

Greater Glasgow and Clyde NHS Board

Board Meeting

27 June 2006

Board Paper No 06/37

Head of Board Administration

Governance Issues – Committees and CHCPs/CHPs

Recommendation:

The Board is asked to:

- (i) Approve the revised remits of the Audit Committee, Clinical Governance Committee, Staff Governance Committee, Performance Review Group, Spiritual Care Committee and Involving People Committee.
- (ii) Approve the revised membership of each of the CHP and CHCP Committees and the move to these Committee meetings being held in public.

Background

- (i) Standing Committees of the NHS Board

At the December 2005 NHS Board meeting, it was agreed that the Audit Committee, Clinical Governance Committee, Staff Governance Committee, Performance Review Group, Spiritual Care Committee and Involving People Committee review their remits and submit any revisions to the NHS Board for approval. This was in accordance with the implementation arrangements for the new Single System Standing Committees from 1 January 2006 and because of the dissolution of the Divisional Management Teams and Supporting Committees from 31 December 2005.

This work has now been concluded and in respect of each of these Committees, the following is reported:-

Audit Committee (Appendix 1)

A workshop for Audit Committee Members was held in September 2005 facilitated by the external auditors, PricewaterhouseCoopers, to identify appropriate arrangements for the future operation of a single system Audit Committee within the restructured NHS Greater Glasgow. It was agreed at the workshop that a single Audit Committee should operate at a strategic level taking an overview of the Board's system of internal control, focussing on key control issues and on significant pan Greater Glasgow issues highlighted in audit reports. To support the Audit Committee, it was agreed to establish Audit Support Groups – one for the Acute Services Division and one for Corporate and Partnerships – to address the local control issues and have reporting mechanisms direct to the Audit Committee.

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A revised Remit was drafted to reflect the outcome of the workshop and this Remit was approved by the NHS Board in December 2005 subject to consideration by the Audit Committee. On 31 January 2006, the Audit Committee approved the revised Remit.

Clinical Governance Committee (Appendix 2)

The main differences from the previous Composition and Remit of the Committee are:

Objectives

These have been considerably expanded, with a more generic declaration of objectives.

Membership and Conduct of Business

Membership, frequency and reporting arrangements have been combined into one section.

- (i) Additional Non-Executive Board Member, from Clyde
- (ii) Additional Lay Member, from Clyde
- (iii) Board Medical Director, Director of Nursing, Director of Public Health, Infection Control Manager, Health of Clinical Governance and a Consultant in Public Health from Clyde to be ex-officio Members of the Committee (without voting rights)
- (iv) Frequency of meetings increased from 4 to 6 annually

Remit

The remit has been re-ordered and expanded, re-enforcing the role of the Committee as overseeing rather than delivering clinical governance with the emphasis shifted from an explicit focus on clinicians to an explicit focus on the organisation.

Staff Governance (Appendix 3)

The Staff Governance Committee, at its meeting April, gave consideration to its remit and membership. In doing so, the Committee felt that any revision must reflect its role in terms of a Committee of Governance of the NHS Board and assurances required by the duties placed on the Board in relation to the NHS Reform (Scotland) Act 2004 and the Staff Governance Standard. The Committee in its considerations also took into account single system working and the integration of Clyde.

It was, therefore, agreed that membership should comprise eight Members appointed by the Board, including the Board Chairman and Employee Director. In appointing members, the Committee thought it be useful if the Board considered appointing a Councillor from the Clyde area. In addition the Committee thought it desirable that five Management and five Trade Union members of the Area Partnership Forum be ex officio Members of the Committee (without voting rights).

The remit, it agreed, had to be revised to provide assurances that the Board has mechanisms in place to meet both the Act and the Staff Governance Standard; to evaluate progress through the approval of local human resource strategies and implementation plans; and to ensure the timely submission of all staff governance data as required as part of the Annual Review.

Performance Review Group (Appendix 4)

The NHS Board at its December 2005 meeting approved the new Governance and Standing Committee arrangements to reflect the move to single system work and ask that each Standing Committee of the Board review its remit and seek NHS Board approval for any suggested changes.

