NHSGG&C(M)10/02
Minutes: 20 - 40

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the NHS Greater Glasgow and Clyde Board held in the Board Room, Dalian House 350 St Vincent Street, Glasgow, G3 8YZ on Tuesday, 20 April 2010 at 9.30 am**

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**P R E S E N T**

Mr A O Robertson OBE (in the Chair)

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| Dr C Benton MBE | Mr D Griffin |
| Mr G Carson | Mr P Hamilton |
| Mr R Cleland | Councillor J Handibode |
| Councillor J Coleman | Mr I Lee |
| Mrs R Crocket | Mr G McLaughlin |
| Mr P Daniels OBE | Mr D Sime |
| Ms R Dhir MBE | Councillor A Stewart |

Mr B Williamson

**I N A T T E N D A N C E**

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| Mr C Bell | .. | Chair, Area Clinical Forum |
| Dr J Dickson | .. | Associate Medical Director - Clyde |
| Ms S Gordon | .. | Secretariat and Complaints Manager |
| Mrs J Grant | .. | Chief Operating Officer, Acute Services Division |
| Mr J C Hamilton | .. | Head of Board Administration |
| Mr A McLaws | .. | Director of Corporate Communications |
| Mr I Reid | .. | Director of Human Resources |
| Ms C Renfrew | .. | Director of Corporate Planning and Policy |

**ACTION BY**

**20. APOLOGIES**

Apologies for absence were intimated on behalf of Professor D Barlow, Mr R Calderwood, Dr B N Cowan, Dr L de Caestecker, Dr M Kapasi MBE, Councillor D MacKay, Councillor J McIlwee, Mrs J Murray, Mrs R K Nijjar, Councillor I Robertson, Mrs E Smith, Mr K Winter and Councillor D Yates.

**21.** CHAIR'S REPORT

(i) Mr Robertson noted that a number of staff had had their return home delayed due to the current national problem with volcanic ash. He confirmed, however, that there had been no cancellations of clinics or elective surgery to date due to this. He thanked staff who had worked hard throughout this unexpected and challenging period to ensure business as usual.

(ii) On 18 February 2010, Mr Robertson had met with Professor Graham Coombs and visited the Institute of Pharmacy and Biomedical Sciences, University of Strathclyde. To this meeting he was accompanied by Dr K McKean, Head of Pharmacy and Prescribing Support Unit. It had been a most interesting meeting with a number of initiatives discussed both within the fields of science and education. He anticipated this meeting would be followed up with further developments.

(iii) On 24 February 2010, Mr Robertson had attended the official opening of the new Stobhill Hospital by the First Minister. That evening, he attended, alongside Mr Calderwood and Ms Renfrew, a full Council meeting of West Dunbartonshire Council. At that meeting, the NHS Board provided reassurance as to the merits of closer working in a CHCP model, in a way which would reflect the needs of West Dunbartonshire Council. Although learning lessons from experiences elsewhere with the CHCP model, the NHS Board was able to confirm that the Scheme of Establishment would be tailored for the needs of West Dunbartonshire Council.

(iv) On 26 February 2010, Mr Robertson met with Councillor George Redmond of Glasgow City Council. Councillor Redmond was the Executive member with responsibility for health and wellbeing and Mr Robertson hoped to arrange a follow up meeting with him, Dr de Caestecker and Professor C Tannahill at a later date.

(v) On 8 March 2010, Mr Robertson had visited Renfrew Health and Social Work Centre. The Centre was now fully operational and it was anticipated an official opening would take place in the summer. Mr Williamson confirmed that the Centre appeared to be working well with both staff and patients pleased with their new environment.

(vi) On 16 March 2010, Mr Robertson had attended the official sod-cutting ceremony for the new laboratories on the South Glasgow Hospital campus by the Cabinet Secretary for Health and Wellbeing.

(vii) On 18 March 2010, Mr Robertson had started the non-Executive Board members' annual appraisal process.

(viii) On 26 and 31 March 2010, Mr Robertson had met with the Convener of Social Work, Glasgow City Council, Mr A Graham and Councillor J Coleman on the issue of CHCPs.

