

NHSGG&C(M)07/4
Minutes: 75 - 96

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, 21 August 2007 at 9.30 am**

P R E S E N T

Professor Sir J Arbuthnott (in the Chair)

Dr C Benton MBE	Councillor D MacKay
Mr G Carson	Councillor J McIlwee
Mr R Cleland	Mr G McLaughlin
Dr D Colville	Mrs J Murray
Dr B Cowan	Mrs R K Nijjar
Ms R Crocket	Ms A Paul
Mr P Daniels OBE	Mr A O Robertson OBE
Ms R Dhir MBE	Councillor I Robertson
Mr T A Divers OBE	Mr D Sime
Mr D Griffin	Mrs E Smith
Mr P Hamilton	Mrs A Stewart MBE
Councillor J Handibode	Councillor A Stewart
Dr M Kapasi MBE	Mr B Williamson

Councillor D Yates

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

Ms H Byrne	..	Director of Acute Services Strategy, Implementation and Planning
Mr R Calderwood	..	Chief Operating Officer, Acute Services Division
Ms S Gordon	..	Secretariat Manager
Mr J C Hamilton	..	Head of Board Administration
Mr A Lawrie	..	Director, South Lanarkshire Community Health Partnership (to Minute 82)
Mr A McLaws	..	Director of Corporate Communications
Mr I Reid	..	Director of Human Resources
Ms C Renfrew	..	Director of Corporate Planning and Policy (to Minute 85)
Mr N McGrogan	..	Head of Community Engagement and Transport (for Minute No 83)

ACTION BY

75. APOLOGIES

Apologies for absence were intimated on behalf of Mr J Bannon MBE, Professor D Barlow, Dr L de Caestecker and Councillor J Coleman.

76. CHAIRMAN'S REPORT

- (i) Sir John expressed his thanks for the hard work and dedication of all staff involved in the terror incident at Glasgow International Airport on 30 June 2007. He was very proud of the professionalism shown by all involved where services were sustained throughout the stresses and challenges imposed upon staff.

- (ii) Sir John confirmed that an Outbreak Control Team had been established following the outbreak of E-coli 0157 in Paisley. Work to identify the source of the outbreak continued to be a top priority and, to this end, Public Health officials and Environmental Health officers from Renfrewshire Council had been working closely together.
- (iii) Sir John and the Vice Chairman, Mr A O Robertson, had completed the appraisal process for Non-Executive NHS Board Members. This was an annual process which provided a good exchange and discussion regarding Non-Executive Members' involvement and contribution to the NHS Board.

NOTED**77. CHIEF EXECUTIVE'S UPDATE**

- (i) Mr Divers confirmed that the Cabinet Secretary for Health and Wellbeing had announced that Professor Angus MacKay would chair an Independent Scrutiny Panel set up to consider the NHS Board's proposals for changes to a number of health services across Clyde. These proposals had been approved by the NHS Board at its meeting held on 26 June 2007 for independent scrutiny and for consultation thereafter.

Mr Divers summarised the Independent Scrutiny Panel's terms of reference and its task which was to bring to bear independent, expert, probing scrutiny on the relevant service proposals for consultation by the NHS Board.

As yet, the other Panel Members had not been appointed and it was expected that the Panel would work through their remit within three months and report back to the NHS Board by the end of November 2007.

In response to a question from Mr Daniels, Mr Divers confirmed that he would be meeting with Professor MacKay to establish the modus operandi of the Panel. Once this was established, Mr Divers would notify NHS Board Members accordingly.

Chief Executive

- (ii) The first round of recruitment of Junior Doctors in accordance with Modernising Medical Careers (MMC) had been concluded. Dr Cowan thanked HR personnel and those Consultants who had been involved in the interview stages. To date, 14,000 posts in Greater Glasgow and Clyde had been filled successfully with 85 posts not attracting suitable applicants in the first round. These posts had now been filled with locums and interviews to recruit formally to these posts would be held in September. Only eleven Junior Doctors did not have posts (or had not received an offer of a post) across Scotland : the Cabinet Secretary had made arrangements for any doctor in post at 31 July 2007 who had not yet secured a further appointment to receive a three month temporary contract in the meantime.

