NHSGG&C(M)07/1
Minutes: 1 - 25

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, 20 February 2007 at 9.30 am

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P R E S E N T

Professor Sir J Arbuthnott (in the Chair) (to Minute No 24)

Mr J Bannon
Dr L de Caestecker (to Minute No 24)
Mr G Carson
Mr R Cleland
Councillor J Coleman
Councillor D Collins
Dr B Cowan
Ms R Crocket (to Minute No 24)
Ms R Dhir MBE
Mr T A Divers OBE
Councillor R Duncan
Councillor T Fyfe (to Minute No 24)
Mr D Griffin
Dr R Groden
Mr P Hamilton
Councillor J Handibode
Dr M Kapasi MBE
Mrs S Kuenssberg CBE (from Minute No 7)
Ms G Leslie
Mr G McLaughlin
Mrs J Murray
Mrs R K Nijjar
Mr A O Robertson OBE (in the Chair for Minute No 25)
Councillor M Rooney
Mr D Sime
Mrs E Smith
Mrs A Stewart MBE
Councillor T Williams
Mr B Williamson

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

Ms H Byrne	..	Director of Acute Services Strategy, Implementation and Planning (to Minute No 24)
Ms D Cafferty	..	Planning Manager, Women and Children's Acute Services Planning (for Minute No 6)
Mr R Calderwood	..	Chief Operating Officer, Acute Services Division (to Minute No 24)
Mrs E Cameron	..	Member, Scottish Committee of Councils on Tribunals (for Minute No 25)
Ms S Gordon	..	Secretariat Manager
Mr J C Hamilton	..	Head of Board Administration
Mr A McLaws	..	Director of Corporate Communications (to Minute No 24)
Mr I Reid	..	Director of Human Resources (to Minute No 24)
Mr S Reid	..	Planning Manager, Clyde Acute Services (for Minute No 5)
Ms C Renfrew	..	Director of Corporate Planning and Policy (to Minute No 8)
Mr D Walker	..	Head of Performance Management and Corporate Reporting (to Minute No 8)
Mr N Zappia	..	Head of Primary Care Support (for Minute No 25)

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

Dr D Colville	..	Vice Chairman, Area Medical Committee (to Minute No 24)
Mr D Thomson	..	Chairman, Area Pharmaceutical Committee (to Minute No 24)

ACTION BY

1. WELCOME AND APOLOGIES

Apologies for absence were intimated on behalf of Professor D Barlow and Ms A Paul.

The Chairman welcomed two new Board Members, namely, Councillor Martin Rooney (representing West Dunbartonshire Council) and Mr Grant Carson (Non Executive Member) to their first meeting. Sir John also recorded that it would be the last NHS Board meeting for Sally Kuenssberg and Richard Groden whose terms of office expired on 31 March 2007. He thanked them both for their commitment and contribution to the work of the NHS Board throughout their period of office.

2. CHIEF EXECUTIVE'S UPDATE

(i) On 18 January 2007 Mr Divers and senior NHS Board colleagues had met with representatives from the Healthcare Associated Infection (HAI) Task Force. Collectively, they discussed the Task Force's detailed action plan and recommendations and looked at local NHS Board performance; benchmarking this against NHS Scotland. This had been a good meeting and Mr Divers hoped to engage further with the Task Force in the future to address infection control.

(ii) Mr Divers and Keith Redpath (Director, West Dunbartonshire Community Health Partnership) had met with representatives from Her Majesty's Inspectorate of Education (HMIE) to discuss the inspection of children's services and child protection arrangements within the West Dunbartonshire Council area. Leaders of the Council were looking at a strategic approach to address these issues and this had proved to be a useful exchange at that level particularly in examining cases and local arrangements.

(iii) Mr Divers, Ian Reid and NHS Board colleagues had attended an employability event at the Beardmore Hotel on 8 February 2007. This looked at how the NHS could support employability across NHS Greater Glasgow and Clyde. It had been an upbeat session with representatives in attendance from the public and voluntary sectors as well Scottish Enterprise. Collectively, all agencies hoped to continue to support employability across the area.

NOTED

3. MINUTES

On the motion of Mr A O Robertson, seconded by Councillor D Collins, the Minutes of the meeting of the NHS Board held on Tuesday, 19 December 2006 [GG&CNHSB(M)06/6] were approved as an accurate record and signed by the Chairman.

