

Approved Minutes
Board Meeting
Thursday 12 May 2016



Members

Stewart MacKinnon (SM)	Interim Chair
Maire Whitehead (MW)	Non Executive Board member
Mark MacGregor (MM)	Non Executive Board member
Phil Cox (PC)	Non Executive Board member
Kay Harriman (KH)	Non Executive Board member
Jack Rae	Non Executive Board member
Jane Christie-Flight (JCF)	Employee Director
Jill Young (JY)	Chief Executive
Julie Carter (JC)	Finance Director/ Deputy Chief Executive
Anne Marie Cavanagh (AMC)	Nurse Director
Mike Higgins (MH)	Medical Director
June Rogers (JR)	Director of Operations
David Miller (DM)	Interim Human Resources Director

In attendance

Margaret Duncan (MD)	Performance Manager, Scottish Government
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Minutes

Christine McGuinness (CM)	Corporate Affairs Officer
Emma O'Neill (EO)	Corporate Affairs Assistant

1 Chair's Introductory Remarks

- 1.1 SM welcomed everyone to the meeting and thanked MD for attending.
- 1.2 Board members were advised that registration is open for the NHSScotland Event, which takes place at the SECC on Tuesday 14 and Wednesday 15 June.
- 1.3 The Board is awaiting announcement of appointments for the Cabinet Secretary for Health and Health Ministers following the recent Scottish Parliament elections.
- 1.4 Board members were advised that today is International Nurses Day and were invited to attend the events taking place in the Conservatory.
- 1.5 Board members were advised that our annual Volunteers Event takes place on Wednesday 1 June and that they are welcome to attend.

- 1.6 The hospital Catering team has been enjoying a period of great success winning its third award in two months. The team won the Healthcare Award at the 2016 Cost Sector Catering Awards and was named Catering Service of the Year 2016 by the Hospital Caterers Association (HCA). Two of our Chef de Parties are also celebrating after winning the Best Dessert and received a Merit Award in the final of the Hospital Catering Association Hot Cookery Competition.
- 1.7 The Golden Jubilee supported European Heart Failure Awareness Day, which takes place annually on 6 May to emphasise the importance of early diagnosis and specialist treatment from a dedicated team of multi-disciplinary medical professionals.
- 1.8 The Golden Jubilee Conference Hotel received the Taste Our Best Award from VisitScotland for the second successive year.
- 1.9 Non-Executive Members will shortly receive a letter from the Finance Director of NHSScotland, confirming that mileage is now taxable.

2 Apologies

- 2.1 There was full attendance at the meeting.

3 Declaration of Interests

- 3.1 There were no interests to declare.

4 Minutes of Last Meeting

- 4.1 Minutes of the meeting held on 31 March 2016 were approved as accurate subject to the following amendments:
- P11, 8.3.1 – remove second bullet point in relation to quality bids.

5 Matters and Actions Arising

5.1 Actions

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

Action no:	101215/02
Action:	KSF review/update in line with new scorecard
Action by:	DM
Action status:	Ongoing
Action update:	March/April 2016

Action no: 101215/04
Action: Progress paper on Clinical Outcomes framework
Action by: MH
Action status: Ongoing
Action update: After SMT/ CGC - June 2016 Board meeting

Action no: 291015/01
Action: Updated Recruitment Process to a future Board Meeting
Action by: DM
Action status: Ongoing
Action update: June board meeting

6 Person Centred

6.1 Partnership Forum

6.1.1 JCF updated Board members on discussions at the Partnership Forum meeting which took place on 29 April 2016.

Person Centred

- The Forum approved the closed Staff Governance Action Plan for 2015/16 and the draft 2016/17 Plan was submitted for approval. It was noted that the electronic Employee Support System was delayed due to the national programme but that the Human Resources team were prepared locally to move to the system
- The Forum received an update on iMatter. The Board received its first anniversary report on 14 March with a response rate (RR) of 67% and an Employee Engagement Index (EEI) score of 77%, which is up from 2015 (RR 65% and EEI 76%). Out of 48 teams, 11 did not generate reports; these teams still require to produce action plans. Group Two, which includes the Board, Corporate, and Regional and National Medicine, will commence the team confirmation stage on 9 May with questionnaires being distributed on 6 June.
- The Forum supported a proposal to run one merged survey in 2017. This would mean Group One being delayed and Group Two going early by two to three months, with team confirmations possibly starting mid-April 2017.
- The Forum discussed the KSF report and noted that, although the 80% target was not achieved at year end (71%), the trajectory has not seen the large fluctuations compared to the previous year.

