

Approved Minutes  
**Public Board Meeting**  
 21 June 2018



**Golden Jubilee  
 Foundation**

Patients at the heart of progress

**Members**

Susan Douglas-Scott (SDS)	Chair
Mark MacGregor (MM)	Non-Executive Director
Phil Cox (PC)	Non-Executive Director
Kay Harriman (KH)	Non-Executive Director
Karen Kelly (KK)	Non-Executive Director
Marcella Boyle (MB)	Non-Executive Director
Jane Christie-Flight (JCF)	Employee Director
Jill Young (JY)	Chief Executive
Julie Carter (JC)	Deputy Chief Executive/ Director of Finance
June Rogers (JR)	Director of Operations
Anne Marie Cavanagh (AMC)	Executive Nurse Director
Hany Eteiba (HE)	Acting Medical Director
Angela Harkness (AH)	Director of Global Development and Strategic Partnerships
Gareth Adkins (GA)	Director of Quality, Innovation, and People

**In attendance**

Margaret Duncan (MD)	Performance Manager, Scottish Government
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**Minutes**

Christine McGuinness (CMcG)	Corporate Affairs Manager
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**Apologies**

Sandie Scott (SS)	Head of Corporate Affairs
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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. SDS opened the meeting.

1.2. SDS formally welcomed GA to the Board as our new Director of Quality, Innovation and People and welcomed back Margaret Duncan, our Performance Manager at the Scottish Government.

1.3. SDS provided an update on recent events that had taken place:

- The Golden Jubilee Conference Hotel hosted the 10th annual World Federation of Hemophilia Global National Member Organisation training event for more than 180 delegates from 17-19 May.
- Successful annual Volunteer event was held on 5 June. You can watch all of our volunteer films on our social media channels.
- We hosted the Annual Lancastria Memorial service on 17 June; this was attended by representatives of the Lancastria families, Golden Jubilee Foundation and Dunbartonshire Lieutenancy.
- We had another successful NHSScotland Event on 18-19 June, with three separate stands for the Foundation, Hotel and the Da Vinci thoracic robot.

1.4. SDS advised of a number of forthcoming events taking place during week commencing 25 June:

- JY will open the Defence Medical Services Key Leader Engagement Event in the Conference Hotel.
- AH will represent the Golden Jubilee at the first Employer Recognition Scheme Gold Award Alumni event in London.
- The Royal College of Physicians and Surgeons Glasgow will be presenting the Golden Jubilee Foundation with a special plaque commemorating the support we have provided over the past several years.
- The Golden Jubilee marks its 16<sup>th</sup> year as part of NHSScotland on 27 June.
- We will launch our robotic thoracic surgery service during UK Robotics Week, which runs from 25 June.
- We will mark Armed Forces Day with a range of social media messages.

1.5. SDS advised that the recruitment drive has begun to appoint two new Non-Executive Members. Interviews will be held on 5-6 September in partnership with NHS24.

- 1.6. SDS told members about the COAST trial. In a Scottish first, specialists at the Golden Jubilee National Hospital have implanted a new device which remotely monitors heart failure patients.

## 2. Apologies

- 2.1. Apologies were noted as above.

## 3. Declarations of Interest

- 3.1. SDS advised that since 31 May 2018, she is no longer a Non-Executive Director of NHS Education for Scotland and asked that this be removed from the Standing Declarations of Interest.

Action No.	Action	Action by	Status
210618/01	<b>Declarations of Interest:</b> Remove SDS role at NHS Education for Scotland from the standing Declarations of Interest	Christine McGuinness	NEW

## 4. Minutes of last meeting – 10 May 2018

- 4.1. The minutes of the last meeting were approved subject to the following amendments:

- P15, 8.2.2, third sentence - add the word funding so that it reads: JC added that this facilitates the transfer of funding to us at the beginning of the year.
- P15, 8.2.2, last sentence – change the word percentiles to quartiles so that it reads: JR added that our forecast is always in the upper quartiles of delivering, for example four orthopaedic joint replacements and seven cataracts per list.
- P18, 8.5.3, first sentence – amend so that it reads: SDS asked how long Grant Thornton have been appointed for as the Board's Internal Auditors.

