

**Borders NHS Board****STATUTORY AND OTHER COMMITTEE MINUTES****Aim**

To raise awareness of the Board on the range of matters being discussed by various statutory and other committees.

**Background**

The Board receives the approved minutes from a range of governance and partnership committees.

**Summary**

Committee minutes attached are:-

- Strategy & Performance Committee: 07.02.13
- Audit Committee: 14.12.12
- Audit Committee: 17.01.13
- Clinical Governance Committee: 20.02.13
- Public Governance Committee: 12.12.12
- Area Clinical Forum: 14.01.13
- CH&CP: 24.09.12
- SEAT: 01.02.13

**Recommendation**

The Board is asked to **note** the various committee minutes.

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| <b>Policy/Strategy Implications</b>  | As detailed within the individual minutes. |
| <b>Consultation</b>  | Not applicable                             |
| <b>Consultation with Professional Committees</b>                           | Not applicable                             |
| <b>Risk Assessment</b>   | As detailed within the individual minutes. |
| <b>Compliance with Board Policy requirements on Equality and Diversity</b> | As detailed within the individual minutes. |
| <b>Resource/Staffing Implications</b>                                      | As detailed within the individual minutes. |

**Approved by**

| <b>Name</b>    | <b>Designation</b> | <b>Name</b> | <b>Designation</b> |
|----------------|--------------------|-------------|--------------------|
| Calum Campbell | Chief Executive    |             |                    |

**Author(s)**

| <b>Name</b> | <b>Designation</b> | <b>Name</b> | <b>Designation</b> |
|-------------|--------------------|-------------|--------------------|
| Iris Bishop | Board Secretary    |             |                    |



**Borders NHS Board**



Minutes of a meeting of the **Strategy & Performance Committee** held on Thursday 7 February 2013 at 12.30 in the Board Room, Newstead

Present:

|                 |                |
|-----------------|----------------|
| Mrs C Duthie    | Mrs J Davidson |
| Mrs P Alexander | Mrs E Fleck    |
| Mr A Lucas      | Dr E Baijal    |
| Mr D Davidson   | Mrs J Smyth    |
| Cllr C Bhatia   | Dr S MacDonald |
| Mrs E Cameron   | Mrs C Gillie   |
| Dr D Steele     | Mr D McLuckie  |
| Mr J Hammond    |                |

In Attendance:

|               |
|---------------|
| Miss I Bishop |
| Dr C Sharp    |

1. **Apologies and Announcements**

Apologies had been received from John Raine, Calum Campbell and Hamish McRitchie.

The Chair welcomed Nicola Barraclough, Delivery Support Officer and Linda Stewart, Head of Profession for Physiotherapy to the meeting who presented the Physiotherapy Service item on the agenda.

The Chair announced that Edwina Cameron, NHS Borders Employee Director, had been seconded by the Scottish Government to take up the post of Staff Governance Associate.

The Chair on behalf of the Board thanked Edwina for the wealth of experience and knowledge that she had brought to NHS Borders as well as her strong commitment to serve the staff within the organisation. The Board wished Edwina all the best for the future in her new challenge.

The Chair announced that the Scottish Government had now released a press statement confirming the extension of Catherine Duthie's appointment as a Non Executive of Borders NHS Board until 31 July 2013.

The Chair announced that the advertising of 2 Non Executive Director posts for NHS Borders had now commenced. Those posts related to Catherine Duthie and Adrian Lucas' appointments which were due to conclude this year.

2. **Declarations of Interest**

The Chair sought any verbal declarations of interest pertaining to items on the agenda.

There were none.

3. **Minutes of Previous Meeting**

The minutes of the previous meeting of the Strategy & Performance Committee held on 1 November 2012 were amended and approved.

4. **Matters Arising**

The **STRATEGY & PERFORMANCE COMMITTEE** noted the action tracker.

5. **Draft Local Delivery Plan 2013/14**

June Smyth gave an overview of the narrative of the Local Delivery Plan (LDP). She explained that in terms of the narrative many of the targets followed through from the previous year and the narratives had been refreshed and developed by service leads.

The Chair noted that the Board Development & Strategy Session later that afternoon would give the Committee the opportunity to get into the detail of the LDP and the supporting financial plans.

Jane Davidson enquired if the Single Outcome Agreement (SOA) which was a joint document with Scottish Borders Council was part of the LDP and how much engagement and involvement NHS Borders had had in the development of the SOA itself. June Smyth confirmed that early engagement through Public Health and Performance and Planning with Scottish Borders Council on the SOA had taken place and the intention was this would remain on-going until the document was finalised.

John Hammond queried the opt out letter for childrens' weight and height, enquiring if these were taken automatically unless the parents asked to opt out, in which case he questioned what would happen if the parent was not given the letter by the child. Dr Eric Baijal advised that he would look into the matter and provide Mr Hammond with the detailed process.

John Hammond enquired what the basic rights of parents were to know of how their children were being handled. Jane Davidson provided the committee with assurance that the organisation was following an approach that was appropriate and did involve parents. Dr Eric Baijal confirmed that he would provide board members with the detail of this item to provide them with assurance on this matter.

David Davidson enquired about input from the Education Department. Dr Eric Baijal confirmed that the Education Department's input was considerable in terms of access, physical activities, etc, and without their support the delivery of that work could not be achieved.

David Davidson suggested for completeness that the document should mention the input of the Education Department to achieving the target. Dr Eric Baijal commented that it would be helpful and he reminded the Committee that community planning and the LDP overlapped on several work streams.

Pat Alexander referred to page 43 commenting that in regard to hospital discharge targets, NHS Borders was not 100% in charge of those and she queried whether this should be acknowledged. Jane Davidson confirmed that the achievement of the target required the input of Scottish Borders Council and she agreed that they should be mentioned.

The Chair suggested that the principle of partnership working in whatever form should be mentioned in the document.

Dr Doreen Steele commented on the risk around IT in terms of delivery, suggesting that there were systems that were not fit for purpose and she enquired if that was a national or local problem and what mitigating action had and would be taken. June Smyth advised that there was an ehealth local delivery plan that had been road tested the previous year and would be fully implemented this year to support the over all delivery of the ehealth LDP. It was noted that Jackie Stephen would be providing a presentation on ehealth at the next S&PC meeting on 4 April.

Dr Doreen Steele suggested there were difficulties with the maternity IT system. Jane Davidson confirmed that there were challenges for partnership working in that area regarding sharing of information and she suggested the ehealth presentation to the committee would identify the risks and give an oversight of the overarching plan to address such challenges.

David Davidson sought more detailed information and clarity on the shared aspects of services within the document focusing on the Sure Start midwifery post. Dr Eric Baijal confirmed that the issues regarding the Sure Start post remained unresolved but continued to be addressed.

The **STRATEGY & PERFORMANCE COMMITTEE** reviewed the draft Local Delivery Plan for 2013/14 and noted that feedback was welcomed by the Director of Workforce and Planning.

## 6. Management of Significant Adverse Events

Evelyn Fleck gave an overview of the content of the paper and highlighted several key points including: self assessment improvement plan outcomes; review visits process and national learning.

Adrian Lucas enquired if the publication of the Mid Staffs report would impact on the management of significant adverse events. Evelyn Fleck advised that the Chief Nursing Officer had been working with their equivalents in the UK around understanding the wider implications of the Mid Staffs report which had been published. She advised that essentially is highlighted a culture of business versus patients. She commented the key points of the report were: issues with standards of care; failure to tackle the challenges to build a positive culture; reorganisations failed to take notice of loss of corporate memory; failure of communications between agencies both internal and external. She expected it to have an effect on the management of adverse events initiative and information from Health Improvement Scotland (HIS) was awaited on this.

Pat Alexander commented that the review visit on 12 March made no mention of Non Executive involvement and she enquired if this was something that Non Executives should be involved in given the review would focus on governance framework and engagement with stakeholders. The Chair advised that previously such visits had been undertaken by HIS's predecessor NQIS and those visits there had always had a feedback session at the end of the review to which Non Executives were invited and had found those sessions to be very informative. Evelyn Fleck advised that feedback sessions were

no longer a feature of HIS review visits however Non Executives would be invited to attend the corporate introduction sessions held at the beginning of the review visits.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the report.

7. **National Person Centred Health & Care Programme**

Evelyn Fleck updated the Board regarding the national person centred health and care programme. She advised that the appendix was the local workbook which gave a lot of detail about the activities that were going on and that it had been commended when an external review had been undertaken. In terms of additional work a PDSA programme was now being progressed and was taking place in tandem with the participation standard.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the progress in developing a Person Centred Health and Care Programme.

8. **Physiotherapy Service: Waiting Times Management**

Nicola Barraclough and Linda Stewart gave an informative presentation to the Committee regarding the physiotherapy service and its waiting times management. Several issues were highlighted including: waiting times trend from 2010-2012; data cleansing; electronic diaries; challenges in 2012 and next steps.

David Davidson commented on the ambition of moving to a 2 week turn around and questioned how it would be sustained given the service was currently using a locum facility and he also enquired about the budget for the extra out of hours work.

Nicola Barraclough confirmed that the cost of using locums had been costed to March and with the provision of one off funding in was anticipated that activity could be brought forward. Sustainability of the service had not been effective previously due to the number of vacancies within the service, however as the service had been through the productivity and benchmarking process and had improved mid year it was anticipated that services would be sustained in the future. Linda Stewart clarified that group work was expanding so that more patients could be seen collectively by a broader skill mix which would also contribute towards sustainability.

Adrian Lucas commented that it had been an excellent presentation and he welcomed the news that this issue was being tackled as it had been a running issue for some time. Mr Lucas particularly welcomed the initiative on staff absences and the idea of moving people around. He further commented on the negative reputation that the service had in the public domain and enquired how this could be addressed. Nicola Barraclough advised that public engagement and awareness would be built into the action plan.

Edwina Cameron highlighted the success of the Back to Work Programme and positive staff involvement in self referral.

John Hammond commented that he would be keen to see the immediate access initiative pushed forward. Linda Stewart confirmed that telephone consultations, printed and posted exercise sheets, call backs, etc were being initiated.

John Hammond commented that previously there had been 6-8 people waiting over 9 weeks however the figures had now increased to above 100. Linda Stewart advised that the increase in waiting times had been due to a culmination of factors including: vacancies; winter holidays; severe weather and cancellations by patients. She advised that work was taking place to drill down into the detail and re look at how this could be addressed.

Mr Hammond sought clarification that hospital patients were still receiving appropriate service and Linda Stewart confirmed that 7 day working had now been introduced to the service in order to enable where appropriate for patients to be discharged home at weekends.

Jane Davidson advised that the Borders General Hospital physiotherapy service was ahead of the 9 weeks waiting time target and was currently operating at 3 weeks. With regard to community physiotherapy services Mrs Davidson advised that there were hotspots and stressed that these were due to sickness absences, vacancies and delays with disclosure Scotland requirements which were being escalated.

Cllr Catriona Bhatia noted the significant difference between the BGH and community performance on waiting times and enquired if there was any area which contributed to the waiting times more than others. Linda Stewart advised that the BGH system was now being emulated in the community with the main improvement being that in the BGH A&C Band 2 support is provided for scheduling patients in electronic diaries so that clinicians are focused on patients and not administrative tasks.

Dr Sheena MacDonald advised that the GPs had asked for regular waiting times updates for the BGH clinics and she suggested it would be useful to write to primary care services on a monthly basis to appraise them of current waiting times. She further suggested opening up triage to referring clinicians.

Pat Alexander advised that she was unaware that patients could self refer to the physiotherapy service. Linda Stewart advised that currently the self referral rate was 12% and the service was aiming to pull together a delivery plan for this element of the service.

Dr Cliff Sharp enquired if self referrals were different in nature from other agencies and where the organisation was in terms of performance in this area compared to other health boards across Scotland. Linda Stewart advised that a standard was now being set but there were no league tables with other health boards on this area at present. She further advised that Sky Gateway for referrals was being rolled out to GPs.

David McLuckie enquired about the plans for evening and weekend working and raised an enquiry regarding security and lone working. Linda Stewart advised that discussions had taken place with HR colleagues and most evening and weekend working would take place in either community hospitals, the BGH or health centres. She confirmed that there were still some issues to address with regard to potential lone working. Mrs Stewart further advised that evening and weekend working would be trialled by the physiotherapy service in the first instance with a view to rolling it out across all AHP services.

David Davidson suggested the presentation should be given to the P&CS Clinical Board and Jane Davidson suggested it should also be presented to the GP Sub Committee to raise awareness of the positive changes in this service.

Jane Davidson requested that out reach to nursing homes and care homes should also be included in the workplan. Evelyn Fleck commented that by including out reach to nursing and care homes the work would also support the initiative on Falls.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the presentation and requested an update report in 6 months time.

9. **Key Performance Indicator Scorecard**

June Smyth gave an overview of the scorecard highlighting areas outwith trajectory.

David Davidson enquired with regard to child “Did Not Arrive” (DNAs) for dentistry appointments, if the service was chasing the parents and what the protocol was for contacting parents, children and teenagers in regard to DNAs. Dr Eric Baijal advised that he would clarify the position regarding child DNAs in dentistry.

Jane Davidson confirmed that the dental service sent text messages to teenagers to remind them of their dental appointments and steady progress was being made in this regard.

David Davidson further requested an update with regard to eKSF performance.

Edwina Cameron advised that with regard to eksf the organisations latest performance was significantly higher than the figures in the report with an over total of 48% completion of eksf and 57% for PDPs. She advised that eksf remained a cultural issue for the organisation and whilst progress was being made there were issues with the electronic recording system.

David Davidson enquired if it was a disciplinary issue for managers who failed to meet the target and Edwina Cameron confirmed that an investigation would be held regarding any manager who failed to achieve the target.

Pat Alexander commented that previously Edwina Cameron had advised that NHS Borders was one of the best performing Boards on eksf year on year, however this did not appear to be the case when reviewing the figures. Edwina Cameron advised that there were eksf champions allocated to each Clinical Board and it was a challenge to change the culture of the organisation. Furthermore only 3 health boards succeeded in achieving 80% for eksf and PDPs the previous year.

