NHSGG&C(M)16/05
Minutes: 94 - 115

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the
NHS Greater Glasgow and Clyde Board
held in the Boardroom, JB Russell House, Board Headquarters,
Gartnavel Royal Hospital, Glasgow, G12 0XH,
on Tuesday, 18 October 2016 at 9:30a.m.**

PRESENT

Mr J Brown CBE (in the Chair)

Dr J Armstrong (To Minute No 108)	Councillor A Lafferty
Ms S Brimelow OBE	Dr D Lyons
Ms M Brown	Mrs T McAuley OBE
Mr R Calderwood	Mrs D McErlean
Dr H Cameron	Mr A Macleod
Mr S Carr	Mr J Matthews OBE
Mr A Cowan	Mrs A M Monaghan
Dr L de Caestecker	Cllr M O'Donnell
Councillor M Devlin	Dr R Reid
Mr R Finnie	Mr I Ritchie
Ms J Forbes	Mr M White

IN ATTENDANCE

Ms J Erdman	Head of Inequalities (For Minute No 109)
Ms S Gordon	Secretariat Manager
Mr J C Hamilton	Head of Administration
Mr D Loudon	Director of Property, Procurement & Facilities Management (For Minute No 100)
Mrs E Love	Chief Nurse of Professional Governance & Regulation (representing Dr M McGuire, Nurse Director)
Mr A McLaws	Director of Corporate Communications
Mr A Mackenzie	Chief Officer Operations, Glasgow City HSCP (For Minute No 100)
Mrs A MacPherson	Director of Human Resources & Organisational Development
Ms C Renfrew	Director of Planning & Policy (To Minute No 106)
Dr D Stewart	Deputy Medical Director/Programme Director, Unscheduled Care Review (For Minute No 103)
Mr D Williams	Chief Officer, Glasgow City HSCP

ACTION BY

94. WELCOME AND APOLOGIES

Apologies for absence were intimated on behalf of Councillor G Casey, Councillor J Clocherty, Professor Dame A Dominczak, Ms J Donnelly, Mr I Fraser, Councillor M Kerr, Mr J Legg, Dr M McGuire, Councillor M Macmillan and Mrs R Sweeney.

Mr Brown welcomed the NHS Board, press and members of the public to the meeting. He alluded to the new room layout in an attempt to create more space since the appointment of the new Non-Executive NHS Board Members. He also referred to the new agenda format, drafted to take on board some comments from NHS Board Members and to help improve the structure of discussions. He would welcome feedback on the new room layout and the agenda in order to continuously improve access and understanding of the NHS Board's business.

Mr Brown also referred to work being undertaken by the Deputy Head of Administration to commission software for NHS Board Members to access their paperwork online. **Deputy Head of Administration**

Mr Brown welcomed Mrs E Love (covering for the Nurse Director, Dr M McGuire), Mr A Mackenzie, Mr D Williams and Mr D Loudon (in attendance to discuss Agenda Item No 7). He also reported that Councillor J Clocherty had replaced Councillor J McIlwee.

NOTED

95. DECLARATIONS OF INTEREST

The following declarations of interest were raised:-

- Mr D Lyons – Agenda Item No: 15 "Meeting the Requirement of Equality Legislation: Results of a Fairer NHS Staff Survey 2016" in relation to his appointment as a member of the Scotland Committee, Equality in Human Rights Commission.

- Mr R Finnie – Agenda Item No: 16 "Child Healthy Weight – Future Direction" in relation to his appointment as Chair, Food Standards, Scotland.

NOTED

96. MINUTES

On the motion of Mr A Macleod, seconded by Mrs T McAuley, the minutes of the NHS Board meeting held on Tuesday, 16 August 2016 [NHSGGC(M)16/04] were approved as an accurate record and signed by the Chair pending the following amendment:-

- To reflect, on the list of attendees that Mrs T McAuley was present for the full meeting.