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The Performance Review Group agreed at its meeting on 24 January 2006 that the remit be revised to take account of single system working and revise terminology ie Local Delivery Plans.

A range of comments were received focussing on the monitoring and progress role of the Performance Review Group around organisational performance; resource allocation and utilisation and implementation of agreed NHS Board strategies.

Attached is a copy of the final draft remit of the Performance Review Group and the NHS Board is asked to approve this remit.

Spiritual Care Committee (Appendix 5)

The main differences in the revised remit concern the Composition/Membership of the Committee arising from the Board's new single system structure and the integration of Clyde:

- (i) The Head of Chaplaincy and Spiritual Care of the Board and the Lead Chaplain of Clyde to be Members.
- (ii) Two other management representatives – one from acute services and one from mental health – to be Members.

Community Health Partnership representation to follow.

The Spiritual Care Committee is now a Subcommittee of the Public Involvement Committee. It was formerly a Subcommittee of the Clinical Governance Committee.

Involving People Committee (Appendix 6)

The Committee's remit has not changed other than to include Clyde.

For completeness, a copy of the revised remit for each Committee is attached for Board approval (see Appendices 1-6).

- (ii) West Dunbartonshire Council Health Improvement and Social Justice Partnership

Ms Rani Dhir represents the NHS Board on the West Dunbartonshire Council Health Improvement and Social Justice Partnership. The Partnership agreement requires each Member of the Partnership to have a named deputy – the NHS Board is asked to consider this position and any Member interested should make contact with the NHS Board Chairman.

- (iii) Community Health Partnerships

It was agreed at the December 2005 NHS Board meeting that the Board receive a membership update of each of the CHCP and CHP Committees for approval. These are duly attached for:-

- West Glasgow CHCP Appendix 7
- North Glasgow CHCP Appendix 8
- East Glasgow CHCP Appendix 9
- South East Glasgow CHCP Appendix 10
- South West Glasgow CHCP Appendix 11
- East Dunbartonshire CHP Appendix 12
- West Dunbartonshire CHP Appendix 13
- East Renfrewshire CHCP Appendix 14

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The CHCP/CHP Committees were formed as Subcommittees of the NHS Board. As such they also operate under the NHS Board's Standing Orders (SO). SO No 17 (4)(b) indicates that Committees and Subcommittees of the Board shall not be open to the public and press unless the NHS Board decides otherwise in respect of a particular Committee or a particular meeting of a Committee.

The CHCP/CHP Committees across NHS Greater Glasgow and Clyde have been considering the issue of moving to holding their meetings in public. The NHS Board is asked to approve that the CHCP/CHP Committees move to holding their meetings in public.

Author – Shirley Gordon
Secretariat Manager
0141 201 4477

NHS Greater Glasgow and Clyde Audit Committee

OBJECTIVES

The purpose of the Audit Committee is to assist the Board to deliver its responsibilities for the conduct of public business, and the stewardship of funds under its control. In particular, the Committee will seek to:-

- provide assurance to the Board that an appropriate system of internal control is in place to ensure that business is conducted in accordance with law and proper standards governing the NHS and its interface with partner organisations;
- public money is safeguarded and properly accounted for;
- financial Statements are prepared timeously, and give a true and fair view of the financial position of the Board for the period in question; and
- reasonable steps are taken to prevent and detect fraud and other irregularities.

MEMBERSHIP AND CONDUCT OF BUSINESS

The Committee membership shall be appointed by the full Board and given a remit, including providing advice to the Board on the conduct of its business.

The Board shall nominate a minimum of nine Members. A Convener will be appointed from the Membership of the Committee. The Chairman of the Board shall not be a member of the Committee but shall have the right to attend meetings. As the Committee is responsible for overseeing the regularity of expenditure by NHS Greater Glasgow, other Board Members shall also have the right to attend.

At least three members of the Committee must be present in order to form a quorum.

