

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: 01.11.12
- Endowment Fund Board of Trustees: 18.09.12
- Clinical Governance Committee: 14.11.12
- Staff Governance Committee: 06.11.12
- Area Clinical Forum: 03.12.13
- SEAT: 30.11.12

Recommendation

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

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

Approved by

Name	Designation	Name	Designation
Calum Campbell	Chief Executive		

Author(s)

Name	Designation	Name	Designation
Iris Bishop	Board Secretary		

Borders NHS Board



Minutes of a meeting of the **Strategy & Performance Committee** held on Thursday 1 November 2012 at 12.30 in the Board Room, Newstead

Present:

Mr J Raine	
Mrs C Duthie	Mrs E Fleck
Mr D Davidson	Mrs J Davidson
Cllr C Bhatia	Mrs J Smyth
Mrs E Cameron	Dr S MacDonald
Dr D Steele	Mrs C Gillie
Mr J Hammond	Mr D McLuckie

In Attendance:

Miss I Bishop	Mrs J Stephen
Dr C Sharp	Dr H McRitchie
Mr A McNicoll	

1. **Apologies and Announcements**

Apologies had been received from Adrian Lucas, Pat Alexander, Eric Baijal and Calum Campbell.

The Chair welcomed Jackie Stephen, Head of IM&T and Alistair McNicoll, Senior Projects & Developments Manager, IM&T, to the meeting who spoke to the PMS presentation item on the agenda.

The Chair recorded the congratulations of the Board to Catherine Duthie on the extension to her appointment as a Non Executive Director of Borders NHS Board until July 2013.

The Chair further advised the Board that the recruitment campaign for two new Non Executive Directors to join the Board had begun. Both Catherine Duthie and Adrian Lucas would conclude their second terms of office as Non Executive Directors of the Board in 2013.

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 6 September 2012 were amended and approved.

4. **Matters Arising**

Minute 9: Key Performance Indicator Scorecard: Jane Davidson confirmed that the Strategy & Performance Committee would be receiving the presentation on physiotherapies at its meeting on 7 February 2013.

Minute 6: Complaints Activity 2011/12: Evelyn Fleck advised that the Complaints Team had progressed tests of change which had resulted in an improvement in the percentage of complaints closed within 20 working days. She reported the figures for August as 85% and for September 90%. Mrs Fleck further advised that the test of change would be an on-going improvement programme until sustainability was assured.

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

5. Clinical Governance & Quality Performance Report

Evelyn Fleck provided the Committee with an overview of performance in the areas of the Scottish Patient Safety Programme and Person Centered activity. She highlighted several items including: the announcement by the Cabinet Secretary of an amalgamation of the number of key distinct areas of patient safety; intended delivery of a further reduction in hospital mortality rates; management of significant adverse events and the improvement in the Complaints Teams performance in achieving the standard 20 working day response target.

Catherine Duthie commented that NHS Lanarkshire sustained good performance in regard to complaints and enquired if there was any learning from them that could be shared. Evelyn Fleck advised that she would pursue this suggestion.

Dr Doreen Steele enquired if the attainment against the HAI assessment skill should be higher. Mrs Fleck advised that as new programmes were brought on the assessment skill levels were being reviewed, however she would find out more at the forthcoming Scottish Patient Safety Programme (SPSP) event being held the following week.

Jane Davidson commented that NHS Borders had been on a journey constantly improving from skill level 2 to 2.5 and now to 3. She suggested that once the SPSP event had been held that the assessment skill levels be refreshed and recalibrated as appropriate.

Dr Doreen Steele commented that the Hospital Standard Mortality Rate (HSMR) data was fairly constant and she enquired if there was an expectation that it would slowly improve or maintain the current level. Mrs Fleck advised that when the review process had been undertaken the HSMR data had been at 15.7% and the most recent data was at 19.6%. She clarified that there was an expectation for Boards to achieve the new target to achieve a 20% reduction by 2015.

Dr Doreen Steele enquired if the 0.74% would drop over time and Evelyn Fleck confirmed that it would and that there was only 0.4% to go.

Jane Davidson reported that at a recent Board Chief Executive's meeting, Jason Leitch had described the HSMR position for NHS Grampian and NHS Borders and had commented on how both systems look completely different from 2010 to date. She advised that there had been a marked and rapid improvement made over a fairly short period of time and there was a piece of work underway to

understand some the key aspects from a clinical perspective in order to capitalise on the progress made in moving forward.

John Hammond commented that the Hand Hygiene figures within the table did not contain any time period to equate the figures to. Evelyn Fleck reminded the Board that the organisation had a zero tolerance with regard to hand hygiene.

Dr Doreen Steele enquired how the Area Clinical Forum (ACF) promoted hand hygiene to medical staff given that doctors were viewed as the most non compliant element of the workforce. John Hammond advised that the ACF spoke about hand hygiene at each meeting and the nursing group had fed back that they were embarrassed at chasing up medical colleagues. Mrs Fleck advised that the medical staff rate for hand hygiene compliance was improving.

Dr Hamish McRitchie commented that hand hygiene was part of all new staff members induction and was now also part of undergraduate training.

Cllr Catriona Bhatia enquired how hand hygiene compliance was measured. Evelyn Fleck advised that it was measured through the opportunities for washing your hands and the technique and there were different points as which observers measured.

The Chair enquired on behalf of Pat Alexander, what the expectation was of Non Executive Directors joining the patient safety walkrounds. Mrs Fleck advised that Warwick Shaw was currently refreshing the programme of patient safety walkrounds and would be in touch.

David Davidson commented that he had been discussed with Alasdair Pattinson the possibility of Non Executives joining the patient safety walkrounds at the Community Hospitals. Jane Davidson commented that it would be preferable for Alasdair Pattinson to feed into Warwick Shaw in order to factor in the organisational approach to those patient safety walkrounds.

Dr Sheena MacDonald advised the Board of the Autumn Harvest visit which had been a positive visit with good presentations showcased from the Borders Area Nursing and Midwifery Advisory Committee (BANMAC). She suggested a future Board Development session be identified to see the presentations.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the current performance in the key areas of Clinical Governance & Quality and agreed to receive the Autumn Harvest BANMAC presentations at a future board Development & Strategy session.

6. **SEAT – Rebalancing Care Workstream: Orthopaedics**

June Smyth updated the Committee on progress on the implementation of the Rebalancing Orthopaedics workstream. She highlighted working collaboratively with planning partners in SEAT to look at capacity and sustainability. Mrs Smyth reported that it had been previously agreed through the NHS Borders Local Delivery Plan to invest £1.2m in the Orthopaedics service locally in order to increase capacity and that increased capacity had been utilized and was now being offered to NHS Lothian. The original plan had been to increase capacity by April 2012 and to begin to receive referrals from NHS Lothian. NHS Lothian referrals had not been received until 1 October 2012 and were now flowing through the system. As at the previous day there had been 54 referrals from NHS Lothian and

Mrs Smyth confirmed that these were being monitored, the waiting times guarantee was being achieved and key performance indicators were being worked up with the service. Mrs Smyth advised that there was an intention to apply these principles to other specialties across SEAT.

Dr Hamish McRitchie advised that the system was adjusting to bed utilisation and there is was no doubt the arrangements were working and adjusting appropriately.

David Davidson enquired of any potential impact on A&E of having more Orthopaedic time available. Dr Hamish McRitchie advised that it would be preferred to derive some benefit spin-off however this had not been achieved as yet.

Cllr Catriona Bhatia enquired if the evaluation of the service was taking into account post operative packages for those patients returning to NHS Lothian. June Smyth advised that it was built into post operative care and the pathways had been agreed.

The Chair advised that Pat Alexander would have raised the same issue.

Dr Cliff Sharp enquired of the profit margin. June Smyth advised that there were economies of scale for NHS Borders however in order to realize those minor economies of scale investments had been made to grow the service and an agreement had been reached with NHS Lothian to ensure that the service was provided on a cost effective basis. Carol Gillie confirmed that NHS Borders was a non profit making organisation and costs were covered appropriately.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the work progressed to implement the Rebalancing Orthopaedics workstream.

7. **PMS Update**

Jackie Stephen and Alistair McNicoll gave an informative presentation on PMS focusing on Order Communications. Alistair McNicoll advised that the Emergency Dept and ITU were the next go live Departments.

David Davidson enquired if training plans were now in place. Mr McNicoll advised that training was available through elearning (Learnpro) and there were two modules to complete with 140 staff requiring the training.

David Davidson enquired if the company supplying the software would be on site for the Go Live Departments. Jackie Stephen confirmed that they would be and that as part of the readiness for Go Live their staff would also be undertaking the elearning training.

Jane Davidson enquired of the magnitude of risks. Alistair McNicoll advised that risks were managed on a daily basis and addressed by the appropriate people. Over the previous few weeks there had been some key issues raised that had been dealt with through the risk management process.

David McLuckie enquired about the printers and Mr McNicoll confirmed that they were specific printers for labels and specimens and had been installed and set up on the network had a final test with Trakcare to ensure they were all in the live environment.

Dr Hamish McRitchie commented that this would be the first time that Trakcare would deal with patient information and that the reports may not appear in the case records as they would be on Trakcare. He emphasized that this was the first move toward full electronic case records.

Jackie Stephen emphasized the value of the Executive Group that had been formed previously with input from Non Executive Directors. She enquired if the same Executive Group would be willing to reform for the “Go No Go” meetings.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the update and agreed that David Davidson, Dr Doreen Steele and Adrian Lucas reform as the short life Executive Group for the Go No Go series of meetings.

8. **Key Performance Indicator Scorecard**

June Smyth presented the key performance indicator scorecard and highlighted several points of interest including: annual refreshment of indicators; sickness absence figures and AHP waiting times.

