

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: 31 March 2011
- Audit Committee: 26 May 2011
- Endowment Fund Board of Trustees: 16 May 2011
- Public Governance Committee: 24 February 2011
- SEAT: 18 March 2011

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	Executive Assistant & Board Secretary		

Minutes of a meeting of the **Strategy & Performance Committee** held on Thursday 31 March 2011 at 12.30 in the Board Room, Newstead

Present:

Mrs M Wilson	
Mrs C Duthie	
Mrs J Edey	
Mr D Davidson	Mr C Campbell
Cllr S Scott	Dr R Cameron
Mr A Lucas	Dr E Bajjal
Dr D Steele	Mrs C Gillie
Mrs P Alexander	Mrs S Wright
Mr J Hammond	Mrs J Davidson

In Attendance:

Miss I Bishop	Mrs S Errington
Mrs K McNicoll	Mr D McLuckie
Mr J Raine	Mr I Torrance

1. **Apologies and Announcements**

Apologies had been received from Edwina Cameron and June Smyth.

The Chair welcomed Stephanie Errington, Senior Performance & Planning Manager to the meeting who spoke to the Key Performance Indicator Scorecard item on the agenda.

The Chair welcomed David McLuckie, Director of Estates & Facilities to the meeting who spoke to the Review of Cleaning Costs item on the agenda.

The Chair welcomed Ian Torrance, Charge Nurse in Mental Health Services to the meeting who spoke to the Functionally Ill Elderly item on the agenda.

The Chair advised that this would be her last Strategy & Performance Committee meeting as Chair of NHS Borders and she recorded her thanks to the Board for their support during her time as Chair.

The Chair welcomed John Raine the incoming Chair of NHS Borders to the meeting.

2. **Minutes of Previous Meeting**

The minutes of the Strategy & Performance Committee meeting held on 3 February 2011 were amended and approved.

3. **Matters Arising**

The **STRATEGY AND PERFORMANCE COMMITTEE** noted the Action Tracker.

4. **Review of Cleaning Costs and Identification of Revenue Savings**

David McLuckie gave a recap of the background leading to the proposal to deviate from the national cleaning specification in respect of non clinical areas and then detailed the content of the paper.

Catherine Duthie sought clarification that there would be a reduction in the total number of cleaning hours but not staff numbers. David McLuckie advised that the same number of staff would be employed however they would work super-numery hours to cover sickness absence and annual leave and in essence the pool of cover would be restricted as vacant posts were not filled. He advised that in order to ensure appropriate resources were available for the cleaning of clinical areas in times of sickness absence/annual leave, etc, the cleaning of non clinical areas would be reduced.

David Davidson commented that in terms of public media interpretation, this would be an opportunity to stress the importance that the organisation places on cleanliness in all areas but especially in clinical areas and that it might be helpful to do some positive press in advance of the changes being made to the system.

John Hammond enquired if the public waiting areas were included in the changes. David McLuckie advised that they were not.

Julia Edey commented that the work of the risk assessment that had been undertaken had been extremely thorough and she urged the Board to support the proposal from an audit perspective, advising that a £150k saving in this area would assist in supporting clinical services in the future.

Dr Doreen Steele enquired if any other Boards were taking the same approach with regard to cleaning specifications in non clinical areas. David McLuckie advised that he was unaware of any other Boards taking this approach at this time, however he was aware that Health Facilities Scotland may be reviewing their position.

Sheena Wright enquired if the paper would have a knock on effect to the Domestic Services Rapid Response Teams which had been formed following the Health Environment Inspectorate (HEI) Inspections. Mr McLuckie confirmed that it would not affect the provision of that service.

Dr Eric Baijal suggested that a positive message could be put to the public focusing on the corporate objectives, especially as the first one was patient safety and engaging with the public about a reduction in resource in this area will allow the organisation to ensure appropriate resources are placed where they are needed the most and have the most impact.

Karen McNicoll advised that the Communications Team would be working with key stakeholders and the Public Reference Group to ensure appropriate key messages were produced for public consumption.

Jane Davidson advised that she was supportive of the paper and suggested clear messages be given out that clinical areas would not be compromised. She further suggested a touch point later in the year to review the outcomes of the changes.

Pat Alexander enquired about the morale of the staff group involved and David McLuckie advised that there had been a consultation with the domestic staff and on going engagement.

Calum Campbell advised that he was fully supportive of the paper and emphasised the need for on going engagement with staff.

Calum Campbell further suggested that given NHS Scotland was reviewing its position on cleaning specifications it would be useful as Jane Davidson had suggested to touch base in 6-8 months from the change to review the outcomes and any revised position from Health Facilities Scotland. Mr Campbell further advised that the standards in Scotland for non clinical areas were higher than across the Border and he felt the organisation was not being unrealistic in its approach to changes in the cleaning of non clinical areas.

The **STRATEGY AND PERFORMANCE COMMITTEE** supported the recommendations of the working group and General Services Manager:

The **STRATEGY AND PERFORMANCE COMMITTEE** adopted the reviewed cleaning specifications for non clinical areas within NHS Borders.

The **STRATEGY AND PERFORMANCE COMMITTEE** agreed to the removal of the beverage and dishwashing service provided to non clinical areas.

The **STRATEGY AND PERFORMANCE COMMITTEE** accepted the Risks identified in the Risk Assessments.

The **STRATEGY AND PERFORMANCE COMMITTEE** noted the savings achieved through the cessation of cleaning services within surplus properties.

The **STRATEGY AND PERFORMANCE COMMITTEE** accepted the HEI/Public/Media implications as detailed within the report.

The **STRATEGY AND PERFORMANCE COMMITTEE** agreed to the revised budget with specifications adjusted to suit available resources.

The **STRATEGY AND PERFORMANCE COMMITTEE** approved the introduction of the revised cleaning specification for non clinical areas, to take effect from 9th May 2011, following the briefing of user department staff within the affected facilities.

5. **Functionally Ill Elderly: Interim Solution**

Jane Davidson introduced the paper advising that the Board were familiar with the level of risk the organisation has been carrying in regard to redesigning and developing a more robust solution for this care group. She commended the work of the Mental Health Team involved in developing the interim solution. Mrs Davidson introduced, Ian Torrance, Ward Manager at Cauldshiels and advised that he would manage the Functionally Ill Elderly cohort once the solution was put in place.

Ian Torrance commented that the building works were due to complete on 15 April with a handover to the service on 18 April. He advised that there were some operational issues to be resolved the following week with regard to staffing, and a positive meeting had been held with Health & Safety.

Julia Edey commented that the interim solution reduced the number of dementia beds being available to 12 and Scottish Borders Council in its' last budget round had advised that it would reduce the number of placements they will make available in residential care homes and reduce the amount of community care resources they will make available. She further suggested that the numbers in this client group were expected to increase and it appeared to be a lot of beds to lose in dementia.

Ian Torrance replied that the reduction in bed numbers to 12 was while the building works were being finalised and they would increase back to a complement of 14 once all the works were complete.

Jane Davidson commented that with regard to next steps the redesign and development work that had been carried out would inform considerations around the Older Peoples Campus to ensure that matters were further taken forward.

Dr Eric Baijal affirmed to the Board that whilst dementia numbers were on the increase and the current solution was interim, there was a need to look further at the strategic care of people with dementia and he advised that the Older Peoples Campus would address that.

Dr Ross Cameron reminded the Board of previous discussions around the need to redesign services across the Borders General Hospital campus and he welcomed the interim solution as solving a key clinical risk for the organisation.

The **STRATEGY AND PERFORMANCE COMMITTEE** noted the development of a discrete service for FIE.

6. **Palliative Care Specialist In Patient Unit Feasibility Report**

Ross Cameron gave background to the item and detailed the content of the paper.

Catherine Duthie commented that the commitment to the capital funding was excellent and highlighted on page 13 the summaries of firm pledges that have been put in place that total some £2.5m. She advised that it had been an intensive period since the December Board meeting.

Stephanie Errington explained the work that had been undertaken in order to produce a feasibility report for the development of a Palliative Care Special Inpatient Unit including a part refurbishment of Ward 11 for Stroke patients.

Carol Gillie highlighted that whilst capital around palliative care was not an issue the capital cost of the stroke element was still being worked through. She confirmed that whilst capital was not an issue with regard to the size of the unit there would be an impact on revenue the larger the unit. She advised that she had discussed this with Dr Ross Cameron and they had agreed that the intention would be to maximum capital and minimise revenue and therefore they had reached a compromise on the size of the unit.

Pat Alexander advised that she had spent quite a lot of time in Ward 11 and fully supported the direction of travel to separate out the two patient groups. She questioned the reduction in stroke beds

from 15 to 12 which was to be achieved by June, given that stroke beds were already difficult to obtain. She suggested keeping the question of a reduction in stroke beds open until the Board had received the full business case. She further commented that there would need to be a reduction in the current length of stay figures and delayed discharges, as any negative impact from these matters on the system were crucial for any patients who required lots of after care and for whom the alternative was either continuing care or a community hospital placement.

Dr Ross Cameron confirmed that the reduction in beds was a challenging target and commented that in the case of dementia beds other services were also being asked to make similar cuts and that any bed reductions had to be done hand in hand in order to benefit from the effect and he confirmed that the main clinicians were supportive. He also advised that reductions in length of stay was a key objective for the Borders General Hospital.

Dr Ross Cameron advised that delaying until the full business would have a negative impact on the project by increasing costs and Stephanie Errington confirmed that agreement on the outline would give the flexibility required by the service to pursue phase 2 of the proposal.

Adrian Lucas enquired how the issue of down stream services would be addressed. Calum Campbell commented that the organisation would need to ask itself if stroke is to be a major issue for all health services where will it sit in the hierarchy of things ie maybe some of the GP acute beds could be seen as less desirable than other beds and maybe the less desirable beds should be lost.