Action No.	Action	Action by	Status
210618/02	<b>Minutes of last meeting:</b> Update and approve minutes	Christine McGuinness	NEW
210618/03	<b>Minutes of last meeting:</b> Publish approved minutes on website	Christine McGuinness/ Communications	NEW

## 5. Matters and actions arising

### 5.1. Actions

5.1.1. All previous actions were updated and closed, except for the following:

Action No.	Action	Action by	Status
100518/04	<b>Conflict of Interest Policy:</b> Circulate policy and FAQs to all Non-Executive Directors (Related to action 290318/12)	Sandie Scott/ Christine McGuinness	ONGOING

5.1.2. CMcG advised that the FAQ document is currently out for approval. JY suggested circulating the policy now and the FAQ when available.

Action No.	Action	Action by	Status
100518/06	<b>Whistleblowing:</b> Circulate Whistleblowing Policy and associated guides to Non-Executive Directors when published (Related to action 150218/01)	Sandie Scott/ Christine McGuinness	ONGOING

5.1.3. JCF advised that the guides have now been approved and can be circulated shortly.

### 5.2. Matters Arising

5.2.1. SDS asked for the actions of the meeting to be circulated earlier. CMcG explained that these had been delayed due to sickness absence.

## 6. Person Centred

### 6.1. Chief Executive Recruitment

6.1.1. SDS advised the Board that following JY's announcement that she is retiring, plans are being finalised for the recruitment of the new Chief Executive.

- It is hoped that recruitment will commence shortly, with a view to holding interviews in August.
- KH has been asked to join the interview panel, as has Paul Gray, Director-General Health at the Scottish Government.
- The job description has been updated and it was noted that it needs to be lengthy with great detail in order to show the vast diversity of the role.
- This appointment must be carried out in partnership with the Scottish Government as the successful candidate will be appointed as Accountable Officer by the Cabinet Secretary for Health and Wellbeing and report directly to the Director-General Health.

- 6.1.2. JY commented that a recruitment agency is actively being recruited to pull together an innovative and attractive campaign to attract high quality candidates.
- 6.1.3. HE commented that the job description and package is exceedingly important and stated that Board Members should help encourage applications to ensure we have a sufficient pool of high quality candidates from which to choose. SDS commented that use of the recruitment agency will help deliver this for the GJF.
- 6.1.4. MB advised that she had previously worked in recruitment for 12 years and commented that the biggest challenge will be proving that it is a compelling role and asked if the recruitment will look across the UK and internationally. JC commented that it would be useful to take advantage of the recruitment expertise of MB and KH and asked to share information with them in draft. MB agreed to assist with this. SDS has asked KH to be part of the interview panel.
- 6.1.5. JCF commented that the job description has a large focus on regional and national services and suggested strengthening the wording around waiting list activity because the hospital expansion will be an extremely important piece of work for the person appointed. This was agreed and the paper will be edited to reflect this.
- 6.1.6. JY added that there are a number of additional responsibilities, including membership of the Scottish Health Innovations Limited Board.
- 6.1.7. SDS commented that the two paragraphs on roles and responsibilities are reasonably clear. JCF added that it is more about recognising key areas. MM suggested adding a third point under the regional and national services responsibilities – national services, regional services and waiting list services. This was agreed and the paper will be edited with JC suggesting that something could be added on Page 4 to reflect this.
- 6.1.8. KH added that the job description also needs to reflect the requirement to be a Trustee of the Charity. This too will be strengthened in editing.
- 6.1.9. JY stated that the job description also includes references to roles on Scottish Government groups that have not yet commenced and suggested these could be removed or changed to 'pending'. JC advised leaving them in as these groups could still go ahead.

Action No.	Action	Action by	Status
210618/04	<b>Chief Executive Recruitment:</b> Share draft materials with Kay and Marcella	Julie Carter	NEW
210618/05	<b>Chief Executive Recruitment:</b> Provide expert opinion on draft recruitment materials	Kay Harriman/ Marcella Boyle	NEW

Action No.	Action	Action by	Status
210618/06	<b>Chief Executive Job Description:</b> <ul style="list-style-type: none"> <li>- Add additional bullet points regarding waiting list work and regional / national working</li> <li>- Add responsibility to be a Charity Trustee.</li> </ul>	Jill Young	NEW

## 6.2. Partnership Forum Update – 1 June 2018

6.2.1. JCF presented the Partnership Forum update for discussion and noting - the following was highlighted:

- **Wider Access:** AMC presented a valuable overview on the national direction of travel for nursing.
- **Dignity at Work survey:** Although the response rate was low, it was on a par with results of our iMatter survey. An action plan has been developed to address the themes coming out of the survey. JCG agreed to circulate the results to Non-Executive Directors.

