

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:-

- Audit Committee: 25.09.12
- Audit Committee: 08.11.12
- Public Governance Committee: 20.09.12
- Area Clinical Forum: 15.10.12
- SEAT: 28.09.12

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		



Minutes of a Meeting of **Borders NHS Board Audit Committee** held on Tuesday, 25th September 2012 at 2 p.m. in the Board Room, Newstead.

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

In Attendance: Mr G Arkley, Deputy Director of Estates (Items 6.2 and 6.3)
Mr C Brown, Partner, Scott-Moncrieff
Mr C Campbell, Chief Executive
Mr M Campbell Smith, Audit Manager
Mr D Eardley, Audit Manager, Scott-Moncrieff
Mrs B Everitt, Personal Assistant to Director of Finance
Mrs C Gillie, Director of Finance
Mr A McLean, Acting Senior Finance Manager
Mr D McLuckie, Director of Estates & Facilities (Item 3)
Mrs S Swan, Acting Deputy Director of Finance
Mr D Woods, Chief Internal Auditor

1. **Introduction, Apologies and Welcome**

David Davidson welcomed those present to the meeting. No apologies were received.

2. **Declaration of Interest**

There were no declarations of interest.

3. **Minutes of Previous Meeting: 25th June 2012**

The minutes were approved as an accurate record.

4. **Matters Arising**

Action Tracker

The Committee noted the action tracker.

Catering Department – Staffing Levels

David McLuckie spoke to this item. David confirmed that good progress is being made and referred to the table on page 3 detailing sickness levels. David highlighted that over the past three years the Catering Department sickness absence levels have been particularly high for sustained periods of time. It was noted that a further issue arising from this is around staff returning to work and being able to carry over up to 20 days annual leave thus creating a higher holiday burden. David explained that it was the intention to start a Catering Staff Bank and would be going to the Vacancy Panel for approval to progress this. David also highlighted other areas where the Catering team have looked at effectiveness within the department, namely the centralisation of catering provision for Kelso and Hawick and the proposal to introduce Cook Freeze systems within outlying Community Hospitals. Adrian Lucas stated that he had concerns around the use of bank staff and stressed the need to ensure appropriate management of this. Calum Campbell asked if it would be possible to administer this through the existing Nurse Bank. David McLuckie responded that he could not envisage a problem with this as it would ensure the correct governance arrangements are in place. David

Davidson referred to the high percentage of sickness and asked if Human Resources were looking into this. David McLuckie highlighted that the average percentage to date for 2012/13 is 3.43% so the issues previously experienced have been diminished greatly. David Woods referred to the regulatory checks and asked if these are all in place and being documented. David McLuckie confirmed that they were.

The Audit Committee noted the update.

5. Fraud & Payment Verification

5.1 *National Fraud Initiative - Update*

Susan Swan reported that the timetable for this year's exercise has been received and is being worked through with the individuals concerned throughout the organisation. It was noted that the data sets would be uploaded on 8th October 2012 and any matches would be received on 28th January 2013 for a full investigation thereafter.

The Committee noted the update.

5.2 *CFS Quarterly Report to 31 June 2012*

Susan Swan spoke to this item. Susan highlighted two areas of interest, namely CFS have confirmed that they now have a link onto the NHS Inform website to raise awareness and that following a presentation on the Bribery Act at the CFC/FLO event in June this will be picked up as part of the work of the Code of Corporate Governance Steering Group. Susan also highlighted that the figures recorded for NHS Borders within the table detailing patient exemption checking write-offs were extremely low.

The Committee noted the report.

5.3 *Payment Verification Summary Report to 30 June 2012*

Susan Swan referred to the meeting Audit Committee members had with Internal Audit earlier in the year and the changes discussed around the agenda. Susan advised that the first summary report for payment verification was being received today and confirmed that Costas Kontothanassis, Assistant General Manager (Primary Care & Contracts), had reviewed the full reports and had detailed any actions or items that needed to be brought to the Committee's attention. David Davidson asked the members if they were satisfied with the new style of reporting. Adrian Lucas and Doreen Steele both confirmed that they were content with this.

The Committee noted the report.

5.4 *CFS Intelligence Alert 2012/05*

Susan Swan spoke to this item which was regarding an attempted bank account takeover. Susan confirmed that this had been issued to the Accounts Payable Department and that there were no issues to note for NHS Borders.

The Committee noted the alert.

6. Internal Audit

6.1 *2012/13 Internal Audit Plan Progress Report*

David Woods spoke to this item. David confirmed that the plan is on schedule and highlighted that the intended audit of Waiting Times – Referral to Treatment Monitoring had been superseded by the Scottish Government's request for an audit of NHS Waiting Times Arrangements which is being undertaken by PricewaterhouseCoopers for NHS Borders. It was noted that meetings with Directors and Non Executive Directors had been scheduled for October 2012 to go through the draft Audit Plan for 2013/14 prior to discussion with the Board Executive Team and the Audit Committee.

The Committee noted the report.

6.2 *Internal Audit Report – Property Transactions*

Martin Campbell Smith introduced this report that had an overall satisfactory rating. Martin advised that this was an annual report and that during 2011/12 sales had been concluded for two properties - Princes Street, Hawick and Broughton. Martin highlighted two issues that had arisen during this audit, namely the property in Hawick had been declared surplus in 2005 but had not been sold until 2011 at a much lower price. Martin explained that the NHS Scotland Property Transactions Handbook states that when a property is declared surplus it should be sold as soon as possible thereafter. It was noted that this was due to Mental Health having plans for this building but not coming to fruition. The second issue was due to property transaction certificates not having been completed as required for these properties and Internal Audit not being able to review the monitoring proformas until June 2012 as these had been sent to the professional advisors.

Gary Arkley confirmed that a process has now been put in place and if any delays are encountered with the sale of a property this will be escalated to the Director of Estates. Susan Swan added that the report has now been submitted to Scottish Government as part of the annual reporting process.

The Audit Committee noted the report.

6.3 *Internal Audit Report – Fire Protection*

Martin Campbell Smith introduced this report that had an overall requires improvement rating. Martin reported that although there is a reasonable framework in place, the absence of a Fire Safety Adviser for a year until January 2012 has contributed to key parts of the framework not being followed. Martin went over the issues raised, namely fire folders held across the service are out of date or incomplete (issue 1), annual fire risk assessments are not being carried out and fire drills have not taken place (issue 2), fire safety training is not being completed (issue 3) and Datix is not being used consistently and incidents are not monitored or reported (issue 4). Martin was aware that the Occupational Health & Safety Committee was under review and some of these issues would be discussed when they met in their new format.

Gary Arkley advised that there had been difficulty recruiting to this post and following this being filled in January 2012 a catch-up process was now in place. Gary confirmed that all high risks have been completed and only medium and low risks are outstanding. Calum Campbell referred to page 4 detailing the issue of missing fire folders for SCBU, the Pregnancy Assessment Unit and the Paediatric Ward and showed great concern around this. Calum stressed that fire safety is an organisational issue and that all managers should be taking responsibility for this. Following discussion Gary agreed to attend the December Audit Committee meeting to give an update on the areas of concern that had been raised.

The Committee noted the report.

7. **Governance and Assurance**

7.1 *Waiting Times Audit - Update*

Carol Gillie reported that PricewaterhouseCoopers (PWC) has been supplied with information around our waiting times reporting and governance arrangements for review and as part of this a number of stakeholder interviews have been undertaken. It was noted that PWC have also been supplied with a significant amount of information from TRAK and a member of the team will be on site the following week to work through this on TRAK to ensure it is consistent with what has been reported. Carol advised that the final report is expected around the 20th October 2012 which is slightly later than anticipated but will still give sufficient time for reporting to the Audit Committee on 8th November 2012. Carol confirmed that no issues of concern have been raised to date but reminded that work is still to be undertaken on the data analysis.

The Committee noted the update.

7.2 *Audit Committee Terms of Reference*

Susan Swan referred to the last meeting where the Terms of Reference had been discussed and had been brought back to this meeting for formal approval. David Davidson said that he had had a few issues and suggested going through these in more detail outwith the meeting with Carol Gillie and Susan Swan to get clarification. This was agreed. Adrian Lucas confirmed that he was content with the Terms of Reference.