4. MATTERS ARISING FROM THE MINUTES

(i) The rolling action list was circulated and noted.

ACTION BY

(ii) Mr Divers confirmed that verbal feedback had been received on the two HMIE inspection visits that had taken place within NHS Greater Glasgow and Clyde. One had looked at the provision of services to asylum seekers and the other concerned the child protection arrangements in West Dunbartonshire. To date, positive feedback had been received in service delivery standards. In relation to the child protection arrangements, it was expected that one of the recommendations may include the need for the NHS Board to engage with children more in terms of planning of services. In relation to the inspection on the provision of services to asylum seekers, further thought was being given by HMIE on their application of some of their standards and what they measured. Written reports were expected on both by April 2007

NOTED

5. A SUSTAINABLE FUTURE FOR HOSPITAL SERVICES IN INVERCLYDE AND RENFREWSHIRE – OUTCOME OF CONSULTATION PROCESS

A report of the Director of Acute Services Strategy, Implementation and Planning [Board Paper No 07/1] asked the NHS Board to note the outcome of the consultation on future hospital services in Inverclyde and Renfrewshire, approve the strategy and note that, subject to approval, Ministerial approval would be sought for the changes to Inverclyde Royal Hospital (IRH) and the Royal Alexandra Hospital (RAH).

Ms Byrne thanked staff from NHS Greater Glasgow and from Clyde who had collectively contributed to the issues in this consultation. She also thanked members of the public who had attended the public meetings and those who had responded formally to the consultation exercise through which the NHS Board had received significant support for its proposals.

Ms Byrne summarised the future strategy for adult acute services at the RAH in Paisley and the IRH in Greenock which included the following:

- A & E services and major emergency receiving services in general medicine, general surgery and trauma and orthopaedics would be retained at both the IRH and RAH.

- Day case and outpatient facilities at both hospitals required investment and modification to support the delivery of modern models of health care. Detailed work on the investment required in these facilities would be undertaken over the coming months.

Ms Byrne outlined the reasons why changes needed to be made to the inpatient or emergency provision of a number of the smaller specialty areas and linked this with the number of patients that would be affected by these changes.

Ms Byrne outlined the formal consultation process which ran from 8 December 2006 to 2 February 2007 and highlighted the number of strands which had been undertaken as part of that process which included:

- Staff meetings – held at both the IRH and RAH and included wide staff groupings, Consultants, the Area Partnership Forum and the Acute Partnership Forum.

- Consultation material and communications campaign – a co-ordinated communications campaign was undertaken to ensure that the information relating to the consultation was widely available. There were two target groups for this material; internal and external.

ACTION BY

- Public events – 6 public events were held in January 2007 at which members of the public, patients and voluntary groups and community representatives heard a presentation on the strategy and aired their views.

- Patient focus groups – for dermatology, vascular surgery, ENT and urology. These focus groups proved extremely useful both from the NHS and patient perspective.

- Written responses – 93 formal written responses had been received.

The key themes emerging from each of the strands of the consultation were grouped into several key areas:

- Support for the proposals – the main feedback from both written responses and also at public meetings had been support for the proposals – particularly the retention of Accident and Emergency Services at the IRH.

- Transport and access – transport and access to hospital services was an issue raised at each of the public meetings and also in the patient focus groups. The Community Engagement and Transport Team would liaise with community groups to determine how these issues could be best addressed.

- Capacity planning for future changes – to ensure that the sites where services would be located were appropriately resourced, two strands of work were required to ensure this; firstly the resource required at the receiving site in order to meet the additional workload and, secondly, the impact on the current site that potential changes would have.

- Acceptance of the need for change – most of the people who took part in the consultation recognised that there was a need for change and understood the rationale for the centralisation of specialist services.

- Dermatology services – there was commitment to address the issues that had arisen regarding the proposed move of inpatient dermatology services and these would be worked through with staff and patient groups. The vast majority of dermatology services would remain at RAH with planned improvements in outpatient and day treatment facilities. In relation to how this would be taken forward, a Community Engagement Manager, in tandem with staff from the Acute Division, would work with patients and carers in the process of redesigning services.

