

GREATER GLASGOW NHS BOARD

**Minutes of a Meeting of the
Greater Glasgow NHS Board
held in the Board Room, Dalian House,
350 St Vincent Street, Glasgow, G3 8YZ
on Tuesday, 22 March 2005 at 9.30 am**

P R E S E N T

Professor Sir J Arbuthnott (in the Chair)

Dr F Angell	Mr T A Divers OBE
Mr J Bannon MBE	Councillor R Duncan
Professor D Barlow	Dr R Groden
Mr J Best	Mr P Hamilton
Mr R Calderwood	Councillor J Handibode
Councillor J Coleman	Mrs S Kuenssberg CBE
Councillor D Collins	Mr G McLaughlin
Ms R Crocket	Mrs J S Murray
Mr T Davison	Mrs R K Nijjar
Ms R Dhir MBE	Mr A O Robertson OBE (to Minute 48)
	Mrs A Stewart MBE

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

Ms E Borland	..	Acting Director of Health Promotion
Mr A Crawford	..	Clinical Governance Manager, Primary Care Division (for Minute 46)
Ms S Gordon	..	Secretariat Manager
Ms E Gregory	..	Communications Manager
Mr D Griffin	..	Acting Director of Finance
Mr J C Hamilton	..	Head of Board Administration
Mr A McLaws	..	Director of Corporate Communications
Mr I Reid	..	Director of Human Resources
Ms C Renfrew	..	Director of Planning and Community Care
Mr D Walker	..	Assistant Director of Planning and Community Care
Mr D McCall	..	Consultant in Dental Public Health (to Minute 45)

B Y I N V I T A T I O N

Mrs P Bryson	..	Convener, Greater Glasgow Health Council
Mr C Fergusson	..	Chair, Area Pharmaceutical Committee
Ms G Leslie	..	Chair, Area Optometric Committee
Mr H Smith	..	Chair, Area Allied Health Professionals Committee (to Minute 48)

ACTION BY

38. APOLOGIES AND INTRODUCTORY REMARKS

Apologies for absence were intimated on behalf of Dr H Burns, Mr R Cleland, Dr B Cowan, Mr W Goudie, Ms A Paul, Mrs E Smith, Councillor A White, Mr J Cassidy (Chair, Area Nursing and Midwifery Committee) and Dr B West (Chair, Area Medical Committee).

Sir John announced that it would be Pat Bryson's last NHS Board meeting as Convener of Greater Glasgow Health Council and also Danny Crawford's as Chief Officer of the Health Council. He thanked them both for their hard work and contribution throughout their time with the Health Council and referred to the farewell "Thank You Reception" that was held on Friday 11 March 2005 – which everyone in attendance thoroughly enjoyed. He had also attended the presentations of the Local Health Council Awards 2005 at the City Chambers on 24 February 2005. He advised that it was the Board's hope to try and continue with this annual ceremony as it gave an opportunity to celebrate the excellent work going on throughout NHS Greater Glasgow. On behalf of the NHS Board, he wished all Greater Glasgow Health Council Members and officers well in the future.

Sir John also recorded that it would be Dr Frank Angell's last meeting as Chair of the Area Clinical Forum. The Clinical Forum would elect its new Chair and Vice Chair shortly. He thanked Dr Angell for his commitment not only to the Clinical Forum but to the NHS Board.

Finally, Sir John welcomed Professor David Barlow to his first formal meeting as an NHS Board Member and Dean of Post Graduate Medicine at the University of Glasgow.

39. CHAIRMAN'S REPORT

The Chairman updated on the following:

- (i) He had attended the "Our Health" event on 24 February 2005 at the Royal Concert Hall to discuss Community Health Partnerships. Around 240 delegates had attended and various subgroups were formed to take forward particular areas of work. The outcomes from the event were being written up and it was expected a document would be issued in around four to five weeks time. Early feedback suggested that the event had been well received.
- (ii) He had launched the Hospital Acquired Infection (HAI) Awareness Campaign : Handwashing Workshop at Gartnavel Hospital on 2 March 2005 and confirmed that the campaign throughout NHS Greater Glasgow remained vigorous as did a clear statement from the Scottish Executive Health Department on the same theme.