David Woods referred to the third bullet point within the Internal Audit section as he felt that the wording was misleading around the existence of an Internal Audit Protocol. It was agreed to remove reference to this.

Chris Brown referred to the last bullet point within the purpose section and queried why there was only reference to Information Governance having effective systems in place. Carol Gillie advised that this was listed due to the Information Governance Committee minutes being routinely noted by the Audit Committee. Calum Campbell suggested removing the word “Information” to state that the Audit Committee review “effective systems of governance are in place”. This was agreed.

The Committee approved the Audit Committee Terms of Reference with the proviso that the changes discussed are made.

7.3 *Draft Audit Committee Work Plan 2012/13*

Susan Swan confirmed that the Work Plan had been amended as requested at the last meeting.

The Committee approved the Audit Committee Work Plan for 2012/13.

7.4 *Audit Follow-Up Report*

Andy McLean spoke to this item which was the standard report on outstanding audit recommendations. Andy reported that there were a total of nine outstanding External Audit recommendations and 19 outstanding Internal Audit recommendations. It was noted that out of the 19 Internal Audit recommendations, 12 are partially implemented and seven are not yet due for implementation. Andy reminded members that the Hospital Laundry audit noted that prices charged for commercial laundry services had not been formally reviewed for three years. It was noted that the Facilities Administration & Linen Services Manager have reviewed this calculation methodology and do not wish the change this process, however an inflationary uplift will be applied from 1st October 2012 onwards. Andy also referred to the Stock Management audit which highlighted that stock control procedures did not cover all aspects of stock management and that staff are not fully complying with current requirements. It was noted that the Board have now re-issued stocktake guidance with training provided which will be repeated on an annual basis. David Davidson asked for an update on the three outstanding External Audit recommendations relating to the CHCP governance and accountability arrangements. Carol Gillie replied that it was very unlikely for the CHCP to review its governance arrangements in the foreseeable future due to the focus on health and social integration and asked External Audit for their view as these were recommendations made by the previous External Auditors, PricewaterhouseCoopers. Chris Brown agreed to look at the key issues which had resulted in these recommendations and discuss with the Board whether they can be removed.

Martin Campbell Smith referred to the format of the report as he felt it would be helpful to incorporate percentage rates as a means of recording progress. Andy agreed to include these for future reports.

The Committee noted the report.

7.5 *Audit Follow-Up – Process for Increased Scrutiny of Audit Report Actions*

Carol Gillie spoke to this item. Carol explained that the intention was to further develop the governance role of the Audit Committee following a request by the former Chair of the Audit Committee that the Finance team puts in place a process where more scrutiny is given to the Audit follow-up process. It was proposed to have less focus on the satisfactory reports and ask relevant managers to attend the

Audit Committee to account for the delay in implementation if three months after the agreed deadline actions have not been fully implemented or if three months after attendance at the Audit Committee actions continue not to have been fully implemented. David Davidson added that if after the three month period there is a due cause for delay in implementation this would be taken into account but he did wish implementation of recommendations to take longer than necessary. Calum Campbell showed concern as this is a Governance Committee so there would need to be caution around what is said to the responsible manager and any comments made would need to be solely associated with the scope of the audit. David Davidson proposed that the Audit Committee would be looking for assurance on behalf of the Board and if this was not provided it would then be escalated to the Chair and Chief Executive. Chris Brown added that he felt it would be appropriate to have discussions with an individual if the Board is being exposed to risk and it was not unreasonable to ask them to attend the Audit Committee to state these reasons. Chris highlighted that a situation may arise when the three months deadline could be too long and suggested reserving the right to ask people back within a shorter timescale. This was agreed. Doreen Steele felt that the importance of this topic should be moved further up the agenda to allow more focus.

The Committee considered the criteria for attendance at the Audit Committee and agreed that the controls be put in place to minimise attendance at Audit Committee meetings with effect from September 2012.

7.6 *Debtors Write-Off Schedule*

Andy McLean spoke to this item. Andy reported that the general trend is that the level of write-offs is reducing. Andy referred to the 2012/13 schedule and highlighted that the write-off for quarter one was quite high at £3,502 which in the main related to unpaid dental charges. It was noted that significant work has been undertaken within the dental service and due to this the level of write-offs has significantly reduced. Andy went on to explain that if a patient is de-registered for failing to pay their account and present themselves for treatment at a future date, the dental practice will only provide treatment once the outstanding account has been paid. It was also noted that the chip and pin facility is used prior to treatment as much as possible. Andy added that he did not envisage this high level of write-off to continue. Calum Campbell stated that he did not have confidence that this will reduce over time as he felt that it was NHS Borders' responsibility to provide treatment when someone presented themselves as a dental emergency and questioned where we would stand refusing treatment until an outstanding debt was paid. Chris Brown felt that it would not be possible to avoid treating a patient if it was a genuine emergency but if not then it would be entirely reasonable to request payment of an outstanding debt prior to treatment. Chris added that he felt as much action as possible was being taken within NHS Borders and he would not be adversely critical of the Board's procedure.

The Audit Committee noted the debtors write-off schedule.

7.7 *SFR 18 Losses and Compensations*

Andy McLean spoke to this item. Andy advised that this was reported as part of the Annual Accounts process and confirmed that the total value of losses so far this financial year amounted to £36,128. Andy explained that the main element of this expenditure related to 4 clinical compensation payments amounting to £31,315, one of which payments accounted for the majority of this at £25,500. It was noted that the figures reported were broadly consistent with last year's position and that there were no significant issues to report.

The Committee noted the SFR 18 losses and compensations report.

8. External Audit

8.1 *Annual Report to Members 2011/12*

Chris Brown introduced this item. Chris reported that no fundamental concerns had been identified during the course of Scott Moncrieff's work undertaken during 2011/12. David Eardley advised that the annual report is submitted to the Auditor General and went on to explain that the report flagged a number of issues which the Board are already aware of. David referred to page 4 which confirmed that

the audit opinions on the 2011/12 financial statements were unqualified and that the Board had achieved its Revenue and Capital Resource Limit and Cash Requirement targets. David highlighted the section on the use of resources which went into detail of the underlying financial position and financial management of the Board. This was a good outcome given the challenging times which was reflected within the report and it will continue to be challenging going forward. David referred to the section on cost pressures, and in particular the table detailing financial assumptions well above funding increases. David confirmed that overall there are good management processes in place and that they are aware of the ongoing discussions with the Board Executive Team and the Board to monitor financial pressures. David then took the Committee through the section on performance where it was noted that there are good performance management arrangements in place. David referred to the recommendation that the Board reviews the contents of the 'Managing Our Performance' report to ensure it receives adequate explanations for all significant variances highlighted in the dashboard of HEAT targets, as well as detailed proposed action plans to improve performance where required. David highlighted the section on governance and confirmed a clean Corporate Governance Statement which formed part of the annual accounts had been received. Adrian Lucas referred to paragraph 84 (prevention and detection of fraud and irregularity) and asked for clarity around what is meant by the request for the Board to formally document its overall approach to fraud risk assessment. Susan Swan explained that it is to ensure that the designated fraud risk assessment tool is used to compliment the governance framework. Doreen Steele commented on paragraph 87 (Finance and use of resources) and reference to the "Board's policy of protecting the employment of its current permanent staff" as she was under the impression that there was a national policy around redundancy and no detriment protection. Calum Campbell confirmed that there is a national policy although the Board do have the authority to use this as they see fit, however redundancy would not be a preferred route to go down. Carol Gillie added that the Board have been proactive in protecting its permanent staff, managing this by only recruiting to short-term temporary contracts rather than recruiting into posts on a permanent basis.

David Davidson noted his thanks to staff for a very positive report.

The Committee noted the Annual Report to Members for 2011/12.

8.2 *Audit Scotland Report: The National Fraud Initiative in Scotland*

Carol Gillie spoke to this item. Carol advised that this report had gone to the last Risk Management Group meeting where it had been requested that the Audit Committee have sight of this. Carol went over the three parts of the report and the recommendation for all bodies to utilise the checklist. Susan Swan confirmed that this would be completed in time for discussion at the December meeting.

The Committee noted the report.

9. **Items for Noting**

9.1 *Minutes of Risk Management Board: 19th June 2012*

There were no areas of concern raised within the Risk Management Group minutes.

The Committee noted the minutes of the Risk Management Board.

