

NHSGG&C(M)17/05
Minutes: 92 - 115

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the
NHS Greater Glasgow and Clyde Board
held in The William Quarrier Conference Centre,
20 St. Kenneth Drive, Govan, Glasgow G51 4QD
on Tuesday, 17 October 2017 at 9.30am.**

PRESENT

Mr J Brown CBE (in the Chair)

Dr J Armstrong	Cllr M Hunter [To Minute 107]
Cllr C Bamforth	Dr D Lyons
Ms S Brimelow OBE	Cllr S Mechan
Ms M Brown	Mr A Macleod
Mr S Carr	Ms T McAuley OBE
Cllr J Clocherty [To Minute 107]	Cllr J McColl
Mr A Cowan	Mrs D McErlean
Ms J Donnelly	Dr M McGuire
Mr R Finnie	Mrs A Monaghan
Ms J Forbes	Mr I Ritchie
Ms J Grant	Mrs A Thompson
	Mr M White

IN ATTENDANCE

Mr G Archibald	Chief Officer, Acute Services Division
Mr J Best	Interim Chief Officer, Acute Services Division
Ms B Culshaw	Chief Officer, West Dunbartonshire HSCP
Dr E Crighton	Head of Health Services Section, Public Health
Mr J C Hamilton	Head of Administration
Ms F MacKay	Head of Strategic Planning, Renfrewshire HSCP
Mrs A MacPherson	Director of Human Resources & Organisational Development
Ms S McAlees	Head of Children's services and Criminal Justice, Inverclyde HSCP
Mr A McLaws	Director of Corporate Communications
Ms S Manion	Chief Officer, East Dunbartonshire HSCP [To Minute 103]
Ms T Mullen	Head of Performance [To Minute 102]
Ms K Phillips	Head of Mental Health – Renfrewshire HSCP [For Minute 103]
Ms M Smith	Secretariat Manager
Mr D Williams	Chief Officer, Glasgow City HSCP [To Minute 103]

ACTION BY

92. WELCOME AND APOLOGIES

Mr Brown extended a welcome to Ms MacKay and Ms McAlees, who were in attendance on behalf of Mr Leese and Ms Long respectively.

Apologies for absence were intimated on behalf of Professor Dame A Dominiczak, Mr I Fraser, Mr J Matthews, Cllr I Nicolson and Ms R Sweeney.

NOTED

93. DECLARATIONS OF INTEREST

No declarations of interest were raised.

NOTED

94. MINUTES

On the motion of Dr Lyons, seconded by Mr Macleod, the minutes of the NHS Board meeting held on Tuesday 15 August 2017 [NHSGGC(M)17/04] were approved as an accurate record, subject to minor amendment at Minute 68 to note that Board Officers had agreed an increased rate of remuneration for GPs within the Out of Hours Service as part of a package to improve the resilience of the service.

NOTED

95. MATTERS ARISING FROM THE MINUTES

The Board Rolling Action List [Board Paper No. 17/51] was noted with 14 actions recommended for closure.

Ms McAuley requested a further update in regard to Minute 80, Fire Precautions and Cladding and in response Mr Archibald advised that following direction by the Board on 15 August 2017, a Working Group had been enacted which was in close (weekly) contact with the main contractor to identify a suitable, fully compliant alternative form of cladding. Acute services for patients would continue to operate during works. This was a complex process with contingency planning put in place to protect patients, visitors and staff. Members noted this update and that regular updates would be brought to the NHS Board.

Director - PPFM

Dr Lyons noted the Mental Welfare Commission report, in respect of Minute 71 and the implication for patient flow at Rowanbank Clinic. Mr White noted that the clinical arguments in the proposal had been positively met by Scottish Government Capital Investment Group.

NOTED

96. CHAIR'S REPORT

Mr Brown reported that since the last NHS Board Meeting, he had attended two Health & Social Care Delivery Plan Programme Board meetings, as well as two West of Scotland Planning Engagement Events. The NHS Board Chairs group had met, with a presentation delivered by Ms S Rodgers, NHS Scotland Workforce Director. Mr Brown had also met with the West of Scotland Regional Chairs Group.