NOTED

40. CHIEF EXECUTIVE'S UPDATE

Mr Divers made reference to the following:

- (i) He had participated in the Reid Kerr College graduation ceremony and had presented ten students with their certificate on "Building a Bridge". This certificate was on the completion of an extensive programme in developing the "Fair for All" strategy. It had been an excellent evening and a number of the successful students were now working throughout NHS Greater Glasgow in community development. It had been agreed that NHS Greater Glasgow would continue the partial funding of the course.

- (ii) An event to discuss the public consultation document on the future of Cardiothoracic Services had been held at Glasgow Royal Concert Hall. Around forty people had attended which facilitated a good discussion. The proceedings had been recorded and outputs from this would be fed into the formal consultation process which was scheduled to run up until 5 May 2005.

NOTED

41. MINUTES

On the motion of Mr A O Robertson, seconded by Mrs J S Murray, the Minutes of the meeting of the NHS Board held on Tuesday, 22 February 2005 [GGNHSB(M)05/2] were approved as an accurate record and signed by the Chairman.

42. MATTERS ARISING FROM THE MINUTES

The Matters Arising Rolling Action List was circulated and noted.

NOTED

43. ORGANISATIONAL ARRANGEMENTS : PROGRESS ON IMPLEMENTATION

A report of the Chief Executive [Board Paper No 05/22] updated on the plan for implementing the organisation arrangements, already approved in February 2005 and confirmed the next steps proposed to move into implementation.

The Board's decisions at its February 2005 meeting paved the way for moving to the detailed development of the new organisation structures and the Chief Executive was asked to report progress to this meeting on the six key strands of work. Mr Divers summarised activity in these areas as follows:

- (i) Primary Care – under the auspices of the Community Health Partnership (CHP) Steering Group, a comprehensive review had been carried out of services and functions which were currently managed by the Primary Care Division. With the development of CHPs, the Division would be dissolved, with the majority of its responsibilities vested in CHPs. Forty-five services and functions had been covered by this review with the future arrangements for forty of these being agreed. For the five outstanding functions, the relevant Planning and Implementation Group had been asked to recommend the future setting for the services and this work would be concluded by the end of March 2005.
- (ii) Future arrangements for Public Health, Health Promotion and Planning – CHPs and the other new organisations which were being established needed to be resourced adequately in order to deliver the full potential which their roles offered. This would involve, therefore, devolving substantial resources from the Board's Health Promotion and Planning Directorates to the new delivery organisations and ensuring that CHPs, in particular, were supported in discharging their roles in improving health and tackling inequalities. There were five strands to this work which had been taken forward by short-life task groups across the three Directorates, reflecting the approach which would form part of NHS Greater Glasgow's single system working.

These strands of work would be completed by the end of March and the recommendations from each group, thereafter, would feed into the detailed design of the new structures.

- (iii) Acute Operating Division – during the past two months, a further short-life group had worked to test the robustness of the high level structures for acute services set out within the Board’s consultation paper and to develop, thereafter, more detail of the Directorates proposed. That work had advanced substantially over this period; the final task being scheduled for completion in early April was a definition of the key roles and responsibilities that the Division would carry.
- (iv) Community Health Partnerships (CHPs) – the Board had already considered and approved the Schemes of Establishment for the creation of an integrated CHP with East Dunbartonshire Council and a Health CHP with West Dunbartonshire Council and NHS Argyll and Clyde. Further discussions were progressing with the Area Partnership Forum about the Staff Governance section of the West Dunbartonshire Scheme of Establishment prior to its submission to the Scottish Executive Health Department. Detailed work was now progressing in developing a draft Scheme of Establishment with Glasgow City Council for the five CHPs agreed with Glasgow City. Work was also progressing with East Renfrewshire Council and NHS Argyll and Clyde with the objective of developing an integrated CHP for East Renfrewshire. Further progress reports on both of these draft Schemes of Establishment would be made to the NHS Board in April.
- (v) Clinical Governance, Risk Management and Other Governance – there were three strands to this work. Firstly, in respect of Clinical Governance, the Board’s Medical and Nursing Directors had held a series of meetings with Divisional Medical and Nursing Directors and the Director of Public Health in order to develop a model of Clinical Governance which would fit with the move to single system working. A paper from the Medical and Nursing Directors would be available by the end of March.

