

NHSGG&C(M)06/2  
Minutes: 20 - 43

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, 18 April 2006 at 9.30 a.m.**

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**P R E S E N T**

Professor Sir J Arbuthnott (in the Chair)

Professor D Barlow	Councillor J Handibode
Councillor J Coleman	Mrs S Kuenssberg CBE
Councillor D Collins	Ms G Leslie
Ms R Crocket	Mr G McLaughlin
Mrs R Dhir MBE	Mrs R K Nijjar
Mr T A Divers OBE	Ms A Paul
Councillor R Duncan	Mr A O Robertson OBE
Councillor T Fyfe	Mr D Sime
Mr D Griffin	Mrs E Smith
Mr P Hamilton	Mrs A Stewart MBE

Councillor T Williams

**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
Dr L de Caestecker	..	Acting Director of Public Health
Mr J Crawford	..	Corporate Inequalities Manager – Race & Faith (for Minute 29)
Mr J C Hamilton	..	Head of Board Administration
Ms S Laughlin	..	Head of Inequalities and Health Improvement (for Minute 29)
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 26)
Mr D Walker	..	Head of Performance and Corporate Reporting

**ACTION BY**

**20. APOLOGIES AND WELCOME**

Apologies for absence were intimated on behalf of Mr J Bannon, Mr R Cleland, Dr B N Cowan, Dr R Groden, Mrs J Murray and Councillor A White.

The Chairman welcomed Councillor Fyfe and Councillor Williams, who were attending their first meeting of the NHS Board.

**21. CHAIRMAN'S REPORT**

- i) The Chairman referred to the launch of the Glasgow Centre for Population Health Observatory Report – Let Glasgow Flourish which had been well covered within the local press. The Report identified a number of health challenges associated with alcohol, diabetes and obesity. These and other aspects of the Report required the collective focus and attention of the major stakeholders in health in order to tackle and bring about improvements.

- ii) Sir John referred to the dissolution of NHS Argyll and Clyde on 31 March 2006 and the integration of the Local Authority areas of Renfrewshire, Inverclyde and the remaining parts of East Renfrewshire and West Dunbartonshire within the expanded boundary of NHS Greater Glasgow and Clyde. The Local Authority area of Argyll and Bute had transferred to NHS Highland. He recognised the significant amount of work associated with the dissolution of NHS Argyll and Clyde and integration within the two respective NHS Boards and asked that Members be kept apprised of the ongoing issues during the integration period.
- iii) Sir John referred to the launch of the consultation on the New Children's Hospital where comments were sought by 2 June 2006 and to the public meeting to be held at 6.30 p.m. on 27 April 2006 at the Holiday Inn, Bothwell Street, Glasgow to hear people's views about the NHS Board's proposals.
- iv) Sir John sought and received the NHS Board's approval to taking Agenda Item 12 – Scheme of Establishment for Renfrewshire Community Health Partnership immediately after Agenda Item 6 – Local Delivery Plan.

NOTED**22. CHIEF EXECUTIVE'S UPDATE**

- i) Picking up on Sir John's comments about the dissolution and integration of services from NHS Argyll and Clyde, Mr Divers advised that the Project Board overseeing this work was to hold its final meeting at the end of April 2006 and thereafter a Transition Plan under the direction of Ms Anne Hawkins, Project Director, would be taken forward, implemented and monitored by a Transition Group which he would chair.
- ii) Mr Divers advised of the ongoing work with NHS Forth Valley and NHS Lanarkshire in connection with its consultation "Picture of Health" and his attendance at public meetings in connection with this consultation. He made reference to seven meetings which had been held, over recent months, with officials from NHS Lanarkshire and Forth Valley to discuss the impact of the proposals on services within NHS Greater Glasgow.
- iii) Mr Divers referred to the meeting he and Sir John had held with Inverclyde Council in connection with the possibility of developing an integrated model of a Community Health Partnership for that area and would keep members advised of progress.

