date, with more than 50 applications received. It was noted that behind this work the team are already working to resolve known issues.

- 6.4.2. Susan Douglas-Scott thanked the team for joining the meeting to present their paper and invited questions from the Board.
- 6.4.3. Phil Cox stated that there is clearly a growing demand across the West of Scotland for this service and asked if we can manage the demand. Mitchell Lindsay responded that he hopes there will be a plateau with managed services and that the introduction of a fifth Cath Lab will allow a more flexible service. There is some investment required in the first instance and all savings sit with the territorial boards.
- 6.4.4. Mark MacGregor asked about the services that currently operate with Hairmyres hospital. Mitchell Lindsay explained that they operate a seven hour day compared to our eleven hour day and there are no current plans to move to this way of working. It was noted that these concerns are being addressed at a regional level, which Lynne Ayton is taking forward.
- 6.4.5. The next stage in the process is to develop an action plan which will be monitored through the Performance and Planning Committee and Senior Management Team with progress reports shared with the Board.
- 6.4.6. It was agreed that a copy of the slides presented to the group would be shared for information. Linda Semple enquired if there are potential research opportunities. Lynne Ayton replied that there are a number of opportunities available to us which can be detailed in the next stages.

Action No.	Action	Action by	Status
011118/06	<b>Interventional Cardiology Strategy:</b> Upload to slides to Admin Control	Christine McGuinness	NEW

- 6.4.7. Board members approved the strategy on the understanding that the funding elements will be actioned through the formal business case process.

Lynne Ayton and Mitchell Lindsay left the meeting.

## 7. Effective

### 7.1. Performance Report

- 7.1.1. Jill Young 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. The data within the report is for the month of July with some detail for August which has been validated.

- Page three of the report which shows a decrease in cancellation figures for Ophthalmology recording at 3%.
- There were six stage one complaints recorded, this is an increase in figures however this number is low reflecting on the high activity we undertake.

7.1.2. Susan Douglas-Scott highlighted that new Non Executive Linda Semple will be in attendance at future Performance and Planning Committee meetings, giving consistent Non Executive support at this meeting.

7.1.3. Linda Semple asked if we show a more detailed breakdown of cancellation figures. Confirmation was given that this information is included within the full reports presented at Performance and Planning Committee. June Rogers also explained that she chairs a sub group which reviews cancellations, stating that the main reasons are patients not being fit for surgery or surgery is no longer required.

7.1.4. Jill Young informed members that the planned go live for Electronic Patient Record (EPR) within the Ophthalmology service has been delayed to ensure we are getting the best system to meet our needs. Confirmation was given to Board members we have added the EPR work to the Board Risk Register to closely monitor this. Our Head of eHealth has been tasked with drafting a progress paper for the Senior Management Team to review. Julie Carter explained that we are seeking the assurance that the system can meet our needs.

7.1.5. With regards to the TTG figures, we can include detail within future reports that outline the percentage that are Electrophysiology (EP) as these are more complex. June Rogers stated that this is a known workforce issue.

7.1.6. Board members noted the Performance report.

## 7.2. Hospital Activity Report: September 2018

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

- **Activity:** Measured against a total activity projection of 48,419, the combined inpatient/day case and imaging activity at the end of September was ahead of plan by 11.5% for the month and 5.6% ahead year to date.
- **Orthopaedic Surgery:** The year to date plan has been exceeded by 161 primary joint replacements and 23 foot and ankle procedures. There is a plan for orthopaedic theatre upgrade works to be carried out later in the year. In order to counteract the impact of this disruption, every effort is being made to get ahead of planned activity.

