

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: 04.08.11
- Audit Committee: 23.06.11
- Endowment Committee: 23.06.11
- Endowment Committee: 30.06.11
- Clinical Governance Committee: 15.06.11
- Clinical Governance Committee: 14.09.11
- Area Clinical Forum: 20.06.11
- Area Clinical Forum: 01.08.11
- SEAT: 27.05.11
- SEAT: 23.09.11

Recommendation

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

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

Approved by

Name	Designation	Name	Designation
Calum Campbell	Chief Executive		

Author(s)

Name	Designation	Name	Designation
Iris Bishop	Board Secretary & Executive Assistant		

Borders NHS Board



Minutes of a meeting of the **Strategy & Performance Committee** held on Thursday 4 August 2011 at 1.00pm in the Tait Hall, Kelso.

Present:

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

In Attendance:

Miss I Bishop	
Mr D McLuckie	Mrs K McNicoll
Dr A Mordue	Mrs R Bacon

1. **Apologies and Announcements**

Apologies had been received from Eric Baijal and Jane Davidson.

The Chair welcomed Dr Alan Mordue, Consultant in Public Health Medicine to the meeting who was attending on behalf of Eric Baijal.

The Chair welcomed Rachel Bacon, General Manager to the meeting who was attending on behalf of Jane Davidson.

2. **Declarations of Interest**

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

There were none.

3. **Minutes of Previous Meeting**

The minutes of the previous meeting of the Strategy & Performance Committee held on 30 June 2011 were amended and approved.

4. Matters Arising

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

5. Property and Asset Management Strategy

David McLuckie gave an overview of the content of the strategy and highlighted several elements including the management of property and assets, improvement projects, incorporation of IM&T equipment and medical equipment.

Julia Edey commented on several general points advising that she would urge the case for the fracture unit refurbishment; noted the target of 2015 for square footage reduction and suggested working with Scottish Borders Council to look at the estates of both the local authority and NHS Borders as well as services such as training. She further suggested a link be made to the strategic risk register and also commented that one of the elements of the Internal Audit programme for the current year would be vehicle management which should feed into the strategy.

Calum Campbell commented that he was a member of the national group “State of the Estate” and that NHS Borders appeared to be one of the better maintained estates. He advised that NHS Scotland currently had in the region of £960m worth of outstanding maintenance issues for NHS estate.

David McLuckie advised that with regard to the 2015 target for a reduction in NHS Borders estate footprint a Property Review Group had been established. It was intended to reduce the estate footprint by 10% in the first instance and would then seek to move towards the more challenging and difficult 20% reduction.

David Davidson requested clarification of the categories “satisfactory”, “unacceptable”, “under utilised”, and “unsuitable” as stated in Appendix B. David McLuckie advised that the terms were historical and related to the physical conditions of the property. He further commented that Category A was generally new estate, Category B was fully acceptable and Categories below B were generally ageing properties with structural problems. Mr McLuckie commented that in terms of short to medium term to keep the current NHS Borders estate within Category B there was a need to spend some £4.5m on maintenance. Mr McLuckie advised that he would email the Board outwith the meeting to clarify the categories and how they were established.

David Davidson enquired how staff performance was affected by premises being overcrowded and under utilized. David McLuckie advised that the NHS Borders estate was over 20 years old and whilst it would have been acceptable at the time of construction with revised guidance the properties were not as appropriate in the present day.

Dr Doreen Steele commented that she welcomed the paper and suggested that the Board would need an active approach to support the Executive as the properties in the West of Scotland were within the bottom 2 quartiles and the initial focus would be on this and the improvements required as in previous property surveys. Mr Campbell advised that the strategy had been produced as a consequence of the Audit Scotland recommendation and reiterated that bearing in mind the backlog costs of £960m maintenance for NHS Scotland estate any future bids for capital funds would be heavily challenged.

Catherine Duthie enquired about the issues thrown up from the workforce profiling section of the strategy noting the ageing workforce and the difficulties encountered in the recruitment of staff. David McLuckie advised that the recruitment of qualified/experienced staff was not just limited to the NHS. With the reduction in heavy industry services the training of people in those services and associated industries had vastly reduced. He advised that the Estates Team were currently well skilled, undertook refresher and further training and tended to be long term employees. He noted that there would however be a loss of much experience over the forthcoming ten years and he welcomed the workforce review that would take place with colleagues later in the year to explore how to address such issues.

Cllr Sandy Scott enquired about property transactions and David McLuckie advised that all property transactions were dealt with in line with the Property Transactions handbook. Carol Gillie further commented that the property transactions were also reviewed by the external Auditors.

Pat Alexander enquired if it would be possible to strengthen the understanding of where the unacceptable and overcrowded areas were so that a strategic overview of what the possibilities were could be given. David McLuckie advised that he would provide a more detailed appendix.

The Chair commented that the synergy with training was well enforced within the paper and commented on the approach to joint accommodation. David McLuckie confirmed that NHS Borders worked with partners such as Scottish Borders Council, Scottish Futures Trust, and other public sector organizations regarding sharing accommodation where appropriate.

The Chair commented on Julia Edey's suggestion of a link being made to the Strategic Risk Register and David McLuckie confirmed that the link would be made once the savings target had been established.