David Davidson noted that there were a plethora of targets currently performing below trajectory and he enquired how these would be addressed. June Smyth advised that for some targets it was a journey as some had been achieved and were then given more stretching local targets which allows individual services to be focused on. She advised that the AHPs had trajectories and continued to work towards them and other services were working on action plans to get themselves back on track. Mrs Smyth advised that the Clinical Executive Operational Group met on a monthly basis and was chaired by Jane Davidson who monitored progress and secured actions to be taken and put the spotlight on discussions in particular areas that may need further attention.

Jane Davidson clarified that some targets were stretched beyond the national HEAT targets and others were more ambitious. She advised that the individual services looked at where they were aiming to be and how they needed to get there. The Clinical Executive Operational Group focused on the year ahead with a rolling 12 month position being implemented.

David Davidson enquired if an outline calendar of things to be looked at and when targets might be set could be provided. Jane Davidson confirmed that she would provide such a calendar.

Catherine Duthie commented that for palliative medicine the current length of stay was 16.33 days against a target of 7.7 days. She advised that the first patients to the Margaret Kerr Unit would be admitted shortly and she sought assurance that the system had enough capacity to cope with the anticipated numbers. June Smyth advised that the target for length of stay was 7.7 days and that predated any discussion around the Margaret Kerr Unit. She commented that she was content to revisit the updated modeling exercise that fed into the Margaret Kerr Unit to provide assurance.

John Hammond commented that the delayed discharges figure for Hawick appeared to be substantial at 177 compared to 55 previously. Jane Davidson commented that the overall position on delayed discharges was positive and she suspected the increase in numbers was due to the amalgamation of two areas ie complex cases and delayed discharges.

Dr Sheena MacDonald highlighted that although there appeared to be a substantial number of delayed discharges there were none waiting over six weeks and at the last meeting there had been none waiting

over 4 weeks. Jane Davidson reiterated the joint working that had been undertaken with Scottish Borders Council colleagues to get to such a positive position on delayed discharges.

John Hammond enquired why Theatre utilization appeared to be on the decrease. Dr Hamish McRitchie suggested there may be a number of factors such as redesign and annual leave. Jane Davidson suggested the decrease would be due to the redesign in terms of capacity and activity for the Treatment Time Guarantee that was due to come into effect on 1 October.

John Hammond questioned the rising trend in Trauma and Orthopaedics. June Smyth advised that it was a consequence of the redesign work on planned care as well as the investment that had been put into Orthopaedics in order to grow the service by taking referrals from other NHS systems.

John Hammond enquired how the waiting times for AHP services were calculated as it had been suggested that when an appointment letter was sent to the patient they were removed from the waiting list. Jane Davidson confirmed that patients were not removed from the waiting list until they had DNA'd twice and she would be happy to discuss this further outwith the meeting.

David Davidson noted that the two outstanding variances were ENT and Urology and enquired why. Dr Sheena MacDonald clarified that it was with regard to two particular procedures which required addressing with clinicians in order to move them from overnight stays to day case procedures.

Cllr Catriona Bhatia enquired in terms of data protection if there was a risk of patients being identified within the report when they dealt with small numbers of 1 or 2 patients. June Smyth confirmed that there was no risk of data protection breaches as the information was shared internally with the Clinical Executive and in the Strategy & Performance Committee only and was not made publicly available. Jane Davidson further clarified that even if the report was subject to a Freedom of Information request the information within it remained non identifiable and Evelyn Fleck confirmed that some information could be withheld from an FoI if it was deemed to be potentially identifiable given the small numbers involved.

The Chair advised that Pat Alexander was concerned regarding the continuing poor performance in respect of achieving the eKSF target. Edwina Cameron advised that NHS Borders remained as one of the best performing Boards in Scotland with regard to eKSF and met the standard year or year. She advised the Board that it was usual at this time of year to push Managers to reach their trajectories for eKSF completion. June Smyth advised that the eKSF target had now been redesignated as a standard and although the Board would not be held to account for its performance over eKSF the organisation remained committed to ensuring it was met as the appraisal process was a vital tool for managing staff.

Dr Cliff Sharp enquired if the report could be published on the public website. Jane Davidson advised that it would need to be subject to a patient identifiable information test in the first instance and Dr Sheena MacDonald raised concerns regarding interpretation and potential misunderstanding of the information. The Chair suggested the Board Executive Team may wish to explore this further outwith the meeting.

The Chair suggested the DNAs for Child Dental Health were of concern. Jane Davidson advised that improvements were being made and the Galashiels area was being targeted, however she accepted that it remained off trajectory at this stage.

David Davidson enquired if parents were being texted with regard to Childrens appointments and Dr Sheena MacDonald advised that it was the older teenagers that were being targeted.

Jane Davidson reported that Primary & Community Services were make strenuous efforts with patients and parents in order to reduce the DNA rates for Dental Health.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the September Key Performance Indicator Scorecard and the follow up on revisiting bed modelling for palliative care; the reasons behind theatre utilization; research into the Hawick Delayed Discharges figures; eKSF performance; day case conversion rates for urology; and AHP waiting times.

9. **Board Performance Assessment**

Iris Bishop advised the Committee that in September 2010, Audit Scotland published its report The Role of Boards. Each territorial board was required to have a targeted follow up by its external auditors of it's' response to that national report. The outcome report produced by Scott-Moncrieff advised of one area which should be improved to strengthen the Board's existing arrangements. The report noted that whilst the Board's committees carried out an annual self-assessment of their performance this self assessment and analysis was not carried out at Board level. The introduction of an annual self assessment questionnaire would assist the Board to monitor and assess its performance.

The **STRATEGY & PERFORMANCE COMMITTEE** discussed and approved the introduction of the self assessment questionnaire to be used on an annual basis.

10. **Any Other Business**

Castlebeck Update: Jane Davidson gave an overview of the content of the recent Panorama expose on the Winterbourne Care Home. She advised that Castlebeck were the providers of Winterbourne Care Home and provided other Care Homes in England and Scotland. She further advised that there were five clients of NHS Borders and Scottish Borders Council's Joint Learning Disability Service currently receiving care within Castlebeck's facilities in both England and Scotland.

Mrs Davidson provided the Board with assurance that there was active on-going engagement and monitoring take place in light of the Panorama programme.

PAMs: David McLuckie briefed the Committee on the Property and Asset Management Strategy (PAMs) which had been discussed with the Board at a Development session in August, then agreed and then submitted to Scottish Government. He advised that the second draft PAMs was now due for submission to the Scottish Government for review and would then be submitted to the next public Board meeting for formal approval.

Crumhaugh Update: The Chair updated the Committee on current developments. Disappointingly, Scottish Borders Council had confirmed it did not wish to pursue an interest in the former hospital. Confirmation came in an email to the Chair from Cllr Parker, the Council leader, who explained that the decision had been taken by senior Council members and officers. The Council would have considered taking forward the proposal for extra care housing had the asset transferred at nil value and without the use of the Change Fund.

The Chair outlined issues arising from the last meeting of the CH&CP. It was stated then that the “book value” of the property was £2.4m but that Scottish Government had been asked to mark the property down to current market value of £750k. Cllr Parker had explained then that he did not think the Council should have to pay for the asset and that Ministers should be asked to agree a transfer at nil value. He suggested a joint approach to Ministers by himself and Mr Raine to seek a meeting in order to secure this additional support from Scottish Government.

A letter to Ministers was drafted by the Council. However, in the meanwhile the situation had changed. Calum Campbell had secured an agreement from government to a further write-down in the property value to £500k and agreement that the underspend on the Change Fund which was NHS money could be used to bridge the gap. This meant it would cost the Council nothing to acquire the building. At the same time, Government had indicated that a request from the Chair of NHS Borders for a meeting with the Cabinet Secretary on this issue would not be well received.

As we had a solution at nil cost to the Council, the Chair took the view that he should hold back from making representations along the lines suggested by Cllr Parker and to keep such a move in reserve for a more pressing future issue.

This was explained to Cllr Parker at a meeting attended by the Chief Executives. Cllr Parker appeared to accept the situation but said he would still wish to make such a request to Ministers for a nil value transfer. This was a matter of principle which had been discussed in COSLA and Cabinet Secretary John Swinney had invited local authorities to submit examples of property transfer issues which were impeding progress on health and social care initiatives.

However, Cllr Parker had subsequently written to the Chair to express disappointment that the Chair was unable to agree to a joint approach to Ministers, and indicated that he did not feel NHS Borders had been “entirely open and straightforward in their dealings on this whole issue”.

This latter point was refuted by Mr Raine in his response to Cllr Parker.

The Chair told the Committee that whilst the outcome was disappointing it should not influence our continuing partnership development with the Council. It was important to work closely with SBC on the integration agenda.

Cllr Catriona Bhatia reflected that there was a clear point of principle given that public assets were public assets and the public did not care who owned them. It was unfortunate that the situation had concluded as it had and she suggested a line now be drawn underneath it. She further advised that she had seen the architectural drawings and the property would not have been ideal for extra care housing.

David Davidson commented that if COSLA were pursuing this matter then in all probability it could become a national issue.

Dr Doreen Steele suggested there may be other organizations who could be approached to purchase the property for the provision of other types of care centered housing.

Cllr Bhatia advised that Cllr Parker would pursue the matter through COSLA as a point of principle but would not be approaching John Swinney. She further commented that SBC paid for heating and

lighting at the shared accommodation in Kelso but did not pay rent and she suggested there were a range of discussions to be progressed regarding transfer and management of joint locations and assets.

David McLuckie advised that once the property had been declared as surplus a trawl notice had been released and there had been no enquiries received from the public sector including the local authority or registered social care landlords. He advised that an approach had been received from a private care home provider however no formal notification of interest had been received.

