

ASC(M)16/02
Minutes: 19 - 39

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Acute Services Committee held at
9.00am on Tuesday, 15 March 2016 in the
Board Room, J B Russell House, Gartnavel Royal Hospital,
1055 Great Western Road,
Glasgow, G12 0XH**

P R E S E N T

Mr I Lee (Convener)
Ms M Brown
Dr H Cameron
Mr R Finnie (To Minute 34)
Cllr A Lafferty
Dr D Lyons
Cllr McIlwee (To Minute 27)
Mr A Macleod
Ms R Micklem
Mr D Sime

O T H E R B O A R D M E M B E R S I N A T T E N D A N C E

Dr J Armstrong
Mr J Brown CBE (From Minute 25)
Mr R Calderwood
Dr M McGuire
Mr M White

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

Mr G Archibald .. Chief Officer, Acute Services
Ms J Erdman .. Head of Inequalities (For Minute 33)
Mr J C Hamilton .. Head of Board Administration
Mr G Jenkins .. Director, Regional Services (For Minutes 26a and 26b)
Mr D Loudon .. Director of Facilities & Capital Planning
Mr A McLaws .. Director of Corporate Communications
Ms A MacPherson .. Director of Human Resources & Organisational Development
Ms T Mullen .. Head of Performance (To Minute 34)
Ms C Renfrew .. Director of Planning and Policy
Mr M Simpson .. Audit Scotland

19. APOLOGIES, WELCOME AND PRELIMINARIES

Apologies were intimated on behalf of Councillor G Casey, Professor A Dominiczak OBE, Mr I Fraser, Cllr M Kerr, Cllr M Macmillan and Cllr M O'Donnell.

20. DECLARATIONS OF INTEREST

There were no declarations of interest.

21. MINUTES OF PREVIOUS MEETING

On the motion of Mr A Macleod and seconded by Dr D Lyons the Minutes of the Acute Services Committee meeting held on 19 January 2016 [ASC(M)16/01] were approved as a correct record.

NOTED

22. REVIEW OF ACUTE SERVICES COMMITTEE REMIT

There was submitted a paper [Paper No 16/12] by the Head of Administration enclosing the remit of the committee as approved by the NHS Board in June 2015 and asking Members to review the remit as part of the annual process of reviewing standing committee remits and membership.

The Board Chair was carrying out a review of governance committees of the NHS Board and on that basis the Acute Services Committee agreed to defer any changes to its remit until after that review.

In discussing matters relating to the operation of the committee, Members raised a number of points to be considered for future meetings:-

- Further improvements needed to the executive summary produced for each paper;
- The volume of papers for committee meetings made it difficult to digest each issue to be discussed. It was agreed that, where links to reports could be made, this could be utilised together with providing separate background papers for those who wish to read the detail of specific issues.
- It was difficult to define how quality was being measured beyond outputs and there should be more emphasis on outcomes.

**Head of
Administration**

It was agreed that Members would consider this matter further and contact the Head of Administration if they had any further thoughts or ideas on how the papers should be presented to future committee meetings.

**All Members/
Head of
Administration**

NOTED

23. MATTERS ARISING

a) Rolling Action List

Minute 19 – Minutes of Previous Meeting – CAS Standards

Ms Micklem intimated that the Corporate Inequalities Team were to review the Care Assurance Standards and to submit this information to a future Acute Services Committee. The rolling action list indicated that this was on the March 2016 agenda when in fact it was not. Dr McGuire advised that the work had been completed and this would be submitted to Members in time for the next meeting of the Committee.

Nurse Director

NOTED

b) Vale of Leven Inquiry: Executive Review Short Life Working Group – Update Report

There was submitted a paper [Paper No 16/14] by the Medical Director and Nurse Director providing an update on progress in reviewing the actions taken to address the recommendations made in the Vale of Leven Public Inquiry Report.

The Short Life Working Group met for the first time on 23 February 2016. It had been noted that significant progress had been made against each of the 65 NHS Board recommendations, however, further work was required to evidence-based sustainability and to complete the outstanding recommendations.