Dr Ross Cameron suggested that the change involved losing some GP beds and he confirmed that the GPs were content in that regard.

Adrian Lucas enquired about any potential effects on the provision of the physiotherapy service. Dr Ross Cameron advised that all stroke patients required Occupational Therapy and Physiotherapy services and he advised that where they were located would not affect the number and way those services were provided. He further advised that NHS Borders had engaged in the SEAT Telemedicine project for stroke which meant that someone coming in for thrombolysis could be treated quickly through the telemedicine links to experts in other areas.

David Davidson enquired if staff were available to supply or add to the support given to patients through the community hospitals when they were further down their recovery journey. Dr Cameron advised that all community hospitals had Allied Health Professional (AHP) staff, they did not all have the same level of equipment and available rooms.

Calum Campbell commented that the stroke unit was for the acute phase and that was the reason that it was a HEAT target. He confirmed that the organisation was required to meet the target and that every patient was different and some would make a full recovery and others would require more assistance. He advised that the organisation was required to plan for each individuals needs and to ensure there was enough effective downstream support as required.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the work progressed with the feasibility work, Phase 1 of the project and the further work planned for Phase 2 of the Project

The **STRATEGY & PERFORMANCE COMMITTEE** subject to approval by the Endowment Committee, approved the development of a full Business Case to be presented to the Board in June

Catherine Duthie then asked the Board to consider the naming of the Palliative Care Specialist Inpatient unit. She advised the Board that Margaret Kerr had been a nurse who had lived in West Linton and had spent her nursing career in Edinburgh. She had left a legacy to help to enhance the provision of palliative care in the Borders. If a suitable project for the provision of palliative care could not be worked up then the legacy was to be distributed to palliative care services across Scotland.

Mrs Duthie proposed that the Palliative Care unit be named the Margaret Kerr Unit for a number of reasons including: clinicians were in agreement; it would be appropriate given the personal story behind the legacy; it would alleviate confusion around the misconception of a Borders hospice; it was important for branding with regard to undertaking charitable fundraising, etc.

MINUTE REDACTED

The **STRATEGY & PERFORMANCE COMMITTEE** approved the proposal that the Palliative Care Unit should be named “The Margaret Kerr Unit”.

7. Financial Monitoring Report for the 11 month period to 28 February 2011

Carol Gillie advised the Committee of the key points within the report highlighting that the report was for the 11 month period. She commented that the organisation was £3m in excess of operational budget at the end of February which was an increase of £300,000 on the previous month and in line with projections. She advised that the key issues were: external providers; prescribing volumes and impacts on prescribing budgets; overspend on Estates & Facilities linked to patient transport, charges from national distribution centre and energy costs; nursing staff increase. Mrs Gillie advised that controls had been put in place to manage nursing costs and these were being reviewed.

Mrs Gillie further advised that in terms of efficiency savings some £8.1m had been delivered which was an overachievement. With regard to the Capital Plan Mrs Gillie commenced that it had been revised earlier in the year and additional schemes had been identified. She was confident that the capital targets would be achieved by the end of the year.

Cllr Sandy Scott commented that he was very pleased to see the achievements that had been made and he wished to congratulate Mrs Gillie, her team and their colleagues in the organisation on such a positive financial position.

Julia Edey noted the over recovery due to an increase in the level of Road Traffic Accident income. Calum Campbell advised that this was a main priority for the Police and further commented that these types of accidents were still on the increase in this area.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the financial performance for the eleven months of the financial year.

8. **Financial Plan 2011/12**

Carol Gillie introduced the financial plan for 2011/12 and highlighted a number of key points including: reduction in non recurring funding reliance; projection of expenditure growth; efficiency delivery plan; recurring and non recurring contingency funds; funding uplift and expected expenditure growth.

David Davidson enquired of the basis for the inflation levels projected for 2012/13 and 2013/14. Carol Gillie reiterated that these were only for illustrative purposes and that she had undertaken a benchmarking exercise with other Boards and the inflation projections covered all financial areas except wages.

Adrian Lucas enquired with regard to the sale of property if the organisation had much property to sell. Carol Gillie advised that at the Board Development & Strategy Session the issue of surplus properties had been highlighted. David McLuckie advised that an initial trawl had been undertaken to look at those properties which were clearly surplus to requirements and he suggested that there were at least a half dozen properties that hopefully the organisation could achieve good market value on depending on the market at the time.

The Chair enquired if the properties had been offered to public partners. David McLuckie confirmed that they had and that there had been no interest received. He advised that the properties would be offered to the open market in the new financial year.

The Chair enquired about properties that the organisation leased to other agencies. David McLuckie advised that the organisation did not lease properties out, but did lease properties in such as West End House in Melrose. He advised that it was intended to rationalise the available properties within the organisation so that there would be less need to lease properties in future.

Carol Gillie confirmed that she had received agreement from the Scottish Government that NHS Borders could retain the income generated from the sales of surplus properties, although each sale would be subject to their approval.

Cllr Sandy Scott enquired about the reserves that were mentioned in the paper. Carol Gillie confirmed that this related to the rates issue under the efficiency scheme and that the organisation did not hold reserves in the same context as the local authority would, it did however have a contingency which would be used to offset the £3m overspend.

The **STRATEGY & PERFORMANCE COMMITTEE** reviewed and approved the 2011/12 Financial Plan.

9. **Key Performance Indicator Scorecard**

Stephanie Errington detailed the contents of the paper and highlighted that within the Borders General Hospital and the Community Hospitals the organisation sat outside the locally agreed trajectory for a number of areas. She advised that Project Managers were in place to look at length of stay improvements and bed management in community hospitals. Over all within AHP waiting times improvement had been seen against 9 week waits and lots of work had been undertaken with Physio to get to a zero achievement. Waiting times within mental health against the 18 weeks target remained

static and progress against a more challenging target of 9 weeks was occurring. Mrs Errington further advised that an enhanced patient safety section had been introduced to the report which had been developed in line with Patient Safety Programme definitions and she welcomed feedback on the presentation of that data.

Calum Campbell reminded the Board that the paper contained local measures which were more challenging than the national targets and progress appeared positive against those targets in a number of areas.

Julia Edey noted on page 12 that there had been several incidences of super efficiency in community hospitals. Stephanie Errington advised that additional beds had been brought in and that she was content to provide a breakdown of locations.

Julia Edey commented that the reduction in delayed discharges was not sustained and the reduction in the social work budget would have a further impact of these levels. Calum Campbell advised that he was clear that the key outcome of the Change Fund would be that delayed discharges would be maintained at a zero level and he advised that social work colleagues were working with NHS Borders to ensure that outcome.

Julia Edey commented that she had recently met with the Joint Learning Disabilities Manager and had noted they had achieved 100% on their eKSF target.

David Davidson enquired about the quantification of costs to NHS Borders if partner colleagues were not performing, especially with regard to the Change Fund. Calum Campbell advised that there were key defined outcomes for the Change Fund and one of those was the abolition of delayed discharges. He advised that he expected the CH&CP to take the lead and drive forward joint issues regarding performance of both organisations and outcomes to be achieved.

Adrian Lucas commented that there did not appear to be any signs of improvement in reaching the Community Physiotherapy target. Stephanie Errington advised that they were predicting to get to zero that today. Jane Davidson advised that AHPs were committed to tackling their waiting times.

Dr Doreen Steele commented that the patient safety report was excellent.

Cllr Sandy Scott referred to page 23 and the percentage of theatre utilisation. He noted the current rate was 13% however the target was 25%. Calum Campbell advised that he was keen to further explore the detail of theatre utilisation with planned elective work at weekends, repatriation of theatre work back to NHS Borders, etc.

Jane Davidson advised that LEAN improvement work on the procedures unit and information gathering was due to conclude in April and she expected Internal Audit to undertake a theatre audit.

Jane Davidson commented that with regard to eKSF, whilst the LD service had achieved 100%, many of the other services had reported in excess of 80% achievement ratings. She commented that this had been largely due to the hard work and leadership given to it by Edwina Cameron and Ross Cameron. Dr Doreen Steele remarked on the dramatic improvement in the eKSF achievement ratings since January 2011.

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

10. **Mid Year Review with Scottish Government**

The **STRATEGY AND PERFORMANCE COMMITTEE** noted the summary of the discussions detailed in the 2010/11 Mid Year Review held in January 2011.

11. **Any Other Business**

There was none.

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

The Chair confirmed that the next meeting of the Strategy & Performance Committee would take place on Thursday 30 June 2011 at 12.30 in the Victoria Hall, Selkirk.

The meeting concluded at 2.13pm.

Minutes of a Meeting of **Borders NHS Board Audit Committee** held on Thursday, 26th May 2011 at 2 p.m. in the Board Room, Newstead.

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

In Attendance: Mr M Campbell Smith, Audit Manager
Miss J Cockburn, Acting Deputy Director of Finance (Item 6.3)
Mr D Davidson, Non Executive Director
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 6.2)
Mrs L Paterson, Director, PWC
Ms S Swan, Acting Deputy Director of Finance
Mr D Woods, Chief Internal Auditor

Julia Edey welcomed those present to the meeting. Apologies were received from Mr C Campbell.

2. **Declaration of Interest**

There were no declarations of interest.

3. **Minutes of Previous Meeting: 31 March 2011**

David Woods referred to the third sentence of item 6.4 and suggested that “rather than” should be added to read “It was noted that rather than formal checks and controls”. Carol Gillie referred to the last sentence of item 6.4 and suggested that the word “relicensing” be replaced with “appraisal”.