The Chair considered that the document could be viewed as a bidding document for capital funding. David McLuckie advised that the review of the physical condition of the NHS estate had been undertaken by one single group over a period of time so that all reports were produced in the same consistent format.

The **STRATEGY & PERFORMANCE COMMITTEE** approved the contents of the Property & Asset Management Strategy for 2011/12.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the requirement to establish a project specific group to populate the future Strategy incorporating IM&T equipment, Medical equipment and Vehicle management.

6. Annual Review 2010/11 Preparation

June Smyth advised that a Ministerial Review of NHS Borders was now to be undertaken every other year. She commented that NHS Borders had been invited to undertake an Annual Review in 2011 to be lead by the Chair and not the Cabinet Secretary. She detailed the guidance that had been received for the Annual Review to be conducted in public.

The Chair commented that at a recent NHS Scotland Chairs meeting they had encouraged the Cabinet Secretary to allow greater flexibility at the Annual Reviews when they were to be lead by the Chair instead of the Minister.

Edwina Cameron advised the Board that at the recent Employee Directors Group meeting they had advised the Cabinet Secretary that they were disappointed that the separate Area Partnership Forum and Area Clinical Forum meetings would no longer feature as a part of the Annual Review process.

Cllr Sandy Scott recalled that questions for the Cabinet Secretary and the Board had been taken from the floor the previous year. June Smyth confirmed that it would be the case again this year that questions would be taken from the floor at the end of the session.

Dr Doreen Steele recalled the matter of a Non Executive Director asking a question of the Cabinet Secretary at an Annual Review. Calum Campbell reminded the Board that the Non Executive's had the opportunity to ask questions of the Cabinet Secretary in private.

Pat Alexander enquired if there was a role for Non Executive Directors at the Annual Review. Calum Campbell commented that it was good public engagement for Non Executive's to be present as their role was to represent the public on the Board. June Smyth advised that there would be a café style poster presentation open to the public in advance of the formal Annual Review session, and Non Executive Directors could be involved in discussions with the public regarding the displays.

The Chair commented that it was important for Non Executives to attend the Annual Review if they wished to.

Julia Edey enquired about targeting attendees for the Annual Review and suggested building on the Cheviot Project by inviting all those involved in the engagement on that project.

June Smyth advised that historically MSPs did not attend the Annual Reviews, however she wondered if that may change for the meetings when the Cabinet Secretary would not be present.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the arrangements for the Annual Review and the main features of the meeting and the timeline of preparations.

7. **Property Disposal**

David McLuckie gave an overview of the content of the paper advising that the former Princes Street Day Unit in Hawick had been valued at £70,000 and that the Richmond Fellowship Scotland were interested in purchasing the property for refurbishment into four supported accommodation units.

Julia Edey suggested this would mean that a single care provider would be both service provider and landlord and she enquired how this arrangement had been arrived at and whether it would be appropriate.

Calum Campbell advised that it was his understanding that the Richmond Fellowship had been awarded a contract to provide residential learning disability services some two years previously, however they had been unable to provide suitable accommodation to that client group. The opportunity had now arisen whereby the Richmond Fellowship were keen to purchase the Princes Street property from NHS Borders to refurbish into suitable accommodation for their client group. Mr Campbell advised that he would clarify with Scottish Borders Council the consequences for that client group should the Richmond Fellowship contract not be renewed in the future.

David Davidson enquired if the organization was involved in supporting that client group. Calum Campbell confirmed that it would be through the Joint Learning Disability Service.

Calum Campbell asked the Board if it was minded to approve the sale of the property and that in approving the sale raise a legitimate concern regarding the Richmond Fellowship providing both the accommodation and servicing the contract for services for Scottish Borders Council and NHS Borders through the Joint Learning Disability Service and should the contract be terminated in the future what would be the scenario for the client group and for the accommodation itself.

Cllr Sandy Scott enquired about the costs for each client within that cohort. Carol Gillie advised that the average cost was £200k per client to be looked after outwith Borders and this was based on a 50/50 share so each authority (NHS Borders and Scottish Borders Council) would fund £100k each for each client. Mrs Gillie further advised that from a patient care point of view it would be beneficial to have those clients located within the Scottish Borders region.

Dr Doreen Steele enquired if £3.8m was the total cost for NHS Borders placing clients outwith Borders. Carol Gillie advised that the total cost was in fact much higher.

The **STRATEGY & PERFORMANCE COMMITTEE** approved the disposal of the property noted within the paper to The Richmond Fellowship Scotland at a value of £70,000, subject to assurances being provided from Scottish Borders Council regarding the client group and accommodation should the Richmond Fellowship contract be terminated at a future date.

8. **Financial Monitoring Report for the three month period to 30 June 2011**

Carol Gillie reported the financial position for the three months to the end of June 2011 advising of an overspend of £0.6m in excess of operational budgets. However she advised that she continued to forecast a breakeven position. Mrs Gillie highlighted various issues relating to the overspend including external healthcare providers particularly referrals outwith Borders, Borders General Hospital overspend on nursing budgets and medical instruments and the limited number of Estates & Facilities savings schemes which had been taken forward to date. She advised efficiency schemes of £1.5m had been delivered to date with the potential for further identified efficiency schemes to achieve in excess of £5m in this financial year. This however remained short of the target of £8.6m. Mrs Gillie then cautioned the Board that the pace of delivery for efficiency savings had slowed at present.

