

NHSGG&C(M)11/06
Minutes: 105 – 123

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the
NHS Greater Glasgow and Clyde Board
held in the Board Room, Corporate Headquarters, J B Russell House,
Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH
on Tuesday, 20 December 2011 at 9.30 am**

P R E S E N T

Mr A O Robertson OBE (in the Chair)

Dr C Benton MBE	Dr M Kapasi MBE
Ms M Brown	Councillor B Lawson
Mr R Calderwood	Mr I Lee
Dr B N Cowan	Councillor R McColl (to Minute No. 117)
Ms R Crocket (to Minute No. 118)	Councillor J McIlwee
Mr P Daniels OBE	Mrs J Murray
Dr L de Caestecker	Dr R Reid
Ms R Dhir MBE	Rev Dr N Shanks
Prof A Dominiczak	Mr D Sime
Mr I Fraser	Mrs P Spencer
Mr P James	Mr B Williamson
Councillor J Handibode	Mr K Winter

Councillor D Yates

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

Ms S Gordon	..	Secretariat Manager
Mrs J Grant	..	Chief Operating Officer (Acute Services Division)
Mr J C Hamilton	..	Head of Board Administration
Mrs A Hawkins	..	Director, Glasgow City CHP
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

105. APOLOGIES

Apologies for absence were intimated on behalf of Mr G Carson, Councillor J Coleman and Councillor A Stewart.

106. DECLARATION(S) OF INTEREST(S)

No declaration(s) of interest(s) were raised in relation to any of the Agenda Items to be discussed.

NOTED

107. CHAIR'S REPORT

- (i) Mr Robertson had attended the official opening of the new Dental Centre at the Royal Alexandra Hospital on 25 October 2011. This provided an impressive range of specialist services and had six dental chairs set aside for dental students.
- (ii) On 18 November 2011, Mr Robertson had attended the "League of Hospital Friends" Annual General Meeting (AGM) at Inverclyde Royal Hospital. This League provided excellent support to the hospital and had generated over £100,000.
- (iii) On 25 November 2011, Mr Robertson had met with the Director of Finance, Mr P James, to discuss the management and future of the NHS Board's Endowment Funds. The operation and governance of these funds were to change across NHS Scotland in accordance with the NHS Endowment Charities in Scotland Legislation. He would keep the NHS Board up to speed as this developed.
- (iv) On 8 and 9 December 2011, Mr Robertson had attended the NHS Board development away day sessions. This had provided an excellent opportunity to take stock of the last year and to plan ahead for 2012 and beyond. The sessions afforded the opportunity to also begin to talk about acute services from 2015-2020. He thanked all those NHS Board members who had attended for their valued contributions.
- (v) On 12 December 2011, Vice Chair, Mr Lee, had attended the official opening of the Barrhead Health and Care Centre which was opened by the Cabinet Secretary for Health, Wellbeing and Cities Strategy. This new £18m Health and Care Centre offered a unique model of joint services opened to the public in April 2011. It brought together health and social work services under one roof serving more than 20,000 local residents in state-of-the-art, fit for purpose facilities. The new Centre was a partnership venture between NHS Greater Glasgow and Clyde and East Renfrewshire Council.
- (vi) On 13 December 2011, Mr Robertson had attended the Glasgow Community Planning Partnership Strategic Board meeting where discussion had concentrated on the Scottish Government's announcement to integrate adult health and social care. The Government's aim was to improve the quality and consistency of care for older people and put an end to the "cost shunting" between the NHS and local authorities that too often ended up with older people being delayed in hospital longer than they should be and not getting the best standards of care. The Cabinet Secretary had confirmed that a period of engagement with stakeholders would be held in the period up to the summer. The Government had decided not to create a new statutory organisation separate from the NHS and local authorities which could create further barriers to integration. Mr Robertson referred also to the explicit role of the third sector namely, the voluntary sector, in taking this work forward.
- (vii) On 19 December 2011, Mr Robertson had attended the NHS Scotland Boards Chairs meeting chaired by the Cabinet Secretary. Again, discussion had taken place around progressing the integration of adult health and social care.