The minutes were approved as an accurate record with the proviso that the suggestions above were made.

4. **Matters Arising**

- *Action Tracker*
The action tracker was discussed and the following updates were noted:-

CFS Quarterly Report to 31 December 2010

The meeting between Susan Swan, Julia Edey and Edwina Cameron to discuss the merit in holding a fraud awareness session this year has been re-arranged to 2nd June 2011. It was also noted that the CFS Counter Fraud Champion and Fraud Liaison Officer conference would be taking place on 15th June 2011. Susan advised that it had been suggested by Edwina Cameron to do a CFS interactive session to the Workforce conference on 13th June. It was noted that CFS would be facilitating this.

The Committee noted the action tracker.

5. **Fraud & Payment Verification**

5.1 *National Fraud Initiative (NFI) - Update*

Susan Swan reported that the 53 follow-ups referred to at the last meeting had been cleared and that there were no outstanding issues arising from these.

Susan gave an update on the two open allegations of fraud within NHS Borders. It was noted that one of these related to an issue around time sheets and that an investigation is ongoing internally. The second case related to a suspected theft of instruments and had been discussed with CFS who have requested information around stock management for this particular surgery which has open access.

The Committee noted the update.

5.2 *CFS Quarterly Report to 31 December 2010*

Susan Swan spoke to this report that had been circulated for information. Susan advised that the investigations within the “cases of interest” section would be discussed at the CFS conference on 15th June 2011. The Committee went on to discuss the issues around dentistry and Susan and Julia Edey agreed to speak with colleagues at CFS at the conference on 15th June.

The Committee noted the report.

5.3 *Patient Exemption Checking – Annual Reporting Package 2010/11*

Susan Swan spoke to this item and advised that following the abolition of prescription charges more detailed work would now be undertaken within ophthalmic and dental. No issues of concern were highlighted to the Committee.

The Committee noted the report.

5.4 *CFS Intelligence Alert 2011/05*

Susan Swan referred to the recent intelligence alert from CFS relating to unsolicited recruitment approaches. Susan confirmed that this has been issued to Human Resources for them to take into account within their operational procedures for recruiting.

The Committee noted the alert.

5.5 *Payment Verification Report to 31 March 2011*

Susan Swan spoke to this item. Susan highlighted that there was not a significant level of detail submitted for ophthalmology and advised that Costas Kontothanassis, Assistant General Manager/Contracts Manager within P&CS is linking with colleagues at PSD about this.

The Committee noted the report.

5.6 *Medical Payment Verification Report to 31 March 2011*

Susan Swan spoke to this item. Susan gave assurance that any issues are picked up at the quarterly Medical PV meetings. Julia Edey felt that the level of detail was not very helpful to comprehend. Susan agreed to see if this information could be submitted with an executive summary highlighting the exceptions and actions taken.

The Committee noted the report.

6. **Internal Audit**

6.1 *2010/11 Internal Audit Plan Progress Report*

David Woods spoke to this item. David advised that a request had been made by management to bring forward the timing of the Child and Adult Protection audit to allow this to be undertaken prior to the local HMIE inspection in September. It was noted that this would be swapped with the Locum Doctors and Nurse Bank audit. With this change Susan Swan added that some assurance could be sought following one of the Associate Directors of Nursing being tasked to scrutinise the level of spend across the Nurse Bank with the objective of reducing costs in this area. Doreen Steele referred to the Hospital Catering audit and asked if anything could be purchased locally under corporate citizenship. David McLuckie confirmed that NHS Borders are tied to national contracts. David also added that local bakeries had been given the opportunity in the past to supply produce but could not give any guarantees around delivery so this had not been pursued any further.

The Committee noted the report and the plan for the year ahead.

6.2 *Internal Audit Report – Procurement*

Martin Campbell Smith introduced this item. Martin reported that the audit had been undertaken in February 2011 and had an overall satisfactory rating. Martin highlighted that generally a good framework exists for the purchasing of goods and services by Procurement, Estates and IM&T. Martin referred to issues with user access rights within Backtraq and PECOS and confirmed that the authorised signatory database has now been rolled out. Martin also mentioned that in partnership with National Procurement, NHS Borders had completed a Rapid Improvement Assessment, as well as being covered by a Procurement Capability Assessment completed by National Procurement as a benchmarking exercise across NHS Scotland. It was noted that following these reviews a Procurement Steering Group has been set up to implement actions and identify any further areas for improvement. It was also noted that discussions had taken place with Susan Swan around monitoring the level of orders going through to suppliers.

David McLuckie advised that Capability Scotland is looking at procurement as a whole and that National Procurement are ensuring that Boards get value for money. David confirmed that following the Capability Scotland assessment it had been agreed that there was a requirement for a Procurement Steering Group and this has been set up. David referred to issue 1, namely some users' access rights within PECOS and Backtraq not being appropriate, and advised that regular checks are undertaken to ensure that the appropriate people are on the database and confirmed that there is now a clear segregation of duties within the Estates Department. David referred to issue 2, namely non stock requests not being fully completed and Procurement not recording that Non Stock Requests have been checked, and confirmed that all non-stock requisitions are now being signed and spot checks are being undertaken to ensure this is happening. David then referred to issue 3, namely non-contract suppliers being set up without checks or consideration of total future spend, and confirmed that a system has been set up to deal with this.

David Davidson commented on the reference to more checking being undertaken due to the tightening of procedures and enquired about the triggers within the procurement process and how variances are allowed for, for example in the Pharmacy Department for ordering drugs. As this was not part of the remit for this audit Carol Gillie agreed to pick up with Alison Wilson and e-mail the findings around the Committee. Doreen Steele enquired if the authorised signatories database had helped with any money laundering activity. Susan Swan explained that the signatories held within the database are internal to NHS Borders only and that there is no intelligence within the system to get assurance around money laundering.

The Committee noted the report.

6.3 *Internal Audit Report – Financial Planning & Budgeting*

Martin Campbell Smith introduced this item. Martin reported that the audit had been undertaken in March 2011 and had an overall satisfactory rating. Martin noted his thanks to Janice Cockburn and her team for their assistance at such a busy time of the year within the department. Martin confirmed that there is a reasonable and effective framework in place to support financial planning and budgeting. Martin highlighted that the Finance Department have in place a Financial Control Procedure: Financial Management which gives specific guidance on financial planning and budgeting and that this procedure has been developed to complement the recently agreed Code of Corporate Governance. It was noted that some elements are not consistent with the Code of Corporate Governance and that the necessary amendments would be made when the procedure is next reviewed. Martin confirmed that the controls in place for monitoring and revision of financial plans are reasonable. Martin also highlighted the recommendation made by PricewaterhouseCoopers to review budgeting and planning processes each year to identify possible improvement and advised that the Acting Deputy Director of Finance intends to set up a group to progress this.

Janice Cockburn advised that the timetable for budget sign-off had not been achieved this year due to other pressures within the department. Janice confirmed that more time will now be built into the budget sign-off timetable as it had been apparent from this year's exercise that it is taking longer than anticipated. It was also noted that a new system has been put in place to ensure that all budget changes are monitored on a quarterly basis.

David Davidson enquired if there is any training provided for senior managers within the induction programme. Janice replied that a session is being arranged with the Clinical Executive in July and if successful will be rolled out further within the organisation. Carol Gillie added that eLearning is also being looked into and it is hoped to have this in place by the end of October.

The Committee noted the report.

7. External Audit

Lindsey Paterson reported that the team are on site and that everything is going to plan. It was noted that no major issues have been raised and a clearance meeting will be taking place on 10th June 2011.

The Committee noted the update.

8. Annual Accounts 2010/11

8.1 *Draft Annual Accounts 2010/11*

Julia Edey referred to the session held earlier in the week to go through the annual accounts and advised that this had been found to be very helpful. It was noted that the accounts were subject to audit. Andy McLean highlighted that there had been a change to Note 16 since the session but confirmed that this would make no difference to the bottom line. Julia noted her thanks to all the team who have input into the annual accounts. It was noted that the final accounts would be submitted to the June meeting and any changes would be highlighted so members were aware of these.

The Committee noted the draft Annual Accounts for 2010/11.

8.2 *Draft Endowment Fund Annual Accounts 2010/11*

Susan Swan reported that the draft Endowment Fund annual accounts are subject to audit. Susan advised that Hogg and Thorburn, the external auditors for these accounts, are currently collating their report. It was noted that one issue has been raised within the narrative about including a statement around the Trustees' role. The final accounts would be submitted to the June meeting.

The Committee noted the draft Endowment Fund Annual Accounts for 2010/11.

8.3 *Draft Patient's Private Funds Annual Accounts 2010/11*

Susan Swan advised that these accounts form part of the template for the annual accounts and detail the level of private funds managed by NHS Borders on behalf of patients. It was noted that these are also audited by Hogg and Thorburn and the final accounts would be submitted to the June meeting. Doreen Steele asked why we are not encouraging spend with long stay patients. Susan agreed to check the definition of Extra Comforts and pick up with the Administrator at the BGH. The findings would then be e-mailed around the Committee.

The Committee noted the draft Patient's Private Funds Annual Accounts for 2010/11.

9. **Draft Annual Reports from Other Governance Committees**

Julia Edey reminded the Committee that by the submission of the annual reports it gives an opportunity to alert the full Board in June of any issues that have arisen.

9.1 *Clinical Governance Committee*

9.2 *Public Governance Committee*

9.3 *Risk Management Board*

9.4 *Staff Governance Committee*

9.5 *Information Governance Committee*

9.6 *Community Health & Care Partnership*

The Committee discussed the draft annual reports submitted from the other Governance Committees. The following amendments were requested:-

Risk Management Board – NHS Lothian to be removed against Martin Campbell-Smith's name.