Safe

- The Forum discussed the Mandatory Training report and informed that the Audit Committee had discussed the non-compliance with the training targets. The Chief Executive requested the support of all Forum members to rectify this situation as soon as possible.

Effective

- The Forum was updated with the progress on the Band 1 Review project. It was agreed that a paper identifying any changes to roles, and Board-wide impact, would be brought back to SMT and the Forum.
- The Night Worker project group has reviewed the progress/ issues to date, which have resulted in improved processes for theatre call outs being identified. Once implemented the pilot will move to weekend cover.
- The Forum reviewed the Sickness Absence Report, which contained information in relation to sickness absence within the Board during the period 1 January 2012 to 29 February 2016. It was noted that future reports will have more focus on identifying trends and addressing these.

6.1.2 DM advised that the Human Resources (HR) team has migrated all data into the eESS System and is currently double running with this and the existing system; he is confident that the HR team are ready to go as soon as the system goes live. JY added that NHS Lanarkshire will run the full system as a pilot scheme but it will be some time before this is rolled out to other Boards.

6.1.3 JY commented that there had been a good discussion about sickness absence at the Person Centred Committee; following this, the report will be updated before coming back to Board. JackR added that the report has a lot of information on patterns, which can be drilled down to individual teams; there is so much info from a Committee point of view so members need to ask the right questions in order to get the right answers.

6.1.4 The Board noted the report.

6.2 Knowledge and Skills Framework

6.2.1 DM updated Board members on the Knowledge and Skills Framework (KSF).

- At 31 March 2016, 74% of Agenda for Change (AfC) staff had an up to date Knowledge and Skills Framework (KSF) Personal Development Review (PDR) against a target of 80%; this number includes those completed offline. A total of 25 reviews were unsigned as the box hadn't been ticked.
- In April 2015, a number of actions were designed to support the performance against the KSF target:
 - updating the current KSF policy and the framework surrounding the Personal Development and Review process;
 - comprehensive KSF guidelines were developed and issued to managers and staff to supplement the policy;

- managers were issued with a KSF “toolkit” which included the updated guidelines, training opportunities and drop in sessions for managers;
- agreement of the number of reviewees per reviewer;
- ensuring employees and line managers are suitable trained and informed to execute their roles in relation to KSF; and
- holding KSF surgeries to support staff, managers and reviewers and enable them to understand their role in the KSF PDR process.
- Additionally, regular update reports were sent to each manager by the HR team with additional support being provided, where necessary.

6.2.2 DM added that the HR team will continue to work with teams to support achievement of the target. Some areas didn’t move their reviews across the year, so there is still some bunching in March. Theatres will trial aligning KSF reviews to revalidation dates.

6.2.3 PC asked if the revalidation dates are individual. DM confirmed this. JY added that we need to be careful as Nursing Revalidation is over three years and KSF is annual.

6.2.4 PC asked if there is a new approach to KSF technology. DM advised that there is a build within eESS which would be easier to use as it is straight forward data capture.

6.2.5 KH asked why achievement of the corporate target dropped. DM responded that this is a management issue. JY reminded members that Corporate has hundreds of staff across housekeeping, porters, medical records etc. so has the same issues and pressures as Clinical Divisions.

6.2.6 MW highlighted an error in the report, with the Booking Office having a higher number of completed than actual reviews. JY added that the Performance and Planning Committee had had a discussion about the data being inaccurate. DM confirmed the percentage is correct.