Action No.	Action	Action by	Status
210618/07	<b>Dignity at Work Survey:</b> Circulate high level results to Non-Executive Directors	Jane Christie-Flight	NEW

6.2.2. SDS asked how staff get to know about the Dignity at Work survey and results. JCF responded that Communications have already issued a staff bulletin with high level and a more in-depth article is being prepared for the next issue of the staff magazine.

6.2.3. SDS asked how we communicated about the survey itself. CMcG responded that a range of communication channels were used, including emails, eDigest, staff bulletins and information stalls.

6.2.4. GA commented that the iMatter completion rate is in line with other Boards. JCF responded that it was an isolated survey with questions lifted directly from the last national staff survey which didn't read particularly well as a standalone questionnaire.

6.2.5. SDS commented that she is hopeful the much anticipated national Digital Strategy will result in the development of more apps to make it easier for people to engage with future surveys.

- **Disability Confident Leader:** An update was given on attainment and Elaine Barr, Recruitment Manager, was commended for the work put into achieving this. Work is ongoing to develop a Staff Disability Forum to go alongside the existing LGBT and Young Persons Forums. These groups can be used to understand the experiences of staff and deliver better services across the organisation

6.2.6. SDS commented that she would like the opportunity to offer her support as Chair to these staff forums.

Action No.	Action	Action by	Status
210618/08	<b>Staff Forums:</b> Discuss how Susan can help with these staff forums	Jane Christie-Flight / Susan Douglas-Scott	NEW

- **Corporate Parenting Policy.** This is on the agenda today.
- **Gender Pay Gap:** Analysis highlighted that this is primarily an issue in the Consultant group because of incremental drift.

6.2.7. The Board noted the update.

### 6.3. Corporate Parenting Policy

6.3.1. AMC presented the Corporate Parenting Policy for discussion and approval, highlighting the following:

- NHS Boards have a legal requirement to have a policy in line with the 2014 Act.
- A draft was submitted to Scottish Government on 29 March pending Board approval.
- The policy relates to children in transition to adult services. It also relates to staff who are care experienced young people up to the age of 26, although there is no legal requirement for them to identify themselves as such.

6.3.2. MB commented that she has already provided some feedback on the language used in the policy, e.g. Institutes instead of Specialist Residential Schools.

Action No.	Action	Action by	Status
210618/09	<b>Corporate Parenting:</b> Amend language around Institutions/Residential Schools	Anne Marie Cavanagh	NEW

6.3.3. MB added that she could also help with the action plan, regarding third sector roles.

- 6.3.4. SDS commented that the policy is very strong in terms of children and asked if we have thought about issues around care experienced young people and commented that she would like us to be in a position to respond quickly should there be a need.
- 6.3.5. SDS asked for the Equality Impact Assessment to be widened out in terms of ethnic minorities, LGBT and disability.

Action No.	Action	Action by	Status
210618/10	<b>Corporate Parenting:</b> Widen out Equality Impact Assessment around ethnic minorities, LBGT and disability	Anne Marie Cavanagh	NEW

- 6.3.6. KH asked how staff know that it's okay to tell us they are from a care experienced background. JY suggested actively adding something into recruitment paperwork to capture this information going forward. GA highlighted that there is a child protection module on learnPro. AMC added that the Communications team will issue a range of communications around the policy once it's approved.

Action No.	Action	Action by	Status
210618/11	<b>Corporate Parenting:</b> Update recruitment paperwork to gather information on whether staff have come from a looked after background	Gareth Adkins	NEW

- 6.3.7. SDS commented that it would be useful to speak to care experienced staff to see if they would be happy to talk about their experiences.
- 6.3.8. The Board approved the Corporate Parenting Policy, subject to: amending some of the language and enhancing the Equality Impact Assessment.

#### 6.4. Annual Feedback Report 2017/18

- 6.4.1. AMC presented the Annual Feedback Report 2017/18 for discussion and approval, highlighting the following:
- The Board discussed and approved the annual update before its submission to the Scottish Government.
  - The page numbers have disappeared on the contents page and an acronym on Page 5 needs explained.
  - Once approved, the document will be designed before submission to the Scottish Government and publication on the website.