The Head of Board Administration (or authorised nominee) shall perform the function of Secretary to the Committee.

The Committee shall be able to require the attendance of any Director or member of staff.

The external auditor, internal auditor and Director of Finance shall normally attend meetings.

The external auditor and internal auditor shall be offered the opportunity to hold discussions with the Committee without the Director of Finance, other Executive Directors or Board staff being present.

There will be a minimum of six meetings per annum with provision for additional meetings as required.

The minutes of meetings will go to the Board. The Committee Chairman will also make a formal report to the Board on a regular basis/at least annually covering the activities of the Committee and any significant matters of note. Minutes will be publicly available under the terms of the Freedom of Information (Scotland) Act 2002.

REMIT

The Committee shall be responsible for monitoring the Board's corporate governance arrangements and system of internal control. This will include the following specific responsibilities.

(i) Corporate Governance, System of Internal Control, Risk Management and Arrangements for the Prevention and Detection of Fraud

- Overseeing the Board's Governance arrangements, including compliance with the law, SEHD guidance or instructions, the Board's Standing Orders and Standing Financial Instructions and Code of Conduct.

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- Evaluating the adequacy and effectiveness of the internal control environment and providing a statement annually to the Board, based on the annual report of the Chief Internal Auditor and other appropriate sources of assurance.
- Reviewing the assurances given in the Statement on Internal Control.
- Critically reviewing the process by which management decisions are taken and effected throughout the Health Board, including risk assessment.
- Monitoring the effectiveness of arrangements to manage risk and prevent and detect fraud.

(ii) Standing Orders, Standing Financial Instructions and Other Governance Documentation

- As required but at least annually, reviewing changes to the Standing Orders, Standing Financial Instructions and other governance documentation including the Fraud Policy and Standards of Business Conduct and recommend changes for Board approval.
- Reviewing annually (or as required) the Scheme of Delegation.
- Examining circumstances when the Board's Standing Orders and Standing Financial Instructions are waived.

(iii) Internal and External Audit

- Approving the arrangements for securing an internal audit service,
- Reviewing the operational effectiveness of internal audit and the annual performance of external audit.
- Approving and reviewing internal and external audit plans, and receive reports on their subsequent achievement.
- Monitoring management's response to audit recommendations, and report to the Board where appropriate.
- Receiving management letters and reports from the statutory external auditor, and reviewing management's response.
- Discussing with the external auditor (in the absence of the Executive Directors and other officers where necessary) the annual report, audit scope and any reservations or matters of concern which the external auditor may wish to discuss.
- Ensuring that the Chief Internal Auditor and External Auditor have unrestricted access to the Chairman of the Committee.
- Ensuring co-ordination between internal and external audit.

(iv) Annual Accounts

Approving changes to accounting policies, and reviewing the Board's Annual Accounts prior to their adoption by the full Board. This includes:

- reviewing significant financial reporting issues and judgements made in the preparation of the Annual Accounts;

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- reporting in the Directors' report on the role and responsibilities of the Audit Committee and the actions taken to discharge those;
- reviewing unadjusted errors arising from the external audit; and
- reviewing the schedules of losses and compensations.

The Chairman of the Audit Committee (or appointed Deputy) should be in attendance at the Board meeting at which the Annual Accounts are approved.

Support Arrangements

The Chief Executive shall be responsible for implementing appropriate arrangements within the organisation to support the effective operation of the Audit Committee. These arrangements shall be subject to approval by the Audit Committee and shall ensure that assurances can be provided to the Audit Committee that reports and recommendations are being actioned at a local level by management. These arrangements shall be subject to review and evaluation on an annual basis by the Committee.