- **Ophthalmic Surgery:** Activity was behind plan by 219 procedures year to date plan. This was mostly accumulated over the peak summer holiday period and there is a recovery plan in place to address this.
- **General Surgery:** Activity was behind the year to date plan by 13 procedures.
- **Plastic Surgery:** For reporting purposes, Plastic Surgery has been split and will be monitored throughout 2018/19 as hand surgery and minor plastic surgery. Major plastic surgery is no longer carried out. Hand surgery was behind plan for the month of September by 31 procedures. Minor plastic surgery procedures were 16 procedures behind plan.
- **Endoscopy:** The service performed ahead of plan by 265 year to date. We continue to carry out additional days of endoscopy. However, we have been dependent upon this service being delivered by visiting consultants and have been dependent upon overtime and bank nursing staff, which has been extremely challenging. Confirmation was received indicating that recruitment of nurses into substantive posts should be progressed in order to provide two additional days per week on a permanent basis. Staff began to take up post during September.
- **Diagnostic Imaging:** The annual diagnostic imaging target has increased from 29,450 to 31,830 (8% increase) in 2018/19 to take account of the additional activity that will be carried out on the new MRI scanners. While this is an ambitious target, it was exceeded by 474 examinations in the month of September. The Diagnostic Imaging annual target has been increased by 2,380 examinations in 2018/19. The service continues to significantly over perform.

7.2.2. June Rogers informed members that Service Level Agreements (SLA) are being developed and these are expected to be completed by December.

7.2.3. It was noted that there are pension implications for surgeons undertaking activity over a certain threshold. There is concern that some surgeons could reduce their availability to undertake Waiting Times Initiative work. Gareth Adkins advised that the team are aware of this concern and measures are being taken to address this.

7.2.4. Board members noted the Business Activity report.

### 7.3. Finance Report

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

- **Year to date results:** Year to date results show a total surplus of £0.388m, which is in line with the finance plan.
- **2018/19 Scottish Government Pay Award:** All budget allocations to departments and services have been updated to reflect this.

- **NSI Business Intelligence Finance Tableau Visualisation Tool:** The Board Finance team has elected to adopt the Tableau visualisation platform provided by NHS National Services Scotland as this provides more user friendly and visual data for budget holders.
- **Scottish Government Medium Term Health and Social Care Financial Framework and financial planning:** From 2019/20, all Boards are now required to develop a balanced financial plan over a three-year period. The finance team have reflected this in budgeting discussions with managers and will incorporate this three-year planning cycle in the financial plan being developed.
- **Finance Report format and Content Review:** The Director of Finance is leading a review with the senior finance team on future finance report content and layout presented to the Performance and Planning Committee, Senior Management Team, and the Board. This will include a wider appraisal of other NHS Boards' financial reporting to consider what model would best suit our organisational needs and the finance team, ensuring advice from recent national governance reviews can be incorporated to ensure the key messages are presented in a user friendly, accurate and timely manner.
- **Efficiency Savings:** Efficiency savings of £1.626m were delivered against a target of £1.622m, which is in line with the plan.

7.3.2. Julie Carter notified Board members that both herself and Karen Kelly are in the early stages of discussion to review the financial information that is presented to the Board. It is planned to bring the outcome to a future meeting, likely around March/April 2019.

7.3.3. Susan Douglas-Scott asked if the Directors of Finance are supportive of moving to a three-year funding cycle. Julie Carter confirmed this but highlighted that the finer detail of this is still being developed.

7.3.4. Board members noted the Finance report.

#### 7.4. **Audit and Risk Committee update: 23 October 2018**

7.4.1. Karen Kelly presented the update from the most recent Audit and Risk Committee meeting held on 23 October 2018.

#### **Person Centred**

- **Procurement Strategy:** No major changes were noted.
- **National Boards' Collaborative Target Operational Model (TOM):** This was presented for information only to note the current status of the National Boards Collaborative Project.
- **Audit Scotland Reports:** Recently published reports were noted, with no specific actions for the Committee to consider.
- **VAT Framework Outcome paper:** Members noted and approve the selection of Ernst and Young as VAT Advisors for the Board.

- **Fraud Update for 2018/19:** An update was given on work being undertaken within the Board in regards to fraud prevention and also work ongoing with Counter Fraud Services.
- **National Fraud Initiative 2018/19:** The exercise occurs every two years, with matches investigated and outcomes presented in a report to the next meeting. It was proposed to use the Audit Scotland self assessment checklist to deliver this.
- **Expansion Cost Control:** Members were given assurance that the Cost Control Group is monitoring all expansion spend and assurance that risks are being managed in line with the plan.