9.2 *Minutes of Information Governance Committee: 5th June 2012 (Draft)*

David Davidson referred to item 8 regarding the signing off of confidentiality statements. Martin Campbell Smith advised that the final Internal Audit report for Information Governance is due to come to the December meeting.

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

9.3 *Technical Bulletin 2012/2*

There were no issues to note within the Technical Bulletin.

The Committee noted the Technical Bulletin.

10. Any Other Business*Capital Resources*

Carol Gillie advised that capital resources have become available to Boards if they are able to commit to spend these prior to 31st March 2013. It was noted that Scottish Government are particularly keen for schemes that will also see the release of properties. Carol explained that clinical risk had been assessed and the two areas NHS Borders would like to progress, if able to secure resources, were Huntlyburn and the Out Patient Department. Carol advised members that the request being put to them was to agree in principle to alter the Standing Orders and Standing Financial Instructions in relation to the building works around these schemes but stressed that the organisation would still be operating legally. Carol highlighted that this was a unique opportunity and had agreed to share with the Non Executive Directors before going back to Scottish Government. David Davidson noted his support to continue working on these schemes with the proviso that the Non Executive Directors are kept fully informed and are supplied with a clear audit trail and a note of the Standing Orders and Standing Financial Instructions being altered. Doreen Steele also noted her support to progress these schemes as she agreed that this was a unique opportunity.

The Committee agreed to the proposals with the proviso that the Non Executive Directors are kept fully informed and that a clear audit trail is kept with a note of the Standing Orders and Standing Financial Instructions being altered.

11. Date of Next Meeting

Tuesday, 8th November 2012 @ 3.30 p.m., Board Room, Newstead (Extraordinary Meeting)

Friday, 14th December 2012 @ 2 p.m., Board Room, Newstead

BE
1/10/12



Minutes of an Extraordinary Meeting of **Borders NHS Board Audit Committee** held on Thursday, 8th November 2012 at 3.30 p.m. in the Board Room, Newstead.

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

In Attendance: Mrs R Bacon, General Manager
Mr C Campbell, Chief Executive
Mr M Campbell Smith, Audit Manager
Mrs J Davidson, Chief Operating Officer
Mrs B Everitt, Personal Assistant to Director of Finance
Mrs C Gillie, Director of Finance
Mrs J Stephen, Head of IM&T
Mr Steven Litster, Waiting Times Co-Ordinator
Mr M White, Director, Government and Public Sector, PricewaterhouseCoopers

1. **Introduction, Apologies and Welcome**

David Davidson welcomed those present to the meeting. Apologies had been received from Susan Swan, Chris Brown, David Eardley, David Woods and Andy McLean.

2. **Declaration of Interest**

There were no declarations of interest.

3. **Review of Waiting Times Audit**

Mark White took the Committee through a presentation. Mark went over the background of the audit which had arisen due to a number of issues found within NHS Lothian in January 2012 whereby Internal Audit and Audit Scotland were commissioned to undertake a review. Mark went over the remit for Internal Audit as well as outlining the Audit Scotland review where it was noted that five Boards had been selected for a more comprehensive review. Mark advised that the starting point had been to interrogate the NHS Borders waiting times system and data and look for a trend to see what required to be looked at in more detail. Mark highlighted the conclusions reached where it was noted that as near to a clean audit opinion had been given as the processes and procedures were operating in a controlled manner and the sample testing had not identified any evidence of inappropriate amendments or contraventions of the NHS Borders Waiting Times policy. Mark highlighted the areas for further improvement and advised that the action plan has been discussed with managers and that he was hoping for the Audit Committee to approve the report today before being submitted to Scottish Government.

Mark referred to the action plan and confirmed that from a systems aspect there was consistent reporting, however there was a recommendation that reporting to the Board could be more comprehensive and robust. It was noted that there was a recommendation to minute the monthly waiting times capacity meetings for transparency as these were key operational meetings in the management of waiting times. A further recommendation was to review the number of active user accounts for TRAK and their access levels as it was noted that TRAK is used for more than managing

waiting times so management should regularly review the number of staff who have access and their access rights to ensure these are appropriate. Mark highlighted the recommendation to ensure that the 'type of offer' fieldwork is correctly and timeously updated in TRAK to ensure an accurate audit trail of the nature of offers made to patients. Mark referred to the local procedural manual incorporating key areas from SGHSCD guidance and confirmed that NHS Borders is compliant, however there were some areas which could be enhanced.

Mark noted his thanks to Jane Davidson and the team for their help during the audit.

David Davidson referred to the management responses received against the recommendations and asked Mark if he had any comments on these. Mark confirmed that he was comfortable with the responses and highlighted the need to get a balance for a system which has a comprehensive audit trail and both works well and is functional. David also commented on the gap between notes being taken and put onto the system at a later time and enquired if these should be kept as back-up. Mark advised that there is no requirement to keep the notes as back-up but the system should be updated as quickly as possible. David referred to the offers made by telephone and asked how these could be recorded. Mark felt that Scottish Government would be best placed to give advice on this as this will be something that is required by all Boards.

Adrian Lucas commented on the issue around the recording of information on the system but also appreciated the problems with storing this level of data. Calum Campbell added that he did not agree with this risk being rated as high. Mark agreed with this comment but explained that under normal circumstances this would not have been rated as high but had been due to this topic being so high profile. Calum referred to the 8 recommendations within the action plan and enquired where Borders sat overall across Scotland. Mark replied that in terms of risk Borders would sit at the lower end of the risk scale due to there only being one high risk and in terms of the number of recommendations Borders would be around the middle of the table. Mark commented that some of the recommendations were very similar and could perhaps be merged. David enquired if the risks could be noted keeping the national perspective in mind. Jane Davidson asked for clarification that a thematic action plan was being requested to bring together common themes. Mark went over the action plan and confirmed where these could be grouped. David enquired if there was any likelihood of finding a system to accurately record telephone discussions. Jane replied that this linked to the Treatment Time Guarantee (TTG) and that a process has been put in place whereby following a telephone call written confirmation is issued to the patient. Steven Litster advised that this has been put in place for inpatients from 1st October 2012. Jackie Stephen added that they are now looking to introduce this system within outpatients. Jane highlighted that the report is consistent with the self assessment provided to the Board in May following the report on NHS Lothian. Doreen Steele asked what information was missing in the report received by the Board. Mark explained that the Board should be sighted on the actions taken by management and perhaps include a trend analysis. Mark also enquired whether there was a mechanism in place to make decisions at Board level if necessary. Doreen confirmed that the Board sees information on the demand and the waiting times but does not see details of the capacity and whether there is enough capacity. Jane added that it would be useful to have a report on forecasting and risk assessment and would look to get a balance around the level of assurances given. David enquired about the level of detail contained within the TRAK log and how this is monitored to detect inappropriate use. Jackie confirmed that data quality checks are regularly undertaken. David asked how any issues are reported and at what level they would be escalated to the Board. Jackie explained that if it was found to be human error then it was unlikely this would be reported to the Board, however if it was misuse of the system this would be reported through the Information Governance Committee and subsequently to the Board. Doreen enquired about random sampling. Jane explained that the starting point would be to expect NHS Borders staff to adhere to policies and procedures and suggested that a follow-up audit be undertaken now that TTG is in place if the Committee felt this could be accommodated within the work plan.

Rachel Bacon commented that she was very pleased with the report as it demonstrates how hard the teams within NHS Borders have worked to provide a good quality service.

Carol Gillie stated that although External Audit had been unable to attend the meeting they had reviewed the report and had no issues to raise. Carol asked about the next steps and reminded the Committee that the report should not be discussed in public until after 17th December 2012. Mark agreed to adapt the recommendations and summary and send a revised copy, including tracked changes, to the Committee for their review. Mark also agreed to check with Scottish Government to see what they are expecting to be submitted in the way of an action plan.

The Audit Committee formally thanked PricewaterhouseCoopers and all staff involved in producing the report.

The Audit Committee noted the Waiting Times Audit report.

4. **Any Other Competent Business**

None.