June 2006

NHS Greater Glasgow And Clyde Clinical Governance Committee

1. Objectives

The purpose of the Clinical Governance Committee is to assist the NHS Board to deliver its statutory responsibility for the quality of healthcare that it provides. In particular, the Committee will seek to provide assurance to the Board that an appropriate system for monitoring and development is in place, which ensures that clinical governance and clinical risk management arrangements are working effectively to safeguard and improve the quality of clinical care. This includes affirming that NHS Greater Glasgow and Clyde

- has established clear lines of responsibility and accountability for the overall quality of care that it provides or commissions
- has in place a soundly based clinical governance framework including strategy and local development plans
- has in place reporting arrangements which ensure that the Board and Clinical Governance Committee are fully informed on the development of clinical governance
- is taking all reasonable steps to prevent, detect and rectify irregularities or deficiencies in the quality of care provided or in the clinical governance framework
- is doing its reasonable best to meet its objectives of improving health and tackling inequalities whilst protecting patients, staff, the public and other stakeholders against risks of all kinds.

2. Membership And Conduct Of Business

The membership and remit of the Committee shall be approved by the full Board. The Committee shall comprise:

Chair

Deputy Chair

8 Non Executive Board Members (to include the Employee Director and 1 from Clyde)

2 Lay Members (to include 1 from Clyde)

The Chair and Deputy Chair of the Committee will be designated by the Chairman of the Board. At least three voting members of the Committee must be present in order to form a quorum. There will be a minimum of six meetings per annum with provision for additional meetings as required.

In order to bring together the professional support required for the Committee to perform its functions the Board Medical Director, Director of Nursing, Director of Public Health, Infection Control Manager, Head of Clinical Governance and a Consultant in Public Health Medical from Clyde. shall be ex-officio Members of the Committee (without voting rights). The Committee shall be able to require the attendance of any Director or member of staff. The Chief Executive shall have the right to attend meetings.

The minutes of meetings will go to the Board and will be made publicly available. In addition to any specific reports the Committee Chairman will also provide to the Board a formal annual report and a controls assurance statement covering the performance and development of the Clinical Governance Framework. The Head of Board Administration (or authorised nominee) shall perform the function of Secretary to the Committee.

3. Remit

The Clinical Governance Committee should provide an independent judgement on how the Board as a whole is managing the issues of strategy, performance and stewardship of public resources as they relate to the safety and quality of clinical care.

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The Clinical Governance Committee will operate as necessary in order that it is confident that clinical governance and clinical risk management arrangements are working effectively to safeguard and improve the quality of clinical care. This will include

- endorsing the clinical governance strategy and development plan prior to approval from the NHS Board
- critically reviewing information from services or functions of clinical governance
- critically reviewing reports and action plans arising from the work of internal audit, external audit, review agencies and inspectorates as they relate to the assurance on the effectiveness of clinical risk management and quality improvement
- requiring the presentation of reports, including the commissioning of independent reviews, in order to supplement or validate information
- being actively involved in strategy formulation from the earliest stages
- making judgements about, and helping to regulate, the scale and pace of change that takes account of the organisation's capacity and the need to minimize bureaucracy
- ensuring there is evidence of openness and transparency in decisions and use of resources in providing good quality of care
- striving for public good, setting aside personal interests, and ensuring NHS Greater Glasgow is improving health and tackling inequalities
- promoting good relationships within the organisation, with the public and service users and with other organisations.

June 2006

NHS Greater Glasgow and Clyde Staff Governance Committee

1. Objectives

- 1.1 The purpose of the Staff Governance Committee is to provide assurance to the Board that NHS Greater Glasgow and Clyde meets its obligations in relation to staff governance under the National Health Service Reform (Scotland) Act 2004 and the Staff Governance Standard.
- 1.2 In particular, the Committee will seek to ensure that staff governance mechanisms are in place that take responsibility for performance against the Staff Governance Standard and are accountable for progress towards achievement of the Standard.