**Director of
Planning and
Community Care**

Secondly, with substantial input from the Board’s Audit Committee, there was now in place for the first time a Corporate Risk Management Strategy for NHS Greater Glasgow. The future governance arrangements for the NHS Board would ensure that the management of risk was fully embedded within the new structures.

Thirdly, work was ongoing to develop the overall governance arrangements which were appropriate for the new organisations. This work was timed for discussion by the Board in mid May, with the aim of migrating to the new governance arrangements from July 2005 when the 2004/05 annual accounts had been completed and audited.

- (vi) Child Health Strategy Group – In approving the future arrangements for Children’s Services, the NHS Board recognised the importance of ensuring that Community Child Health Services formed part of CHPs, coming together with Children’s and Families’ Social Work Services. The Child Health Strategy Group had, therefore, overseen a programme of work which was designed to ensure that, by the end of March, the future organisational model for Children’s Services had been concluded.

The work to finalise arrangements for the provision of Community Specialist Services and their related structures was also nearing completion and was timetabled for conclusion early in April. Thereafter, as CHPs developed, the detailed work on the development of Service Models would be picked up in the months ahead.

Mr Divers confirmed that the Board had had initial discussion about the new organisational structures at its away event on 7/8 March 2005. Further development of the proposed structures and the detailed Action Plan was being taken forward currently and updated proposals would be discussed at the Board Seminar scheduled for 5 April 2005. It was proposed to engage in further discussion with staff and staff interests for the month thereafter, thus allowing appointments to the new structure to begin as early as possible in May 2005.

As part of the detailed Action Plan, the Board's Director of Human Resources, Ian Reid, was currently developing proposals for filling posts within the new structures and these arrangements would be agreed with the Board's Remuneration Subcommittee during the month of April.

**Director of
Human Resources**

On Monday 21 March 2005, a briefing session had been held at Hampden for 200 members of senior NHS Greater Glasgow staff to work through this material and the proposals. Much of the discussion at that event had been around the performance management arrangements and the envisaged culture and style of the single system organisation.

DECIDED:

- That the update on the plan for implementing the organisation arrangements already approved in February 2005 be received.
- That the proposed next steps to move to implementation be noted and further progress be reported to Members in April 2005.

Chief Executive

Chief Executive

44. ORAL HEALTH STRATEGY 2005-2010 : OUTCOME OF CONSULTATION

A report of the Director of Planning and Community Care [Board Paper No 05/23] asked the Board to note the main comments from the consultation exercise, the proposed responses to these comments and approve the final strategy.

Ms Renfrew welcomed David Walker, Assistant Director of Planning and Community Care to report on the outcome of the consultation process and on the resulting proposed changes to the Oral Health Strategy.

Mr Walker advised that 79 responses had been received to the consultation and summarised the main themes of the comments albeit that there was widespread support for the strategy and no disagreement that oral health was an issue that required to be addressed. He led the Board through key areas of concern that had been raised and balanced this with clarification or noting amendments that had been made to the strategy. These included:

- Resources – the strategy was to be achieved over five years and investment to be increased over that period.