NOTED**23. MINUTES**

On the motion of Mrs E Smith, seconded by Mr G McLaughlin, the Minutes of the meeting of the NHS Board held on Tuesday, 21 February 2006 [GGNHSB(M)06/1] were approved as an accurate record and signed by the Chairman.

**24. MATTERS ARISING FROM THE MINUTES**

The Matters Arising Rolling Action List was circulated and noted.

NOTED

**25. LOCAL DELIVERY PLAN**

A report of the Director of Corporate Planning and Policy [Board Paper No. 06/13] was submitted advising that the Scottish Executive Health Department (SEHD) had contacted the NHS Board in order to address and resolve issues arising from the Local Delivery Plan with a view to these being formally signed off by the Chief Executive of NHS Scotland by the end of the month.

The approaches from the SEHD had focused primarily on either the trajectory for the target and/or the rigour of the risk assessment. As a consequence, a series of amendments highlighted in the paper had been made to the NHS Board's original Local Delivery Plan.

Ms Renfrew highlighted two specific targets:-

- i) Out-patient waiting times – the SEHD asked that the original trajectory which predicted a rise in the number of waits during 2006 be re-considered and the Chief Executive Waiting Times Group had revised the trajectory which had now been accepted by the SEHD.
- ii) Multiple emergency admissions – the SEHD was concerned that the trajectory undershot the 2008 target and following re-consideration of the NHS Board's position, the SEHD had been advised that the original trajectory remained and it had been appreciated that this would therefore be rated as a "fail" on this target. Further discussions would be held with the SEHD on this target.

Mr McLaughlin asked for further information in relation to the difficulty in meeting the SEHD's target on multiple emergency admissions. Ms Renfrew advised that when submitting the Local Delivery Plan, the NHS Board had the following concerns:

- lack of evidence around this target which could justify the level of reduction sought;
- the limited depth of understanding of the make-up of multiple admissions and therefore the potential to reduce these;
- the insufficient account taken of the effect of deprivation on multiple admissions;
- the lack of consideration of alternatives linked, for example, to length of stay or re-admission within 7 or 28 days.

It was intended to carry out further work to better understand the factors involved which impacted on this target and at the SEHD's request to continue dialogue on the NHS Board's position.

Sir John asked about the further work being undertaken on targets relating to cancer waiting times, diagnostics, A&E waiting times, cataracts, hip surgery and cardiac intervention/cardiac out-patient waits and whether Members could be advised of the trajectory for each. Ms Renfrew agreed to provide this information to Members outwith the meeting.

**Director of  
Corporate  
Planning and  
Policy**

Arrangements had been put in place to allocate the local delivery targets to each of the main operational units of the NHS Board as part of the overall performance management framework and to establish supporting information systems and reporting disciplines to ensure that the proper processes were in place to ensure delivery of the promised performance against each target. Scrutiny of the Local Delivery Plan was due this summer and would feature as a significant part of the Annual Review meeting with the Minister for Health and Community Care.

**DECIDED:**

1. That the SEHD's response to the NHS Board's Delivery Plan be noted.
2. That the NHS Board's proposed actions be approved.
3. That the NHS Board's internal implementation timescale as set out in Annex 2 of the paper, be noted.

**Director of  
Corporate  
Planning and  
Policy**

**26. SCHEME OF ESTABLISHMENT FOR RENFREWSHIRE COMMUNITY HEALTH PARTNERSHIP**

A report of the Director of Corporate Planning and Policy [Board Paper No. 06/19] was submitted which set out the draft Scheme of Establishment for a Community Health Partnership (CHP) covering the Renfrewshire Council area. The proposed CHP brought into a single authority-wide structure the responsibilities for management of local health services and health improvement. At this stage, however, Renfrewshire Council did not wish to pursue the Board's preferred model of a fully integrated CHP. The Scheme was, however, a significant step forward in bringing together the co-ordination and management of services to a single population and achieving co-terminosity with the Renfrewshire Council area providing a basis to build, strengthen and extend joint working arrangements.