Mr Brown emphasised the progress being made with regional and national planning with further detailed plans expected in early 2018. Mr Brown encouraged Board

Members to attend regional planning events whenever possible.

As part of their continued programme of engagement with local stakeholders, Mr Brown and Ms Grant had met with specific local MSPs and MPs including a tour of Vale of Leven Hospital with local MSPs. He had also met with local campaign groups in relation to services at Vale of Leven Hospital as well as Stobhill Ambulatory Care Hospital.

Mr Brown updated Members on his recent meetings with the Cabinet Secretary for Health and Sport at Lightburn Hospital as well as the Royal Hospital for Children. He had also met with Ms Maureen Watt, Minister for Mental Health, at the National Child Inpatient Psychiatry Unit.

He had met with Audit Scotland for the second time this year. Together with Prof. Dame Dominiczak, he had attended the NHS/ University of Glasgow Joint Strategy Group, and noted that University of Glasgow had been chosen by U.K. Government to undertake a Science and Innovation Audit in the field of Precision Medicine.

Mr Brown reported to Members on the continuing close relationship between NHSGGC and The Glasgow Centre of Population Health. Their new Deputy Chair would attend the NHS Board Standing Committee for Public Health.

Mr Brown provided an overview of the Annual Review for NHSGGC which had taken place on 2 October 2017 and gave thanks to all involved including the Standing Committee Chairs. A formal response was awaited from Scottish Government.

He provided an update to Members on the Chairman's Awards which had received many excellent nominations which demonstrated the commitment of staff to provide patients with the best possible services.

Mr Brown reported on the results of the BME Wellbeing Survey, and emphasised the importance of lending a voice to minority groups. He had also attended the Global Citizen symposium at the Royal College for Physicians and Surgeons.

Finally, he noted that the Board Effectiveness Survey deadline was 27 October and that the NHS Board Away days would take place on 16 and 17 November 2017.

NOTED

97. CHIEF EXECUTIVE'S REPORT

Ms Grant noted the recent meetings she had with elected members, along with Mr Brown as well as the meeting with Hospital Watch and a visit to the Vale of Leven Hospital.

She had attended a number of Advisory Committees of the Board as well the Clinical Senate, and highlighted the breadth of this clinical expertise. Ms Grant also reported on her meeting with staff side representatives.

She had also met with the Health and Justice Collaboration Improvement Board along with the Chief Officer for Glasgow City HSCP.

Ms Grant reported on her attendance at Strategic Leadership in a Crisis meetings along

with other Health Board Chief Executives. Within NHSGGC, the Corporate Directors and Chief Officers had met to discuss key strategies in whole system working across the NHS Board. Ms Grant had attended a West of Scotland Regional Planning Engagement Event, and noted that the close engagement of the Executive Team in this area. Ms Grant noted the national work around maternity HR systems, as well a local work such as the cancer advisory group.

Finally, Ms Grant had attended the Modern Apprentices Graduation event, which had underlined the opportunities available within the NHS Board.

NOTED

98. PATIENT'S STORY

Dr McGuire introduced a short film which featured a member of the NHS Board's nursing staff and her thoughts on some of the difficulties she had faced during her own treatment for breast cancer. Following the film, Mr Brown asked for Members thoughts on it. He acknowledged that this would produce individual responses, and underlined the NHS Board's key purpose in the provision of excellence in patient care.

Dr McGuire provided context of the series of action taken from this patient's story which fed into a number of themes especially about communication and staff attitude and behaviours. This had been used as a learning experience for staff.

Ms Brown expressed concern on the efficacy of this as a learning tool – and noted that some of the language used in the film (which this patient had found helpful and supportive during treatment) another patient might find unhelpful and even undermining. Health professionals required an empathetic approach, especially to vulnerable patients. This should not be promoted as the key way to interact with patients.

Ms Grant acknowledged that this could be the case, and that there would be different views in this regard – the essential lesson to be learnt was to remind all staff of the importance of empathy. Dr McGuire highlighted that this was an individual point of view and that as such the individual sensitivities of patients would mean that different approaches were required. The overall intention was to move towards improvement in patient care.