6.2.7 JY highlighted that the Senior Management Team are reviewing mandatory training. The review will look at three aspects 1 - tolerances and targets to see if they are appropriate, 2 - reviewing the systems that collate the data, 3 – performance. In the meantime there will continue to be a focus on achieving the targets.

6.2.8 The Board noted the report.

6.3 Workforce Plan

6.3.1 DM presented the workforce plan for approval, highlighting that this has a similar feel to previous documents. The Workforce Plan describes our current workforce profile and our intentions for the ongoing development of our workforce to support service delivery over the next 12 months. The plan was collated following a large consultation

exercise across the organisation to ensure that it reflects what is happening across the site.

- 6.3.2 DM added that the new Workforce Planner in HR is already working on things which will place us in a really good position going forward.
- 6.3.3 JackR asked how the new elective centres are going to impact on our plans for the future. JY responded that there will be six elective care centres in five Boards; a single programme Board will be established and will meet for the first time in late June to agree a single set of principles and planning. No centres will be up and running before 2019 but we are planning to be the first.
- 6.3.4 JackR asked about the nursing workforce and the number of Band 4s. AMC responded that this niche skillset is required in specialist areas, such as Theatres; the Ward areas are more likely to have Band 2s and Band 3s. JY added that you see Band 4s more in AHP and Physio roles. AMC added that every band is working to the top of licence and skill set.
- 6.3.5 JackR asked why we have Band 1s when there is Government push to eliminate that. JY responded that some temporary posts have been introduced to assist the service during redesign and expansion. The Band 1 review is about moving people to Band 2, highlighting that it isn't mandatory and some Band 1 staff might not want to move up or have the extra responsibility. JY added that there will be a significant financial pressure due to the Band 1 review.
- 6.3.6 JackR commented that Page 35 Appendix 2 does not have anything on impact. DM confirmed this will be updated before publication.

Action no:	120516/01
Action:	Insert cover on workforce plan before publishing
Action by:	COMMS/ DM
Action status:	NEW
Action update:	ASAP

- 6.3.7 MW asked how many apprenticeships we could create and how many would be Band 1. DM responded that there would be no apprentices on Band 1. We currently have two or three Apprentices but hope to have another three or four across Estates, Catering, Hotel and CSPD by next summer.
- 6.3.8 PC commented on the number of staff within support services and administration (admin) roles, stating that this is a huge percentage in comparison to those delivering frontline services and asking if we carry out analysis on this. JY responded that we should change admin to clinical support services to more accurately reflect the groups of staff included. DM agreed that this was appropriate. DM added that policies are in place to review and approve any new or replacement posts. JC added that we don't look at this at a high level but could do something for next year. JY added that we are very lean as an organisation. AMC

added that we have our own staff and don't contract anything out. MH highlighted that we have to be really careful to be lean and not low, adding that if we don't have the appropriate support we will begin to see the frontline staff (such as clinicians) doing admin work. MW added that we need support staff and it is wise to keep this in mind. MM asked what is defined as 'frontline' staff as he would class his medical secretary to be frontline. PC stated that we should more accurately describe the function of this group.

6.3.9 JY asked if the numbers included in Appendix 1 are head count or whole time equivalent. DM will add a note to clarify.

6.3.10 The Board approved the Workforce Plan and its publication, subject to the changes discussed.

Action no: 120516/02
Action: Amendments to workforce plan- P35, change 'admin' to 'clinical support', Appendix 1 - check if this is WTE or head count
Action by: DM
Action status: NEW

6.4 Person Centred Committee approved minutes

6.4.1 Board members noted the approved minutes from the Person Centred Committee which took place on Tuesday 19 January 2016.

6.5 Person Centred Committee update

6.5.1 JackR updated the Board on discussions at the Person Centred Committee meeting which took place on 26 April 2016.

Person Centred

- The Committee noted updates on:
 - Person Centred Programme
 - Involving People
 - Spiritual Care Policy
 - Small Grants Funding Process
- The Committee approved the Staff Governance Report.