In the longer term, Dr Cowan confirmed that work would be ongoing with NHS Education for Scotland (NES), the wider health service and professional colleges looking at how best to conduct this recruitment process from next year onwards. Although a Scottish system was in place, the challenge would be to link with the wider UK systems simultaneously.

NOTED

78. MINUTES

On the motion of Mrs A Stewart, seconded by Mr A O Robertson, the Minutes of the meeting of the NHS Board held on Tuesday, 26 June 2007 [NHSGG&C(M)07/3] were approved as an accurate record and signed by the Chairman.

79. MATTERS ARISING FROM THE MINUTES

The Rolling Action List of matters arising was circulated and noted.

In respect of the reporting mechanisms for CH(C)Ps to report on their responsibilities to the NHS Board, Mr Divers confirmed that the October Seminar session had been set aside to identify a standard process for this purpose.

Chief Executive**NOTED****80. NHS GREATER GLASGOW AND CLYDE – UPDATE ON CHILD PROTECTION UNIT**

A report of the Board Nurse Director [Board Paper No 07/33] provided NHS Board Members with a progress report on the work of the Child Protection Unit. This work had been developed and implemented in collaboration with a wide range of staff across NHS Greater Glasgow and Clyde.

Ms Crocket explained that the new Child Protection Forum arrangements, introduced in light of the changing organisation structure, were up and running. The Forum concentrated on strategic issues and met three times a year, under the Chair of the Director of Women's and Children's Services (who was NHSGGC's lead for child protection, on behalf of the NHS Board's Chief Executive). Membership included the child protection leads for each operational entity, the Head and Clinical Director of the Child Protection Unit and representation from Corporate Planning and Policy.

Over and above the Forum, two operationally focused groups met bi-monthly – one covering the Acute Division and bringing together the nominated leads for each Clinical Services' Directorate and the other covering NHS Partnerships, bringing together child protection leads from each.

Child protection training for staff continued to increase in volume and routine management information reports were provided for the Child Protection Forum and operational groups.

A three-year programme of inspections was introduced following the publication of the national audit of child protection. Two pilot inspections in Highland and East Dunbartonshire were conducted and Her Majesty's Inspectorate of Education (HMIE) had their report published in 2005. Since then, other reports had been published following inspections – one which included the West Dunbartonshire inspection. Preparation for this was robust via a specific pre-inspection group that met regularly and progressed all health issues. Ms Crocket cited some examples of specific work completed for the inspection and highlighted the positive outcomes as well as those issues identified as requiring further action. In respect of future inspections, East Renfrewshire was scheduled to be inspected in November 2007.

In response to a question from Mr P Hamilton, Ms Crocket confirmed that new systems had been put in place whereby Social Work and police staff would contact the Child Protection Unit routinely at earlier stages for information seeking medical advice when making decisions about joint investigations. This allowed for the exchange of early health information and medical examinations if required.

Mrs Nijjar asked about training offered to educational establishment staff such as teachers. Ms Crocket confirmed that the main training conducted from the NHS Board's Child Protection Unit was to health staff. Within the education setting, however, training would be conducted via their own Child Protection arrangements. She clarified that all training was consistent throughout the agencies and formed part of the inspection.

Mr Williamson commended the report but sought clarification on any outcome indicators which may identify the effectiveness and testing of the joint working arrangements. Ms Crocket confirmed that the Unit was working with the Head of Clinical Governance in this regard and hoped to identify three key performance indicators by the end of 2007.

In respect of the 140 GPs trained in child protection work, Ms Crocket confirmed that responsibility lay with the CH(C)P Directors to ensure that the Unit's training programmes were cascaded to NHS Board GPs – the Unit was supporting that work. Furthermore, web-based training was also available. She advised that a plan was in place to train additional numbers of GPs. It was stressed, however, that often the emphasis lay with a member of the primary care team being represented particularly at case conferences and this may not necessarily be a GP – often it was a health visitor.