### Safe

- **Board Risk Register:** This incorporated findings following the September workshop. Members agreed with two additional risks proposed and also proposed that a deep dive into risks be undertaken at future meetings. Members were in agreement for the updated register to be presented to the Board.
- **Enterprise Risk Update:** Work is underway to progress the Enterprise Risk Management approach within the Board. The main focus has been on the Expansion and Electronic Patient Record programmes. A workshop was held with the Strategic Risk Committee focusing on horizon scanning; this was presented to the Committee.
- **Cyber Resilience:** Assurance was given that measurements are in place to enhance cyber resilience for the Board; the Director of Finance will take responsibility for delivery of the action plan and lead this implementation programme.
- **Audit Committee Handbook update:** The Scottish Government has issued a new handbook. Scott Moncrieff has reviewed and summarised the main changes for the Committee. Members were supportive of the three recommendations proposed and agreed a further review would be useful.

### Effective

- **Internal Audit Progress Report:** Members were advised reasonable progress was being made, with four audit reports anticipated being completed for reporting to the February meeting.
- **Internal Audit Quality Plan:** Members noted the plan, which outlines the overall approach, and the Audit Charter, which sets out the internal audit process, and also includes compliance with Key Performance Indicators.
- **Property Transaction Monitoring Report:** Two housekeeping recommendations were noted in relation to documentation, which management have accepted and implemented.
- **External Audit:** The external interim audit for 2018/19 will commence on 17 December 2018.
- **Internal Audit Recommendations:** Members noted that all 2016/17 recommendations were fully implemented and 28 recommendations from 2017/18 were on target to be implemented by their due date, with four recommendations from 2017/18 due for implementation this month. Work is in progress to improve the presentation of this report.

- **Internal Audit Plan:** An update on amendments to the Internal Audit Plan was provided in relation to alteration of timings of reviews. Assurance was given that the full plan is on track to be delivered within the timescales.
- **Standing Financial Instructions:** Members were asked to approve the update to instructions on Purchasing and Stores and Receipt of Goods. It was agreed the section on formal tendering procedures should be expanded on and the updated sections incorporated into the full document.
- **Review of Standing Orders:** The process for change/amendments was agreed by members. The updated document will be presented to the next meeting for review before being presented to the Board.

7.4.2. It was highlighted by Karen Kelly that an invitation has been extended to Audit Scotland to join a future Audit and Risk Committee to discuss their reports. Susan Douglas-Scott noted that she would be keen to join this meeting and would look to attend this meeting.

7.4.3. The Board noted the update.

#### 7.5. **Audit and Risk Committee minutes: 12 June 2018**

7.5.1. The Board noted the approved minutes of the Audit and Risk Committee.

#### 7.6. **Endowments Sub Committee update: 23 October 2018**

7.6.1. Phil Cox, Chair of the Endowments Sub Committee, provided an update on discussions at the meeting of 23 October.

#### **Person Centred**

- **Innovation Fund Update:** The Committee noted the increased work in this area and, whilst supportive, had a good discussion around capacity, capability, and governance to support this.
- **Scottish Business Research Initiative:** Projects Update was presented for discussion. All noted good progress.
- **NHS 24 Endowment Fund:** The Committee agreed to set up the fund within our charity. This activity relates to a small restricted donation. Assurance of robustness of the donation and expenditure has been agreed and is in line with our Charity charter. Members approved establishment of NHS 24 fund within our Charity.

#### **Safe**

- **Review of Fund Balances:** The main transaction was attributed to Small Business Research Initiative (SBRI) work. The majority of donations remain small with the exception of two sizeable donations of over £10k. Members approved the

appointment of two posts from endowment funds for an Assistant Clinical Psychologist and a Clinical Research Fellow.

- **Annual Review of Endowments Charter:** The Committee agreed to await publication of the full Office of the Scottish Charities Regulator (OSCR) report in November 2018 before updating the Charter. The Committee requested in the interim that membership within the charter be refreshed to reflect new members.
- **Donations Policy:** was presented with recommendations incorporated from Scott Moncrieff. Members approved the Donations Policy which will be submitted to the Senior Management Team and then to the Board of Trustees.

### Effective

- **Global Development and Strategic Partnerships:** The Committee noted the update on the role and supported the work undertaken over the past two years.
- **Use of Endowment Funds for Organ Care System (OCS):** Members were asked to support development of a fundraising campaign for OCS (heart in a box) for retrieving organs. Following discussion, members thought this should be a national campaign that should involve other Health Boards and charities. It was requested that a broader explanation of the process be presented to a future meeting.
- **Gala Day:** The Committee noted a small donation to the charity.