- 6.4.2. JY commented that the report reads well. AMC thanked the Communications, Clinical Governance, Human Resources and Volunteer teams for their support.
- 6.4.3. JCF commented that some of the text is cut off in the first box on Page 9 and requires correction.
- 6.4.4. PC commented that the report was very good but highlighted that the quote positions look like they specifically relate to the people in the photographs and need to be edited.
- 6.4.5. MM commented that the paragraph on Page 11 which begins “We strongly believe...” sounds very defensive. It was agreed that this should be rephrased.
- 6.4.6. The Board approved the Annual Feedback Report 2017/18 subject to the following

Action No.	Action	Action by	Status
210618/12	<b>Annual Feedback Report:</b> <ul style="list-style-type: none"> <li>- Fix contents numbering error</li> <li>- Explain acronym on Page 5</li> <li>- Format first box on Page 9 to show all text</li> <li>- Format quote page so that positions do not look like they relate to the people in the photographs</li> <li>- Rephrase paragraph on Page 11 which begins “We believe strongly”</li> </ul>	Anne Marie Cavanagh	NEW
210618/13	<b>Annual Feedback Report:</b> Submit final designed document to Scottish Government	Anne Marie Cavanagh	NEW
210618/14	<b>Annual Feedback Report:</b> Publish final designed document on website	Anne Marie Cavanagh / Communications	NEW

## 6.5. Property and Asset Management Strategy

6.5.1. JC presented the Property and Asset Management Strategy Interim Update for approval, highlighting the following:

- A full Property and Asset Management Strategy is submitted to the Board for approval every two years.
- The Scottish Government will incorporate elements from the Interim Update into their national report, which is published later in the year.
- The Board is already aware of everything that is included in the Interim Update.

6.5.2. The Board approved the Property and Asset Management Strategy Interim Update and its submission to Scottish Government.

Action No.	Action	Action by	Status
210618/15	<b>Property and Asset Management Strategy:</b> Submit Interim Update to Scottish Government	Julie Carter	NEW

## 6.6. Values Based Recruitment

6.6.1. JY advised that the Scottish Government has issued a Directorate Letter to all NHS Boards mandating that they must now use NHSS Values Based Recruitment model (developed by GJF) for all Chief Executive Officer and Director level appointments.

6.6.2. SDS commented that several Boards had commented about how positively it has been received and highlighted the invaluable support they have received from David Miller (DM), Associate Director of Human Resources (Strategy). SDS asked GA to pass that feedback on to DM.

Action No.	Action	Action by	Status
210618/16	<b>Values Based Recruitment</b> Pass on comments to David Miller about his invaluable support helping Boards roll out Values Based Recruitment	Gareth Adkins	NEW

## 6.7. Person Centred Committee Approved Minutes – 30 January 2018

6.7.1. KH presented the Person Centred Committee approved minutes for noting.

6.7.2. The Board noted the approved minutes of the meeting.

## 7. Safe

### 7.1. Healthcare Associated Infection Reporting Template (HAIRT) – March 2018

- 7.1.1. AMC presented the HAIRT for discussion and approval, highlighting the following:
- **Staphylococcus Aureus Bacteraemia:** One case was reported in the month.
  - **Hand Hygiene:** Compliance amongst medical staff has increased from 90% to 92%.
- 7.1.2. HE commented that a lot of measures have been implemented around this issue and the trend is continuing to improve.
- **Environmental:** We are still performing very well in the audits.
  - **Surgical Site Infections (SSI):** These are still within control limits in orthopaedics. A short life working group has been looking at Cardiac SSIs and a Problem Assessment Group (PAG) meeting has been scheduled to take an overview of the situation and the individual investigations into each incidence.
- 7.1.3. SDS commented that control of infection is a priority, and just one infection can impact on our outcomes. AMC advised that each incident is looked at in detail; everything surrounding the case plus examining adherence with basic Standard Infection Control Precautions (SICPs).
- 7.1.4. MM raised concerns that we have breached these for three consecutive quarters and although the incidences are infrequent, this raises concerns. However, he added that he is unsure of what else GJF could do in addition to current activity and actions.
- 7.1.5. MM commented that some surgeons have zero rates and asked if there was a difference in rates between arterial and venous grafts. AMC responded that there is no correlation at all and that there are no consultant outliers.
- 7.1.6. SDS asked if patients come in with infections. MM added that a large percentage of the population carry Staphylococcus on their skin. AMC responded that SSIs recorded are those coming from a surgical wound; some are superficial and others deeper, adding that some patients only develop them after they have been discharged from hospital. AMC assured the Board that Health Protection Scotland can be brought into any investigation if we feel it necessary to do so.
- 7.1.7. SDS commented that she hopes we can get to the bottom of the issue. JY responded that this is our aim but also reminded the Board that we have very low numbers compared to our patient throughput and to other hospitals/Boards.
- 7.1.8. MM commented that he has previously suggested using the Cusum Charts to display the data as GJF's incidences are so rare. AMC responded that this is on the agenda and a specific section will be added to the next HAIRT.