In response to a question from Mrs Murray, Ms Crocket confirmed that the Child Protection Unit Annual Conference focussed on inspection themes and identified how these principles could be adapted into operational actions. Ms Crocket agreed that future update reports would include a summary of the specific key points highlighted by HMIE in their inspection reports.

Nurse Director

DECIDED:

- That the progress update on the work of the Child Protection Unit be noted.
- That a further progress report be made available in six months.

Nurse Director

81. SOUTH LANARKSHIRE COMMUNITY HEALTH PARTNERSHIP – A PROPOSAL FOR THE FUTURE ARRANGEMENTS OF THE CAMBUSLANG/RUTHERGLEN LOCALITY

A report of the Director of Corporate Planning and Policy and Director of South Lanarkshire Community Health Partnership (CHP) [Board Paper No 07/34] asked the NHS Board to approve the paper as the basis of further discussion during the next three months with both NHSGGC and NHS Lanarkshire and agree to receive a final proposal in December 2007 on the conclusions from the period of discussion.

Ms Renfrew explained that over the course of the last nine months, there had been an ongoing discussion with the CHP, NHSGGC and a range of stakeholders within and external to the Partnership including directly employed staff, General Practitioners and local politicians. The aim of this dialogue had been to discuss in some detail the manner in which the locality was currently managed within the CHP and to consider whether these were the most effective arrangements for the locality in the medium term. Of particular concern had been the complexity of the links to NHSGGC as well as the South Lanarkshire CHP which was part of NHS Lanarkshire. On the basis of the discussions that had been held to date, Ms Renfrew explained that the purpose of this paper was to outline a proposed way forward for the future in respect of the Cambuslang/Rutherglen locality.

Mr Lawrie explained that three of the localities within the South Lanarkshire CHP (Hamilton, East Kilbride and Clydesdale) were the responsibility of NHS Lanarkshire. The health of the population of Cambuslang and Rutherglen, however, remained the responsibility of NHSGGC. These responsibilities were discharged through the South Lanarkshire CHP under the terms of the Scheme of Establishment approved by the Scottish Executive Health Department in September 2005.

Although part of South Lanarkshire CHP, the contracts for staff and independent contractors working within the Cambuslang/Rutherglen locality were held by NHSGGC. The current hybrid arrangements meant that the locality was not fully integrated as part of the South Lanarkshire CHP and had to operate between both NHS Lanarkshire and NHSGGC. It was the only functioning locality where this happened within Scotland. In governance and accountability terms, the reporting mechanisms for the locality were to Mr Lawrie, Director, who, in turn, was accountable to the Chief Executive of NHSGGC.

Given the current setup within the locality, there was a clear requirement for close working partnerships with NHSGGC colleagues. Mr Lawrie summarised the reasons for considering change and looked at the pros and cons of the existing arrangements. He highlighted a number of disadvantages in the current arrangements that had been identified and explained that one way forward to alleviate a number of these issues would be to transfer responsibility for the Cambuslang/Rutherglen locality from NHSGGC to the South Lanarkshire CHP. The physical areas of Cambuslang and Rutherglen would still remain within the NHSGGC boundary, however, the full financial and operational responsibility for staff and independent contractors would pass to the South Lanarkshire CHP which would fully manage the services on NHSGGC's behalf as an integrated part of the wider CHP. This would allow the Cambuslang/Rutherglen locality to work more efficiently, share best practice more easily and communicate with ease with the rest of the South Lanarkshire CHP.