- Other issues – further discussion would take place with colleagues in the Scottish Ambulance Service.

Ms Byrne confirmed that the overwhelming response to the consultation proposals on the future of hospital services in Inverclyde and Renfrewshire had been positive. There were concerns around the specialty areas already identified and these would be further discussed with patient and staff involvement. Detailed capacity planning work needed to be undertaken with clinicians and managers in both Clyde and Glasgow to identify the models of care that would be developed. Ms Byrne outlined the timescales in which the changes could be enacted.

Sir John extended his thanks to the clinical staff on both sites who had embraced the concept of joint working. Mr Williamson echoed this point and agreed that although some operational issues remained to be worked through, clinical staff had welcomed the clarity that this strategy had brought to services at both the IRH and RAH. He also commended the pace at which the strategy had, so far, moved.

ACTION BY

In response to a question from Mr Cleland, Mr Calderwood confirmed that following NHS Board approval to the strategy, Ministerial approval would be sought. Thereafter, between the end of 2007 and 2011, various operational activities would be amended to reflect the new strategy taking into account the overall timetable for the acute services redesign and rationalisation.

Mr Divers emphasised the importance in the phased programme of work to ensure that momentum was retained. It was vital to bring to an end the period of uncertainty that had been present for many years within the Clyde area. He also referred to the Health Needs Assessment work for the north of the Clyde that was being led by Dr de Caestecker, Director of Public Health. The progress of this work would be presented to West Dunbartonshire Council at its meeting during the following week together with a description of the NHS Board's intention and commitments regarding planning over the coming months.

Dr Kapasi also welcomed implementation of the strategy and hoped that the NHS Board would now be able to focus on filling substantive appointments to enable continued sustainable high quality benefits to patients.

DECIDED:

- That the outcome of the consultation on future hospital services in Inverclyde and Renfrewshire be noted.

- That the strategy for hospital services in Inverclyde and Renfrewshire be approved as follows: **Director of Acute Services Strategy, Implementation and Planning**

    - The retention of Accident and Emergency Services at both the IRH and the RAH.

    - The retention of the vast majority of inpatient services at both the IRH and the RAH.

    - The in-principle expansion of outpatient and ambulatory services at the IRH and the RAH.

    - Future changes to the inpatient (overnight stay) provision of four specialty areas: Urology (from IRH to RAH); Vascular Surgery (from IRH to Glasgow); ENT Surgery (from RAH to the Southern General Hospital (SGH)); and Dermatology (from RAH to SGH).

    - Future changes to the provision of emergency ophthalmology services (from IRH and RAH to Gartnavel General Hospital (GGH)).

    - The detail and timing of these changes was still to be worked through with clinicians in Clyde and in Glasgow and there would be commitment to keep patients informed.

- That Ministerial approval for the changes to IRH and RAH be sought. **Director of Acute Services Strategy, Implementation and Planning**

ACTION BY

6. MODERNISATION AND UPGRADING OF ACCOMMODATION AND NEW BUILD FACILITY AT THE MATERNITY UNIT, SOUTHERN GENERAL HOSPITAL

A report of the Director of Acute Services Strategy, Implementation and Planning and Chief Operating Officer (Acute Division) [Board Paper No 07/2] asked the NHS Board to receive the Outline Business Case (OBC) for the maternity capital development on the Southern General Hospital site, approve Option 3 as the preferred option and note that the OBC, subject to NHS Board approval, would be submitted to the Capital Investment Group of the Scottish Executive Health Department for formal approval at its meeting on 6 March 2007.

Ms Byrne explained that the OBC had been developed by NHS Greater Glasgow and Clyde's Maternity Strategy Implementation Steering Group following detailed planning towards implementation of the NHS Board's maternity strategy. She summarised the historical background and context of the NHS Board's maternity strategy and explained that detailed work, over the past six months, had focussed on the proposals to best deliver the recommendations of the Calder Report in terms of maternity and neonatal services, which included aligning service requirements with the new children's hospital, coupled with co-location with adult services on the Southern General Hospital (SGH) campus.