- (viii) On 19 December 2011, the NHS Board had received confirmation from the Cabinet Secretary for Health, Wellbeing and Cities Strategy of her decision not to approve the NHS Board's proposals for in-patient rehabilitation services for the East of Glasgow. The NHS Board had sought to achieve a balance between the delivery of high quality in-patient care whilst maintaining local accessible day care and out-patient services and felt that the proposals put forward would deliver this. The NHS Board would, however, now revisit its plans for older people's services within the East of the City to ensure that it delivered sustainable services within Lightburn Hospital as a vibrant component of this.

NOTED

108. CHIEF EXECUTIVE'S UPDATE

- (i) Mr Calderwood congratulated Mr Robertson on his re-appointment as Chair of the Board of NHS Greater Glasgow and Clyde for a further four years commencing 1 December 2011.
- (ii) On 30 November 2011, Mr Calderwood had hosted a delegation of the Leeds Castle Leadership Programme. This was a national leadership development programme exclusively for council leaders and Chief Executives, building their capacity to successfully lead their organisations and communities through the current period of austerity into a sustainable future. Mr Calderwood had addressed the cohort on the NHS in Scotland and its delivery of services.
- (iii) On 6 December 2011, Mr Calderwood, along with Mr James, Mr Reid and Ms Renfrew, attended the NHS Board's mid-year performance review meeting with Scottish Government Health Directorates colleagues. Early feedback suggested that they were content with the NHS Board's overall progress to date.
- (iv) On 12 December 2011, Mr Calderwood welcomed the Cabinet Secretary to the Southern General Hospital where she interred a time capsule within the laboratory block. Later that morning, he attended the official opening of the Barrhead Health and Social Care Centre.
- (v) On 16 December 2011, Mr Calderwood joined a NHS Board meeting at the Marriott Hotel to discuss improving care for older people. This had started with setting the scene and had gone on to be conducted in workshops looking at what would improve an older person's experience of the NHS and what actions should be taken by NHS Greater Glasgow and Clyde to improve their care.

NOTED

109. MINUTES

On the motion of Dr M Kapasi, seconded by Councillor J Handibode, the Minutes of the NHS Board meeting held on Tuesday 18 October 2011 [NHSGG&C(M)11/05] were approved as an accurate record and signed by the Chair.

NOTED

110. MATTERS ARISING FROM THE MINUTES

- (i) The rolling action list of matters arising was circulated and noted.
- (ii) In respect of Minute Number 92 (ii), “The Future of Continuing Care in the West Area of NHS Greater Glasgow and Clyde and the Blawarthill Hospital Site”, Councillor McColl asked how negotiations were proceeding with St Margaret’s Hospice. Ms A Harkness (Director, Rehabilitation and Assessment) was leading this work and Ms Renfrew agreed to provide a summary of the agreements reached for the NHS Board meeting scheduled for 21 February 2012.

**Director of
Corporate
Planning and
Policy**

Councillor McColl also requested that the paper being used to inform and engage stakeholders in respect of the future of continuing care in west area of NHS Greater Glasgow and Clyde and the Blawarthill Hospital site (Item 10 of the NHS Board agenda) make reference to how St Margaret’s Hospice fitted in with the overall strategy. Ms Renfrew agreed to take this comment on board.

**Director of
Corporate
Planning and
Policy**

NOTED

111. SCOTTISH PATIENT SAFETY PROGRAMME UPDATE

A report of the NHS Board’s Medical Director and Head of Clinical Governance [Board Paper No. 11/54] 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 Cowan reminded the NHS Board that the overall NHS Greater Glasgow and Clyde aim was to ensure the care provided to every patient was safe and reliable and local implementation of SPSP would contribute to this aim. The NHS Board’s SPSP aim was to achieve full implementation of the core programme in NHS Greater Glasgow and Clyde’s Acute Services Division by the end of 2012; achieve implementation of the national medium term goals for paediatrics by March 2012 and also fully describe SPSP-style improvement programmes in Primary Care, Mental Health Services and Obstetrics during 2011/2012.