With regard to Capital Mrs Gillie advised that the position was based on the capital plan as agreed by the Board at the June meeting and she confirmed that there was potential for capital to increase should sales of properties in the current financial year come to fruition. Mrs Gillie advised that she had received agreement from the Scottish Government regarding retaining sales from the NHS Borders estate in 2011/12 up to a value of £478,000 to be reinvested into capital.

David Davidson enquired with regard to the prescribing budget and volatility in pricing in the market place if the organization would be detrimentally affected in the future. He asked if Alison Wilson could email the Board on the projection of increased costs due to volatility in the market place. Mrs Gillie advised that she would ask Mrs Wilson to provide such information and further advised the Board that the information currently available was based on price information for April 2011 which had showed no major price issues at present.

Dr Ross Cameron commented that he understood the main risk to prescribing was the availability of certain drugs within the UK allocation from drug companies and not the volatility of market prices. David Davidson enquired if there was an issue of substituting alternative drugs for those not available and Dr Cameron advised that this would remain a potential risk for the future although the organization had not had to address this matter at present.

Julie Edey commented on the efficiency programmes that Estates & Facilities savings target had been £500,000 for 2010/11 and £500,000 for 2011/12, yet only £15,000 had been achieved. She enquired if Business Improvement Support Team (BIST) resources could be allocated to Estates & Facilities to enable them to accelerate progress. Mrs Gillie advised that resources had been redirected from BIST, Performance & Planning, and Finance as well as utilising other key individuals to support Estates & Facilities to achieve savings.

David McLuckie reported that schemes against the 2010/11 target had been identified the target for 2011/12 was being progressed through restructuring with the support of BIST and others. Mr McLuckie advised that £864,000 savings had been achieved on a recurring basis with £170,000 achieved on a non recurring basis. Mr McLuckie then advised that a further £305,000 recurring had been identified through improved procurement arrangements.

Adrian Lucas thanked Mrs Gillie for a very comprehensive financial report and enquired how the unidentified £3.1m savings target for 2011/12 would be achieved. Mrs Gillie commented that work remained on going and discussions were taking place with General Managers and other key individuals to ensure a solid commitment to achieving savings targets and that schemes were being accelerated and brought forward wherever possible. Mrs Gillie further advised that there was a contingency set aside in the financial plan which could help offset any potential shortfall in savings targets at the end of the year.

Adrian Lucas noted that the organization had achieved £16m in efficiency savings in the last two years which was a substantial amount for such a small organization.

Calum Campbell advised that he was keen for the Board to hear the detail of the financial report and how challenging the financial situation would be in moving forward. Mr Campbell commented that he believed further savings would still be achievable and that potentially the Board may have to make some unpopular decisions in the future in order to maintain a financial breakeven position and sustainability of key health services for the population of the Scottish Borders.

Cllr Sandy Scott commented that with regard to the efficiency savings programme he had been asked by a member of the public why the organization needed to achieve efficiency savings when it was provided with a protected general allocation budget from the Scottish Government. Calum Campbell commented that in reality the general public were unaware of the intricacies of financial allocations from the Scottish Government or the financial pressures faced by the organization. He further commented that the Annual Review was an opportunity for the Board to have that discussion with the public.

Dr Doreen Steele enquired of the opportunity to progress the pace of the efficiency schemes. Mrs Gillie reiterated that the efficiency schemes were being progressed with support resources from BIST,

Performance & Planning and Finance. Mrs Gillie further advised that the £500,000 that had been set aside for invest to save schemes was being utilized as bids were being received.

Pat Alexander enquired about the nursing elements of the financial report. Sheena Wright advised that the nursing establishments had now been agreed with the General Managers and Associate Directors of Nursing and were being implemented. Rachel Bacon confirmed that unfortunately it had taken longer than anticipated to reach agreement on nursing establishments however these were now being implemented and a change in numbers should begin to emerge over the next 2-3 months.

Catherine Duthie sought clarification of the changes in skill mix, workforce planning and any potential problems. Carol Gillie reminded the Board that the reduction in staffing numbers was largely dependent on staff turnover. June Smyth clarified that the organization worked within a “no detriment protection” and “no compulsory redundancy” framework. She advised that workforce planning models had been worked up in conjunction with service changes, vacancies and interim solutions to appoint to permanent posts. Mrs Smyth further advised that more sophisticated workforce tools were now available locally for workforce scenario and skill mix planning.

With regard to skill mix Catherine Duthie enquired if there was a training issue. Mrs Smyth advised that skill mix did link to training in some areas and in others it was linked to revisiting establishments, christmas tree models and reducing variation in terms of clinical practice.

David Davidson suggested that a review be undertaken of the way in which dentists were employed to ensure service users attained the service they were waiting for. Dr Ross Cameron advised that there were several issues within Mr Davidson’s question regarding the employment of dentists and he advised that a large part of their budget was non cash limited which was expected to be merged in the future. He further advised that several of the employed dentists were currently on maternity leave and also advised that the dental waiting list was a rolling list with many people now moving back onto the NHS waiting list from private dental practitioners.

Calum Campbell reiterated that with regard to staff skill mix the organization currently had a rich skill mix across many disciplines with long service employees.