7.1.9. The Board approved the HAIRT and its publication on the website.

Action No.	Action	Action by	Status
210618/17	<b>HAIRT:</b> Publish HAIRT on website	Anne Marie Cavanagh/ Communications	NEW

## 7.2. Business Contingency Plan

7.2.1. AMC presented the updated Business Contingency Plan for discussion and approval, highlighting the following:

- The Resilience Group membership and Terms of Reference has been refreshed, and Action Cards updated.
- All department contingency plans have been updated.

7.2.2. PC commented that the plan was very concise, compact, and easy to use.

7.2.3. JY added that the four key areas identified in the plan have been tested in real-life incidents and assured the Board that we will continue to carry out contingency tests.

7.2.4. The Board approved the updated Business Contingency Plan.

## 8. Effective

### 8.1. Performance Report

8.1.1. JY presented the Performance update for discussion, highlighting the following:

- **Waiting List and Treatment Time Guarantee (TTG):** In 2017/18, 287 breaches were reported, with 99% of these being within Cardiac Surgery (66) and Cardiology (219). Cardiac Surgery has been experiencing high volumes of urgent inpatient referrals. These, along with elective priority patients have impacted on the length of wait for elective surgery patients. Cardiology Electrophysiology also experienced high volumes of referrals. The service is also susceptible to external pressures due to the impact of changes to associated outpatient clinics being held elsewhere.

8.1.2. There was a detailed discussion on the issues and the Board was assured that this has been raised at the highest levels with all possible actions being addressed.

- **Consultant Job Planning and Appraisals:** As of 16 May 2018, job plans sign off progress has continued with 38% of Surgical Consultants, 58% of Surgical SAS Doctors and 72% of Regional and National Medicine Consultants having completed the process. Additionally, all Regional and National Medicine Consultants have completed discussion stages and are in the processes of progressing through the three sign off stages. Consultant appraisals were at 100%.

8.1.3. HE advised that the reports of technical issues are related to familiarity with the system and assured the Board that this is being addressed.

- **Ophthalmology:** Data collected during the audit of reminder call non-responders identified that only 36% of patients responded. Patients indicated that they were hanging up on hearing an automated call, screening calls for unrecognised numbers, and reported that they were unable to press buttons to respond. Work is ongoing between the division and eHealth to explore solutions to reduce reminder call non-response rates.

8.1.4. KK asked if a text reminder could be an option going forward. JR responded that this is not an option at the moment because we use a national system. However, she advised that the Business Services Team are working with eHealth to see if we can make any tweaks in the next phase.

8.1.5. JR advised that staff were calling patients as a test and that this had brought the 'Did Not Attend' rate back down to 1.3%.

8.1.6. The Board noted the update.

## 8.2. Hospital Activity Report – Full Year 2017/18

8.2.1. JR presented the year-end Hospital Activity report for discussion and noting, highlighting the following:

- **Total activity:** 46,003 day cases, diagnostic imaging, and inpatient procedures were carried out.
- **Orthopaedics:** Joint activity was 124 procedures ahead of the full year plan.
- **Ophthalmology:** 841 behind the full year plan, with an additional 1,320 outpatient appointments and 1,015 procedures carried out. Mobile theatres have had floors reinforced, sound proofing installed and new microscopes installed; the team are delighted and now delivering seven procedures per list. GJF is heading in the right direction to confidently increase activity for our expansion.
- **General Surgery:** 17 ahead of the full year plan.
- **Plastic Surgery:** Discussions have taken place with the only Board in Scotland requiring assistance with the aim of converting plastic surgery to general surgery.

8.2.2. MM asked if JR was intending to withdraw the plastic surgery service if we are only performing three minor and one major procedure per week. JR responded by emphasising that this service is not sustainable and that it will be unlikely that GJF will continue to deliver major plastic surgery procedures. The Board expressed concerned and agreed that a solution would be if territorial Boards send GJF more minor procedures and keep the treatment of majors in their own Board.