June Smyth confirmed that the majority of appraisals were taking place but it was the technology that was the issue in logging them on eksf.

John Hammond enquired with regard to delayed discharges if the figures were correct as it appeared that when progress was made in one community hospital, performance was reduced in another and it looked like the system was just moving the pressure from one place to another instead of addressing it. Jane Davidson suggested that she bring a paper to the next meeting setting out the run of statistics and to focus discussion on how patients are cared for and medicalised in the community hospital setting and joint working with Scottish Borders Council colleagues to proactively manage delayed discharges.



John Hammond commented on urology performance. Dr Sheena MacDonald advised that she was confident that there had been a coding issue regarding urology patients hence the fluctuation in performance.

John Hammond noted with regard to theatre utilisation that the target had been to get to 25% utilisation however this had reduced from 17% to 15%. Jane Davidson advised that discussions were taking place with theatres staff to revisit the clinical measure and look to improve performance.

John Hammond noted the increase in adults waiting over 9 weeks for audiology services had gone from 7 to 75 and then reduced to 26 and he enquired what the reasons were for this. Jane Davidson advised that there were staffing issues and sickness absence issues and in order to address the decreased performance in the service short term waiting list initiatives had been introduced, some outsourcing and the service was going through the Productivity & Benchmarking process.

With regard to the theatres utilisation issue David Davidson enquired if the contract with NHS Lothian for orthopaedic work would improve the theatre utilisation figure given the potential for an increase in throughput. June Smyth advised that the referrals from NHS Lothian went live on 1 October and due to the time lag and conversion rates an impact on theatre usage would not be seen at present. Jane Davidson suggested that any impact on theatre usage from NHS Lothian activity would be relatively small.

David Davidson enquired if NHS Borders had too many theatres. Jane Davidson advised that the management of theatres was being revisited.

June Smyth reminded the committee that the performance targets set within the report were local stretched targets and were more challenging than the national targets.

John Hammond advised that he had not appreciated that tests for Norovirus were undertaken in Edinburgh and he enquired of the time it took for tests to be undertaken and results made available and enquired if they could be undertaken at the BGH. Evelyn Fleck assured the committee that any patients who were subject to norovirus tests were managed as norovirus patients until proven otherwise. Dr Sheena MacDonald advised that the BGH could not undertake the norovirus testing and she assured the committee that if there was a time critical test required it would be dealt with more rapidly.

Dr Doreen Steele enquired how the system would manage when it was at 100% bed occupancy and bed was required. June Smyth advised that in terms of patient flow the day to day work of the hospital was to manage beds appropriately and if one was needed, one was found. Evelyn Fleck advised that the figures that Dr Steele was referring to were the midnight bed occupancy levels in community hospitals which were positive as it meant all the beds were being utilised. Jane Davidson assured the committee that if the BGH was full, clinical staff would look to board out patients in order to free up an appropriate bed. She further confirmed that bed management was monitored daily to ensure discharges and transfers were clinically appropriate.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the December Key Performance Indicator Scorecard.

10. **Annual Review Letter**

June Smyth gave an overview of the content of the Annual Review letter and action points advising that it would be formally noted at the next Public Board meeting. She advised that the Board Executive Team had met with Scottish Government officials on 28 January for the Mid Year Review and the outcome letter from that session had been received and she would circulate it to Board members for information.

June Smyth further advised that during the mid year review discussion the Board Executive Team had taken the opportunity to flag to the Scottish Government those HEAT targets that were at risk of delivery which included: eksf, sickness absence reduction, patient DNA, same day surgery, 4 week waiting time for diagnostics, A&E attendees and diagnosis of dementia.

David Davidson enquired if there was any representation made to Scottish Government if the dementia diagnosis target was not achieved, given that a lot of work had taken place locally, systems had been tested and benchmarked and the target had still not yet been achieved.

Dr Cliff Sharp advised that dialogue with the Scottish Government on the dementia target had been on-going over the past two years and neither side had been able to resolve the issue. Dr Sharp confirmed that standards in secondary care diagnosis were high in Borders and in some other areas they may be more sanguine giving a false positive reading to their results.

Dr Doreen Steele suggested that the purpose of diagnosis was to be able to offer follow up support which NHS Borders did and in terms of achieving the dementia target she was aware that some other Boards may have achieved the target but were not in a position to offer the follow up support that was required by the patient.

Dr Cliff Sharp commented that some Boards had been able to achieve the target but had not sustained it and were now struggling to get their numbers back up. In terms of NHS Borders he advised that an external review have been commissioned and the organisation continued to move towards achieving the target.

David Davidson highlighted the social problems that were encountered by people who were incorrectly diagnosed with dementia such as removal of driving licences, loss of jobs, social exclusion, etc.

Jane Davidson advised that once the external review had been complete a comparison nationally and internationally around good practice would be undertaken.

Dr Doreen Steele enquired if the organisation would meet the target if it was about cognitive impairment and not just dementia. Dr Sheena MacDonald confirmed that the diagnosis was also capturing those with other conditions who also had dementia.

Pat Alexander asked for an update on CHD and Stroke to a future Board meeting. Dr Eric Baijal advised that he would bring and update to the next Board meeting.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the Annual Review letter 2011/12 and the key action points.

11. **Any Other Business**

Paediatrics Update: Dr Sheena MacDonald advised the Committee that the organisation was in the 4<sup>th</sup> year of a 5 year plan to deliver paediatric services in the Out of Hours period, which included weekends and overnight, that was not dependent on trainees. She advised that the timeline for delivery was February 2014, however given the potential for a reduction in trainee numbers the Scottish Government had asked NHS Borders to bring its timeline forward to August 2013. Dr MacDonald advised that the organisation had been considering contingency plans to bring forward the timeline and potentially operate without trainees in the OOH period. In order to be resilient to the loss of trainees and be able to deliver a safe service from August 2013 it was agreed to advertise for 2 additional Advanced Nurse Practitioners (ANPs). Unfortunately one of the applicants has now withdrawn and the delivery of the new model for the service in August is not achievable. Both nursing and medical staff are willing to contribute as much as they can to continue to deliver the service and the provision of a locum will be required to cover the gaps until February 2014.

Dr Sheena MacDonald assured the committee that the organisation expected to continue to have trainees in paediatrics in the future but not as an essential requirement for the OOH period.

Dr Sheena MacDonald further advised that a Parliamentary Question had been laid before Parliament and she had been asked to provide the Cabinet Secretary with a response and she gave the committee a summary of that response.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the update.

Honorary Doctorate: Evelyn Fleck advised that Napier University were undertaking the Review of Advanced Neonatal and Advanced Paediatric Nurse Practitioners for NHS Borders and that Dr Jane Donaldson would be leading that review. An honorary contract would be offered to Dr Donaldson giving her the title Honorary Doctor of Nursing & Midwifery Studies. Mrs Fleck advised that there were no financial consequences attached to the Honorary contract.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the update.

Castlebeck Update: Evelyn Fleck advised that Munro House was a Castlebeck establishment located in Dundee and there had been potential concerns raised regarding that facility. Mrs Fleck provided assurance to the committee that the 3 clients in Munro House supported by Social Work were neither at risk nor involved in the allegations. There was now a police investigation underway and 5 members of staff had been suspended. Mrs Fleck confirmed that a multi agency operating group had been formed to monitor and oversee matters.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the update.

ASDU: Evelyn Fleck advised the committee that late on Thursday of the previous week an issue had been highlighted regarding ASDU at the BGH, whereby clinicians had identified residue on surgical instruments that had been through the sterilisation process. As a precautionary measure operations were cancelled on the Friday and investigations of the ASDU process and equipment was undertaken and business continuity processes followed.

Negotiations took place with NHS Lothian who undertook sterilisation of equipment for NHS Borders and emergency surgery continued. A temporary halt was put on elective surgery on Monday and during the week some other elective surgery was also cancelled.

Health Facilities Scotland (HFS) undertook testing of equipment and had identified that the issue was not unique to NHS Borders as other Boards were having similar issues. As the cause of the contamination was thought to be the wrap around the trays and the oil droplets from lubricating instruments not evaporating through the plastic coating of the wrap HFS would now progress work on procurement of oils and wraps across the system.

Dr Sheena MacDonald assured the committee that the ASDU equipment and process had been fully tested and a return to full sterilisation of all NHS Borders surgical equipment would be carried out from Monday.

Evelyn Fleck recorded her thanks to the staff in ASDU, Estates, Infection Control and Theatres and especially Dr Hamish McRitchie for his clinical leadership of the issue and ensuring the organisation was able to maintain a safe and effective service for patients.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the update.

12. **Date and Time of Next Meeting**

The Chair confirmed that the next meeting of Strategy & Performance Committee would take place on Thursday 4 April 2013 at 12.30 in the Board Room, Newstead.

*The meeting concluded at 2.41pm.*



Minutes of a Meeting of **Borders NHS Board Audit Committee** held on Friday, 14<sup>th</sup> December 2012 at 2 p.m. in the Board Room, Newstead.

**Present:** Mrs D Davidson (Chair)  
Mr A Lucas  
Dr D Steele

**In Attendance:** Mr G Arkley, Deputy Director of Estates (Item 4)  
Dr E Baijal, Joint Director of Public Health (Item 6.1)  
Mr C Brown, Partner, Scott-Moncrieff  
Mr C Campbell, Chief Executive  
Mr D Eardley, Audit Manager, Scott-Moncrieff  
Mrs B Everitt, Personal Assistant to Director of Finance  
Mrs C Gillie, Director of Finance  
Mr G Ironside, Senior Health Information Manager  
Dr S MacDonald, Medical Director (Items 6.2 and 7.3)  
Mr D McLuckie, Director of Estates & Facilities (Item 6.4)  
Mrs L Patterson, Resilience Manager (Item 6.1)  
Mrs J Smyth, Director of Workforce & Planning (Item 7.4)  
Mrs S Swan, Acting Deputy Director of Finance  
Ms J Taylor, Principal Auditor  
Mr D Woods, Chief Internal Auditor  
Mrs S Yates, Planning & Performance Manager (Item 7.4)

1. **Introduction, Apologies and Welcome**

David Davidson welcomed those present to the meeting. Apologies had been received from Andy McLean, John Raine and Martin Campbell Smith.

2. **Declaration of Interest**

There were no declarations of interest.

3. **Minutes of Previous Meetings: 25<sup>th</sup> September and 8<sup>th</sup> November 2012**

The minutes were approved as an accurate record.

4. **Matters Arising**

*Action Trackers*

**The Committee noted the action trackers.**

*Internal Audit Report on Fire Protection - Update*

Gary Arkley spoke to this item giving an update on the concerns raised at the last meeting. Gary referred to appendix 1 which gave details of where fire folders were held and advised that the Fire Officer is visiting each ward and department to check folders and ensure fire walks are being carried out. David Davidson enquired if there were dates for completing this. Gary anticipated that this would be fully

complete within the next six months. Gary also referred to the other issue around incident reporting and confirmed that as of 1<sup>st</sup> December 2012 paper records will be discontinued and incidents will only be recorded using Datix.

**The Audit Committee noted the update.**

## 5. Fraud & Payment Verification

### 5.1 *National Fraud Initiative - Update*

Susan Swan reported that the data sets had been uploaded on 8<sup>th</sup> October 2012 and all matches were expected back on the 28<sup>th</sup> January 2013. Susan advised that confirmation has been received that the data sets have been accepted.

**The Committee noted the update.**

### 5.2 *National Fraud Initiative in Scotland – Self Assessment Checklist*

Susan Swan spoke to this item. Susan explained that the self assessment had been completed on how to plan participation in the NFI exercise. Susan gave assurance that this exercise is taken very seriously within NHS Borders and she will ensure that all deadlines are met.

**The Committee noted the self assessment checklist.**

### 5.3 *CFS Quarterly Report to 30 September 2012*

Susan Swan spoke to this item. Susan confirmed that there were no issues of concern for NHS Borders.

**The Committee noted the report.**

### 5.4 *CFS Risk Assessment Methodology Exercise 2012/13*

Susan Swan spoke to this item. Susan advised that this had arisen following a recommendation from External Audit to complete this in 2012/13. Susan referred to appendix 1 which detailed the “top 20 areas” devised by CFS to assess the level of risk to the Board of the potential for fraud to take place. Susan explained that she would be supported during this exercise by CFS and went through the reporting process. Susan anticipated bring the final report to the Audit Committee in May.

**The Committee noted the update.**

### 5.5 *Payment Verification Summary Report to 30 September 2012*

Susan Swan spoke to this item and confirmed that there were no issues to note within the report. Susan explained that the summary report highlighted the main issues and any actions taken or if anything was still outstanding. There were no significant issues noted for NHS Borders.

**The Committee noted the report.**

## 6. Governance and Assurance

### 6.1 *Mid Year Update – Risk Management incl Resilience*

Eric Baijal spoke to this item. Eric referred to the HIS report “The Management of Significant Adverse Events in NHS Ayrshire & Arran” published in June 2012 and advised that NHS Borders has developed an improvement plan to address any identified weaknesses in our policies, systems and processes to manage incidents effectively. It was noted that proposals have been developed to further strengthen the framework that supports incident management and these are currently being consulted upon. David Davidson suggested that when the policy is updated the Audit Committee

could have sight of this and given an opportunity to comment. Eric queried whether an audit on Risk Management & Incident Reporting in the next quarter would be appropriate due to this going through a transition process. David Woods agreed to discuss further with Eric outwith the meeting.

Lorna Patterson referred to the Resilience Committee's work plan that had been circulated with updates to date and the revised Terms of Reference that had been approved at the meeting in December 2012. Adrian Lucas referred to the "Major Emergency Procedures Review" and "Business Continuity Planning" elements within the Terms of Reference as these had been removed from the Clinical Governance Terms of Reference and queried where this sits within the organisation. Lorna confirmed that the Resilience Committee formally reports to the Risk Management Group. Following discussion David suggested that the Resilience Committee and Clinical Governance Committee revisit their Terms of Reference. Lorna went on to give an update on the recent major incident exercise involving those on call to test how many members of staff would be available to come in to work should there be a major incident. The outputs from this are awaited. It was also noted that a Business Continuity exercise had taken place at Hawick Hospital the previous day. This had been well attended and a report would be issued in due course.