David Davidson requested a report on where savings were identified, when they were expected to be delivered and the current status. Calum Campbell commented that a report would be prepared and shared with the Board. Mr Campbell further commented that non achievement of the financial target was not an option and there would be difficult conversations in moving forward and not achieving other national targets.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the financial performance for the first month of the financial year.

9. **Key Performance Indicator Scorecard**

June Smyth outlined the content of the key performance indicator scorecard advising that it contained some of the new indicators as agreed with the Clinical Boards. She further commented that the finalized Learning Disability Scorecard was awaited. Mrs Smyth highlighted challenges with regard to length of stay, Allied Health Professionals (AHP) waiting times and Did Not Attend (DNA) rates and

the new table on page 17 detailing delayed discharges which highlighted the number of beds utilized by Delayed Discharge patients during the previous month.

Julia Edey welcomed the new format of the scorecard commenting that it was easier to read. She requested that attention be given to Psychological therapies as it seemed inequitable to have low podiatry waiting times yet the service was struggling to achieve the 18 week waiting time for psychological therapies. She further noted that the DNAs referred to the dental service which she commented was unacceptable.

The Chair commented that the approach to DNA rates for dental treatment in England had embraced the psychological approach and had produced a dramatic reduction in DNAs. He expanded that people were encouraged to write down the appointment and confirm they would keep the appointment. The approach appeared to appeal to people's better nature and the Chair suggested that that approach might be taken up by NHS Borders. Calum Campbell suggested that he would discuss the comments around DNAs with Karen McNicoll.

Dr Doreen Steele suggested introducing two DNAs and you are struck off the dental list. Calum Campbell advised that national guidance on DNAs referred to one DNA and you are struck off the dental list. Adrian Lucas urged caution commenting that he had moved from a private dentist back to an NHS dentist and had turned up for an appointment that had been moved.

Dr Ross Cameron commented with regard to the DNA rate this was one of the only services provided by the NHS with a financial consequence for patients. Secondly he commented that the organization had improved dental access through the provision of an emergency dental service for emergencies such as toothache that patients could access free of charge.

David Davidson commented that with regard to addiction services and pharmacy services there was a contract system in place and suggested this might be used for the dental service which would spell out one DNA and you are deregistered. He suggested that a contractual approach would personalise the service more.

Karen McNicoll commented that the service were keen for a proactive approach being taken with regard to DNAs and she advised that services were currently considering a unified DNA policy. Mrs McNicoll reminded the Board that children could not be penalized with regard to DNA rates and suggested this might also apply to the vulnerable within the population. Mrs McNicoll advised that she would be pleased to work with the service regarding a publicity campaign on DNAs.

John Hammond commented that the organization had a duty of care to patients and reminded the Board that many patients found it both difficult and stressful to attend health appointments whether for medical or dental matters. He also noted that parents inadvertently missed children's appointments and suggested it was unacceptable to deregister a child. Calum Campbell reassured John Hammond that there were national policies in place regarding DNAs across all services which contained caveats for children, mental health clients and learning disability clients. He advised that avenues of telephoning, texting, written and electronic communication, etc should all be exhausted before any of these cohorts of clients was deregistered. He confirmed that the high level of DNAs was not acceptable and noted that everything must have been done to address DNAs before a strict policy was introduced.

Pat Alexander noted on pages 17 and 19 that the Delayed Discharges total had previously been 80 and enquired of the relationship in figures quoted between the two sections. June Smyth commented that page 19 detailed the delayed discharges as at 30 June 2011 and page 17 detailed all the delays within the month of June so the whole month figure would always be larger than the month end figure.

Pat Alexander enquired if within those figures the reasons for the delays were due to funding or assessment delays which required input from Scottish Borders Council and questioned if there were any NHS reasons for the delays such as the impact of AHP waiting times. June Smyth commented that if any delays were linked to NHS services they would be appropriately coded for those particular services and highlighted within the report. This report had no delays recorded against NHS Services.

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

10. **Business Improvement Support/LEAN Update**

Rachel Bacon detailed the content of the paper highlighting progress against supporting the national redesign programmes, and related HEAT targets, supporting projects delivering efficiency savings, the transference and embedding of improvement skills, particularly LEAN methodology into “business as usual” across NHS Borders. Mrs Bacon further advised that BIST was now undertaking in house training on LEAN methodology as well as supporting further efficiency savings programmes.

Julia Edey enquired if the Dementia Pathway Project was being taken forward. Rachel Bacon confirmed that it was.

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

11. **Any Other Business**

There was none.

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

The Chair confirmed that the next meeting of Strategy & Performance Committee would take place on Thursday 29 September at 12.30 in the Town Hall, Jedburgh.

The meeting concluded at 2.40pm.



Minutes of a Meeting of **Borders NHS Board Audit Committee** held on Thursday, 23rd June 2011 at 2.30 p.m. in the Board Room, Newstead.

Present: Mrs J Edey (Chair)
Dr D Steele

In Attendance: Mrs J Brown, Engagement Leader, PWC
Mr M Campbell Smith, Audit Manager
Mrs B Everitt, Personal Assistant to Director of Finance
Mr R Forrest, Manager, PWC
Mrs C Gillie, Director of Finance
Mr A McLean, Acting Senior Finance Manager
Ms S Swan, Acting Deputy Director of Finance
Mr D Woods, Chief Internal Auditor

1. **Introduction, Apologies and Welcome**

Julia Edey welcomed those present to the meeting, in particular to Joanne Brown who has taken over from Lindsey Paterson. Apologies were received from Mr D Davidson and Mr A Lucas.