Jane Davidson commented that the concept to transfer assets between public sector organizations might be a way ahead for the future, however as there was no precedent set it would take time to work through the financial implications for the public sector organisations involved as well as the Scottish Government.

Cllr Bhatia suggested the minute of the CH&CP meeting gave a decision for a joint letter to be sent and she suggested that any decision that was made should be enacted upon. The Chair advised that it had been a suggestion which he had considered reasonable at that time but by the time the letter had been drafted the scenario had changed. Calum Campbell advised that he had discussed with the Scottish Government the value of the property and had managed to secure a further reduction in the valuation to in effect provide a nil value transfer.

David Davidson commented that any decision from the CH&CP had to be ratified by the Board as the CH&CP was a sub committee of the Board.

The Chair quoted the draft CH&CP minute relating to this matter.

Carol Gillie advised that following the CH&CP meeting and given the further reduction in the valuation of the property she could not have supported the Chair signing a letter to Ministers to request a nil value transfer.

Jane Davidson commented that in terms of moving forward there had been a learning experience gained and the property now required to be marketed.

Cllr Bhatia made the point that we should not see the Change Fund as owned by either organisation but for specific Change Fund purposes. The Chair agreed but pointed to the fact that SBC had announced the withdrawal of its contribution to the Older Peoples Change Fund, following Council budget difficulties, and the Council contribution to the Childrens Change Fund was currently held back.

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

11. **Date and Time of next meeting**

The Chair confirmed that the next meeting of Strategy & Performance Committee would take place on Thursday 7 February 2013 at 12.30 in the Board Room, Newstead.

The meeting concluded at 2.40pm.

Minutes of a Meeting of **Borders NHS Board Endowment Fund Board of Trustees** held on Tuesday, 18th September 2012 at 2 p.m. in the Board Room, Newstead.

Present: Mrs P Alexander
Mrs E Cameron
Mr C Campbell
Mrs C Duthie
Mrs C Gillie
Mr J Hammond
Mr A Lucas
Mr J Raine (Chair)
Dr D Steele

In Attendance: Mrs B Everitt (Minutes)
Mrs C Oliver
Mr G Reid
Ms S Swan

1. **Introduction, Apologies and Welcome**

John Raine welcomed those present to the meeting. Apologies had been received from Ms E Fleck, Mrs J Smyth, Cllr C Bhatia, Mr D Davidson and Dr S MacDonald.

2. **Declaration of Interests**

John Hammond declared that he owned a number of shares with companies that are included within the portfolio.

3. **Minutes of Previous Meeting**

19th June 2012

Doreen Steele referred to the item on Fund 69 (Chaplaincy Centre) under AOCB as she did feel that it clearly stated the query around ownership of the building.

The minutes were approved as an accurate record with the proviso that the item on Fund 69 be amended as discussed.

4. **Matters Arising**

• *Action Tracker*

The action tracker was noted.

• *Staff Retiring from NHS Borders – Update*

Carol Gillie spoke to this item. Carol went over the background and the proposals being made following significant discussion and consultation. It was noted that the event would take the form of an annual retirement function at the BGH where refreshments and a buffet would be provided. The average cost per head was estimated at £5.81 based on the average number of retirements over the last three years, therefore the estimated annual cost would be £581.00. Carol highlighted that if staff were invited to attend with a partner the cost would increase to £1,162 per annum. The Trustees discussed the proposals and agreed that a partner should be invited along with the retiring member of staff and that it should be clear that the event is being provided by NHS Borders as the employer rather than by the Board of Trustees. John Raine advised that David Davidson had given his agreement to the three recommendations providing it was clear that qualifying staff were retiring through age or on

health grounds. Edwina Cameron reminded Trustees that certain groups of staff were eligible for early retirement so this would need to be taken into account. Susan Swan referred to a paper later on the agenda which may change how this event is funded as Trustees would need to be mindful of this.

The Board of Trustees reviewed the proposal, agreed to fund the event from NHS Borders General Endowment Fund and agreed to proceed to arrange the first event. The Board of Trustees agreed that staff should be invited to attend with a partner. The Board of Trustees agreed that this should be communicated to staff and asked Edwina Cameron to take this forward.

- *Dingleton Hospital Archive – Update*

Susan Swan spoke to this item. Susan took the Trustees through the background information where it was noted that this archive is one of the top five most heavily used collections that Lothian Health Service Archive (LHSA) hold. It was noted that the requirement to keep these historic records is from a heritage, legal and Scottish Government health records perspective. Susan highlighted that the charge would be considered appropriate against Endowment Funds as by preserving these archives and continuing to make them available for reference by clinical professions and the public would fulfil the charities purpose of the advancement of healthcare. Susan went on to recommend that the Board of Trustees approve the continuation of funding to cover the LHSA archiving charge from the General Endowment Fund. John Hammond stated that he was not comfortable using Endowment Funds to pay for this charge. Edwina Cameron commented that this was a very low charge and gave extremely good value for money. Following discussion it was agreed to contact the Central Legal Office (CLO) to get their advice on whether or not this was an appropriate use of Endowments Funds.

The Board of Trustees approved the continuation of funding to cover the LHSA archiving charges from NHS Borders General Endowment Fund subject to advice being sought from the CLO on whether this is an appropriate charge.

- *Fund 069 – Chaplaincy Centre*

Carol Gillie spoke to this item. Carol reminded the Trustees of the situation that had arisen following a request received to waive the 1% admin charge against Fund 69 (Chaplaincy Centre). Carol referred to the section detailing the impact of waiving the levy and not waiving the levy as well as the letter received from Reverend Canon Duncan McCosh, Convenor, BGH Chaplaincy Centre Trustees detailing the reasons this had been requested. Edwina Cameron and Doreen Steele both felt that it would be unwise to waive this charge as it would set a precedent. John Raine enquired if NHS Borders paid for the public liability charge. Carol confirmed that the Chaplaincy Centre pay for this themselves. John suggested that rather than waiving the 1% admin charge we could perhaps make a contribution towards this instead. Clare Oliver also suggested that a way forward could be to offer the services of the Fundraising function to try and increase the funds held. Doreen Steele asked if it would be possible to include the Chaplaincy Centre within CNORIS to avoid them having to pay the insurance charge for public liability. Susan Swan agreed to make contact with the CLO to see if this would be possible. Once this information had been sought, Calum Campbell and Carol Gillie would meet with Reverend McCosh to agree a way forward.

The Board of Trustees noted the report and agreed that Calum Campbell and Carol Gillie would meet Reverend McCosh following advice from the CLO.

5. Funds Management

5.1 *Investment Advisor Report*

Graham Reid spoke to this item. Graham referred to page 9 of the report and highlighted that the portfolio had performed well and had increased by a further £75k since the report had been produced. It was also noted the capital value as of 17th September 2012 had

increased by 13% which was an extremely acceptable return. Graham advised that the focus on the portfolio was still around quality investments. Graham then went on to give a general overview of the global financial climate and intimated that it was unlikely to see a rise in interest rates within the UK for the next 18 – 24 months. Graham also referred to the additional funds previously provided for investment and was pleased to confirm that the decision to do this had been vindicated.

The Board of Trustees noted the report.

6. **Financial Report**

6.1 *Banking Tender – Deposit Accounts Endowment Funds*

Susan Swan spoke to this item. Susan reported that a market test had been undertaken to review Fixed Term Deposit Account interest rates for Charitable Fund Investment Accounts. Susan went over the process that had been undertaken and referred to the schedule detailing the top 10 highest paying Charitable Funds Fixed Term Deposit Accounts. Susan highlighted the top 3 rates available gave a maximum 0.92% per annum higher than those secured for the current 1 month fixed term deposit account held with Investec Bank plc. However, Susan highlighted that these were lesser known institutions which may be perceived by Trustees as a higher risk investment. Susan proposed that funds are kept with Investec Bank plc until an exercise to reassess the cash required by the Endowment Fund Board of Trustees is undertaken early in 2013 following completion of the Margaret Kerr Unit.

Susan went on to explain the risk element due to the Financial Services Compensation Scheme only protecting the first £85,000 and advised that to maximise protection it would be necessary to open seven accounts with individual banking licenses.

The Board of Trustees noted the information provided through the market testing exercise.

The Board of Trustees approved the continuation of the two fixed term deposit accounts with Investec Bank plc.

The Board of Trustees noted the planned work to reassess the cash required by the Endowment Fund as the Margaret Kerr Unit Project nears completion at the end of calendar year 2012.

6.2 *Primary Statements and Fund Balances*

Susan Swan spoke to this item. Susan reported that the Income and Expenditure account recorded an in-year deficit of £374,141 for the 5 month period to 31st August 2012. It was noted that this related to the expenditure linked to the Margaret Kerr Unit. Susan highlighted that excluding the impact of figures relating to the Margaret Kerr Unit Appeal the Endowment Fund Income & Expenditure statement for the year to date would still have reported an in-year deficit of £66,148 as it was noted that income levels are approximately 50% of previous year's totals over a similar time period, although expenditure levels remain in line with previous years as Fund Managers are utilising balances held in a number of areas. Susan highlighted that no individual fund records a deficit position.

Susan then referred to the report on Unrestricted General Funds and drew attention to the staff counselling costs which was an additional charge that had been agreed at a previous meeting. Pat Alexander asked if the interest was apportioned to individual funds. Susan advised that the interest received is routed directly into the General Endowment Fund.

The Board of Trustees noted the financial report for the period to 31 August 2012.

6.3 *Register of Legacies and Donations*

Susan Swan spoke to this item. Susan advised that the report detailed legacies and donations above £5k. Susan advised that work is ongoing with Fund Managers to maximise

the benefit of these. Susan confirmed that those listed as a pledge have now been received. Doreen Steele enquired if the aromatherapy service was paid from the donation received from Lavender Touch. Carol Gillie confirmed this was the case.