NOTED

97. MATTERS ARISING FROM THE MINUTES

The Rolling Action List of matters arising was noted and the following points raised:-

- Minute No 77 – Matters Arising - GP Out of Hours: Drumchapel – Dr Lyons was disappointed to note that signage to staff parking being available to patients out of hours had not been altered to reflect this. Ms Renfrew reported that she would pursue this matter and Mr Loudon agreed to confirm to NHS Board Members when this had indeed been completed. **Director of Facilities**

- Minute No 76 – Minutes – GP Out of Hours: Drumchapel – Dr Reid reported that he had since been provided with the requested information seeking numbers of patients who required access to a wider range of clinical services.

NOTED

98. CHAIR'S REPORT

Mr J Brown summarised his one-to-one meetings with individuals and NHS Board Members as well as his attendance at meetings and visits to meet frontline staff and services. He reiterated his commitment to continuously improve the governance arrangements of the NHS Board.

Mr Brown also reported that the process to recruit a new Chief Executive, following the announcement of Mr Calderwood's retirement in February 2017, was now underway. Interviews would take place in January 2017 and a recruitment firm had been appointed with planned advertising shortly. He advised that the Board may have to consider a short term interim arrangement before a new Chief Executive commenced their duties.

NOTED

99. OUTCOME OF ENGAGEMENT ON TRANSFER OF PAEDIATRIC INPATIENTS AND DAY CASES FROM WARD 15 RAH TO RHC AND NEXT STEPS

A report of the Director of Planning & Policy and the Medical Director [Board Paper 16/58] asked the NHS Board to note the outcome of the engagement on proposed changes to paediatric inpatients and day cases at Ward 15 Royal Alexandra Hospital (RAH) (included in the 2016-17 Local Delivery Plan) and approve the commencement of formal public consultation on the proposed changes from early November 2016 until February 2017.

The NHS Board, at its August 2016 meeting, approved the establishment of a programme of engagement and communication with stakeholders on proposed changes to paediatric services at the RAH. Ms Renfrew led the NHS Board through a summary of that engagement, the issues raised and outlined next steps.

With the move of the Royal Hospital for Children (RHC) to the Queen Elizabeth University Hospital (QEUH) campus, the NHS Board's preferred option from 2011 was able to be delivered. The proposal was to move inpatient and day case care from the RAH to the RHC and this was clinically focused on improving the Acute and specialist services offered to the children of Paisley and the wider Clyde area. It would improve access to paediatric services including surgery, radiology and anaesthesia and also delivered access to specialist allied health professions such as physiotherapy and dietetics. A move to the RHC also enabled access to dedicated adolescent facilities, and to medicinema, teddy hospital, play park areas, roof gardens and the new patient entertainment systems that the new inpatient wards provided. The NHS Board understood how valued the service at the RAH was to local families but Ms Renfrew explained that a local district hospital could not match the functionality a specialist children's hospital could offer.

As the original proposal was made in 2011 when there had been an extensive programme of engagement with patients, parents, families and professionals (including an option appraisal), Ms Renfrew explained that the 2016 engagement approach included all elements of that previous process to ensure all of the key staekeholders had an opportunity to understand the proposal and make further comment. That engagement process had run during September and early October and Ms Renfrew summarised the detail on which the engagement took place as well as the materials used for the public events.

Ms Renfrew summarised the role of the Stakeholder Reference Group (comprising parents, carers and representatives from interested groups) in that it offered advice and

perspectives on how best to proceed with the engagement process.

Ms Renfrew summarised the engagement programme, highlighting its approach and the events and briefings arranged. She outlined the feedback received and the issues raised, particularly around the clinical case for change, the ambulance service, capacity and access. The engagement process had enabled NHSGGC to ensure that the scope and impact of the proposal on current services was understood; identify and address a number of areas which were of concern to stakeholders; and understand issues which NHSGGC would need to address if the proposal proceeded and put in place additional work to resolve these.

The proposal was driven by clinical considerations to enable NHSGGC to deliver the best service to children across its area. The engagement process had enabled officers to explain and test the proposal. They remained of the view that achieving the highest quality and most sustainable paediatric service for NHSGGC required the transfer of some services from Ward 15 at the RAH. It was proposed that the NHS Board move to formal public consultation to enable it to make the final decision on this proposal in the new year.