Ms Renfrew explained that the proposals were very clearly about improving the governance, planning and accountability framework under which the locality operated. It was important that the Cambuslang/Rutherglen locality did not become an island between the two NHS Boards starved of the ability to further develop primary care services for the benefit of the population. The proposal set out a series of arrangements following stakeholder engagement and took on board, in significant measure, the issues and concerns raised. The proposal now required further discussion with both NHS Board areas with the formal clinical and partnership fora. This was planned to occur between September 2007 and November 2007 with the outcome and conclusions of these further discussions being considered by both NHS Boards and a final recommendation made in December 2007. Dependent upon the final conclusions of the NHS Boards, Ms Renfrew explained that any required contractual changes would come into effect from 1 April 2008.

Dr Colville raised several points of concern – both from his experience as a GP in the locality and a resident. He led the NHS Board through his queries throughout the document and concluded by saying that the proposals illustrated a fundamental destabilising step for Cambuslang/Rutherglen. In response, Ms Renfrew thanked Dr Colville for his wide ranging comments and re-iterated that the point of the document was to stimulate views as a discussion paper. All stakeholders would have an opportunity to present their views.

Mr Sime referred to potential employment changes for staff from NHSGGC to NHS Lanarkshire. As yet, a set of proposals had not been developed but he hoped that staff and trade unions would be involved in the engagement process in accordance with the Staff Governance Standard. Mr Reid confirmed that engagement would take place via the Area and Local Partnership Fora.

Councillor Handibode recognised that the paper demonstrated work in progress and would be happy to see it widely distributed to air debates and encourage views. Mrs Stewart agreed and, in light of public interest, hoped that members of the public would be able to contribute to the debate via the CH(C)Ps.

In light of these comments, Ms Renfrew agreed to update and reflect the NHS Board's suggested amendments within the document (particularly in relation to the public engagement arrangements that would take place) and duly distribute the document widely for discussion.

**Director of
Corporate
Planning and
Policy**

DECIDED:

- That the report on the discussions which had taken place during the past nine months on the proposal for the future arrangements of the Cambuslang/Rutherglen locality be received.
- That this paper as the basis of further discussion during the next three months within both NHS Board areas be approved.
- That a final proposal in December 2007 on the conclusions from this period of discussion be received.

**Director of
Corporate
Planning and
Policy
Director of
Corporate
Planning and
Policy**

82. WINTER PLAN 2007/08

A report of the Director of Acute Services Strategy Implementation and Planning, [Board Paper No 07/35] asked the NHS Board to accept an update on the approach to Winter Planning for 2007/08 and note that a further report would be submitted to the October 2007 NHS Board meeting.

Ms Byrne explained that the National Unscheduled Care Collaborative had taken over the role of co-ordinating winter planning for 2007/08. Plans should be on a single system basis and should demonstrate inter-agency working across all partners across NHS Greater Glasgow and Clyde. This included NHS24, CH(C)Ps, NHS GEMS, Clyde Primary Care Emergency Service, Scottish Ambulance Service, the Acute Division, Oral Health, Mental Health Partnership, Public Health, Occupational Health and Addiction Services.

Final plans were to be available by the end of August prior to a follow up national event on 12 September 2007 where the Executive Lead from each NHS Board would present their plan in detail for peer review.

Ms Byrne explained that much work had still to be done and that this would be undertaken over the next few months. She illustrated lessons that had been learned from the past and summarised forward planning work in the following areas:

- Primary Care/GEMS/Clyde Primary Care Emergency Service/NHS24.
- Acute Services.
- Flu Pandemic Planning
- Staffing
- Communications

The first meeting of the single system Winter Plan Working Group had taken place at the beginning of August. A further meeting would be held in early September prior to the national Unscheduled Care Collaborative event on 12 September 2007. Thereafter, NHSGGC meetings would be monthly and the plan would be finalised and resource implications discussed prior to presenting it to the NHS Board in October 2007.

Mr Calderwood explained that the challenge every year in winter planning was any surge in acute admissions. With services being moved around NHSGGC at the moment, work was being led by Richard Copland, Director of Health Information and Technology looking at the impact and demand on each site on a daily basis. This would ensure that access targets would also be reached and maintained throughout the winter period.

