1. WELCOME & INTRODUCTION

The Chairman opened the meeting and welcomed members of the public to the first CHP Committee Meeting to be held in public.

2. APOLOGIES

Apologies were intimated on behalf of Mrs Gillian Notman, Mr Bernard Mills, Mrs Kate Benson, Cllr Bob Duncan, Mr John Bannon and Mrs Jenny Proctor.

Mr Bannon had submitted by email, some points he wished to draw to the Committee’s attention and the Chairman or the CHP Director raised these points on Mr Bannon’s behalf during the meeting.
3. PREVIOUS MINUTES

The minutes of the CHP Committee meeting on 25 August 2006 were agreed as a correct record, with the following amendments noted:-

- Mr Bannon had given apologies for the last meeting and these had not been noted.
- Mr McCulloch indicated that his role on the Committee should have been recorded as interim SPF Representative.
- It was also discussed and agreed that apologies would in future be formally recorded in the Minute for any Committee member not present at the meeting.

4. MATTERS ARISING

i. Mrs Murray advised the Committee that Standing Order 3.12 of the CHP Standing Orders allowed for named deputies to be appointed by the Board under Standing Order 3.4. The appointment of such deputies will be subject to the same rules and procedures for Members. The PPF may therefore nominate one named deputy for appointment by the Board.

   Committee Members

ii. ED CHP PPF Expenses - Mrs Hamilton advised the Committee that there is now an agreed process in place to ensure that PPF members can claim their expenses when attending meetings, events etc. The process has been circulated to all PPF members. Any queries should be directed to Mrs Hamilton.

   Committee Members

iii. Adult Protection Procedures – Mr Barron updated the Committee on procedures and requested that members review the documents previously circulated and provide comments to him. The document will be submitted to the Area Business Meeting next week.

   - Mr McCulloch asked that the last paragraph on page two be amended to read “following discussion with Line Manager”.

   - Dr Gordon requested clarification on whether or not this document covers Independent Contractors. Mr Barron advised that this would be an excellent process for Independent Contractors to follow, although clarification would have to be sought to identify who is the Line Manager.

   - Mrs Murray asked if the Inter Agency Report form is a local form for each CHP and if in-patient services came across a vulnerable adult from outwith the CHP would they have to use another form. Mr Barron advised that this would be the case.
• Dr Gerber raised the issue of contacting the Line Manager on each occasion and the delay this may cause in the process. Mr Barron explained that management are accountable for operational issues and that a process will be put in place to ensure that if the direct Line Manager is not available staff are clear who should be contacted in their absence. The Chairman stated that this would also ensure that accountability is dealt with appropriately.

The proposed implementation date for the new procedures is January 2007; this date is in advance of the requirement for these procedures to be in place to meet the new Act.

iv. **ED Joint Health Improvement Plan** – Mrs Hamilton gave a brief presentation of the plan which was formally approved by the Community Planning Partnership Board on 25 October. A full copy of the plan will be distributed to Committee Members. There will be a formal launch of the plan on 30 November 2006 at East Dunbartonshire Council Headquarters, and an invitation list is being compiled for the launch. Mrs Hamilton informed the Committee that an information leaflet is being developed to raise awareness of the JHIP, with the general public. The Chairman acknowledged the significant work of Mrs Hamilton and her team with partner organisations developing this document. Mrs Murray indicated that this recognition of all the efforts made by partner organisations had been echoed by John Morrison at the Community Planning Partnership Board meeting.

v. **Performance Monitoring** – Mr Hobson presented a draft document and once he has collated all the data it will be brought back to the Committee as a formal report. Mrs Murray advised the committee that Mrs Hamilton and Mr Hobson had been given the task of developing a report that will be presented to the CHP Committee at each meeting, so that the Committee can scrutinise the performance of the CHP in delivering the corporate governance targets.

The Chairman stated that he would be happy for the CHP Committee to be given a report which covered the subset of NHS Board Performance Indicators relevant to the CHP and for areas of concern, underperformance or deteriorating trends to be highlighted to the Committee. Dr Gordon asked that the language in the document is consistent throughout and commended the draft as a clear and concise report.
5. **ED CHP STANDING ORDERS**

Mrs Murray advised the Committee that the CHP Standing Orders have been updated to accommodate holding CHP Committee Meetings in Public.

Mrs Murray advised the Committee that Mr Bannon had requested that Section 15.5 of the amended CHP Standing Orders be deleted, as he felt that this may give rise to requests to address the Committee at every meeting, which would set a dangerous precedent.