2. Membership and Conduct of Business

- 2.1 The Committee membership shall be appointed by the NHS Board and given a remit, including providing advice to the Board on the conduct of its business.
- 2.2 The Board shall nominate the membership from the Non-Executive Directors of the NHS Board to include the Chair of the Board and the Employee Director. The Committee will be co-chaired by the Employee Director and a Non-Executive Director appointed by the Board from the membership of the Committee.
- 2.3 At least three Members of the Committee must be present in order to form a quorum.
- 2.4 Members of the Area Partnership Forum listed below shall be ex-officio Members of the Committee (without voting rights):
 - Director of Human Resources
 - Associate Director Of Human Resources (Acute)
 - Associate Director Of Human Resources (Partnerships)
 - Director (representing CHCPs)
 - Director (representing Acute)
 - Areas Partnership Forum Staff Side Secretaries (2)
 - Area Partnership Forum Acute Division joint trade union representative
 - Area Partnership Forum CH(C)Ps joint trade union representative
 - Area Partnership Forum Mental Health Partnership joint trade union representative

The Committee may invite to attend other senior managers and trade union representatives.

- 2.5 The Head of Board Administration shall provide secretariat support.
- 2.6 There should be a maximum of four meetings per annum with provision for additional meetings as required.
- 2.7 The minutes of meetings will be submitted to the Board. A Joint Chair of the Committee will also make a formal report to the Board on a regular basis, at least annually, covering the activities of the Committee and any significant matters of note.

3. Remit

- 3.1 The Committee shall support the creation of a culture within the health system where the delivery of the highest possible standards of staff management is understood to be the responsibility of everyone working within NHS Greater Glasgow and Clyde and this is built upon partnership and co-operation.

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- 3.2 The Committee shall act for the Board in ensuring that structures and processes are in place to ensure staff are:
- Well informed
 - Appropriately trained
 - Involved in decisions that affect them
 - Treated fairly and consistently
 - Provided with an improved and safe working environment
- 3.3 The Committee shall monitor and evaluate progress through the approval of local human resource strategies and implementation plans.
- 3.4 The Committee shall be authorised by the Board to support any policy amendment, funding or resource submission to achieve the Staff Governance Standard.
- 3.5 The Committee shall be responsible for the timely submission of all the staff governance data required as part of the Accountability Review.
- 3.6 The Remuneration Subcommittee will be a subcommittee of the Staff Governance Committee and will consider the remuneration of the Executive Directors and other staff employed under the executive pay arrangements.

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NHS Greater Glasgow And Clyde Performance Review Group

1. Objectives

The Performance Review Group carries delegated responsibility with powers on behalf of the NHS Board for:

Monitoring and progressing -

- i) organisational performance;
- ii) resource allocation and utilisation;
- iii) implementation of agreed NHS Board strategies.

2. Remit

Organisational Performance

- i) Maintaining an overview of NHS Board performance.
- ii) Ensuring a co-ordinated approach to the management of performance improvement across all aspects of the Board's responsibilities, activities and partnerships consistent with the Board's corporate objectives and priorities.
- iii) Ensuring consistency in arrangements for performance scrutiny, accountability and reporting across the Board recognising the existing responsibilities of the Governance Committees and, in particular, the Staff Governance Committee and Clinical Governance Committee
- iv) Reviewing preparation and implementation of the NHS Board's Local Delivery Plan.
- v) Monitoring and scrutinising progress against key national and local performance targets.
- vi) Overseeing preparations for and actions arising from the NHS Board's Annual Review with the Minister for Health and Community Care.

Monitoring of Resource Allocation and Utilisation

- i) Reviewing and submitting to the NHS Board for approval the 5-year financial strategy as an integral part of the local delivery plan/health planning process.
- ii) Considering and providing advice to the NHS Board on annual financial allocations and investment plans as part of the Local Delivery Plan.
- iii) Monitoring in-year financial performance across NHS Greater Glasgow and Clyde.
- iv) Providing recommendations to the NHS Board on the annual Capital Plan.
- v) Carrying delegated authority from the NHS Board for individual schemes within the approved Capital Plan as follows:
 - a) Approval of individual schemes covering the value of £1.5M - £5M – a short business case would be required to be submitted for approval.

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- b) Approval of individual schemes covering the value of £5M - £10M – a business case would be required to be submitted for approval.
- c) Approval of individual IM&T Schemes covering the value of £500,000 - £1M – a business case would be required to be submitted for approval.
- d) Approval of individual IM&T Schemes covering the value over £1M – Divisions required to submit a business case for approval.
- vi) Monitoring the annual capital expenditure programme.