In taking forward this work, three capital options evolved and she led the NHS Board through the detail of these three options setting the context in terms of non-financial work and financial appraisal. Following this work, Option 3 had been agreed as the preferred option as it took account of all of the recommendations in the Calder Report and provided mainly new facilities with some refurbishment giving the adjacencies required. This option also met target timescales and provided a state of the art neonatal and labour suite facility with a much longer life. In summary, it provided:

- Construction of a new three storey facility – two storeys for the neonatal service including provision for integrating medical and surgical intensive care cots (currently in the Royal Hospital for Sick Children) and new labour suite and obstetric theatres.

- New single storey interventional fetal medicine unit.

- Demolition of Ward 40.

- Refurbishment of the existing labour ward as day care, triage and EPAS.

She summarised the outline programme which would see overall completion (including refurbishment) by December 2010.

In response to a question, Ms Byrne confirmed that the service model took cognisance of not only other NHS Scotland models but UK-wide. It also reflected the differences in current practice across NHS Greater Glasgow and Clyde that existed and changed the way in which maternity services would be delivered including a triage and midwife led system. Mr Calderwood re-iterated that the model had been benchmarked with other maternity hospitals and had the backing of the majority of clinical staff.

Dr Kapasi commented that the forecast of 65 to 70 deliveries per bed was measured on an average of a five-day stay. This, in reality, was often longer than the average woman stayed so he anticipated that this figure was an accurate reflection on need.

ACTION BY

Mr Sime referred to the NHS Board's policy on managing workforce change where consultation would take place with trade unions and staff organisations in all matters relating to staff issues – he welcomed this and looked forward to progressing these issues in partnership.

DECIDED:

- That the Outline Business Case for the Maternity Capital Development on the Southern General Hospital site be received.

- That Option 3 as the preferred option be approved. **Director of Acute Services Strategy, Implementation and Planning**

- That the Outline Business Case be approved and submitted to the Capital Investment Group of the Scottish Executive Health Department seeking formal approval at its meeting on 6 March 2007. **Director of Acute Services Strategy, Implementation and Planning**

7. LOCAL DELIVERY PLAN 2007/2008

A report of the Director of Corporate Planning and Policy [Board Paper No 07/11] asked the NHS Board to approve the Local Delivery Plan (LDP) for submission to the Scottish Executive (subject to any changes agreed by the NHS Board), approve the Chief Executive to finalise the LDP in negotiation with the Scottish Executive and note that progress on the LDP, together with the outcome of monitoring by the Executive's Delivery Unit, would be reported regularly to either the NHS Board or Performance Review Group.

Ms Renfrew reminded the NHS Board that LDPs were introduced by the Scottish Executive in 2006/07 and were designed as a performance or delivery agreement between the Scottish Executive Health Department and each individual NHS Board. The 2007/08 LDP was the NHS Board's second plan – which for the first time included Clyde. It was submitted to the Scottish Executive on 16 February 2007 subject to approval by the NHS Board.

Mr Walker explained that the LDP was structured around four Ministerial objectives referred to as HEAT:

- Health
- Efficiency
- Access
- Treatment

It addressed 28 targets and reported on 31 performance measures. To meet the requirements of the guidance, the NHS Board's LDP consisted of three main parts:

- A set of narratives for each performance measure
- A set of financial templates with narratives
- A set of trajectories

Mr Walker summarised the changes from last year including the introduction of four new targets, the expansion of one existing target and the exclusion of three others.

ACTION BY

The narratives explained concisely how the NHS Board intended to achieve each target and what risks may be involved. In some cases, it also referred to data deficiencies and difficulties. Trajectories were provided for most, but not all, measures and had been prepared by the NHS Board informed by local experience and knowledge. Some trajectories were provisional but all, could in any event, be altered at any time by the NHS Board in the future with the agreement of the Executive.

Following submission of the LDP, the NHS Board would be engaged with the Executive in a process to discuss, review and sign off each performance trajectory in the plan. The aim was that the NHS Board's plan would be signed off by the end of March 2007. Thereafter, the first active monitoring by the Executive's Delivery Unit of NHS Board performance against the plan (and specifically its trajectories) would commence in June 2007 supported by the HEAT information system becoming fully operational for the first time. This would be continued on a monthly basis as far as data availability allowed. The NHS Board would be required to account for deviations between its performance and the LDP. NHS Board performance in relation to its LDP would also be a principal feature at the Ministerial Annual Review later this year.

