

ACTIONS	RESPONSIBLE OFFICER	TIMESCALE	PROGRESS / UPDATE
BOARD MEETING - 16 AUGUST 2016			
Minute 76 - Minutes - GP Out of Hours: Drumchapel			
<ul style="list-style-type: none"> Provide Dr R Reid with the numbers of patients who require access to a wider range of clinical services. 	C Renfrew	September 2016	Norrie Gaw agreeing information to be provided with R Reid.
Minute 77 - Matters Arising - GP Out of Hours: Drumchapel			
<ul style="list-style-type: none"> Confirm timescale for improving the signage on Gartnavel Hospital site 	C Renfrew	October 2016	Catriona Renfrew has asked Public Engagement Team to ensure signage to staff parking is available to patients Out Of Hours.
Minute 78 - Proposed Approach to Engagement on Service Changes			
<ul style="list-style-type: none"> Carry out the proposed public engagement process detailed in the paper for the four service change proposals. 	C Renfrew/J Armstrong/M McGuire	October 2016 – February 2017	In progress.
Minute 79 - Unscheduled Care Programme			
<ul style="list-style-type: none"> Provide updates to the NHS Board on the progress of the various work streams 	D Stewart	October 2016 – February 2017	An update is on the agenda. Action - recommended for completion.
Minute 81 - Carers (Scotland) Act 2016 - Commencement Date			
<ul style="list-style-type: none"> Carry out necessary preparations for commencement of Act and update NHS Board on progress. 	M McGuire	August 2017	No further update from position outlined in the paper provided to the Board in August 16. A further paper will be provided in August 2017.

Minute 82 - Naming of Play areas at Royal Children's Hospital			
<ul style="list-style-type: none"> • Include third play area in process to determine the names. 	K Hill	October 2016	Third play area included and Naming Panel met on 20 th September 2016 to shortlist names. Process to select a preferred name for each play area underway and to be concluded by end of October 2016.
Minute 83 - Revised Committee and IJBs Membership			
<ul style="list-style-type: none"> • Advise relevant officers and IJBs of the new Committee and Non Exec IJB members, effective from 1 September 2016 	J C Hamilton	August 2016	<p>Notifications issued to all officers supporting the Standing Committees of the NHS Board and IJBs and induction arrangements for Non Executive Members taking place locally.</p> <p>Action - recommended for completion.</p>
Minute 85 - Clinical Governance Annual Report - 2015/16			
<ul style="list-style-type: none"> • Move para 4.1.2 to earlier in the document and consider providing Members with further information on the Significant Clinical Incident Policy and actions. 	J Armstrong	August and October 2016	<p>A point has been made in the introduction to annual report about scale of NHSGGC. This is reinforced in Section 4 (about Patient Safety & Clinical Risk Management) at 4.1.2 which sets in context the relatively few events given the scale of activity in NHSGGC.</p> <p>The NHS Board Seminar on 6th September 2016 included a session on the Significant Clinical Incident Policy.</p> <p>Action - recommended for completion.</p>
Minute 86 - Healthcare Infection Report			
<ul style="list-style-type: none"> • Submit paper to October NHS Board on actions taken on tackling SABs and changes to practice. 	J Armstrong	October 2016	<p>Paper prepared and submitted to October Board meeting.</p> <p>Action - recommended for completion.</p>
<ul style="list-style-type: none"> • Fuller details to be provided on HEI Reports and paper to NHS Board on actions around changes to practice in relation to managing SABs 	J Armstrong	October 2016	<p>Recommendations and requirements from HEI reports will be summarised with actions taken by NHSGGC in HAIRT reports from October onwards.</p> <p>Action - recommended for completion.</p>