The Board of Trustees noted the update.

7. **Fundraising Advisory Committee**

7.1 *Draft Minutes of 30th August 2012*

Catherine Duthie spoke to this item. Catherine referred to item 8 (Costs of Fundraising) as she was conscious that the Strategic Framework document is due to be reviewed and was keen to ensure clarity around fundraising costs so this was a high priority on the agenda for the Fundraising Advisory Committee.

Carol Gillie referred to a recent "Ask the Board" question about the 1% admin fee. Carol explained that this information is readily available within the Endowment Final Accounts but is not openly advertised and proposed to continue with this for future reporting.

The Board of Trustees noted the draft minutes of the Fundraising Advisory Committee.

7.2 *Report from Chair of Fundraising Advisory Committee*

Catherine Duthie introduced this report. Catherine highlighted the excellent progress with the Margaret Kerr Unit and that they are now in a position to look at further fundraising projects.

The Board of Trustees noted the report from the Chair of the Fundraising Advisory Committee.

8. **National Review of NHS Endowment Funds**

8.1 *Letter to Chairs – Update on Endowments & OSCR*

The Board of Trustees noted the letter to Board Chairs and the response received from OSCR.

8.2 *NHS Scotland Endowments Review – Draft Report & Draft Response*

Susan Swan referred to the letter from Paul James, on behalf of the Endowment Steering Group, requesting formal comment on the draft report and recommendations on Governance and Best Practice. It was noted that the deadline for response was 4th October 2012.

Carol Gillie tabled copies of the presentation that had been prepared to summarise the report and offered to take the Trustees through this in more detail if they so wished.

The Trustees went through each of the questions included within the consultation questionnaire and the following was agreed:-

Q1 – Catherine Duthie commented that she had reservations with this as the Health Board and Board of Trustees are the same group of people so she felt there was insufficient independence. Catherine suggested adding that as a Board of Trustees we look forward to receiving further guidance on how the requirements of OSCR could be met. This was agreed.

Q2 – Catherine felt that it would be worth adding the Strategic Framework document to the approved policies and procedures listed. This was agreed.

Q3 – Agreed with response.

Q4 – Agreed with response.

Q5 – Agreed with response.

Q6 – Catherine suggested adding that there were two Advisory Groups who reported to the Board. This was agreed.

Catherine referred to item 2.4 on page 6 of the report as she felt this was very negative towards fundraising. Susan agreed to add this to the other comments detailed under question 6.

The Board of Trustees discussed and amended the answers to the consultation questionnaire given in response to the draft report issued by the NHS Scotland Endowment Fund Steering Group.

9. **Any Other Business**

None.

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

30th January 2013 @ 1.30 p.m., Board Room, Newstead.

BE
25.09.12

Borders NHS Board Clinical Governance



Minutes of a meeting of the Borders NHS Board's Clinical Governance Committee held at 2.00 pm. on Wednesday 14th November in the Boardroom, Newstead

Present

Members

Mr Adrian Lucas	Chair (Non Executive Director)
Dr Doreen Steele	Non Executive Director
Mr David Davidson	Non Executive Director
Mr John Hammond	Chair of Area Clinical Forum and Non-Executive Director

Attendees

Ms Evelyn Fleck	Director of Nursing and Midwifery
Mrs Karen McNicoll	Head of Clinical Governance and Quality
Dr Tim Patterson	Public Health Consultant
Dr Tom Cripps	Associate Medical Director for Clinical Governance
Mrs Elaine Auld	Item 4A
Mr Sam Whiting	Item 5A
Mrs Allyson McCollam	Item 5F

Minutes

Alison McHutchison

1 APOLOGIES

Mr Calum Campbell	Chief Executive
Dr Sheena MacDonald	Medical Director

STANDING ITEMS

A Minutes of Previous Meeting – 11th April and 19th September

The minutes of 11th April and 19th September were noted and approved.

The following amendments were requested :

11th April – Mr John Hammond should be a member of the Committee and not an attendee.

19th September – the following statement should added into item : ‘Perinatal and Infant Mortality’ – Dr Doreen Steele queried why there had been no peer review. Her feeling was that this should have been a necessity.

B Action Tracker and Matters Arising

The action tracker was discussed and updated.

3 PERSON CENTRED

A Complaints

Mrs Karen McNicoll updated on the complaints and commendations activity during April – September 2012. She remarked on the new improvement methodology now in place to assist services to achieve a written response within 20 working days. A Complaints Dashboard was also presented to address the trends and themes now required to be reported on from 1st April 2012.. Mr David Davidson queried whether the improvement in figures was due to an improvement in sickness absence. Ms Evelyn Fleck gave a brief update on the new methodology and how this had assisted in improving systems and processes. She stressed that breaches would only now be acceptable if it involved a complex case and any other complaints should be addressed within the set guidelines and timescales.

The Board Clinical Governance Committee noted this report.

4 PATIENT SAFETY

A Falls Framework Update

Mrs Elaine Auld attended the meeting to provide the Board Clinical Governance with an update on falls and fracture prevention work. She gave a brief background to the ongoing work which led to the development of the falls, osteoporosis and fracture prevention strategy. Mr Adrian Lucas queried how engaged the Local authority were with this work. Mrs Elaine Auld confirmed that this is increasingly being seen as a multi-agency piece of work. Mr David Davidson asked when this could be added to the CHCP agenda. Mrs Elaine Auld felt adding this item to the CHCP agenda would be a positive and robust approach. Mrs Elaine Auld confirmed that the script for a Learnpro product has been made available and queried if this should be a mandatory requirement. Mrs Evelyn Fleck suggested that she approach the ADONS for a steer on the way forward. Dr Doreen Steele highlighted a recent patient story which could allow for non-verbalisation. Mrs Elaine Auld explained the processes in place to identify any alarm raised. Mrs Elaine Auld anticipated that this piece of work and progress could be made available to the media early in 2013. Mr John Hammond queried what had been the AHP input into this initiative. Mrs Elaine Auld confirmed that all AHPs have been actively involved. It was suggested that this piece of work be reported on yearly to the Board Clinical Governance Committee and added to the Board Clinical Governance workplan. This was agreed.

The Board Clinical Governance Committee noted this report and progress against the action from HDL2007

B Patient Safety

Mrs Karen McNicoll commented on the Scottish Patient Safety programme that has now been running for 5 years. She updated on the national patient safety learning event that had taken place the previous. She gave a brief update on work in progress. Ms Evelyn Fleck asked that the Committee formerly acknowledge Anne Palmer’s graduation as an

Improvement Advisory and also commented that it should be noted that Mr Ronnie Dornan and Dr Jonathan Kirk had achieved places on the Patient Safety Fellowship Programme.

The Board Clinical Governance Committee noted this report.

C Paediatric CSA Flowchart for CSA

Ms Evelyn Fleck asked the Board Clinical Governance Committee note this flow chart for paediatric forensic examination when child sexual abuse / assault are suspected. She asked the Board Clinical Governance Committee note this initiative. Ms Evelyn Fleck confirmed that this flowchart has also been noted by the Child Protection Committee.

The Board Clinical Governance Committee noted this update.

D Significant Event Child Protection

Ms Evelyn Fleck updated on a recent significant case review which is ongoing. She commented that the NHS Board has been updated privately. She remarked that this process of review is moving ahead as planned and the findings will be available in February. *It was agreed to add this to the action tracker for February for a final update.*

The Board Clinical Governance Committee noted this report.

E National Framework for the Management of Significant Events

Mrs Karen McNicoll commented that the work around the management of significant events is ongoing to address incident management reporting to ensure all reports are robust. *It was agreed that a paper on this piece of work should be passed to the Strategy and Performance Committee, within the Clinical Governance and Quality update, for noting*

The Board Clinical Governance Committee noted this verbal report.

5 EFFECTIVENESS

A Clinical Governance Work Plan

The Board Clinical Governance Committee noted this work plan. *It was agreed to ask Dr Sheena MacDonald to present an update on polypharmacy for the agenda in 2013.* Dr Doreen Steele queried how Person Centred involvement will be added into the work plan. It was agreed that an update would be available following the Person Centred event in November 2012.

The Board Clinical Governance Committee noted this workplan

**B Update from Clinical Boards
(CQIs – Tissue Viability, Food and Nutrition)**

Ms Evelyn Fleck gave a brief update on progress against Leading Better Care (Clinical Quality Indicators) by individual Clinical Board. She confirmed these these figures demonstrate continuous improvement.

The Board Clinical Governance Committee noted this verbal update.

C Infection Control Workplan

Mr Sam Whiting gave a brief update on the Norovirus outbreak.

Mr Sam Whiting detailed the progress against the Infection Prevention and Control Work Plan for NHS Borders as well as information relating to infection control processes and outcome measures. He discussed the core themes of infection surveillance, audit, cleanliness, education and actions relating the Scottish Government HEAT targets. Mr John Hammond queried the knee and hip infection figures and whether this could affect income generation from other Health Boards and whether we looked at other Health Board figures before transferring patients. Mr Sam Whiting felt he could not respond to the commissioning outcomes but he confirmed that all infection figures are available nationally

and should be taken into account. Mr John Hammond queried the status of the Wound Care Policy. Mr Sam Whiting agreed to discuss this further with Mr John Hammond.

The Board Clinical Governance Committee noted this report.

D Clinical Governance Risk Management / Clinical Governance Steering Group Update on Progress

Ms Evelyn Fleck gave an update on the suggested way forward and accountability of healthcare governance.. This proposal is being taken to the Clinical Executive Operational Group for approval. The process of engagement is ongoing. *It was agreed to issue this proposal for information to the Board Clinical Governance Committee.*

The Board Clinical Governance Committee noted this verbal report.