In response to a question from Mr Ritchie concerning engagement with staff and other interested stakeholders, Ms Renfrew highlighted that its purpose was to engage and inform at this stage – not to reach agreement. It was paramount that all interested stakeholders understood the reason for the clinical opinion and for the NHS Board to receive a range of views on that. Mrs McAuley referred to the positive feedback received from the Scottish Health Council on the process so far and their confirmation to proceed to formal consultation. She referred to the range of issues raised so far and suggested an action plan be compiled to ensure all were addressed. She also considered that this would be useful in terms of identifying lessons learned for future engagement/consultation exercises conducted by NHSGGC. In referring to the limited uptake, during the engagement stage, of the offer to speak with children and young people about the proposal, Ms Renfrew reported that NHSGGC's Public Engagement Team was looking at how best this could be improved, particularly in identifying patients and parents who could contribute to the consultation.

Director of Planning & Policy

Director of Planning & Policy

Mr Macleod asked if it would be possible to illustrate the number of patient attendances at hospitals, other than the RAH, from the postcode list at section 4.5 which showed admissions to the RAH in 2015/16. Ms Renfrew confirmed that this would be duly provided.

Director of Planning & Policy

On a similar point, Ms Brown suggested a map illustrating paediatric services across NHSGGC's area as this would be helpful to set the context. Ms Renfrew welcomed this comment and suggested it may be included in the formal consultation pack of papers. In terms of targeting children and young people, Ms Brown suggested the use of social media and Ms Renfrew confirmed that this would be explored.

Director of Planning & Policy

" "

Ms Brimelow reported that she had visited Ward 15 and considered that the NHS Board paper captured the thoughts and opinions in a consistent way to those raised during her visit.

In response to a question from Mr Matthews, Ms Renfrew confirmed that the proposals presented were included in the NHS Board's Local Delivery Plan which had been approved by the SGHD. She added that the NHS Board's Executive Team continued to have dialogue with SGHD colleagues.

Dr Lyons commended the way the paper set out the clinical case and made two suggestions. Firstly, it would be helpful to see the number of admissions that might be expected at the RHC as a result of the proposals and a definitive outline of the capacity there. Secondly, to see something explicit on the continuation of outpatient clinics

when the inpatient beds moved to the RHC and any subsequent sustainability issues. Ms Renfrew welcomed these comments and would take them on board.

Director of Planning & Policy

In response to Mr Cowan's comment, Ms Renfrew confirmed that patients and families would be offered the opportunity to visit wards and facilities at the RHC. Mrs Monaghan agreed that this would be useful and would encourage enhanced engagement with these key groups. She also reiterated the emphasis on engaging with hard to reach groups.

Director of Planning & Policy

DECIDED

- That the outcome of the engagement on proposed changes to paediatric inpatient and day cases at Ward 15 RAH, included in the 2016/17 Local Delivery Plan, be noted.

- That the commencement of formal public consultation on the proposed changes, from early November 2016 until February 2017, be approved.

Director of Planning & Policy and Medical Director

100. INITIAL AGREEMENT FOR MENTAL HEALTH 2 WARD DESIGN BUILD FINANCE MAINTAIN (DBFM) SCHEME

A report of the Chief Officer, Glasgow City HSCP [Board Paper 16/59] asked the NHS Board to approve the Initial Agreement for onward submission to the Scottish Government Capital Investment Group.

Mr Mackenzie led the NHS Board through the agreed inpatient redesign programme in North Glasgow. He summarised the four phases that the total programme had been divided into, confirming that the DBFM procured scheme concluded phases I and II of the phased approach to deliver the mental health inpatient redesign programme, in particular, the completion of the mental health programme underway in North Glasgow. The development of two new wards, via the Hub DBFM route, would result in annual service payments and running costs of £1.5m and those costs would be met from the release of financial resource from vacating Birdston Care Home and Parkhead Hospital.