A further report would be submitted to the NHS Board in June and the Acute Services Committee meeting in July 2016.

**Medical
Director/
Nurse Director**

NOTED

c) Internal Review of Paediatric Cardiac Services: Updated Action Plan

There was submitted a paper [Paper No 16/15] by the Medical Director providing an updated action plan which had been prepared to address the recommendations set out in the report of the external review of the Paediatric Cardiac Service.

Dr Armstrong intimated that improvements were being made however, more work was still required to be done and a further report would be provided to the Acute Services Committee in July 2016.

Medical Director

NOTED

24. PATIENT'S STORY AND REVIEW OF PROCESS

Dr Margaret McGuire, Nurse Director, read out a patient story which was based on a formal complaint and which highlighted the difficulties experienced in caring for and managing patients with complex and difficult behaviours. This was an increasing theme and included patients with alcohol-related brain damage. There was a need to ensure, in planning for such patients, that the medical, nursing and planning teams streamlined their review work around short-term issues; interface with mental health services and the role of the Physical Disability Rehabilitation Unit.

Dr McGuire asked if Members found it beneficial to receive the type of patient story she had covered at the last three meetings or whether Members were looking for a different presentation of information for future meetings. It was clear that Members found great benefit in hearing of individual patient stories and the impact they had on redesigning and realigning particular services. Dr McGuire thanked Members for their comments and would continue to ensure the stories presented were meaningful and focused on lessons learned and improvements brought about to the services as a result of patient experiences.

NOTED

25. FINANCIAL MONITORING REPORT FOR THE 10 MONTH PERIOD TO 31 JANUARY 2016

There was submitted a paper [Paper No 16/17] by the Director of Finance setting out the financial position within the Acute Services Division for the ten month period to 31 January 2016. Expenditure within Acute Services was overspent by £8.86m, which was a rise of £0.57m from the previous month. The main cost pressures related to medical pay where significant expenditure on agency and locum cover had been incurred to support activity levels. Non-elective and elective inpatient activity continued to increase significantly in the year to-date, there were long-term vacancies, difficulties recruiting to particular posts and there continued to be the need to support waiting time initiatives to achieve the national targets.

Mr White advised that the overall position within the NHS Board continued to see the forecast position being one of break even at the year end. He referred to the second mid-year review meeting held with the Scottish Government Health Directorate on 14 March where the Financial Monitoring Report for 2015/16 had been discussed together with the development of a Financial Plan for 2016/17.

Mr Finnie appreciated the additional information and asked if the overspend being a consequence of increased activity was in fact increased activity across the whole NHS Board or only within particular areas/sectors. He felt it would be useful to have this better explained in the narrative of future financial monitoring reports.

**Director of
Finance**

Mr Calderwood acknowledged this point and explained that the sickness absence rate was variable across the NHS Board and there were variables with different rostering arrangements and local management initiatives. The use of double running costs in the early part of the financial year as the new Queen Elizabeth University Hospital took on the services of closing hospitals had masked some areas of overspend within the new hospital. The increase in expenditure within medical locums was a significant factor in the increased expenditure within staff costs and this was highlighted with the difficulties experienced, almost for the first time within NHS GGC, in filling particular consultant and junior doctor vacancies due to more attractive opportunities being available elsewhere in the UK or wider.

In responding to a comment by Mr Macleod about setting realistic budgets for 2016/17, Mr White acknowledged that the budgets would be reviewed in the next few weeks and that these would be set on the basis of what was considered realistic for each individual Sector/Directorate to run their services.

NOTED

26. ACUTE SERVICES INTEGRATED PERFORMANCE REPORT

There was submitted a paper [Paper No 16/16] by the Chief Officer, Acute Services setting out the integrated overview of NHS GGC Acute Services Division's performance. Of the 29 measures which had been assessed against a performance status based on their variation from trajectory and/or target, 13 were assessed as green, five as amber (performance within 5% of trajectory) and eleven as red (performance 5% outwith meeting trajectory). Exception reports had been provided for those measures which had been assessed as red.