Dr Cowan led the NHS Board through the key progress points as follows:-

- In relation to the Hospital Standardised Mortality Ratio (HSMR) part of the quality improvement framework linked to SPSP, the most recent version of the NHS Board’s improvement plan had been shared with Healthcare Improvement Scotland and feedback was awaited on progress.

- Overall, progress in the Acute Services Division continued to be positively regarded by the national team and two of the NHS Board's acute hospitals were currently reporting reductions in HSMR which were beyond the 15% reduction target maintained by the national programme. There remained challenges but the Division was about to complete another major risk assessment of full completion against the overall programme timeline.
- The NHS Board had launched a local programme in primary care. A learning event was held on 27 October 2011 for participating practices and teams to build capability, engage and motivate local clinical leaders. The event provided the opportunity for around 70 staff to develop the skills and knowledge about patient safety and the improvement tools they would use to help them deliver the programme. This programme was being co-ordinated through the Patient Safety in Primary Care Steering Group. Links had been made to the national team and to NHS Education Scotland for important support but the major drive for the programme was coming internally, drawing particularly from the experience in Acute care.

Dr Kapasi congratulated Dr Cowan and local teams for this impressive achievement. He asked how many practices were involved in the Primary Care Programme and how their progress would be monitored. Dr Cowan reported that 15 practices were involved. Progress would be measured in a similar fashion to that used in the medicines conciliation workstream. Ms Crocket added that district nurses would be heavily involved in the Primary Care Programme and targets for them had been set as a result of a prevalence study which had provided the NHS Board with a baseline. This was particularly relevant to pressure ulcers so that a target for reduction could be monitored on a monthly basis at CH(C)P level.

NOTED

112. HEALTHCARE ASSOCIATED INFECTION REPORTING TEMPLATE (HAIRT)

A report of the Medical Director [Board Paper No. 11/55] 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 Cowan explained that the report presented data on the performance of NHS Greater Glasgow and Clyde on a range of key HAI indicators at national and individual hospital site level and the template used was revised as specified by the Scottish Government Health Directorates.

Dr Cowan highlighted key Healthcare Associated Infection headlines for December 2011 as follows:-

- In 2007, the Scottish Government Health Directorates issued HEAT targets in relation to the reduction in Staphylococcus Aureus Bacteraemias (SABs) against which NHS Greater Glasgow and Clyde successfully reduced SABs by 35% by April 2010. This target was extended to achieve an additional 15% reduction which was also successfully achieved by 31 March 2011.

The revised national HEAT target required all Boards in Scotland to achieve a rate of 0.26 cases per 1000 Acute Occupied Bed Days (AOBDs), or lower, by 31 March 2013. For the last available reporting quarter (April - June 2011), NHS Greater Glasgow and Clyde reported 0.291 cases per 1000 AOBDs with NHS Scotland reporting an average of 0.309 per 1000 AOBDs. The revised target would be a challenging one as analysis of these infections had highlighted that a significant number originated in the community. Dr Cowan confirmed that subsequent reports would update on the NHS Board's progress towards this challenging target.

**Medical
Director**

- The national report published in October 2011 (April - June 2011), showed the rate of C.difficile infection within NHS Greater Glasgow and Clyde as 0.25 per 1000 occupied bed days in over 65s. This clearly placed the NHS Board below the national mean of 0.31 per 1000 occupied bed days in over 65s and also below the revised target, in patients aged 65 and over, to be attained by 31 March 2013 of 0.39 cases per 1000 occupied bed days.
- The Surgical Site Infection (SSI) rates for all procedure categories, apart from knee arthroplasty, remained below the national average.
- Cleanliness Champions Programme – the Cleanliness Champions Programme was part of the Scottish Government's Action Plan to combat HAI within NHS Scotland. To date, NHS Greater Glasgow and Clyde had supported 2495 members of staff who were now registered Cleanliness Champions.