Renfrewshire Council had approved the draft Scheme of Establishment at its meeting on 16 March 2006.

Ms Renfrew drew attention to Section 3 which set out the governance arrangements and relationships and, in particular, the membership of the proposed CHP Committee. Attention was also drawn to Section 7 on the CHP's joint responsibilities with Renfrewshire Council and the range of services, staff and budgets which this would cover. These arrangements would replace current structures with the Council and lead to closer working and management arrangements for the benefit of patients and the community. Councillor Williams advised that he appreciated the flexibility being offered in the discussions with the NHS Board and believed that the CHP, once established, would evolve. He believed that a review at a later date was likely to have included the option of moving to an integrated set of arrangements. He thanked NHS Board officers for their time and effort in developing the CHP arrangements for the Renfrewshire Council area.

Mrs Dhir asked if there would be a timeline towards an integrated CHP and the criteria around the review process. Ms Renfrew advised that it would be important to allow the CHP to develop and evolve through time and the CHP Committee would be best placed to advise the NHS Board on any next stages of development. The performance management framework for CHPs would result in regular reporting back in to the NHS Board on a range of issues. This led Councillor Collins to suggest that there may be some advantage later in the autumn to consider at an NHS Board Seminar the common issues and learning points for CHCPs/CHPs to ensure that good practice was being shared in the most appropriate way.

Sir John welcomed this idea and asked that it be included in the list of topics for NHS Board Seminars later on in the year.

**Director of  
Corporate  
Planning and  
Policy**

**DECIDED:**

1. That the Scheme of Establishment for the Renfrewshire Community Health Partnership (covering the Renfrewshire Council area) be approved.
2. That the next steps in developing the Community Health Partnership be noted.

**Director of  
Corporate  
Planning and  
Policy**

**27. PROPOSED CAPITAL PLAN: 2006/07 – 2007/2008**

A report of the Director of Acute Services Strategy, Implementation and Planning [Board Paper No. 06/14] was submitted setting out proposals for the allocation of available capital resources for 2006/07 and described the capital planning process to be followed from 1 April 2006. Ms Byrne introduced the paper and highlighted that the allocation of the capital funds covered the NHS Greater Glasgow area only and that a subsequent paper would be developed for the “Clyde” area shortly.

The NHS Board had received confirmation of its allocation of capital funds from SEHD for 2006/07 and 2007/08. The 2006/07 figure of £119.823m took account of funding carried forward from the 2005/06 capital allocation and the funds made available to carry out the development of the new Beatson Oncology Centre at Gartnavel General Hospital. The 2007/08 capital allocation amounted to £87.894m.

In addition, the SEHD had announced that a further £8.3m of capital funding would be made available spread over 2006/07 and 2007/08 to fund projects at Springburn Health Centre, Drumchapel Integrated Child and Family Centre and Partick Centre for Community Health Phase II. There had also been the previous Ministerial announcement of £100m of capital funding being made available to fund the new Children’s Hospital. Planning of this facility was under way and when the phasing of the capital expenditure was confirmed the Capital Plan would be updated accordingly.

Ms Byrne took Members through the review of the current Capital Plan and the proposals for the allocation of capital resources. She described the setting up of the Capital Planning Group which would be responsible for development and maintenance of the NHS Board’s Capital Plan.

Mrs Dhir asked about the timescale and process for developing the Capital Plan for the “Clyde” area. Ms Byrne advised that there was a detailed analysis currently under way of the Capital Plan and, while she may be in a position to give an update to the Performance Review Group in May, it may be a few months’ time before a detailed plan could be worked up and considered by the Planning Group prior to submission to the NHS Board. Priorities would need to be better understood and the review of schemes would need to look at the short and long term impact.

**DECIDED:**

1. That the proposed allocation of capital funds for NHS Greater Glasgow for 2006/07 be approved.
2. That the proposed allocation of capital funds for 2007/08 be noted.
3. That the intention that the Chief Executive be granted delegated authority to allocate the residue of available capital funds in 2006/07 be approved.
4. That the capital planning process for 2006/07 be noted.