Members discussed the exception report which had been prepared for the

percentage of patients waiting over four hours at an Accident & Emergency Department within NHSGGC. The performance for January 2016 had improved 9.9% on the same month from the previous year however, three of the A&E and Minor Injuries Units had failed to reach the 95% target, namely Glasgow Royal Infirmary at 82.9%, Royal Alexandra Hospital at 84.1% and Queen Elizabeth University Hospital at 86%. Mr Archibald advised that while the performance target had not been reached in these three hospitals, it was in no way a reflection of the significant efforts made by staff to ensure appropriate, adequate and safe treatment to their patients. It was his intention again, to carry out a fundamental review to ensure the NHS Board was geared to meet these targets in 2016/17 and he was keen to ensure that every element of the service was reviewed and reconsidered in order that the Board could be satisfied that the services were operating as effectively as possible.

Mr Finnie wished to highlight that some 18 months ago, a fundamental review was undertaken at Glasgow Royal Infirmary A&E department in order to enact further change and embed a more effective service in order to meet the national targets. The resultant improvement seemed not to have materialised and he asked if the changes had been embedded in a consistent and sustainable way. Mr Archibald advised that the review had indeed brought about changes and improvements at the time, but there was a constant need to review and change the service based on demand and activity levels. The attendances at A&E department of Glasgow Royal Infirmary had been higher than anticipated and despite the improvements and best efforts of staff, the national targets were still not being achieved. Ms Brown also highlighted the increased activity and the impact that it had on the new redesigned service arrangements and she felt that the next review needed to identify those areas working well in order to share them across the NHS Board and then concentrate time and effort on those areas which needed greater attention/improvement.

Mr Calderwood agreed that a system-wide review was required, however this was being carried out with increased patient activity levels and a static resource. The main issue related to patients waiting for a bed and currently, NHSGGC had 16% more patients being admitted for hospital care than the Scottish average. He highlighted that the average length of stay across NHSGGC was 3.7 days, which was less than the Scottish average. He acknowledged that there were improvements with delayed discharges although more could still be done.

It was recognised by Members that the reviews undertaken to date, the involvement of Scottish Government Health Directorate officials in reviewing our arrangements and the increased attention given to this target all suggested that there were no significant deficiencies or inefficiencies within the service, however, the activity levels were being sustained at a level where the allocation of resources to this part of the service had to be considered.

Normally, the additional beds which had been funded during the winter period would come to an end at the beginning of the new financial year. However, Members were keen to ensure that the Executive Team took account of the risk factors including service delivery, meeting of national targets, patient safety issues and impact on staff, and ensured that the service remained sustainable and that any changes to services were considered and planned in a smooth, safe and effective way. The financial challenge facing the Board in 2016/17 had been fully discussed at the 29 February 2016 Board Away Day and it was acknowledged that plans were still being developed to try and ensure that a balanced budget was able to be set for 2016/17. Mr Calderwood thanked Members for debating this issue in detail and he would now consider, with his management team, what plans could be put in place

to fund the retention of these beds for a further two month period. He was conscious that this short term measure would contribute to the operational performance of the service, and minimise patient risk. He would review the contingency arrangements with the Director of Finance to deal with the issues highlighted.

**Chief Executive/
Director of
Finance**

Dr Lyons highlighted a terminology change in the A&E four hour wait exception report and reminded Members that the strategic commissioning for unscheduled care would lie with the Integrated Joint Partnership Boards for 2017/18.