- Targeting – as well as targeting patients and children, a commitment had been made to address the needs of all excluded groups including frail older people, homeless people, older children, children and adults with special needs and people from black and ethnic minorities.
- Focus on Primary Schools – it had been recognised that rather than concentrating only on the needs of under fives, oral health should be integrated, at large, with children's planning with Local Authorities, thereby, not only relying on the response of the NHS but also on further co-operation with Local Authorities and, in particular, their Education Services.
- Deprived Areas – it was acknowledged that in areas where there was little General Dental Service provision for children, a dedicated children's dental service was required linking Oral Health Action Teams, School Health Services and Community Dental Services.
- Public Health Leadership – emphasis had been added to the strategy in that public health leadership was not only an NHS Greater Glasgow role but a shared role to be exercised with other partners including non dental health professionals and others, in particular, Local Authorities.
- Workforce Development – the strategy highlighted the role of the NHS Board in regularly scrutinising the performance of the Glasgow Dental School and in conducting a local workforce planning exercise.
- Water Fluoridation – in the absence of any national decision, the strategy remained unchanged and did not commit the NHS Board to any further action in relation to water fluoridation.

Over and above these issues, since August 2004, Mr Walker made reference to a number of developments that were germane to the strategy. At national level these were:

- The Smoking, Health and Social Care (Scotland) Bill
- Access to NHS Dental Services
- New Services for Children and Homeless People
- Infant Pilot
- Unmet Needs
- Partnership for Care : The Next Steps

Mr Walker confirmed that the strategy was to be launched by the NHS Board Chairman and Chief Executive on 6 May 2005 with a multi-disciplinary and multi-agency audience being invited to attend. He also referred to the recent announcement made by the Deputy Minister of Health and Community Care in relation to dental services. The announcement had focused on confirmation of investment in three areas, namely, shortcomings in the workforce, oral health prevention in children and enhanced service provision by General Dental Practitioners. The target for implementation of these measures was by 2008 and an extra £150m across NHS Scotland was being ring-fenced for oral health services by this time.

Mrs Stewart commended the strategy and referred to the Action Plan at Section 11, in particular, the funding implications where a four level (A, B, C and D) classification had been used. Mr Walker advised that a definition of the categories would be included in the final strategy prior to the launch.

Mrs Murray referred to the role of Her Majesty's Inspectorate of Education (HMIE) and was encouraged that part of their role was to inspect the provision of the food in schools. Ms Borland agreed and welcomed the range of work that was linked to service improvement for children particularly within schools.

Dr Angell appreciated the comprehensive strategy and the Board's commitment demonstrated in this to dental health. He referred to the challenges in delivering this particularly in relation to manpower, commitment from the Government and encouraging General Dental Practitioners to stay within the NHS. He explained that toothpaste was a valuable item whereas sugar was not and that this was a matter of concern. Furthermore, he appealed to the NHS Board to consider further the issue of fluoridation in the water. He considered this to be the most effective way of enhancing oral health and urged the NHS Board to lobby with Central Government to include it in the water.

Professor Barlow stressed the importance of the University of Glasgow's role and sought an assurance that the University would be fully involved in future discussions regarding the development and implementation of the strategy. This would include the planning for a new dental hospital and school in Greater Glasgow. This was agreed.

DECIDED:

- That the main comments from the consultation and the proposed responses be noted.
- That the final strategy be approved.
- That regular reports on implementation and assessment of the priorities be received by the NHS Board.

**Director of
Planning and
Community Care
Director of
Planning and
Community Care
Director of
Planning and
Community Care**

**45. A PHYSICAL ACTIVITY STRATEGY FOR GLASGOW :
CONSULTATIVE DRAFT**

A report of the Acting Director of Health Promotion [Board Paper No 05/24] asked the Board to note the draft physical activity strategy for Glasgow and to consider how Greater Glasgow NHS Board could contribute to achieving the strategy's objectives and the ultimate aim of "more Glaswegians, more active, more often".