(ix) On 13 April 2010, Mr Robertson had met with Mr J McClelland from the Higher Education Funding Council and was accompanied by Ms L Lauder, Head of Workforce Development. This had been a productive meeting with agreement reached on the work programmes for both organisations in terms of taking forward Workforce Planning.

(x) Mr Robertson had received a message from Mr J Bannon on 17 April 2010 asking that he pass on his thanks to colleagues and staff for their good wishes since his departure as a non-Executive Board Member on 31 March 2010.

NOTED

**22. MINUTES**

On the motion of Mr P Hamilton, seconded by Mr I Lee, the Minutes of the NHS Board meeting held on Tuesday 16 February 2010 [NHSGG&C(M)10/01] were approved as an accurate record and signed by the Chair.

NOTED

**23. MATTERS ARISING FROM THE MINUTES**

Mr J Hamilton agreed to circulate to members the rolling action list of matters arising. **Head of Board Administration**

NOTED

**24. SCOTTISH PATIENT SAFETY PROGRAMME UPDATE**

A report of the Board's Medical Director and Head of Clinical Governance [Board Paper No. 10/10] asked the NHS Board to review and comment on the progress achieved by NHS Greater Glasgow and Clyde in implementing the Scottish Patient Safety Programme (SPSP).

Dr Dickson reminded members that the programme focused on improving safety by increasing the reliability of healthcare processes within acute care. This was achieved by frontline teams testing and establishing more consistent application of clinical and/or communication processes. Success was monitored through a measurement framework and supported by a visible commitment to safety by the organisation and the achievement of an overarching set of improvement aims which currently were as follows:-

- mortality – 15% reduction
- adverse events – 30% reduction
- ventilator associated pneumonia – reduction
- central line bloodstream infection – reduction.
- blood sugars within range (ITU/HDU) – 80% or > within range
- MRSA bloodstream infection – 50% reduction
- crash calls – 30% reduction
- harm from anti-coagulation – 50% reduction in ADEs
- surgical site infections – 50% reduction (clean).

Dr Dickson commented on the NHS Board's progress in relation to each of the above nine aims. He also summarised the key actions scheduled for completion in early 2010 and confirmed that all were progressing well.

Dr Dickson reported that the NHS Board's overall aim was to ensure the care provided to every patient was safe and reliable. Local implementation of the Scottish Patient Safety Programme would contribute to this aim. Furthermore, it was anticipated to achieve full implementation of the core programme in the Acute Services Division by the end of December 2012. It was also intended to develop SPSP style improvement programmes in Paediatrics and Mental Health Services in 2010, then in Primary Care and Obstetrics in 2011.

Dr Dickson led the NHS Board through actions being taken to deliver forthcoming milestones. He explained that reliability was described as process performance at 95% (+ or – 5%) that was sustained each month over a period of six months.

In effect, teams needed to demonstrate that an action or process was observed to have been performed over 90% of the occasions when it was expected. Overall improvement had been observed in over three quarters of the measures across all work-streams.

In response to a question from Mr McLaughlin, Dr Dickson confirmed that teams had either performed at 90% or had been close. Some early teething problems had included the use of methodology and the interpretation of data. If performance issues had been observed in terms of meeting the 90%, then these teams were targeted directly to resolve.

In response to a question from Mr Robertson, Dr Dickson confirmed that NHS Greater Glasgow and Clyde compared favourably with other NHS Scotland Boards. A slight difference was recorded from the American experience but, by and large, all NHS Scotland Boards were performing similarly and tackling the same issues. By December 2012, all of the NHS Board's clinical services would be covered by SPSP and this should be the same throughout NHS Scotland as all Boards were progressing at roughly the same pace.

NOTED

**25. HEALTHCARE ASSOCIATED INFECTION – MONITORING REPORT**

A report of the Medical Director [Board Paper No. 10/11] asked the NHS Board to note the latest of the regular bi-monthly reports on Healthcare Associated Infection (HAI) in NHS Greater Glasgow and Clyde. The report presented data on the performance of NHS Greater Glasgow and Clyde on a range of key indicators at national and individual hospital site level.