In response to a question from Councillor McColl regarding the information illustrated from the Vale of Leven Hospital, Dr Cowan confirmed that, over and above the information presented to the NHS Board, the Acute Services Division's Infection Control Committee received a further breakdown of the information. This allowed further scrutiny of any areas of concern as they related to clinical and non clinical areas. He also alluded to the Healthcare Environment Inspectorate (HEI) visit that had taken place at the Vale of Leven Hospital on 10 and 11 August 2011 which had been very positive with no requirements and only two recommendations to be actioned from the visit. Mrs Grant echoed this and reported that the Division's Infection Control Committee also received environmental audit reports and she reassured all NHS Board members that this Committee considered these reports with great rigor as they related to every hospital site.

Mr Robertson noted that this would be the last NHS Board meeting Dr Cowan would attend prior to his retirement. Dr Cowan had proved to be an outstanding clinical leader within the NHS in Scotland over the last 25 years. He had been highly visible within NHS Greater Glasgow and Clyde in leading major service redesign and ensuring clinical buy-in and support to radical and far reaching plans. He had also been heavily involved in the national arena around the drive to bring about improvements in the quality of care for patients through necessary changes to the medical workforce and the future training needs of new and up-and-coming doctors. In his various roles since being appointed a Consultant Anaesthetist with a special interest in intensive care medicine in January 1984, Dr Cowan had made a significant input to the clinical vision and leadership of NHS Greater Glasgow and Clyde seeing the two Ambulatory Care Hospitals open in 2009 and led the clinical staff's involvement and support for the proposed new Southside Adult and Children's Hospital due to open in 2015.

Dr Cowan had given a significant contribution to the shape of the clinical services within the NHS in Scotland and his determination, knowledge, insights and leadership had been outstanding across a career of leading radical change in the pursuit of better patient care.

Dr Cowan expressed his appreciation and gratitude and looked forward to his retirement. He had enjoyed his career in the NHS and thanked the Chairman, on behalf of the NHS Board, for his kind words.

NOTED

113. REPORT OF THE DIRECTOR OF PUBLIC HEALTH: KEEPING HEALTH IN MIND: A REPORT ON THE HEALTH OF THE POPULATION OF NHS GREATER GLASGOW AND CLYDE 2011-2013

A report of the Director of Public Health [Board Paper No. 11/56] asked the NHS Board to receive and endorse the draft report of the Director of Public Health on the mental health of the population of NHS Greater Glasgow and Clyde 2011-13 and to note the key messages of the report and recommendations from each chapter. The Director of Public Health also referred to an event planned for 23 January 2012 to continue the civic conversation on the recommendations in the report and extended an invitation to NHS Board members to attend this event.

The Director of Public Health explained that this report focused on mental health because it was crucial to improving health and wellbeing. It also included a description of progress made from her previous report "An Unequal Struggle for Health". Dr de Caestecker explained that the report aimed to put mental health into perspective and took a life course approach from early years to older people. It highlighted the work of NHS Greater Glasgow and Clyde and its partners in promoting mental health and emphasised early intervention, resilience and assets approaches to support the promotion of positive mental health.

The report would only be made available electronically. The reasons for this included feedback from previous reports, the way the report was disseminated and used and cost. Dr de Caestecker would present the report to a range of local events, to CH(C)Ps and local authority staff as well as to community groups. The intended audiences were all public agencies and community planning partners who were urged to reflect carefully about the impact on mental health when they made decisions about services and priorities in a time of reducing public sector budgets. NHS Greater Glasgow and Clyde, with its partners, would continue to work with the Scottish Government to influence future policy on these issues. It was intended that the report be used as a focus for discussion on mental health and wellbeing issues and that all public agencies and community planning partners use the priorities for action to inform the joint planning that was being undertaken to improve mental health and wellbeing of the population with a continued focus in addressing inequalities.