Mr Walker explained that nationally the LDP was likely to undergo further refinement. Some of this would be as a result of experience of application but others were likely to emerge from the programme which the Executive had initiated to address some of the current weaknesses. This included work on community care, productivity, community health, child health, patient experience, workforce, health improvement and chronic disease. The outcome of the some of these workstreams may percolate into LDPs for 2008/09.

The NHS Board's LDP was intended to be integrated and consistent with other planning processes such as Delivering for Health, local and regional planning, pay modernisation planning, workforce planning and organisational development. Locally, this was being accomplished by way of the NHS Board's planning guidance and corporate performance framework.

Mr Williamson referred to target E.02T, namely, Consultant Related Productivity. He noted that the Executive was now using four measures to demonstrate Consultant related productivity. Mr Williamson clarified that Consultants worked now in teams that included social care and community care. Rather than Consultant related productivity, the target would be better geared to "team" related productivity.

Director of Corporate Planning and Policy

In response to a question regarding ambulance response times, Ms Renfrew confirmed that, to date, relevant information was not available from the Scottish Ambulance Service – this would be pursued.

Mr McLaughlin raised a point concerning some of the health improvement targets which were both out with the control of NHS Boards and operationally at CH(C)P level. Ms Renfrew agreed and noted that behavioural issues did not have a direct linear relationship to the NHS and this would be restated to the Scottish Executive's Delivery Unit. She also clarified that in relation to alcohol misuse within NHS Greater Glasgow and Clyde, the NHS Board had an Alcohol Action Team which included representatives from Local Authorities and Strathclyde Police. This demonstrated partnership working across the piece to tackle alcohol misuse and Ms Renfrew agreed that the visibility of the workings of the Alcohol Action Team could be increased at NHS Board level to heighten Members awareness of ongoing activities.

Director of Corporate Planning and Policy

ACTION BY

DECIDED:

- That the Local Delivery Plan for submission to the Scottish Executive be approved. — **Director of Corporate Planning and Policy**
- That the Chief Executive finalise the Local Delivery Plan in negotiation with the Scottish Executive. — **Chief Executive**
- That progress on the Local Delivery Plan, together with the outcome of monitoring by the Executive's Delivery Unit, be reported regularly to either the NHS Board or Performance Review Group. — **Director of Corporate Planning and Policy**

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

A report of the Director of Public Health [Board Paper No 07/3] asked that the NHS Board approve the list of Medical Practitioners employed by the NHS Board to be authorised for the purpose of Section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003.

DECIDED:

- That the six Medical Practitioners listed on the NHS Board Paper for the purposes of Section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003 be approved. — **Director of Public Health**
- That retrospective approval be granted to the one doctor previously approved by Members in order to meet the contingencies of the service. — **Director of Public Health**

9. FINANCIAL MONITORING REPORT TO 30 NOVEMBER 2006 AND MID YEAR REVIEW : 2006/07

A report of the Director of Finance [Board Paper No 07/4] asked the NHS Board to note the Financial Monitoring Report for the eight-month period to 30 November 2006 incorporating a Mid Year Review of the Annual Financial Plan.

Mr Griffin noted that the outturn for the 8-month period to November 2006 showed the level of overall expenditure running within available funding. This confirmed that the NHS Board continued to manage expenditure levels in line with budget. He summarised expenditure activities as follows:

- Acute Services – expenditure on Acute Services had continued in line with budget during October/November. All Directorates were operating within £0.5M to budgeted expenditure levels. The main cost pressures continued to be in areas of supplies expenditure, in particular the areas of instruments and surgical sundries which were showing an overspend of £1.7M. This was linked to additional activity to achieve waiting times targets. Overspends and cost pressures were being offset by underspends in other areas. The most significant challenges faced by the Acute Services Division in sustaining this position through to the year end would be managing expenditure on the achievement of waiting times targets within available funding. In addition, expenditure on energy costs had been flagged up as a key area of risk in previous reports due to volatility of energy prices, particularly during the winter period.

- NHS Partnerships – expenditure in NHS partnerships was closely in line within budget for the year to date. Expenditure on primary care prescribing had remained closely in line with budget for the year to date. During the second half of the year, the impact of price changes to a range of generic drugs could be expected to take effect, producing a dampening effect on the rate of expenditure growth in the remaining part of the year.