Dr Dickson reminded members that the bi-monthly report outlined the NHS Board's position and performance in relation to:-

- S.aureus bacteraemias (MRSA) (HEAT Target)
- C.difficile
- Surgical Site Infections
- Hand hygiene compliance
- Monitoring of cleaning services.

In summarising the report for members, Dr Dickson reported the following:-

- If current trends were maintained, NHS Greater Glasgow and Clyde would achieve the target of a 35% reduction in S.aureus bacteraemias by 2010. In the quarter July – September 2009, NHS Greater Glasgow and Clyde was below the projected April 2010 target of 152 cases per quarter.
- The national report published in January 2010 (July – September 2009) indicated that the annual rate of C.difficile infection in NHS Greater Glasgow and Clyde in the over 65s was 0.43 per 1000 acute occupied bed days. This placed NHSGGC well below the 2011 target of 0.9 per 1000 acute occupied bed days and was the second quarter in a row that the NHS Greater Glasgow and Clyde rate was 0.43.
- The Surgical Site Infections (SSI) rates in NHS Greater Glasgow and Clyde, for the last quarter of 2009, remained below the national average for all procedures.

- NHS Greater Glasgow and Clyde had demonstrated a steady rise in hand hygiene compliance during the national audit periods from a 62% baseline in February 2007 to achieve the 90% target in September 2008 and a current figure of 91%.
- All areas within NHSGGC scored green (>90%) in the most recent report on the national cleaning specification.

Dr Dickson reported that, as at February 2010, there was one ward based exception report. He also confirmed that the latest updated figures suggested that the rate of C.difficile infection in NHS Greater Glasgow and Clyde in the over 65s had dropped to 0.36 per 1000 acute occupied bed days. Formal publication of this latest data was expected shortly.

In response to a question from Ms Dhir concerning the impending change in the provision of cleaning services, Mrs Grant agreed it would be important that performance did not drop as a result of any contractual changes made. She confirmed that the new contract did not see any reduction in cleaning services but related more to operational activities. She confirmed, however, that quality assurance plans were in place and that further discussion had taken place across the Acute Services Division to re-energise the effort in relation to performance in hand hygiene to further reinforce the need for all staff to be aware of all the policies contained in the prevention and control of infection manual.

Mr Williamson referred to the current target to reduce MRSA which ended in 2010. He considered that a new target should be set from 2011 onwards to build on the success of the programme rather than simply maintaining an ongoing standard. Dr Dickson agreed to report this back to Dr Cowan to feed into the National Group at the Scottish Government Health Directorates. In discussion, it was recognised that it was probably unrealistic to expect to eradicate all infections as the reported rates included those acquired in the community as well as the hospital setting but the NHS Board would work towards delivering the lowest rates achievable. **Medical Director**

NOTED

## 26. HEALTH PROTECTION SCOTLAND ANNUAL SURVEILLANCE OF HAI REPORT

A report of the Medical Director [Board Paper No. 10/12] asked the NHS Board to note the annual report from Health Protection Scotland on the surveillance of Healthcare Associated Infection (HAI) within NHS Scotland.

Dr Dickson confirmed this was the first of such a report from Health Protection Scotland and led the NHS Board through a summary of the performance of NHS Greater Glasgow and Clyde. Its purpose was as an annual stock take of the epidemiology of HAI in Scotland to supplement the routine quarterly reports. The aim of the Annual Report was to identify key information on HAI in Scotland, demonstrating the burden of infection, trends in infection incidence, share supplementary epidemiological and microbiological data from the national reference laboratories and identify future priorities.

Dr Benton asked whether any of the twelve MRSA strains that had the PVL (Panton – Valentine Leukocidin) had been present in cases within NHS Greater Glasgow and Clyde. Dr Dickson agreed to look into this matter further and respond direct to Dr Benton. **Medical Director**

NOTED

**27. CHCPS UPDATE**

The Director of Corporate Planning and Policy updated the NHS Board on developments in relation to the following CHCPs:-

- West Dunbartonshire CHCP – the post for Director was currently out to advert. The NHS Board had agreed with West Dunbartonshire Council that shadow CHCP arrangements would be introduced with immediate effect. It was anticipated that a formal Scheme of Establishment for the CHCP would be considered by the NHS Board at its October 2010 meeting.