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

Friday, 14th December 2012 @ 2 p.m., Board Room, Newstead

BE
14.11.12

PUBLIC GOVERNANCE COMMITTEE



**Minutes of Public Governance Committee (PGC) Meeting
held on Thursday 20th September 2012 at 2.00pm
Board Room, NHS Borders headquarters, Newstead**

Present: Pat Alexander Fiona McQueen
Fiona Morrison Margaret Simpson
Doreen Steele (Chair)

In Attendance: Cheryl Easton-Wisniewski Evelyn Fleck
Nicky Hall Clare Malster
Shelagh Martin Fiona Marynicz (item 3)
Karen McNicoll Joanne Weir

1. Welcome & Introductions

1.1 The Chair welcomed everyone to the meeting, including Fiona Marynicz, Shared Lives Short Breaks Manager who was in attendance to present on the 'Shared Lives' project, Evelyn Fleck, Director of Nursing & Midwifery (Evelyn's first meeting of the PGC) and Cheryl Easton-Wisniewski who was shadowing Joanne Weir that day.

2. Apologies

2.1 Apologies had been received from Edwina Cameron, Catherine Duthie, Logan Inglis, Margaret Lawson, Andrew Leitch, Allyson McCollam and Jenny Miller.

3. "Shared Lives" Project

3.1 Doreen welcomed Fiona Marynicz to provide an overview on the "Shared Lives" project.

3.2 Fiona referred to her PowerPoint presentation, stating that the project provides for adults to have a short break where they are supported by a Shared Lives carer who uses their own home as a base. The short break provides the opportunity to make relationships, share interests and activities and to become part of a Shared Lives carer's family. Fiona reported that there are 36 Shared Lives schemes across Scotland.

3.3 Fiona reported that Shared Lives for family carers provides for their involvement in arranging support for the person they care for to ensure continuity and maintain routines when required.

3.4 Fiona explained that Shared Lives is partly funding through the Change Fund which has an obligation to improve services for older people, although the project does provide for younger people also.

3.5 Fiona referred to some of the benefits for Shared Lives carers including receiving training for their caring role and the option to opt to be part of a larger Shared Lives Plus network.

- 3.6 The PGC noted the outcomes of the project which included reducing social isolation for people using Shared Lives by being part of a carer's home and family networks. Fiona clarified that the project focuses on providing "planned" short breaks, it does not provide for next day requests at the moment. There is currently one full-time post at the moment leading on this project. Leaflets are being produced regarding the project and there are DVDs available for particular carer groups.
- 3.7 Fiona McQueen asked how many people were providing this service at the moment, and where does the funding come from. Fiona reported that there are currently two Shared Lives carers and three currently undergoing their assessments. The PGC noted that the project is funded through Scottish Borders Council (SBC) and the Change Fund.
- 3.8 Doreen asked if Fiona had a feel for how well the "pool" of carers would grow. Fiona reported that it is hoped five to six cares can be on board by the end of year two.
- 3.9 Fiona Morrison asked what are the plans to ensure the project is sustainable. Fiona reported that the project has to prove its self as funding will come from Social Work budget in the future.
- 3.10 Pat asked if service users make a contribution to the project. Fiona reported not at the moment but that it may do through self directed support payments in the future.
- 3.11 Karen asked how the project is being evaluated. Fiona stated that there are questionnaires for service users and families to complete, and that data will be collated annually.
- 3.12 Karen asked regarding what feedback had been received to date. Fiona reported that initial feedback from families is that the service is very useful.
- 3.13 Doreen thanked Fiona for her very informative, useful overview of the Shared Lives project.
- 4. Borders Carers Strategy 2011 - 2015**
- 4.1 Doreen introduced Fiona Morrison, Strategic Development Manager, Princess Royal Trust Borders Carers Centre to the meeting to provide an overview on the Borders Carers Strategy 2011 – 2015.
- 4.2 Fiona referred to the joint Strategy which had been circulated to the PGC prior to the meeting, and also tabled the Action Plan 2010 – 2015.
- 4.3 Fiona referred to the introduction section at the front of the Strategy which sets the context for the strategy. In 2010 the Scottish Government launched "Caring Together and Getting it Right for Young Carers" – a five year strategy outlining a shared vision for the future of support for carers in Scotland. The Borders Carers Strategy is in line with the recommendations from the revised national strategy, building on existing local commitments to enhance and improve support to carers and young people. The PGC noted that the Borders Carers Planning Group developed the local strategy, which has representation from carers, the third sector and lead officers for carers within both SBC and NHS Borders. Fiona reported that Stephen Bermingham, Public Involvement Manager (NHS Borders) is a member of the planning group and has been very much involved in the development of the Strategy. Fiona added that this is very much part of the "integrated" working agenda.
- 4.4 Fiona highlighted Carer Assessments and Carer Support Plans referred to in the Strategy – the need to improve the uptake of assessments in the Borders is

recognised, and these assessments are to be separate from the person being cared for.

- 4.5 Fiona stated that the Action Plan is very much a “working” document with the key aim to make a difference to carers – providing a better quality of life for carers and who they care for.
- 4.6 Fiona referred to the carers who had responded to the consultation of the Strategy, highlighting some of their feedback which included to have training for front-line staff, increase the range of breaks for carers and an increase in community services available. The PGC noted that the Carers Planning Group have a responsibility to monitor the Strategy and Action Plan with measures and outcomes to provide such.
- 4.7 Pat reported that the carers stories at the appendices of the Strategy are very powerful and that the carers who contributed to these should be acknowledged for sharing these.
- 4.8 Pat asked if carers assessments are routinely carried out. Fiona reported that the assessments have been routinely underway since January and that wards ask carers if they wish to have an assessment. The PGC noted that before an assessment is carried out, the carer is asked to complete a quality of life questionnaire.
- 4.9 Pat stated that she wondered how many carers were currently “hidden” (those who had been caring for a long time). Fiona acknowledged these hidden carers, stating that GPs should be identifying carers and front-line staff have a duty to inform carers of the entitlement to an assessment.
- 4.10 Evelyn stated that the Strategy is excellent and referred to section 14: Training, Carer Training, Workforce Training. Evelyn stated that she wondered how training could be developed, e.g. for supporting carers with regards to falls within the home. Fiona reported that there is definitely an opportunity to increase the training and it is recognised that there is the requirement to have a stronger link to the falls co-ordinator.
- 4.11 Nicky asked if the Strategy has a link to the Shared Lives project. Fiona confirmed that it does and that she is on the approval panel for this project.
- 4.12 Doreen suggested that if anyone has any further queries on the Strategy after the meeting to contact Joanne who will liaise with Stephen. Fiona thanked Stephen for all his hard work to help develop the Strategy. Doreen stated that it would be helpful if Fiona/Stephen could provide an update on the Strategy to the PGC at an appropriate time.

Action: FM / SB

- 4.13 Doreen thanked Fiona for her very useful overview on the Borders Carers Strategy.

5. Minutes (& Action Tracker) of previous meeting: 23 May 2012

- 5.1 The minutes of the previous meeting held on 23 May 2012 were agreed as a true record.
- 5.2 An update on actions that “are in progress” on the action tracker was provided, (see updated action tracker).

6. **Matters Arising**

Charities table at BGH

- 6.1 An update on the position with the location of a charity table at BGH was provided by Karen. Following the agreement from BGH Hospital Management Team to placing a charities table within the ground floor stairwell at the BGH, Catherine Duthie has written to David McLuckie with the proposal from the Fundraising Advisory Committee: The Fundraising Manager, takes on the role of liaison/communications with the relevant charities to support Administration Department at the BGH with this. The Committee feel this will help make most effective and equitable use of the facility given the Fundraising Managers knowledge of the charities and ongoing working relationship with many of them. The Public Governance Committee stated they were supportive of this proposal at their meeting back in May.

NHS Scotland Participation Standard 2012/13

- 6.2 Karen referred to the update on the Participation Standard provided within the PGC operational report: The Scottish Health Council has issued revised guidance for the Participation Standard 2012-13 self-assessment. The guidance requires NHS Boards to focus on Standard 3 (Corporate Governance) to demonstrate improvement in embedding patient focus and public involvement across the organisation. In addition, this year's guidance will require us to submit two supporting examples of patient and public engagement, which can be used to showcase best practice. A shortlist of 4-6 examples for inclusion should be selected by Boards and returned by 16 November 2012, following which the Scottish Health Council will select two examples for inclusion in the final assessment. A further change this year is the enhanced role of patients and public in the process. It is anticipated there will be three stages to user involvement. See operational report for further details.
- 6.3 Shelagh reported that Richard Brewster, Performance Analyst from Scottish Health Council (SHC) who is supporting NHS Borders with their self assessment, had visited Borders on 27 August to meet with Public Involvement staff and Shelagh to provide advice and guidance on completing this year's self assessment. The PGC noted that the SHC are asking for evidence that had not already been submitted with the previous self assessment and are looking for additional evidence to show improvement. Karen suggested that the Public Reference Group and/or Public Partnership Forum should be asked to endorse the self assessment to which the PGC agreed to and also requested that they do same and receive updates on the process moving forward.