NOTED

(a) DETECT CANCER EARLY: PATIENT JOURNEY

There was submitted a paper [Paper No 16/16a] by the Chief Officer, Acute Services providing the Committee with an overview of the Detect Cancer Early initiative. The Convener welcomed Gary Jenkins, Director, Regional Services, to the meeting, for this and the next item on cancer waiting times. Mr Jenkins advised that the Detect Cancer Early initiative was launched in 2012 and covered breast, colorectal and lung cancers with the aim of improving survival for people with cancer by diagnosing and treating the disease at an earlier stage. He explained the objectives of the initiative and the progress against the trajectory which had been set in July 2013 and had assumed a gradual and steady increase in cancers diagnosed at Stage 1 over time. The HEAT target was based on the combined position across the three cancer types and, in the latest reporting period of July to September 2015, the overall percentage of patients diagnosed with cancer at Stage 1 was 26.5%, which was lower than the 28.1% trajectory for that period. In breaking this down, Mr Jenkins advised that the breast cancer and colorectal cancer rates were below trajectory and the lung cancer rate, at 20.6%, remained above the trajectory figure of 19%.

Mr Jenkins referred to the national marketing campaigns aimed at encouraging early stage presentation and he acknowledged Dr Lyons' point that the summary paper, in highlighting that there were no health inequality implications, was incorrect and he would be discussing the inequalities issues with Miss Anna Baxendale, Head of Health Improvement, to ensure that both services were linked and appropriately targeted.

**Head of Health
Improvement/
D.Lyons**

Ms Brown referred to the national campaigns and the need to ensure links back to the screening programmes undertaken by the Public Health Team, and Mr Jenkins indicated that he would discuss with Dr Crighton how these could be better linked and the information presented in a more joined-up way.

**Director,
Regional
Services/Interim
Director of
Public Health**

NOTED

(b) CANCER WAITING TIMES ACTION PLAN

There was submitted a paper [Paper No 16/16b] by the Chief Officer, Acute Services which detailed the current position within the NHS Board in relation to cancer waiting times performance against both the 62 and 31 day targets.

The HEAT standards relating to cancer waiting times are that 95% of all patients diagnosed with cancer begin treatment within 31 days of a decision to treat and that 95% of those referred urgently with a suspicion of cancer begin treatment within 62

days of receipt of referral. The target related to the ten cancer types reported within the paper, which highlighted that performance against the 62 day standard continued to be challenging across a number of cancer types and that the 95% target had not been delivered in 2015.

Mr Jenkins took Members through each cancer type and its position in terms of service delivery, challenges and performance, and Mr Archibald acknowledged that the urology service continued to face a series of challenges, in particular in terms of recruitment which had been highlighted, once again, by the NHS Board being unable to fill a recent vacancy at Glasgow Royal Infirmary.

Mr Jenkins advised that non-recurring funding had been utilised to reduce the backlog of patients who had already breached the waiting times target, however, whilst the combination of measures did result in an 8.7% increase in performance, this was not expected to be sustained as the non-recurring resource allocation had been a one-off. The filling of the two consultant vacancies would be the single biggest contributor to a performance turn-around in urology.

Members thanked Mr Jenkins for his presentation on both these cancer-related issues.

NOTED

(c) KNOWLEDGE & SKILLS FRAMEWORK PERSONAL DEVELOPMENT PLANNING & REVIEW PROCESS (KSF AND PDP/R) – SURVEY 2016

There was submitted a paper [Paper No 16/16c] by the Director of Human Resources & Organisational Development which provided information on the outcome of the Knowledge & Skills Framework – Personal Development Planning and Review Process Survey which had been conducted in February 2016.

The purpose of the survey had been to identify and provide assurance from managers and employees about the quality of the personal development planning and review process; an issue which had been raised in the Staff Survey in relation to the drive to meet the KSF target which had adversely affected the quality and value of the personal development plan.

From the sample of 600 staff, the return response rate had been 10%; 36% of whom were managers/reviewers and 64% of whom were reviewees. Despite the low response rate, the feedback and data provided had been valuable in combination with the previous focus group work.

Ms MacPherson provided a summary of the key themes from the survey together with an additional analysis. She highlighted that the Learning and Education department was providing tailored support for each Acute Sector/Directorate and each HSCP in this area, and the KSF roadshows delivered in all hospital sites within dining rooms/lecture theatres on the theme of “talk don’t tick” – focusing on improving the quality of the personal development plans.