**Director of Acute  
Services Strategy,**

**Implementation &  
Policy**

**Chief Executive**

**28. WORKFORCE PLAN 2006**

A report of the Director of Human Resources [Board Paper No. 06/15] was submitted setting out the progress on the development of the Workforce Plan and seeking approval to the associated Action Plan.

Mr Reid advised that the NHS Greater Glasgow Workforce Plan 2006 was currently being developed and consulted upon – this had been part of a national, regional and local framework of workforce planning activity introduced in NHS Scotland last year.

The first West of Scotland Workforce Plan was published in January 2006: a further West of Scotland Workforce Plan would be published in September 2006 and a national Workforce Plan in December 2006. From 2007 onwards NHS Board Workforce Plans would be published in April with the West of Scotland Workforce Plan in September and the national Workforce Plan in December.

The Workforce Plan linked to the Local Delivery Plan and was a high level overview of detailed workforce planning activity covering both service areas – children's services, mental health, learning difficulties, primary care and individual professions – nursing & midwifery, allied health professionals. The Workforce Plan had been prepared in parallel with the NHS Argyll and Clyde Plan and the Action Plans were identical in that they identified a direction of travel designed to cover the next five years.

Mrs Dhir asked if the change in employment legislation about age discrimination had been considered as it opened up the possibility of a wider range of workers. Mr Reid advised that this would require some amendment to the superannuation scheme and that he would take this point on board for further discussions in developing the Workforce Plan.

**Director of  
Human Resources**

Mr McLaughlin sought comment on the possible impact of the enlarged European Union and, while Mr Reid did acknowledge that a wider range of markets had been used in the past, this was a further new area to be considered in the future.

Councillor Collins asked about the range of groups who were involved and the need to increase the involvement of Local Authorities, particularly now that Community Health Care Partnerships had been established. Mr Reid agreed to map out the different groups across NHS Greater Glasgow and Clyde and make this available to Members.

**Director of  
Human Resources**

Mrs Smith raised the Pathfinders Project and was pleased to see that this had been linked in within the Workforce Plan – under the Efficient Government Initiative. There was a requirement to maximise shared services within health and then see whether this could be achieved with Local Authorities. The integrated Community and Health Care Partnership models had been very helpful in this area.

**DECIDED:**

1. That the progress on the development of the Workforce Plan be noted.
2. That the associated Action Plan be approved.

**Director of  
Human Resources**

**29. REPORTING ON EQUALITY LEGISLATION**

A report of the Head of Inequalities and Health Improvement [Board Paper No. 06/16] was submitted seeking approval to the Race Equality Action Plan 2002/2005 and the Race Equality Scheme for 2005/2008.

Ms Sue Laughlin, Head of Inequalities and Health Improvement, and Mr John Crawford, Corporate Inequalities Manager – Race & Faith, attended to introduce both reports.

The report on Race Equality Action 2002/2005 satisfied the requirements of the Race Relations (Amendment) Act 2002 in that all public bodies were required to publish a Race Equality Scheme and thereafter publish a report based on the progress achieved from actions identified within that scheme.

The Race Equality Scheme 2005/2008 set out the future actions for NHS Greater Glasgow and Clyde based on the further development of and consultation on the report on Race Equality Action Plan. Following the integration of “Clyde” there would be further work to refine the 2005/2008 Race Equality Scheme.

Ms Laughlin advised that the approach taken had been designed to ensure that there was sufficient local ownership and commitment to race equality and that each part of the organisation within the NHS Board had carried out an analysis of their functions and compiled a Race Equality Action Plan specific to their own circumstances.

There were, however, a number of strategic issues which were best tackled on an NHS Board-wide basis, namely:-

- Interpreting
- Advocacy
- Training
- Employment
- Research
- Information
- Communication
- Involving People
- Looking/listening to communities
- Catering
- Complaints
- Procurements

Each was covered in the Race Equality Action Plan together with the progress achieved.