Dr de Caestecker led the NHS Board through the key recommendations emphasising that the key message for partners was simple: if we work together, we can do better. As such, the report emphasised the importance of a range of partners working together on the following key themes which could help create and sustain good mental health:-

- The importance of supporting parents in their vital role of bringing up healthy, confident children.
- Inspiring hope, respect and aspiration in NHS Greater Glasgow and Clyde's population.
- Releasing and fostering a person's capacity to heal and care for him/herself.
- Radical and effective action on alcohol and drug misuse in NHS Greater Glasgow and Clyde's population.
- Developing and nurturing integrated service provision.
- Giving more control to communities to create healthier environments in which to live.

Dr de Caestecker alluded to the current difficult economic climate which was likely to impact disproportionately on the mental health of the population compared to other causes of poor health. Previous recessions indicated that it was the most vulnerable who suffered the most and who bore the longest lasting effects.

Rev Dr Shanks thanked Dr de Caestecker for this impressive and important report which highlighted mental health issues very well. Given existing public sector funding pressures, the recommendations were, however, challenging. Dr de Caestecker agreed but was hopeful that these challenges could be delivered. Some had already started, some were ongoing and others were already embedded and well used. Much time would be spent in raising awareness of how services could be accessed.

Mr Williamson agreed that the report was powerful and stimulating. He hoped that there were mechanisms in place to ensure the messages linked to the Clinical Governance Strategy and, in turn, would be able to be transferred into specific actions and targets to be achieved. Dr de Caestecker welcomed these comments and agreed that this was now one of the major challenges for her and her staff to see real improvements being locally identified, delivered and measured.

Dr Kapasi referred to the report's emphasis on alcohol misuse within the NHS Board's area and asked whether a price increase would help. Dr de Caestecker explained that there was a direct link to price and consumption and that she continued to lobby politicians and the Scottish Government for a price increase policy. Professor Dominiczak agreed and echoed the view that the unhealthy relationship Scotland had with alcohol needed to be challenged.

In response to a question from Councillor Yates about the implementation of the parenting framework within Barlinnie Prison, Dr de Caestecker reported that there was anecdotal evidence from the Governor that men who had successfully completed the parenting programme were less likely to reoffend. Given this, it was intended to research this data further particularly given that, from 1 November 2011, the NHS accepted responsibility for the provision of healthcare within the Prison Service.

Mrs Spencer acknowledged the many challenges and barriers that existed within services to patients with severe mental illness and physical co-morbidities. Barriers such as professional, services' and manager's attitudes about who should receive a service, combined with patients difficulties in communicating or articulating their healthcare needs, could contribute to this major health inequality. Dr de Caestecker agreed that the NHS Board needed to acknowledge and support staff to address this by raising the profile of this issue as well as the whole morbidity/mortality trends in those with severe mental illness.

DECIDED

- That the draft report of the Director of Public Health on the mental health of the population of NHS Greater Glasgow and Clyde 2011-13 be received and endorsed.
- That the key messages of the report and recommendations from each chapter of the report be noted.
- That the event, planned for 23 January 2012, to continue the civic conversation on the recommendations in the report and the invitation to attend this event be noted.

**Director of
Public Health****114. THE FUTURE OF CONTINUING CARE IN THE WEST AREA OF NHS GREATER GLASGOW AND CLYDE AND THE BLAWARTHILL HOSPITAL SITE**

A report of the Director of Corporate Planning and Policy [Board Paper No. 11/57] asked the NHS Board to note the current position on the process to conclude the future provision of continuing care in West Glasgow and the future of Blawarthill Hospital.