Members welcomed this report. Dr Cameron was disappointed at the response rate and enquired whether a survey would be undertaken again in the future in order to compare outcomes and progress. Ms MacPherson advised that this was indeed the case and mentioned that in this month’s Staff News the Staff Bursary Scheme was again being launched with applications open from 7 March to 22 April 2016.

NOTED

27. CLINICAL GOVERNANCE UPDATE

There was submitted a paper [Paper No 16/18] by the Medical Director which provided an overview of the clinical risk activity within Acute Services, highlighting the SPSP Falls data, Fatal Accident Inquiry update and the SPSP Medicines Reconciliation update report.

Dr Armstrong highlighted the information relating to reported patient falls between October and December 2015; the quality indicators of the Significant Clinical Incident (SCI) process and the handling of SCIs within different Directorates and the progress of the Scottish Acute Adult Patient Safety Programme Medicines Reconciliation workstream and the involvement of the internal auditors in determining whether these processes were embedded within the service. The review had indicated that, whilst a lot of good work was ongoing, improvements were still needed to embed medicines reconciliation processes within the routine admission process.

Dr Armstrong also highlighted that the key issues around deteriorating patients would form part of the 2016/17 objectives for Senior Managers and the position with delirium was that it was being tested within three wards and the outcomes would be rolled into the objectives of the Chiefs of Medicine and, hopefully, General Managers.

Lastly, Dr Armstrong asked Members for any thoughts or comments on the presentation of the information to ensure that it met their needs now and in the future.

NOTED

28. HEALTHCARE ASSOCIATED INFECTION: EXCEPTION REPORT

There was submitted a paper [Paper No 16/19] by the Medical Director updating the Committee on the NHS Board's performance against HEAT and other Healthcare Associated Infection targets and performance measures. This report covered the same quarter as the report submitted to the last committee meeting however, Dr Armstrong highlighted that the unvalidated figures for the following quarter suggested a 9.5% increase in SAB cases, and she set out the range of board-wide actions to address this dip in performance.

In relation to clostridium difficile, steps had been taken to write to all clinical staff about the prescribing of co-amoxiclav in order to tighten recommendations/restrictions on broader spectrum antibiotics. This targeted intervention had indicated that the first two months of 2016 would have a decrease in overall C-Diff rates. This would be confirmed in the next validated quarter's report.

NOTED

29. PUTTING PATIENTS FIRST: PROGRESS REPORT ON IMPLEMENTING THE PATIENT RIGHTS ACT IN NHSGGC'S ACUTE SERVICES

There was submitted a report [Paper No 16/20] by the Nurse Director providing Members with an update on the implementation of the Patient Rights Act (Scotland) 2011 and the Putting Patients First – Acute Services Development Plan 2016/17. Dr McGuire took Members through the paper, highlighting the progress in implementing the Patient Rights Act within NHSGGC, and in particular, the different routes via which the NHS Board now received feedback from patients and carers.

Members welcomed this new report and, in responding to a question from Ms Micklem about the governance responsibility of the new Patient & Carer Experience Group, Dr McGuire advised that it would report in to the Board Clinical Governance Forum as well as providing updates to the Whole System Directors Group and the Acute Strategic Management Group. The Integrated Joint Partnership Boards would form their own groups to review activities in their own areas of responsibility.

Dr Lyons referred to the patient stories covered within the report and asked that, in future, they show the outcome and improvements which came about as a result of each.

Nurse Director

Mr Finnie asked if there were other areas of legislation which covered the NHS Board's responsibilities to patients beyond the Patient Rights Act. Dr McGuire indicated that there was a whole range of additional legislation which covered the NHS Board's responsibilities to patients, however, she had brought this report in particular, to feature the new responsibility in relation to feedback, comments and concerns.