Ms Borland referred to the draft physical activity strategy which set out to encourage concerted and co-ordinated action to increase levels of physical activity among people in Glasgow City. It sought to underpin partnership work by providing strategic direction, focusing efforts and enlisting the support of all who were involved in creating a better future for Glasgow and especially the Community Planning Partnership agencies.

The draft strategy was developed under the auspices of the Physical Activity Forum of the Glasgow Healthy City Partnership, a multi-agency group comprising representatives from Greater Glasgow NHS Board, Glasgow and Strathclyde Universities, the voluntary sector, community groups and various departments in Glasgow City Council. It was now out to consultation, with a view to developing more detailed implementation plans based on feedback from stakeholders.

Ms Borland explained that the strategy already recognised a lot of the existing good practice taking place but also highlighted areas identified as requiring improvement. She summarised some examples of partnership initiatives in which Greater Glasgow NHS Board played an important part and its key role in promoting physical activity at both strategic and operational levels and city wide and local activity. She illustrated six examples in which Greater Glasgow NHS Board could support the recommendations and these included:

- Be an active employer
- Be active within local communities
- Develop active travelling initiatives
- Raise awareness of active environments
- Support active schools initiatives
- Participate in research and evaluation

In response to a question from Councillor Handibode concerning the term “Glaswegians”, Ms Borland explained that that banner was being used as the draft strategy, having been developed by Glasgow Healthy City Partnership, concerned only Glasgow City. However, she recognised that its relevance could be rolled out to other areas.

In response to concerns about the consultation period ending on 29 April 2005, Ms Borland explained that the document had been out for consultation since the end of January so, in total, would have been consulted upon for over three months. In terms of its distribution, this had been led mainly by Glasgow City Council.

Mrs Nijjar commented that secondary schools should also form part of the focus for the strategy and Ms Borland agreed and confirmed that the Council’s Education Department had been involved.

Councillor Collins asked if NHS Greater Glasgow had corporate membership of any of the local health clubs and Ms Borland confirmed that negotiations had been concluded with the Glasgow Club and NHS Greater Glasgow staff would be subsidised for membership.

DECIDED:

- That the Physical Activity Strategy for Glasgow and the consultative arrangements be noted.
- That the contribution to be made by NHS Greater Glasgow in achieving the strategy’s objectives and the ultimate aim of “More Glaswegians, more active, more often” be considered.

**Acting Director of
Health Promotion**

**Acting Director of
Health Promotion**

46. NHS GREATER GLASGOW RISK MANAGEMENT STRATEGY

A report of the Medical Director [Board Paper No 05/25] asked the Board to approve the draft Risk Management Strategy.

Sir John welcomed Mr Crawford, Clinical Governance Manager, Primary Care Division, to present the draft strategy.

Mr Crawford referred to the Risk Management Steering Group which had been established as a subgroup of the Corporate Management Team. Its membership consisted of a Director from the Corporate Management Team, a risk management lead from each Division and a risk management adviser from each Division and was chaired by the Medical Director. A working group of the Steering Group was established consisting of the risk managers from each Division and was supported by a representative from PricewaterhouseCoopers, the NHS Board's external auditors. The prime function of the working group was to prepare a draft Risk Management Strategy and to develop the processes to create and sustain a corporate risk register.

A draft Risk Management Strategy was prepared by the subgroup and approved by the Steering Group and, thereafter, distributed for consultation to interested parties. Comments received had all been supportive of the draft strategy and some offered suggestions for change. At the Steering Group meeting on 13 January 2005 the results of the consultation were considered and some amendments made to the draft strategy. The revised document was considered and endorsed by NHS Greater Glasgow Audit Committee on 25 January 2005.

In terms of further action, a working group would now develop a further action plan to ensure that the Risk Management Strategy was implemented consistently across NHS Greater Glasgow. Additionally, the working group continued in its work to prepare the processes required to develop and maintain the Corporate Risk Register.