Ms Renfrew explained that, following the NHS Board's review and stakeholder engagement on the future of continuing care in West Glasgow and the future of Blawarthill Hospital, a report was submitted to the August 2011 and October 2011 NHS Board meetings on discussions with the Scottish Health Council on next steps. It had since been agreed, that the changes the NHS Board proposed were not major service changes and, therefore, full public consultation was not required. As such, Ms Renfrew reported that the NHS Board had, therefore, embarked upon a final loop of process to inform and engage stakeholders. She led the NHS Board through this document (attachment 1 of the NHS Board paper) explaining that the process would be concluded during the early part of 2012 enabling the Acute Services Division to plan the appropriate timing for the transfer of the service.

In respect of the future of the site for the provision of a planned care home, a series of discussions had taken place with Glasgow City Council. The NHS Board had recently made a final offer to the Council to enable it to secure the site on reasonable terms which would also meet the requirements for NHS property transactions.

NOTED**115. WAITING TIMES AND ACCESS TARGETS**

A report of the Chief Operating Officer (Acute Services Division) [Board Paper No. 11/58] asked the NHS Board to note progress against the national targets as at the end of October 2011.

Mrs Grant led the NHS Board through the report highlighting the actions being taken to deliver the waiting times and access targets. The Scottish Government target for waiting times for out-patient appointments, in-patients/day cases treatment and diagnostic tests was that, by December 2011, the total maximum journey time would be 18 weeks from referral to treatment, referred to as the 18 weeks RTT target. The national target required the NHS Board to deliver 90% performance for combined admitted/non admitted performance by 31 December 2011. The clock started for a RTT period at the date of receipt of a referral to a consultant led service.

Mrs Grant explained that there were two main components which were routinely assessed in relation to the 18 week RTT standard as follows:-

- Combined admitted/non admitted performance – this measure outlined the NHS Board’s performance against the agreed trajectory for both the admitted and non admitted pathways. The NHS Board was currently achieving 87% performance against an agreed trajectory of 88% as an interim target towards delivery of the 90% position by December 2011.
- Linked pathways – this was a measure of the percentage of patients where the total pathway was being linked at present. The NHS Board had achieved 81.3% against an agreed trajectory of 75% in October 2011.

In relation to the stage of treatment position, all specialties continued to meet the NHS Greater Glasgow and Clyde target of 10 weeks for new out-patients and eight weeks for in-patients and day cases, with the exception of Orthopaedics. Orthopaedics remained within the waiting time of 12 weeks for both out-patients and in-patient/day cases. Mrs Grant led the NHS Board through the remaining waiting times including accident and emergency, cancer, chest pain, stroke and delayed discharges.

Ms Dhir asked about any impact on improving delayed discharges since the additional “change funds” monies had been released this year. Mrs Grant responded by confirming that a lot of work and initiatives were underway but it was still too early to measure/see direct effect. Mrs Hawkins added that CH(C)Ps had achieved variable rates of implementation with regard to this so any impact across the NHS Board’s area so far would be variable.

Mr Williamson commended the progress made to meet these targets and, in particular, the amount of activity underpinning their delivery. This was especially so given that the measurement process in NHS Greater Glasgow and Clyde had essentially been manual in nature and was extremely complex, reliant on significant interpretation of data. Mrs Grant agreed and explained that efforts over recent months would see the evolution of interim IT solutions being deployed between North and South Glasgow sectors, along with Yorkhill to improve pathway “linkage” and, therefore, more robust analysis until the new patient management system was fully implemented.

NOTED

116. FINANCIAL MONITORING REPORT FOR THE 7 MONTH PERIOD TO 31 OCTOBER 2011

A report of the Director of Finance [Board Paper No. 11/59] asked the NHS Board to note the financial performance for the first seven months of the financial year.

Mr James explained that the NHS Board was currently reporting an expenditure outturn of £2.8m in excess of its budget for the first seven months of the year. At this stage, the NHS Board considered that a year end breakeven position remained achievable.