Minute 88 - Financial Report - to 30 June 2016			
<ul style="list-style-type: none"> • Include further detail and information in future reports on Shared Services and on sickness absence. 	M White	October 2016	<p>These aspects will be included in future reports, from October onwards.</p> <p>Action - recommended for completion.</p>
<ul style="list-style-type: none"> • Include as a future NHS Board Seminar topic - Workforce issues, including Sickness absence. 	J C Hamilton	August 2016	<p>Added to NHS Board Seminar/Development Session list of topics.</p> <p>Action - recommended for completion.</p>
BOARD MEETING - 28 JUNE 2016			
Minute 43 - Welcome			
<ul style="list-style-type: none"> • Undertake review of how NHS Boards and other public sector organisations feedback on the CEO and Chairman's activities since the last meeting. 	J C Hamilton	October 2016	<p>Other NHS Boards and other public sector organisations arrangements showing the different ways CEOs and Chairs report to their respective Boards on their activities was shared with NHS Board Members and outcome of new reporting arrangements included in the October NHS Board papers for the first time.</p> <p>Action - recommended for completion.</p>
Minute 47 - Clinical Governance			
<ul style="list-style-type: none"> • Identify within the paper the high level key issues; consider charts/diagrams for presentational purposes and clarify Procurator Fiscal (PF) process for learning from post mortems. 	J Armstrong	October 2016	<p>Content and structure of future reports being considered as part of remit planning for new Clinical and Care Governance Committee.</p> <p>Where the PF has instructed a Post Mortem (PM) the case will normally have been categorized as a Significant Clinical Incident (SCI) and therefore as part of the NHSGGC SCI process the PM will be considered and referred to in the SCI report. SCI reports are fed back to local teams for learning purposes. Additionally, if PM results are known when Morbidity and Mortality (M&M) meetings are taking place, they are shared as part of the review process. M&M cases can be held until PM result is available depending on the case and how crucial the PM result is in reviewing the case.</p> <p>Action - recommended for completion.</p>

Minute 56 - Quarterly Complaints & Feedback Report			
<ul style="list-style-type: none"> Prison Health care to be highlighted in future reports cross system learning. 	M McGuire	October 2016	<p>Revised style of reporting in place which integrates the learning from complaints and feedback and will incorporate cross system learning where appropriate.</p> <p>Colleagues from complaints and patient involvement teams are currently working together to revise the Quarterly Complaints and Feedback Report. The revised version will aim to provide more meaningful information, which is more clearly presented, with stronger emphasis on themes and learning as a result of complaints and feedback.</p> <p>The aim is to submit the revised version to the October Board meeting, which will contain Quarter 1 figures, and will therefore be consistent for the remaining quarters of 2016/17.</p>
BOARD MEETING - 19 APRIL 2016			
Minute 34 - Integrated Performance Report			
<ul style="list-style-type: none"> System wide review underway on patient flows and allocation of resources. Include in future, information about gynecological cancers. Include information on the reasons for delays associated with bed days lost due to delayed discharges. 	<p>J Best</p> <p>T Mullen</p> <p>T Mullen</p>	<p>September 2016</p> <p>October 2016</p> <p>October 2016</p>	<p>Work completed and backlog of patients advised, unavailability will be finalised by end October 2016.</p> <p>Complete - the exceptions report now provides a breakdown of performance in relation to all cancer types included in the waiting times target. This includes gynecology.</p> <p>Complete - the exceptions report identifies the reasons for delays associated with bed days lost due to delayed discharges.</p> <p>Action - recommended for completion.</p>

Minute 14 - Integrated Performance Report			
<ul style="list-style-type: none"> Future reports to include greater detailed figures in relation to detect cancer early and impact on waiting times of elective operations postponed. 	J Best	April & June 2016	<p>Greater detail in relation to the Detect Cancer Early programme was included in the April Board report; further work is required to demonstrate the impact of elective postponements on waiting times and this was to be included in a future NHS Board report.</p> <p>Regular reports submitted to ISD on cancelled procedures according to nationally agreed codes. Local impact within sectors managed through local teams reallocating sessions where possible to minimize impact.</p>
BOARD MEETING – 15 DECEMBER 2015			
Minute 118 - Older People's Inspection QEUH and Langland's Unit			
<ul style="list-style-type: none"> Liaise with S Brimelow over the issues raised prior to reporting back to the NHS Board on the NHSGGC wide improvements 	M McGuire	Spring and August 2016	<p>The reporting and assurance mechanism is in place. Improvement and feedback is part of the ongoing care assurance process and will be integrated into local, sector and divisional clinical and care governance and person centred care reports.</p> <p>Action - recommended for completion.</p>

JCH - 10 October 2016