- Clyde – the financial outturn for the Clyde area of the NHS Board's activities had remained closely in line with expectations with overall expenditure within £100K of budget. This meant that the Clyde area continued to operate at an expenditure level some £28M to £30M in excess of available recurrent funds. It was anticipated that a savings plan for 2007/08 would be firmed up by the end of February 2007 with completion of a full three year cost savings plan, aimed at addressing the full targeted amount of £30M, following on during 2007/08 as the various strands of work aimed at establishing future clinical service strategies reached their conclusion.

With regard to 2006/07, discussions with the Scottish Executive Health Department colleagues would be concluded to finalise arrangements for addressing the residual funding gap of £7.4M which existed in 2006/07.

NOTED

10. WAITING TIMES

A report of the Chief Operating Officer – Acute Services [Board Paper No 07/5] asked the NHS Board to note the progress made in meeting national waiting time targets.

Mr Calderwood reported the following:

- The national target of no patient waiting longer than eighteen weeks for inpatient or day case treatment by 31 December 2006 was achieved.

- The total number of inpatients and day cases waiting with availability status codes (ASC) increased by 410 (3%) between November and December 2006 and by 838 (7%) over the last two months between October and December. The increase was patient driven with ASC code 2 "where the patient had asked to delay admission for personal reasons or had refused a reasonable offer of admission" accounting for 67%. The remaining 33% was accounted for by ASC code A "patients under medical constraints (condition other than that requiring treatment) which affected their ability to accept an admission date if offered".

- The number of outpatients waiting over 18 weeks increased marginally by 28 (1%) between November and December 2006.

In response to a question regarding tackling the list of patients with ASC codes, Mr Calderwood confirmed that a patient's ability to attend treatment was regularly assessed after an ASC code had been applied. There was active liaison with patients on an ASC list and a series of pilots on how to interact with patients in different categories and the reason for patients having ASC codes was being worked through.

ACTION BY

Mr McLaughlin suggested that over and above interaction with individual patients with an ASC, a communications activity may help address an understanding in the public domain of ASC codes. Mr McLaws agreed that this could be looked at more broadly and would discuss this at the next Strategic Communication Directors Group which looked at what public messages could be given both locally and nationally across the NHS in Scotland.

Director of Corporate Communications

NOTED

11. PHARMACY PRACTICES COMMITTEE MINUTES : 6 DECEMBER 2006, 7 DECEMBER 2006 AND 30 JANUARY 2007

The Minutes of the Pharmacy Practices Committee meetings held on 6 December 2006, 7 December 2006 and 30 January 2007 [PPC(M)2006/07, PPC(M)2006/08 PPC(M)2007/01] were noted. The NHS Board approved the appointment of Mrs Agnes Stewart as Vice Chair of the Pharmacy Practices Committee to replace Councillor White.

NOTED

12. PERFORMANCE REVIEW GROUP MINUTES : 16 JANUARY 2007

The Minutes of the Performance Review Group meeting held on 16 January 2007 [PRG(M)07/01] were noted.

NOTED

13. INVOLVING PEOPLE COMMITTEE MINUTES : 14 NOVEMBER 2006 AND 9 JANUARY 2007

The Minutes of the Involving People Committee meetings held on 14 November 2006 and 9 January 2007 [Board Paper No 07/6] were noted.

NOTED

14. GLASGOW CENTRE FOR POPULATION HEALTH MANAGEMENT BOARD MINUTES : 7 DECEMBER 2006

The Minutes of the Glasgow Centre for Population Health Management Board meeting held on 7 December 2006 [GCPHMB(M)06/10] were noted.

NOTED

15. SOUTH EAST GLASGOW COMMUNITY HEALTH AND CARE PARTNERSHIP MINUTES : 1 NOVEMBER 2006

The Minutes of the South East Glasgow Community Health and Care Partnership meeting held on 1 November 2006 [Board Paper No 07/7] were noted.