Monitoring of the Implementation of NHS Board Agreed Strategies

- i) Approving key stages of implementing agreed NHS Board strategies where business cases are to be submitted to SEHD for approval, including:
 - a) approving key investment decisions including those affecting the procurement stages of implementing the Acute Services Strategy;
 - b) approving outline business cases;
 - c) approving full business cases;
 - d) approving the performance framework and accompanying management scrutiny and reporting arrangementswith full reports to the NHS Board on significant stages.
- ii) Monitoring the implementation of NHS Board approved strategies in relation to meeting key milestones, timescales, approved expenditure limits and overall governance of the relevant strategy.
- iii) Approving land and property transactions relating to the disposal and acquisition of property.

3. Composition

- i) The Performance Review Group will comprise 9 Non Executive Directors of the NHS Board.
- ii) The Group will normally meet on a 2-monthly cycle and more frequently, if required. All NHS Board Members will receive a copy of the papers in advance of the meeting to allow those who are not members of the Performance Review Group to feed in thoughts/comments to the Chair/Officers of the NHS Board.
- iii) All NHS Board Members will have the right to attend and participate in discussions at the Performance Review Group meetings.
- iv) The Group will request the attendance of those officers of the NHS Board it requires in order to conduct its business effectively and efficiently.
- v) The quorum for meetings of the Group shall be one-third of the membership.

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- vi) The Chair and Vice-Chair of the NHS Board and Chief Executive have delegated responsibility to collectively deal with urgent matters between meetings which are covered by the Performance Review Group remit and to report to the next available meeting such matters dealt with using this delegation and seek the Group's endorsement to the action/decisions taken.
- vii) The Performance Review Group's powers do not take away the responsibilities of the NHS Board for executive action.

4. Reporting Arrangements

The Minutes of the Performance Review Group will be submitted to the NHS Board for information, along with any recommendations as appropriate.

John C Hamilton
March, 2006
3rd Revision

NHS Greater Glasgow And Clyde Spiritual Care Committee

Objective

In consultation with the acute division and partnerships, support the integrated planning and delivery of spiritual care services across NHS Greater Glasgow and Clyde.

Composition

- (i) An NHS Board Non-Executive Director to act as Chair.
- (ii) Representatives of the main faith communities within NHS Greater Glasgow and Clyde.
- iii) The NHS GG Head of Chaplaincy and Spiritual Care
 - Lead Chaplain Clyde
 - 2 other management representatives – one from acute services and one from mental health
- (iv) Representatives of spiritual care staff and others with an interest in spiritual care.
- (v) A representative from the Partnership Forum

Each member should nominate a named deputy.

Remit

- (i) Monitor and evaluate the implementation of the NHS Greater Glasgow and Clyde Spiritual Care Policies through the production of Annual Reports.
- (ii) To be a forum for the open debate and discussion of Chaplaincy and Spiritual Care, including: the sharing of good practice.
- (iii) Encourage and maintain partnerships between local health care systems, their spiritual care staff, all staff and local communities.
- (iv) Ensure there is a plan for spiritual care services which addresses service need and required standards such as QIS and that all developments are highlighted as part of the annual planning cycle
- (v) Discuss and approve all policies relating to spiritual care
- (vi) Ensure that spiritual care services offered by NHS Greater Glasgow and Clyde are responsive to the needs of patients from the smaller faith communities and to those who do not identify as belonging to any faith community.
- (vii) Ensure processes are in place for spiritual care facilities to be taken into account when upgrading existing and designing new NHS buildings.
- (viii) Liaise with other NHS Boards in the development of spiritual care within NHS Scotland.

Frequency of Meetings

The Committee should meet at least twice a year.

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Quorum

Minimum – 3 members from faith groups and 3 other members.

Chair

On occasions where the Chair is unable to attend a meeting, the members present should appoint a Chair for that meeting from those present.