Ms Dhir referred to the availability of flu jabs for staff and members of the public. Mr Divers confirmed that last year there was a problem with supply availability and he was hopeful this would not re-occur this year. Mr Divers undertook to write to the Chief Medical Officer, Dr Harry Burns, seeking assurance on the availability of flu jabs NHS Scotland-wide.

Chief Executive

Councillor MacKay asked what work was taking place with partners including Local Authorities. Ms Byrne explained that the NHS Board was working hard to ensure that Social Services were represented at a local level in the discussions and would be represented at the national event on 12 September 2007. Ms Byrne confirmed that one of the NHS Board's Heads of Communication, Sandra Bastillo, was co-ordinating this work jointly with Local Authorities.

DECIDED:

- That the update on the approach to Winter Planning 2007/08 be accepted.
- That a further report be submitted to the October 2007 NHS Board meeting be noted.

**Director of Acute Services Strategy, Implementation and Planning
Director of Acute Services Strategy, Implementation and Planning**

83. TRANSPORT UPDATE

A report of the Head of Community Engagement and Transport and Director of Acute Services, Strategy Implementation and Planning [Board Paper No 07/36] asked the NHS Board to note the progress made on the transport agenda since the NHS Board approved its proposed structure in October 2006.

Sir John asked the NHS Board to note a petition which had been submitted from UNISON with 11,040 signatories as follows:

“On 27 July NHS Greater Glasgow and Clyde will introduce car parking charges on four sites which will be rolled out during the coming months to other hospital sites across Glasgow and Clyde.

We, the undersigned, are concerned by the decision taken by the Board and the manner in which the decision was taken. We call upon NHS GGC Board to withdraw their decision and engage with the community and staff to find alternative solutions.”

Mr McGrogan explained that a policy to manage car parking on acute hospital sites was introduced to ensure that patients, carers and relatives had access to car parking spaces. He summarised developments in the following areas:

- Car Parking – a policy to manage car parking on acute hospital sites had been introduced and would be implemented on a phased basis.
- Public Transport – NHSGGC had been involved with the First Bus Annual Route Development Plan and the NHS Board’s Transport and Access Forum had had the opportunity to review the proposals and discuss them with senior management of First Bus.
- Transport Planning for the New South Glasgow Hospitals – Planning for improved access to the new South Glasgow Hospitals was continuing. NHSGGC had been working with Glasgow City Planners, Strathclyde Passenger Transport, First Bus, Clyde Waterfront and other Local Authorities on a number of projects impacting on access to the site of the new South Glasgow Hospitals.
- CH(C)P Based Transport Work – NHSGGC had been working with Glasgow City Council, the Scottish Ambulance Service, Strathclyde Passenger Transport and the community transport sector to understand how the transport capacity each organisation had could be better used within Glasgow City. Mr McGrogan referred to the success of the evening visitor scheme which had proved popular with patients, carers and other stakeholders within Glasgow City.

In East Dunbartonshire, a partnership steering group had been formed that had agreed to support the creation of a Transport Management Organisation managed by a development officer. This post holder was working to an agreed work plan that would lead to the creation of the Transport Management Organisation which would work to improve transport and access to a range of key services including access to employment, training, shopping facilities/fresh food, hospitals and primary care.

In West Dunbartonshire and Inverclyde, two bus services were funded directly by NHSGGC.

- Regional and National Planning on Transport for Health – a regional NHS Transport Steering Group had been established with NHSGGC, Ayrshire and Arran, Lanarkshire and the Golden Jubilee Hospital being the main members. The Group had worked with Strathclyde Passenger Transport to develop a strategy to improve access to health care and a 19-point action plan had been drafted.
- Patient and Community Engagement – An NHSGGC Transport and Access Forum had been established comprising 15 patients, carers and community activists. The Forum sought to provide, from a patient/public perspective, an intelligence gathering capacity and a review mechanism to the NHS Board’s transport work.