2. **Declaration of Interest**

There were no declarations of interest.

3. **Minutes of Previous Meeting: 26th May 2011**

Doreen Steele referred to item 6.1 and asked for “sponsored citizenship” to be changed to “corporate citizenship”.

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

4. **Matters Arising**

- *Action Tracker*
The Committee noted the action tracker.

5. **Fraud & Payment Verification**

5.1 *National Fraud Initiative (NFI) - Update*

Susan Swan advised that there was no significant update since the last meeting.

5.2 *CFS Intelligence Alerts:*

- 2011/06
Susan Swan reported that both alerts (2011/06 and 2011/07) were connected to recruitment scams and gave assurance that both of these had been passed to the Human Resources Department. It was noted that none of these had been recorded within NHS Borders.
- 2011/07
Discussed under the previous item.

The Committee noted the updates.

5.3 *CFS 2010/11 Proactive Plan – End of Year Report*

Susan Swan spoke to this item. Susan advised that the end of year report demonstrated the level of activity Counter Fraud Services are putting in place and making available to Boards. Susan also advised that significant resources will also be going into supporting Boards.

The Committee noted the report.

5.4 *Feedback from the Joint CFC/FLO Seminar – 15th June 2011*

Julia Edey reported that this had been an excellent session and gave feedback from the two issues arising from the discussions of the Counter Fraud Champion's group. The first of these was around fraudulent claims being made for deceased dental patients. Julia suggested that it would be beneficial for the NHS to receive a register of deaths from the General Register of Scotland. Susan Swan agreed to see if this would be possible. The other issue discussed was around medicines being returned to Pharmacies and then being re-issued. Julia suggested making contact with Alison Wilson as well as linking with PSD around this. Susan Swan agreed to do this.

Susan Swan went on to give feedback from the Fraud Liaison Officer's group that had focussed on the operational requirements and gaining experience from previous frauds. Susan highlighted that many of the examples were linked to independent practitioners. Susan advised of a suggestion made by Peter McIntyre, Director of Counter Fraud Services, to hold a session with the Board on counter fraud issues as this had been undertaken within another Board and had found to be very beneficial. Carol Gillie suggested that this could be a topic for a future Board Development session and asked Brenda Everitt to liaise with Iris Bishop for adding this to the work plan.

The Committee noted the update.

6. National Audit Reports

6.1 *Practitioner Services*

Julia Edey introduced this report. Julia highlighted that this is a key document for placing reliance on due to the amount of money spent on these services. It was noted that an unqualified audit opinion had been received. Susan Swan advised that progress has been made in addressing control weaknesses identified in previous audits and that none of the weaknesses within this year's report were of a significant nature. Susan advised that these audits are normally undertaken in accordance with the Statement of Auditing Standards no 70 (SAS 70) but from 2011/12 these will be adopting the International Standard on Assurance Engagements (ISAE) 3402. It was noted that the level of assurance provided would remain unchanged.

Julia referred to the Partnership Agreement annual review meeting mentioned in the covering letter and asked who normally attends this on behalf of NHS Borders. Susan Swan confirmed that she, Sheena MacDonald, Costas Kontothanassis and Alison Wilson attended this meeting.

With regards NSS's proposed control objectives for next year's audit, David Woods advised that he had suggested to NSS that controls to identify fraudulent claims be included. David commented that he had not received a satisfactory response and would be following up with NSS.

The Committee noted the report.

6.2 *National Information Technology Services*

Julia Edey introduced this report that had an unqualified audit opinion. It was noted that there were three control weaknesses at a significant level and a number at lower level. Susan Swan advised that the issues noted were similar to those within previous reports around access and gave the background to these. Susan agreed to request information on who is responsible for each action and the timescales attached to these.

The Committee noted the report.

6.3 *Financial Management System Computer Services 2010/11*

Susan Swan introduced this report that had an unqualified audit opinion. Susan Swan highlighted the move to configuration 4 and advised that this is in line with the national Shared Services programme. Susan also

mentioned that the disaster recovery back-up has yet to be 100% tested and that this is due to take place during June 2011. Susan agreed to request information on who is responsible for each action and the timescales attached to these.

The Committee noted the report.

7. Annual Accounts 2010/11

7.1 *Review of System of Internal Control*

Susan Swan advised that the composite document now encompassed the assurance statements from each of the Governance Committees, Annual Fraud Report, Losses and Compensations and Property Transactions. The document also provided the Statement of Assurance from the Audit Committee to the Board and the Statement of Internal Control that requires to be approved by the Chief Executive. The Committee went through this and a number of amendments were discussed and agreed. Julia Edey commented that it was a very comprehensive document that read well.

The Committee noted the review of System of Internal Control and approved the Annual Assurance Statement for submission to NHS Borders Board.

7.2 *Presentation Annual Accounts 2010/11*

Andy McLean spoke to this item and took the Committee through the summary of changes that had been made to the accounts since the last meeting. Andy advised that no significant changes had been made and highlighted that the list was not exhaustive but picked out the key changes.