E Patients Rights Act

Mrs Karen McNicoll gave an update on the current actions required to take forward the implementation of the Patient Rights (Scotland) Act 2011. This act requires Health Boards to support people to become more involved in their health and health care. Mrs Karen McNicoll remarked that project leads have been identified and are working closely with the Clinical Governance and Quality Team to support the implementation of this act. She particularly mentioned the Patients Charter of rights and responsibilities launched in October 2012.

The Board Clinical Governance Committee noted this report.

F Public Health Report – Health Improvement Work with Children

Mrs Allyson McCollam updated the Board Clinical Governance Committee on the work of the Joint Health Improvement Team (Public Health) in supporting the delivery of the health and wellbeing outcomes for children and young people in schools and youth work settings in Scottish Borders. The paper issued with the agenda summarised the main current areas of work and future plans. She discussed the Scottish Government policies with regard to the health and wellbeing of children and young people as a major priority and confirmed they contain several recurring themes that are highly relevant for schools and their parents. Mr David Davidson queried progress on joint working with the Local Government around fast food outlets, and drug and alcohol access. Mrs Allyson McCollam remarked that work is ongoing around drug and alcohol but with regard to fast food outlets the Local Government are very restrained around what rules and regulations they can implement. However, a piece of work is ongoing around education trying to encourage children to stay in school at lunch time and to eat better and healthily.

The Board Clinical Governance Committee noted this report.

6 ITEMS FOR NOTING

A Terms of Reference

The terms of reference were agreed and signed off by the Board Clinical Governance Committee. Mrs Karen McNicoll asked that these Terms of Reference be reviewed in light of earlier discussions. Mr Adrian Lucas requested that the relationship with the Resilience Committee be made clear. Mr David Davidson confirmed that it had been previously agreed that the Risk Management Group and Resilience Committee provide a joint report to the Audit Committee. *Mrs Karen McNicoll agreed to update the TOR for final approval.*

The Board Clinical Governance Committee noted these Terms of Reference.

B Blood Transfusion Report

Mrs Susan Cottrell gave a brief update on Better Blood Transfusion. She discussed the Executive Summary which included training, education, audit and local projects, as well as a policy and procedure review, incident management and compliance to Blood Safety Quality Regulations. In conclusion the performance of the NHS Borders Transfusion Committee is

reasonable with some elements still to be progressed. Mr David Davidson queried clinical wastage and Mrs Susan Cottrell explained how this could happen. Mr John Hammond queried the revalidation and training of Phlebotomists. Mrs Susan Cottrell confirmed this is due to staff turn over and she has requested an action plan. He also queried induction figures. Mrs Susan Cottrell that work is ongoing around Band 5 competencies. **The Blood Transfusion Report was noted by the Board Clinical Governance Committee**

C TB Annual Report

Mr Chris Faldon asked the Board Clinical Governance Committee to note the NHS Borders Annual Tuberculosis report and note the strengths and developments. He discussed the multi-disciplinary work, the services and components. He remarked that this report reflects the increased figures in 2011 where it appeared to involve be a core group of people. He remarked on the governance structure of this committee and service development in 2012. Mr David Davidson queried whether migrants who appear to be the main cause of this increase in figures are screened prior to employment in care homes, Local Government and the NHS. Mr Chris Faldon felt that screening should be actively engaged by all employers. He also felt that a good route would be through the school system.

The TB Annual Report was noted by the Board Clinical Governance Committee

Minutes for Noting

D Clinical Governance Steering Group

There were no approved minutes for noting. Reports have been gathered and circulated to meeting members.

E Clinical Governance and Risk Management Minutes

There were no approved minutes for noting. The reports have been gathered and circulated to meeting members.

F Child Protection Committee Minutes (23rd August)

The Child Protection Committee Minutes were noted by the Board Clinical Governance Committee

G Adult Protection Committee Minutes (9th October)

The Adult Protection Committee Minutes were noted by the Board Clinical Governance Committee

H Public Governance Committee Minutes (23rd May)

The Public Governance Committee Minutes were noted by the Board Clinical Governance Committee

I NHS Borders Health Protection Group

There were no approved minutes for noting

7 ANY OTHER BUSINESS

Mr Adrian Lucas thanked Mrs Karen McNicoll for her work in leading the Clinical Governance and Quality department and wished her well in her new role as Associate Director of Allied Health Professionals.

He also thanked Mrs Alison McHutchison, for her conscientious and professional support in the administration of this committee over a number years, who is leaving the NHS in December 2012

8 DATE OF FUTURE MEETING

The next meeting will take place on Wednesday 20th February 2013 at 2.00 pm. in the Boardroom at Newstead



STAFF GOVERNANCE COMMITTEE

Minutes of a meeting of the Staff Governance Committee held on Tuesday 6th
November 2011 at 2pm in the Board Room, Newstead

Present: Edwina Cameron (Chair)
Doreen Steele
Adrian Lucas

Ex Officio Capacity: June Smyth
Irene Clark
John McLaren
Kath McLaren

In Attendance: Janice Laing
Hilary Shand
Karen Maitland
Trudy Gane
Irene Bonnar
Robin Brydon
Liz Reilly
Rachel

1. Welcome and Apologies

Apologies were received from Pat Alexander, Evelyn Fleck, Colin Herbert and Shona Cameron.

2. Minutes of Previous Meeting held 15th August 2012

The following amendments to the minutes: -

Page 1, Item 3a), 2nd paragraph to correct spelling from kay to 'key'
Page 1, Item 3a), 2nd paragraph to add e to Steele
Page 1, Item 3a), 3rd paragraph to add to reinstate 'Staff Governance Champions'
Page 2, Item 3a), 2nd paragraph - to read 'leading' instead of leaving.

It was agreed with amendments to the minutes it was a true reflection of the meeting.

Action Tracker

All actions are complete.

3. (1) Treated Fairly & Consistently

a) Workforce Inventory

June Smyth informed that the inventory provides an overview of the workforce implications of service redesign which was introduced at the request of the Area Partnership Forum. The Strategy Steering group will not accept a project if it has not got a Project Implication Document (PID). Once the project is approved it will be populated on to the inventory. Projects are removed once the project is completed.

Doreen Steele enquired to staffs experiences to the redesign projects whether they were successful or not so successful. June Smyth informed 'Staff Experience' was an item on today's agenda which would provide information.

Edwina Cameron informed that she thought the Board made a decision that good news stories were not to come to this Committee.

Action: Edwina Cameron to check the Boards decision regarding good news stories.

John McLaren raised his anxieties to lessons learned. June Smyth suggested having a review highlighting different examples.

It was agreed that the Workforce Inventory to be a substantive item on the agenda.

b) Staff Experience

Liz Reilly, National Staff Experience Manager gave a presentation 'National Staff Experience Project – Enabling Staff Experience' which led to robust discussion. The project will last for five years and it will be three years before change will be seen by the fifth year there will be significant change.

Liz Reilly informed that the objective is to ensure staffs experience but to keep in mind it's about the patient's experience. The launch will take place in April 2013.

4. (2) Well Informed

a) Workforce 20/20 Vision

June Smyth advised that the 20/20 Vision will be launched at the NHS Scotland Event in June 2013. All Boards will require having a 20/20 Vision. NHS Borders has converted it into a local vision. A lot of work will be carried out in engaging with staff. Locally the toolkit will be used to provide

meaningful information which will link in to the Staff Survey which will be carried out next year.

Workforce 20/20 Vision will be an item on the agenda at the Workforce Conference which will take place on the 27th March 2013.

5. (3) Appropriately Trained

a) T&PD Quarterly Report

Janice Laing advised that the second quarterly report outlines the training from July to September 2012. Janice particularly wanted to highlight the dementia figures on Page 5.

Doreen Steele enquired about the usage of the Help Desk. Janice informed that they receive a lot of calls from staff asking for their Pro learning number and enquiring about courses.

A discussion took place regarding percentage of trends within training. A conversation took place regarding Prevention and Management of Aggression and Violence. Doreen Steele asked for the report on the capacity of demand particularly around high risk to be amended.

June Smyth informed each service has its own mandatory and statutory training needs analysis. An exercise is due to take place on the training needs analysis which will ask managers to capture their staffs training requirements. The new eEES HR system which is due to be up and running will also provide staffs training needs.

Doreen Steele informed that she is looking for reassurance that training is being recorded and hopes that the new system will provide governance assurance.

Trudy Gane reported that she attended the Learning Disabilities Board and they are all up to date with their training. Performance Reviews as very useful in providing updates.

Irene Clark informed that she recently attended training recently at the Education Centre where she found the staff very helpful.

Doreen Steele commented that on a personal level that she is impressed with the other services. Edwina Cameron informed it is a work in progress. Janice Laing informed that she is happy to update the document.

6. (4) Involved in Decisions Which Affect Them

a) Local Workforce Plan Development

June Smyth spoke to the paper 'Local Workforce Plan 2012 – 15 – Consultation Report'. NHS Borders consulted on the Local Workforce Plan

from the 16th July to the 31st August 2013. The draft Plan was posted on to the intranet and was distributed to various individual groups including the Staff Governance Committee and the Area Partnership Forum. It was also placed in the July and August HR Newsletter. Comments which were received were incorporated in to the Plan.

A paper will be going to the Strategy group this week.

At the Workforce Conference in March 2013 the key focus will be the 20/20 Vision which will be linked in to the refresh corporate objectives. Norman Proven, RCN will be a key speaker. A small working group comprising Staff Side, management, Bob Salmond and Claire Smith, HR will pull together the work for the event.

b) Workforce Report and Mandatory Statistics

June Smyth spoke to the paper 'Workforce Report August 2012'. June informed that this report goes to the monthly Clinical Board meeting. The format is set to the end of this year in line with the HEAT figures. It is slightly behind the scorecards.