NOTED

30. SUMMARY OF HEALTHCARE ENVIRONMENT INSPECTORATE (HEI) UNANNOUNCED INSPECTIONS AND IMPROVEMENT PLANS JAN-MARCH 2016

There was submitted a report [Paper No 16/21] by the Nurse Director which provided a summary of the Healthcare Environment Inspectorate progress report for the period January to March 2016. The report highlighted that there had been one unannounced inspection to the Royal Alexandra Hospital on 13 and 14 January 2016. The inspection resulted in two requirements and an improvement plan had been developed to address the areas identified and they were discussed with the Royal Alexandra Hospital's Infection Control Committee.

NOTED

31. QUARTERLY REPORT ON CASES CONSIDERED BY THE SCOTTISH PUBLIC SERVICES OMBUDSMAN: 1 OCTOBER TO 31 DECEMBER 2015

There was submitted a report [Paper No 16/22] by the Nurse Director which set out the Acute Services Report on the actions taken against the recommendations made by the Scottish Public Services Ombudsman in relation to investigative reports and

decision letters issued in the period from 1 October to 31 December 2015. The Acute Services Committee had the responsibility to seek the necessary assurances that recommendations made by the SPSO in relation to Acute Services were implemented in the interests of delivering safe and effective care. This report covered one investigative report and nine decision letters where recommendations were identified by the SPSO and those cases carried forward from the last quarterly report that had not previously been completed.

Ms Brown was concerned that the SPSO continued to uphold a high number of issues which had previously been considered by Board Officers and had resulted in the complainant being dissatisfied with the outcome of the Board's complaints response, and had then raised the issue with the SPSO. Dr McGuire intimated that this had become an important focus for the restructuring of the complaints function and staffing, and a new Board Complaints Manager had been appointed two weeks ago to ensure a greater focus and a more patient-centred approach was taken in handling complaints and dealing with those who raised them. She was aware that the SPSO upheld complaints wherever they found fault, even if this was already upheld by the NHS Board and an apology had been given. An improvement in the quality of responses and engagement with complainants was the focus, and while she appreciated there would be a number of legacy complaints sitting with the SPSO still to be reported on, she hoped that a noticeable improvement would be forthcoming.

Dr Lyons intimated that he felt that the national NHS Complaints Procedure would benefit from having a middle stage prior to complainants being referred to the Ombudsman. In relation to the investigative report, he would want further assurance in the next report about the steps being taken and the outcomes of the actions, particularly in relation to patients transferring from another NHS Board to NHSGGC.

Nurse Director

Mr Sime stressed the need for an early apology in so many complaints and also drew attention to the legislation awaiting royal consent which would cover a duty of candour in relation to mistakes within the health services and it was hoped that the SGHD would issue guidance covering the new responsibilities of NHS Board and HSCPs.

NOTED

32. CARE ASSURANCE SYSTEM UPDATE

There was submitted a report [Paper No 16/23] by the Nurse Director providing an update and current position in relation to the progress in implementing the Care Assurance System within NHSGGC.

NHSGGC commenced work in 2014 with NHS Lanarkshire and NHS Ayrshire & Arran to develop a care assurance system with the aim of improving and assuring care consistently and sustainably for patients. The paper described the support infrastructures in relation to staff learning and development; leadership development; lead nurse/midwife development; local sector/directorates implementation; tri-board support network events; and care assurance IT dashboard development.

NOTED

33. MEETING THE REQUIREMENTS OF EQUALITY LEGISLATION: A FAIRER NHSGGC 2016-20 AND MONITORING REPORT 2015-16

There was submitted a report [Paper No 16/24] by the Director of Planning and Policy setting out the highlights of what had been achieved in 2015/16 including the actions undertaken in the Equality Scheme 2013-16 together with the Meeting the Requirements of Equality Legislation: A Fairer NHSGGC 2016/20 which set out the actions intended to be taken to meet the commitment to tackle inequality across the NHS Board's core functions.

Ms Jackie Erdman, Head of Inequalities, attended and presented the reports to Members.