A meeting with the black and minority ethnic communities, facilitated by the West of Scotland Race Equality Council, had been held to receive their feedback on the progress against the identified actions.

In the new re-structured NHS Greater Glasgow and Clyde, there had been established a Corporate Inequalities Team which had responsibilities to support the organisation in complying with the current and forthcoming equalities legislation requirements and in developing a systematic and co-ordinated approach to reducing inequalities in health. Mr Crawford advised that from 2006 there would be a Race Equality Duty, a Disability Equality Duty and a Gender Equality Duty placing legal responsibilities on public sector organisations to produce race, gender and disability equality schemes. Ms Laughlin indicated that eventually there would be a need for a harmonised approach which draws all the schemes together under one Equality Scheme.

Sir John asked about the data collection mechanisms in place around the areas covered within the Race Equality Schemes – Mr Crawford advised that a Scotland-wide system was still being developed and therefore local arrangements would continue to be in place for the time being.

Mrs Nijjar enquired as to what health needs assessments had taken place and Mr Crawford advised that he would provide this information separately once he had accessed the detail from colleagues.

**Corporate  
Inequalities  
Manager – Race  
& Faith**

Mr Crawford commented that relationships with the different communities were variable. Ms Laughlin advised that it would be the intention to bring inequalities in to the main stream of the NHS Board's work and that the Corporate Inequalities Team would support all aspects of the NHS Board's responsibilities to ensure the inequalities agenda was embedded into the work of the NHS Board and its staff.

Mrs Dhir commended the work undertaken and advised that she had chaired the initial Working Group looking at inequalities and she had been impressed at just how much this agenda had moved forward and was receiving real commitment from the NHS Board. On the issue of procurement and how to influence the companies which do business with the NHS Board, it was acknowledged that the recent receipt of the SEHD guidance would allow the NHS Board greater opportunities to negotiate with suppliers to ensure that they followed good practice in implementing inequalities policies.

Mr McLaughlin, while acknowledging the significant progress achieved, wondered what other learning opportunities were available in NHS Scotland or the UK which could influence best practice within the NHS Board area. This point was acknowledged and the links with the National Resource Centre for Ethnic Minority Health had been useful in developing the Race Equality Schemes and Action Plans. Other learning opportunities from good practice would certainly be considered where applicable.

**DECIDED:**

1. That the Race Equality Action Report 2002/2005 be approved.
2. That the Race Equality Scheme 2005/2008, recognising further work was still required to encompass the Clyde element of the expanded organisation, be endorsed.
3. That the role of the newly established Corporate Inequalities Team to assist in complying with the current and future equality legislation, be noted.

**Head of  
Inequalities and  
Health  
Improvement**

**30. FINANCIAL GOVERNANCE MATTERS**

A report of the Director of Finance – Corporate and Partnerships [Board Paper No. 06/17] was submitted setting out the process under way to update Standing Financial Instructions (SFIs) and associated documents in tandem with the implementation of the new organisational structure and seeking approval to an interim list of authorised signatories for signing consequential contracts and health care agreements.

Mr Griffin introduced the paper by advising that a programme of work was approved by the Audit Committee which would see the review of Standing Financial Instructions and associated documents completed by 30 June 2006, thereafter to be considered by the Audit Committee and then submitted to the NHS Board for approval. A series of navigational aids for staff in CHCPs and CHPs to assist in complying with SFIs of both the NHS Board and the relevant Local Authority were being developed.

Standing Financial Instructions required the NHS Board to approve a list of officers with the authority to sign agreements for the purchase or provision of health care and related contracts.

**DECIDED:**

1. That the interim Schedule of Authorised Signatories for Health Care Agreements and related Contracts (and the arrangements for amending this Schedule) be approved.
2. That the process for revising the financial governance arrangements which supported the new organisational structure be noted.

**Director of  
Finance**

**31. DESIGNATED MEDICAL OFFICERS**

A report of the Acting Director of Public Health [Board Paper No. 06/28] was submitted setting out the arrangement under current legislation for Designating Medical Officers for the purposes of exercising such functions on behalf of Local Authorities as may be assigned by or under enactment and other such functions as Local Authorities may assign with the agreement of the Board.