Mr Mackenzie confirmed that patient/service user groups were consulted on the final version of the agreement and their feedback was supportive and consistent with the feedback from the overall strategy development which had been incorporated into the proposal. Additionally, further work with service user and carer representatives on improving general transport access was being progressed. Mr Mackenzie added that the Initial Agreement was also being considered by the Public Partnership Forum (PPF) at its meeting on 13 October 2016 and by Glasgow City Integrated Joint Board (IJB) on 31 October 2016.

Mr Mackenzie referred to the summary of the Initial Agreement particularly in relation to current facilities provided at Stobhill and Birdston. He explained that the Initial Agreement for the two new wards at Stobhill delivered the agreed mental health strategy in North Glasgow. The programme contributed to tackling inequalities, promoting supported recovery and self management, fostered the principles of multidisciplinary anticipatory approaches and maximised effectiveness in how Partnerships worked with the Acute Sector. It would also contribute to the local economic regeneration and the wider community planning partnership objectives of improving population health and valuing people by providing modern, well equipped and public spaces and buildings.

In response to a question from Dr Lyons, Mr Mackenzie confirmed the client group in the current facilities and those proposed for the new facilities. He added that this would be made clearer in the final version of the documents to avoid any uncertainty. **Chief Officer, Glasgow City HSCP**

Ms Brimelow commended facilities currently at Birdston Care Home but recognised that these did not meet patient needs. She was supportive of the proposals and hoped that, in moving the facilities from Birdston to Stobhill, the excellent care would continue.

Mr Macleod noted the key project dates that would see completion in 2019. He noted that the contract between NHSGGC and Birdston ended in the summer of 2018 and wondered what would happen to inpatients in that gap year. Mr Mackenzie confirmed that the NHS Board would be renegotiating the contractual terms with Birdston shortly. He added that, as the business case evolved, the NHS Board would be provided with an update including the risk register. **Chief Officer, Glasgow City HSCP**

Councillor O'Donnell noted that the Initial Agreement was being considered by Glasgow City IJB on 31 October 2016 and suggested that it also be considered by East Dunbartonshire IJB at a future meeting. This was agreed. **Chief Officer, Glasgow City HSCP**

Mr Cowan highlighted some inconsistencies in the paper in relation to finance and Mr Mackenzie would rectify these. He also agreed to make explicit in the paper the demolition costs. **Chief Officer, Glasgow City HSCP**

DECIDED

- That the Initial Agreement, for onward submission to the Scottish Government Capital Investment Group, be approved. **Chief Officer, Glasgow City HSCP**

101. CLINICAL GOVERNANCE UPDATE

A report of the Medical Director [Board Paper No 16/60] asked the NHS Board to note initial consideration of the impact of the National Review Report on the Scottish Patient Safety Programme (SPSP), the current activities that aligned with the report, the ongoing monitoring of national developments and the activity in local processes to inform and adapt the safety programme.

Dr Armstrong focused on the national review of the SPSP published by Healthcare Improvement Scotland (HIS) which signalled a potential shift in the way HIS would operate national support for SPSP. This was still to be formally developed and agreed through the national governance structures and Dr Armstrong would ensure that NHSGGC continued to contribute to and monitor national progress.

NHSGGC had already anticipated some changes and was well placed to continue to be a leading participant in the developing national programme. There were specific priorities informing the Acute Adult programme in place for this year. The locally set priorities aligned with those suggested in the national report. The creation of specific NHS Board priorities had supported progress but were being subjected to a more in depth review to identify how a greater scale of implementation was achieved. NHSGGC was planning for greater levels of small scale pilot testing and the Clinical Governance Forum would ensure it influenced and responded to further changes arising from the report.

NOTED

102. HEALTHCARE ASSOCIATED INFECTION REPORTING TEMPLATE (HAIRT)

A report of the NHS Board's Medical Director [Board Paper No 16/61] asked the NHS Board to note the latest in the regular bi-monthly reports on Healthcare Associated Infection (HAI) in NHS Greater Glasgow and Clyde.