- East Dunbartonshire CHCP – a number of discussions had taken place between the NHS Board and East Dunbartonshire Council regarding the preferred CHCP model for the area. Discussions were at an early stage and Mr McLaughlin hoped these could be moved forward to a conclusion shortly.

- Inverclyde CHCP – a Director had been appointed to Inverclyde CHCP and it was anticipated that the Scheme of Establishment would be ready for consideration by the NHS Board at its June 2010 meeting. In the interim, a management structure was now in place and work was ongoing to migrate staff into posts.

In response to a question from Mr P Hamilton, Ms Renfrew confirmed that there were no outstanding issues regarding budgets for the CH(C)Ps. It was intended that the Scheme of Establishment would see full devolution of budgets to the relevant CH(C)P Director.

NOTED

**28. NHS GREATER GLASGOW & CLYDE POSITION WITH REGARD TO THE CONCLUSIONS AND RECOMMENDATIONS FROM TWO NATIONAL INQUIRIES INTO CHILD FATALITIES: BABY P AND BRANDON LEE MUIR**

A report of the Nurse Director [Board Paper No. 10/13] asked the NHS Board to note the current position and actions in NHS Greater Glasgow and Clyde with regard to the conclusions and recommendations from two national inquiries into child fatalities: Baby P and Brandon Lee Muir.

Mrs Crocket provided the NHS Board with an overview of the actions that had been implemented across NHS Greater Glasgow and Clyde in relation to lessons learned from "the Review of the Involvement and Action Taken by Health Bodies in Relation to the Care of Baby P, Care Quality Commission, May 2009" and "Significant Case Review: Brandon Lee Muir, Part 1". In particular, she highlighted local actions that had been taken to address the following recommendations:-

- Clear communication and working arrangements with relevant Social Services Departments must be established to ensure that there was no delay in establishing contact between agencies once a safeguarding referral had been made to Social Services.

- Staff must be aware of Child Protection Procedures and adhere to these procedures.

- Appropriate arrangements must be in place for Quality Assurance and Governance.

- Full background checks must be carried out on all household members.

- Arrangements must be in place for continual assessment and care planning.

In response to a question from Mr Sime, Mrs Crocket confirmed that the NHS Board's recruitment practices ensured an adequacy of hospital staff, particularly in relation to the number of appropriately qualified paediatric staff available when required, in line with the established guidelines. Child Protection was part of the core function of all general and community paediatricians. In addition, dedicated Child Protection sessions were included within the job plans of appropriate medical staff. Reviews and audits were constantly undertaken by the Child Protection Unit which was the central referral point for access to forensic and paediatric assessment.

Mr Cleland commented that the whole issue of Child Protection remained work-in-progress as lessons were learned. As such, it was paramount to never become complacent. Mrs Crocket agreed and emphasised that Child Protection procedures were constantly being reviewed and guidelines reinforced. Within NHS Greater Glasgow and Clyde, there was evidence of good working practice particularly in relation to staff training, robustness of guidelines and joint working with local authorities.

It was important, nonetheless, always to be reflective that such measures met the needs of vulnerable children. In terms of audit feedback, this was reported to the Acute Operational Group and the Partnerships Operational Group. Thereafter, it was reported to the NHS Board's Child Protection Forum. In the future, it was planned that an annual report on Child Protection activities would be compiled and reported to the Board's Clinical Governance Committee. Mr Williamson welcomed this level of governance and Mrs Crocket also referred to Her Majesty's Inspectorate of Education (HMIe) inspections which took place regularly. The next HMIe inspection within NHS Greater Glasgow and Clyde was due in May 2010 and would take place within East Renfrewshire.