The Chairman clarified for the Committee and members of the public that CHP Committee Meetings are meetings held in public and not public meetings. He proposed leaving Standing Order 15.5 as written, as these amendments had been agreed with the NHS Board’s Head of Administration and were consistent with other CH(C)Ps. It was agreed that Standing Order 15.5 is clear that members of the public in attendance at Committee Meetings shall not generally have a right to participate in the debate, and that members of the public may only be permitted to address the Committee at the sole discretion of the Chairman. This is consistent with the approach of the NHS Board where the Chairman only invites individuals to address the Board in exceptional circumstances.

Dr Gordon asked that, as Standing Order 15.5 did not specifically refer to representatives of the press, whether members of the press could address or put questions to the Committee. Mrs Murray advised that the Standing Order specifically referred only to the public, as it is normal practice for press enquiries to be dealt with outwith a Committee or Board meeting. Where the Board or Committee may be making important decisions of interest to the Press, arrangements will normally be made for the press to receive a prepared press statement or a press conference arranged.

Mr Bannon also enquired about point 1.7 “Any suspension, variation or revocation of these Standing Orders shall require the express consent of the Board”. The Chairman confirmed that this is the case and that the amended Standing Orders had been agreed with John Hamilton, who will ensure due process for Board approval is completed.

Mr McCulloch asked for clarification of the apparent difference in the term of office in Annex 1 to the CHP Standing Orders for the SPF representative to the Committee and the term of office for the nominated Chair in the SPF Terms of Reference. Mr Barron indicated that a similar conflict exists for PEG representatives. Both the SPF and the PEG will be asked to review their Terms of Reference and consider harmonisation of terms of office to meet the CHP Standing Orders.

**OUTCOME - noted by Committee Members**
6. **MONTH 6 FINANCIAL REPORT**

Mr Hobson presented a summary financial report to the Committee, but should individual members require more detailed information he will be happy to provide this on request. This report shows the six month financial position for the CHP.

The prescribing budget for the CHP currently shows an adverse variance, however, a Board wide contingency allocation has been set aside to offset this. Mr Hobson outlined financial risks for the CHP and in particular highlighted the introduction of the new Pharmacy Contract which may have an impact on the prescribing budget.

Mrs Murray advised that although Committee members receive a summary finance report, each Head of Service is provided with a detailed monthly report for the Service they are responsible for. This ensures that they have the detailed information necessary for their responsibilities as Operational Managers and can take appropriate actions to manage services within budgetary allocations.

Mr Hobson requested comments from the Committee on the format of the report. Those present felt this was an informative format which was clear and concise.

**OUTCOME - noted by Committee Members**

7. **SELF ASSESSMENT OF GOVERNANCE – ED CHP**

**SELF ASSESSMENT TOOL FOR NON-EXECUTIVE BOARD MEMBERS**

The Board Seminar on 3 October was dedicated to CH(C)P’s and establishing governance structures.

As East Dunbartonshire CHP had undergone a significant period of transitional management arrangements in its first six months, Mrs Murray felt the completion of the self assessment tool would help assure the Committee and the NHS Board that the CHP was progressing satisfactorily in establishing its governance arrangements.

The completion of the assessment tool by Mrs Murray allows the CHP Committee to see where action is still required to ensure robust governance arrangements are in place for the CHP.

Mrs Murray, on behalf of Mr Bannon, raised the point that the assessment tool suggests that the agenda should have standing items i.e. Corporate, Clinical and Staff Governance. Those present agreed that the current agenda covered these items without having them under the specific headings, which do not lend themselves to any flexibility. The Chairman proposed that the agenda should remain unchanged at present and be
reviewed again by the Committee later in the year. If at review the Committee consider that these important governance issues are not covered, a discussion will take place with regards to changing the format of the current agenda.

Mr Bannon had submitted, by email, a number of questions with respect to the CHP Complaints Process.