Following integration with the "Clyde" part of the former NHS Argyll and Clyde Health Board it was necessary to merge the lists of the Designated Medical Officers from both Boards and seek approval to the merged list.

**DECIDED:**

That the list of Designated Medical Officers in accordance with the regulations laid out in the NHS (Scotland) Act 1978 and the NHS (Designated Medical Officers) (Scotland) Regulations 1974 be approved.

**Acting Director of  
Public Health**

**32. QUARTERLY REPORT ON COMPLAINTS: OCTOBER – DECEMBER 2005**

A report of the Head of Board Administration, Chief Operating Officer, Acute and Lead Director, CHCP (Glasgow) [Board Paper No. 06/20] was submitted setting out the routine Quarterly Report on Complaints Handling within NHS Greater Glasgow for the period October – December 2005.

It was reported that discussions had been held with clinical governance colleagues to establish a more formal arrangement to ensure organisational learning from complaints with a link into clinical governance arrangements. This had been one of the themes at the Complaints – Symposium and Solutions: Using Grievances to Inform Governance - Conference on 17 March 2006 which had been hosted by the Scottish Public Sector Services Ombudsman and NHS Scotland – Chief Executive. It was recognised that the Clinical Governance Committees had a role in monitoring the number and types of complaints and should be required to take a role in completing the audit loop of ensuring that lessons were learned from complaints and that action had been taken to prevent any repeat occurrences.

It was also reported that the Scottish Executive had launched HDL(2006)13 – Patient Focus and Public Involvement – Independent Advice and Support Service to Complaints. This required NHS Boards to fund the implementation of a service locally through a strategic partnership with a consortium of Citizens Advice Bureaux with the intention that the service be established and operational during the course of 2006.

Councillor Williams asked about the handling of verbal complaints and whether they were captured within the analysis submitted in the Quarterly Complaints Report. Mr Hamilton advised that verbal complaints were not registered and reported routinely to the NHS Board as many were dealt with at a local level within wards and clinics and were very seldom recorded in such a way that they could be reported in a meaningful way.

Mrs Kuenssberg asked about the evaluation and satisfaction mechanisms associated with the role to be undertaken by the Citizens Advice Bureau (CAB) in providing independent advice and support to complainants. It was reported that the Scottish Health Council would be monitoring the arrangements to ensure overall compliance with the principles of the framework and whether the CABs were supporting complainants in the manner intended.

Councillor Williams asked about what was known about the satisfaction rate from patients accessing the NHS services and whether this was formally recorded. National surveys had indicated that there was normally a 85% public satisfaction with the services, however, Mr Divers advised that it was important to look and find local mechanisms to sample satisfaction and some suggestions had been provided at the recent Complaints Seminar which the Head of Board Administration and colleagues would pursue in order that a more rounded feedback could be provided to the NHS Board on this matter.

**Head of Board  
Administration**

**DECIDED:**

That the Quarterly Report on NHS Complaints in NHS Greater Glasgow for the period 1 October to 31 December 2005 be noted.

**33. WAITING TIMES**

A report of the Chief Operating Officer – Acute Division and Director of Surgery & Anaesthetics - Acute Division [Board Paper No. 05/21] asked Members to note the progress made in meeting national waiting time targets.

Mr Calderwood advised that the Waiting Times Report was based on NHS Greater Glasgow information up to 31 March 2006 and steps were being taken to define how future reporting would be considered on the new targets and on the “Clyde” element for dissolution of NHS Argyll and Clyde.

It had been important to sustain the delivery of all national standards/guarantees during the first quarter of 2005/06. This was achieved and the target of delivering a maximum of 1,000 in-patient/day cases (non availability status codes) waiting longer than 18 weeks by 31 March was delivered in that 795 patients were waiting over 18 weeks as at the end of March which was 21% better than the planned position.