Mr McLaughlin commended the Supervision Model and Tool in place for health visitors and school nurses. Mrs Crocket reported that it was intended to commission an independent review of this model and preparation of a specification of the brief for the review was currently being undertaken. It was hoped to engage with one of the local universities to undertake the review.

In terms of raising overall awareness of vulnerable children, it was recognised that other agencies often had access to or visited the home of families, such as housing officers. It was understood that an alert system existed within local authorities to allow such staff to raise concerns.

In response to a question from Mr Daniels concerning staff attendance at case conferences, Mrs Crocket confirmed that, following an audit, it was agreed that it was not always necessary for a GP to attend a case conference so long as they were represented by a member of staff who was fully informed of the case.

Mrs Crocket confirmed that GPs were included in the Training Programme for Child Protection and overall responsibility for GP attendances at child protection training lay with CH(C)P Directors.

DECIDED

- That the current position and actions in NHS Greater Glasgow and Clyde with regard to the conclusions and recommendations from the two inquiries into child fatalities: Baby P and Brandon Lee Muir be noted.

- That a further report be submitted to a future meeting of the NHS Board. **Nurse Director**

## 29. WAITING TIMES AND ACCESS TARGETS

A report of the Chief Operating Officer (Acute Services Division) [Board Paper No. 10/14] asked the NHS Board to note progress against the national targets as at the end of February 2010.

Mrs Grant led the NHS Board through the report and highlighted the actions being taken to deliver the waiting times and access targets.

In response to a question from Dr Benton, Mrs Grant confirmed that the target of no patient waiting over 9 weeks for inpatient or daycase treatment by March 2010 was a national target. This would require to be achieved as a key element of the overall patient pathway. Within NHS Greater Glasgow and Clyde, from April 2009, all specialities had maintained the 12 weeks inpatients and day case target. The Acute Services Division had now achieved the target set for March 2010 where no patient would wait over 9 weeks for treatment as an inpatient/day case.

In response to a question from Mr Bell concerning waiting times for access to the Dental Hospital and Oral Health Services, Mrs Grant confirmed that these were routinely considered by in the same manner as other waiting lists and, in future, would routinely be considered by the Corporate Management Team, in addition to the monitoring processes already in place within the Acute Division.

NOTED

## 30. FINANCIAL MONITORING REPORT FOR THE 11 MONTH PERIOD TO 28 FEBRUARY 2010

A report of the Director of Finance [Board Paper No. 10/15] asked the NHS Board to note the financial performance for the first 11 months of the financial year.

Mr Griffin reported that the NHS Board was currently reporting an expenditure outturn of £1.6M in excess of its budget for the first 11 months of the year. At this stage, however, it was considered that a year-end breakeven position remained achievable. Mr Griffin also highlighted details of expenditure to date against the Board's 2009/10 capital allocation and a progress report on achievement of the NHS Board's 2009/10 cost savings targets.

Councillor Handibode commended Mr Griffin and his team for the clarity of the data provided and the efforts made in attempting to achieve a breakeven position in the current financial climate.

Mr Sime asked about the impact of Agenda for Change Appeals on the 2009/10 financial outturn. Mr Griffin explained that the recurring cost impact of successful appeals was likely to be some £3M higher than originally estimated.

This was offset by an equal and opposite movement in energy costs attributable to an easing of gas and energy prices in the second half of the year. There remained a number of posts, however, where review panels could not agree on a grade. These may be subject to further review and, depending on the outcome of this, may generate a further cost pressure of between £1M to £2M. In the event of this additional cost pressure crystallising in 2009/10, the NHS Board would require to manage this by recalibrating its expenditure plan to release an equivalent level of non recurring funding in the period up to the year end.

In response to a question from Mr Lee regarding the overspend on Learning Disability Services due to the residential and medical costs of a patient with special needs placed with an external service, Mr Griffin explained that this area was currently being reviewed in order to address current cost pressures. Although an ongoing challenge, Mr Griffin confirmed that expenditure was carefully monitored by local management teams on an ongoing basis.