NOTED

99. TRANSFORMATIONAL PLAN – FRAMEWORK FOR FIVE YEAR PLAN

There was submitted a paper of the Chief Executive and Medical Director [Board Paper No. 17/52] which asked the NHS Board to approve the plan and associated timescales to develop a Transformational Strategic Programme for NHSGGC Health and Social Care Services – Moving Forward Together – in line with Scottish Government national and regional strategies, and the requirements and projected needs of the NHSGGC population.

Ms Grant provided an overview for Members, with an emphasis on review of patient pathways in a more strategic way. The focus was on clinical leadership and the programme was being taken forward by the Medical Director. The key provisions had

been shared with Advisory Committees to gain their feedback, as well as necessary consideration that this would be the right strategic framework across the whole NHS Board.

Dr Armstrong introduced the paper with an emphasis on medical advances of the past 15 to 20 years and how these had affected the delivery of care. She outlined the strategic direction within NHSGGC over this same period, especially with the opening of the Queen Elizabeth University Hospital in 2015, and placed this within the context of the national and regional strategic background.

She took Members through an overview of the NHSGGC Strategic Background and National Strategies and the NHSGGC Clinical Services Strategy, highlighting key themes. She provided further detail on the proposed approach for the Moving Forward Together Programme and phased delivery. Finalised proposals for the future of health and social care services delivered by NHSGGC for their population would be brought to the NHS Board for approval in June 2018.

**Medical
Director/
Secretariat
Manager**

Members received the paper positively and discussion followed on particular issues. Dr Lyons noted the importance of working toward improvements in public health given the impact of this on demand for services. Dr Armstrong agreed that this was central, and noted that it would take time to establish changes in the health of the population.

Ms McAuley asked for assurance on any financial implications for the NHS Board. Dr Armstrong underlined that this was the clinical vision and that the Executive Team would ensure that this would be planned and progressed on a cost/benefit basis within the NHS Board's financial plan.

Cllr Clocherty welcomed the paper, and sought clarification with regard to the suitability of the NHS Board's estate – particularly how the existing infrastructure would fit the future. Dr Armstrong emphasised that the programme presented what would be clinically appropriate and best for patients within the limits of what could be offered within the NHS Board's structure and means. Further detail would be brought forward at local and regional level as the programme was developed.

Medical Director

Ms Monaghan welcomed the report as outlining a cohesive way forward and asked for further detail on the implementation plan particularly in relation to the need for partnership working with the Integrated Joint Boards in tackling health inequalities.

Ms McAuley suggested that it would be helpful to give more prominence to Local Authorities' role in the Health and Social Care Delivery Plan, as well as the role of the third sector – additional wording to this effect would be beneficial. Dr Armstrong confirmed that the paper would be shared with the IJBs for their review and comment, and welcomed the suggestion made to add wording which emphasised the IJB role in doing so. As the programme was developed there would be wider engagement with local communities through the IJBs.

Medical Director

Ms Brown suggested that careful consideration would be required for the promotion of eHealth in the delivery of model of psychological care so that strategy was developed in an evidenced based way as well as a humanistic approach. Dr Armstrong advised that she would seek the views of Dr Michael Smith (Lead Associate Medical Director - Mental Health) regarding the sympathetic use of technology in therapy. It was clear that different therapeutic techniques would need to be available tailored to individual need. Some patients would welcome and benefit from further self care, whilst others required a more interventional approach.

Medical Director

Mr Finnie welcomed the direction of the report and noted the need for the NHS Board to approve the report and thus authorise the Executive Team to implement the programme appropriately, with financial means in support.

Cllr McColl added that whilst he welcomed the support being given to Local Authorities in the proposed wording change, it was clear that the intention was to engage as the programme developed and this should be enacted as the programme developed. He highlighted the need to recognise accessibility to services for all areas on the NHS Board including outlying areas in Inverclyde. The overall programme delivery needed to be set within realistic timescales.