Staff Governance Committee – typos within the report and information not marrying up. Noted that Edwina Cameron had been informed.

Community Health & Care Partnership – Andrew Lowe's title to be checked.

Andy McLean agreed to pick up these points.

The Committee noted the reports.

10. **Statement on Internal Control**

10.1 *Draft Review of System on Internal Control*

Susan Swan presented the draft review of System on Internal Control (SIC). The Committee reviewed the SIC and various amendments/additions were agreed.

The Committee commented on the draft review of System on Internal Control.

10.2 *Chief Internal Auditor's Annual Report 2010/11*

David Woods spoke to this item. David went over the criteria that the Chief Internal Auditor is required to confirm to allow the Chief Executive to consider prior to signing the Statement on Internal Control. David confirmed that reasonably adequate and effective internal controls have been operating throughout the year and that the governance framework is sufficient for the Chief Executive to discharge his responsibilities as Accountable Officer. It was also noted that the Standing Financial Instructions have been updated to cover additional requirements under the new Government Internal Audit Standards.

The Committee noted the report.

10.3 *Draft Audit Committee Annual Assurance Statement*

David Woods spoke to this item. David advised that the report would be submitted to the Board by the Chair of the Audit Committee. David explained that the format had slightly changed from previous years due to a request by the Finance Department for a section to be added on governance. David highlighted that the report had been drafted on behalf of the Chair, without necessarily reflecting Internal Audit's opinion. Following discussion it was noted that the recurrence of some of the meetings had changed and Carol Gillie agreed to speak with David outwith the meeting to make the necessary changes to reflect the timings of the structure now in place within the organisation.

The Committee noted the draft Audit Committee Annual Assurance Statement.

10.4 *Letter from SGHD re Notification from Sponsored Bodies Audit Committees 2010/11*

Julia Edey referred to the letter from Scottish Government Health Department (SGHD) asking Audit Committees to advise of any significant issues that they considered to be of wider interest. It was agreed that there were no issues within NHS Borders that required reporting.

The Committee noted the letter from SGHD.

11. **Items for Noting**

11.1 *Minutes of Risk Management Board: 14th December 2010 and 15th February 2011*

Julia Edey showed concern around attendance at the Risk Management Board and in particular at the meeting on 15th February 2011. Carol Gillie advised that Calum Campbell had picked this up and would be speaking directly with the General Managers.

David Davidson suggested that it would be helpful to also see a copy of the action tracker relevant to each meeting. Brenda Everitt to arrange for this to be attached to the minutes for future meetings.

Carol went over the key issues and advised that there is now clarity around reports received from Audit Scotland and that these will be submitted to the Risk Management Board in the first instance.

Doreen Steele enquired which forum the update on LEAN was being given to. Carol agreed to check this and feedback.

The Committee noted the minutes of the Risk Management Board.

11.2 *Technical Bulletin 2011/1*

Susan Swan reported that NHS Borders are fully compliant with the auditor actions section and advised that the Audit Scotland reports listed would be on the next Risk Management Board agenda.

The Committee noted the Technical Bulletin.

12. **Any Other Business**

Julia Edey noted her thanks to the Finance Team and colleagues within Internal and External Audit.

13. **Date of Next Meeting**

Thursday, 23rd June 2011 @ 2.30 p.m., Board Room, Newstead.

Minutes of a Meeting of **Borders NHS Board Endowment Fund Board of Trustees** held on Monday, 16th May 2011 at 10 a.m. in the Board Room, Newstead.

Present: Mrs P Alexander
Mrs E Cameron
Dr R Cameron (from Item 9)
Mrs C Duthie
Mrs J Edey
Mrs C Gillie
Mr J Hammond
Mr J Raine (Chair)
Cllr S Scott
Dr D Steele

In Attendance: Mrs B Everitt (Minutes)
Mrs C Oliver

1. **Introduction, Apologies and Welcome**

John Raine welcomed those present to the meeting. Apologies had been received from Mrs J Davidson, Mrs K McNicoll, Mrs S Wright, Ms S Swan, Mr A Lucas, Mr C Campbell, Mrs J Smyth, Dr E Baijal and Mr D Davidson.

2. **Declaration of Interests**

Julia Edey declared that she owned shares in BT and Tesco plc. John Hammond declared that he holds an account with Brewin Dolphin.

3. **Minutes of Previous Meeting – 26 January 2011**

The minutes were approved as an accurate record.

4. **Matters Arising**

- *Action Tracker*
The action tracker was noted.

5. **Investment Advisor Tender Appointment Reports**

Carol Gillie spoke to this item. Carol reported that as per the Code of Corporate Governance the appointment should be made to the least expensive tender unless there is a good reason not to do this. Carol highlighted that Rensburg Sheppard had the highest score as well as being the cheapest out of the three companies who had tendered. Carol recommended to the Board of Trustees that Rensburg Sheppard be appointed as Investment Advisors to Borders NHS Board Endowment Fund. Julia Edey, who had chaired the panel for the presentations, referred to the criteria that had been circulated and highlighted that with this firm we will know exactly what it costs for managing the portfolio due to their fee being capped. Julia noted her support for this recommendation. Carol also advised that David Davidson, who had been fully involved in the process, had also asked to note his support for the recommendation. John Hammond enquired if we would be tied in for a period of three years. Carol confirmed that it would be a three year contract. Catherine Duthie asked if other charitable organisations represented by Rensburg Sheppard had been approached for a reference. Carol advised that Susan Swan had spoken informally with a colleague at NHS Fife who confirmed that they are very satisfied with their services. Sandy Scott enquired if a letter would be sent to

Brewin Dolphin thanking them for the service they have provided over the years. It was noted that a letter of thanks would be sent and Carol agreed to ask Susan Swan to draft this.

The Endowment Fund Board of Trustees noted the reports and agreed to the appointment of Rensburg Sheppard for a period of three years. Carol Gillie agreed to write to Rensburg Sheppard to formally appoint them as Investment Advisor for a period of three years as well as advising the other two companies they had been unsuccessful.

6. Endowment Advisory Group

6.1 *Draft Minutes of 28th March 2011*

Julia Edey spoke to this item. Julia referred to item 6 (Future of Endowment Advisory Group) and confirmed that the Advisory Group would continue as a sub group of the Board of Trustees and will strictly adhere to a detailed work plan to avoid any duplication of work.

The Endowment Fund Board of Trustees noted the draft minutes of 28th March 2011.

7. Funds Management

7.1 *Investment Advisor End of Year Report*

Carol Gillie reported that the estimated income for the period 1 April 2010 to 31 March 2011 was £57k and had a gross yield of 2.9%. It was also noted that the portfolio had outperformed the market.

Pat Alexander enquired about the timescales for Brewin Dolphin to handover to Rensburg Sheppard. Carol confirmed that handover time had been built into the tender to take place during July.

The Board of Trustees noted the report.

7.2 *Draft Investment Policy*

Carol Gillie spoke to this item. Carol advised that it is seen as best practice to have an investment policy and that the draft policy had been used as part of the tendering process. Julia Edey referred to the second last bullet on page 2 where it stated "the Endowment fund will specifically not hold investments in organisations whose main activity is the manufacture or promotion of alcohol, gambling, tobacco or armaments". Julia highlighted that the portfolio holds shares in Tesco who sell cigarettes and felt that Trustees needed to be comfortable with this wording. Julia also referred to the second bullet on page 3 stating "total transactions value between Endowment Fund Board of Trustees meetings to be limited to 10% of the portfolio value" as she felt that there required to be dialogue with the Investment Advisors around this. John Hammond also highlighted that there is reference to a purchase limit but no mention of a limit for selling. The Board of Trustees felt that this should also be discussed with the Investment Advisors and then included within the policy.

John Hammond queried the capital amount of £2m and asked how this is committed. Carol replied that this would be picked up through Endowment Advisory Group's work plan.

The Board of Trustees agreed that further discussion was required with Rensburg Sheppard when they take up appointment in July and the draft policy would then be re-considered and brought back to the September meeting for approval.

7.2.1 *Investment in Drug Companies*

Julia Edey reminded the Board of Trustees of a previous decision to sell shares in Glaxosmithkline as it was felt at that time it was not favourable for a Health Board Endowment Fund to invest in drugs companies. Julia asked the Board of Trustees if they still felt that this was appropriate. Following discussion it was agreed that there should be specific dialogue with Rensburg Sheppard on their ethical investments. Carol Gillie agreed to invite Rensburg Sheppard to an Endowment Advisory Group to discuss this.

8. Financial Report

8.1 *Draft 2010/11 Annual Accounts*

Carol Gillie presented the draft annual accounts for 2010/11. Carol highlighted that the accounts are subject to audit as feedback was awaited from Hogg and Thorburn, the External Auditors for these accounts. It was noted that the final accounts would be presented to the June meeting.

Carol went on to take the Board of Trustees through the accounts highlighting key areas. John Hammond referred to the balance sheet and in particular the £1m cash at bank which he felt was a large amount of cash to be held. Carol agreed that this was more than she would like to see held in the bank and advised that it is her intention to pick this up with the Investment Advisor. John also commented that he could not see any reference to the interest made on the cash held at bank. Carol advised that the interest was under 1% which was negligible and again would be something that will be picked up with the Investment Advisor. John Hammond felt that the interest should still be noted and asked for this to be included.

Carol Gillie agreed to ensure that the amount of bank interest for the year would be highlighted as part of the accounts.

The Board of Trustees noted the draft Endowment Fund Annual Accounts for the year ended 31 March 2011.