Mr Robertson emphasised that this strategy was a consolidation of good practice throughout NHS Greater Glasgow over the years. Professor Barlow agreed and was assured, on behalf of the Health and Clinical Governance Committee, that this consistent process had been put in place across NHS Greater Glasgow.

DECIDED:

That the Risk Management Strategy be approved.

Medical Director

47. 2004/05 FINANCIAL MONITORING REPORT FOR TEN MONTHS ENDED JANUARY

A report of the Acting Director of Finance [Board Paper No 05/26] asked the Board to note the 2004/05 Financial Monitoring Report for ten months ended January 2005.

Mr Griffin provided an overview of the key points and explained that the Board continued to forecast a deficit of £4.6m for the year to March 2005.

Each Division was now forecasting a breakeven position relative to allocated funds. A full review of the Corporate Recovery Plan, including savings targets for 2004/05, had recently been completed and he confirmed that total savings would be £22.2m, in line with plan for 2004/05.

The forecast of additional income recoverable from other West of Scotland Boards in 2004/05, related to cross boundary patient activity, had been adjusted from £10m to £8.2m. This reflected the most recent, and final, iteration of the costing model used to apportion the cost of West of Scotland patient activity between NHS Boards and would be used to conclude agreement with other West of Scotland Boards on a realistic financial settlement for 2004/05.

With the year end now approaching, a full review of funding provision within the “not yet allocated” category had been undertaken. This category included a mix of general provisions, specific provision for planned service developments in the current year financial plan and “new” funding provisions related to announcements made in year by the Scottish Executive Health Department. The purpose of the review was to establish an updated expenditure profile for each item, taking account of actual/planned implementation dates. This confirmed that approximately £9.8m of expenditure could realistically be expected to roll forward into 2005/06, releasing £9.8m of funding in 2004/05. This was now reflected in the latest forecast for 2004/05 bridging the “gap” previously reported as “unidentified schemes” and offsetting the change in the level of income assumed from other West of Scotland Boards. This enabled the Board to report a forecast deficit of £4.6m, at this stage, for 2004/05.

Mr Robertson confirmed that these figures had been considered by the Performance Review Group at its last meeting and that the efforts made to progress this work could not be overestimated. The Corporate Recovery Plan covered two years and 2005/06 would be a further difficult year in order to achieve financial balance and, thereafter, deliver financial affordability of the Board’s key strategies in 2006/07 and beyond.

NOTED

48. WAITING TIMES

A report of the Director of Planning and Community Care [Board Paper No 05/27] asked the Board to note progress made in meeting national waiting times targets.

NHS Greater Glasgow had agreed to two main waiting time milestones (numbers waiting beyond 26 weeks for outpatients and for inpatients/day cases) in 2004/05 – for December 2004 and for March 2005. These milestones were agreed as part of the 2004 Accountability Review process. Ms Renfrew re-iterated that, as reported to the Board in February 2005, NHS Greater Glasgow achieved the December 2004 milestone.

In respect of the March 2005 milestone, plans were in place to ensure delivery of a maximum of 12,000 outpatients and 700 inpatients/day cases waiting longer than 26 weeks. The outpatient milestone had been achieved in advance of the target date. This had been a difficult task to achieve and the Divisions would strive to sustain this until the end of March, and beyond. The inpatient/day case milestone was also proving a challenge to achieve and the Divisions were making every effort to ensure delivery by 31 March 2005.

In terms of planning for 2005/06, Ms Renfrew explained that by the end of December 2005 NHS Greater Glasgow would have no patient waiting beyond 6 months for an outpatient appointment or for the subsequent inpatient/day case treatment that may be required. To achieve this, milestones for waiting time performance improvement for the period between March and December 2005 would be agreed with the National Waiting Times Unit.

NOTED

49. QUARTERLY REPORT ON COMPLAINTS : OCTOBER – DECEMBER 2004

A report of the Head of Board Administration and Divisional Chief Executives [Board Paper No 05/28] asked the Board to note the quarterly report on NHS complaints in Greater Glasgow for the period 1 October to 31 December 2004 and note that this would also be considered by the Health and Clinical Governance Committee.