Safe

- The Committee noted the Quarterly Complaints Report, including the Scottish Public Services Ombudsman's Investigation report on a previous complaint, and chose a complaint for scrutiny at the next meeting.
- The Committee noted the progress at the end of the cycle for medical appraisal. Several await completion. Additional expertise is now available within HR to support the appraisal lead. It is

anticipated that this support, with the changes already made, will create a much more robust process in 2016/17.

- Medical revalidation is on track.

Effective

- The Committee reviewed the end of year Mandatory Training report. Performance in some areas was disappointing, in part possibly due to a change in delivery of fire training and a difficulty with accessing safe information handling and support materials. It was noted that the Audit and Risk Committee had received two high risk ratings in relation to mandatory training. A full review of mandatory training has been initiated to identify categories and management.
- The Committee noted sickness absence information, which shows a rising trend. More detailed information is now available, which should improve trend analysis and possible actions to improve attendance.

6.5.2 The Board noted the update.

7 Safe

7.1 Healthcare Associated Infection Report

7.1.1 AMC presented the Healthcare Associated Infection Reporting Template (HAIRT) for February 2016.

- **Staphylococcus Aureus Bacteraemia** – nil to report
- **Clostridium difficile infection** – nil to report
- **Hand Hygiene** – The extraordinary bimonthly report from February data indicates 100% compliance with Hand Hygiene in February
- **Cleaning and the Healthcare Environment- Facilities Management Tool** - Housekeeping Compliance – 98.89% (from 98.9%), Estates Compliance up to 98.98% (from 98.46%)
- **Surgical Site Infection** – All within control limits.

7.1.2 The Board approved the report and its publication.

7.2 Clinical Governance Committee approved minutes

7.2.1 The Board noted the approved minutes from the Clinical Governance Committee which took place on 22 March 2016.

7.3 Clinical Governance Committee update

7.3.1 MM updated Board on discussions at the Clinical Governance Committee meeting which took place on 26 April 2016.

Person Centred

- The Clinical Outcome Framework was discussed, with potential structure and detail considered. A draft report will be available for the next meeting.
- The Clinical Governance Annual Report was approved and the programme of work agreed.

Safe

- The Surgical Services update for April was presented and discussed; this included consideration of two closed Root Cause Analysis reports.
- The importance of surgical briefs was raised and the ongoing development considered.
- A number of deep sternal wound infections were noted over 2015/16. Although the number does not breach control limits, all six cases will have further analysis and an update brought back to the next meeting.

Effective

- The committee discussed the Mitraclip cardiology procedure, which is not currently carried out at the Golden Jubilee. A business case for developing the service is now in progress.

7.3.2 MW stated that it was a very interesting discussion about how we look at new possibilities. MM agreed that it was very interesting in terms of how we approach risk.

7.3.3 MH advised the Board that a business case is being prepared for Mitraclip.

7.3.4 The Board noted the report.

8 Effective

8.1 Performance

8.1.1 JY updated the Board on operational performance discussed at the April 2016 Performance and Planning Committee.

Safe

- February saw the lowest incidence rate in 2015/16 to date at 0.03%, with only two very high incidents reported during the month.
- Two SABs were reported during Quarter Four returning an incidence rate of 0.16 cases per 1,000 acute occupied bed days (AOBD). Taking these results into account, for the full year 2015/16 there was an incidence rate of 0.22 cases per 1,000 AOBD meeting the national target of 0.24 cases, but above the local target of 0.12 cases per 1,000 AOBD.

- No cases of clostridium difficile infections (CDI) were reported at the end of Quarter 4 giving an incidence rate of 0 cases per 1,000 AOB for the quarter no cases during the year 2015/16.