Dr Armstrong emphasised that it was necessary to set a tight deadline for the work to proceed given the need to link with regional work but that this would be kept under review to ensure that was realistic against the backdrop of the local NHSGGC planning as well as regional and national planning. Ms Grant underlined that this was a key strategic priority in which careful consideration would be given to resourcing the programme as well as the pace of change to ensure both were appropriately managed for the delivery of health and social care.

Mr Brown noted that the NHS Board had received the proposal positively and that the paper had provided a good overview of the direction of travel. This was the first step in a staged process which recognised the improvements needed and the benefits that could be realised. The next stage was implementation, and the approach to engagement in doing so would be wide and deep. The programme required to be resourced appropriately and planning to be within realistic timescales. The NHS Board would have further assurance with internal audit reporting as the programme was developed.

DECIDED

- That the plan and associated timescales to develop a Transformational Strategic Programme for NHSGGC Health and Social Care Services – Moving Forward Together – in line with Scottish Government national and regional strategies and requirements and the projected needs of the NHSGGC population be approved.

Medical Director

100. WINTER PLAN 2017/18- FOR APPROVAL

There was submitted a report of the Medical Director and the Interim Chief Operating Officer for Acute Services Division [Board Paper No. 17/53] which asked the NHS Board to note the significant work undertaken across the Acute Division and HSCPs in preparation for the winter period and to approve the Winter Plan 2017/18.

Mr Best brought Member's attention to Scottish Government's "Preparing for Winter 2017/18 guidance and advised that the paper set out the arrangements in place to prepare for the winter period and provided the necessary assurance for the NHS Board and for Scottish Government.

Mr Best took Members through the report in detail, and highlighted the key issues particularly what had changed in the approach since the previous year. He noted that the work had been co-ordinated within the new governance structure of the Unscheduled Care Steering Group, with facilitated joint working at locality levels between Acute Services Division and HSCPs. This would continue, strengthening

partnership working at all levels.

In answer to a query from Ms McAuley, Dr Crighton confirmed progress on Flu immunisation for staff and the priority given to this. She emphasised that immunisation was the best way to offer protection from Flu, and that Scottish Government had set a target of 50% of staff to be vaccinated. Work continued in communicating this positive message to staff. Mr McLaws underlined the work progressed by the Communications Team in debunking common myths around Flu immunisation, to present an upbeat encouraging tone in messaging to members of staff. Dr Crighton explained that there was ease of access to Flu immunisation for staff members at work. Ms Grant added that although there was much to be done by the management team to set an example for staff and to underline each individual's responsibility to themselves, patients and colleagues; it was at the same time a matter of personal choice.

Ms McErlean raised coordination with Scottish Ambulance Services (SAS), and Mr Best confirmed that reorganisation within SAS there was a single point of contact within regions, which helped streamline discharge and transfer process. SAS would put in place additional vehicles in the evenings over the winter period. The SAS were embedded in the GP interface meetings.

Mr Brown noted that the report had been welcomed around the table, especially the changes made and lessons learned in this area. The new governance structure and work of the Unscheduled Care Steering Group would impact on delivery of services in the forthcoming period.

DECIDED

- That the Winter Plan 2017/18 would be approved.

**Medical
Director/ Interim
Chief Officer –
Acute Services**

101. PREPARATION FOR CARERS (SCOTLAND) ACT 2016

There was submitted a report of the Nurse Director [Board Paper No. 17/54] which asked the Board to note the implementation plan in place to support preparation for the Carers Act in time for commencement in April 2018; note the implications for acute services and consider the process outlined to achieve readiness. An update would be brought to the NHS Board in February 2018.

**Nurse Director/
Secretariat
Manager**

Dr McGuire introduced the paper to Members as an update and led them through the key issues. She explained that national guidance was awaited, but that preparation was underway to identify key actions and implications for acute services. Partnership working was encouraged across acute services and HSCPs in preparation of the Act. Dr McGuire underlined that this was a significant area, and that focus would be on training staff in readiness for the commencement date.

Mr Ritchie advised that he had attended a session on the Act held at Queen Elizabeth University Hospital and had been impressed by the content.