NOTED

**31. QUARTERLY REPORT ON COMPLAINTS – 1 OCTOBER TO 31 DECEMBER 2009**

A report of the Head of Board Administration, Chief Operating Officer (Acute Services Division) and Lead Director, CHCPs (Glasgow) [Board Paper No. 10/16] asked the NHS Board to note the Quarterly Report on NHS Complaints in Greater Glasgow and Clyde for the period 1 October to 31 December 2009.

Mr J Hamilton reported that for this quarter the overall NHS Greater Glasgow and Clyde complaints handling performance was 72% of complaints being responded to within 20 working days. This was above the national average which was to respond to 70% of all complaints within 20 working days. This was the fifth quarter in a row where such performance had been sustained which was a vast improvement. Within the quarter, and in accordance with the Ombudsman's monthly reporting procedure, six reports had been laid before the Scottish Parliament concerning NHS Greater Glasgow and Clyde cases.

Mr J Hamilton referred to the Patients Rights Bill which aimed to ensure that the healthcare patients received met certain criteria according to a set of healthcare principles around patient focus, patient involvement and information and support. The Bill was part of the Government's Legislative Framework for Healthcare and explicitly linked in with the Quality Strategy, Better Together Patient Experience Programme and the Scottish Health Council's participation standard. He explained that there were three stages to parliamentary scrutiny and it would take approximately one year before the Bill completed the Parliamentary process. Key provisions of the Bill included giving every patient the right to make a complaint or provide feedback about NHS care and services, and to have access to support to do so, if they required it and the establishment of a Patient Advice and Support Service (PASS) to replace and enhance the existing Independent Advice and Support Service (IASS).

Mr McLaughlin asked how NHS Greater Glasgow and Clyde compared in its "complaints completed ratio to patient activity levels" with other NHS Scotland Boards. Mr J Hamilton explained that this ratio was calculated using ISD statistics at the request of a non-Executive Board member. He was not aware that other NHS Boards compiled this ratio, therefore, it was unlikely that comparisons could be made.

Mr J Hamilton commended the efforts made by frontline staff and local complaints teams in sustaining improved performance in relation to responding to complaints.

NOTED

**32. NHS GREATER GLASGOW AND CLYDE – ANNUAL REVIEW OF GOVERNANCE ARRANGEMENTS**

A report of the Head of Board Administration [Board Paper No. 10/17] asked the NHS Board to approve, note and agree any revisions to the governance arrangements in place within NHS Greater Glasgow and Clyde.

Mr J Hamilton reminded the NHS Board that, in February 2005, it approved the new organisational arrangements to implement the white paper "Partnership for Care". Subsequently, two significant reviews of the governance arrangements took place as the moves to single system working and integration of Clyde were carried out and, as a result, the NHS Board approved in December 2006 a detailed set of new governance arrangements to support the new organisation. This was further endorsed by approval of the annual review of governance arrangements in April 2007, the subsequent approval in August 2007 of the membership of Committees following the changes which resulted from the outcome of the Council Elections in May 2007 and the subsequent approval of the formal annual reviews of governance arrangements in April 2008 and April 2009.

As had been the case in previous years, each Standing Committee of the NHS Board was asked every two years to formally discuss and review its remit and ensure that it was fit for purpose and met the Committee's needs in having delegated powers for its own area of responsibility. Each Committee carried out its formal review in 2009 and, this year, the review concentrated on those changes/amendments which the Standing Committee's of the Board had made during the last twelve months.

Due to the postponement of the Audit Committee meeting in March 2010, Audit Committee members considered the draft Annual Review of the corporate governance documentation via email and members were content with its submission to the NHS Board.

Mr J Hamilton led the NHS Board through the changes which provided a solid governance framework for the NHS Board properly to discharge its responsibilities and statutory functions. He reported that the internal auditors were commencing a review of Board members Register of Interests, Expenses, Gifts and Hospitality Process, Procedure and Guidance to ensure there were robust, comprehensive and clear policies, procedures and controls were in place and operating as intended. Furthermore, with the launch of the revised Freedom of Information Publication Scheme in June 2010, information on NHS Board members' expenses would be made available online on the NHS Board's website.