Effective

- Acute bed occupancy moved into the green range during February.
 - Wards 2 East and 2 West continued to report occupancy in excess of target during the month, however, looking ahead to March Orthopaedic occupancy average midnight occupancy has reduced slightly to just over target with positive quality indicator results.
 - Occupancy levels in all Cardiology wards have increased as a result of more accurate bed status updating in TrakCare.
 - In Cardiothoracic, ward 3 East remained on target during February while the variable nature of Thoracic referrals meant that Ward 3 West improved to an amber position.
- Overall Critical Care bed occupancy remains below target but taken as separate areas ICU continues to report performance in the upper fifties and HDU achieved on target occupancy. The workforce pressures in December which resulted in patient cancellations have been resolved with no further staffing related cancellations taking place.
- At year end HR held a current, signed job plan for all consultants. Delivery of this target will support the current roll out of the electronic Job Planning system.
- Pressure on the overall Cardiology waiting list has eased, but Devices and Electrophysiology (EP) remains busy due to increased referrals, medical workforce pressures and lost sessions during the refurbishment of Cath Lab 2. A new joint consultant appointment has been made with NHS Forth Valley that will support EP while the Cardiology team are working closely with Theatres to provide additional sessions for Devices.
- From 4 April 2016 GJNH have been working a new 1:2 rota with Newcastle to cover the National Organ Retrieval Service (NORS) which retrieves organs for all over the UK for using in transplant surgery. As of the April meeting GJNH had worked one week on call which, while challenging, was well managed by the team.

Person Centred

- Sickness absence fell during February to 5.4% of which 2.19% was reported as long term absence and 3.16% short term absence. Further to ongoing work between managers, HR and Occupational Health to support staff in returning to work, the Interim HR Director has led a review of short term absence to identify trends within each department in order to better target effort and manage absence levels more effectively.

- At year end KSF performance was within target with 74% of reviews completed. This KPI has been delivered consistently throughout the year with 'green' performance reported in every quarter.
- As of 5 April 2016, 90% of all eligible doctors have had an appraisal interview and 75% had completed the full appraisal process. This is a big improvement on the 2014/15 end of year position and so looking ahead to 2016/17 the medical management team will continue to emphasise that responsibility for appraisal sits with the appraiser rather than appraisee, an approach that has worked well during the latter half of this year.

8.1.2 JY reminded Non Executives about attendance at the Performance and Planning Committee and asked for meeting dates to be recirculated.

Action no: 120516/03
 Action: Recirculate P&P dates to Non Execs
 Action by: SS/CP
 Action status: NEW

8.1.3 SM asked if there is one nurse to each bed in Critical care. JY confirmed that as a minimum there is one nurse to each bed in ICU and one nurse to two beds in HDU.

8.1.4 JackR asked about medical appraisals and who is responsible for making these happen. MH confirmed that the GMC is clear that the responsibility sits with appraisees but within our organisation the appraisers are asked to take responsibility for chasing them up.

8.1.5 JY added that our Dashboards can also provide evidence as to why we need more staff etc.

8.1.6 The Board noted the report.

8.2 Business update

8.2.1 JR updated the Board on hospital activity in the period to 29 February 2016.

- Activity for inpatients and day case procedures, measured against a projection of 12,674 (which excludes cardiothoracic/cardiology activity and any in year capacity expansions) was ahead of plan by 3.9% for the month when adjusted to reflect orthopaedic complexity.
- Diagnostic imaging, when measured against a projection of 19,910 examinations, was ahead of plan by 353 examinations (14.2%) for the month.
- Measured against an activity projection of 32,584, the combined inpatient, day case and imaging activity was 8.4% ahead of plan for the month and 0.4% behind year to date.

- When adjusted to reflect complexity, the combined inpatient, day case and imaging activity at was 18.3% ahead of plan for the month and 10.2% ahead year to date.

Orthopaedic Surgery

In addition to the 3,600 primary joint replacements, there is a target number of 705 orthopaedic non-joint procedures for the year. In order to accurately reflect effective use of the orthopaedic theatres and available consultant time, the 2015/16 target for orthopaedic joint replacements is based on 3,600 theatre slots (as opposed to patient numbers).

The total number of orthopaedic theatre slots in our original plan for February (joint replacements, foot and ankle surgery and other orthopaedic procedures) was 359. The actual number of theatre slots utilised was 482.