Carol Gillie, on behalf of John Raine, referred to page 7 and in particular the narrative on efficiency savings. Carol advised this would be substituted with less accounting jargon. Carol also referred to page 11 (Sustainability and Environmental Reporting) and advised that “over the 8 year period” would be added to the last sentence of the first paragraph.

Carol Gillie reported that NHS Borders had achieved all its statutory targets and thanked the Finance team and in particular Susan Swan and Andy McLean for their input.

The Committee noted the presentation Annual Accounts for 2010/11 and recommended that they go to NHS Borders Board for approval.

7.3 *Asset Lives Report*

Andy McLean spoke to this item. Andy advised that the review in which the way asset lives are calculated had been instigated by NHS Greater Glasgow & Clyde. Andy gave details on the preferred methodology chosen and advised that the impact this would have on NHS Borders for depreciation charges was a reduction of £0.5m on a recurring basis. Julia Edey welcomed this reduction and enquired if all other Boards had received the same impact. Carol Gillie replied that not all Boards had received a reduction but in the main this was the case.

The Committee noted the report.

7.4 *Final Endowment Fund Annual Accounts 2010/11*

Carol Gillie referred to the previous meeting of the Endowment Fund Board of Trustees and the comment about anonymising the JF legacy.

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

7.5 *Final Patient's Private Funds Annual Accounts 2010/11*

Susan Swan reported that there had been no changes to the accounts since the May meeting and highlighted that these form part of the template for submission to Scottish Government Health Department.

The Committee noted the final Patient's Funds Annual Accounts for 2010/11 and recommended that they go to NHS Borders Board for approval.

8. External Audit

8.1 *Annual Report to Members*

Joanne Brown introduced this report. Joanne advised that it was their responsibility to report to both Board Members of NHS Borders and the Audit General for Scotland. Joanne confirmed that duties had been discharged in accordance with ISA 260 and was pleased to report that an unqualified opinion had been given. Joanne thanked Carol Gillie and her team for their assistance during the audit process.

Rory Forrest highlighted section 2 which outlined a few judgemental areas. Rory confirmed that in regard to the issue with Lothian he was satisfied following discussions that this had been treated appropriately within the accounts. Rory explained that section 3 gave an overview of the financial performance during 2010/11 and that section 4 outlined the financial outlook for 2011/12. Rory highlighted that the cost pressures will remain the same as those experienced during 2010/11 and felt that the Board had done very well in achieving its efficiency savings but highlighted that this would remain as a challenge. Rory went on to section 5 that looked at the governance and internal control arrangements and highlighted that the issue with Lothian needed to remain on the agenda to resolve the disputes. Carol Gillie advised that she has now met with SEAT colleagues where she reiterated the outstanding issues and it had been agreed that this will be an agenda item for the next meeting. Carol reassured the Committee that it was her intention to resolve this by September 2011.

Doreen Steele referred to the first paragraph within section 5 and advised that it is a Non Executive Director who chairs the Community Health & Care Partnership Committee rather than a member of the Board Executive Team as stated. Doreen also referred to Appendix 1 and highlighted that the risks were described as high, medium or low but within the text were noted as moderate. Rory Forrest agreed to make the amendments discussed.

Julia Edey noted her thanks to PricewaterhouseCoopers for their input over the last five years and wished them well for the future. Carol reiterated these wishes and thanked them for a good working relationship.

The Committee noted the report.

9. Governance and Assurance

9.1 *Audit Follow-Up Report*

Andy McLean spoke to this report that gave an update on progress on the audit recommendations. Andy highlighted that there had been improvement in all three areas. Andy referred to the appendices which gave more detail on the outstanding internal and external audit recommendation. Andy explained that this was to give a position statement as at June 2011 to give assurance that these are being moved forward. Julia Edey felt that this was very helpful and suggested that it now forms part of the regular update with the inclusion of any additional information about revised timescales.

The Committee noted the report.

9.2 *Debtors Write-Off Schedule to 30th June 2011*

Andy McLean spoke to this item. Andy reminded the Committee of the request made at the March meeting for more detail to be provided. Andy confirmed that this had now been added along with the write-offs for the quarter to 31 March 2011. Andy highlighted that the number and value of debts written-off had reduced during 2010/11 and went over the factors that these could be attributed to. Doreen Steele enquired if there was a limit when we stopped pursuing these. Andy confirmed that this was anything under £15. Julia Edey felt that it would be helpful to have the amount detailed for the previous year for comparison when this is available.

The Committee note the schedule.

10. **Items for Noting**

10.1 *Minutes of Information Governance Committee: 1st March 2011*

The Committee noted the minutes of the Information Governance Committee.

11. **Any Other Business**

11.1 *External Audit Appointment 2011/12 to 2015/16*

Carol Gillie confirmed that we have been formally notified that Scott Moncrieff have been appointed as our External Auditors for the next five years. It was noted that Carol and Susan Swan will be having an introductory meeting with Nick Bennett and Chris Brown on 21st July 2011.

The Committee noted the updated.

11.2 *External Audit Handover Arrangements*

Carol Gillie advised that she had spoken with Joanne Brown about the handover process to Scott Moncrieff. Joanne confirmed that she would be holding a handover meeting with the Engagement Leader at Scott Moncrieff.

The Committee noted the update.