Karen Maitland informed that it is helpful to the service to see the sickness costs which provides a message. Mental Health has got its figures down this year. Edwina Cameron would like to commend Mental Health for their sickness absence rates.

Adrian Lucas highlighted standards and the number of episodes or length of absence.

A discussion took place regarding the Vacancy Authorisation Process. Vacancies will go through if they have the relevant paperwork (post outline as well as the job description) otherwise they are rejected.

It was reported that the musculoskeletal injury figures are rising on a monthly period and training is being cancelled as there are not enough attendees. It was highlighted that the training needs analysis will pick this up.

Doreen Steele suggested feeding the figures from training in to the Workforce paper. June Smyth informed it was agreed to look at this next year.

c) Area Partnership Forum Minutes for Noting

Edwina Cameron asked for comments as it highlights that we are working in partnership.

7. (5) Provided with an Improved & Safe Working Environment

a) Occupational Health Service Quarterly Report

Irene Bonnar spoke to the paper 'Summary of Occupational Health Service Activities – Quarterly Report July – Sept 2012': -

Management referrals – the number of new referrals for this quarter have remained static.

Counselling – there has been a 35% decrease in demand for new counselling. This service has been well received from staff. The target for staff to see counsellors is two weeks.

Physiotherapy – the number of new referrals for this quarter have remained static. The paper 'Occupational Health Attendance' has been circulated for pre consultation to the 19th November 2012.

Staff Flu Vaccination Programme Planning – Six weeks in to the eight week programme and 27% of staff have received their flu injection. The target is 50%. Vaccinators have been employed to carry out the programme.

Doreen Steele asked for it to be recorded to her disappointment to the uptake of the vaccination. Doreen raised her anxieties as we care for patients. Edwina Cameron highlighted that GPs also provide the flu vaccination to staff with health conditions.

Irene Bonnar informed she communicated with staff through various channels to uptake the flu vaccination by employing three Champions, placed times and dates and venues on the intranet, emails, written to consultants and placed posters throughout NHS Borders. Irene asked for suggestions to encourage staff to uptake the vaccination.

June Smyth informed it is a NHS Borders issue. Managers should lead by example and encourage staff to take the vaccination. Mental Health is a good example by putting all of their managers through their Sickness Absence training.

Irene Bonnar asked for this issue to be raised at the BET and the Strategy Group.

b) Risk & Safety Update

Nothing to report.

c) Transport Risk & Safety

Robin Brydon spoke to the paper 'Managing Road risk – Staff Using Private Vehicles for NHS Business'.

Robin Brydon reported that licences and insurance are checked as you are unable to get a MOT without insurance.

Doreen Steele informed as an organisation we look after our staff to which we rely on the Transport Policy. Adrian Lucas highlighted that smoking was not mentioned in the policy. Robin informed smoking is addressed in the Transport Policy.

Edwina Cameron informed licences and insurance get checked every year to enable staff to claim their travelling expenses.

Doreen Steele informed that she is now reassured with Robin's paper.

8. Any Other Competent Business

a) Healthy Working Lives

Doreen Steele reported that Healthy Working Lives will be receiving thirteen awards tomorrow and should be congratulated on their hard work to achieve this.. Irene Bonnar informed that she will be happy to take this message back to the group.

b) Staff Governance Agenda

Edwina Cameron informed that she and June Smyth are looking to forward plan future agenda's and would encourage the group to also provide items for the agenda.

9. Date of Next Meeting

The next meeting will take place on Tuesday 22nd January 2012 at 2pm in the Board Room, Newstead.

Minutes of a meeting of the Area Clinical Forum held on Monday, 3rd December 2012 at 1pm in Committee Room, Education Centre

Present: John Hammond (JH), Nicky Hall (NH), Karen McNicoll (KM), Janice Laing (JL), Alison Wilson (AW), Nigel Leary (NL)

In Attendance: Alison Smail (minutes)

Agenda Item	Title	Speaker	Summary	Action
1	Apologies for Absence	J Hammond	No apologies for absence were received.	
2	Minute of Previous Meeting	J Hammond	The minute of the meeting held on 15 th October were discussed and approved.	
3	Matters Arising from Minute of Previous Meeting	J Hammond	<p>Area Optical Committee – Patient Complaints Procedure: Letter stated independent contractors were included (letter dated June, to take effect in April, not received until September) but are not linked to Datix so this will create extra work. John Hammond raised issue at the NHS Borders Board meeting on 18th October 2012 and it seems that there were noticeable delays with information being sent out. Independent Practitioners were sent letters in December 2012 for a process due to start in October 2012. It was agreed that these delays were unprofessional.</p> <p>Clinical Handover – use of IPADs Janice Laing confirmed she had received no feedback. Nigel Leary advised that the intention to use IPAD's is there and he understands that they are all on site but there is no plan to roll these out as yet due to lack of funding for this within IM&T. Janice Laing also confirmed at present there is no funding allowance allocated within training for this.</p> <p>Out of Hours Theatre Cover Nigel Leary confirmed that concerns were raised during the option appraisal regarding the plan for 2 on site and 2 on</p>	

Agenda Item	Title	Speaker	Summary	Action
			call. The process is now in place and does seem to be working. There appears to be no delay to surgeries due to these changes.	
4	NHS Borders Annual Review: Feedback	J Hammond	<p>It was agreed the general feeling was that the annual review had went well.</p> <p>The minister had noted that he felt the ACF should be involved earlier in some of the decision making processes within NHSB.</p> <p>It was noted that proper introductions were not done at the start of the review which would have been beneficial.</p> <p>The hydrotherapy Pool and the possible relocation of these services were discussed these are ongoing</p>	
5	Clinical Governance	J Hammond	<p>John Hammond fed back items of interest from the last meeting of the Clinical Governance Committee:</p> <ul style="list-style-type: none"> • Borders Falls and Fracture Prevention Aim and Prevention & Management of Falls & Fractures Action Plan 2012-2013 - John Hammond asked about staff training regarding these papers and Janice Laing confirmed the e-learning for falls is not yet available, but should be available in January 2013. • Complaints – Nigel Leary felt there is a problem with the complaints process when trying to get appropriate consultant input in the appropriate timescale. This is not always the consultants fault as sometimes they are on leave. Karen McNicoll noted Clinical Governance have worked hard to pull back from 42% compliance to 86% compliance. This has been done by implementing new processes, less focus on emails and more conversations, addressing themes and asking clinical boards to take a 	

Agenda Item	Title	Speaker	Summary	Action
			<p>greater interest. The recent BBC FOI was discussed and it was noted that Healthcare Scotland have planned a review of NHS Borders complaints processes. Restrictions around access to DATIX out with BGH and subjective decisions on risk assessing on DATIX were discussed.</p> <ul style="list-style-type: none"> • Infection Control Work plan – this was noted and it was agreed given the deadlines on the paper of 30th September 2012 that John Hammond would question whether this was near completion. 	John Hammond to check whether wound care policy and root cause analysis (RCA) process are complete.
6	Public Governance Committee	N Hall	N Hall noted the next meeting will be held on 12 th December 2012.	
7	Strategy Reports	J Hammond	<p>John Hammond fed back items of interest from the meeting:</p> <ul style="list-style-type: none"> • HCSW Project Charter – Janice Laing noted she has been involved in the development of this project charter and has no concerns. • BGH Outpatients Redesign Project Charter – Karen McNicoll noted a meeting of the project board was held last Monday and a further meeting planned for today at 4pm. It was hoped to have more clarity around this following today's meeting. • BGH Supervision Review Project Charter – Janice Laing raised concerns that this may not be aligned with work already done by training & development and it was agreed that John Hammond would request more information on the detail of this project charter. • LD Nurse Workforce Project Charter – Karen McNicoll noted this is a joint service with SBC and their workforce review has been done and they are now at the implementation stage. 	John Hammond to request more detail re BGH Supervision Review Project Charter and feedback.

Agenda Item	Title	Speaker	Summary	Action
8	National ACF	J Hammond	<p>John Hammond noted at the National ACF meeting it was agreed that the annual review had been worthwhile. It was discussed that future meetings should be with no executives to allow fuller discussion. It was felt that non execs should be more accountable for their governance roles and that they should ask more questions.</p> <p>John Hammond also advised that Bill Scott was attending the next meeting in March and asked Alison Wilson to feedback any pharmacy questions which she would like to John to ask Bill.</p>	Alison Wilson to send John Hammond any questions for Bill Scott.
9	NHS Borders Board	J Hammond	<p>The next meeting of the NHS Borders Board will be held on Thursday 6th December. Everyone has had sight of the papers and the 2 items commented on were:</p> <p><u>Winter Plan</u> It was noted that asking the Board to agree this via email and with a short timescale was perhaps not the most constructive way for this paper to be review. Alison Wilson confirmed there is a winter planning committee who worked to pull this paper together prior to it being sent out.</p> <p><u>Paediatric Medical Workforce</u> Nigel Leary discussed plans to develop paediatric nurses into nurse practitioners and noted there are debates ongoing around the value of this. Calum Campbell has commissioned a review around safety and governance of the nurse practitioner role.</p>	
10	Professional Advisory Committees - Verbal Reports:			
(a)	Allied Health Professionals	K McNicoll	The group welcomed Karen McNicoll in her new role as	

Agenda Item	Title	Speaker	Summary	Action
	Advisory Committee		Joint Associate Director for AHP's.	
(b)	Area Dental Advisory Committee	J Hammond	John Hammond advised Benchmarking is nearly complete. Tooth specific journeys were discussed to highlight the usefulness of treatments and waiting lists are coming down.	
(c)	Area Medical Committee	N Leary	Nigel Leary advised a fuller update should be available following meetings in the new year.	
(d)	Area Ophthalmic Committee	N Hall	Nicky Hall advised the next meeting is due to take place on 4 th December and there is therefore no update for this meeting.	
(e)	Area Pharmaceutical Committee	A Wilson	Alison Wilson updated the group on the last meeting which was held on Thursday 18 th October 2012. It was noted that an application for a new pharmacy at Langlee had been received and this was currently going through the consultation process.	
(f)	BANMAC	J Laing	Janice Laing advised there was a successful BANMAC event held in October.	
(g)	Medical Scientists	N/A	No report was provided due to the absence of a representative at the meeting.	
11	Dates of ACF meetings 2013	J Hammond	The dates were noted.	
12	AOCB	J Hammond	None	
13	Date, time and venue of next Meeting	J Hammond	The next meeting of the Area Clinical Forum will be held on 14 th January 2013, 1pm, Discussion Room 1 , Education Centre, BGH	

South East and Tayside Regional Planning Group



Minutes of the Meeting of the South East and Tayside Group held at 11am on 30th November 2012 Meeting Room 8, Waverley Gate and via telepresence to NHS Dumfries & Galloway and Tayside.