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NHS Greater Glasgow and Clyde Involving People Committee

Remit

To ensure that NHS Greater Glasgow and Clyde discharges its legal obligations to involve, engage and consult patients, the public and communities in the planning and development of services and in decision-making about the future pattern of services.

Responsibilities

1. To ensure the mainstream integration of the principles of Patient Focus and Public Involvement in planning, delivering and sustaining services.
2. To scrutinise NHS Greater Glasgow and Clyde services on a continuous basis to ensure implementation of best practice in achieving Patient Focus and Public Involvement.
3. Leading the development of a sustainable NHS Greater Glasgow and Clyde Involving People Framework and ensuring that it is delivered via approved strategies and action plans across the totality of service provision.
4. Encouraging and promoting the skills required deliver effective Patient Focus Public Involvement among NHS Staff and patient and local community representatives.
5. To ensure that delivery of Patient Focus Public Involvement across NHS Greater Glasgow and Clyde is co-ordinated, consistent and linked to the work of partner organisations, including Community Planning structures.
6. Reviewing, interpreting and supporting the implementation of national Patient Focus and Public Involvement objectives and priorities at the local level.
7. Driving the development, introduction and maintenance of corporate initiatives and structures to support the effective delivery of Patient Focus and Public Involvement.
8. Promoting dialogue with patients and public regarding progress with Patient Focus and Public Involvement.
9. Linking with the new Scottish Health Council and supporting NHS Greater Glasgow and Clyde's day-to-day relationship with its officers and advisory council members.
10. Facilitating continuous and formal annual accountability and quality assurance reviews as part of the accountability review process.
11. Ensuring the NHS Board is kept fully informed on progress in mainstreaming and delivering PFPI, in part by formally reporting to the Board on a quarterly basis.

June 2006

West Glasgow Community Health and Care Partnership – Membership (June 2006)

<u>Nominating Body</u>	<u>Number of Members</u>	<u>Names</u>
Glasgow City Council	5	Councillor Aileen Colleran (Chair) Councillor Irene Graham Dr Malcolm Green Dr Christopher Mason Councillor Gordon Matheson
Greater Glasgow & Clyde NHS Board	2	Jessica Murray (Vice Chair) Vacant
Professional Executive Group (Health)	3	Lorna Barr Paul Higgins Janice Oliver
Professional Executive Group (Council)	1	Barbara Elliot
Staff Partnership Forum	1	To be advised
Public Partnership Forum	2	Tam Munro Douglas Taylor
CHCP Director	1	Terry Findlay
Total	15	

North Glasgow Community Health and Care Partnership – Membership (June 2006)

<u>Nominating Body</u>	<u>Number of Members</u>	<u>Names</u>
Glasgow City Council	5	Councillor Robert Winter (Chair) Councillor John Gray Councillor Ellen Murcombe Councillor Mary Paris Councillor Allan Stewart
Greater Glasgow & Clyde NHS Board	2	Andrew Robertson (Vice Chair) Vacant
Professional Executive Group (Health)	3	Jim McKenzie Colin Ferguson Liz Simpson
Professional Executive Group (Council)	1	Vacant
Staff Partnership Forum	1	Vacant
Public Partnership Forum	2	<u>2 members/2 deputies</u> Voluntary Sector: Arlene Cooke Margo Taylor Community Members: Ann Stewart Donna Drummond
CHCP Director	1	Alex Mackenzie
Total	15	

East Glasgow Community Health and Care Partnership – Membership (June 2006)

<u>Nominating Body</u>	<u>Number of Members</u>	<u>Names</u>
Glasgow City Council	5	Councillor James Coleman (Chair) Councillor George Ryan Councillor John Mason Councillor Elaine McDougall Councillor Susan Baird
Greater Glasgow & Clyde NHS Board	2	Amanda Paul (Vice Chair) Vacant
Professional Executive Group (Health)	3	Dr Andrew Townsley Wendy Mitchell Aileen O’Gorman
Professional Executive Group (Council)	1	Vacant
Staff Partnership Forum	1	Vacant
Public Partnership Forum	2	Suzanne Aitken Ann Evans
CHCP Director	1	Mark Feinmann
Total	15	