11.3 *Property Strategy*

Doreen Steele referred to the Property Strategy requirement which has been highlighted again in the External Auditors comments and asked if the current work could be submitted to satisfy the requirement, particularly as a strategy is a 'living document' therefore receives regular updates as progress is achieved. Martin Campbell Smith referred to the CEL that was issued from Scottish Government Health Department (SGHD) requesting this document on an annual basis. Martin advised that the draft is with SGHD for review and will come to the Audit Committee prior to the Board for adoption. Carol Gillie advised that it is also the intention to bring the Estates Strategy and Clinical Strategy together in this document through a short-life working group that had been set up. Susan Swan went on to give an update from the first meeting of this group that took place the previous week to review properties to ascertain what is currently empty and what can be declared as surplus. It was also noted that the BIST Team will be looking at space utilisation within central Borders in the first instance and are looking to conclude this work by September 2011..

12. **Date of Next Meeting**

Wednesday, 21st September 2011 @ 2 p.m., Board Room, Newstead.

BE
30/6/11

Minutes of a Meeting of **Borders NHS Board Endowment Fund Board of Trustees** held on Thursday, 23rd June 2011 at 1 p.m. in the Board Room, Newstead.

Present: Mrs P Alexander
Mrs E Cameron
Mrs C Duthie
Mrs J Edey
Mrs C Gillie
Mr M Hall (Item 7)
Mr J Hammond
Mr D McLuckie (Item 7)
Mr J Raine (Chair)
Dr D Steele

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

1. **Introduction, Apologies and Welcome**

John Raine welcomed those present to the meeting, in particular to Graham Reid, the newly appointed Investment Advisor. Apologies had been received from Dr R Cameron, Mrs S Wright, Mrs J Smyth, Cllr S Scott, Mr A Lucas, Mrs K McNicoll, Mrs J Davidson and Mr D Davidson.

2. **Declaration of Interests**

Julia Edey declared that she owned shares in Tesco plc and BT Group.

3. **Minutes of Previous Meeting – 16 May 2011**

The minutes were approved as an accurate record.

4. **Matters Arising**

- *Action Tracker*
The action tracker was updated and noted.

5. **Investment Advisor – Award of Contract to Rensburg Sheppards**

- *General Introduction to the Board of Trustees*
Graham Reid noted his gratitude to the Board of Trustees for being appointed as the Investment Advisor to NHS Borders Endowment Fund. Graham advised that the full rebranding of Rensburg Sheppards has gone through and they are now known as Investec Wealth and Investment. Graham went on to give the Board of Trustees the background to the company and how this has developed over the years. It was noted that the business now focussed solely on investment.
- *Confirmation of Meeting Details for Contract Discussions*
Susan Swan advised that an extraordinary meeting had been arranged for 30th June 2011 to discuss the draft Investment Policy to ensure that the Investment Advisor is clear on the terms, and delegated authority of, the contract. This would also give an opportunity to have discussion on the current portfolio and any planned steps following transfer.

- *Update on Progress of Portfolio Transfer*
Graham Reid advised that the Client Agreement, a legally binding contract, requires the signatures of the main Trustees. It was noted that this allows Investec Wealth and Investment to act on behalf of the charity and make investment recommendations. Graham explained that they do not have any legal authority to do anything with what is handed over from the last Investment Advisor until the Client Agreement is received. Graham expected for it to take three to four weeks for the majority of investments to be transferred and six to eight weeks before all funds are transferred. It was noted that once everything has been transferred a commencement letter would be issued noting the value of the portfolio. This amount would act as a starting point/baseline for future reports. Graham also commented that Brewin Dolphin have been very accommodating during the handover process.

Julia Edey highlighted that the stock market is very volatile at the moment and showed concern around the three to four week period until the investments have been transferred. Graham gave assurance that he would have express authority to take action should the need arise during the period to issue of the commencement letter.

6. **Endowment Fund Annual Accounts 2010/11**

6.1 *Final Endowment Fund Annual Accounts 2010/11*

Susan Swan presented the final Endowment Fund Annual Accounts for 2010/11 that had received a clean audit report. It was noted that the final account numbers remained the same from the draft accounts viewed by the Trustees in May 2011. Susan advised that a small number of supplementary notes had been added, and detailed specifically page 20 (Analysis of Specific Charitable Funds) to the Trustees which is a requirement in the Statement of Recommended Practice to disclose as much information as possible in terms of the purpose and financial activities of the Charity.

Susan tabled copies of the management report provided by Hogg & Thorburn where it was noted that all points had been cleared with the exception of one which was in relation to the increase in fee due to additional input being required. Susan explained that the tender was awarded on a contract sum basis rather than on time and attendance. Susan advised that she is following this up with Hogg & Thorburn as she was content with the audit trail of current year discussions with H&T and that there had been no alert of the issue of additional charges until the conclusion of the audit. Based on this information Susan did not recommend that the Trustees agreed to the additional charge being made.

Julia referred to the JF legacy noted on page 20 and commented that from previous discussions she was under the impression that this was not to be publicised. Susan agreed to anonymise this within the accounts.

The Endowment Fund Board of Trustees approved the final Endowment Fund Annual Accounts for 2010/11 for going forward to the Board meeting on 30th June 2011 with the proviso that the amendment requested is made. The Endowment Fund Board of Trustees also supported the proposal to dispute the additional charge requested from Hogg & Thorburn.