**The Committee noted the update.**

**6.2 Mid Year Update – Information Governance**

George Ironside spoke to this item. George advised that the national Information Governance toolkit is no longer required and that a revised toolkit may be developed in 2013. It was noted that this would continue to be used within NHS Borders as a monitoring tool. George referred to the incident reporting process as a number of changes in the reporting process have been agreed, namely incidents which are not considered to be information governance issues are now being referred back to the relevant manager to take forward. It was noted that the management process was also reviewed following concerns that some actions were not being taken forward in a timely manner. A revised format of report will now be submitted to the Clinical Executive Operational Group and to each Clinical Board management team on a quarterly basis to improve communication and incident management. George highlighted that there has been a reduction in compliance with the 20 working day response time for Freedom of Information requests due to the rise in the number and complexity of the requests. It was noted that a large number of these requests require financial information and it is recognised that this is putting pressure on the Finance Department. George confirmed that the Data Sharing Audit which is carried out every two years had taken place during 2012. George confirmed that the "FairWarning" system to detect privacy breaches has been operational since April 2012. It was noted that on average five per week are worthy of further investigation. George stressed that staff awareness and training is a key aspect of information governance and he felt that the eLearning training, which is now mandatory, has been a great help in achieving this.

David Davidson referred to the confidentiality statements signed by staff which had been recorded at 84% for the period to 31 October 2012. David enquired if there had been any increase to this figure. George replied that this was now slightly under 100% and advised that it will now be incorporated as part of the induction process for new starts. Sheena MacDonald referred to "FairWarning" and "self look up" and highlighted that this is not clear cut for doctors and that they are looking into this and will be ensuring that all staff are aware of the Access to Records Policy. Discussion also took place around the annual photocopy of driving licenses requested by the Finance Department to enable the payment of travelling expenses. Susan Swan agreed to pick this up with David Woods outwith the meeting to see if this was an alternative way of dealing with this without members of staff who claim travel costs having to send this in on a yearly basis.

**The Committee noted the update.**

### 6.3 *Annual Review of Code of Corporate Governance*

Susan Swan spoke to this item. Susan explained that the recommendations were being made by the Code of Corporate Governance Steering Group who meet on a regular basis to review the document. David Davidson asked for clarification that there is only one Vice Chair within NHS Borders. Susan confirmed that this was the case.

**The Committee approved the NHS Borders Code of Corporate Governance be updated with the proposed recommendations.**

**The Committee recommended to the NHS Borders Board that the reviewed Code of Corporate Governance be approved.**

### 6.4 *Audit Follow-Up Report*

Susan Swan introduced this item which was the standard report on outstanding audit recommendations. Susan reminded the Committee of the discussion at the last meeting where it was agreed to have more focus on outstanding recommendations and invite the relevant manager along to give an update. Susan referred to discussion at the last meeting on the three outstanding recommendations relating to the CHCP governance and accountability arrangements and advised that following discussion with David Eardley these would be moved to the Integration agenda where progress would be monitored. It was noted that the recommendation date of implementation has been moved to April 2014 and that implementation would be monitored in the usual way as part of the follow-up report. David Davidson asked for an update on outstanding recommendations. Carol Gillie replied that there were still two outstanding External Audit recommendations, however satisfactory reasons had been provided as well as confirmed dates for completion.

David Woods referred to the section on Internal Audit recommendations as Payroll and Information Governance recommendations did not appear to be included. Susan explained that these had not been included within the report as the implementation dates are not yet due. Susan agreed to speak with David outwith the meeting around the wording within this section of the report.

**The Committee noted the report.**

- *David McLuckie – Update on Outstanding Recommendations*

#### *Medical Equipment Audit Report*

David McLuckie advised that there had been one issue within this report, namely the production of a policy and procedures covering acquisitions and disposals. David clarified that the process for acquisition and disposal of property and land is clear and in this regard the NHS Scotland Property Transaction Manual is utilised. It was noted that the acquisition of equipment is also well established and arrangements are documented through systems agreed through the Procurement Steering Group, in conjunction with National Procurement. David went on to explain that the outstanding issue relates to the disposal of equipment and confirmed that a draft Disposal of Equipment Procedure has been produced making reference to the Code of Corporate Governance which states that for large items specialist disposal agencies should be utilised along a requirement to seek competitive tendering bids as well as advising where competitive tenders shall not apply. It was noted that this had been shared with the Procurement Steering Group and will also be shared with the Capital Management Team and Medical Equipment Committee for comment. David Davidson enquired if the Board Executive Team would have sight of the procedure. David McLuckie replied that this would go to the Clinical Executive Operational Group.



*Property Portfolio & Management*

David McLuckie advised that the five issues found within this audit had been addressed but there were still outstanding matters on the issue regarding joint property agreements, namely with Napier University. David advised that a property agreement had been drafted by the CLO to share with Napier University for the property they occupy at Huntlyburn Terrace. It was hoped to conclude this by the end of the financial year. It was noted that Scottish Borders Council (SBC) property agreements would be in place by January 2013 at Kelso and Hay Lodge Hospitals, similarly agreements with GPs at Jedburgh are due to be completed. David also referred to the Learning Disability accommodation within Westgrove where there is an agreement to share property running costs and presently the possibility of this service transferring in total to SBC accommodation is being explored. David then made reference to a joint property strategy and advised that with the emergence of Health & Social Care Integration it was the intention to ensure that property issues are included in discussions during the final quarter of this financial year. It was noted that through Hub South East Scotland a long term strategy for properties will emerge, which both NHS Borders and SBC are members of this partnering agreement.

David Davidson asked the Committee if they would be satisfied if David McLuckie gave assurance that the issues discussed will be finalised by the end of the financial year. Doreen Steele felt that it was crucial to have some form of documentation in place. Carol Gillie agreed with Doreen that it would give assurance to have a statement written down on the arrangements around the ownership of buildings. David McLuckie agreed to work with Finance and come back to the next meeting to give an update on each of the properties.

**The Committee noted the update.****6.5 Debtors Write-Off Schedule**

Susan Swan spoke to this item. Susan advised that this was for the period to 30 September 2012 and recorded an extremely low level of write-off. Adrian Lucas enquired how Dental was coping due to a large number of write-offs being in this area. Susan confirmed that Finance have been supporting Dental and following the installation of chip and pin the number of write-offs has greatly reduced. David Eardley commented that this level of write-off was very low and that the Committee could take comfort from this.

**The Audit Committee noted the debtors write-off schedule.****6.6 SFR 18 Losses and Compensations**

Susan Swan spoke to this item. Susan advised the Committee that there were no issues for noting.

**The Committee noted the SFR 18 losses and compensations report.****7. Internal Audit****7.1 2012/13 Internal Audit Plan Progress Report**

David Woods spoke to this item. David confirmed that the plan is progressing on schedule and that the one final report noted as outstanding has now been issued.

**The Committee noted the report.****7.2 2013/14 Draft Internal Audit Plan**

David Woods spoke to this item. David W advised that an audit universe had been used to prepare the draft plan and this detailed the titles and scopes of all potential audits. The audits had then been risk rated against seven risk categories and the scores from these allowed audits to be prioritised as

high, medium or low. It was noted that in drafting the plan meetings had taken place with Directors and the draft plan had then gone to the Board Executive Team for discussion prior to being brought to the Audit Committee for comment and approval. David W advised that there had been one change made to the plan, namely bring forward Patients' Funds and Valuables from quarter 3 to quarter 1. Adrian Lucas referred to the Sickness Absence audit as felt it would be useful using examples of best practice within other organisations to compare against. David W agreed to try and get access to this information. David Davidson asked when Business Continuity would be looked at. David W confirmed that he would not expect this to be looked at until 2015 as the issues raised during the audit in 2010 have now been implemented. Sheena MacDonald enquired about the risk ratings and if these were rated within NHS Borders under a separate arrangement. David W confirmed that these were rated within NHS Borders and went over the process used by Internal Audit. Carol Gillie referred to the last paragraph of the key issues within the covering paper and clarified that although NHS Borders are not looking to invest further in Internal Audit due to the current financial climate, if more than 325 audit days were required then this would be brought back to the Audit Committee for approval.

**The Committee approved the Internal Audit Plan for 2013/14.**

*7.3 Internal Audit Report – Information Governance*

Justine Taylor introduced this report that had an overall satisfactory rating. Justine advised that the most significant issue was regarding potential breaches of confidentiality reported by FairWarning not being investigated within expected timescales. Justine also referred to an issue whereby completed questionnaires are not held from health professionals to support the release of patients' information. Justine added that they had been advised that this was happening but the information was not available at the time of audit. George Ironside gave an update on the issues noted within the report.

**The Audit Committee noted the report.**

*7.4 Internal Audit Report – Strategic & Operational Planning*

Justine Taylor introduced this report that had an overall fully satisfactory rating. Justine reported that a satisfactory framework is in place for supporting strategy and operational planning and that the Corporate Objectives were communicated well before being presented to the Board. Justine also highlighted that performance and delivery is addressed through HEAT targets and the LDP and HEAT which is a good way of monitoring achievement throughout the organisation. June Smyth confirmed that an exercise will commence in January to refresh the Corporate Objectives.

**The Committee noted the report.**

*7.5 Internal Audit Report – Payroll*

Justine Taylor introduced this report that had an overall satisfactory rating. Justine reported that effective controls are in place over most parts of payroll processing and no errors were found in the samples of payments tested. Justine referred to the one issue noted around staff records on SSPS not matching records on SGIS. Susan Swan responded that Finance and Human Resources have agreed to reconcile these systems on a regular basis. David Davidson asked for an update to be provided at the next meeting.

**The Committee noted the report.**

**8. External Audit**

*8.1 Draft External Audit Plan 2012/13*

Chris Brown introduced this item. Chris advised that the plan ultimately was very similar to last year so there would be no change in responsibilities and that findings would ultimately be reported

to the Auditor General for Scotland. Chris highlighted that there would be partnership working with Audit Scotland to ensure consistency on the audit approach across Scotland and gave assurance that liaison takes place with other auditors and Audit Scotland. Chris confirmed that if there were any particularly high risks then focus would be put on these. It was noted that the findings would be reported to the next Audit Committee within the interim report.

David Eardley referred to Best Value on page 9 and reminded the Committee that Performance Management arrangements had been looked at last year and it was yet to be decided which one would apply this year. This would be discussed further at the meeting with the Senior Finance Team the following week. It was noted that the detailed year end audit would be undertaken in May and June 2013. David referred the key audit risks on pages 12 and 13 which reflected the challenging financial climate and went over the areas that would be looked at. David confirmed that the Audit Scotland charges have now been issued at a reduction of 4.5%. It was noted that the audit team would remain the same which would ensure continuity.

David Davidson referred to paragraph 25 of the report where it was noted that the Scottish Borders were included as part of Audit Scotland's pilot study of Community Planning Partnerships. David Eardley confirmed that Borders would be part of this along with Ayrshire & Arran and Aberdeen. David E confirmed that the findings from this would be factored in as part of the audit. Adrian Lucas referred to concerns around integration and enquired when this would be audited. Chris Brown replied that it was unlikely this would be looked at this year. Carol Gillie added that NHS Scotland will be engaging with Audit Scotland to get advice on the integration agenda.

**The Committee noted the contents of the plan for 2012/13.**

9. **Annual Accounts 2012/13**

9.1 *Mid Year Accounts 2012/13*

Susan Swan spoke to this item. Susan explained that the mid year annual accounts are to give assurance to the Audit Committee that preparation for the accounts was progressing and to ensure that nothing unexpected occurs at the year end. It was noted that this information will be shared with External Audit as part of their audit in January.

**The Committee noted the Mid Year Accounts for 2012/13.**

10. **Items for Noting**

10.1 *Minutes of Risk Management Board: 21<sup>st</sup> August 2012 (Draft)*

David Davidson referred to item 7 (update on Argyll Mobicare personal safety/lone worker system) and asked what the organisation was doing with alerts to mitigate risk, particularly for those providing clinical care. Sheena MacDonald advised that this has been discussed with Clinical Boards and Service Managers to reinforce the aims and use of the system with the action to cascade down to staff. Sheena hoped to see a reduction in the number of incidents in future reports seen by the Risk Management Group.

**The Committee noted the draft minutes of the Risk Management Board.**

10.2 *Minutes of Information Governance Committee: 4<sup>th</sup> September 2012 (Draft)*

There were no areas of concern raised within the Information Governance Committee minutes.

**The Committee noted the draft minutes of the Information Governance Committee.**

### 10.3 *Technical Bulletin 2012/3*

There were no issues to note within the Technical Bulletin.

**The Committee noted the Technical Bulletin.**

## 11. **Any Other Competent Business**

### *Lauder Health Centre*

Calum Campbell advised that he had been informed by the CLO that a member of the public had applied for legal aid in order to try and obtain judicial review of the Council's treatment of the Lauder common good land. It was noted that the CLO have requested from SBC to be kept up to date with any developments and have asked for a copy of their objections when submitted. Calum explained that there were two options available, namely:

Option 1 – Refrain from committing any further expenditure this year on this project which would effectively mean avoiding the potential of this funding being spent inappropriately. Calum highlighted that this would only be the case if the legal aid application was successful, the judicial review application approved and the findings that the land sale was in some way incorrect. Calum highlighted that if the funds were not committed the capital allocated for this scheme this year will not have been spent and therefore create a cost pressure for the Board in future years.

Option 2 – Continue with the project but be aware of the request for legal aid and a subsequent application for a judicial review, recognise that this will take time and that previous advice was that this is unlikely to be successful. Calum highlighted that the outcome would be potential criticism for SBC if they have made any errors in the land sale and it would be SBC's responsibility to reimburse the "Common Good" as directed within the judicial review. Calum highlighted that NHS Borders has acted legally and would expect SBC to support the continuance of the Health Centre.