With regard to the evening visitor scheme in existence in Glasgow City, Mr McGrogan confirmed that this was specific to geography and capacity in the voluntary sector. It was hoped that this could be rolled out across the NHS Board's whole area and, to date, different areas were at different stages of development. Mr McGrogan conceded that improvements had to be made in respect of buses travelling north to south and gradual improvements had been seen already.

Councillor MacKay objected to car parking charges being rolled out across NHSGGC. He recognised the importance in adhering to the environmental challenges and restricted availability of car parking spaces at hospital sites but urged the NHS Board to look at this further as "one size did not fit all".

In response to a question from Dr Benton concerning the availability of disabled spaces for blue badge holders, Mr McGrogan agreed that it was not acceptable if spaces were not available for such users. The new policy had a framework to tackle this which would include policing car parks with attendants.

Mr Sime referred to many letters that trade union representatives had received from staff who were finding the car parking charges onerous. Mr Divers reiterated the purpose of the policy which was to ensure that patients, carers and relatives were more likely to get a space if required. Staff had been allocated spaces using a process of prioritisation in that staff who needed their car for work purposes could apply for a permit. Staff who did not need their car for work were encouraged to find alternative means of transport.

Mr Carson referred to accessible public transport available to wheelchair users. He cited, for example, that Glasgow's underground system was not accessible for wheelchairs and asked what British Standard (BS) Guidance the NHS Board had used to estimate the allocation of blue badge spaces at hospital car parks. Mr McGrogan agreed to establish the guidance used and let Mr Carson know.

**Head of
Community
Engagement and
Transport**

In summing up, Ms Renfrew re-iterated that the policy's implementation was being monitored and issues identified would be reviewed, in particular, the income based charging process currently in place.

NOTED

84. 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 07/37] asked that the NHS Board 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 eleven Medical Practitioners listed on the NHS Board Paper for the purposes of Section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003 be approved.
- That the one Medical Practitioner listed on the NHS Board Paper who had already been given approval on 1 August 2007, in order to meet the contingencies of the service, be retrospectively approved.

**Director of Public
Health**

**Director of Public
Health**

85. NHS GREATER GLASGOW AND CLYDE – COMMITTEE MEMBERSHIP

A report of the Head of Board Administration [Board Paper No 07/38] set out recommendations on the membership of the NHS Board's Committees.

Mr Hamilton reported that these proposed memberships of the main NHS Board Committees had been concluded following discussion with the new NHS Board Members (and the outcome of the annual appraisal process with Non-Executive Members) and the need to consider relevant experience, development opportunities, achieving the correct balance as well as spread of responsibilities.

DECIDED:

- That the membership of the main Standing Committees of the NHS Board and the Chairs and Vice Chairs of the Local Research Ethics Committees as detailed in the appendices be approved. **Head of Board Administration**
- That the appointment of Councillor J Coleman as Chair and Dr C Benton as a member of the Mental Health Partnership Committee for a four year term be endorsed. **Head of Board Administration**
- That Mr A O Robertson as Vice Chair of the NHS Board for a four year term (or until the end of his period of appointment – whichever was sooner) be appointed. **Head of Board Administration**

86. WAITING TIMES AND ACCESS TARGETS

A report of the Chief Operating Officer (Acute Services Division) [Board Paper No 07/39] asked the NHS Board to note progress against the national targets as at the end of June 2007.

Mr Calderwood led the NHS Board through the progress across the single system towards achieving waiting time and other access targets set by the Scottish Executive (commonly known as HEAT Targets).

The Acute Division had met the maximum waiting time of 18 weeks for all patients on the true waiting list in December 2006. It had maintained this position since December 2006 and would continue to achieve the 18 week maximum wait going forward.

The national target of a maximum waiting time of 18 weeks for all new outpatients had to be achieved by December 2007. Mr Calderwood explained that the overall position demonstrated a total of 2487 outpatients waiting over 18 weeks in July 2007. This represented a reduction of 859 patients on March 2007 (26%), with a static position at the end of June. Further work was underway in respect of additional clinics during August and September 2007 and improved productivity to ensure that the targets were achieved over the next few months.