Mr James explained that the excess was mainly attributable to the timing of implementing cost savings plans but there were also some in year cost pressures pushing expenditure above budget in some areas. This represented an encouraging improvement in the NHS Board’s position and compared favourably to the results for the same period last year.

In terms of the NHS Board's cost saving target, Mr James reported that, at 31 October 2011, the overall assessment was that the NHS Board was running approximately £2.1m behind its year to date cost savings target. Achieving the NHS Board's overall savings target of £57m for 2011/12 would be a key factor in determining whether the NHS Board would achieve a break even out turn for the year.

By way of a further update, Mr James confirmed that the period 8 (to 30 November 2011) results had just been signed off and submitted to the Scottish Government Health Directorates showing a £1.6m overspend; this represented a good improvement between periods 7 and 8.

NOTED

117. FOOD, FLUID NUTRITIONAL CARE UPDATE

A report of the Board Nurse Director [Board Paper No. 11/62] asked the NHS Board to consider progress on food, fluid and nutrition within NHS Greater Glasgow and Clyde and to note continued action to achieve further improvement.

Ms Crocket explained that this update responded to the NHS Board's request for further information following consideration of an earlier report at its April 2011 meeting. Since that time, much work had been ongoing and Ms Crocket summarised ongoing activities in the following areas:-

- Board investment in catering provision /catering strategy delivery
- Food, Fluid and Nutrition (FFN) associated improvements in line with the Food in Hospitals Standards such as texture modified diets.
- Board investment in expanding nutritional care arrangements.
- Key initiatives, such as, roll out of red mats/protected meal time policy across the systems and key ways in which these were monitored.
- Patient involvement and patient feedback.

Ms Crocket emphasised that a continued focus on food, fluid and nutritional care was required within all in-patient areas. National guidance and quality inspections were driving further improvements in aspects of care such as assessment, reducing swallowing risk, assistance with eating and the protection of meal times. Following implementation of the final elements of the catering strategy, the improvement in the patient meal experience would be a priority objective.

She highlighted that the next challenge for NHS Greater Glasgow and Clyde related to the extension of the nutritional care programme into primary care and community care settings. This work would initially see:-

- the roll-out and standardisation of nutritional screening and assessment through discharge planning, within Chronic Disease Management Local Enhanced Services and Community Nursing Services and subsequently within care homes.
- the standardisation of linked Allied Health Professionals pathways.
- implementation of nutritional supplementation prescribing guidance.

- compliance with Safety Action Notice directive for patient weighing equipment.

In summary, she confirmed that work to improve food, fluid and nutrition across NHS Greater Glasgow and Clyde continued to progress, however, it was recognised that this required further commitment and consistent implementation to embed best practice if acceptable levels of patient satisfaction and care were to be routinely achieved.

Mr Williamson welcomed the progress that had been made and supported the multi-faceted approach especially to patient engagement where patient representation had been included in various Working Groups resulting in direct feedback on patient meals. Furthermore, he noted that food, fluid and nutrition had been agreed as a priority area for the Patient's Panel and was routinely discussed. He cautioned, however, that it was often the case that following discharge from a hospital setting, evidence suggested that the standard of nutrition may decrease for patients when they got home. Secondly, it was important to strike a balance between good nutritional intake and food that a patient would actually eat. Ms Crocket recognised these points and highlighted some of the work going on with the Healthy Working Lives programme to promote a healthier environment. In addition to this, significant improvements were taking place with the NHS Board's staff and snacks available in vending machines.

In response to a question from Dr Benton, Ms Crocket recognised that some redesign work still had to take place particularly in dietetics and speech and language therapy to streamline referral patterns so that patients could follow a care pathway seamlessly. In terms of the control staff had over food being brought in to patients by visitors, Ms Crocket hoped that if inappropriate food was being brought into hospitals, staff would speak with families.