7. **NHS Borders meeting re "A National Person-Centred Health & Care Programme for Scotland"**

- 7.1 Evelyn provided feedback from the local meeting with the Scottish Government regarding the above programme. A full overview of the programme was provided within the PGC operational report.
- 7.2 The Aim of the programme is that by 2015 all health and care services are centred around people. The primary drivers of the programme are to provide improved care experience, improved staff experience, and co-production. The secondary drivers include co-designing with the NHS, Local Authority and the Third Sector.
- 7.3 On 21 August 2012 (in the Corn Exchange, Melrose) Alastair Pringle, Head of Patient Focus & Equalities and Jane Murkin, Professional Advisor Quality Improvement (Directorate of Chief Nursing Officer, Patients, Public and Health Professions, Scottish Government) met with key staff and colleagues of NHS Borders who have lead roles in driving forward improvements in person-centred health and care.

- 7.4 Evelyn reported that the meeting had been very successful and that Scottish Government had been heartened by the good work around person-centred care by NHS Borders. Evelyn highlighted that Jane Murkin had previously led on the Patient Safety programme and that his programme is very much structured in the same way. The PGC noted that the first national learning event for the programme would be held in November.
- 7.5 Karen highlighted that Ann Purvis, Chair of the BGH Participation Group, has been asked to join the National Planning & Implementation Group for Person-Centred Health & Care Programme. Evelyn suggested asking Ann to a future PGC meeting in the new year to update the Committee on the work of this group.
- Action: JW**
- 7.6 Evelyn suggested that the PGC provides assurance to the Board regarding what NHS Borders requirements are for this programme. Doreen stated that she would be keen for the PGC to do such and that she felt the equalities agenda should play into this. Doreen stated that she wondered if Jane Murkin should be invited to a PGC meeting in the new year. Karen reported that she would have more information on the programme moving forward after the first national meeting (as above), and that it may well be the focus of the PGC changes slightly in line with the programme. Pat stated that she wondered if patient/carer stories should tie into this focus to which Doreen agreed, stating the PGC was the ideal committee to bring such to. Karen reported that the forthcoming Board development session would be regarding the Patient Rights (Scotland) Act and that all of the above could be discussed at the session also.
- 7.7 Doreen reported that she would provide an update for the December PGC meeting on "Human Rights".

8. Public Governance Committee Chair's Report

- 8.1 The PGC noted the Chair's Report on some recent activities of interest to the PGC since the Committee's last meeting.

9. Public Governance Committee Work Plan - update

- 9.1 The PGC noted and agreed the updated Work Plan.

10. Public Governance Committee Operational Report

- 10.1 The PGC noted the Operational Report which provided an update from all relevant services/areas that report to the PGC.

NHS Borders Annual Review with Scottish Government

- 10.2 Joanne reminded PGC members of the forthcoming NHS Borders Annual Review with the Scottish Government on 16th October 2012, which would include the Minister for Public Health, Michael Matheson, meeting with a group of patient/carer representatives.

Better Together Patient Experience Programme – Inpatient Survey 2012

- 10.3 Karen reported that NHS Borders had received its results from the 2011/12 inpatient survey and that the BGH Participation Group would be focussing on improvement plans in line with the results.

Complaints and Commendations

- 10.4 Karen reported that work is underway to improve the NHS Borders response rate to complaints.

Update on Managed Clinical Networks (MCNs)

- 10.5 Joanne, on behalf of Alasdair Pattinson (General Manager – Primary & Community Services) provided hard copies of - MCNs: Supporting & Delivering the Healthcare Quality Strategy, CEL 29, July 2012. This had been circulated to the PGC via email prior to the meeting, to provide an update on MCNs.

11. Scottish Health Council Update

- 11.1 The PGC noted the update report provided by Shelagh Martin, SHC local officer.

12. Update Report form Chair of Public Partnership Forum (PPF)

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

13. Summary report from session with PPF: “How can Borders NHS Board make stronger links with people in the Borders

- 13.1 The PGC noted the summary report from the session held with PPF members at their development day in June with the Non Executive Director Committee members of the PGC. Some of the key points raised included:

- Board members to go to existing groups and networks.
- Produce a diary of community events to support Board engagement.
- Improved public information on the role of the Board.
- Embrace new technologies such as social networking to engage a wider audience.
- Encourage feedback on specific issues and programmes.

- 13.2 The Chair of the PGC and Public Involvement staff await feedback from the Board as to how they would wish to take this forward.

- 13.3 Karen reported that we need to meet with colleagues in NHS Borders Chair/Chief Executives office and Communications Team to discuss what events Board members can tie into.

Action: KMcN/JW

- 13.4 Doreen reported that she felt this would link to the person-centred approach, and not to forget about the use of technology to link with the wider community.

14. Clinical Governance Committee Minutes: 11.04.12

- 14.1 The PGC noted the minutes of the Clinical Governance Committee meeting held on 11 April 2012.

15. Carers Planning Group Minutes: 09.04.12

- 15.1 The PGC noted the minutes of the Carers Planning Group meeting held on 9 April 2012.

16. Audit Committee Minutes: 20.03.12 & 24.05.12

- 16.1 The PGC noted the minutes of the Audit Committee meetings held on 20 March 2012 and 24 May 2012.

17. Spiritual Care Committee minutes: 04.05.12 & 09.07.12

- 17.1 The PGC noted the minutes of the Spiritual Care Committee meetings held on 4 May 2012 and 9 July 2012.

18. Public Partnership Forum minutes: 20.04.12 & 20.06.12

- 18.1 The PGC noted the minutes of the PPF meetings held on 20 April 2012 and 20 June 2012.

19. Any other business

Parliaments programme of outreach & community engagement across Scotland: visit to Hawick 2nd – 5th November

- 19.1 Margaret referred to the above event which would be taking place in Hawick in November which she thought should be brought to the attention of Non Executive Director members. The visit will include the formal sitting of Parliament's Finance Committee on 5th Nov, visits to local schools by the outreach Education Service on 2nd Nov and a civic reception hosted by the Presiding Officer on 4th Nov. Clare stated that she would send information to Joanne for sharing with the Chair/Chief Executive's office.

Action: CM / JW

20. Date & Time of Next Meeting

- 20.1 The next meeting will be held on Wednesday 12th December, 2.00 – 4.30pm, venue to be confirmed. *(Meeting now commencing at 1.30pm with tour of The Margaret Kerr Unit, business meeting taking place in the Board Room at Newstead from 2.15pm).*

Minutes of a meeting of the Area Clinical Forum held on Monday, 15th October 2012 at 1:00pm in Committee Room, Education Centre

Present: John Hammond (JH), Nicky Hall (NH), Kathleen Henderson (KH), Janice Laing (JL), Alison Wilson (AW)

In Attendance: Nicola Barraclough (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 13 th August were discussed and approved but with some minor amendments.	Nicola Barraclough – amend previous minutes as suggested.
3	Matters Arising from Minute of Previous Meeting	J Hammond	<p>Item 3 Clinical Governance: John Hammond raised this with Karen McNicoll, who confirmed work is ongoing to raise awareness amongst staff.</p> <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 will discuss this at the NHS Borders Board meeting on 18th October 2012.</p>	John Hammond will discuss further at NHS Borders Board.