Mr Daniels commended the excellent performance in working to achieve the national waiting times and access targets. He recognised the impressive work that lay behind achieving these targets and sought clarification around the increase in numbers on the waiting list over ten weeks in Cardiac Surgery. Mr Calderwood confirmed that this was due to pressures from delayed discharges in the Intensive Care Unit at Glasgow Royal Infirmary which was now being resolved. This would be reviewed weekly. Mr Carson wondered if more detail could be provided in future reports advising what reasons lay behind the delayed discharges. Mr Calderwood agreed that this could be provided in future reports.

**Chief Operating
Officer – Acute
Services Division**

Mr Calderwood explained that performance had fallen in recent months due to a combination of short-term staffing issues and the lack of suitable placements in some areas. Focussed action was underway with partner Local Authorities in order to achieve necessary improvements in performance.

NOTED

87. PHARMACY PRACTICES COMMITTEE MINUTES : 18 JUNE 2007 AND 4 JULY 2007

The Minutes of the Pharmacy Practices Committee meetings held on 18 June 2007 and 4 July 2007 [PPC(M)2007/009 and PPC(M)2007/10] were noted.

NOTED

88. PERFORMANCE REVIEW GROUP MINUTES : 3 JULY 2007

The Minutes of the Performance Review Group meeting held on 3 July 2007 [PRG(M)07/3] were noted.

NOTED

89. CLINICAL GOVERNANCE COMMITTEE MINUTES : 26 JUNE 2007

The Minutes of the Clinical Governance Committee meeting held on 26 June 2007 [CGC(M)07/3] were noted.

NOTED

90. GLASGOW CENTRE FOR POPULATION HEALTH MANAGEMENT BOARD MINUTES : 12 JUNE 2007

The Minutes of the Glasgow Centre for Population Health Management Board meeting held on 12 June 2007 [GCPHMB(M)07/12] were noted.

NOTED

91. WEST DUNBARTONSHIRE COMMUNITY HEALTH PARTNERSHIP MINUTES : 9 MAY 2007

The Minutes of the West Dunbartonshire Community Health Partnership Committee meeting held on 9 May 2007 [WDCHP(M)07/04] were noted.

NOTED

92. RENFREWSHIRE COMMUNITY HEALTH PARTNERSHIP MINUTES : 8 JUNE 2007

The Minutes of the Renfrewshire Community Health Partnership Committee meeting held on 8 June 2007 [RCHP(M)07/04] were noted.

NOTED

93. WEST GLASGOW COMMUNITY HEALTH AND CARE PARTNERSHIP COMMITTEE MINUTES : 17 APRIL 2007 AND 19 JUNE 2007

The Minutes of the West Glasgow Community Health and Care Partnership meetings held on 17 April 2007 and 19 June 2007 [GCHCPC(WEST)(M)02/07 and GCHCPC(WEST)(M)03/07] were noted.

NOTED

94. EAST DUNBARTONSHIRE COMMUNITY HEALTH PARTNERSHIP COMMITTEE MINUTES : 27 APRIL 2007 AND 29 JUNE 2007

The Minutes of the East Dunbartonshire Community Health Partnership Committee meetings held on 27 April 2007 and 29 June 2007 [EDCHP(M)07/02 and EDCHP(M)07/03] were noted.

NOTED

95. SOUTH EAST GLASGOW COMMUNITY HEALTH AND CARE PARTNERSHIP COMMITTEE MINUTES : 7 FEBRUARY 2007

The Minutes of the South East Glasgow Community Health and Care Partnership Committee meeting held on 7 February 2007 [Board Paper No 07/40] were noted.

96. EAST GLASGOW COMMUNITY HEALTH AND CARE PARTNERSHIP COMMITTEE MINUTES : 21 MAY 2007

The Minutes of the East Glasgow Community Health and Care Partnership Committee meeting held on 21 May 2007 [EGCHCP(M)07/03] were noted.

NOTED

The meeting ended at 12.25 pm