NOTED

118. QUARTERLY REPORT ON COMPLAINTS – 1 JULY 2011 TO 30 SEPTEMBER 2011

A report of the Head of Board Administration, Chief Operating Officer (Acute Services Division) and the Director, Glasgow City CHP [Board Paper No. 11/60] asked the NHS Board to note the quarterly report on NHS complaints in Greater Glasgow and Clyde for the period 1 July to 30 September 2011.

Mr Hamilton led the NHS Board through the number of complaints received and completed in the quarter. In terms of performance, 75% of all complaints were responded to within 20 working days.

Two reports had been laid before the Scottish Parliament by the Scottish Public Services Ombudsman concerning NHS Greater Glasgow and Clyde cases. Additionally, five decision letters were issued by the Ombudsman (two related to Partnerships and three to the Acute Services Division).

NOTED

119. PATIENTS' PRIVATE FUNDS – ANNUAL ACCOUNTS 2010/11

A report of the Director of Finance [Board Paper No. 11/61] asked the NHS Board to adopt and approve for submission to the Scottish Government Health Directorates the 2010/11 Patients Private Funds Annual Accounts for NHS Greater Glasgow and Clyde.

Mr James advised that the NHS Board held the private funds of many of its patients, especially those who were in long term residence and who would have no ready alternative for the safe-keeping and management of their funds. Each of the Board's hospitals had arrangements in place to receive and hold and, where appropriate, manage the funds of any patients requiring this service. Any funds that were not required for immediate use were invested to generate interest which was then distributed to the patients' accounts based on each individual's balance of funds held.

NHS Boards were required to submit audited annual accounts for these funds in the form of an Abstract of Receipts and Payments to the Scottish Government Health Directorates. The funds had been audited and now required NHS Board approval prior to the auditors then signing their report, which had no qualifications.

DECIDED

1. That the Patients' Private Funds Annual Accounts for 2010/11 be adopted and approved for submission to the Scottish Government Health Directorates.
2. That the Director of Finance and Chief Executive be authorised to sign the Abstracts of Receipts and Payments for 2010/11.
3. That the Chair and Director of Finance be authorised to sign the Statements of Board Members' Responsibilities for 2010/11.
4. That the Chief Executive be authorised to sign the Letter of Representation to KPMG LLP on behalf of the NHS Board.

Director of Finance**Director of Finance/Chief Executive****Chair/Director of Finance****Chief Executive****120. 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. 11/63] 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 one Medical Practitioner 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

121. AREA CLINICAL FORUM MINUTES: : 6 OCTOBER 2011

The Minutes of the Area Clinical Forum meeting held on 6 October 2011 [ACF(M)11/05] were noted.

NOTED

122. PHARMACY PRACTICES COMMITTEE MINUTES: 3 NOVEMBER 2011 AND 24 NOVEMBER 2011

The Minutes of Pharmacy Practices Committee meetings held on 3 November 2011 [PPC(M) 11/12] and 24 November 2011 [PPC(M) 11/13] were noted.

NOTED

123. ANY OTHER BUSINESS

- (i) Mr Calderwood read from a letter from the Cabinet Secretary for Health, Wellbeing and Cities Strategy confirming her decision on the NHS Board's in-patient mental health proposals in Clyde. Having carefully considered all the available information and representations of the proposals concerning the in-patient mental health services previously provided on the Christie Ward at the Vale of Leven Hospital, the Cabinet Secretary was of the view that there were compelling arguments that the repatriation of this service was not in patients or local people's interests. The Cabinet Secretary took the opportunity to thank the Vale of Leven Monitoring Group who had been asked to ensure that the final decision on these proposals would be fully informed by the best available information and meaningful trends in data. Ms Sturgeon reiterated her continuing commitment to a strong future for the Vale of Leven Hospital and assured local people that high quality services such as those delivered under the Vision for the Vale would be maintained and developed at the Hospital.

NOTED

- (ii) Mr Robertson wished all NHS Board members, Board Officers and members of the public in the audience a very merry Christmas and happy new year.

NOTED

The meeting ended at 11:35 a.m.