NOTED

102. INTEGRATED PERFORMANANCE REPORT

There was submitted a report of the Head of Performance [Board Paper No. 17/55] which asked the Board to note and discuss the content of the Board's monitoring report. This paper brought together high level information from several reporting themes to provide an integrated overview of the Board's performance in the context of the 2016/17 Strategic Direction and Local Delivery Plan.

Ms Mullen 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 (where performance has had an adverse variance of more than 5%).

Members noted the improvement in performance in relation to a number of key targets including access to Drug and Alcohol treatment, Antenatal Care and IVF treatment also continued to exceed target.

Ms Mullen highlighted performance deterioration in the number of patients waiting longer than national waiting time standards and the cancer 62 day wait for suspicion of cancer referrals.

There were eight measures rated as red and Mr Best explained each had an accompanying exception reports, outlining actions in place to address performance. He took Members through the key issues particularly in relation to the processes in place within acute services to improve performance.

Members queried the availability of intermediate care beds and the effect this had on discharge procedures and asked if consideration would be given to re-visiting this model of care, and sought assurance on whether the model was being used effectively both in terms of reducing delayed discharges and the resources required in support.

Mr Williams provided the context that following a three year survey in this area within Glasgow City HSCP, there were 90 intermediate care beds in place.

Focus was on progress toward reducing delayed discharges and towards discharge within 72 hours. There was a move away from assessment of patients at the point of crisis i.e. whilst within an acute setting. This was being managed within the principles of the integration framework and the target was for 30% to be discharged and supported at home, with the remaining 70% requiring residential or nursing care and an average turnaround time of 4 weeks. Mr Williams highlighted that these targets were broadly being met in terms of the 30/70% split; although the average length of stay was 6 weeks, it was widely recognised that the original 4 week target was ambitious and well beyond the norm. Mr Williams highlighted that although it was acknowledged that performance should improve further, this was an area in which progress was being made effectively by NHSGGC within the national context.

A full evaluation report on the effectiveness of the model would be made to Glasgow City Integrated Joint Board (IJB) in the first instance, and this would then be shared with the Acute Services Committee and the NHS Board. This was welcomed by Members, and Ms Brimelow underlined the need for clinical views to be represented within the evaluation. Mr Williams confirmed that this work was being completed in conjunction with the Medical Director.

Ms Brown noted that the presence of intermediate care beds should be acknowledged in the delivery of the Winter Plan 2017/18 and that long term planning was required in this area following the end of the seasonal pressure on services.

Ms Brown asked for assurance on the timeliness of reporting of diagnostic testing, and how this impacted on the 62 day cancer target. Ms Brown asked if the improvement in delivery of diagnostic imagery was being supported by timely reporting back to the referring clinician so that the patient's overall care could be progressed. Mr Best confirmed that this was a parallel process and that reducing reporting times had been prioritised. There had been improvement and he acknowledged the need review progress in terms of the totality of the patient's journey. This was under close review by Mr Best and the Director for Regional Services. A report had been made to the Acute Services Committee to outline planning and timescales; Mr Carr added that the Acute Services Committee had taken detailed consideration of this and were content with the progress being made.

NOTED

103. MENTAL HEALTH SERVICES – DELAYED DISCHARGES – UPDATE

There was a report submitted by the Chief Officer of Glasgow City HSCP and the Nurse Director which asked the NHS Board to note the improvement in Mental Health services delayed discharges to date, particularly within adult mental health. The NHS Board was asked to support the development of the Five Year Forward View strategy and improved scrutiny to further improve discharge performance from Adult and Older Peoples Mental Health (OPMH) beds and to support the connected development programmes that would transform learning disability services and address current delays.

Mr Williams took Members through the report noting the historical context as well as the improvements made in performance.

Dr Lyons asked for assurance regarding older patients as well as those with learning difficulties. These were cases in which patients presented with challenges and were in urgent need of being cared for by the right staff in the right environment. Each cohort had their own particular needs. Mr Williams agreed with this assessment and outlined the work progressed on bespoke commissioning for those with learning difficulties; as well as the importance of placing older people with dementia within the right environment with nursing staff trained in offering the care required. Ms Monaghan asked for wider consideration of the models of care available for these patients.