7.6.2. Phil Cox reported that the group plan to discuss the Organ Care System in more detail at the next meeting.

7.6.3. Board members noted the report.

### 7.7. Board Risk Register

7.7.1. The Board Risk Register was reviewed in full, with Julie Carter informing members that Electronic Patient Record (EPR) work has been added to the register as there is concern regarding timescales.

7.7.2. Following discussion at the recent Audit and Risk Committee, it has been agreed to undertake a deep dive exercise with the support of the Auditors to ensure our risk levels are correct.

7.7.3. Susan Douglas-Scott asked if the wording stating we are 'cautious on workforce' is a correct fit, Jill Young responded that this should be interpreted as positive as we strive for the highest quality of staff when conducting appointments.

7.7.4. Board members noted the Board Risk Register.

## 7.8. Winter Plan

- 7.8.1. JY presented for approval the Board Winter Plan for 2018/19, highlighting that this outlines the proposed action that would be taken to deliver our key business objectives and supports the existing Golden Jubilee Foundation Business Continuity Planning Policy.
- 7.8.2. Jill Young informed members that there is ongoing discussion at National level following the harsh weather in February that impacted services throughout Scotland. Clear guidance will be issued from Scottish Government that will outline essential workers in the event of a National red alert.
- 7.8.3. Board members approved the Winter Plan for publication on the website.

Action No.	Action	Action by	Status
011118/07	<b>Winter Plan:</b> Publish on website	Christine McGuinness	NEW

## 7.9. Annual Review Self Assessment and Programme

- 7.9.1. The Board reviewed the Annual Review Self Assessment which will take place on 12 November 2018, chaired by Jeane Freeman MSP, Cabinet Secretary for Health and Sport.
- 7.9.2. Members were encouraged to join the presentation session and join the lunch session for the Excellence Awards.
- 7.9.3. Board members noted the Annual Review Self Assessment.

## 7.10. Committee Memberships

- 7.10.1. The Board discussed the updated memberships of the Board governance committees. This was approved via email on 23 October 2018, following the appointment of two new Non Executive Directors.
- **Audit and Risk Committee:** Karen Kelly (Chair), Kay Harriman, Phil Cox, and Stephen McAllister (new)
  - **Clinical Governance Committee:** Chair: Mark McGregor (Chair), Karen Kelly, Phil Cox, Linda Semple (new), and Jane Christie-Flight (Employee Director)
  - **Person Centred Committee:** Kay Harriman (Chair), Marcella Boyle, Mark McGregor, Stephen McAllister (new), and Jane Christie-Flight (Employee Director)
  - **Board of Trustees:** All Non Executive Directors.

- 7.10.2. Susan Douglas-Scott informed Board members that she has asked Jane Christie-Flight to help her undertake a piece of work benchmarking against other Health Boards' Remuneration Committee memberships.
- 7.10.3. Board members confirmed their approval of the updated Committee memberships.

## **8. AOCB**

### **8.1. Expansion Update**

- 8.1.1. The Board discussed and noted the update on the Expansion programme, noting the following key information.
- Planning approval was received from West Dunbartonshire Council on 14 September.
  - The Cabinet Secretary for Health and Sport confirmed on 10 September 2018 that there will be no repatriation of existing activity carried out at GJF.
  - Patient survey report was completed and an action plan developed and shared with the clinical team.
  - As part of the planning approval, the works to erect the site hoarding will commence on 29 October 2018.
  - The Stage 1 Building Warrant application was submitted on 10 October 2018.
  - Target date for FBC completion in full draft is 12 November 2018, for consideration at the 5 December Board meeting.
- 8.1.2. June Rogers shared copies of recent patient surveys which showed extremely positive feedback with a high number confirming they were happy to travel to the Golden Jubilee for their procedure.
- 8.1.3. Confirmation was given that there will be a media announcement as part of the Board's upcoming annual review.
- 8.1.4. Board members noted the Expansion update.

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

- 9.1. The next meeting takes place on Thursday 6 December 2018 at 10am.