South East Glasgow Community Health and Care Partnership – Membership (June 2006)

<u>Nominating Body</u>	<u>Number of Members</u>	<u>Names</u>
Glasgow City Council	5	Councillor Alan Stewart (Chair) Councillor Bashir Ahmad Councillor Malcolm Cunning Councillor Archie Graham Councillor Anne Marie Millar
Greater Glasgow & Clyde NHS Board	2	Donald Sime (Vice Chair) Vacant
Professional Executive Group (Health)	3	Kevin Fellows Sheena Wright 1 to be confirmed
Professional Executive Group (Council)	1	Sheena Morrison
Staff Partnership Forum	1	Isobel Quarrell
Public Partnership Forum	2	Colin McGowan Margaret Millmaker
CHCP Director	1	Cathie Cowan
Total	15	

South West Glasgow Community Health and Care Partnership – Membership (June 2006)

<u>Nominating Body</u>	<u>Number of Members</u>	<u>Names</u>
Glasgow City Council	5	Councillor Stephen Curran (Chair) Councillor Alexander Glass Councillor Keith Baldassara Councillor Margaret Sinclair Councillor John Flanagan
Greater Glasgow & Clyde NHS Board	2	Elinor Smith (Vice Chair) Vacant
Professional Executive Group (Health)	3	Dr George Barlow George Wilkie 1 to be confirmed
Professional Executive Group (Council)	1	Jackie Kerr
Staff Partnership Forum	1	Stewart MacLennan
Public Partnership Forum	2	Davey Paterson Robert Houston
CHCP Director	1	Iona Colvin
Total	15	

East Dunbartonshire Community Health Partnership – Membership (June 2006)

	<u>Number of Members</u>	
Chair	1	Gerry McLaughlin
Vice Chair	-	Ian Gordon
NHS Board	1	John Bannon
East Dunbartonshire Council Member on NHS Greater Glasgow & Clyde	1	Councillor Robert Duncan
Professional Executive Group	4	Derek Barron Gillian Notman (interim) Ian Gordon David Gerber
Staff Partnership Forum	1	Ross McCulloch (interim)
Public Partnership Forum	2	Bernard Mills Jenny Proctor
CHP Director	1	Karen Murray
Total	11	

West Dunbartonshire Community Health Partnership – Membership (June 2006)

	<u>Number of Members</u>	
Chair	1	Mrs Rani Dhir
Vice Chair	-	Alan McDevitt
NHS Board	1	Vacant
West Dunbartonshire Council Member on NHS Greater Glasgow & Clyde	1	Councillor Andrew White
Professional Executive Group	4	Dr Alan McDevitt Dr Fiona Coulter Clare McGinley Margaret Hastings
Staff Partnership Forum	1	Ross McCulloch
Public Partnership Forum	2	Betty McIntosh Muriel Robertson
Voluntary Sector Forum	1	Selina Ross
CHP Director	1	Keith Redpath
Total	12	

East Renfrewshire Community Health and Care Partnership – Membership (June 2006)

	<u>Number of Members</u>	
Chair	1	Councillor Danny Collins
Vice Chair	1	Peter Hamilton
NHS Board	1	Vacant
East Renfrewshire Council Members	4	Councillor James Fletcher Councillor Roy Garscadden Councillor Barbara Grant Councillor George Napier
Professional Executive Group Health	3	Dr Alan Mitchell) job Dr Leslie Quin) share Dr Jim MacRitchie Mr Ian Millar
Professional Executive Group (Council)	1	Mrs Safaa Baxter
Staff Partnership Forum	2	Mr Gordon Anderson Mr Stephen Devine
Public Partnership Forum	2	Members – Melanie Small and Jaqui Reid Deputies – Forrest Alexander and Anne Marie Kennedy
CHCP Director	1	George Hunter
Total	16	