Ms Forbes sought more detailed analysis of the data - as presented it provided monthly variation only without identifying patient flows and differentiating average length of stay. Dr Crighton advised that work was being progressed to research how to better present the data and that a further report would come back to the NHS Board in April 2018.

**Nurse Director/
Chief Officer for
Glasgow City
HSCP/
Secretariat
Manager**

NOTED

104. CLINICAL & CARE GOVERNANCE REPORT – UPDATE

There was submitted a report of the Medical Director and the Nurse Director [Board

Paper No. 17/57] which asked the Board to consider and note the Clinical and Care Governance Report.

Dr Armstrong led Members through the report and highlighted the key issues to be considered including progress in implementing Duty of Candour and the Scottish Patient Safety Programme Acute Adult Work-stream. Dr McGuire took Members through an update of NHSGGC's response to the Healthcare Improvement Scotland report on maternity services in NHS Ayrshire and Arran.

Mr Ritchie noted the work undertaken on tissue viability and sustained improvement in this area. Ms Brimelow found helpful assurance in the report overall and asked for specific reassurance on the quality of care offered to women for surgical intervention following miscarriage. Dr McGuire confirmed that the NICE standard for surgical intervention following miscarriage was being met within NHSGGC.

NOTED

105. HEALTHCARE ASSOCIATED INFECTION REPORTING TEMPLATE (HAIRT)

There was submitted a report of the Medical Director [Board Paper No. 17/58] which asked the 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 NHSGG&C on a range of key HAI indicators at national and individual hospital site level and led Members through a summary of performance.

NOTED

106. FINANCIAL MONITORING REPORT FOR THE 5 MONTH PERIOD TO 31 AUGUST 2017

There was submitted a report of the Director of Finance [Board Paper No. 17/59] which asked the NHS Board to note the updated financial position at 31 August 2017 and an assessment of year end projection. The report also provided an update on the actions being taken forward to deliver a year end break even revenue and capital position.

Mr White provided an overview of the key figures within the report, highlighting the positions within Acute Services, the health budgets of HSCPs, Corporate Directorates and capital expenditure.

Mr Archibald provided Members with an overview of the Sustainability & Value Action Group (S & V Group). This Group was a dedicated resource from across the organisation led by Mr Archibald, to lead wider savings initiatives, scrutinise and support existing schemes and harness the generation of new ideas and ways of working. It was a multi-disciplinary team with input from clinical colleagues, operational management as well as finance, which positioned the Group to challenge all areas of the service.

In particular, the S & V Group was reviewing internal comparative performances, as

well as NHSGGC performance when compared against other Health Boards within Scotland and NHS Trusts in England to see if lessons could be learned in new, more efficient ways of working. The net had been cast even wider to look at international comparisons.

At the same, time Mr Archibald acknowledged the lessons that could be learned from staff on the ground delivering services – this had lead to the establishment of Small Change Matters as a conduit through which staff could suggest and progress change within their own areas. This had already generated a range of ideas for service redesign which would be examined for sustainability and standardisation across the Board, as well as recognising those areas in which local difference was essential.

Mr Brown reported that at the most recent meeting of the Finance & Planning Committee on 3 October 2017, the focus had been on efficiency within the context of change and the shift in the balance of care; as well the continuing focus on the prescribing budget.

NOTED

107. PATIENT EXPERIENCE REPORT 1 APRIL TO 30 JUNE 2017

There was a report of the Nurse Director [Board Paper No. 17/60] which asked the Board to note the quarterly report on Patient Experiences in NHS Greater Glasgow & Clyde for the period 1 April to 30 June 2017.

Dr McGuire led Members through the report detailing the numbers and themes in complaints received and SPSO Investigative Reports and Decision Letters. Dr McGuire described the methodology used in feedback opportunities as well as Patient Advice and Support Service Activities, and examples of areas of improvement.

The report was positively received by Members – Ms Brown recommended further overview by the Executive Lead to draw out the main strands and analysis of the learning to be taken. Dr McGuire confirmed that work was ongoing to review new methods in presenting the report.