Calum confirmed that he would strongly wish to proceed with option 2 but would need Board approval to do this. Sheena MacDonald stressed that the current facilities at Lauder are not fit for purpose and that there will be an ongoing clinical risk if the Health Centre is not developed. It was also noted that clinicians are struggling to maintain safe patient care. David Davidson, Adrian Lucas and Doreen Steele noted their support for option 2 and to proceed as planned with the caveat that the remainder of Non Executive Directors are informed of this latest development. The Executive Directors present at the meeting also supported option 2 giving this the majority vote.

## 12. **Date of Next Meeting**

Monday, 25<sup>th</sup> March 2013 @ 10 a.m., Board Room, Newstead



Minutes of an Extraordinary Meeting of **Borders NHS Board Audit Committee** held on Thursday, 17<sup>th</sup> January 2013 at 1.45 p.m. in the Board Room, Newstead.

**Present:** Mr D Davidson (Chair)  
Mr A Lucas  
Dr D Steele

**In Attendance:** Mr C Campbell, Chief Executive  
Mrs B Everitt, Personal Assistant to Director of Finance  
Mrs C Gillie, Director of Finance  
Mr D McLuckie, Director of Estates & Facilities  
Mrs S Swan, Acting Deputy Director of Finance

1. **Introduction, Apologies and Welcome**

David Davidson welcomed those present to the meeting. Apologies had been received from Andy McLean.

2. **Declaration of Interest**

There were no declarations of interest.

3. **Capital Spend 2012/13 – Amendments to Code of Corporate Governance**

David McLuckie spoke to this item. David explained that the paper detailed the background to the additional capital monies made available from Scottish Government and the actions taken to date. It was noted that the dialogue with Health Facilities Scotland had also been detailed within the report. David advised that Mike Baxter, Deputy Director (Capital and Facilities) at Scottish Government, has given his support to the proposals providing that the Board have given their approval and are kept abreast of developments. David highlighted the section that gave details on the amendments to the Code of Corporate Governance where it was noted that mitigating factors had also been provided for each of these.

David Davidson thanked David for the comprehensive paper and asked the Committee if they felt that they had received all the necessary information for consideration. The Committee confirmed that they had received sufficient information. Calum Campbell also noted his support to the amendments.

**The Committee supported the amendments to the Code of Corporate Governance detailed within the paper.**

4. **Any Other Competent Business**

Carol Gillie referred to a discussion with Martin Campbell Smith which resulted in the proposal to delay the Risk Management & Incident Reporting audit into the next financial year and bring forward the Moving & Handling audit into this financial year.

**The Audit Committee agreed to this change within the Internal Audit plan.**

5. **Date of Next Meeting**

Monday, 25<sup>th</sup> March 2013 @ 10 a.m., Board Room, Newstead.



**Minutes of a meeting of the Clinical Governance Committee held on Wednesday 20th February 2013 at 2.00pm in the Board Room, Newstead**

- Present:** Members: Mr Adrian Lucas, Chair (Non Executive Director)  
Dr Doreen Steele, Non Executive Director  
Mr John Hammond, Chair of Area Clinical Forum and Non Executive Director
- Attendees: Mrs Laura Jones, Head of Quality and Clinical Governance  
Dr Alan Mordue, Consultant in Public Health Medicine  
Mr Colin Redmond, Infection Control  
Dr Tom Cripps, Associate Medical Director for Clinical Governance  
Mr Calum Campbell, Chief Executive  
Dr Sheena MacDonald, Medical Director
- Minutes: Mrs Kerry Lowe, PA to Director of Nursing and Midwifery
- Apologies:** Ms Evelyn Fleck, Director of Nursing and Midwifery  
Mr David Davidson, Non Executive Director

**1. Announcements and Apologies**

Apologies were noted from Mr David Davidson and Ms Evelyn Fleck.

Adrian Lucas welcomed those present to the meeting and introduced the new attendees of the Committee – Laura Jones, Colin Redmond and Kerry Lowe.

**2. Declaration of Interest**

There were no declarations of interest.

**3. Minutes of Previous Meeting**

The minutes of the meeting held on the 14<sup>th</sup> November were noted and approved.

The following amendment was requested:

*Item Number 1 should be entitled “Apologies” as opposed to “Welcome and Apologies”*

**4. Matters Arising**

*Action Tracker*

Laura Jones and Kerry Lowe are to collate actions from the previous year’s action trackers to ensure that nothing has been missed.

*Infection Control Report Deferred to April*

Colin Redmond has recently taken over Samuel Whiting’s post and will prepare the Infection Control Report for the next meeting on the 3rd April.

**5. Assurance**

*Clinical Governance Committee Draft Annual Report*

The Clinical Governance Committee Draft Annual Report was discussed and no issues were raised. The report will be updated to reflect today’s meeting and brought to the April meeting for final approval.

*2012/2013 Work Plan*

Laura Jones spoke to this item. Laura and Kerry will work together to re-schedule the Work Plan for 2013/2014 to ensure that the November meeting is not over loaded. Adrian Lucas suggested that "Oversight of the work of the Resilience Committee" should be added to the work plan with The Chair invited to present an annual report on Resilience. Adrian also suggested that the Pharmacy report should be changed to "Pharmacy and Polypharmacy". Alan Mordue will present the annual report for Public Health in April.

**6. Patient Safety****6.1 Clinical Risk Management**

Laura Jones spoke to this item. The paper outlines the incidents which have been reported within NHS Borders. The highest recorded type of incident is Falls. There is a lot of local improvement work going on to improve falls incidence at the moment. Elaine Auld presented on Falls at the previous meeting for assurance. Laura stated that she is also keen to look present trend data for the Committee in the future. John Hammond requested whether "Other events" could be clarified as some important patterns may be missed. It was highlighted that Datix has approximately 30 categories as well as "Other" so it may be difficult to do so. Laura reassured John that incidents falling under the "Other" category are followed up and that the team are trying to improve recording in this category. Adrian suggested reviewing "Other" on an annual basis which would highlight any trends. Doreen Steele queried the outcome after a root cause analysis – are there any changes made as a consequence? Laura highlighted that the new incident management policy launched on the 15<sup>th</sup> January 2013 will require major and extreme events to be considered for a Significant Adverse Event Review and the outcome would require a local action plan which would be monitored by Clinical Board Healthcare Governance Groups.

**6.2 National Framework for the Management of Significant Events**

Laura Jones spoke to this item. This document outlines the work underway to improve the management of adverse events. NHS Borders has a local improvement plan and is currently developing standards Operating Procedures and a Training and Development plan. Training for Chairs and Lead Investigations will be held at the start of the summer which will help to ensure consistency when chairing and reviewing adverse events. Healthcare Improvement Scotland will be visiting NHS Borders on the 12<sup>th</sup> March 2013 to review our local systems and processes for the management of adverse events. This will be held in the Tryst, BGH and non-Executive Directors have been invited to attend.. Doreen stated that she had not yet received her invitation letter – Laura will check that Doreen and David Davidson's letters have been sent out.

*HIS Consultation Document*

There were some issues with opening the document – Kerry will re-format and circulate.

NHS Boards have been asked to provide a response to this consultation document. Doreen and Tom discussed the information on Page 8, paragraph number 31. Doreen felt that there is some important information missing – Tom will get back to Doreen at the next meeting. Doreen discussed page 9 and suggested that the Private and Third sector integration with social care should also be considered. The paper has not addressed missed visits and missed medications etc. Calum acknowledged Doreen's point but is unsure what can be done as it is not a straight numbers count e.g. missed medication in ITU is a different quantum to Residential Nursing Home. Sheena stated that third sectors are informed and enabled to follow policies but can not be mandated.

**6.3 Robert Francis QC Public Inquiry Report in to Mid Staffordshire NHS Foundation Trust**

Laura Jones spoke to this item. Laura brought the report to the committees' attention as it should be used as a learning tool for health organisations. There are over 280 recommendations in the report and work is currently being undertaken to assess NHS Borders against these recommendations - Laura will take the report to the June Board meeting. Doreen highlighted that board members should be aware of their accountability. Calum reassured the committee that NHS Borders has better systems in place (such as the quarterly review which would highlight a high mortality rate) and any breakdowns in of the system are dealt with robustly. The Scottish Patient

Safety Programme is also doing well, aiding with putting systems in place. The Mid Staffordshire NHS Foundation Trust is approximately the same size as the Borders General and had less than 1 Nurse per 10 patients however; in Scotland the ratio is far higher. Mid Staffordshire was a financially driven organisation and Calum stressed the importance of a balance between finance and patient safety. It was agreed that the system is taking care of this as much as possible at the moment and the committee will be updated at future meetings.

6.4 *Scottish Patient Safety Programme Update*

The attached report was noted. The last Health Improvement Scotland visit included mortality reviews which were a good learning exercise. The project is now expanding to other areas and phase 2 of the programme will test the new bundles in particular areas. Sheena reminded the committee of the enormity of the challenge of implementing this with no additional funding. The 2 day HIS event in March will clarify any outstanding issues.

7. **Person Centred Care**

*Complaints*

Laura Jones spoke to this item. There has been an improvement in the complaints process with 100% of complaints receiving a response within 20 days. Laura stressed that 100% won't always be achieved depending on the complexity of the complaints received. Credit was given to Karen who was joint owner of the project.

*Update on Significant Case Review – Child Protection*

The update was noted and any actions and outcomes will be reported back to the meeting once the final report is received.

8. **Effectiveness**

*Update from Clinical Boards – Healthcare Governance Revised Structure and Reporting Arrangement*

Clinical boards will now feed in to one single group to ensure consistency. The first meeting will be held on the 1<sup>st</sup> March. Adrian stated that a lot of minutes from previous separate meeting were not quorate and hopefully this will address the issue. The attached chart was discussed with clarity sought on the abbreviations. Laura will take away the feedback provided and clarify.

9. **Items for Noting**

9.1 *Statutory and Other Committee Minutes*

The NHS Borders Health Protection Group minutes were noted.

The Adult Protection Committee minutes were noted.

The Child Protection Committee minutes were noted.

10. **Any Other Business**

10.1 *Castlebeck, Monroe House, Dundee*

Laura Jones spoke to this item. Castlebeck is currently under police investigation. NHS Borders have three patients who are currently receiving care there but assurance has been given that they are not involved in the investigation. Monthly updates are being received.

11. **Date and Time of Next Meeting**

Wednesday, 3<sup>rd</sup> April 2013 at 2.00pm in the Board Room, Newstead,



# PUBLIC GOVERNANCE COMMITTEE




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**Minutes of Public Governance Committee (PGC) Meeting  
held on Wednesday 12 December 2012 at 2.15pm  
Board Room, NHS Borders headquarters, Newstead**

**Present:**

|                             |                  |
|-----------------------------|------------------|
| Catherine Duthie (Chair)    | Doreen Steele    |
| Andrew Leitch (from item 5) | Fiona McQueen    |
| Margaret Lawson             | Margaret Simpson |
| Logan Inglis                |                  |

**In Attendance:**

|                           |             |
|---------------------------|-------------|
| John Raine (until item 6) | Anna Garvie |
| Shelagh Martin            | Nicky Hall  |
| Stephen Bermingham        | Joanne Weir |

**1. Tour of new Margaret Kerr Unit, BGH**

1.1 A tour of the new specialist in-patient Palliative Care unit - The Margaret Kerr Unit at BGH, was provided by Samantha Dunlop, Clinical Nurse Specialist - Palliative Care, to those members that wished a tour prior to the business meeting.

**2. Welcome & Introductions**

2.1 The Chair welcomed everyone to the meeting, including John Raine, Chair - Borders NHS Board and Anna Garvie, new BGH Chaplain to her first PGC meeting.

**3. Apologies**

3.1 Apologies had been received from David Thaw, Mary Kenyon, Pat Alexander, Edwina Cameron, Jenny Miller, Evelyn Fleck, Allyson McCollam and Clare Malster.

**4. Visit from Chair of Borders NHS Board**

4.1 John reminded the Committee that Catherine was coming to the end of her term of office as Chair to the PGC and this would be Catherine's last meeting she would be Chairing. John, on behalf of the PGC, thanked Catherine for her dedication and valued leadership to the Committee. The PGC were pleased to hear that Catherine would remain a member of the PGC for a further six months.

4.2 John reported on how keen he was for Borders NHS Board to make stronger links with people in the community. He reflected on the initial discussions between the Non Executive Director Board members on the PGC and the Public Partnership Forum to get their ideas on how this could be done, one idea being for the Board to connect to the public via other forums. John was appreciative of the PGC looking to see how stronger links could be made and noted this was a substantial item on the PGC agenda. John referred to when the Board had previously met across different locations across the Borders to provide the opportunity for the public to attend but these had not been well attended. The PGC noted that it was therefore required to find an improved method of how to make stronger links with the community.

4.3 John reported on the opportunity of extra funding from the Scottish Government for building work which has allowed NHS Borders to start redesigning the hospital environment. This includes BGH Out Patients Department moving to the ground floor to make easier access for patients. This will require the Physiotherapy and Occupational Therapy Departments moving into a new facility within the BGH, and to look at how Rehabilitation Services are provided, including Hydrotherapy. John referred to concerns from members of the public about the hydrotherapy pool and clarified that options on how hydrotherapy can be provided are being explored, and that hydrotherapy would continue to be provided from the pool within the BGH until options had been consulted on and a suitable solution identified.

4.4 Catherine thanked John for his helpful update.

## **5. Psychological Therapy Services Development**

5.1 Catherine welcomed: Mike Henderson, Consultant Clinical Psychologist, George Murray, Lead Clinician - Child & Adolescent Psychological Services, April Quigley, Consultant Clinical Psychologist and Helen Pinnons, Community Psychiatric Nurse - to the meeting to provide an overview on NHS Borders Psychological Therapy Services Development.