In response to a question from Ms Renfrew, Mr J Hamilton explained the process for the appointment of the Chairs of the five West of Scotland Research Ethics Committee's for which the NHS Board retained responsibility.

Mr Sime asked about the non-Executive member vacancies on the five Glasgow City CHCPs. Mr J Hamilton recognised that these posts had been vacant for some time but it was hoped that the vacancies would be considered further once a revised Scheme of Establishment had been agreed with Glasgow City Council.

DECIDED

(i) That the revised Standing Orders for the Proceedings and Business of the NHS Board and the Decisions Reserved for the NHS Board [Board Paper Appendix 1] be approved. **Head of Board Administration**

(ii) That the revisions to the Standing Financial Instructions be approved. **Director of Finance**

(iii) That the remits of the Standing Committees – Audit [Board Paper Appendix 2], Clinical Governance [Board Paper Appendix 3], Staff Governance [Board Paper Appendix 4], Performance Review Group [Board Paper Appendix 5], Involving People [Board Paper Appendix 6], Research Ethics Governance [Board Paper Appendix 7], Pharmacy Practices [Board Paper Appendix 8] and Area Clinical Forum [Board Paper Appendix 9] be approved. **Head of Board Administration**

(iv) That the memberships of the Standing and Partnership Committees [Board Paper Appendix 10] be approved. **Head of Board Administration**

(v) That the membership of the Adults with Incapacity Supervisory Body [Board Paper Appendix 11] be approved. **Head of Board Administration**

(vi) That the list of Authorised Officers to sign Healthcare Agreements and related contracts [Board Paper Appendix 12] be approved. **Head of Board Administration**

(vii) That the Chairs of the five West of Scotland Research Ethics Committees (to serve until April 2013) be appointed. **Head of Board Administration**

## 33. MENTAL HEALTH (CARE AND TREATMENT) (SCOTLAND) ACT 2003 : LIST OF SECTION 22 APPROVED MEDICAL PRACTITIONERS

A report of the Director of Public Health [Board Paper No. 10/18] asked the NHS Board to approve the list of Medical Practitioners employed by the NHS Board to be authorised for the purpose of Section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003.

DECIDED

That the four Medical Practitioners listed in the NHS Board paper for the purposes of Section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003 be approved. **Director of Public Health**

## 34. STAFF GOVERNANCE COMMITTEE MINUTES: 15 DECEMBER 2009

The Minutes of the Staff Governance Committee meeting held on 15 December 2009 [SGC(M)09/04] were noted.

NOTED

**35. INVOLVING PEOPLE COMMITTEE MINUTES: 25 JANUARY 2010**

The Minutes of the Involving People Committee meeting held on 25 January 2010 [IPC(M)10/01] were noted.

NOTED

**36. WEST OF SCOTLAND RESEARCH ETHICS SERVICE GOVERNANCE COMMITTEE MINUTES: 28 JANUARY 2010**

The Minutes of the West of Scotland Research Ethics Service Governance Committee meeting held on 28 January 2010 [WOSRESGC(M)10/01] were noted.

NOTED

**37. CLINICAL GOVERNANCE COMMITTEE MINUTES: 2 FEBRUARY 2010**

The Minutes of the Clinical Governance Committee meeting held on 2 February 2010 [CGC(M)10/01] were noted.

NOTED

**38. AREA CLINICAL FORUM MINUTES: 4 FEBRUARY 2010**

The Minutes of the Area Clinical Forum Committee meeting held on 4 February 2010 [ACF(M)10/01] were noted.

NOTED

**39. PHARMACY PRACTICES COMMITTEE MINUTES: 9 MARCH 2010**

The Minutes of the Pharmacy Practices Committee meeting held on 9 March 2010 [PPC(M)10/01] were noted.

NOTED

**40. PERFORMANCE REVIEW GROUP MINUTES: 16 MARCH 2010**

The Minutes of the Performance Review Group meeting held on 16 March 2010 [PRG(M)10/02] were noted.

NOTED

The meeting ended at 11:30 a.m.