**Page 8, Item 9 Complaints Process**

It was explained to the Committee that the CHP cannot demand information on complaints for independent contractors. The CHP does, however, have a process in place to encourage independent contractors to share with the CHP anonymised information on complaints to allow the CHP Clinical Governance Sub-Group to identify trends. The nGMS Contract for GP’s includes, as a contractual requirement, that the Practice has an agreed procedure for handling patients’ complaints, which complies with the NHS Complaints Procedure and is advertised to the patients. The NHS Board formally reviews an annual return from each Practice to monitor that these contractual requirements are met. In addition, a number of GP Practices are subjected to a visit to the Practice by appropriate staff from the NHS Board who will inspect the Patients’ Complaints Procedure for the Practice, to check compliance with the NHS Complaints Procedure. The new GMS contract does not, however, require the details of individual complaints to be shared with the CHP.

a) Complaints data will form part of the regular performance monitoring reports to the CHP Committee at each of its formal meetings.

b) All complaints, which are upheld, will have an action plan and the completion of actions will be monitored by the Clinical Governance Sub Group and by the PEG, on behalf of the Committee.

c) All complaints correspondence to the CHP is copied to the NHS Board’s Complaints Department.

d) The NHS Complaints Policy applies to all Independent Contractors, the NHSGG & Clyde Complaints Policy applies to directly managed services.

The complaints flowchart is currently being amended and will be submitted to the next CHP Committee meeting for approval.  

Mr Barron

**Page 16 – Item 4**

Roslyn Grant, from the Board’s Clinical Governance Department, sits on the CHP Clinical Governance Sub Group and the CHP PEG, to provide a direct link between the CHP’s Clinical Governance activity and the
Board. Any significant issues of Clinical Governance arising in the CHP will be reported to the Board’s Clinical Governance Committee. In addition, we anticipate that each CHP will produce an Annual Report on its Clinical Governance activity for submission to the Board’s Clinical Governance Committee.

The Committee discussed and agreed that Mr Bannon be invited to join the CHP Clinical Governance Sub Group, given his particular interest and extensive experience in this matter.

c. Staff Governance

The issues Mr Bannon raised with respect to Disciplinary and Grievance Appeals Panels were discussed. Mr McCulloch, Staff Partnership Committee Joint Chair, who is also a member of the Area Partnership Forum, confirmed that current i.e. former Primary Care Division Policy, continues to be used until such time as all HR Policies are harmonised. Similarly, current Schemes of Delegation in respect of disciplinary action continue until the work has been completed on revision of the Scheme of Delegation. The Chairman asked if significant concerns had been raised by the Staff Partnership Forum about current arrangements and Mr McCulloch advised that no concerns had been raised to date. Ross McCulloch also indicated that, if required, guidance would be sought from the Area Partnership Forum in any specific disciplinary matter where concerns about clarity of current arrangements occurred.

The Chairman commended the Self Assessment tool to the Committee as a useful document. Mrs Murray suggested that it will also be of use to the CHP when developing the end of year annual report. Mrs Murray will respond formally to Mr Bannon on the issues raised on his behalf with the Committee.

OUTCOME - noted by Committee Members

8. SUMMARY ACTION LIST FOR CHP MANAGEMENT TEAM

This document shows work in progress for the management team and highlights ongoing development areas such as CHP Development Plan and Pandemic Flu Planning.

OUTCOME – Committee agreed that this should continue to be provided for members.
9. **CHP MONTHLY BULLETIN**

This is a document circulated to staff on a monthly basis detailing headline issues affecting the CHP. Mr Barron highlighted that this is for CHP direct employees only and not for circulation with the general public or independent contractors as the nature of the bulletin is to inform staff of local issues, areas of good practice etc. Dr Gordon will discuss at next PEG whether PEG members wish to receive copies on monthly basis.

**OUTCOME - Committee agreed that that copies should be provided for members each month.**  
Dr Gordon
Miss Gillespie

10. **MINUTES OF MEETINGS**

i. Professional Executive Group (27/09/06)  
ii. Public Partnership Forum (02/10/06)  
iii. Clinical Governance Sub Group (16/08/06)  
iv. CHP Seminar Notes & Presentations(29/09/06)  
   a. Annual Review of NHS Greater Glasgow & Clyde  
   b. ED CHP – Finance  
   c. NHS GG & - Prescribing Team  
   d. ED CHP – Development Plan 2007-2010  
v. Staff Partnership Forum (16/10/06) - *these minutes have not been approved by SPF*

**OUTCOME – Noted by Committee Members**

MEETING CLOSED AT 11.50am

**DATE & TIME OF NEXT MEETING**

**Seminar -** CHILDREN'S SERVICES & HALL 4 IMPLEMENTATION  
CHILD PROTECTION  
24 November 2006 at 9am  
Corporate Meeting Room, Stobhill Hospital

**Meeting -** 22 December at 9.30am  
Corporate Meeting Room, Stobhill Hospital
1. **WELCOME & INTRODUCTION**

The Chairman opened the last meeting of 2006 by commending the good work that had been carried out by both the Committee and staff within the CHP since it was established. The Chairman extended a welcome to those attending their first CHP Committee Meeting – Dr Malcolm Campbell, Charlie Allan and Mahri Nicolls.