Dr Armstrong explained that the report represented data on the performance of NHSGGC on a range of key HAI indicators at national and individual hospital site level and led the NHS Board through a summary of performance in relation to:-

- Staphylococcus Aureus Bacteraemias (SABs)
- Clodistrium Difficile (C.Diff)
- Surgical Site Infection (SSI) rates for caesarean section, knee anthroplasty, repair of neck of femur procedures and hip anthroplasty procedures
- The Cleanliness Champions Programme
- Healthcare Environment Inspectorate (HEI) inspections

Ms Brimelow referred to the Healthcare Environment Inspectorate (HEI) inspections and their associated reports undertaken by Healthcare Improvement Scotland (HIS) and asked for more detail in future reports so that the NHS Board was able to be assured that any recommendations and actions were being taken forward. Dr Armstrong agreed to include this in future reports. **Medical Director**

In response to a question from Mrs McErlean, Dr Armstrong reported that routine staff screening for C.Diff was rarely undertaken unless there was a specific reason to do so.

In response to Mr Finnie's point about SAB rates, Dr Armstrong reported that, between April and June 2016, 40% of SAB cases recorded were hospital acquired and she summarised their origin and identified causative source. She confirmed that SAB performance in NHSGGC had excelled and had now reached a point which it was increasingly difficult to improve.

NOTED

103. UNSCHEDULED CARE PROGRAMME BOARD - UPDATE

A report of the Deputy Medical Director [Board Paper 16/62] asked the NHS Board to note an update on the activities of the Unscheduled Care Programme Board.

Dr Stewart explained that the Unscheduled Care Programme Board had established two key workstreams to take forward the detailed analysis of unscheduled care patient flows. He provided an update from both groups, namely the Data Group and the Implementation Group. He confirmed that the Programme Board was scheduled to have its next meeting week commencing 24 October 2016 and its activities would continue until March 2017. He would be in a position to provide NHS Board Members with further detail for their Away Day sessions on 1 and 2 November 2016. **Deputy Medical Director**

Ms Brown thanked Dr Stewart and his team for providing such thorough analysis and looked forward to hearing more detail in November.

NOTED

104. NHSGGC'S INTEGRATED PERFORMANCE REPORT

A report of the Head of Performance [Board Paper No 16/63] asked the NHS Board to note the content and format of the NHS Board's Integrated Performance Report.

Ms Renfrew explained that this report brought together high-level system-wide performance information (including all of the waiting times and access targets previously reported to the NHS Board) with the aim of providing the NHS Board with a clear overview of the organisation's performance. An exceptions report accompanied all indicators with an adverse variance of 5% or more, detailing the actions in place to address performance and indicating a timeline within which performance would improve.

Ms Renfrew provided:-

- A summary providing a current performance overview.
- A single scorecard containing actual performance against target for all indicators. These had been grouped under the five strategic priorities identified in the 2015/16 Strategic Direction.
- An exception report for each measure where performance had an adverse variance of >5%.

Ms Renfrew summarised performance and highlighted key performance status changes since the last report to the NHS Board including performance improvements, performance deterioration and measures rated as red.

In response to a question from Mrs McAuley regarding the disappointing performance in the target of patients waiting less than six weeks for a key diagnostic test, Ms Renfrew explained the main reasons for these delays (most notably in the South Sector) and the actions being taken to address these.

Ms Brown was concerned to note the disappointing performance in the suspicion of cancer referrals and, given the worrying trend, suggested that future reports include more detail about how this was being tackled. In response to her question about delayed discharges, Ms Renfrew led the NHS Board through a summary of the main reasons cited for the number of patients delayed in each of the Health & Social Care Partnership areas. She confirmed that NHSGGC continued to work with Partnerships to reduce delayed discharges. Ms Brown also sought more information on sickness absence, particularly the outliers reported in order to determine solutions in particular pockets of the workforce. Mr Calderwood confirmed that more narrative could be provided in future on these areas and agreed this would be useful.