Present:-

Borders

Mr Calum Campbell (Chair)
Ms June Smyth

Fife

Dr Brian Montgomery

Forth Valley

Ms Janette Fraser

Lothian

Mr Tim Davison
Professor Alex McMahon
Dr David Farquharson

Tayside

Mr Brian Kelly (VC)

Dumfries & Galloway

Dr Mary Harper (VC)

Regional Leads

Ms Jacqui Simpson
Mr Derek Phillips
Ms Jan McClean

Directors of Finance

Mr Craig Pratt

Scottish Government

Directors of Public Health

Dr Alison McCallum

Nurse Directors

NES

Professor Bill Reid

NSD

Scottish Ambulance Service

Ms Heather Kenney

Medical Directors

Dr Gordon Birnie

HR Directors

Mr Alan Boyter

NHS 24

Partnership Representation

Ms Edwina Cameron
Ms Wilma Brown

In Attendance: Mr Craig Pratt for Chris Bowring; Ms I McGonnigle

Apologies for absence were received from:

Mrs Deirdre Evans, Ms Chris Bowring, Mr John Turner, Ms Justine Westwood, Ms Yvonne Summers, Mr Mark O'Donnell, Ms C Selkirk, Mr John Wilson

Item No.

Section

1

Welcome & Introductions

Action

Calum Campbell welcomed all to the meeting and noted the apologies received. Wilma Brown, Employee Director in NHS Fife



was welcomed to her first meeting of the Group as SEAT Partnership Representative.

2 Previous Meeting

2.1 Minutes of the Meeting held on 28th September 2012

The minutes of the previous meeting held on 28th September 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 the Neonatal Quality Framework had been discussed by this Group on a number of occasions and that SEAT had previously submitted a detailed risk assessment to SGHD along with papers clarifying the potential impact of implementation in the region. It was noted via the email attached to the papers that SGHD have confirmed that they are to publish the Framework although a date had yet to be confirmed.

Calum Campbell advised that the timing of the Framework's publication could present a challenge for SEAT in terms of a public engagement exercise on wider paediatric issues. He proposed that a letter be sent to SG on behalf of SEAT outlining concerns about the potential timing of the Framework's publication and seeking clarification on the anticipated publication date. This was agreed.

J Simpson

3.2 SEAT Group Architecture

J Simpson spoke to the paper previously circulated; advising that in line with a recent SEAT Chief Executive's discussion and the national review of Regional Planning, several changes had been made to Groups supporting SEAT business.

She highlighted that the Regional Medical Workforce Group would now include Partnership representation (to be agreed), Chief



Executive representation (Tim Davison), Nurse Director representation (Evelyn Fleck) and HR representation (to be agreed).

Fiona Mitchell, Director of Operations in NHS Lothian, had agreed to assume the chairmanship of the SEAT Children and Young Peoples Health Services Planning Group. The Learning Disability MCN will now be chaired by John Wilson, while chairs were still to be identified for the Neonatal Services and Child Sexual Abuse MCNs.

The membership for the Regional Cancer Advisory Group has been augmented to include the Clinical Director of the Edinburgh Cancer Centre, Director of Operations for Cancer Services in NHS Lothian and Medical Director from NHS Borders.

Melanie Hornett has agreed to become the regional Nurse Director representative for SEAT.

The above changes were agreed by SEAT.

3.3

Medical Staff Risk Assessment

Derek Phillips reported that the Risk Assessment Tool presented at the last meeting was being piloted with testing in Paediatrics, Obstetrics and Gynaecology, and Emergency Medicine. Work with Anaesthetics and Surgery had commenced.

Derek advised that he had presented the tool at a workforce meeting in the North of Scotland and was now in discussion with the West of Scotland on sharing this approach.

Tim Davison asked when the results would be known.

Derek Phillips advised that due to the size and complexity of Lothian rotas, there was an issue about identifying resources to undertake the full data collection and analysis.

Alan Boyter agreed to look at identifying resources to support the work in NHS Lothian. **A Boyter**

Calum Campbell advised that it was important to gain a regional perspective of the at risk specialties as soon as practical.



Derek Phillips agreed that initial assessments should be completed by the end of January. **D Phillips**

4. SEAT Initiatives

4.1 Rebalancing Care – Orthopaedics

June Smyth advised that since the beginning of October, agreed orthopaedic patients from NHS Lothian had been referred for treatment to NHS Borders. The process was reported as working well, with activity levels in line with projections and regular dialogue taking place between the services. June reported that there were continuing discussions between the Directors of Finance within the context of SLAs.

Calum Campbell requested that a paper should come to a future SEAT meeting detailing the principles behind this arrangement as well as the benefits being realised. **J Smyth**

Tim Davison advised that waiting times were coming down in NHS Lothian and that there was investment to increase capacity. He advised that there appeared to be an increase in referrals from District General Hospitals for standard secondary care and asked for support in managing this.

Calum Campbell reported that in NHS Borders, referrals from General Practitioners were screened to ensure that there were no inappropriate referrals. He suggested that the issue may lie with consultant to consultant referrals within Lothian.

Brian Montgomery confirmed that General Practitioners in NHS Fife had been advised that referrals were not to be made out with Fife except through Fife's Clinical Advisory Panel. Craig Pratt advised that there were very few GP referrals made to NHS Lothian consultants.

David Farquharson commented that the issue of consultant to consultant referrals still required to be understood and addressed.

Alison McCallum advised that NHS Lothian has a policy of not paying for consultant to consultant referrals taking place out with NHS Lothian.



4.2 **Regional Demand and Capacity Plans**

Jacqui Simpson advised that following on from the successful work around orthopaedics, it was proposed that there should be a scaling up of this approach with other specialties with a view to developing a regional capacity plan. This was supported by Directors of Planning and Finance at their recent meeting.

Following discussion, it was agreed that a regional event would be held in 2013 to identify specialties which could be looked at across the region, also taking account of workforce issues and reducing variation between Boards. The intention would be to work up proposals for implementation in the financial year 2014/15. Jacqui proposed that detail of the event could be worked up by a small working group from across SEAT and this was agreed.

J Simpson

4.3 **Regional Eating Disorders Unit**

Jacqui Simpson spoke to a previously circulated paper which provided an interim report prepared by Linda Irvine in NHS Lothian on the Regional Eating Disorder Unit which opened earlier this year. Activity data and occupancy levels showed that each of the contributing Boards was obtaining access to the unit and that average occupancy was 64% for the first 6 months. There had been one admission of an under-18 year old patient to the unit. A full report will be prepared for SEAT early in 2013.

It was agreed that the spend obviated in the private sector by establishing an NHS service, should be included in the annual report.

J Simpson

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

Calum Campbell reminded colleagues that a detailed paper was being prepared by a small sub group of SEAT on this agenda item as agreed at the last SEAT meeting. A number of developments and activities had taken place since the last meeting requiring the draft SEAT paper to be revised. The revised paper would be circulated to SEAT colleagues early next week.

The developments since the last SEAT meeting were highlighted as follows:

- The predicted number of paediatric medical trainees available for February 2013 had recently deteriorated substantially due to additional maternity leave and ill health absence. This level of gaps in middle grade rotas was outside existing planning assumptions and significantly

**D Phillips /
J Simpson**



higher than that experienced in other Deaneries in Scotland and the UK.

- A number of discussions had been held with NHS Lothian and regional SEAT colleagues and the Scottish Government which had resulted in agreement that there should be an immediate international recruitment campaign for consultants, specialty doctors, and advanced paediatric and neonatal nurse practitioners; the Scottish Government had agreed to fund a business case submitted to them via SEAT for the appointment of neonatal clinical fellows and this was also to include the prospect of recruiting paediatric clinical fellows; the Scottish Government were developing plans to commission Scottish based programmes of study for advanced neonatal and advanced paediatric practitioners with a view to having these in place for September 2013.
- Alan Boyter confirmed that he was exploring possibility of GPs supporting out of hours cover for paediatrics and neonatal services at St Johns's Hospital and would keep colleagues informed of progress.
- These discussions had highlighted the need for a regional public engagement process given the continued vulnerability of the out of hours paediatric service, particularly at St John's Hospital.
- NHS Lothian Board had discussed a detailed paper on paediatric medical workforce issues at their Board on 28th November. Tim Davidson, in feeding back on the discussions, confirmed that the Board had agreed to support a regional engagement process. NHS Borders and Fife had scheduled discussions with their respective Boards.
- As part of discussions with Scottish Government, Yvonne Summers had agreed to convene a meeting of Chief Executive nominated Board and SEAT colleagues to discuss progressing the engagement process.

A Boyter

SEAT discussed the hierarchy of priorities of service across the SEAT region and reaffirmed that prioritisation of services on the grounds of clinical risk and patient safety was paramount. The prioritisation also took account of the best ways to minimise the knock on consequences of workforce issues in one part of the service in the region on other parts.