Nurse Director

Dr Lyons sought further clarification of the system wide approach towards Adults With Incapacity, as it was not always sufficient to rely on the view of the carer. Dr McGuire confirmed that this was under review.

Nurse Director

In response to a question from Ms McAuley, Dr McGuire confirmed that the response rate on universal feedback was audited to ensure that it was balanced. Ms McAuley also asked about the pressure on frontline staff to resolve complaints, and Dr McGuire emphasised the focus on front line staff to try to resolve concerns as quickly and directly as was possible and acknowledged that staff needed to be supported in doing so.

Mr Brown asked for a further report to clarify the numbers of complaints that were upheld/ partially upheld or not upheld. A further report on this aspect making a comparison with outcomes from other NHS Boards and would be brought to the Board. This should be separated into Acute, Board and HSCP data.

Nurse Director

NOTED

108. FINANCE & PLANNING COMMITTEE: 22 AUGUST 2017

Mr Brown provided an update of the meeting held on 3 October, in which Members confirmed that they were content with the arrangements made within the Executive team for Planning and Performance oversight. The Committee had reviewed Community Planning as well as Regional Planning, the Transformational Plan and detailed consideration of expenditure.

The Minutes of the meeting held on 22 August 2017 [F&P(M)17/03] were noted.

NOTED

109. AREA CLINICAL FORUM: 3 AUGUST 2017

On behalf of the Area Clinical Forum Ms Thompson welcomed the opportunity to provide the NHS Board with a summary of the work the Forum was progressing.

The Committee had reviewed workforce planning, and shared understanding on the referral system from HSCPs to acute services. The ACF had also been reassured to note the progress made on the Transformational Plan following a presentation from the Medical Director.

The Minutes of the meeting held on 3 August 2017 [ACF(M)17/04] were noted.

NOTED

110. AUDIT & RISK COMMITTEE: 20 JUNE & 12 SEPTEMBER 2017

Mr Carr highlighted the Committees work regarding the internal audit by PWC as well as Audit Scotland on workforce planning. They had reviewed the effectiveness of the Datix system, as well as the tender process for Internal Audit. Mr White noted that the Final Accounts for 2016/17 had been approved by the Scottish Parliament in October 2017.

The Minutes of the meetings held on 20 June and draft Minutes 12 September 2017 [A(M)17/03 and A(M) 17/04] were noted.

NOTED

111. CLINICAL & CARE GOVERNANCE COMMITTEE: 6 JUNE 2017

Ms Brimelow outlined the work being progressed by the Committee in respect of inpatient suicides, infection control and Duty of Candour, and thanked the Secretariat Manager for her support of the Committee in fulfilling its remit.

The Minutes of the meeting held on 6 June 2017 [C&CG(M) 17/03] were noted.

NOTED

112. PHARMACY PRACTICES COMMITTEE: 30 AUGUST 2017

Mr Cowan outlined the Committee's work on the applicant process and regulatory requirements. The Minutes represented a summing up of the decision making within Committee.

The Minutes of the meetings held on 30 August 2017 [PPC(M) 17/04] were noted.

NOTED

113. PUBLIC HEALTH COMMITTEE 25 JULY 2017

Mr Cowan advised that the Committee had given detailed consideration of the Public Health Strategy and the framework for this. The Committee was continuing to promote the NHS Board's responsibility in Public Health.

The draft Minutes of the meeting held on 25 July 2017 [PH(M)17/02] were noted.

NOTED

114. STAFF GOVERNANCE COMMITTEE 1 AUGUST 2017

Ms McErlean advised that the Committee received regular updates from the six HSCPs, and at this meeting had received a report from East Dunbartonshire. The Committee also received reports on Fire Safety training, eKSF, the Staff Disability forum, the LCBT Forum as well as reviewing cultural development.

The Minutes of the meeting held on 1 August 2017 [SG(M)17/03] were noted.

NOTED

115. DATE & TIME OF NEXT MEETING

Tuesday 19 December 2017, 9.30am at The William Quarrier Conference Centre, 20 St Kenneth Drive, Govan, Glasgow G51 4QD.

The meeting ended at 2.15pm