8.2.3. SDS asked if this is a service we can discuss with other Boards. JR responded that she is encouraging Boards to send referrals that are useful to us adding; that her preference is to focus on the General Surgery service to support the cardiac programme – this would also allow GJF to develop Nurse Endoscopist roles.

- **Endoscopy:** 40 procedures behind plan as a result of adverse weather conditions.
- **Diagnostic Imaging:** Performed particularly well again this year.
- **2018/19:** Started the year well with 11.2% ahead of plan in May and 53 procedures ahead of plan in ophthalmology.

8.2.4. The Board noted the update.

### 8.3. Finance Report

8.3.1. JC presented the Finance report for discussion and noting, highlighting the following:

- **Accounts:** have been audited and no major issues or trends have been identified.
- **Efficiency savings:** £42K achieved but we are seeing more reliance on non-recurring schemes.

8.3.2. JCF asked if the Scottish Government is passing on the consequential for the pay award. JC confirmed that Boards had been given funding for the pay award but not for incremental drift.

8.3.3. SDS asked if Agenda for Change staff will get their pay award straight away. JC advised that this being processed for July salaries.

8.3.4. HE asked about pay awards for doctors. JY responded that the announced pay award only affects Agenda for Change staff. JCF advised that Scotland tends to wait for the NHS England agreements to be signed off before acting.

8.3.5. The Board noted the update.

### 8.4. Outcome of Audit Tender

8.4.1. JC presented the Audit Tender outcome for noting.

8.4.2. The Board noted the report.

8.5. **Internal Audit Annual Plan**

8.5.1. JC presented the Internal Audit Annual Plan for discussion and noting, highlighting the following:

- JC and KK have met with the Auditor and the focus of internal audits will be General Data Protection Regulations (GDPR), Job Planning, Golden Jubilee Estate and Electronic Patient Record (EPR).

8.5.2. MM commented that the audit on EPR focuses mostly on operational planning but perhaps needs more on the benefits it will deliver. JC assured the Board that the EPR project has a very detailed benefits analysis; the audit is about ensuring the project is on track.

8.5.3. The Board noted the Internal Audit Annual Plan.

8.6. **Audit and Risk Committee Approved Minutes – 24 April 2018**

8.6.1. KK presented the Audit and Risk Committee Approved Minutes for noting.

8.6.2. The Board noted the Audit and Risk Committee Approved Minutes.

8.7. **Audit and Risk Committee Update – 12 June 2018**

8.7.1. KK presented the Audit and Risk Committee update for discussion and noting, highlighting the following:

- **Papers:** Concerns were raised about the following: the length of the papers included on the agenda, the amount of duplication, and the level of detail.
- **Annual Accounts:** It was agreed some changes were still to be made, it was agreed to approve these virtually.
- **Audit Reports:** Very positive reports were noted from both Internal and External Audit; the one recommendation was minor in nature however, would be addressed.
- **Committee Self-Assessment:** The exercise was carried out after the meeting, with the Committee scoring very well.
- **Good Practice Guidelines:** Actions were agreed for four of the areas.

8.7.2. The Board noted the update.

## Board Annual Report and Accounts

### 8.8. Committee Annual Reports 2017/18

8.8.1. KH, MM and KK presented the Board Committee Annual Reports for noting.

8.8.2. The Board noted the Board Committee Annual Reports for 2017/18.

### 8.9. Committee Work Plans 2018/19

8.9.1. KH, MM and KK presented the Board Committee Work Plans for 2018/19 for noting.

8.9.2. JY highlighted that the Person Centred Committee Work Plan was in a different format but that the colour coding was relevant to align activity to the NHSScotland Staff Governance Standards. SDS commented that the colour coding made it easier to read. JY responded that this could be looked at for the other Committees next year.

8.9.3. JY also highlighted that there will be no Communications Strategy presented to the Person Centred Committee on 24 July 2018 as the Board Strategy has to be developed first. JY added that the usual Communications performance reports can still be presented and that she has already had an initial conversation with GA about reviewing and developing the overall Board Strategy now that he is formally in post.