Agenda Item	Title	Speaker	Summary	Action
4	NHS Borders Annual Review	J Hammond	<p>For information, the date of the NHS Borders Annual Review has been changed to 23rd November 2012. The arrangements remain the same at the moment, i.e. meet with the Area Clinical Forum at 9am on 23rd November 2012 in the Corn Exchange, Melrose with each clinical area providing reports on positive steps and challenges within that area. The agenda has previously been agreed as covering HEAT Targets, AHP Waiting Times, Integration and Health Promoting Health Service. Members of the group present today confirmed they are able to make this.</p> <p>It was agreed that a short meeting will be held prior to the Annual Review to prepare. John Hammond suggested the group meet at the Education Centre at 8am on Friday 23rd November 2012 for this and the members present today agreed to this.</p>	All – add Annual Review ACF Pre-Meeting to diaries for 23 rd November at 8am, Education Centre.
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"> • Review of peri-natal and infant mortality - John Hammond gave a brief update to the group regarding this for information. • Complaints – John Hammond 	

Agenda Item	Title	Speaker	Summary	Action
			<p>queried how areas were managing to deal with complaints within the allocated timescales. Alison Wilson pointed out that due to the short number of complaints received, if one is missed this can skew the figures dramatically. Janice Laing and Kathleen Henderson confirmed that they were not aware with any issues with staff following the complaints procedure.</p> <ul style="list-style-type: none"> • Falls Prevention Policy and Action Plan – this was on the last Clinical Governance Committee agenda and John Hammond highlighted this to the group for information. There were no concerns regarding this. • Treatment Time Guarantee – this was on the last Clinical Governance Committee agenda and John Hammond highlighted this to the group for information. There were no concerns regarding this. 	
6	Public Governance Committee	N Hall	Two main items are focussed on at each Public Governance Committee and the last meeting focussed on the Shared Lives Project and the Borders Carers Strategy. Nikki Hall gave a brief update from the meeting to the group for information. There were no other items of note.	

Agenda Item	Title	Speaker	Summary	Action
7	Strategy Reports	J Hammond	<p>John Hammond fed back items of interest from the meeting:</p> <ul style="list-style-type: none"> • Dental & Podiatry Decontamination Report – a Glennie Report was carried out to look at Dentistry initially, but also included Podiatry. Dentistry within NHS Borders is compliant with cross infection control procedures however there are some areas in NHS Borders where Podiatry is not compliant. Kathleen Henderson will ask Pamela Gordon to email John Hammond with her understanding of the term “single use” with regards to single use equipment being used within the Podiatry Service. • Clinical Handover – a business case update was given, looking at the use of iPAD’s. There was no allowance allocated for training in respect of this, however the costings sheet needs further work. Janice Laing will feed back any views, concerns or issues with this to John Hammond. • Out of Hours Theatre Cover – John Hammond provided a brief update. Janice Laing will feed back any views, concerns or issues with this to John Hammond. 	<p>Janice Laing – feed back to John Hammond</p> <p>Janice Laing – feed back to John Hammond</p>

Agenda Item	Title	Speaker	Summary	Action
8	National ACF	J Hammond	John Hammond was unable to attend the last meeting, as the date was changed. Integration was the main agenda item, with regards to submitting a response to the Adult Health & Social Care Integration Consultation. The National Area Clinical Forum is looking at having a standard structure and funding allocation for the local Area Clinical Forums.	
9	NHS Borders Board	J Hammond	The NHS Borders Board Papers for the meeting on Thursday 18 th October 2012 were circulated for information. The main areas of discussion will be Complaints and Hand Hygiene. There were no concerns regarding this.	
10	Professional Advisory Committees - Verbal Reports:			
(a)	Allied Health Professionals Advisory Committee	K Henderson	Karen McNicoll has been appointed as the Joint Associate Director for AHP's and the AHP Professional Leads look forward to working with her. A start date is awaited. This is a two year fixed term post, which will be responsible for Podiatry, Dietetics, OT, Physiotherapy and Speech & Language Therapy, and will play a key role in the Integration agenda. The post will be managed by the Chief Operating Officer at NHS Borders, with professional	

Agenda Item	Title	Speaker	Summary	Action
			<p>accountability to the Director of Nursing & Midwifery at NHS Borders and the Head of Social Care at Scottish Borders Council. There is still uncertainty amongst the AHP Professional Leads around what the post will deliver in this time. Discussion ensued. John Hammond will query this at the NHS Borders Board meeting on 18th October 2012. Kathleen Henderson confirmed AHP Waiting Times are much improved, and Dietetics continue to work on this.</p>	<p>John Hammond – discuss at NHS Borders Board Meeting.</p>
(b)	Area Dental Advisory Committee	J Hammond	<p>Dental Benchmarking is currently underway – statistics have been received from ISD and John Hammond, Tim Cameron and Calum Campbell are meeting with four volunteer practitioners to review this data and provide feed back to ensure quality of data prior to rolling the same data out to all practices. The cost of decontamination continues to be an issue for dental practitioners. More dental practices are now taking on NHS patients, but it is difficult to say how close this is to the target.</p>	
(c)	Area Medical Committee	N/A	<p>No report was provided due to the absence of a representative at the meeting.</p>	

Agenda Item	Title	Speaker	Summary	Action
(d)	Area Ophthalmic Committee	N Hall	The last meeting was 4 th September 2012, which Alison Wilson and George Romanis attended to discuss the Minor Ailments Service. The Area Ophthalmic Committee are about to undergo a peer review. There were no other items of particular note.	
(e)	Area Pharmaceutical Committee	A Wilson	The next meeting is due to be held on Thursday 18 th October 2012 at 7.30pm in the Committee Room, BGH. There is nothing of particular note on the agenda for this meeting. The Wilson Review of Pharmaceutical Care in the Community is currently underway. The Chronic Medication Service is becoming more of a focus, moving away from the transitional phase with Pharmacists taking on more clinical responsibility.	
(f)	BANMAC	J Laing	The rearranged event (cancelled previously) is taking place on Friday 19 th October and is fully subscribed (30 places). John Raine, Chair of NHS Borders is opening the day, on which an options appraisal around BANMAC will be carried out and a show case of good work to date will be shown.	

Agenda Item	Title	Speaker	Summary	Action
(g)	Medical Scientists	N/A	No report was provided due to the absence of a representative at the meeting.	
11	Executive Lead	J Hammond	Sheena MacDonald, Medical Director, has been invited to become involved in future ACF meetings as Executive Lead. Discussion ensued regarding Executive Lead involvement in the Area Clinical Forum.	
12	AOCB	J Hammond	Stephen Bermingham recently issued an invitation to a Person Centred Health & Care Event at the SECC in Glasgow. John Hammond highlighted this to the group for information, and will forward Stephen's email for anyone who did not receive this.	John Hammond – re-circulate to the group.
13	Date, time and venue of next Meeting	J Hammond	<p>There will be a meeting held on Friday 23rd November at 8am at the Education Centre, BGH, prior to the Annual Review meeting later that day.</p> <p>The next full meeting of the Area Clinical Forum will be held on 3rd December 2012, 1pm, Committee Room, Education Centre, BGH</p>	

South East and Tayside Regional Planning Group



Minutes of the Meeting of the South East and Tayside Group held at 10.30am on 28th September 2012 Meeting Room 7, Waverley Gate and via telepresence to Dumfries & Galloway.

Present:-

Borders

Mr Calum Campbell (Chair)
Ms June Smyth

Fife

Mr John Wilson (VC)
Dr Brian Montgomery (VC)

Forth Valley

Ms Janette Fraser

Lothian

Mr Tim Davison
Professor Alex McMahon

Tayside

Ms Caroline Selkirk

Dumfries & Galloway

Dr Mary Harper (VC)

Regional Leads

Ms Jacqui Simpson
Mr Derek Phillips
Ms Jan McClean

Directors of Finance

Scottish Government

Ms Yvonne Summers

Directors of Public Health

Nurse Directors

NES

Professor Bill Reid

NSD

Scottish Ambulance Service

Medical Directors

Dr Gordon Birnie

HR Directors

Mr Alan Boyter

NHS 24

Justine Westwood

Partnership Representation

Ms Edwina Cameron

In Attendance: Mr Nick McAllister for Item 4.3, Ms Susan Goldsmith for Item 5.1

Apologies for absence were received from:

Ms Heather Kenney, Dr Stella Clark, Mr Eddie Egan, Mrs Deirdre Evans, Ms C Bowring, Dr Alison McCallum, Dr David Farquharson, John Turner

Item No.

Section

1

Welcome & Introductions

Action

Calum Campbell welcomed all to the meeting and noted the apologies received. It was noted that Eddie Egan was retiring from NHS Lothian today. His contribution to SEAT was acknowledged



and the Group wished him well for his retirement. J Simpson advised that plans were underway to secure a replacement partnership representative for SEAT.