With regard to plans for 2006/07 the following had been agreed:-

- i) Planning milestones with the National Waiting Times Unit for sustained reduction in under 18-week waits for in-patient/day cases from the current level to zero by December 2006.
- ii) Plans had previously been submitted to the National Waiting Time Unit for the abolition of Availability Status Codes and these were currently being reviewed as one of the main priority areas for improving waiting times during 2006/07.

Mrs Smith asked about Availability Status Code – 8 – where the patient did not attend or give any prior warning and indicated that this had stubbornly remained at about 15% for many years. Mr Divers spoke about the steps being taken to make proactive contact with patients prior to appointment: agree dates with patients six weeks ahead of treatment and consideration would certainly be given to a role that may include NHS 24 contacting patients prior to their appointment.

Sir John intimated that he was pleased with the steady progress being made with regard to waiting time and he was aware that detailed plans had been prepared which were underpinned by capacity planning which ensured the sustainability of the waiting time targets. The move to a single specialty structure within the Acute Services Division had been very helpful in focusing effort within specialties across sites.

NOTED

**34. MENTAL HEALTH (CARE AND TREATMENT) (SCOTLAND) ACT 2003 – LIST OF SECTION 22 APPROVED MEDICAL PRACTITIONERS**

A report of the Acting Director of Public Health [Board Paper No. 06/22] asked the NHS Board to approve the list of medical practitioners employed by the NHS Board to be authorised for the purpose of Section 22 of the New Mental Health (Care and Treatment) (Scotland) Act 2003.

**DECIDED:**

That the four medical practitioners listed on the Board paper be approved for the purposes of Section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003.

**Acting Director of  
Public Health**

**35. PERFORMANCE REVIEW GROUP MINUTES: 24 JANUARY 2006 AND 21 MARCH 2006**

The Minutes of the Performance Review Group meetings held on 24 January 2006 [PRG(M)06/01] and 21 March 2006 {PRG(M)06/02] were noted.

NOTED

**36. INVOLVING PEOPLE COMMITTEE MINUTES: 10 JANUARY 2006**

The Minutes of the Involving People Committee meeting held on 10 January 2006 [Board Paper No. 06/23] were noted.

NOTED

**37. HEALTH AND CLINICAL GOVERNANCE COMMITTEE MINUTES: 2 MARCH 2006**

The Minutes of the Health and Clinical Governance Committee meeting held on 2 March 2006 [HCGC(M)06/1] were noted.

NOTED

**38. RESEARCH ETHICS GOVERNANCE COMMITTEE MINUTES: 25 JANUARY 2006**

The Minutes of the Research Ethics Governance Committee meeting held on 25 January 2006 [NHSGGREGC(M)06/1] were noted.

NOTED

**39. STAFF GOVERNANCE COMMITTEE MINUTES: 6 MARCH 2006**

The Minutes of the Staff Governance Committee meeting held on 6 March 2006 [NHSGGSGC(M)06/1] were noted.

NOTED

**40. AUDIT COMMITTEE MINUTES: 31 JANUARY 2006 AND 14 MARCH 2006**

The Minutes of the Audit Committee meetings held on 31 January 2006 [A(M)06/1] and 14 March 2006 [A(M)06/2] were noted.

NOTED

**41. AREA CLINICAL FORUM MINUTES: 16 MARCH 2006**

The Minutes of the Area Clinical Forum meeting held on 16 March 2006 [ACF(M)06/2] were noted.

NOTED

**42. PHARMACY PRACTICES COMMITTEE MINUTES: 13 FEBRUARY 2006**

The Minutes of the Pharmacy Practices Committee meeting held on 13 February 2006 [Paper No. 06/24] were noted.

NOTED

**43. GLASGOW CENTRE FOR POPULATION HEALTH MINUTES: 1  
MARCH 2006**

The Minutes of the Glasgow Centre for Population Health meeting held on 1 March 2006 [GCPHMB(M)06/7] were noted.

NOTED

The meeting ended at 11.40 a.m.