Mr Hamilton explained that the NHS Board still awaited formal notification of the timescale of the introduction of the new NHS Complaints Procedure. Advice had been issued, however, of a transitional period from 1 April 2005 whereby complainants should be offered the option of either progressing through the current procedure or via the new procedure – following Local Resolution.

He also referred to the abolition of Greater Glasgow Health Council from 31 March 2005 and advised that negotiations were ongoing with NHS Greater Glasgow and Citizen's Advice Bureaux in determining a service that could be provided to patients from 1 April 2005. Representatives from the 11 Citizen's Advice Bureaux would attend an initial training session on Tuesday 29 March 2005.

In respect of the transitional period, Mr Hamilton confirmed that the terms of office for the existing Conveners, Lay Chairs and Lay Members would be extended for a short period until the commencement of the new procedure.

In response to a question from Mr P Hamilton, Mr Hamilton confirmed that during April further training would take place with the Citizen's Advice Bureaux trainers who would then cascade the training package to all their Bureaux staff.

NOTED

50. MENTAL HEALTH (SCOTLAND) ACT 1984 – LIST OF APPROVED MEDICAL PRACTITIONERS

A report of the Director of Public Health [Board Paper No 05/29] asked the Board to approve the following Medical Practitioners employed by the Primary Care Division of NHS Greater Glasgow to be authorised for the purpose of Section 20(1)(b) and 39(b) of the Mental Health (Scotland) Act 1984:

Dr Carole Mitchell
Dr Murray Cochrane
Dr Gwen Jones Edwards
Dr Dorothy Moodie

DECIDED:

That the above-named Medical Practitioners be approved and authorised for the purpose of Section 20(1)(b) and 39(b) of the Mental Health (Scotland) Act 1984.

**Director of Public
Health**

51. STANDING ORDERS FOR THE PROCEEDINGS AND BUSINESS OF NHS BOARD

A report of the Head of Board Administration [Board Paper 05/30] asked the Board to review and approve the attached revised Standing Orders for the Proceedings and Business of Greater Glasgow NHS Board.

Mr Hamilton referred to a number of small changes suggested to the Standing Orders following a recent amendment to the Health Boards (Membership and Procedure) (Scotland) Regulations 2001 which had been amended to allow Members of the NHS Board a method of participating in these meetings by means of video conferencing.

Ms Dhir asked why the Vice Chair appointment was only for one year and expressed a view that, for continuity, it may be better to have this for a longer period. Mr Divers agreed that this could be something discussed further at a Board Seminar. She also sought consistency for the election of chairs to NHS Board committees as there appeared, at the moment, to be an unstructured way of doing this. Mr Divers also agreed that further thought should be given to this.

In response to a question from Dr Angell, Mr Hamilton clarified that chairs of advisory committees were invited to NHS Board meetings and did have a right to speak. This had been a long standing working arrangement with the advisory committees and it was not necessary to include the arrangement within the Standing Orders.

DECIDED:

That the revised Standing Orders for the Proceedings and Business of Greater Glasgow NHS Board approved.

**Head of Board
Administration**

52. PRIMARY CARE DIVISION MANAGEMENT TEAM MINUTES : 3 MARCH 2005

The Minutes of the Primary Care Division Management Team meetings held on 3 March 2005 [PCDMIN 2005/03] were noted.

NOTED

53. YORKHILL DIVISIONAL MINUTES : 21 JANUARY 2005

The Minutes of the Yorkhill Division Management Team meeting held on 21 January 2005 [Board Paper No 05/31] were noted.

NOTED

54. ENDOWMENT MINUTES : 22 FEBRUARY 2005

The Minutes of the Endowment Committee meeting held on 22 February 2005 [END 05/1] were noted.

NOTED

The meeting ended at 11.45 am

Signed
Chairman

Date