J Simpson

2 Previous Meeting

2.1 Minutes of the Meeting held on 29th June 2012

The minutes of the previous meeting held on 29th June 2012 were agreed as an accurate record.

Calum Campbell advised that following a discussion between the Chief Executives, it had been agreed that future SEAT meetings would be held in the central location of Edinburgh and should be conducted in person where possible. Dates and venue details for future meetings will be circulated to all members.

J Simpson

2.2 Progress Against Action Note

Progress was noted against the Action Note.

3 Matters Arising

3.1 IVF Eligibility Criteria

Gordon Birnie advised that there remained minor inconsistencies between SEAT Board's criteria, citing differences in age and BMI. It was noted that NHS Fife had invested funds in this service to support reduction in the waiting times. It was evident that some boards had not fully implemented all criteria.

Brian Montgomery commented on recent press coverage focussing on NHS Fife, stating that it had been unfortunate that Boards in SEAT had adopted the criteria used by NHS Lothian, with it transpiring that NHS Lothian had not yet fully implemented their own no smoking criteria. He advised that the Cabinet Secretary had expressed disappointment that Boards had implemented criteria ahead of the publication of the national report due out in December.

Calum Campbell confirmed that it had been agreed by Board Chief Executives that each region would agree a regional position with regard to eligibility criteria.



Tim Davison acknowledged that the delay in NHS Lothian implementing the no smoking criteria for both partners had created an issue for NHS Fife and offered an apology, expressing his disappointment at the situation that had arisen in the press. He confirmed that the issue of excluding smokers from treatment had been agreed, but proposed that NHS Lothian would hold off implementation in NHS Lothian until the national report was published in December.

John Wilson expressed concern that the report may not be published in December and leave NHS Fife continuing to be out of step with other Boards.

Tim Davison proposed that if the report was not published in December, that the issue in SEAT be revisited in January.

Calum Campbell highlighted to Yvonne Summers for noting, that it had been agreed at a Board Chief Executives meeting that Boards would move to minimise exposure by adopting regional positions thereby reducing variation in application of criteria.

Calum Campbell concluded that SEAT would revisit this issue in January if the national report was not published in December.

3.2

SEAT Risk Assessment of Neonatal Care in Scotland – A Quality Framework

Jacqui Simpson confirmed that the suite of documents discussed at the last SEAT meeting had been submitted to SGHD. She was not aware that the SGHD planned meeting with the Cabinet Secretary and advisors had taken place.

Yvonne Summers advised that there was now a good understanding of the issues affecting neonatal services and a date to meet with the Cabinet Secretary was awaited.

3.3

Regional MCN for Child Sexual Abuse

Jacqui Simpson advised that further to the update at the last SEAT meeting, the agreed Out of Hours Rota for the region managed by NHS Lothian had commenced at the beginning of September. Although there were a number of gaps in the rota, it was reported to be working well.



3.4

Workforce Group Arrangements

Jacqui Simpson advised that Edwina Cameron had raised a query at the last SEAT meeting about where issues relating to the wider workforce might be discussed. It was agreed that the Regional Medical Workforce Group should continue with an extended remit to include wider clinical solutions with augmentation to the membership including partnership representation.

Gordon Birnie highlighted that the Group focussed on workforce solutions and not on wider service redesign.

Tim Davison noted that there was no Chief Executive on the Group
It was agreed that he would join the Group. **T Davison**

Bill Reid welcomed this proposal.

Calum Campbell confirmed that Tim Davison would join the Group as a Chief Executive representative and that the Group should look at all options for workforce solutions. If wider solutions were required then the Group should report this back to SEAT. **G Birnie/D Phillips**

Jacqui Simpson to prepare a revised remit for the regional medical workforce group for consideration. **J Simpson**

4. SEAT Initiatives

4.1 **Draft SEAT Workplan**

Jacqui Simpson spoke to the previously circulated draft SEAT Work plan, explaining that it was presented in 3 parts:

- Agreed SEAT priorities for the forthcoming year
- Areas which required regional liaison
- Areas of potential future work on the horizon.

She advised that workforce issues and service sustainability were central tenets to the work plan. An additional financial schedule for 2012 was still being completed and would be circulated. It was planned to bring 6 monthly updates to SEAT on progress.

Calum Campbell advised that the Chief Executives had discussed the Work plan at a recent meeting and had agreed the content.

SEAT approved the Work plan and agreed its content.



4.2 **Rebalancing Care – Orthopaedics**

June Smyth spoke to a previously circulated paper updating on progress with implementation of the Rebalancing Orthopaedics work stream. Further to the last meeting, when a number of outstanding issues had been identified, progress had been made and a revised date of 1st October had been agreed for commencement of referrals to NHS Borders. J Smyth highlighted that discussions on the financial arrangements continued through the Directors of Finance.

The paper also reaffirmed the general principles of the Rebalancing work and suggested that SEAT should adopt the learning from the orthopaedic work and start to identify services which might also benefit from this approach as part of the SEAT work plan priority on a wider demand and capacity plan for the region.

Tim Davison supported this approach and suggested that Endoscopy might be a service to be considered as this was a significant growth area for NHS Lothian.

Jacqui Simpson proposed that the Directors of Planning and Finance scope which services might be considered for this approach at a future meeting. **Directors of Planning**

4.3 **Medical Staff Risk Assessment**

Following a request by Tim Davison at the last SEAT meeting for a risk assessment tool for medical workforce, Derek Phillips and Nick McAllister demonstrated a prototype tool to assess and manage risks around the medical workforce across the region. The regional medical workforce group had been involved in considering the latest version. It had been developed to allow analysis via pivot tables in a number of ways e.g. by speciality, by service delivery area, by Board. Paediatrics was used as an exemplar to test the tool in this first stage. Derek Phillips confirmed that the tool was only as good as the data entered and further work was required regarding consistency and agreement about who should do this in each of the Boards. Tim Davison commented that the granularity was important as was the clinical engagement in each of the Boards to ensure this was a live and dynamic tool. The work received strong support and endorsement by SEAT and a request was made for an update at the next SEAT meeting when populated

**Derek
Phillips /
Nick
McAllister**



with more specialties. There was a plea not to wait for a highly polished version before using and that SEAT recognised this would be an iterative process.

4.4 Paediatric Medical Trainee Workforce

Discussion on this item was covered under item 4.3. It was noted that papers were to be prepared on this for the NHS Lothian Board meeting in November and for the next SEAT meeting. Chief Executives confirmed that they would support an urgent meeting on this should it be considered necessary. Jacqui Simpson to take forward if appropriate.

J Simpson

4.5 Workforce Planning Update

The content of the paper was noted. SEAT asked to be kept updated on the issues within the report in particular obstetrics and gynaecology.

4.6 SCTT Telehealth Strategy

Justine Westwood spoke to the previously circulated SCTT Telehealth Strategy, advising that feedback had been sought from each Board. The priorities within the strategy were being reviewed in light of feedback received. A single point of contact was being appointed for each Board and Local Authority, with Justine identified as the link for the SEAT region. Justine advised that the SEAT region was further ahead than other regions in adopting telehealth solutions and agreed to review the SEAT Workplan with a view to identifying any further opportunities for telehealth solutions.

**J
Westwood/J
Simpson**

Jacqui Simpson reported that SEAT had built up a good relationship with SCTT and cited the work underway with cancer services and the potential to support spinal services going forward.

Calum Campbell suggested that SEAT might become the preferred partner for SCTT and enhance the existing good relationship. Justine Westwood replied that this would be agreeable to SCTT.

Tim Davison proposed that there may need to be telehealth links to support the emergency medicine service at St John's Hospital, amongst other services.



4.7 **SEAT Adverse Weather Policy**

Alan Boyter reminded SEAT that the south east Boards had agreed to adopt the Adverse Weather Policy to support business continuity in the event of severe weather. NHS Forth Valley had approached SEAT requesting to take part in this initiative. SEAT confirmed their support for this.

4.8 **Cross SEAT Workstreams**

4.8.1 **Performance Standards and Minimising Variation**

Gordon Birnie reported that while this area of work had stalled, there were now efforts to reinvigorate it. He advised that the last SGHD assessment of Boards performance on procedures of low clinical value had been in 2009, therefore it was difficult to gauge progress. A paper was being prepared by the national efficiency and productivity lead, to reflect the SEAT position.