9. **Palliative Care Specialist In Patient Unit Feasibility Report**

Ross Cameron spoke to this item which gave the Trustees an update given the charitable nature of the funding for this project. Ross reported that there had been in excess of £2.5m made in firm pledges. It was noted that a public appeal 'launch' would take place early September where it was hoped to raise a further £1m. Ross highlighted that it will not be the full business case that is presented to the Board meeting in June but an outline business case that will include worked up and agreed architectural drawings. Ross explained that although this is being developed as a new building it will still be joint with the Stroke Unit so will have both capital and revenue elements. It was noted that the total capital costs, including the fees for palliative care, looked achievable within the fundraising envelope and that there are significant Endowment Funds that can be used towards the stroke remit. Catherine Duthie added that the stroke element will require a provision of £900k that should be achievable through the identified Endowment Funds as well as the remainder of a sizable legacy and that the fundraising will primarily focus on palliative care. Catherine also stressed that careful thought needs to be given on the message that goes out to the public for this appeal.

Carol highlighted that the accountability for this scheme would lie with the Board of Trustees due to it being a charitable funds scheme and that the outline business case should be presented to the meeting on 23rd June prior to it going to the Board on the 30th. Carol also envisaged to give the trustees the comfort of an independent scrutiny that the outline business case should be submitted to Scottish Government Health Department for review as per the normal process for a capital scheme.

The Board of Trustees noted the report.

10. **Fundraising Committee**

10.1 *Draft Minutes of 3rd March and 7th April 2011*

The Board of Trustees noted the draft minutes of 3rd March and 7th April 2011.

10.2 *Report from Chair of Fundraising Committee*

Catherine Duthie spoke to this item. Catherine highlighted that the end of year report showed extremely good progress had been made during 2010/11. Clare Oliver added that since the report was written a further £16k has been received from Rotary International for the dialysis appeal. John Hammond enquired about what happens to fundraising monies in excess of the target. Clare advised that these would remain within the restricted fund to undertake further work.

The Board of Trustees noted the Fundraising report.

10.3 *Future of the Fundraising Function within NHS Borders*

Carol Gillie spoke to the paper compiled by Susan Swan and Karen McNicoll. Carol explained that the Fundraising Development Manager had originally been appointed on a fixed term contract for three years that had been extended to four and which would cease in November. Carol took the Board of Trustees through the four options that had had been considered, namely discontinue the fundraising function, commissioning of a Fundraising Management Company to develop and manage the fundraising role for the Board, continue the current temporary arrangement or establish a permanent fundraising management function within the Board. Carol advised that it was the recommendation for the fundraising function to be established on a permanent basis of 30 hours per week (0.8 WTE). Edwina Cameron enquired why this post was only 0.8 WTE. Carol explained that this is actually more than the current postholder as it was felt that more resources were required to achieve what is in the 3 year Fundraising Plan. Edwina also asked if the Fundraising Manager became a permanent employee of NHS Borders would a percentage of the costs still be charged to the fundraising projects. Carol confirmed that the same process would continue. Sandy Scott commented that the figures reported showed extremely good value for money. Doreen Steele referred to the job specification and suggested removing reference to "having a good sense of humour". Following discussion it was agreed to remove this and keep as "confident and outgoing".

The Board of Trustees approved the establishment of a permanent Fundraising Manager post at the level of 30 hours per week (0.8 WTE) and that the process should be moved forward as quickly as possible.

11. **Any Other Business**

Pat Alexander asked how we were planning to take forward the implications of the recent OSCR guidance "Who's in Charge" and the recommendations arising from the case study at NHS Lothian. Carol Gillie advised that this was being picked up as part of the work plan to review the policy and procedures for Endowment Funds. It was noted that the draft revised policy and procedure would be presented as detailed in the work plan later in the year.

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

23rd June 2011 @ 1 p.m., Board Room, Newstead.

BE
23/5/11

**Minutes of Public Governance Committee (PGC) Meeting
held on Thursday 24 February 2011 at 2.00pm in
Hawick Community Hospital Meeting Room**

Present: Catherine Duthie (Chair) Doreen Steele
Andrew Leitch John Hammond
Jenny Miller

In Attendance: Karen McNicoll Claire Malster
Mary Kenyon Joanne Weir
Alison Smail Fiona Doig (for item 4)

1. Tour of Hawick Community Hospital

1.1 Andrew, John, Clare, Joanne and Alison were provided with a short tour of Hawick Community Hospital by staff nurse Corrie Warner-Phillips. Everyone agreed that it was an informative tour, which highlighted the high standard of facilities available within this hospital.

2. Welcome & Introductions

2.1 Catherine welcomed everyone to the meeting and explained that key agenda item 4.2 would now be presented at the later time of 4.10pm.

2.2 John Hammond was introduced as a representative from the Area Clinical Forum, who was in attendance that day from the ACF until a permanent ACF representative is identified to attend the PGC.

2.3 Catherine confirmed that as Chair of PGC she was asked by the Board to identify a Vice Chair for the PGC and that Doreen had kindly agreed to take on this role.

3. Apologies

3.1 Apologies were received from; Fiona Morrison, Logan Inglis, Pat Alexander, Edwina Cameron, Gillian Jardine and Rev Ron Dick.

4. KEY AGENDA ITEMS:

NHS Scotland Participation Standard: NHS Borders Self Assessment 2010/11 for approval, before submission to Scottish Health Council

4.1 Karen described the Participation Standard and reminded the PGC that the self assessment process of the Standard was the new way by which Boards would be assessed against their Patient Focus Public Involvement (PFPI) activities from 2010/11 reporting period. The PGC noted the Standard is in 3 Sections: (1) Patient Focus; (2)

Public Involvement; (3) Corporate Governance. The supporting agenda papers were considered in more detail with some additional points as follows:

- The Public Involvement & Communications (PI&C) team are completing and submitting the Participation Standard Self Assessment on behalf of NHS Borders.
- At present this submission is incomplete and currently stands at approx 120 pages with 150-160 supporting pieces of evidence, therefore it has not been possible to circulate to all PGC members due to the size.
- The 2 Non-Executive members present at the meeting that day had been supplied with copies of the full documentation prior to the meeting and if anyone wishes to view the full submission they should contact Karen directly.
- We have been asked to assess services within NHS Borders by using the 4 stated levels: i.e. Level 1 - Development; Level 2 – Implementation; Level 3 – Evaluation; Level 4 - Improvement.
- Services have provided us with a level they feel they have achieved.
- The PI&C Team are taking the approach that the Self Assessment will provide the opportunity to highlight to services where they need to improve.
- The NHS Borders Self Assessment submission is to be submitted to the Scottish Health Council by 11th March. The Clinical Executive Operational Group had agreed earlier that day that NHS Borders was overall at Level 3 (Evaluation) for Section 3.

The PGC acknowledged there was a huge amount of information in this submission, which was difficult to fully understand. However, seeing the papers along with the explanation from Karen had made the process easier for the PGC to understand.

At this point during the meeting, the PGC noted that Stephen Bermingham (PI&C Manager) has met with Innerleithen GP Practice Participation Group and Karen was due to meet with Coldstream, however, this was cancelled due to bad weather – to be rearranged.

Discussions took place regarding Section 2 of the Standard which relates to public involvement regarding a specific service change area of NHS Borders:

- It had been agreed by the Public Partnership Forum (PPF) in October to use the Cheviot Project as the NHS Borders example of service change – to be assessed.
- We have self assessed as being at Level 1 (Development) for Section 2.
- The draft information for Section 2 was shared with the PPF on 18 February 2011 and Andrew confirmed that PPF members felt that, while a good submission, there was a lot of focus on written evidence and therefore a smaller core PPF group are going to meet to consider this in more detail.
- Karen also asked the PGC to acknowledge that we are in a pre election period which adds additional challenges.

Discussions took place regarding Section 3 of the Standard which relates to Corporate Governance:

- Karen informed the PGC of some good examples of public involvement activities, particularly within Learning Disability Services and Children and Young People's Services.
- There had been difficulties in gathering the necessary information from services because the Standard had not been received/launched until August 2010 (half way through 2010/11 reporting period), but Boards have to report from March 2010 - March 2011.
- The PI&C Team are collating/finalising all the information received from all services into Section 3 of the submission.

- The PI&C Team have consulted the Planning and Performance Team, who they received positive feedback from and were in agreement that NHS Borders is self assessed at Level 3 (Evaluation) for Section 3 (as stated above).
- The Planning and Performance Team have recommended that to improve our scores in the future, services need to plan to improve their evaluation processes of public involvement.

For Section 1, which relates to Corporate Governance, NHS Borders is self assessed as being at Level 1 (Development).

A discussion followed regarding what the Scottish Health Council expect from this Standard and what outcomes were going to be pulled from it. Mary (SHC Regional Manager) acknowledged the huge amount of work it has created, explaining that we should use this Standard as a tool for our cycle of improvement. Doreen expressed that she hoped the SHC would consider the future of Participation Standard Self Assessment submissions carefully so it would not be seen as a yearly chore but a useful piece of work. The PGC agreed and Mary felt it should have a realistic timeframe to make it useful. The SHC are working on this and will review and evaluate this year.

Karen asked the PGC if they were happy to approve PI&C recommendations. Catherine, on behalf of the PGC, stated that the Committee were giving assurance to the Board that they supported and approved the Self Assessment response and to the self assessment levels, which had also been agreed by the Clinical Executive Operational Group that morning.

Karen highlighted the appreciation for the volume of work Joanne Weir and Stephen Bermingham from the PI&C Team had put into this.

Karen explained the submission would now go to the Strategy Group of the Board for final approval, before submission to the SHC by 11th March. The next stage will be for the SHC to provide a feedback report to NHS Borders on its Self Assessment, by end of May 2011. NHS Borders will then respond to the report, providing additional information and evidence if requested. The final report and verification is then expected from the SHC by mid July 2011.