5.2 They referred to their PowerPoint presentation which included reference to:

- How the service had developed.
- What are Psychological therapies.
- The Government HEAT targets.
- An overview of Child & Adolescent Psychological Services, including team development.
- An overview of Adult Psychological therapies.
- Stress classes – open access evening class, hosted in local libraries.
- Doing Well Service – for mild to moderate Psychological distress.
- Self-help and book prescribing – provision of self-help materials to all agencies in the Borders.
- Psychological therapy for psychosis.
- Borderline Personality Disorder – treatment and support.
- DBT (Dialectical Behaviour Therapy).
- Skills group modules: Mindfulness; Emotional Regulation Skills; Interpersonal Effectiveness Skills; Distress Tolerance.
- Older Adult Psychology Service, including functional illness (e.g. depression) and organic illness (dementia).

5.3 Catherine thanked them for their helpful overview and asked if the PGC had any questions.

5.4 Fiona asked if it is easy for clients to keep receiving psychological therapies as and when they need. Mike reported that unfortunately the current service does not provide long term support for adults in the Borders, however, this is available for children. April reported that "Penumbra", which is a Scottish mental health and well being charity, is available locally to help improve mental well being.

5.6 Margaret Lawson asked how closely the service works with Educational Psychology. George stated that there is a good working relationship between the education psychologists and the clinical psychologists.

5.7 Stephen enquired how the clients that use the service are spread across the Borders. Mike reported that there are more referrals in debt deprivation areas and it appears that there are certain diagnosis's in the same area. April stated that Eastern Borders can be a problematic area because of the rural spread, poor transport etc.

- 5.8 Catherine referred to older people with depression or dementia not coming forward to use the service. April acknowledged stating that this is a national issue and it is hoped that as the ageing population in the Borders increases more and more people will ask to be referred. Mike reported that it was important to move away from the "institutionalised" culture. Margaret Lawson stated that the current generation may be too proud to come forward. April acknowledged stating unfortunately some people feel there is a stigma still attached to having a mental health illness. George reported that the language we use now is fairly new and people need to get used to this.
- 5.9 Catherine thanked Mike, George, April and Helen for their very interesting and helpful overview. Mike stated that if anyone had any more questions to contact him direct.

## **6. Patient / Public Involvement in NHS Borders Mental Health Services**

- 6.1 Catherine welcomed Brian Paterson, Service Manager - Acute & Rehabilitation Mental Health Services to the meeting to provide an overview on Patient / Public Involvement in NHS Borders Mental Health Services.
- 6.2 Brian referred to his PowerPoint presentation which detailed information relating to the joint Mental Health Service Structure (NHS Borders & Scottish Borders Council) and the five main areas of the service: Adult, Rehabilitation, Child & Adolescent Mental Health Services (CAMHS), Older Adults and Addictions Service.
- 6.3 The PGC noted the public/patient engagement methods for the above areas as follows:
- Adult Mental Health: STAR Wards, Positive Steps Group, patient & carer satisfaction questionnaire.
  - Mental Health Rehabilitation: Consultation Cafe, Providers Forum, Carers Group, Scottish Recovery Indicator (SRI) 2, user & carer involvement in supported accommodation.
  - CAMHS: service user & carer satisfaction questionnaire.
  - Older Adults Mental Health: user stories.
  - Borders Addiction Service: weekly User Group, user representative on Steering Group.
- 6.4 Brian referred to future improvement plans for public / patient engagement in Mental Health Services which included: the roll out of SRI 2 to all areas in Mental Health, person-centred care, development of a User Group in CAMHS, and to develop greater user involvement in Adult Community Mental Health Teams.
- 6.5 Catherine asked if the PGC had any questions.
- 6.6 Fiona asked where the weekly user group for the Borders Addiction Service is provided. Brian reported that the group meets in Galashiels. Fiona stated that she wondered if access to this group was problematic for those living in Eastern Borders. Brian acknowledged stating that he was not aware of this being an issue.
- 6.7 Margaret Simpson reported that she was aware travel to a lot of groups was problematic so it would help if the Consultation Cafe could be held across different areas in the Borders, to which Brian acknowledged.
- 6.8 Joanne asked if it would be possible for Mental Health Services to provide a quarterly report on public/patient involvement in MH Services for future PGC meetings, which Brian acknowledged.

**Action: BP**

- 6.9 Catherine thanked Brian very his helpful overview.

**7. Minutes (& Action Tracker) of previous meeting: 20 September 2012**

7.1 The minutes of the previous meeting held on 20 September 2012 were agreed as a true record.

7.2 An update on actions that "are in progress" on the action tracker was provided by Joanne. Discussions took place regarding the following actions:

**7.3 Appropriate naming of job title, currently "complaints officer" in line with Patient Rights (Scotland) Act 2011**

Stephen reported that he had contacted other Health Board areas to find out the range of job title's for this role and that NHS Borders is now proposing Patient Feedback Officer. Catherine stated that this relates to "patient" only, when it includes for carers and the public, suggesting patient care feedback officer. Further discussions took place regarding suggested job titles from members to which Stephen acknowledged, stating he was happy to take suggestions but it should fit with the job description. If anyone has any further suggestions to contact Stephen by 21.12.12.

**7.4 Suggestion of Public Governance Committee & Clinical Governance Committee to link**

It was agreed that this should remain on the action tracker for the new Head of Clinical Governance & Quality to decide upon/follow up.

**8. Matters Arising**

**Charities table at BGH**

8.1 A full update on the charity table location at BGH was provided within the PGC Operational Report. This included that the operational management of the table will be shared between BGH Administration and the Fundraising Manager. It has been agreed that in addition to providing charities with the opportunity to raise funds that there is also an opportunity to build up a database of contacts for future fundraising appeals.

8.2 The PGC acknowledged the good progress in implementing a management system for booking the table. Members agreed that the location should be made more inviting and that this request should be made to the Director of Estates & Facilities.

**Action: CD**

**9. Format of future PGC meetings, name of Committee, membership & terms of reference**

9.1 Catherine reported that John Raine, Chair of Borders NHS Board had tasked the PGC to look into how the Board can make stronger links with people in the Borders, (John had referred to this as part of his update, as above).

9.2 Following discussions it was agreed to set up a short-life PGC Review Group to explore ideas/options for how PGC meetings should be conducted in the future, including how the Committee (on behalf of the Board) can make stronger links with people in the Borders. The group would also review the membership and terms of reference. The group would include Catherine, Doreen, Fiona McQueen, Andrew, Shelagh, Stephen and Joanne. It was agreed a meeting should be arranged early in the new year. Stephen referred to the Scottish Borders Area Forums which the PGC could link to as a way of engaging with the public, which the Committee agreed was a good idea.

**Action: JW**

**10. Feedback from Learning Session 1: "A National Person-Centred Health & Care Programme for Scotland"**

- 10.1 Stephen provided an update on the National Programme - a full update on the first learning event regarding the Person-Centred Health & Care Programme was included within the PGC Operational Report:
- 10.2 This national programme was launched at a learning set event on the 20 and 21 November 2012 at the SECC in Glasgow. The programme provided a framework for testing and reliable implementation of change interventions known to deliver person-centred health and care. The high level strategic aim of this programme is that by 2015, health and care services are centred on people, as demonstrated by improvements in care experience, staff experience and in co-production. The programme is using a collaborative improvement methodology, based on the approach used by the Scottish Patient Safety Programme. Part of the two-day programme involved bringing together Local Teams to discuss and agree specific test areas for the initial focus of the work, with a view to spread the improvements.
- 10.3 Margaret Simpson highlighted the Co-production & Community Capacity Building Conference which would be taking place in February 2013.
- 10.4 Doreen referred to the patient leaflet which was being developed regarding intentional rounding: "Patient Care Rounds – information for patients" and requested that the draft leaflet be reviewed as she strongly felt the content required to be improved. Shelagh suggested taking the updated leaflet to the BGH Participation Group to seek their views.

**Action: JW / SB**

**11. Public Governance Operational Report**

- 11.1 The PGC noted the Operational Report which provided an update from all relevant services/areas that report to the PGC.
- 11.2 Catherine invited Anna Garvie, new BGH Chaplain to provide an update on Spiritual Care Services. Anna reported that she had been doing visits in the community which were proving beneficial. The PGC noted the value based "reflective practice" which was being run for staff. Anna stated that the service is finding people are coming back to the hospital to speak to the BGH chaplains after they have left hospital.
- 11.3 The PGC referred to the Equality & Diversity Update. Stephen reported that the Equalities Steering Group membership requires a public member and that he had had a discussion with Margaret Simpson to see if Margaret would be interested in joining. Margaret reported that she would like to join the steering group. Margaret highlighted that she meets monthly with the Governments Equalities Unit.

**12. NHS Scotland Participation Standard: NHS Borders Self Assessment 2012/13**

- 12.1 Joanne provided an overview on the Self Assessment 2012/13 process as detailed within the PGC Operational Report:
- 12.2 For the 2012/13 Self Assessment, which is required to be submitted to the Scottish Health Council (SHC) by 18 March 2013, requires Health Boards to focus on Standard 3 (Corporate Governance) to demonstrate improvement in embedding patient focus public involvement across the organisation. As part of the Self Assessment, Boards were required to submit 4 – 6 supporting examples of patient and public engagement by 16 November, for the SHC to select 2 examples from this shortlist for inclusion within their final Self Assessment. NHS Borders has since

received notification from the SHC on the two examples which have been chosen: (1) Breast Feeding Volunteers and (2) Better Together Inpatient Survey: working with the public, patients and carers to improve services within the Borders General Hospital. Public Involvement staff (NHS Borders) continue to liaise with the SHC Local Officer who is providing support for submission of the NHS Borders Self Assessment. The Self Assessment documentation is to be endorsed by Public Partnership Forum members and the Public Governance Committee prior to submission by 18 March 2013.

- 12.3 Shelagh reported this year the Self Assessment process will involve an enhanced role of patients and the public, i.e. Boards are to ask public participants to endorse their self assessments and the Scottish Health Council analysts may carry out short interviews with public representatives who have been involved with the Board's work.

### **13. Scottish Health Council (SHC) Update**

- 13.1 The PGC noted the update report provided by Shelagh Martin, SHC local officer. Shelagh referred to future requirements and possibilities for public involvement in Health and Social Care. The PGC noted that the SHC has commissioned research to develop an understanding of what efficient and effective public involvement might look like post adult health and social care integration. Andrew reported that he had raised his concern in that it was unknown to date what public involvement would be included in this integration process - during the meeting with public/patient representatives and the Minister for Public Health as part of the NHS Borders Annual Review on 23 November. Shelagh stated that this was also raised as a question from a member of the public during the main Annual Review meeting with the Minister.

### **14. Update Report form Chair of Public Partnership Forum (PPF)**

- 14.1 The PGC noted the update report provided by Andrew Leitch, Chair of PPF.

### **15. Public Governance Committee Chair's Report**

- 15.1 The PGC noted the Chair's Report on some recent activities of interest to the PGC since the Committee's last meeting.
- 15.2 Catherine reflected on the tour of the new Margaret Kerr Unit which had been provided prior to the PGC business meeting. The PGC noted that the new unit would become operational from 7<sup>th</sup> January 2013. Open days for public and staff would be held on 14<sup>th</sup> (10am – 4pm) and 20<sup>th</sup> of December (2pm – 7pm) to view the new facility.

### **16. Public Governance Committee Work Plan - update**

- 16.1 The PGC noted the updated Work Plan.

### **17. Staff Governance Committee Minutes: 15.08.12**

- 17.1 The PGC noted the minutes of the Staff Governance Committee meeting held on 15 August 2012.

### **18. Clinical Governance Committee Minutes: 11.04.12 & 19.09.12**

- 18.1 The PGC noted the minutes of the Clinical Governance Committee meetings held on 11 April and 19 September 2012.

- 18.2 Doreen reported that it was good to see NHS Borders achieving to respond to formal complaint letters within 20 days, but that it appears the complaint themes remain the same.

**19. Carers Planning Group Minutes: 21.06.12**

- 19.1 The PGC noted the minutes of the Carers Planning Group meeting held on 21 June 2012.

- 19.2 Stephen referred to the successful work of the group over the past year, e.g. the Borders Carers Strategy, and highlighted the good partnership between the Carers Centre, voluntary sector, Scottish Borders Council and NHS Borders.

**20. Audit Committee Minutes: 25.06.12**

- 20.1 The PGC noted the minutes of the Audit Committee meeting held on 25 June 2012.

**21. Public Partnership Forum minutes: 14.08.12**

- 21.1 The PGC noted the minutes of the PPF meeting held on 14 August 2012.

**22. PGC Meeting Dates 2013**

- 22.1 The Committee noted that meeting dates for 2013 would be circulated to all via email as soon as possible.