Gordon Birnie suggested that the work might be better received if presented as clinical standards rather than a contribution towards efficiency targets. He reported that in NHS Fife they have avoided costs up to £3/4 million and that if SEAT Boards were to move to adopt the mean position, a possible £10 million could be avoided. G Birnie advised that a partial update from SGHD was now available on the March 2011 position.

It was agreed that the Medical Directors would take forward this work.

**Medical
Directors**

4.8.2 **Technology/Radiology**

D Phillips advised that a further meeting had taken place to move forward this piece of work. He reported that NHS Lothian had disestablished a radiology trainee post and reinvested in a radiography post. NHS Tayside had met with NSS to explore technology which would support the sharing of images to enable reporting by other Boards.

Derek advised that he would review the Business Cases being prepared by Boards to assess whether plans could be accelerated. Calum Campbell asked for an update at the next meeting.

D Phillips

5. **Regional Liaison Initiatives**

Update on Reprovision of RHSCE/DCN



Susan Goldsmith reported that a significant achievement had been the recent completion of SA6 which agreed the transfer of land, with the new Cabinet Secretary also agreeing the Outline Business Case. The Enabling Supplementary has also been agreed, which permits the diversion of the road and had been sent to the funders lawyers for presentation to bankers in October. A 4 week period had been allowed for completion. It was hoped that an advert will go in the OJEU in November. It was projected that the hospital would be completed by summer 2017.

Susan Goldsmith confirmed that there have been no changes to costs previously discussed with SEAT Boards.

Tim Davison added that the enabling works were significant to allow the reconfiguration of space in the RIE. SEAT welcomed the update on the latest position.

6.
6.1 **National initiatives**
Regional update following National Review of Obesity Treatment Services

Jan McClean reported that a further meeting of the regional Short Life Working Group had taken place and that the Group had discussed the criteria for eligibility for treatment. She advised that Boards in SEAT were at differing stages of development of their Obesity Treatment Services with experience in Edinburgh and Glasgow demonstrating that managing patients through Specialist Weight Management services ensured that appropriate patients received treatment. Until all the Boards in SEAT have Specialist Weight Management services in place it was likely that there would be differences in the treatment criteria that are used.

Brian Montgomery commented that it would be desirable in the longer term for SEAT Boards to agree common criteria to ensure that there was equity of access across the region.

J McClean advised that this would be desirable and that the ongoing collaboration would provide a mechanism for doing so. Further updates will be presented to SEAT at future meetings.

J McClean

6.2 **Vascular Services – SEAT Issues**

Jan McClean reported that the regional Short Life Working Group had met again since the last SEAT meeting. She confirmed that Vascular services in SEAT were already configured in line with the



recommendations in the Vascular Quality Framework, although further work may be required in developing Tier 2 services if the recommendations were to be fully implemented. The Short Life Working Group was keen to understand the level to which the recommendations were to be implemented, given that the Quality Framework had not yet been endorsed by the Cabinet Secretary.

Jan McClean advised that since the Short Life Working Group had met, the former Cabinet Secretary had indicated support to move forward with the recommendations. There were a number of considerations for SEAT in taking forward this work, including the financial implications of Tier 2 service development; the future impact of changes to medical training for vascular surgeons; and the NHS Forth Valley position in relation to securing a collaborative partnership for Tier 3 services. Each of these issues required to be understood in greater detail in moving forward.

Further updates will be presented to future SEAT meetings.

J McClean

6.3 National Initiatives Update Report

The paper circulated from Deirdre Evans was noted.

6.4 Spinal Review Implementation

Jacqui Simpson advised that there had been a productive regional discussion on Spinal Services and the required Treatment Time Guarantee by October 2013. Detail on activity demand, and current service models was being collected across the region to help inform the next steps by the end of the year. There was a general feeling that the waiting time guarantee will be very challenging to meet.

Tim Davison advised that there had been a discussion at a recent Neurosurgery Managed Service Network meeting, with a proposal that Sir David Carter write to Jill Vickerman and Gerry Marr as Co-Chairs of the National Planning Forum, to suggest an extension to the waiting time guarantee for spinal surgery. It is not anticipated that the patient pathway will be designed and implemented by October 2013.

Further updates will be brought to SEAT at future meeting.

J Simpson



6.5

TAVI

Jacqui Simpson asked SEAT to note the formal position regarding the outcome of the recent process to identify a single centre for TAVI procedures in Scotland, with the Edinburgh Heart Centre being selected to provide the single Scottish service.

She proposed that as this was now NHS Lothian business, that SEAT's role would move to receiving updates and supporting the national overview group if required. This was agreed.

Alec McMahon advised SEAT that the new service would be reviewed in 6-12 months by a national group. The first patient was scheduled for a procedure on 11th October and the plan was to carry out 2 procedures every fortnight, equating to around 50 per annum. Boards in Scotland had been asked to provide names of patients awaiting referral. Each board will fund the procedures on a case by case basis.

Calum Campbell confirmed that SEAT Boards were clear that a national decision had been made on the location of the service and that agreed processes would be followed. He thanked colleagues round the table for their involvement in this work.

6.6

National Regional Planning Review

Jacqui Simpson advised that the Final Report from the review had been circulated to Regional Planning Groups for discussion post discussion at the national Board Chief Executives group. She noted that each of the Regional Planning Groups differs in that it develops its regional agenda based on regional issues. Jacqui Simpson proposed that through the Directors of Planning, SEAT make a response to the Report outlining where SEAT considered the potential options outlined in the paper were relevant.

Tim Davison suggested that there needed to be a strengthening of links between Regional Planning Groups and the National Planning Forum, and that SEAT should consider how it could better influence the National Planning Forum through SEAT discussions.

Calum Campbell requested that Jacqui Simpson prepare a paper in response to the Report and identify the members of the National Planning Forum who sit at the SEAT table.

J Simpson



6.7 **NPF SubGroup – Major Trauma** **Action**

Caroline Selkirk provided SEAT with an overview of the Group she had agreed to chair with a remit of enhancing major trauma services in Scotland. This followed the publication of a report by the Royal College of Surgeons, Edinburgh and other work undertaken in England. She identified the tasks of the review group as being:

- To describe the current configuration of services
- To describe co-locations and dependencies
- To describe a quality framework
- To assess data collection
- To undertake a health impact assessment

Caroline Selkirk advised that there were 4 meetings of the Group planned and that several members from SEAT were included in the membership.

Calum Campbell commented that there would be a number of challenges involved in this work and asked that regular updates were provided at SEAT meetings. **C Selkirk**

7. **Board Issues**

Surveillance Endoscopy

Tim Davison reported that there had been a three fold increase in demand for endoscopy in NHS Lothian over the last 2 years, with conversion from diagnostic procedures to ongoing surveillance. This appeared to be a common issue for Boards with the exception of NHS Glasgow and Clyde and NHS Borders. Discussions with NHS Borders colleagues were scheduled to discuss possible support arrangements.

Breast Screening Response

Calum Campbell reminded the Group that the Breast Screening Review recommendations had been based on there being 6 centres and asked that SEAT Boards ensured their responses were in line with each other.

8. **Regional Minutes**

The following minutes were circulated for noting.

8.1 **Minutes of the Regional CAMHS Consortium meeting on 3rd May 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 28th March 2012 (Approved)

8.4 Minutes of the SEAT Directors of Planning meeting on 15th June 2012 (Unapproved)

9. Communications

9.1 Updates from Boards

NHS Fife

The newly appointed Cabinet Secretary will be conducting the NHS Fife Annual Review.

NHS Tayside

Discussion on IVF services took place at the recent Annual Review.

SGHD

Apologies were offered for reorganising the dates for Annual Reviews.

There may be an opportunity to bring forward revenue monies to capital which may support the endoscopy issue highlighted.

NHS 24

There are still places available for the forthcoming Telehealth Conference.

10. Any Other Business

Justine Westwood enquired if there was a regional eHealth group which could support regional initiatives. Jacqui Simpson advised that although there was not an eHealth Group which links to SEAT, she would pursue getting eHealth links across the region.

Action

J Simpson

11. Date and Time of Next Meeting

The next meeting is scheduled for **Friday 30th November 2012 at 10 45am** in Meeting Room 8, Waverley Gate.