Health Improvement/Healthy Living Network in Hawick

4.2 Fiona Doig, Health Improvement Lead, attended PGC to give an update on Health Improvement Activity, particularly in the Hawick area.

Fiona explained that Health Improvement Activity in Hawick is co-ordinated by Mia Gonzalez Noda, Health Improvement Specialist, who does the ground work and builds up relationships with people in the Hawick area, but unfortunately was unable to attend today.

Health Improvement activity in Hawick is mostly run by Healthy Living Network (HLN) who are an NHS initiative originally set up using New Ways Lottery Funding. The Borders are very lucky to still have HLN as only 2 of these initiatives in Scotland remain.

Fiona gave a presentation highlighting:

- HLN in Hawick runs out of Burnfoot flat, 3 days per week.
- Linking into community life.

- There are opportunities for volunteers to assist HLN with many activities including; drop in lunch, walking group, home grown fruit projects etc.
- HLN aim for next year is to target more people, they have approximately 150 but want to reach more, population of Burnfoot approximately 3000.
- HLN also runs in other Borders locations.
- Difficulty reaching migrant workers in Burnfoot. However this has been easily done in Eyemouth and Langlee.
- HLN run a successful mens cooking group.
- Finding education of kids really well but need to educate parents.
- Difficult to measure change as so long term, therefore HLN measure confidence outcomes.

The PGC thanked Fiona for this very informative presentation and agreed it would be helpful if Health Improvement could provide the PGC with a quarterly report.

5. Minutes of Previous Meeting (& Action Tracker): 16.12.10

- 5.1 Catherine advised page 6, point 7.8, should read multidisciplinary care plans, not rounds and 7.4 should read that the specialist palliative care project is moving forward as a potential fundraiser.

Karen asked that in item 5.4 the word trial be changed to development.

The minutes were agreed as accurate provided the changes above were made.

- 5.2 Action Tracker - Item 7, paragraph No 7.3 – Karen passed on Dr Eric Baijal’s apologies as he was unable to attend the meeting that day. He has, however, provided a paper on the Single Equality Scheme which has been circulated to the PGC. Mr Baijal will attend the next meeting to discuss this in more detail and to also give an update on Public Health/Health Improvement.

Item 7, paragraph No 7.7 – Karen gave a summary on FOI explaining that:

- PI&C have seen a year on year increase in the numbers of FOI.
- One reason for the recent increase could be impending election.
- FOIs are becoming much more complex, with one recent enquiry having 22 questions crossing 5 different departments.
- The PI&C Team work hard to respond to all FOI requests by the 20 working day set response time.
- There is also a 20 working day good practice for responding to MP/MSP enquiries.

Item 8, paragraph 8.1 – Feedback on Infection Control and HEI issues to the PGC. Links have been made with Sam Whiting, Infection Control Manager, who will update PGC in the future.

6. Matters Arising from Minutes

Charities Tables, BGH

- 6.1 Catherine gave an update on the situation regarding charities tables in the BGH. A meeting has been arranged between Catherine, Karen, Joanne and David McLuckie, Director of Estates & Facilities, for 29th March, to discuss this in more detail.

PGC Revised Membership

6.2 Catherine reminded the PGC that the revised PGC Membership had been approved at the PGC meeting in December. Letters have been issued to those who we are seeking new members from:

- Logan Inglis, Chair of Scottish Borders Community Council's Network has joined the PGC (will be available from next meeting).
- Dr Eric Baijal to confirm who will be joining from the Health Improvement Partnership, and to also confirm if the Head of Health Improvement can join as an attendee. A verbal update has been received from Dr Baijal that Allyson McCollam, Acting Head of Health Improvement, will probably cover both of these positions.
- John Hammond to confirm a clinical representative attendee from the Area Clinical Forum.
- Andrew Leitch and Joanne Weir liaising to identify 2 additional public members.
- Liz Walthew (Chair of Voluntary Sector Liaison Group) is liaising with Morag Walker to identify a representative from the VSLG.

7. Public Governance

PGC Chair's Report

7.1 The PGC noted the report provided by Catherine (Chair of PGC).

PGC Operational Report

7.2 The PGC noted the Operational Report.

Clinical Governance Report

7.3 Catherine reported that this had been discussed already under matters arising and the committee agreed they had no further questions.

The committee noted these reports and agreed they were a really useful way of gaining information.

8. Monitoring & Performance Management

Scottish Health Council Update

8.1 Mary gave an update on the SHC as follows:

- SHC has published the Participation Toolkit re engagement - which Andrew reported is very good.
- SHC is reviewing the way they work with volunteers and will keep the committee informed on how this is progressing.
- Mary confirmed she has been in post approx 9 months and works with SHC in Fife, Forth Valley, Lothian and Borders.
- SHC are becoming involved in HEI but it is still at the early stages and Mary will update committee once more information becomes available.

Mary asked if it would be useful for the SHC to submit a "written" report for each PGC meeting – the committee agreed this would be beneficial.

Action SM

Public Partnership Forum (PPF) Report

- 8.2 Andrew updated the group on the work being done by the PPF. Andrew will forward an electronic copy of this report to Alison who will forward to the PGC.
Action AL/AS

9. Public Consultations

- 9.1 The committee agreed that this item had already been covered during the meeting.

10. For Noting

Staff Governance Committee Minutes: 25.10.10

- 10.1 Noted by committee.

Clinical Governance Committee Minutes: 10.11.10

- 10.2 Noted by committee.

Carers Planning Group

- 10.3 December meeting postponed, February 2011 minutes will be made available for May PGC.

Borders NHS Board Audit Committee Minutes: 23.09.10

- 10.4 Noted by committee.

11. Any other business

PGC Annual Report 2010/11

- 11.1 It was agreed that Joanne would circulate an email version of the draft Report to the whole committee. A short meeting, with core members, would then be held to discuss and approve the draft Report in time to submit to Finance Department for the 29th March deadline. The next stage would be for Finance to provide comments to the Chair of the PGC on the draft Report, which may ask for additional information. Once the Report is updated, the final version will be submitted to Finance by end April 2011 and will then go to the NHS Borders Audit Committee and Borders NHS Board.

Election Guidance

- 11.2 Karen advised the PGC of the election guidance detailing the restrictions placed on Board activity in the run up to elections. If anyone wishes to see this guidance in full please contact Karen directly.

Borders NHS Board new Chair

- 11.3 Karen advised the PGC that Mary Wilson's role as Chair of Borders NHS Board would be coming to an end from 31st March 2011, with her replacement as yet unconfirmed by Public Appointments at Scottish Government. It was agreed that KM would send a letter to Mary on behalf of PGC.

Action KM

12. Date & Time of Next Meeting

- 12.1 The next meeting will be held on Thursday 19th May 2011, 2.00 – 4.30pm, venue to be confirmed.

12.2 The PGC noted the dates of future 2011 PGC meetings: 15th September and 15th December. It was agreed that knowing the venues in advance would be helpful. Joanne agreed to confirm venues to committee as soon as possible.

Action JW

South East and Tayside Regional Planning Group



Minutes of the Meeting of the South East and Tayside Group held at 10am on 18th March 2011 in the Room 2, NHS Forth Valley, Forth Valley Royal Hospital, Larbert, FK5 4WR.

Present:-

Borders

Mr Calum Campbell
Ms June Smyth

Fife

Mr George Brechin
Ms Andrea Wilson (on behalf of
Dr Brian Montgomery)

Forth Valley

Ms Janette Fraser

Lothian

Professor James Barbour
(Chair)
Professor Alex McMahon

Tayside

Dr Peter Williamson

Dumfries & Galloway

Dr Mary Harper

Regional Leads

Ms Jacqui Simpson
Mr Derek Phillips
Ms Jan McClean

Directors of Finance

Ms Susan Goldsmith

Scottish Government

Mr Robbie Pearson

Directors of Public Health

Dr Alison McCallum

Nurse Directors

Ms Sheena Wright

NES

Professor Bill Reid

NSD

Ms Deirdre Evans

Scottish Ambulance Service

Ms Heather Kenney

Medical Directors

Dr Gordon Birnie
Dr Ross Cameron

HR Directors

Mr Alan Boyter

NHS 24

Ms Justine Westwood
Mr John Turner

Partnership Representation

Mr Eddie Egan
Ms Edwina Cameron

In Attendance: Mrs Jackie Sansbury

Minutes

Mrs Caroline Caddell, PA, SEAT

Apologies for absence were received from:

Dr Brian Montgomery, Mr John Wilson



Item No.	Section	Action
1	Welcome James Barbour welcomed everyone to the meeting.	
2	Previous Meeting	
<u>2.1</u>	<u>Minutes of the Meeting held on 21st January 2011</u> The minutes of the previous meeting were agreed as an accurate record. Under Item 4.6, James Barbour reported that Dr John Davies, Clinical Director for SCAN had signalled his intention to retire. James Barbour had confirmed with Chief Executive colleagues their support for a replacement. It was agreed that Jacqui Simpson would progress the appointment in conjunction with SCAN/SEAT medical directors.	J Simpson
<u>2.2</u>	<u>Progress Against Action Note</u> The progress against the action note was noted. Eddie Egan requested that the action under Item 8.10 regarding severe winter weather be included in the action note. Alan Boyter informed SEAT that this was in progress and would be reported at the May SEAT meeting.	A Boyter
3	Matters Arising	
<u>3.1</u>	<u>TAVI</u> The paper provided by Jacqui Simpson on the national position regarding the introduction of TAVI in NHS Scotland was accepted. In particular it was noted that, following National Planning Forum deliberations, Board Chief Executives were asked to endorse the Planning Forum's recommendations that:: <ul style="list-style-type: none">• A service to provide TAVI should not be established in Scotland at this time. This maintained the current position whereby patients and their doctors can apply through individual case panels for consideration of their clinical case. Subject to panel agreement, it was confirmed that patients may access treatment in England.• The position should be reviewed in February 2012 when	



further evidence should be available.