The Chairman took the opportunity to highlight the joint working that had taken place between the CHP, East Dunbartonshire Council and voluntary organisations in the shape of the Joint Carers Strategy which had been launched two weeks previously.

The Chairman updated the meeting that Karen Murray, CHP Director has now been appointed to the Kirkintilloch Initiative Board.

Mrs Murray informed the meeting that Mr Derek Barron has been appointed as Director of Nursing for Mental Health Partnerships on a one year secondment and that Ms Annemargaret Black had been successful in
applying to be seconded to the CHP as Head of Mental Health and Partnerships to cover Mr Barron’s absence. Annemargaret will commence her secondment to the CHP in February 2007 in the meantime Mr Barron continues to cover both roles.

2. APOLOGIES

Apologies were intimated on behalf of Mr John Bannon and Ms Serena Barnatt.

3. PREVIOUS MINUTES

The minutes of the last meeting held on 27 October 2006 were agreed as accurate, subject to the amendment noted by Mr McCulloch under those present. The minute should read that Mr McCulloch attends the Committee as Co-Chair of the Staff Partnership Forum.

4. MATTERS ARISING

i. ED CHP Complaints Process – Mr Barron advised the Committee that the local process had been reviewed and now complied with the recently issued Board policy. Mrs Murray added that once the process has been approved by the Committee it will be circulated to CHP staff with an appendix detailing timescales for responding to complaints.

   Outcome: Approved by Committee

ii. CHP Governance Self Assessment Tool – The information contained within the document has been updated following circulation of the document to Senior Management Team for their input. Mrs Murray asked the Committee to approve the changes to the document prior to submission to Audit Scotland. Mrs Murray also indicated that Audit Scotland have been provided with evidence to corroborate the assessments made in the document. The Chairman reviewed the additions to the document point by point and gave Committee members the opportunity to comment. Audit Scotland will produce a report to then NHS Board early in the New Year with feedback also being given to CH(C) P’s.

   Mr McCulloch raised a point on page 44, item 6 and asked for clarification on what are the joint services. Mr Barron informed that both the Learning Disability Team and Community Addiction Team are joint teams, but Mental Health is a co-located team and that governance issues are dealt with accordingly. Mr McCulloch asked that the process for dealing with issues should be detailed, Mrs Murray took the opportunity to clarify that each member of staff working in a Joint Team are nevertheless employed by a single agency and their professional and managerial lines of accountability are usually specified in their job description. There are a number of multi-agency policies being developed for staff who work in joint teams.

   Outcome: Approved by Committee
5. **CLINICAL GOVERNANCE**

Dr Campbell introduced himself as Associate Clinical Director and gave some brief background to his career and involvement in Clinical Governance.

Dr Campbell updated the Committee on Clinical Governance within the CHP by presenting paper 06/38 – copy of presentation attached.

- Following the presentation discussion took place about the SIGN Guidelines; Dr Gordon advised that when SIGN issue new or updated guidelines these will be reviewed by GG&C NHS Board who may implement all or only some of the recommendations.
- The Chairman advised that problems can arise as SIGN and NICE do not review recommendations in the same timescales.
- Mrs Proctor raised the issue of the difficulty of including CHI (Community Health Index) Number on the information contained within the “Message in a Bottle” as the patient or carer may not have access to their CHI number. A discussion took place around issuing people with their CHI Numbers.
- Mrs Proctor asked that the Scottish Council for Voluntary Organisations be included as Independent Contractors and that they be included in audits etc. Mrs Proctor informed that funding applications require them to be classed as independent contractors.
- Dr Gordon asked for clarification on the process for sharing information on Clinical Governance between CHP(C) P’s. Dr Campbell indicated that a meeting is planned between Clinical Governance Leads and Andy Crawford in January to discuss this.

Clinical Governance to be included in forward plan for seminar in 2007 for update and further discussion.