8.9.4. The Board noted the Board Committee Work Plans for 2018/19.

Action No.	Action	Action by	Status
210618/18	<b>All Committee Work Plans 2019/20:</b> Look at colour coding options as per Person Centred Committee work plan 2018/19	Gareth Adkins/ Julie Carter/ Anne Marie Cavanagh	NEW

### 8.10. Committee Terms of Reference 2018/19

8.10.1. KH, MM and KK presented updated Board Committee Terms of References for noting.

8.10.2. KH highlighted that JCF has asked for the names of the former lay representatives to be removed from the Person Centred Committee Terms of Reference - new lay representatives will be recruited shortly. It was agreed to just state 'two lay representatives'.

Action No.	Action	Action by	Status
210618/19	<p><b>Person Centred Committee Terms of Reference:</b></p> <p>Replace names of lay representatives with 'two lay representatives'</p>	Gareth Adkins	NEW

8.10.3. The Board noted the Board Committee Terms of References for 2018/19.

#### 8.11. Statement of Assurance to the Board

8.11.1. KK presented the Annual Accounts' Statement of Assurance from the Audit and Risk Committee to the Board for noting.

8.11.2. JCF highlighted an error in the statement, with PC recorded as Interim Chair of the Audit and Risk Committee until November 2018 and KK being appointed Chair from November 2017. SDS asked for the change to be made and for KK to initial this.

Action No.	Action	Action by	Status
210618/20	<p><b>Statement of Assurance from the Audit and Risk Committee to the Board:</b></p> <p>Change PC's end date as Interim Chair to November 2017</p>	Julie Carter	NEW
210618/21	<p><b>Statement of Assurance from the Audit and Risk Committee to the Board:</b></p> <p>Initial change to PC's end date as Interim Chair</p>	Karen Kelly	NEW

8.11.3. The Board noted the Statement of Assurance from the Audit and Risk Committee subject to changing the end date of PC's period as Interim Chair and this being initialled by KK.

#### 8.12. Annual Report and Accounts 2017/18

8.12.1. JC presented the Annual Report and Accounts 2017/18 for discussion and approval, highlighting the following:

- **Executive Summary:** This will look different next year. Both JC and the Auditors are looking at how other Boards present this section.

8.12.2. SDS commented that she is used to having a statement from the Chair included in this section and asked for this to be incorporated next year.

- **Charity Accounts:** For the first time the charity accounts have been consolidated into the Board Accounts.

8.12.3. SDS thanked the Finance team for their hard work in producing the Annual Accounts and asked JC to pass this on to them.

8.12.4. The Board approved the Annual Report and Accounts 2017/18

## 9. AOCB

### 9.1. Expansion Update

9.1.1. JR presented the Expansion Update for discussion and noting, highlighting the following:

#### Phase 1

- **1:50 designs:** Work has now been completed.
- **PSCP:** All activity schedules have been agreed subject to Outline Business Case approval by the Scottish Government Capital Investment Group.
- **Risk Registers:** These are now well established across all work streams and are reviewed weekly, with updates to the Steering Group every six weeks.
- **Equality Impact Assessment (EQIA):** The EQIA was carried out by our Learning and Equalities Project Officer, who is a qualified architect with specific expertise in design for people with visual impairments. A range of issues were identified which need to be addressed during the next phase of design.

#### Phase 2

- **Initial Agreement:** This is well underway with a view to submitting in August for approval by the Scottish Government Capital Investment Group.

#### DGOne report

9.1.2. JY advised that following the publication of the report into the DGOne leisure centre, the Board has sought written assurances from Kier plus our Executive Team and Programme team have met with their Managing Director. They also presented to the Expansion Programme Board last week during which, Kier personnel were asked to leave the room whilst the Board discussed the overall situation; the Expansion Programme Board have been given detailed assurance about the processes in place.

9.1.3. JY asked for the written report to be circulated to all Non-Executive Directors.

Action No.	Action	Action by	Status
210618/22	<b>DGOne Reassurance Report:</b> Circulate paper to Non-Executive Directors	JR	NEW

9.1.4. The Board noted the Expansion Update.

## 9.2. **iMatter Survey**

9.2.1. SDS reminded the Board that the iMatter survey closes at 5pm on Monday 25 June and asked all Non-Executive Directors to make sure they have completed the survey by then. HE assured members that it only takes 5-10 minutes to complete. GA added that an 'allstaff' email has been sent out on behalf of JY to encourage all staff to complete the survey.

Action No.	Action	Action by	Status
210618/23	<b>iMatter Survey:</b> Non-Executive Directors to complete their survey by 5pm on 25 June	All Non-Executive Directors	NEW

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

10.1. The next meeting takes place on Thursday 2 August 2018 at 10am.