SEAT reaffirmed that the first priority for SEAT was to sustain the paediatric and neonatal intensive care units in Edinburgh and the



general and specialist paediatric services based at the Royal Hospital for Sick Children (RHSC) in Edinburgh. These highly specialist services support Lothian, the East of Scotland and sometimes all of Scotland. It was considered essential that these services be maintained to support very ill babies and children from across Scotland. Failure to do so could result in significant clinical risk.

The next priority for SEAT was to sustain the paediatric and neonatal services at the Victoria Hospital, NHS Fife given it also has a neonatal intensive care unit and a wide range of paediatric services. Neonatal services at St Johns and Borders General Hospital were the next priority given the number of deliveries in these units which could not safely be accommodated in Edinburgh or Fife. Inpatient paediatric services at Borders General Hospital and St John's Hospital, with relatively low levels of inpatient activity, were therefore the sites where the loss of paediatric trainees for out of hours working would have the least impact on the delivery of safe services. Given its more rural location and the longer travel time to services based in Edinburgh SEAT reconfirmed that the next priority would be the Borders General Hospital.

It was noted that St John's Hospital continued to present the least clinical risk if trainee gaps were to lead to closure of the paediatric inpatient service given its proximity to services in Edinburgh, that an alternative paediatric service model could be implemented quickly and safely if required (as demonstrated by the temporary closure of the paediatric inpatient unit for a three week period over July/August 2012) and that full neonatal and maternity services could be safely sustained.

SEAT also agreed that all Boards should continue to reassure themselves of their contingency plans should the workforce position deteriorate. **All**

SEAT noted again the previous discussion from earlier in the meeting regarding the Scottish Government neonatal framework.

4.5 Workforce Planning Update

Derek Phillips spoke to his paper giving an update on workforce planning activity and key workforce issues that require attention over and above the previous discussions on medical staff risk assessment and paediatrics. These included an update on the



continued implementation of the reshaping the medical workforce programme and obstetrics and gynaecology which has been identified as a specialty “at risk” due to reductions in training numbers and the growing numbers of gaps in the remaining trainee workforce.

4.6

Performance Standards and Minimising Variation

Gordon Birnie reported that the Medical Directors and Directors of Public Health had undertaken further work using data provided through the Quality, Efficiency and Support Team (QuEST). This data had identified a range of procedures across the SEAT Boards which demonstrate variation between the Boards and may indicate lower thresholds for surgery. Elective gynaecology and cataract surgery had been identified as specialties where there may be the greatest opportunities to address this variation. A Short Life Working Group had been established to look at elective gynaecology procedures and plans are underway to adopt a similar approach for cataract surgery. These groups will work to implement the same thresholds across the region, thereby reducing variation, reducing unnecessary procedures and freeing up capacity. A similar approach could be adopted for other specialties once the methodology had been tested.

Mary Harper advised that she had shared this information with colleagues in NHS Dumfries and Galloway and would be happy to share work that is being undertaken locally.

M Harper

J Simpson advised that SEAT was building relationships with QuEST and looking at where the regional advantages lie in using the data they have available to them.

Tim Davison advised that there were significant pressures in urology services in NHS Lothian and queried whether this should be a specialty looked at now. It was agreed to look at in the regional capacity plan work.

Calum Campbell proposed that cataract and elective gynaecology should be looked in the first instance to confirm the proposed methodology was workable. He advised that Boards should be looking to support each other across the region where possible in relation to achieving waiting times. He also advised that the output from CHKS and the SEAT Event being scheduled for 2013 should help inform the key priorities for SEAT.



5. **Regional Liaison Activities**

5.1 **RHSCE and DCN Re provision**

Tim Davison advised that there had been a slight delay in going out to OJEU as the process to gain agreement from the 11 banks was complex and time consuming. The OJEU advert was scheduled to go out the following week with a Bidders Day scheduled for December.

5.2 **Key points from RCAG**

J Simpson reported on the key points discussed at the preceding RCAG meeting:

- Significant progress was now being made with CEPAS with the support from e Health acknowledged.
- A comprehensive SCAN Work Plan was agreed
- Revised Terms of Reference for RCAG were agreed
- Discussion had taken place on the proposed increase in Radiotherapy capacity which will be required for the South East in the future due to the demographic profile. This will be affected to a lesser or greater extent depending on the sites for a satellite radiotherapy unit to support capacity issues within the West of Scotland. Proposed sites for the additional WoS capacity include Lanarkshire or Forth Valley Royal Hospital. It was noted that a SEAT piece of work was agreed at the RCAG meeting to scope the implications for SEAT. A McMahon advised that discussion on this issue had taken place at RCAG, with recruitment of staff and access for patients highlighted as issues. Following further discussion on consultant recruitment, it was agreed that the Directors of HR should discuss the issues of consultant recruitment further.
- Detect Cancer Early
- Use of the Cancer Modernisation Monies
- Transforming Care After Treatment
- Following an Ombudsmen Review for a Fife patient, it was agreed that a SCAN review of the pathway for PET scanning should be initiated
- It was agreed that top-up treatments for patients should follow the NHS Lothian policy.

**J Simpson /
A McMahon**

A Boyter



6 National Initiatives

6.1 Vascular Services

Jan McClean advised that the Short Life Working Group for Vascular services continued to meet regionally and that the existing configuration of services in the region was largely in line with the recommendations in the national Quality Framework with NHS Borders and Lothian already working together and NHS Fife and Tayside continuing to develop a collaborative approach. NHS Forth Valley is currently in discussions with both the East and the West regarding the provision of Tier 3 services.

J McClean explained that the attached paper from the National Planning Forum meeting in October set out the agreed approach for engagement on any major changes proposed through implementation of the Quality Framework. She requested that Boards consider whether they foresee a requirement to engage on proposed changes and agree to take this forward.

Janette Fraser reported that NHS Forth Valley would need to consult on changes once a model had been agreed. She also advised that NHS Greater Glasgow and Clyde was now considering how they might take on the Forth Valley Tier 3 activity. Given existing linkages with Glasgow, the Forth Valley preferred option for configuration of vascular services would be with the West.

Calum Campbell requested that J Fraser advise on progress with discussions with the West when further discussions had been undertaken. **J Fraser**

6.2 National Initiatives Update Report

SEAT noted the Update Report from Deirdre Evans.

J Simpson advised that there had been some discussion regarding ensuring the engagement of Regional Planning Groups in the newly formed National Specialist Service Committee and detail was awaited from Deirdre Evans on this.

A McMahon reported that there had been discussion on the establishment of a National MCN for Adult and Paediatric Congenital Heart Services at the National Specialist Service Committee meeting which had been supported subject to reducing



network costs.

6.3 **Spinal Review Implementation**

J McClean spoke to the previously circulated paper which outlined the work underway through the Regional Short Life Working Group. A fuller paper was currently being worked up. The SLWG were looking at the current service in detail including the activity, capacity, possible future models of service and challenge of meeting waiting times by October 2013. The Group were exploring the use of telehealth to support the service by managing demand and offering education and training. An engagement event was being planned for Spring 2013.

J McClean

Calum Campbell stated that it would be essential to understand the capacity and demand for this service.

Bill Reid suggested that it may be helpful to create Fellowships for this service which may help with the workforce issues.

It was noted that Sir David Carter, as chair of the national MSN for neurosurgery had been asked to write to Scottish Government re the challenges of waiting times in this field.

6.4 **NPF SubGroup – Major Trauma**

J Simpson advised that this national Group, chaired by Caroline Selkirk had met for the first time recently with a further meeting planned for January. Jacqui Simpson and Gordon Birnie were both members of this group.

Brian Kelly confirmed that the remit of the Group was to look at enhancing existing services for the small number of patients in Scotland with severe trauma injuries – circa 800 per annum. The position was noted and an update at the next meeting of SEAT welcomed.

7. Board Issues

NHS Lothian

The TAVI service in Lothian had performed 8 procedures to date. A National Clinical Oversight Group was being formed to monitor and support progress with this new national service. Both Brian Montgomery and Jacqui Simpson, as SEAT representatives on the original SLWG for TAVI, had been invited to join the national review group to consider the future of TAVI in Scotland.

NHS Fife



The NHS Fife Annual Review took place recently with the new Cabinet Secretary. The Adverse Events visit will take place next week with Health Improvement Scotland.

Scottish Ambulance Service

Heather Kenney advised that the work on Clinical Decision Support was seeing more patients remaining at home following assessment. She agreed to send results of this work to SEAT Boards for interest. It was agreed that Heather would prepare a Highlight Report for each SEAT meeting in the future.

H Kenney

NHS Borders

One of the issues raised at the Borders Annual review had been about hydrotherapy services which were being moved from Borders General Hospital and re-provided in the area.

8. Regional Minutes

The following minutes were circulated for noting.

8.1 Minutes of the Regional CAMHS Consortium meeting on 6th September 2012 (Approved)

8.2 Minutes of the Regional Medical Workforce Meeting on 7th September 2012 (Unapproved)

8.3 Minutes of the MCN for CSA Steering Group on 6th June 2012 (Approved)

8.4 Minutes of the SEAT Directors of Planning meeting on 14th September 2012 (Approved)

8.5 Minutes of Learning Disabilities MCN Senior Management Team Meeting on 26th March 2012 (Approved)

9. Any Other Business

J Simpson advised that Sheena MacDonald, Medical Director in NHS Borders was keen to explore the issues of pharmacy wastage and poly-pharmacy to assess if there were opportunities for improvements across the region. Further details would be brought to a future SEAT meeting

Action

**S
MacDonald/
J Simpson**



10. Date and Time of Next Meeting

The next meeting is scheduled for **Friday 1st February 2013 at 10 30 am** in Meeting Room 8, Waverley Gate.