**Action: JW**

**Minutes of a meeting of the Area Clinical Forum held on Monday 14 January 2013 at 1.00 p.m**

Present: John Hammond (JH) (Chair) Sheena McDonald (SMcD) Karen McNichol (KMcN Nicky Hall Austin (AR)Ramage  
In attendance: Marion James Smith

Apologies:

| <b>Agenda Item</b> | <b>Title</b>                       | <b>Speaker</b>             | <b>Summary</b>   | <b>Action</b>  |
|--------------------|------------------------------------|----------------------------|--|--|
| <b>1</b>           | <b>Apologies for Absence</b>       | J Hammond                  | Janice Laing<br>Ali Medhi<br>Alison Wilson   |  |
| <b>2</b>           | <b>Minutes of Previous Meeting</b> | J Hammond                  | The Minutes of the meeting held on 3 December were discussed and approved but with some minor amendments   | Marion James Smith to amend previous minutes as suggested. |
| <b>3</b>           | <b>Matters arising</b>             | J Hammond<br><br>J Hammond | <b>Clinical Handover – use of IPADs.</b><br>IPADs are on site but there is an operating problem regarding compatibility with NHS IT systems. They are being used on wards but handovers to hospital system not possible. JH to enquire with IM&T what problem is, if it is funding.<br><br><b>BGH Supervision Review Project Charter:</b><br>Ongoing | JH - contact Jackie Stephen, Head of IM&T                  |



| Agenda Item | Title               | Speaker      | Summary  | Action   |
|-------------|---------------------|--------------|--|--|
|             |                     |              | <p><b>Clinical Governance:</b><br/> <b>Re: Complaints</b><br/>           To be amended to read: The recent BBC FOI was discussed and it was noted that Healthcare Scotland have planned a review of NHS Borders <a href="#">clinical incident processes</a>.</p>   |  |
| 4           | Clinical Governance | John Hammond | Nil to note – no meeting since last.   |  |
| 5           | Public Governance   |              | <p><b>N Hall gave brief update from meeting 12 December 2012.</b></p> <ul style="list-style-type: none"> <li>• <b>Psychological therapy service and development.</b></li> <li>• <b>Hydrotherapy Pool:</b><br/>Public engagement with subcommittees noted. Focus to keep members of public and patients involved.</li> <li>• <b>Complaints officer – Title:</b><br/>Present title: Complaints Feedback Officer.</li> <li>• <b>Flu jabs:</b><br/>Low take up by staff. 50% would be desirable. 30% last year.<br/>Staff who had gone to GPs for their flu jabs won't be in official figures.</li> </ul> <p>Next meeting 22 February. Nicky unable to attend.</p> | JH – report back after discussion with Catherine Duffy |

| Agenda Item | Title             | Speaker      | Summary   | Action             |
|-------------|-------------------|--------------|---|--------------------|
| 6           | Strategy Reports  | John Hammond | Savings plans – not finalised.<br>Events papers – How to manage<br>Datex accessibility.<br>Template for complaints:   | Karen – Susan Cowe |
| 7           | National ACF      |              | No further meeting since last   |                    |
| 8           | NHS Borders Board |              | Next Meeting Thursday 17 January 2013<br><br>Capital Plan<br><br>Last Senior Management meeting<br><br>Situation regarding beds.<br>Sheena MacDonald said there is never a situation when there are no beds as there are reasons when a number of beds are blocked.<br>Beds fit for purpose ie single rooms are more flexible regarding male/female separation and novovirus /non-novovirus separation.<br>Problems arise when a medical bed is moved onto a surgical ward, medical bed can't be moved elsewhere so when surgical bed is required that has to be boarded out away from surgical ward.<br>Therefore surgical bed frustration needs addressing.<br><br>Waiting times. |                    |

| Agenda Item | Title  | Speaker                          | Summary  | Action              |
|-------------|--|----------------------------------|--|---------------------|
|             |  |                                  | <p>Optimistic but query audit trail. Has external audit been done?<br/>Clarification of Action plan.</p> <p>4 hour Waiting Target<br/>Causing significant concern. BGH Task Force convened.<br/>Target 4 hours total from entering door until leaving (query including investigations). No holding lounge for BGH therefore not true picture</p> <p>HEAT Performance Score card.- Trend indicates going down – is alert in place. Clarification of trend needed.</p> |                     |
| 9           | <b>Professional Advisory Committees – Verbal Reports</b>         | Nicky Hall                       | <p>Ophthalmological meeting.<br/>Discussed producing leaflet promoting awareness lifestyle impact on eye/sight health. Education /Distribution of leaflet routes.</p> <p>Pharmaceutical changes to generic medication. Problems adapting changes dispensing/storage instructions especially regarding patients with macular degeneration.</p>  | Update next meeting |
| 10          | <b>AOCB Beds - Patients Rights – Toilets and Staffing levels</b> | John Hammond<br><br>John Hammond | <p>Discussed in item 8.</p> <p>Clarification of patients rights to go to toilet or be toileted if unable to go independently. Is there a</p>   | JH - Evelynn Fleck  |

| Agenda Item | Title                                 | Speaker | Summary   | Action |
|-------------|---------------------------------------|---------|---|--------|
| 11          | Date, time and venue of next meeting. |         | <p>protocol for time interval that patient has to wait. Sometimes patients have to wait a long time perhaps due to staffing levels.</p> <p>Monday 4 March 2013<br/>Education Centre BGH</p> |        |



MINUTE of MEETING of the **SCOTTISH BORDERS COMMUNITY HEALTH AND CARE PARTNERSHIP (CHCP) BOARD** held in Committee Room 2, Scottish Borders Council, Newtown on 24 September 2012 at 3pm to 5pm

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- Present:- Sandy Aitchison, Councillor, SBC  
 Catriona Bhatia, Councillor, SBC (Chair)  
 David Davidson, Non-Executive Director, NHS Borders  
 John Hammond, Non-Executive Director, NHS Borders  
 David Parker, Council Leader, SBC  
 John Raine, Chair of NHS Borders  
 Frances Renton, Councillor, SBC
- Officers:- Dr Eric Baijal, Joint Director of Public Health  
 Calum Campbell, Chief Executive, NHS Borders  
 Jane Davidson, Chief Operating Officer, NHS Borders  
 Carol Gillie, Director of Finance, NHS Borders  
 Tracey Logan, Chief Executive, SBC  
 Andrew Lowe, Director of Social Work, SBC  
 Phillip Lunts, Head of Service Improvement, NHS Borders  
 David Robertson, Chief Finance Officer, SBC  
 Elaine Torrance, Head of Social Work, SBC
- In Attendance:- Tim Cameron, Clinical Executive Project Manager, NHS Borders (meeting notes), Mr Bob Howarth

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**1. APOLOGIES, ANNOUNCEMENTS & INTRODUCTIONS / WELCOME**

Apologies were received from Pat Alexander. The Chair advised the group that Mr A Lowe would be providing a brief update to the group regarding the status of the Social Work budget.

Mr A Lowe advised the group that the position of the Social Work budget had been reported at the recent Council Executive meeting. The Board were advised that the budget had experienced many pressures over recent years that had required management intervention, however this year the pressures are different in terms of degree.

The pressure was advised as £3 million, the main reasons for the current overspend Mr A Lowe explained were attributable to increase in demand, for example the service is currently running at 30 more residential placements than originally predicted, significant overspends within the Learning Disabilities Service and also the organisations ability to manage change, essentially the transitional costs associated with change along with a tendency to under estimate delivery timescales. The delayed discharges target is also being achieved but at a cost, so there needs to be review of the process for people coming out of hospital.

Mr A Lowe confirmed with the group that it is a significant pressure but there has been a quick response and £400,000 has already been recovered. A delivery group has been put in place chaired by David Cressey which will identify and work through plans to recover the full amount.

Mr J Raine asked what impact the recovery actions would have on integrated services. Mr A Lowe advised that the objective was to make sure the public don't suffer, however there would be a requirement to work with NHS Borders managers to ensure the services are being delivered effectively.

Mr C Campbell acknowledged the extent of the issue and advised that NHS Borders would provide assistance where possible. Mr C Campbell asked if consideration had / could be given to a Change Fund project that could support SBC utilising their care homes better.

Mr J Hammond asked if the £474,000 SBC contribution to the Older People's Change Fund was in jeopardy. Mrs E Torrance advised that SBC were experiencing lots of issues because of transitional arrangements so they were putting in interim arrangements to try and resolve them.

Mr D Davidson asked for clarity regarding whether the £474,000 would now be used to cover the cost pressures. This was confirmed.

#### **DECISION**

- a) **The report taken to the Council Executive meeting would be circulated to the CHCP Board members.**

#### **2. MINUTE OF PREVIOUS MEETING – 25<sup>th</sup> June 2012**

Minutes of the meeting held on 25<sup>th</sup> June 2012 were previously circulated and agreed as an accurate record of the meeting.

#### **DECISION**

- a) **The minutes were agreed as an accurate record of the previous meeting.**

#### **3. MATTERS ARISING AND ACTION TRACKER**

The Action Tracker was previously circulated. Matters arising were discussed as follows:

##### **Action 18 – Peebles/Haylodge Proposals**

Mr J Raine advised we should be continuing to challenge Mr C Campbell and Mr A Lowe on progressing this beyond Cheviot. The action tracker should be monitored to ensure this happens.

##### **Action 33 – Welfare Reform Update**

Mrs E Torrance feedback that there a 5 working groups taking forward the proposals of the Welfare Reform.

- Managing Change in temporary accommodation
- Universal credit pathway
- Pathways to employment
- Communications
- SBC Business Impact

Over the past month there have been workshops and consultations with local stakeholders, it is intended to go back to them in November. Mrs E Torrance advised she would bring a full report to the December CHCP Board.

##### **Newcastleton Petition**

Mr J Raine enquired if any progress had been made in terms of dealing with the petition submitted by Newcastleton Community Council. Mr C Campbell advised that he had been in Newcastleton the previous week; fundamentally the issues were for the Scottish Ambulance Service (SAS) and also concerns about public transport.

Although he was unable to respond to everything (i.e. cross border issues) the Community Council seemed content that a way forward had been agreed in regards to the Scottish issues.

### **Children's Change Fund**

The Chair advised that spending decisions cannot afford to wait until the 17 December CHCP Board to make a decision about budget allocation. Mr P Lunts asked if it should be managed through the Children's and Young Peoples Planning Partnership (CYPPP).

Mrs J Davidson added she had thought there had been an agreement by CHCP to manage it through the Reshaping Care Board, she added that there needs to be reassurance that the process will be managed robustly.

Mr D Parker commented that there appears to be differences regarding how the funding should be made up. He emphasised that there can be no decision about spending these funds until there is clarity of how the funding contributions work.

Mr C Campbell summarised by saying he accepted that there were disagreements between SBC and NHS Borders about the sources of funding. NHS has invested £413,000 of ear marked funding in accordance with the guidance received from the Scottish Government whilst SBC believe the NHS should be putting uncommitted funds onto the table. Mr Parker agreed that this accurately reflects the position and clarified that if the NHS does not put forward uncommitted funds then SBC will withdraw the new funds put forward.

The Chair advised of the need to resolve this issue as quickly as possible and noted Mr Parker's position that spending decisions would have to wait.

### **DECISION**

- a) **The CHCP Board accepted the updates in the action tracker and noted the matters arising.**

#### **4. CHANGE FUND – FINANCIAL PROTOCOLS**

There had been circulated copies of the Change Fund – Financial Protocols. Mr P Lunts explained that the purpose of the paper was to clarify how the Change Fund projects would be mainstreamed.

Mr P Lunts explained that the givens were that only those projects delivering as expected would be mainstreamed; where the benefits of the project are contained within one organisation, the arrangements for ongoing funding would sit with that body. Where the project and the service benefits from the project sit across more than one organisation, the relevant organisations will take responsibility for identifying if the project should be mainstreamed, working together.

The Reshaping Care Board will support this process by regular communication to the partner organisations on the individual and cumulative benefits demonstrated by projects and support to identify the impact of these benefits. Relevant members of the Reshaping Care Board will be responsible for ensuring that their organisations are using this information to carry out appropriate service and budgetary planning.

Mr P Lunts acknowledged that this would be a difficult process, so there would be a requirement for some sort of dispute resolution process when decisions cannot be made.

Mr D Davidson asked if both organisations are in agreement on the return on investment (ROI) required. The Board confirmed this.

Mrs J Davidson advised there was a lot of learning around the Change Fund, she added that the projects were being pushed hard to achieve the 3 :1 ROI, however if they achieve over 1:1 ROI then it is still worth considering moving them into the mainstream.

Mrs Davidson also noted that there had been some difficulty in some projects providing progress reports and a robust appraisal was required to ensure the return in these areas.

Mr J Raine enquired how the dispute resolution process referred to would work. Mr P Lunts advised that there was more work required to establish the process, however he envisaged it moving up both organisation hierarchies with the CHCP Board being the final level.

## **DECISION**

### **a) The CHCP Board accepted the paper and its recommendations**

#### **5. JOINT STRATEGIC OLDER PEOPLES COMMISSIONING PLAN – CURRENT STATUS**

Mr P Lunts advised that this paper had some links into the previous one, he went on to explain that having a commissioning plan would give us a better idea of where we are going.

There is still a great deal of work to be done on the plan with a submission deadline of the end of 2012/13, implementation of the plan should begin in 2013/14.

There have been 5 community workshops held to date covering how older people's services might work better. The £63 million spend on older peoples services will underpin the Integrated Resource Framework.

In terms of progress there have now been a number of commissioning principles identified. A plan is being developed which will include spend. It is expected that there will be a further discussion at the 17 December 2012 CHCP Board.

Mr J Raine suggested Mr Lunts would have to provide more detail around what the workshop session detailed under recommendation 3 will entail and what outcome is required.

Mrs J Davidson asked if the spend equated to the £63 million in the finance report. Mrs E Torrance confirmed it did not.

The Chair enquired what the attendance was like at the workshops and what the feedback had been like around potential disinvestments. Mr B Howarth confirmed there had been no specific reference to disinvestment; however this will be more transparent moving forwards.

Mr D Davidson asked if the CHCP Board workshop (recommendation 3) would be happening soon i.e. at the end of October or the beginning of November. Mr P Lunts confirmed that every attempt would be made to enable this to happen.

Dr E Baijal advised he would like to see prevention taken as one of the commissioning principles. He explained that a high level of detail will be required to achieve success. He added that he is supportive of the paper but would request these issues are reflected. Mrs E Torrance agreed with Dr Baijals comments that the process would need to be more sophisticated.

Mr D Davidson supported Dr Baijals point by reminding the CHCP Board of the change in demographics and the availability of funding makes up stream prevention/interventions vital.

Mrs J Davidson reflecting on the disinvestment point stated there must be clarity around the approach for identifying how to get the biggest return in terms of our spend and build this into the commissioning process.

## **DECISION**

### **a) The CHCP Board accepted the paper and its recommendations**



- b) Dr Bajjals issues should be addressed at the workshop
- c) Disinvestment should be robustly identified

#### 6. CRUMHAUGH HOUSE – PROJECT OUTLINE BUSINESS CASE

There had been circulated copies of the Crumhaugh House – Project Outline Business Case. Mrs E Torrance explained that the report provides the outline business case for the Council's extra care housing in Hawick. The document touches on the feasibility of this along with the benefits to the public purse. It is worth noting that in Peebles it is costing £6 million to build extra care housing, if we can get an agreement on capital it would cost only £2 million to redevelop the Hawick site.