Head of Performance

Head of Performance

In response to a question from Mr Matthews about the relationship between realistic medicine and the detail presented, Dr Armstrong summarised activity in relation to unscheduled care and elective care. Mr Calderwood added that there were many benefits and challenges of realistic medicine and work continued to look at the utilisation of NHSGGC's acute services which was greater than in any other NHS Board area. He agreed that over utilisation in secondary care, in financial terms, could not be sustained and it was important to understand what was driving this in NHSGGC in order to identify solutions.

Dr Reid asked about the stroke swallow screen element of the Stroke Care Bundle which remained a challenge across the Acute Division. Dr Armstrong reported that, as of 1 April 2016, the swallow screen element of the Stroke Care Bundle was revised from the previous swallow screen test, to be carried out on day of admission, to the test being carried out within four hours of admission, in addition to the target being revised upwards from 90% to 100%. She agreed that performance across each of NHSGGC's

hospital sites was disappointing, and work continued to train staff and move this element of the patient pathway to A&E/Acute Receiving. Protocols had been agreed for this and she hoped that undertaking the role at the front door would result in an improved performance.

NOTED

105. NHSGGC'S 2015-16 ANNUAL REVIEW – SCOTTISH GOVERNMENT FEEDBACK LETTER AND ACTION NOTE

A report of the Head of Performance [Board Paper No 16/69] asked the NHS Board to note the content of the 2015-16 Annual Review letter and action note from Ms Shona Robison MSP, Cabinet Secretary for Health, Wellbeing & Sport.

Ms Renfrew summarised the main points discussed and actions arising from the review and from the associated meetings that took place on 4 August 2016 as part of that review process.

Mrs McAuley recalled that the Cabinet Secretary undertook to visit the NHS Board and Mr Brown confirmed that that was indeed the case and diary dates were being explored. On that point, he reported that when a date had been set, NHS Board Members would meet, in advance, to agree topics that they wished raised. **Chair**

In response to Mrs McAuley's further question, Mr Calderwood confirmed that dialogue continued with SGHD colleagues, looking at how best to align NHS and Local Authority budget setting cycles.

NOTED

106. FINANCIAL MONITORING REPORT FOR THE 5 MONTH PERIOD TO 31 AUGUST 2016

A report of the Director of Finance [Board Paper No 16/64] asked the NHS Board to note the financial performance for the five month period to 31 August 2016.

Mr White provided the NHS Board with an updated financial position at 31 August 2016, an assessment of the year end projection and details of the actions required to deliver the best option to improve the situation.

He highlighted key points of note and summarised operational performance, cash releasing efficiency savings and use of non-recurring reserves. In doing so, he explained that the position at month 5 suggested three possible responses to this situation, namely, status quo, use non-recurring and operate within budget, and identify new savings. The last option was being taken forward and Acute Directors, supported by finance colleagues and data and planning teams, were currently assessing the risks and impacts of this. Mr White explained that the output from this programme of work would be presented to the NHS Board at its Away Days on 1 and 2 November 2016 with formal approval at the December NHS Board meeting. **Director of Finance**

In response to a question, Mr White reported that colleagues in the SGHD were aware of the emerging financial position within NHSGGC. The Acute Services Committee and the six Integrated Joint Boards would monitor ongoing performance and financial issues. Furthermore, the NHS Board's Finance & Planning Committee would continue to monitor the financial position.

Mr Macleod asked how best to proceed, given this trend. Mr Calderwood reported that timing and pace was important to reach break-even, particularly when monthly discretionary spend was significant month on month. Data analysis would continue for further scrutiny at the Board Away Days on 1 and 2 November. He added that, if short term changes were agreed, they could be implemented fairly quickly but it was important to understand fully any operational impact of such decisions. In addition to this, analysis would continue on proposals to accelerate any service redesign opportunities, however, these would require to be formally agreed by the NHS Board and may involve formal consultation.