Since the above activity plan was agreed, two orthopaedic expansions have been implemented. The additional activity associated with these expansions is as follows:

- Activity relating to Expansion 5 increases the target by 200 primary joint replacements to be delivered between August 2015 and March 2016.
- Activity relating to Expansion 6 increases the target by an additional 75 primary joint replacements and an additional 100 foot and ankle procedures to be delivered between February 2016 and March 2016.
- The total activity associated with the two expansions is equivalent to an additional 39 joint replacements and 14 foot and ankle procedures per month. Activity in the month of February exceeded the plan, including the increase associated with the expansions.

Ophthalmic Surgery

Ophthalmology activity remains high and performed ahead of the original plan for the month, with 485 patients having been treated in the month.

Activity associated with the Ophthalmology expansion increases the target by an additional 100 procedures per month and an additional 400 procedures to be delivered between December 2015 and March 2016.

Plastic Surgery

Plastic surgery (including hand surgery and general plastic surgery) was significantly behind plan for the month. Consultant availability continues to present significant challenges due to long term sickness

absence issues. A new hand surgeon has been recruited on a fixed term contract to assist with this service.

Endoscopy

There has been sustained improvement in the delivery of endoscopy although there was a slight shortfall of 14 procedures in the month. It is our expectation that we will continue to deliver in accordance with the monthly plan, however, it has not been possible to recover the shortfall that was accumulated in the first half of the year.

Diagnostic Imaging

The increased activity associated with the mobile MRI continues to perform in accordance with plan and contributed to the over performance of 353 diagnostic investigations in the month.

The other contributing factor was an increase in ultrasounds carried out in the month.

8.2.2 JR added that the year-end projection is:

- 6.2% ahead of plan for inpatient, outpatient and day cases;
- 13.9% ahead for imaging;
- 10.5% ahead combined; and
- 12.5% more activity carried out than in 2014/15.

8.2.3 PC asked if we have received feedback from patients attending telehealth clinics. AMC added that there is a Nurse in room with them. Patients are asked to complete a questionnaire, and feedback is good. JR advised that the system was tested here with the patient in the next room and assured the Board that the telehealth clinics are scheduled at the same time as outpatient clinics in case the patient needs to see a Consultant.

8.2.4 MM asked how far away the patient needs to be for the cost to balance out. JR responded that it is more cost effective for the referring Board to have one of their own nurses in a clinic for a half day than for one of our Consultants to travel there. JY agreed that it would be good to get the economic impact. MM added that how the economics stack up might determine if Argyll or Dumfries and Galloway do this instead of sending patients.

8.2.5 JR stated that the Highland ophthalmology allocation is being worked out just now and a decision needs to be made about investing in equipment or using competent optometrists to tell us what they see. JC added that telehealth is being considered for this.

8.2.6 SM congratulated JR and her team on the performance.

8.2.7 The Board noted the report.

8.3 Finance

8.3.1 JC updated The Board on the financial position.

- The year-to-date (YTD) results show a total surplus of £81k; this is in line with the plan.
- It is anticipated that the Board will achieve break-even by year-end.
- At the end of month 11, capital spend was £4.868m, however the remaining projects have been completed with the predicted spend for year-end demonstrating a break-even position of £6.387m.
- The draft budgets for each of the Divisions and Corporate functions are in the process of being finalised. These will be consolidated into the overall budget for the Board.
- A 10% efficiency has been applied to in-year funding as part of the new Outcomes Framework. Discussions are progressing well on the Divisional and Corporate efficiency plans; the Efficiency and Productivity Group have agreed a programme of work to focus on five key areas for 2016/17 and 2017/18.
- At month 11, recurring efficiency savings achieved were £3.066m against a plan of £3.062m, which is demonstrating we are £4k ahead of plan, with a forecast demonstrating the savings will be delivered slightly ahead of plan. We also have non-recurring savings to date of £207k.
- The sale of land in the neighbouring industrial estate has been progressing. Our property advisor has recommended that market conditions have improved and has recommended the Board proceeds to re-market the site.

8.3.2 SM asked about Capital Gains Tax in relation to the sale of land. JC responded that any proceeds will go back to Scottish Government rather than staying with the Board.