NOTED

ACTION BY

16. SOUTH LANARKSHIRE COMMUNITY HEALTH PARTNERSHIP OPERATING MANAGEMENT (PERFORMANCE MANAGEMENT) COMMITTEE MINUTES : 13 NOVEMBER 2006

The Minutes of the South Lanarkshire Community Health Partnership Operating Management (Performance Management) Committee meeting held on 13 November 2006 [Board Paper No 07/8] were noted.

Councillor Handibode referred to various financial figures and information for the Rutherglen/Cambuslang locality which did not seem to be available to the CHP from the NHS Board. Mr Divers agreed to pick this up and resolve. **Chief Executive**

NOTED

17. WEST GLASGOW COMMUNITY HEALTH AND CARE PARTNERSHIP COMMITTEE MINUTES : 31 OCTOBER 2006

The Minutes of the West Glasgow Community Health and Care Partnership meeting held on 31 October 2006 [GCHCPC(WEST)(M)06/05] were noted.

NOTED

18. RENFREWSHIRE COMMUNITY HEALTH PARTNERSHIP MINUTES : 17 NOVEMBER 2006 AND 19 JANUARY 2007

The Minutes of the Renfrewshire Community Health Partnership meeting held on 17 November 2006 and 19 January 2007 [RCHP(M)06/3 and RCHP(M)07/1] were noted.

NOTED

19. EAST DUNBARTONSHIRE COMMUNITY HEALTH PARTNERSHIP MINUTES : 27 OCTOBER 2006 AND 22 DECEMBER 2006

The Minutes of the East Dunbartonshire Community Health Partnership Committee meetings held on 27 October 2006 and 22 December 2006 [EDCHP(M)06/04 and EDCHP(M)06/05] were noted.

NOTED

20. WEST DUNBARTONSHIRE COMMUNITY HEALTH PARTNERSHIP MINUTES : 11 OCTOBER 2006 AND 29 NOVEMBER 2006

The Minutes of the West Dunbartonshire Community Health Partnership Committee meetings held on 11 October 2006 and 29 November 2006 [WDCHP(M)06/04 and WDCHP(M)06/05] were noted.

NOTED

ACTION BY

21. EAST GLASGOW COMMUNITY HEALTH AND CARE PARTNERSHIP MINUTES : 14 DECEMBER 2006

The Minutes of the East Glasgow Community Health and Care Partnership Committee meeting held on 14 December 2006 [GGCHCP(East)(M)06/01] were noted.

NOTED

22. EAST RENFREWSHIRE COMMUNITY HEALTH AND CARE PARTNERSHIP MINUTES :13 DECEMBER 2006

The Minutes of the East Renfrewshire Community Health and Care Partnership Committee meeting held on 13 December 2006 [ERCHCP(M)06/5] were noted.

NOTED

23. NORTH GLASGOW COMMUNITY HEALTH AND CARE PARTNERSHIP MINUTES : 27 NOVEMBER 2006

The Minutes of the North Glasgow Community Health and Care Partnership Committee meeting held on 27 November 2006 [Board Paper No 07/9] were noted.

NOTED

24. EXCLUSION OF PUBLIC AND PRESS

A motion was approved to exclude the public and press during consideration of the following item of the agenda in view of the confidential nature of the business to be transacted.

25. FHS DISCIPLINARY REFERRAL – REPORT FROM LANARKSHIRE DENTAL DISCIPLINE COMMITTEE

Mr A O Robertson chaired the meeting for this item.

A report of the Lanarkshire Dental Discipline Committee [Board Paper No 07/10] asked the NHS Board to consider the recommendations of the Lanarkshire Dental Discipline Committee in respect of this referral and the further information as presented.

Mr Robertson welcomed Mr Zappia, Head of Primary Care Support and Mrs E Cameron, Member of the Scottish Committee of Councils on Tribunals.

Mr Zappia explained that the report was the outcome of a disciplinary referral made on behalf of NHS Greater Glasgow and Clyde by the Reference Committee on 15 August 2005 against a General Dental Practitioner on the NHS Board's Dental List.

ACTION BY

DECIDED:

- That the first recommendation made by Lanarkshire's Dental Discipline Committee be agreed. **Head of Primary Care Support**

- In relation to the second recommendation, as the necessary prior approval had not been obtained, the payment would be withheld in this case. **Head of Primary Care Support**

The meeting ended at 12.15 pm