Mr Carr asked that further information be provided on available reserves and Mr White agreed to provide this for the November Away Days. **Director of Finance**

In response to a question about leadership in the Acute Division, Mr Calderwood confirmed that the six Acute Directors continued to work hard at identifying cash releasing efficiency savings. He added that clinicians and all staff were on board with this, looking at job plans, theatre utilisation and procurement. Operational directors had, at the front line, identified as much as they could and the purpose of the November Away Day sessions was to provide the NHS Board with an opportunity to look at longer term service redesign programmes.

Ms Brown suggested that the analysis also look at what level of activity NHSGGC could afford versus what was being delivered at the moment to set some context around the gap. **Director of Finance**

NOTED

107. PATIENT EXPERIENCE QUARTERLY REPORT – 1 APRIL 2016 TO 30 JUNE 2016

A report of the Nurse Director [Board Paper No 16/65] asked the NHS Board to note the quarterly report on patient experiences in NHSGGC for the period 1 April to 30 June 2016.

Mrs Love reported that complaints handling performance was 78% of complaints responded to within 20 working days achieved against a target of 70%. She led the NHS Board through the detailed information on complaints received, complaints completed, outcome, location and reasons for complaint, as well as noting those complaints raised with the Scottish Public Services Ombudsman (SPSO) and the Patient Advice & Support Service (PASS). She referred to feedback received which looked at feedback, comments and concerns received centrally and in local services and identified service improvements and ongoing developments resultant from these.

Mrs McAuley welcomed the new format of reporting and also the detail presented on the issues, themes and staff types where complaints most frequently arose.

NOTED

108. FOOD, FLUID & NUTRITIONAL CARE UPDATE

A report of the Nurse Director [Board Paper No 16/66], asked the NHS Board to recognise the importance of food, fluid and nutrition and to note the work on this being carried out in NHSGGC.

Mrs Love explained that the food, fluid and nutritional care standards were now widely

established across both Acute and, more recently, community services in NHSGGC. The focus of effort remained on continuous improvement and assurance of consistent and appropriate delivery, at operational level, by all staff involved in nutritional assessment care planning and the patient meal experience. She added that the new complex nutrition standards required increased focus to achieve an integrated approach and full compliance with criteria. The recent menu review suggested potential for continued improvement in patient meal satisfaction and waste management and good progress had been made towards full implementation of the NHSGGC Food Retail Policy by March 2017.

In response to a question, Mrs Love confirmed that NHS Board Members would be invited to join the Food, Fluid & Nutrition Planning Implementation Group on a tour of the catering production unit at Inverclyde. The tour would provide an opportunity for NHS Board Members to gain insight into NHSGGC's new menu, launched in April, the overall catering and meal regeneration process and to sample lunch dishes from the menus served across the NHS Board's wards. **Nurse Director**

NOTED

109. MEETING THE REQUIREMENT OF EQUALITY LEGISLATION: RESULTS OF A FAIRER NHS STAFF SURVEY 2016

A report of the Director of Planning & Policy [Board Paper No 16/67] asked the NHS Board to note the positive improvements in the survey results and the recommendations for further action.

Ms Erdman reported that, over the last seven years, NHSGGC had demonstrated its commitment to addressing discrimination and delivering services that were fair and equitable for all. The NHS Board had met its responsibilities as required by the Equality Act 2010 and the Equality Act (Specific Duties) Scotland regulations 2012. The second Fairer NHS staff survey was carried out in March 2016 to monitor the NHS Board's progress on staff attitudes to and knowledge of inequalities; progress in implementing key actions to tackle inequality, and patient and staff experience of discrimination. The 2013 survey provided a baseline to measure progress.

Ms Erdman confirmed that the key areas to consider were how NHSGGC continued to communicate the need to book interpreters and British Sign Language interpreters for patients; how NHSGGC improved the experience of patients who were hard of hearing and how it supported staff who were disabled or responded when staff witnessed or experienced prejudice.

The survey results showed that staff knowledge of policies and procedures was improving in relation to equalities issues which would contribute positively to patient safety and experience. Where issues were identified, there was a commitment to increase activity to address this.