8.3.3 Jack asked if non-core funding was at risk as a result of the 10% cut. JC advised that this is not at risk.

8.3.4 The Board noted the report.

8.4 Local Delivery Plan and Financial Plan

8.4.1 JC presented the final Local Delivery Plan and Financial Plan for approval following their approval by the Scottish Government.

Local Delivery Plan

- One change on lung transplantation to make it clear that this was an action from our Annual Review (page 6).

Financial Plan

- A gap of £1 million has been covered.

- Quantified savings needed to meet the target of £3.9 million. There are over 100 efficiency schemes and six areas have been earmarked for Quality Bids. We recognise that we need to focus on a number of specific areas as defined within the plan.

8.4.2 JackR asked about efficiency savings when new elective units are being planned. JY responded that the expansion is being funded and the financial position is being stabilised through uplifts, adding that the situation will be closely monitored.

8.4.3 MM stated that the UK Government is going to spend a lower share of the GDP on health, so this will have an impact and added that there is also a lot of unmet need. JR added that a lot of revenue could potentially come from repatriating independent health work. JY added that we will never compromise patient safety.

8.4.5 MH added that there is an important message for the wider public debate about efficiencies being reinvested in the health service in Scotland.

8.4.6 The Board approved the Local Delivery Plan and Financial Plan.

8.5 Audit and Risk Committee Approved minutes

8.5.1 The Board noted the approved minutes from the Audit and Risk Committee which took place on 2 February 2016.

8.6 Audit and Risk Committee update

8.6.1 PC updated members on discussions at the Audit and Risk Committee meeting which took place on 19 April 2016.

Person Centred

- The Committee received a copy of the Audit Scotland Report 'Changing Models of Health and Social Care'. No specific actions were noted at this stage, although the Committee noted this was useful as the Board tests out new models of care, especially in the planning of elective treatment centres.
- The Internal Audit Progress report was presented, with audits on clinical education, key financial controls, hotel and waiting times undertaken. The audit of clinical education was identified as a high risk. A detailed action plan is due to be presented to the next meeting.
- The Person Centred Committee annual report was noted as part of the preparation of the Governance Statement.

Safe

- The following annual reports were reviewed and approved:
 - o Audit and Risk Committee

- o Clinical Governance Committee
- o Information Governance
- o Risk Management
- A paper detailing the measures in place to manage the risk of a cyber-attack was reviewed and discussed.
- As part of the fraud update, Counter Fraud Services gave a presentation on the national work being undertaken. The Committee also received a general update on fraud within the Board.

Effective

- The Internal Audit Annual report was presented and with the audit opinion approved for inclusion within the governance statement.
- The Endowments Sub-Committee annual report was noted.
- The Committee noted the process for preparing the annual accounts and annual report for the Board endowments.

8.6.2 The Board noted the report.

8.7 Endowments Sub Committee

8.7.1 PC updated members on discussions at the Endowments Sub Committee meeting which took place on 19 April 2016.

Person Centred

- The Committee received an update on the investment management support from NHS Greater Glasgow and Clyde (NHS GG&C) and agreed the continued use of the NHS GG&C investment managers to support the small investment generated by the charity.
- The Committee received an update on the recruitment of the Campaigns and Innovation Director.

Safe

- An update on the annual accounts timetable and annual report for the charity was presented and discussed.
- The Committee reviewed and approved the Endowment Sub Committee Annual Report.

Effective

- Fund balances were reviewed by the Committee and there were no significant issues identified. The report has now been split to show income and expenditure.

8.7.2 JY advised members that recruitment will shortly commence for the Director of Fundraising and Strategic Partnerships, with interviews scheduled for 5-6 July.

8.7.3 The Board noted the report.

9 AOCB

9.1 Board Workshop

9.1.1 SM thanked JC for organising yesterday's successful Board workshop, adding that the output reached is very encouraging. Well done to JC.

10 Date and Time of Next Meeting

10.1 The next meeting takes place on Thursday 23 June at 9.30am.