**OUTCOME - noted by Committee Members**

6. **CHP Development Plan**

Mrs Hamilton presented paper (06/39) to update the Committee on the CHP Development Plan. Mrs Hamilton informed the meeting that the template had been circulated to all staff groups requesting their contribution to the plan. Mrs Hamilton updated the Committee on events that had taken place to ensure that both the Public Partnership Forum (PPF) and Professional Executive Group (PEG) had been given the opportunity to be actively involved in developing the plan and asked that the Committee Seminar on 24 January 2007 be used to focus on the plan. Mrs Hamilton requested that a wider audience be invited to the January seminar to participate in discussion. Mrs Hamilton informed the Committee that a summary of the plan is available and should anyone wish a copy they should contact her direct.

A number of issues were raised following Mrs Hamilton’s presentation:-

- Mrs Murray asked if there had been any involvement with the Community Planning Partnership Board. Mrs Hamilton indicated that
the Board had not been approached as yet, but she intended to contact the Community Planning Officer in the near future.

- Councillor Duncan raised the issue of public transport links between hospital sites and the Bearsden and Milngavie area. Mrs Hamilton advised that this issue had already been highlighted and that it was being investigated by the Transport Manager at GG&C NHS Board. Mrs Proctor pointed out that this is a huge issue with the residents within the CHP and that efforts should be made to ensure that they are engaged in the process.

- Mrs Hamilton informed that Kathleen McGill, Health Improvement Manager will be the CHP link for the Transport Consultation which is due to end in February 2007. A Community Transport Officer has also been appointed to develop transportation within the CHP.

- The Chairman asked Mr McCulloch if the Staff Partnership Forum had been involved in the Plan, Mr McCulloch indicated that staff will have every opportunity to influence the work via the Staff Partnership Forum (SPF) although at this time the message is still being put across to staff that they can be actively involved.

- Mr Mills intimated that there are problems getting wider public engagement in developing the plan and he hopes that this may change through the use of newsletters and as the CHP website develops. Mrs Murray suggested that the Committee might consider producing a summary of the plan showing the CHP top ten priorities to raise a wider awareness of the CHP plan with the general public.

Outcome: It was agreed by the Committee that the CHP Plan will be discussed further at CHP Seminar in January 2007.

7. Health & Homelessness Action Plan

Mrs Hamilton presented paper 06/40 a & b which is an example of partnership working highlighting homelessness issues. Councillor Duncan informed that builders and developers should be providing a percentage of low cost housing in any development within the area but unfortunately this is not happening. Mrs Benson reiterated that the numbers of homeless people is low within East Dunbartonshire compared to other areas. Mrs Benson indicated that the main reason for homelessness in the area is due to the lack of suitable council housing stock.

OUTCOME - noted by Committee Members

8. Agenda for Change – Knowledge Skills Framework

Mrs Murray presented paper 06/41 on behalf of Ms Barnatt, HR Manager who had submitted apologies to meeting. Mrs Murray highlighted the current Agenda for Change situation and detailed the process from devising a job description through to Knowledge Skills Framework.

Mr Allan, OD & Training Advisor informed the meeting that the timescales for developing KSF outlines had been changed to three months from the date the Line Manager attends the training rather than three months from assimilation of a particular post.
Mrs Benson advised the Committee that progression on KSF outlines is a standing item on the Direct Reports meeting agenda. Mr Barron clarified that the Mental Health Partnership has taken responsibility for developing KSF outlines for CHP mental health staff.

**Outcome: noted by Committee**

9. **Endowments Funds**

Mr Hobson presented paper 06/42 informing the Committee of the process for making a bid against the allocation of £34k from Endowments. Mr Hobson asked that the Senior Management Team ensure that all staff have been made aware of this process and have been issued with a deadline of 22 January for submission of bids. Mrs Murray asked the representatives from the PPF discuss any suggestions with Mrs Hamilton, Head of Planning and Performance who will assist them. The Chairman advised that the Board NHS Non-Executive Directors are all Trustees for the Board's Endowment Fund.

**Outcome: noted by Committee**

10. **Gifts & Hospitality Register**

Mrs Murray presented paper 06/41 and advised that although it dates back to October 2002 it is still extant. Mrs Murray advised the Committee that all staff within the CHP and including Committee Members have a responsibility to report any gifts or hospitality they receive. The Gifts and Hospitality register will be kept by Ms Gillespie and will be available for inspection by any member of the public on request. Mrs Murray indicated that the guidance to support Standards of Business Conduct will be reviewed by the Board’s Policy, Planning and Performance Group in January to reflect the change to single system structure and would be re-issued, meantime the current guidance has been re-circulated to staff to remind them of the extant guidance.