Ms Micklem welcomed the reports and preferred to look at the last four years and then use that experience to shape the report to cover the next four years. She asked about the reporting responsibility of the Health Improvement and Inequalities Group, which was to oversee the governance of the actions in the 2016-20 report. Ms Renfrew advised that this group would report to the Acute Services Strategic Management Group which, in turn, saw its minutes submitted to the Acute Services Committee.

Ms Micklem had wondered why some of the measures had no figures attached to them as this would have been an easier way to see the progress made. Ms Erdman acknowledged this point and would consider this for next year's report.

**Head of
Inequalities**

Ms Brown stressed that inequalities was the business of all staff and Members, however, she would have been keen to see information on the diversity of the workforce. Ms MacPherson advised that a specific audit was being undertaken and this would be reported direct to the Staff Governance Committee. In relation to the low percentage of people recruited who had advised that they had a disability, she was keen that there was a review of the recruitment and selection process in order to highlight this and see if a better return could be achieved by giving people more confidence in answering this question.

**Director of HR
& OD**

NOTED

34. UPDATE ON QEUEH CAMPUS

There was submitted a report [Paper No 16/25] by the Director of Facilities & Capital Planning which provided a progress update on the construction works still being undertaken on the Queen Elizabeth University Hospital (QEUEH) campus.

Mr Loudon covered the Children's Play Park, the demolitions and site clearances, the overcladding of the Neurosciences Building together with the upgrade of the main entrance, the new Imaging Centre of Excellence, Horatio's Garden, the extension to the existing multi-storey car park, and the east campus road renewal project. The paper indicated the timescales for key milestones and completion, and Members welcomed the update.

NOTED

35. NATIONAL CHILD PSYCHIATRIC UNIT: ROYAL HOSPITAL FOR CHILDREN – FINAL UPDATE

There was submitted a paper [Paper No 16/26] by the Director of Planning & Policy which set out the progress against each of the outstanding issues impacting on running the service at the National Child Inpatient Psychiatry Service, Ward 4, Royal Hospital for Children.

Dr Lyons enquired about the entrance door/reception and signage and Mr Calderwood advised that this was being improved, and, as reported at the last meeting, CCTV was being provided at the entrance door/reception area.

Ms Brown was concerned that the full Mental Welfare Commission report had not been shared with Members although it had been passed to herself and Dr Lyons. It had acknowledged that the issues raised in the report issued in October 2015 had been fully responded to by officers. She also enquired about the costs of establishing a roof garden. Mr Calderwood advised that the cost for a retractable roof at the roof garden was £1.7m, and, with the restrictions on the capital budget and no clinical support for this, it had been agreed not to proceed.

Mr Lee commented that the main concerns had been dealt with and therefore he was content that no further action was required in relation to this matter.

NOTED

36. ACUTE STRATEGIC MANAGEMENT GROUP: MINUTES OF MEETINGS HELD ON 17 DECEMBER 2015 AND 28 JANUARY 2016

The minutes of the Acute Strategic Management Group meetings held on 17 December 2015 [SMG(M)15/12] and 28 January 2016 [SMG(M)16/01] were noted.

NOTED

37. BOARD CLINICAL GOVERNANCE FORUM: MINUTES OF MEETING HELD ON 1 FEBRUARY 2016

The minutes of the Board Clinical Governance Forum meeting held on 1 February 2016 [BCGF(M)16/01] were noted.

NOTED

38. ROS MICKLEM

Mr Lee advised that Ros Micklem's term of office would come to an end on 31 May 2016 and, as she was unable to attend the May meeting, this would be her last meeting of the Acute Services Committee. Mr Lee thanked Ms Micklem for her contribution to the former Quality & Performance Committee and the Acute Services Committee, particularly in the areas of health inequalities and equalities legislation.

39. DATE OF NEXT MEETING

9.00am on Tuesday 17 May 2016 in the Board Room, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH.

The meeting ended at 12:50pm