In response to a question from Councillor O'Donnell, Ms Erdman confirmed that the analysis from the staff survey had been shared with the HSCPs and the Corporate Inequalities Team offered support in taking forward any of the recommendations.

Ms Brown commended the report and the actions to address the inequalities gap across NHSGGC in this key area. She would take the issues identified in relation to staff to the Staff Governance Committee for discussion and action. Mr Carr echoed this view, particularly in its attempt to improve local practice with a clear objective rather than simply an evidence gathering exercise.

Dr Lyons noted reports on British Social Attitudes which showed that gypsy travellers

and people with mental health issues experienced discrimination. Mr O'Donnell also noted the report released on 18 October 2016 from Action on Hearing Loss.

Mr Cowan regarded this piece of work as integral in including marginalised communities and would welcome the inclusion of practical actions on how lessons could be learned from the evidence-gathering stage. **Head of Inequalities**

Mrs Monaghan considered it imperative to look at how the NHS Board could, in future, increase its response rate to such surveys. " "

NOTED

110. CHILD HEALTHY WEIGHT: FUTURE DIRECTION

A report of the Director of Public Health [Board Paper No 16/68] asked the NHS Board to recognise the importance of prevention and management of obesity in children and young people and to note the work being carried out in NHSGGC. Furthermore, the NHS Board was asked to support and advocate for the protection and prevention of children in relation to obesity.

Dr de Caestecker provided an overview of the problem and of child healthy weight activities across NHSGGC and sought support for the proposed direction of travel. She explained that the NHS Board, its Members and staff were well placed, through Health & Social Care Partnerships and Community Planning Partnerships, to influence a range of partners, the wider policy context and physical environment to maximise the prevention and protection of children in relation to obesity. NHSGGC, in its healthcare delivery role, supported an evidence-based approach to weight management interventions that was both efficient and proportionate to the scale and level of recognition of childhood obesity within the population of NHSGGC. Priorities for funding were interventions that addressed obesity in young people as they were the group most likely to develop lifelong obesity. Plans were in development to scale up the pilot work previously funded by the British Heart Foundation as part of the funding allocation. The Weight to Go programme achieved a range of positive outcomes including significant weight loss in a cohort of approximately 200 young people in Glasgow and Inverclyde during a two year pilot phase. Following evaluation of the programme, a hub and spokes model would provide youth development work and access to youth health services delivered in key youth-friendly locations in all Partnerships with access to local commercial weight management services.

Programmes to support weight management for early years and primary children should also be provided within the funding, urged Dr de Caestecker, however, service delivery arrangements presented challenges with the desired arrangement being a hybrid of NHS operated and third sector commissioned programmes. A single delivery team across NHSGGC was being proposed, operating with a hosted hub and spokes arrangement into Partnership areas. The team would engage with Specialist Children's Services and provide programmes to different age groups.

NOTED

111. ACUTE SERVICES COMMITTEE MINUTES: 5 JULY 2016

The minutes of the Acute Services Committee meeting held on 5 July 2016 [ASC(M)16/04] were noted.

NOTED

112. AREA CLINICAL FORUM MINUTES: 4 AUGUST 2016

The minutes of the Area Clinical Forum meeting held on 4 August 2016 [ACF(M)16/04] were noted.

NOTED

113. PHARMACY PRACTICES COMMITTEE MINUTES: 29 AUGUST 2016

The minutes of the Pharmacy Practices Committee meeting held on 29 August 2016 [PPC/INCL05/2016] were noted.

NOTED

114. AUDIT COMMITTEE MINUTES: 27 SEPTEMBER 2016

The minutes of the Audit Committee meeting held on 27 September 2016 [A(M)16/04] were noted.

NOTED

115. STAFF GOVERNANCE COMMITTEE MINUTES: 3 MAY 2016

The minutes of the Staff Governance Committee meeting held on 3 May 2016 [SGC(M)16/02] were noted.

NOTED

The meeting ended at 1:20pm