**Outcome: noted by Committee**

11. **Month 7 Financial Report**

Mr Hobson presented paper 06/42 to the Committee which reports the CHP financial situation to Month 7. Mr Hobson also presented a year end forecast and financial risks for the CHP.

Discussion took place on the impact high energy bills may have on the budget. The Chairman noted that this had previously been discussed at Board level. Mr Hobson stated that this issue has already been taken into consideration and should be manageable within the annual budgets.

**Outcome: noted by Committee**
12. **Managing Performance 2006/2007**

Mr Hobson submitted paper 06/45 which had been updated from a previous version that was submitted to the Committee. Mr Hobson asked that the Committee note the report and consider how often they would like to receive this report.

Discussion took place around the colour coding of some of the arrows and Mr Hobson has agreed to revisit this.

Dr Gerber highlighted that although the report shows no data is available for breastfeeding that as a baby friendly CHP we should be showing the data that is available. Mrs Proctor asked that when looking at data for breastfeeding that a section should be included to show those who wished to breastfeed but couldn’t due to various reasons.

**Outcome:** Noted by Committee and agreement reached that report should be submitted on a four monthly basis.

13. **Summary Action List for CHP Management Team**

Papers 06/46 was submitted to Committee for noting, no issues were raised by those present.

**Outcome:** Noted by Committee


Paper 06/47 a & b were submitted to Committee for information.

Dr Gerber raised an issue from the November bulletin which described the targets recently announced in the Network Mental Health Delivery Plan. These include a target of a reduction of re-admission (within one year) for those who have had a hospital admission lasting for seven or more days. Discussion took place around this being an issue throughout NHS GG&C and improvement should be delivered with the introduction of the Crisis Resolution Services.

**Outcome:** Noted by Committee

15. **CHP Committee Meetings – Forward Plan**

Following on from a previous meeting where it was agreed that the above would be reviewed at the end of the year, Mrs Murray submitted an updated forward plan as paper 06/48.

The Committee agreed to changing topics for the January Seminar to consider the CHP Development Plan and that a wider audience should be invited to participate in discussions.

Ms Murray asked for comment on the following to be submitted to Ms Gillespie by end of January 2007.

- Feedback on topics covered by recent seminars
• Suggestions for future seminars
• Comments on format of seminars

Mrs Murray also reminded the Committee that Mr Allan is now in post as OD & Training Advisor and is available to advise on future use of seminars.

16. MINUTES OF MEETINGS

i. Professional Executive Group – the minutes of the meeting held on 29 November 2006 were noted by Committee Members although the still have to be approved at next PEG meeting.

ii. Public Partnership Forum – no meeting in November

iii. Clinical Governance Sub Group - the minutes of the meeting held on 14 December 2006 were noted by Committee Members although the still have to be approved at next CG Sub Group meeting.

iv. CHP Seminar Notes & Presentations – noted by Committee

v. Staff Partnership Forum - the minutes of the meeting held on 11 December 2006 were noted by Committee Members although the still have to be approved at next SPF meeting.

17. A.O.C.B.

CHP Committee Meeting Agenda items – Mrs Murray asked for feedback from Committee if they felt it would be of value for them to be updated and given some insight from NHS GG&C Board Meetings which could be done by one of the Non-Executive Directors who sits on the Board and the CHP Committee. Those present agreed that this would be of benefit to the Committee. Mrs Murray also asked that a robust process is in place to ensure that Mr John Hamilton, Head of Board Administration is issued with copies of papers and minutes of each Committee meeting, as the CHP Committee meeting minutes for October do not seem to have been considered at the December Board meeting. Miss Gillespie

Mrs Murray also requested that the Committee receive regular updates from the Joint Planning Forum meeting and it was agreed that this should be a standing agenda item. Miss Gillespie

Adult Protection Procedures - Mr Barron informed the Committee that the launch date for the procedures planned for January had to be changed. Since the CHP Committee Meeting on 22 December, the new date for the launch has been confirmed as 9 March 2007.

Health Reading / Book Prescription Scheme – Mr Barron advised that the launch for this scheme will take place on 17 January 2007 in William Patrick Library.
MEETING CLOSED AT 12.10PM with the Chairman taking the opportunity to wish everyone a Merry Christmas and a Happy New Year.

DATE & TIME OF NEXT MEETING

Seminar - 26 January 2007 at 9am,
Corporate Meeting Room, Stobhill Hospital

Meeting - 23 February 2007 at 9.30am
Corporate Meeting Room, Stobhill Hospital