Mrs E Torrance went on to explain that the current difficulty is getting agreement from both organisations on the capital issue. She then asked for agreement from the group to continue with the work and to bring it back in more detail at a later date acknowledging the fact this will cost money to progress. She advised that bids had been submitted for other sources of funding to work up the project case.

Mr J Hammond asked if we don't get 26 beds would this effectively be a show stopper. Mrs E Torrance advised that it wouldn't be.

Mr C Campbell asked everyone if they were clear on the numbers. He explained his understanding was the Crumhaugh site is an asset on the NHS Borders books valued at £2.4 million. NHS Borders have requested Scottish Government funding to mark the property down to current market value which is around £750,000. The valuation reflects the change from a direct replacement value to a current market value, as is required in the Property Transaction Manual. NHS Borders has proposed that as there is slippage in the Change Fund (estimated up to £500k) this slippage could be used to fund the cost of the building. Mr C Campbell wished to check that this was everyone's understanding.

Mr D Robertson understands that the value is £750,000 only if you can get a buyer. He added he would be keen for the benefit of the public purse if this could be reduced further. Mrs C Gillie explained the valuation was completed by an independent valuer (James Barr). Mr A Lowe advised he wasn't sure where the £6 million for Peebles was coming from because we are not comparing like with like, the point is the cost of a new build is not the same thing as the cost of a redevelopment. It was confirmed that this information had been included in the paper being considered.

Mr C Campbell explained to the group that we need to know what help we will actually be asking the Scottish Government for and why. The Chair advised that there needs to be clarity on the derivation of the numbers, i.e. £2.4 million and £750,000. Mr C Campbell explained that the property is in NHS Borders books at £2.4 million, if we needed to build a new Crumhaugh this is what it would cost. Mrs C Gillie explained that £750,000 was the property's current estimated market value (James Barr are currently doing a full valuation to confirm the market value of the property).

Mr D Parker stated that although there is a requirement for extra care housing in Hawick it is not an absolute priority and it could be delayed. He added that he didn't think SBC should have to pay for the asset and that we should be asking the Cabinet Secretary for permission to transfer at nil value. He emphasised his view that if we do not get ministerial approval then he would suggest we stop work as in principle he would not support utilising the Change Fund to facilitate the transfer.

Mr D Robertson stated another option could be a long term lease which would get the NHS around the issue of sale of the asset.

Mr C Campbell suggested in the meantime, and to allow progress, that a paper is taken to the next NHS Board clarifying that Crumhaugh is now declared surplus.

Mr D Parker suggested that SBC develop a joint draft email to both Cabinet Secretaries to request additional support for this scheme. This will be sent to Mr J Raine for consideration.

Mr Parker stated that when we approach the Cabinet Secretary he wanted to be clear that if the asset is not transferred across at nil value then SBC are not interested in proceeding.

Mr J Raine asked if we were convinced that both organisations were fully committed to this, reflecting on the thought that we are willing to let it fail over £200,000 funding, this would appear to suggest we are not fully committed to doing this. Mr A Lowe responded by saying that we would like extra care housing in Hawick and this is a good opportunity that we do not want to miss.

#### **DECISION**

- a) The CHCP Board accept recommendation 1 in the paper**
- b) NHS Borders to take a paper to their Board declaring Crumhaugh as surplus to requirements**
- c) Develop an email to the Cabinet Secretaries with proposals for transfer**

#### **7. CHEVIOT PROJECT**

There had been circulated copies of the Cheviot Project update. Mrs E Torrance explained that some work had been done on testing out integrated care in Cheviot. She advised that the key issues outlined in the paper were the proposal that we work to adopt this approach Borders wide and not just in Cheviot, there is a request to source a programme manager for 18 months to take this work forward (funded through the Change Fund) and finally there is an options appraisal scheduled in October.

Mr C Campbell stated that if we are integrating management structures there will need to be an agreement how the reduction in management cost will be assessed and allocated between the organisations. This will need to be agreed before we proceed.

Mr D Parker confirmed he was happy with what was being proposed

#### **DECISION**

- a) The CHCP Board approved the Cheviot paper and recommendations.**

#### **9. JOINT FINANCE REPORT – 30<sup>TH</sup> APRIL 2012**

Mrs C Gillie advised that the report circulated detailed the position until the end of July. The report now includes performance data as well as financial data and, any comments on the format would be welcome.

The report demonstrates over and under spends against some of the headings as at the end of July, however the key point to note is the projected year end overspend of £848,000. This is mainly focussed around Learning Disabilities and older people's residential services. Mr D Robertson advised this had been to the Council Executive and an agreement had been reached that a range of measures were to be identified and the budget would be brought back into balance by the year end.

Mr J Hammond queried the use of the word 'assumption' in the paper as it is a bit vague given it refers to £1.6 million reducing to £548,000 based on assumptions. He asked if the paper to the Council Executive team had included more detail of what these assumptions were. Mr D Robertson confirmed the report taken to the Council Executive had included more detail.

Mrs J Davidson asked about the consequential implications of the current pressures on budgets for example will there be any impact on care homes and what will be the consequences of these measures. She advised that both organisations needed to be fully sighted on the plans so there is a shared understanding of what the impact is going to be.

Mr A Lowe spoke to the group about the need to ensure that we are utilising resources effectively; he offered the example of the intermediate care beds in Innerleithen not being fully utilised.

Mr D Robertson confirmed that cumulative pressure is a result of increasing demand and carry over of efficiency targets from previous years.

Mrs J Davidson asked if there could be clarity of detail around the efficiency proposals and what impact these will have across the CHCP?

The Chair agreed that both organisations need to be sighted on the plans. Mr A Lowe supported this point by advising that there is need to be open and transparent with each other.

Mr C Campbell advised that the LD Service was being reviewed and the outcomes should be brought back to the CHCP Board for consideration. Mrs E Torrance confirmed that she was content with the review.

Councillor Aitchison asked for clarity around how the Change Fund was reported. Mrs C Gillie explained that the report covered both organisations and that the expenditure figures were gross. The net figure, when income is deducted from expenditure, for the Change Fund was £2.4m, which was made up of the £1.9m NHS Change fund and £0.5m SBC contribution. It was noted the SBC £0.5m had now been withdrawn from the Change Fund

#### **DECISION**

- a) **The CHCP Board accepted the Joint Financial Report but asked for a revised report to be circulated without the SBC £0.5m Change Fund**
- b) **The Council Executive report on financial measures to be circulated to the CHCP**

#### **10. ANY OTHER BUSINESS**

Not applicable

#### **DATE AND TIME OF NEXT MEETING**

The Chair advised that the next meeting of the CHCP Board would be 17 December 2012, 3pm to 5pm, Scottish Borders Council Headquarters.

## South East and Tayside Regional Planning Group



Minutes of the Meeting of the South East and Tayside Group held at 10am on 1<sup>st</sup> February 2013 Meeting Room 7, Waverley Gate and via telepresence to NHS Tayside and NHS24.

### Present:-

#### **Borders**

Mr Calum Campbell (Chair)  
Ms June Smyth

#### **Fife**

Mr John Wilson

#### **Forth Valley**

Ms Janette Fraser

#### **Lothian**

Professor Alex McMahon

#### **Tayside**

Ms C Selkirk(VC)

#### **Dumfries & Galloway**

Dr Mary Harper (VC)

#### **Regional Leads**

Ms Jacqui Simpson  
Mr Derek Phillips  
Ms Jan McClean

#### **Directors of Finance**

Ms Chris Bowring

#### **Scottish Government**

Mr Mark O'Donnell

#### **Directors of Public Health**

Dr Alison McCallum

#### **Nurse Directors**

#### **NES**

Professor Bill Reid

#### **NSD**

Mrs Deirdre Evans

#### **Scottish Ambulance Service**

Ms Heather Kenney

#### **Medical Directors**

Dr Gordon Birnie

#### **HR Directors**

#### **NHS 24**

Ms Justine Westwood (VC)

#### **Partnership Representation**

Ms Edwina Cameron  
Ms Wilma Brown

**In Attendance:** Ms I McGonnigle, Mr Brian Kelly

#### **Apologies for absence were received from:**

Mr John Turner, Ms Yvonne Summers, Dr Brian Montgomery, Mr Tim Davison, Ms Melanie Hornett, Mr Alan Boyter

### Item No.

### Section

1

#### **Welcome & Introductions**

Calum Campbell welcomed all to the meeting and noted the apologies received.

**Action**

## **2 Previous Meeting**

### **2.1 Minutes of the Meeting held on 29<sup>th</sup> November 2012**

The minutes of the previous meeting held on 29<sup>th</sup> November 2012 were agreed as an accurate record.

### **2.2 Progress Against Action Note**

Progress was noted against the Action Note.

## **3 Matters Arising**

### **3.1 Neonatal Care in Scotland - A Quality Framework**

J Simpson advised that a response was awaited from Scottish Government to the letter from SEAT sent in December 2012. The letter requested confirmation of the expected date of publication of the Neonatal Quality Framework in light of the public engagement activities planned in the South East on the future of paediatric services.

J Simpson advised that Yvonne Summers had been unable to provide an update on date of publication, but had agreed to pursue a response.

**Y Summers**

### **3.2 SEAT Group Architecture**

J Simpson advised that since the last meeting a new Chair had been appointed to the regional MCN for Child Sexual Abuse. Dr Sheena MacDonald, Medical Director NHS Borders had agreed to assume this role. A Chair was still to be confirmed for the regional MCN for Neonatal Services and this is being pursued.

**J Simpson**

### **3.3 Medical Staff Risk Assessment**

Derek Phillips provided a presentation on progress with the Medical Staff Risk Assessment. He highlighted that the methodology and the excel based tool had been well received with feedback that achieved what it aimed to do. Users had confirmed that it covered the majority of key risks and that the scoring system was sensitive enough to differentiate the different levels of risk. He noted that the initial risk assessment process was taking longer than expected in part due to users wanting to fully consider key risks. Examples were provided of the risk assessments carried out for Critical Care in NHS Lothian and SEAT wide A&E and paediatric services. He informed the group that the data collection process was still underway and that the RMWG has still to review the analysis of the initial risk assessments.

Gordon Birnie commented that this was an important tool and should be integrated with service and workforce planning.

Bill Reid agreed that this was a very helpful tool and that as it evolved it would become more sophisticated.

Calum Campbell requested that Derek continue to develop this work in the region and in addition requested that Boards should look at the results from services in their area; that Boards should look at results across the region and that the Regional Medical Workforce Group should assess the results in the context of demand and capacity. It was noted by J Simpson that was being factored into the regional demand and capacity work. D Phillips advised that this work could be linked to national recruitment information once that was available.

**Boards**

It was agreed that a copy of the presentation would be circulated to the Group and that Boards may wish to circulate it more widely within their organisations.

**D Phillips**

It was agreed that the National Video Conferencing item and Major Trauma Review would be moved up the agenda as both Justine Westwood and Caroline Selkirk required to leave the meeting early.

## 6.5

### **National Videoconference Project**

Justine Westwood reported that work had been undertaken nationally to establish a national Videoconferencing Network and that the next step was to establish a service support model. The previously circulated paper detailed the service specification which had been discussed with Board eHealth Leads. There had been agreement to proceed with eHealth Leads funding the first 6 months of a phased service to allow scoping to take place.

It was acknowledged that in moving forward there would be greater engagement with Directors of Planning and Finance.

J Simpson suggested that Boards may wish to think about mobile VC links in their consideration of future Board needs, particularly if patient facing telehealth consultation was to be rolled out.

C Bowring commented that there was no mention in the Service Specification of linking in with Local Authorities. J Westwood advised that at present the project was ring fenced within the NHS but that the next phase would look at including Local Authorities.

SEAT noted the update.

## 6.4

### **NPF SubGroup Major Trauma**

Caroline Selkirk advised that the Major Trauma Review Group had met once and was due to meet again on 12<sup>th</sup> February. A questionnaire had been circulated to Boards to ascertain what services are currently provided. She reported that data from ISD was be linked to data from SAS and STAG to see where trauma care was currently carried out. Health Improvement Scotland had been asked to review current evidence on major trauma services in Scotland.

C Selkirk also advised that consideration was being given to including a wider group of people in the work of the Review Group including patient representatives. It was planned to distribute a newsletter shortly to inform a wider audience of progress with the review.

**C Selkirk**

J Simpson advised that Boards were in the process of completing their questionnaires to comply with the request for a co-ordinated regional return but that the timescale for completion was quite tight. It was agreed that a few days leeway was permitted and Caroline indicated that Tayside response was not part of SEAT regional return.

SEAT noted the update and agreed that this would continue to be a standing agenda item.

**C Selkirk**

#### **4. SEAT Initiatives**

##### **4.1 Rebalancing Care – Orthopaedics**

June Smyth provided a verbal update on progress, advising that a fuller written update will be provided for a future meeting. June reported that the service was continuing to work well with activity at the anticipated levels. Patients seen at the commencement of the initiative were now receiving surgery in the Borders. There had been few DNAs (Did Not Attends ) reported.

**J Smyth**

There continue to be weekly meetings by VC between the service management teams from both Boards, as well as daily telephone updates. The Patient Involvement Team in Lothian was also maintaining involvement with positive feedback reported.

J Simpson advised that lessons learned from the Orthopaedics experience will inform the future work on Demand and Capacity plans in the region.

##### **4.2 Regional Demand and Capacity Plans**

Calum Campbell welcomed Jim Little and Carmen McAteer from Scottish Government to contribute to this agenda item. Jacqui Simpson informed the group that a significant strand of the proposed demand and capacity plan across the region would be the development of a regional endoscopy facility at Queen Margaret Hospital managed by NHS Fife.

Jim Little explained that there had been work undertaken on endoscopy services through the Diagnostic Support Group, with £2.5m allocated this year to support services. It had been highlighted through this work that most of the SEAT Boards were experiencing challenges in meeting demand, with the exception of NHS Borders. Scottish Government had approached NHS Fife with a proposal to establish a regional endoscopy service in Queen Margaret Hospital, alongside a capital investment of £800,000 for equipment which would be required to be purchased in this financial year. Jim Little acknowledged that it would have been preferable to approach this issue differently and have the detail on demand worked up before agreeing the capital, however it was recognised that this was an important service delivery issue and Scottish Government was keen to support Boards in delivering this service.