A discussion ensued on the position regarding individual case panels. It was concluded that a mechanism should be explored to allow Boards to share details of the work and conclusions of exceptional case panels.

**J Simpson /
Medical
Directors**

SEAT thanked members of SEAT and SGHD who were involved in the national steering group for TAVI concluding that this had been a robust and thorough piece of work.

3.2 **MCN for Neonatal Services - Update**

Jan McClean updated SEAT on the introduction of the network for Neonatal Services. Dr Ian Laing, Clinical Lead and Iona Philp, Regional Manager had met with many of the key people in SEAT Boards as part of their induction programme and to discuss priorities. The Steering Group was scheduled to have the first meeting in May and would be chaired by Ross Cameron. It was agreed to provide future updates to SEAT on a regular basis.

J Simpson

3.3 **Eating Disorder Unit at St Johns Hospital**

The group considered the paper from Linda Irvine and Jacqui Simpson which highlighted progress with the development of the new regional eating disorders unit for South East Scotland.

After partnership intervention at the January SEAT meeting, and in line with comparison with other UK units, it was confirmed that the staffing profile for the new unit had now been revised. The staffing costs were anticipated to reduce by £100k; a reduction of 8.4%.

As agreed at the last SEAT meeting, staff recruitment was scheduled to take place within the existing staff complement in SEAT in the first instance. Advice was being sought on the approach to medical staff recruitment.

The success of the recent event with patients and their families to inform the design of the new unit was noted.

In response to a query from Alison McCallum, James Barbour indicated the importance of this development for the improved quality of care for patients with eating disorders and also the cost of the unit. He also referred to staff savings achieved and the early



evidence of the benefit of partnership working at SEAT. It was anticipated that the new unit would lead to a reduction in costs of in-patient care currently provided in the private sector by approximately £1.2m.

SEAT noted that the anticipated date of opening of the unit was October 2011.

The group accepted the paper and endorsed the revised staffing profile.

3.4

Christie Review of Public Sector

James Barbour informed SEAT that Campbell Christie, chair of the commission reviewing the public sector had engaged in constructive dialogue at a recent Board Chief Executives meeting. SEAT members were asked to discuss their individual Board submissions and consider whether a joint SEAT response was beneficial.

George Brechin confirmed that he would support a SEAT response in the context that no single NHS Board could be self sufficient, irrespective of structural boundaries. He commented that governance lies with individual NHS Boards and that this should be reflected in the response.

Calum Campbell supported a SEAT response acknowledging that he would not be opposed to structural reform as long as it was supported by a strong business model and demonstrated clear patient benefits. He proposed that the response should allude to the lack of regional planning mechanisms across Local Authorities.

In response to a query from John Turner regarding the other two regional planning groups responding to the Christie review, James Barbour advised that SEAT could only be responsible for its submission. It was agreed that Jacqui Simpson should explore any submissions from the other regional planning groups with her regional counterparts.

J Simpson

Peter Williamson stated that the SEAT response should demonstrate the power of collective working across the SEAT Boards for issues that individual Boards cannot address alone.



Following discussion, it was agreed that Jacqui Simpson should draft a SEAT response for agreement with George Brechin, Calum Campbell, Peter Williamson and Alex McMahon and submit to the Commission by the deadline of 31st March. This was to include a summary of areas of successful working across SEAT and address the interfaces with other bodies such as Local Authorities on a regional basis.

J Simpson

4 SEAT Initiatives

4.1 Update on Workstreams from SEAT Away Day

James Barbour reminded SEAT colleagues that they had previously agreed that these were important work streams with identified leads to ensure future savings. He added that attendees at the Away Day in October had also developed the concept of SEAT as a virtual organisation and think radically. He asked colleagues to keep in mind how they would move forward to make the savings as each of the separate papers was discussed.

SEAT accepted the paper on overall progress on the cross SEAT work streams presented by Jacqui Simpson. Reports had been received for 4 of the 5 work streams. It was noted that the technology / radiology paper would be considered at the next SEAT meeting.

Eddie Egan and Edwina Cameron had provided details of the partnership representatives for each of the work streams following the last SEAT meeting.

James Barbour proposed the presentation of further reports detailing the propositions for SEAT agreement at the May meeting with implementation plans then presented for agreement at the July SEAT meeting. It was recognised, following debate, that the need for staff engagement or public involvement would need to be factored into the implementation plans.

**All Work
Stream
Leads**

4.1.1 Rebalancing Care

Jackie Sansbury and June Smyth spoke to a previously circulated paper on rebalancing care with a specific focus on orthopaedic services. Potential scenarios for the delivery of orthopaedic services were presented ranging from small scale changes which could be implemented immediately to more radical redesign of



services across the region which required more detailed work. The precise level of savings for each scenario required further work to ascertain, however it was confirmed that there was a potential sliding scale of savings as the options became more radical and complex. It was acknowledged that some of the scenarios may require investment in order to yield savings.

Jackie Sansbury indicated that the methodology emerging for orthopaedics, if successful, may be applicable to a wider basket of services.

James Barbour identified that more work was required with key dedicated individuals. George Brechin said that Appendix 1 was very helpful and suggested that there was not a requirement to go through option 1, 2 and 3 in sequence if option 5 would be best. He stated that the Board Chief Executives had recently agreed to work looking at cancer and vascular surgery. He questioned how many pieces of work concerning rebalancing surgery should be done. He highlighted that in 10 months time NHS Fife would be moving these services to a new building against an already agreed service model.

Calum Campbell proposed that given the reconfiguration in NHS Fife and the fact that NHS Borders do not have many high end trauma cases, that NHS Lothian and Borders could move this forward with NHS Fife participating at a later date. It was agreed that this was to be considered by the group leading this work. Peter Williamson confirmed that NHS Tayside were pursuing separate work on orthopaedics at this point in time.

**J Sansbury/
J Smyth**

The authors were thanked for their work to date and asked to prepare detailed propositions for the May meeting.

**J Sansbury/
J Smyth**

4.1.2

Performance Standards and Minimising Variation

Alison McCallum spoke to a previously circulated paper. Progress had been made in identifying potential cost release and disinvestment from procedures of limited clinical effectiveness and by benchmarking high cost and high volume activity across Boards. Alison McCallum confirmed she was convening a meeting in April /May to test the proposals with key stakeholders including clinicians, finance staff, partnership staff and managers. Alison McCallum acknowledged the contribution of Andrew McCreddie,



Associate Director of Finance, NHS Fife to the work and the paper.

George Brechin stated that this was a helpful paper although some areas were already being pursued within individual Boards.

John Turner informed SEAT that the NHS24, Medical Director had visited teams within Boards last year to discuss piloting DNA services within NHS24 for Boards and was keen to continue engagement.

Ross Cameron requested that the group show caution when looking at HRG levels to lengths of stay. He advised that there should be a target for each condition and this would be advisable to set at 75th percentile as opposed to 100th.

James Barbour stressed that the benefits proposed would only be realised if SEAT colleagues were prepared to accept the degree of peer challenge. He informed SEAT that he was not aware of the relative cost performance of SEAT Boards until he viewed it in Table 2 of this paper.

Alison McCallum agreed to present detailed propositions to the May meeting, having consulted with key stakeholders. The authors of the paper were thanked for progressing the work to date.

A McCallum

4.1.3

Complex Care Packages

Calum Campbell spoke to a previously circulated paper which concentrated on NHS funded placements for people with learning disabilities and complex care needs. He highlighted that there were currently 30 out of Board placements with a total expenditure of £3.8m. He advised that 18 of the 30 were either out of their local Board area but still within SEAT or were placed in appropriate accommodation which the Group believed could not be replicated locally in the near future. After careful scoping work, the Learning Disability MCN had concluded that there was insufficient commonality of needs to make it cost effective to provide care more locally. This review had examined NHS funded packages; however there may be scope to consider jointly funded care packages with Local Authorities for people with learning disabilities.

James Barbour asked SEAT colleagues if they wanted to consider a conversation at an aggregate level with local authorities



regarding jointly funded packages of care for learning disabilities. After discussion, it was agreed that the potential for a lead commissioner to work on behalf of Boards to agree joint packages of care with Local Authorities should be explored, linking in with the Learning Disabilities MCN ongoing work on models of care project. It was agreed that discussions with NSD should take place regarding the potential for alternative care provision for clients receiving care in the Northgate clinic.

**Learning
Disability
MCN**

**LD MCN and
D Evans**

Eddie Egan questioned how often the suitability and quality of the accommodation in Northgate facility was assessed. Deidre Evans advised SEAT that many of the residents of the Northgate facility were assessed regularly and were ready for discharge and awaiting available and suitable accommodation.

The authors of the report were thanked for their contribution to date. Calum Campbell advised the group that a paper from the MCN for Learning Disabilities would come to the next SEAT meeting in May with proposals regarding commissioning arrangements between the NHS and Local Authorities.

LD MCN

4.1.4

Corporate/Shared Services

Comments were invited on the previously circulated paper prepared by John Wilson who was unfortunately unable to attend the meeting due to a family funeral.

George Brechin advised that individuals had been identified to progress this workstream and Eddie Egan, Lynne Khindria, Alan Boyter and John Wilson were involved in carrying out the initial analysis to support the work which John Wilson was leading. Carol Gillie in NHS Borders was identified as the NHS Borders link to contribute to this work stream.