Alison McCallum asked if decontamination of equipment had been factored in to planning assumptions. Gordon Birnie replied that work was underway separately in Fife to upgrade decontamination facilities.

Calum Campbell advised that SEAT was grateful for the offer of support from Scottish Government, acknowledging that this would not be the normal process for taking forward this work. It was agreed that SEAT and NHS Fife would accept the funding and convene a separate regional meeting to agree the details.

**J Simpson**

John Wilson advised that there was enthusiasm in NHS Fife to resolve the issue of endoscopy capacity as the current position would only deteriorate. He advised that there was physical capacity at Queen Margaret Hospital, although currently not the staff or equipment and this risk had to be acknowledged. He stated that the critical issue for NHS Fife was the capital charges and he was keen for the risk not to lie all with NHS Fife. He proposed the model used for Stracathro Hospital could be considered.

Alex McMahan confirmed that NHS Lothian had contributed to the discussion arranged by Jacqui Simpson prior to this meeting. He advised that while the detail of this proposal needed to be worked through, that NHS Lothian was committed to sending patients to NHS Fife for endoscopy and would require the additional capacity.

Janette Fraser advised that NHS Forth Valley had participated in pre SEAT meeting discussion and had a long term plan to manage their own activity, but were keen to work with SEAT in the short to medium term and would use the additional capacity offered by a regional facility.



It was noted that NHS Borders did not require additional capacity at a regional unit but would be willing in the interests of collaboration across the region to continue to provide capacity for NHS Lothian as per prior agreement and to work to support the development of the new facility in NHS Fife.

The Tayside position required to be ascertained.

**J Simpson**

It was agreed that Jacqui Simpson would convene a regional meeting to discuss the detail of the proposal.

**J Simpson**

In terms of the wider regional demand and capacity planning work Jacqui Simpson added that SEAT Boards had now confirmed Board representatives and the first meeting of this group was in the diary to support the planning of the wider SEAT Demand and Capacity Event later in the year. An update would be given at the next meeting.

**J Simpson**

4.3.1 and 4.3.2 **Learning Disability – Female Patients with Forensic Presentations – SEAT scoping and Wider Forensic Services**

Jacqui Simpson introduced this item, advising that there were two areas of work – Women with learning disabilities with forensic needs and a wider group of women with mental health issues with forensic needs. The previously circulated paper prepared by the Learning Disability MCN was welcomed and scoping of the issues for women with learning disabilities with forensic presentation was appreciated. It was agreed that further work was required in the wider context of forensic services and include a link to the work underway through NSD.

It was noted that NHS Fife had put in place a solution for one female patient with complex care needs who had previously been cared for outwith NHS Fife however Chris Bowring indicated that this did not preclude NHS Fife working with regional colleagues re any potential future provision on a regional or national basis.

Alison McCallum commented that there were a number of women for whom there was limited provision in the UK, and no provision in Scotland.

Deirdre Evans advised that the work in NSD involved mapping service provision across the country. She commented that there seemed to be a number of pieces of work underway in this area and that it would be important to bring them all together and understand what required a regional focus or a national focus.

It was agreed that J Simpson and A McMahon would liaise and ensure a paper scoping all the work underway at a national, regional and local level would be prepared for a future meeting.

**A McMahon / J Simpson**

#### 4.4

#### **Paediatric Workforce Planning and Shape of Future Acute Paediatric and Neonatal Services**

Calum Campbell noted the earlier discussion on this topic and asked colleagues for an update on actions since the last SEAT meeting. It was noted that this was covered in the workforce update from Derek Phillips. Derek provided detail on the latest recruitment update from NHS Lothian who were coordinating the international recruitment campaign. He noted that there were a number of applicants for the posts advertised from a range of locations including Scotland, Ireland, Netherlands, Spain, India and Burma. Interviews were being progressed as quickly as possible. He noted that there had been a limited response from North America, Australia and New Zealand.

D Phillips noted that all the sites were reporting that OOH rotas for February and March were populated. Work was underway to ensure the OOH rotas over the Easter holiday period were covered, however this may prove more difficult given annual leave commitments.

Bill Reid noted that the Targeted Workforce Support Team (TWST) from the SG had contacted him to arrange a meeting. The group was due to report to Chief executive of NHS Lothian and SG by the end of March.

D Phillips reported that he had attended the NHS Education Scotland meeting on the 10<sup>th</sup> January regarding paediatric and neonatal nurse education. He confirmed that three sub groups had been established to look at neonatal, advanced practice and healthcare support workers and that a proposal for funding/PID was being submitted to the SG by the end of March. He confirmed that he was a member of the Steering Group and agreed to report on progress at future SEAT meetings.

#### 4.5

#### **Workforce Planning Update**

Derek Phillips highlighted that the funding for disestablished posts (August 2012) should be in the process of being returned to appropriate boards. He also confirmed that a maximum of 22 Higher Specialty Training posts were to be disestablished nationally in August 2013 and provided details of the specialties affected.

His report highlighted workforce risks with the CSA OOH rota and the associated recruitment consultant difficulties. J Simpson reported that an inter-regional discussion was planned to discuss the highly specialised end of expertise re child protection and child sex abuse and the imminent retiral of expert staff in the South East and the North.

Derek Phillips reported on the ongoing workforce difficulties in O&G associated with the high level of gaps in the middle grade rotas for similar reasons as experienced in paediatrics. He confirmed that the RMWG had agreed to organise a meeting to

identify the risks in detail and identify possible solutions. He also reported on the UK wide Review of the shape of Medical Training, known as the Greenway Review, highlighting the key issues emerging and pointing SEAT colleagues to the review website for further information.

#### 4.6

##### **Performance Standards and Minimising Variation**

Gordon Birnie reported that there were potential savings of £4m by reducing variation across the range of specialties previously discussed. Data had been provided to Boards and this was being publicised locally. In gynaecology a Working Group was looking at the Croydon List and also other procedures with a view to standardising. Work on ophthalmology had not progressed as well as hoped and would require further consideration. He agreed to feedback to a future meeting.

**G Birnie**

#### 4.7

##### **NDP 6 Month Monitoring Report**

J McClean spoke to the previously circulated Monitoring Report which required to be submitted to the National Specialist Children's Services Group, chaired by Caroline Selkirk on behalf of SGHD. The report highlighted positive progress in the majority of areas and a very small number of areas where progress was still to be made in delivering key objectives from the regional Implementation Plan. The outstanding areas were being discussed and progressed through the SEAT Children and Young Peoples Health Services Planning Group.

J McClean advised that it was becoming increasingly challenging to report on progress as the funded posts were now well embedded in services. It was suggested that this issue should be raised at the next national meeting and the possibility of discontinuing reporting proposed.

SEAT noted the report and agreed to its submission to SGHD.

### **5.**

#### **Regional Liaison Activities**

#### 5.1

##### **RHSCE and DCN Reprovision**

A McMahon reported that progress continued to be made, with Enabling Works having commenced in January. The closing date for the OJEU advert had also been in January. A McMahon advised that as part of the RHSCE Business Case, there was an assumption that there would be a reduction of 25% in outpatient attendances on the site. After discussion on the potential implications of this within NHS Lothian and across SEAT Boards, it was agreed that as it had been some time since the clinical model had been discussed with SEAT Boards that this would be progressed through the SEAT Children and Young Peoples Health Services Planning Group. Boards could then be updated on the assumptions in the clinical model. Mary Harper requested that the clinical model for DCN was also shared with Boards. A McMahon agreed to set this in motion.

**J Simpson**

**A McMahon**

## 6. National Initiatives

### 6.1 Vascular Services

J McClean advised that since the last update, discussions between NHS Forth Valley and the West of Scotland Regional Planning Group had progressed and that Forth Valley would pursue the development of a service model involving the West of Scotland Boards, not with SEAT.

NHS Borders and Lothian had commenced discussions on the provision of Tier 2 vascular services and NHS Fife was giving consideration as to whether there needs to be public engagement on changes within Fife.

J McClean advised that if agreed, the report will be circulated to the National Planning Forum by way of a requested update for the next meeting on 7<sup>th</sup> February.

SEAT noted the update and agreed to the report being forwarded to the National Planning Forum.

**J McClean**

### 6.2 Spinal Review Implementation

J McClean reported that work was continuing to progress in this area and spoke to the previously circulated report. All boards with the exception of NHS Lothian had implemented the Back Pain Pathway and were reporting positive outcomes through its use. NHS Lothian was undertaking a wider programme of service improvement and as part of that will implement the Back Pain Pathway. Work undertaken by the QuEST Team in NHS Lothian, had produced preliminary information showing that there was currently insufficient outpatient and theatre capacity in NHS Lothian to cope with the present demand. Further analysis and work was require to be undertaken in this area.

By way of supporting this work, there had been agreement to pilot a telehealth link between NHS Lothian and Dumfries and Galloway to improve the quality of referrals and ensure only appropriate patients were referred in to Lothian for treatment. Initial suggestions were that this pilot will commence in early summer, however it was hoped this may be accelerated. Progress had been made against most of the other recommendations and the ongoing work in Lothian will help progress this further. A stakeholder event was being planned for late spring with the purpose of engaging key clinicians in delivering the improvements to the service.

J McClean requested that if SEAT were content, that the report could be forwarded to SGHD by way of an update on this area of work.

SEAT noted the report and agreed to its onward submission to SGHD.

**J McClean**

### 6.3 National Initiatives Update Report

Deirdre Evans spoke to the previously circulated report highlighting

the report to be submitted to the National Planning Forum on the Review of Breast Screening. Some clarity was still required on the number of mobile units and the economic aspects of the report

The Paediatric Intensive Care Review Group had met on 2 occasions and was looking at the capacity required.

A review of Adult Allogeneic Stem Cell Transplantation had involved an options appraisal on the future provision of the service and was due to conclude and report its findings by March 2013.

A McMahon advised that it would be important for SEAT to be reassured that access to the Stem Cell Transplantation or Cleft Lip services were not changing for their populations.

## 6.6

### **Scottish Ambulance Service Update**

Heather Kenney spoke to a previously circulated paper and highlighted work underway in unscheduled care in reducing the number of avoidable A&E attendances. H Kenney offered to bring a fuller report back to SEAT once the pilot was completed.

A Full Business Case for the development of SCOTSTAR was due to go to Board Chief Executives in March 2013.

The Major Trauma Pathfinder project was at the half-way stage and an evaluation was planned for the end of March.

C Campbell thanked H Kenney for her update.

## 6.7

### **Driving Sustainable High Quality Care Across NHS Scotland**

Mark O'Donnell advised that the previously circulated paper was due to be discussed at the forthcoming NPF meeting. Comments on the draft proposal had been received from the national Directors of Planning Group and also from SEAT. Mark O'Donnell assured the Group that Board Chief Executives and Chairs were sighted on the proposals.

J Simpson advised that the SEAT response concurred with national Directors of Planning request for a wider debate with Board Chief Executives to examine the whole national planning and quality landscape, not just the NPF in isolation.

## 6.8

### **Nominations for Membership of Sub Group for Specialist Pain Management**

Deirdre Evans advised that nominations were being sought for a Sub Group of the National Specialist Services Committee to

develop specialist service for patients with chronic pain. There were currently no inpatient facilities in Scotland and if required patients were referred to England for treatment. To provide context to this issue, it was noted that over the last 6 years no referrals had been made to England from NHS Lothian, Fife or Borders. NHS Tayside appeared to have the greatest number of referrals.

G Birnie advised that it was possible that patients from Fife were referred to Tayside and then onward referred to England.

Calum Campbell commented that it would be important to take the number of referrals into consideration as part of these discussions and that if large areas of Scotland were not using the service then it should be taken out of the national risk share arrangement.

M O'Donnell advised that NSD had been asked to broker this national discussion and would, as part of the work, look at whether there was a need for a Scottish service.

It was agreed J Simpson would represent SEAT.

#### 6.9 **Public Health Stocktake: NPF SubGroup**

J Simpson advised that the National Planning Forum had set up a short life working group to consider the Public Health Stocktake Professor Fiona Mckenzie was the chair of the group and it was agreed that Jacqui Simpson would be the SEAT regional planning representative on the group and Dr Tim Patterson, Consultant in Public Health in NHS Borders would be the regional public health representative.

### **7. Board Issues**

#### NHS Lothian

The TAVI service in Lothian had performed 13 procedures to date. A National Steering Group was due to meet soon and included SEAT representatives including Jacqui Simpson, Alex McMahon and Brian Montgomery.

### **8. Regional Minutes**

The following minutes were circulated for noting.

8.1 Minutes of the Regional CAMHS Consortium meeting on 8<sup>th</sup> November 2012 (Approved)

8.2 Minutes of the Regional Medical Workforce Meeting on 9<sup>th</sup> November 2012 (Unapproved)

8.3 Minutes of the MCN for CSA Steering Group on 26<sup>th</sup> September 2012 (Approved)

8.4 Minutes of the SEAT Directors of Planning meeting on 16<sup>th</sup> November 2012 (Approved)

8.5 Minutes of SEAT MD, DPH, DoN Meeting on 16<sup>th</sup> October 2012 (Approved)

8.6 Minutes of Learning Disabilities MCN Senior Management Team Meeting on 23<sup>rd</sup> August 2012 (Approved)

8.7 Minutes of CYPHSPG meeting on 9<sup>th</sup> May 2012

8.8 Minutes of MCN or Neonatal Services Steering Group on 18<sup>th</sup> April 2012

**9. Any Other Business**

**Action**

J Simpson advised that the Network Manager for SPAN (Scottish Pathology Network) had requested that he attend the next SEAT meeting to update SEAT Group on the work of the Network. This was agreed by the Group.

**10. Date and Time of Next Meeting**

The next meeting is scheduled for **Friday 12<sup>th</sup> April 2013 at 10 45 am** in Meeting Room 7, Waverley Gate.