Eddie Egan felt that there was scope for a more radical approach to the shared services agenda than had been proposed to date. The paper, however, was considered helpful in testing the extent to which SEAT members could support more radical options. For example, some members believed that it was essential that individual Boards had a Human Resource Director dedicated to their Board. Alan Boyter outlined the range of possibilities within Human Resources for shared services contained within the paper, including how the requirement for a Board lead to be Director could



be met.

After detailed discussions, It was agreed that more detail be worked up for the identified functions with a view to scoping the impact of 5%, 10% and 15% efficiency savings with associated risks and implications. This was to be considered at the next SEAT meeting in May.

**John
Wilson, Alan
Boyer,
Carol Gillie**

4.2 **National Delivery Plan for Specialist Children's Services - Update**

Jan McClean updated SEAT on the progress within the SEAT Boards on the above. She stated that they were awaiting notification from Scottish Government colleagues regarding the Year 4 funding. SEAT members confirmed that funding was to go directly to Boards now that agreement had been reached on priorities and slippage rather than being held by NHS Fife as in previous years.

James Barbour questioned if the same prioritisation process would apply and George Brechin agreed that it would be straightforward if ring fenced funding applied. Jan McClean stressed that ongoing monitoring for the Scottish Government would continue to take place and that would need to reflect the SEAT prioritisation agreements.

SEAT noted the progress and confirmed the changes to the distribution of Year 4 allocations.

4.3 **Workforce Planning – Update**

Derek Phillips spoke to the Workforce Planning Report. He informed the group that the Cabinet Secretary had signed off the recommendations on Medical Specialty Intake Numbers for the period 2011-12, resulting in a reduction by 49 across NHS Scotland. Although to be confirmed, it was suggested that 9 to 10 posts (4 Emergency Medicine, 2 Medical Specialties, 1 O & G, 2 – 3 Mental Health Specialties) would be lost from the South East Deanery.

Gordon Birnie highlighted the planned reductions over the next 3 to 4 years and that this would require significant work across SEAT to ensure service sustainability. George Brechin highlighted that he understood there to be further gaps emerging in Paediatrics in



August due to maternity leave and trainees exiting the programme and the group must be sighted on these issues. Derek Phillips confirmed that there would be a detailed discussion of Paediatrics at the SEAT Medical Workforce Group on the 25th March.

Alison McCallum asked if SEAT were any clearer on the robustness of the arrangements for funding to return to the service from NES for dis-established posts. Derek Phillips replied that he was in receipt of an e-mail from SGHD confirming that the funding would be returned from NES via the SGHD to the SEAT boards as previously agreed. However Bill Reid advised the group that funding could not be returned until the post is dis-established and this would depend on the CCST date of the trainee. Derek Phillips advised SEAT that the Regional Medical Workforce Group (RMWG) is looking at the anticipated CCST dates in order to plan for the return of funding to support the required workforce changes. He also advised that he, on behalf of the RMWG, would write to both NES and the Scottish Government to request funding. After discussion it was agreed that Robbie Pearson would raise this gap with the Scottish Government.

D Phillips

R Pearson

Derek Phillips then discussed the Board's projected workforce targets for 2010/11 and the progress being made at the end of quarter 3. James Barbour noted that the numbers varied significantly and was informed that NHS Fife the numbers were lower to due to skill mix changes and the need to increase staffing, mostly the number of domestic assistants, associated with the new build in Kirkcaldy.

James Barbour stressed the need to understand the dynamics behind the changes and Eddie Egan highlighted that each Board had approached the need to deliver financial savings with a range of different solutions.

The group then discussed the changes in pensions, both forthcoming taxation changes and the Hutton recommendations. Alan Boyter advised that there were a disproportionate number of NHS Lothian employees potentially affected. He highlighted the sensitivities around the role of NHS Scotland employers in supporting employees and the problems in providing 'financial advice'. He advised that PricewaterhouseCoopers was running seminars on the changes and agreed to circulate details of these to



the individual boards.

SEAT noted the paper.

5 Regional Liaison Initiatives

5.1 Update on Reprovision of RHSC Edinburgh

Susan Goldsmith provided a verbal update. She highlighted ongoing discussions within NHS Lothian and the Scottish Futures Trust particularly around the possibility of incorporating clinical neurosciences using the design work already completed and within the revenue envelope. She highlighted that the revenue agreed by the SGHD did not cover the full hard facilities management costs and this would affect the revenue requirement from SEAT Boards,

SEAT noted that the Board of NHS Lothian would be considering a paper on the reprovision in the next week and SEAT Boards would be kept informed of progress. Meetings would be set up to discuss revenue and capital implications.

S Goldsmith

It was confirmed that 2015 remained the target for construction of the new build, with full year effect for funding being anticipated in 2016/17.

James Barbour highlighted that the reprovision had again been raised at Parliamentary Questions and the Cabinet Secretary had confirmed her commitment to the new build to be achieved with minimum delay.

6 National Initiatives

6.1 Telestroke Pilot Within SEAT - Update

Justine Westwood spoke to previously circulated papers regarding the South East Telestroke Pilot that was agreed at a previous SEAT meeting. The last remaining Board to join the pilot went live on 15th March. SEAT members noted that early feedback had been positive on the introduction of the hub and spoke model for thrombolysis for ischaemic stroke in the participating Boards. This was reflected in a recent press release. Jacqui Simpson suggested that the outcome of 6 month evaluation would be an appropriate opportunity to share this development more widely



when more patient data were available.

After discussion the group agreed that this should be included in the SEAT response to the Christie review as a demonstrable benefit of partnership and collaboration across Boards.

J Simpson

George Brechin asked if the technology in place was solely limited to treatment of stroke. Gordon Birnie confirmed that it was being used for other purposes. The group was advised that some of the equipment was originally purchased for the paediatric programme.

It was agreed that the 6 month evaluation report would be brought to a future SEAT meeting.

J Westwood

SEAT noted the continuing progress of the project.

6.2 **National Initiatives Update Report**

Deirdre Evans spoke to a previously circulated update paper. She advised that the Health Minister had approved designation for paediatric epilepsy surgery which involved repatriation of activity to Scotland.

James Barbour informed SEAT that Regional Planning leads had spoken about scoliosis and there were a number of patients in NHS Lothian awaiting treatment. He stressed that these were not only NHS Lothian patients and clarity was being sought around who 'owned' the patients on the current waiting list.

The paper from Deirdre Evans was noted.

6.3 **Guidance on Reshaping Care for Older People**

SEAT noted that individual Board proposals had been submitted to the Scottish Government.

James Barbour reminded the group that they had agreed to share their metrics on this. Alex McMahan advised that he had standards around delayed discharge which he would share with SEAT colleagues via the Directors of Planning and Finance.

A McMahan

7 **Regional Minutes**

The following minutes were noted.



7.1 **Minutes of the SEAT Directors of Planning and Finance Meeting on 7th January (Approved)**

7.2 **Minutes of the SEAT Children & Young People's Health Services Planning Group on 10th November 2010 (Approved)**

7.3 **Minutes of the MCN for CSA Steering Group on 15th December 2010 (Unapproved)**

7.4 **Minutes of the Tier IV CAMHS Consortium Meeting on 13th January 2011 (Approved)**

7.5 **Minutes of the SEAT Medical Directors, Directors of Public Health, Directors of Nursing Meeting on 12th August 2010 and 1st March 2011 (Approved)**

7.6 **Minutes of the Regional Cardiac Planning Group on 25th February 2011 (Approved)**

8 Communications

8.1 **NES**

Bill Reid stated that there was nothing further to report.

8.2 **Scottish Ambulance Service**

Heather Kenney stated that there was nothing further to report.

8.3 **NHS Forth Valley**

Janette Fraser stated that there was nothing further to report.

8.4 **NSS**

Deidre Evans left the meeting prior to this discussion.

8.5 **NHS Borders**

Calum Campbell advised that the new Chair of NHS Borders from the 1st April would be John Raine.

8.6 **Partnership Representation**

Eddie Egan and Edwina Cameron stated that there was nothing further to report.



8.7 **NHS Dumfries and Galloway**

Mary Harper stated that NHS Dumfries and Galloway were preparing their joint statement of intent regarding the change fund.

8.8 **NHS Fife**

George Brechin informed SEAT that the delayed discharge figures had reduced and the new A & E department opening times were in operation.

8.9 **Scottish Government Health Department**

Robbie Pearson advised SEAT that early work was underway to consider the potential devolution of PET Scan funding to regions. He referred to a fifth scanner going live in the West of Scotland. A short life working group had been convened and a paper would be prepared for the national Directors of Finance group by September 2011, prior to consideration at Board Chief Executive's group. George Brechin noted that there was a political discussion to be had around the location of PET scanners.

8.10 **NHS Lothian**

James Barbour reported that there had been a serious incident resulting in death within NHS Lothian due to a calculation error in the preparation of intravenous fluids. He urged Boards to ensure that they had in place mechanisms to ensure the necessary competencies on the part of staff engaged in the administration of IV fluids.

8.11 **NHS24**

John Turner advised that the lead responsibility for telecare would transfer from the Scottish Government to NHS24. The Scottish Government, NHS24 and the Deputy Prime Ministers Office have created a £10m investment for telecare. The population of SEAT now had a "Life Begins at 40" service which had been trialled in NHS Grampian. NHS24 intended to engage with patients and public via digital TV. Progress was to be reported at the next SEAT meeting.

J Turner

9 **Any Other Business**

Forth Valley colleagues were thanked for scheduling a tour of the new Forth Valley Royal Hospital for SEAT members after the meeting.



10

Date and Time of Next Meeting

Friday 27th May 2011, 10.45am.

NHS Lothian, Meeting Room 7, Waverley Gate, 2 – 4 Waterloo Place, Edinburgh, EH1 3EG.