7. **Palliative Care Specialist Inpatient Unit Outline Business Case**

Catherine Duthie spoke to this item. Catherine advised that the Outline Business Case was coming to today's meeting in advance of the Board meeting on 30th June for two particular reasons. Firstly, to update the Trustees on the amount to be secured as the figure had increased from the £3.8m previously stated. Secondly, to request approval to transfer monies from identified endowment funds to form part of the total capital sum that is required for this project. Catherine stressed the importance of this project and reminded the Trustees of previous discussions around unspent endowment funds. Susan Swan tabled revised copies of pages 12 and 13 of the report from that previously issued. It was noted that work has been ongoing to pull together the outline costs for this scheme and look at the procurement route in terms of a Framework Scotland project. Susan went over how this project would operate and highlighted that not all services would be provided as part of

the Frameworks contract and that some professional services would be provided in-house. Susan advised that the figure of £4.5m quoted included build, equipment and associated procurement costs for the Frameworks Scotland procurement journey Susan referred to the capital expenditure elements which were detailed on page 12 and took the Trustees through these. Susan advised that from a revenue aspect a review of bed numbers around the use of Ward 11 had been undertaken and approximately £263k would be released on an annual basis due to the reduction in beds. The proposed new unit for Specialist Palliative Care and Stroke will require a recurring investment of approximately £272k in nurse staffing, domestic services and property costs. It was noted that an increased level of project management support would be utilised from in-house expertise compared to that externally sourced in previous framework schemes thus ensuring that risks to the delivery of the project are minimised. David McLuckie went on to explain to the Trustees why this project had been progressed as a Frameworks contract. David also gave assurance that every effort would be made to try and lower the costs from £4.5m to £4m and highlighted that the figures quoted are at this stage still in outline. It was noted that the Full Business Case would be submitted to the Board later in the year and that it was anticipated for work to commence on site in April 2012 to allow occupancy early 2013. Matt Hall added that he was relatively confident in reducing the costs to £4m. John Raine enquired if the VAT could be reclaimed and if so how much this would be. Susan Swan advised that it is in the main the new build element of the project where VAT can be reclaimed and that this could equate to approximately £136k, however this would be subject to scrutiny by the Boards specialist vat advisors VAT Liaison and in agreement with HMRC.

Catherine went on to give the Trustees an update on the Fundraising element. It was noted that if the Trustees agreed to the transfer of £427k from the identified endowment funds this would give a total banked sum of £3.1m, leaving a total of £1.4m still to be achieved based on the overall cap for the project being £4.5m. Catherine advised that it was hoped to achieve £1m from the public appeal and £400k from approaches to major charitable trusts. Catherine referred to the project costs and highlighted that these would include payment of NHS Borders' staff who already hold a substantive post and asked the Trustees to be mindful of the public's perception and ensure that they are comfortable with this approach. Carol Gillie commented that any project of this size would require technical expertise and that on this occasion it has been decided to use staff employed by NHS Borders as they had the expertise required. Carol highlighted that if this service was purchased from outwith it would cost substantially more. John asked for assurance that this approach to the funding met with the charity fund regulations as well as being within the financial regulations of NHS Borders. Carol and Susan both gave assurance that this was the case and that a process would be set up for monitoring input of in-house staff. Catherine highlighted the urgency in moving forward with the appointment of the Fundraising Development Manager's post due to the timing issue for fundraising if all capital sums are to be in place prior to commencement of work on site. It was noted that this would be very challenging to achieve and that it was hoped that there would be a degree of flexibility around this as it moves forward. Julia Edey referred to the public appeal which is critical to the project and asked if there is a chance that the original donators could lose interest if the project loses pace. Catherine replied that she did not think that this would be the case and that greater emphasis would now need to be put on applications to charitable trusts. It was noted that Macmillan would not be running a major appeal within Borders for the duration of this project and that the money donated from them would be top sliced from central Macmillan funds. It was also noted that Macmillan have requested no publicity on their level of contribution and that this request must be abided by. Clare Oliver advised that 1st September 2011 has been earmarked for the public launch and highlighted that a large amount of work was still required to be completed prior to this date and although this was achievable it was not to be underestimated.

Julia commented that the associated management costs were now considerably lower than those previously stated. Susan advised that it was unclear at the time about the level of resources that would be required so the maximum costs had originally been used. Julia also highlighted that the JF legacy was mentioned within this report and that this should be anonymised.

The Endowment Fund Board of Trustees noted the update and agreed to the transfer of £427k from the identified endowment funds towards this project.

Any Other Business

None.

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

30th June 2011 @ 9 a.m., Board Room, Newstead (Extraordinary Meeting).
29th September 2011 @ 10 a.m., Board Room, Newstead.

BE
27/6/11

Minutes of an Extraordinary Meeting of **Borders NHS Board Endowment Fund Board of Trustees** held on Thursday, 30th June 2011 at 9 a.m. in the Board Room, Newstead.

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

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

1. **Introduction, Apologies and Welcome**

John Raine welcomed those present to the meeting. Apologies had been received from Dr R Cameron, Mrs S Wright and Mrs J Smyth.

2. **Declaration of Interests**

Julia Edey declared that she owned shares in Tesco plc and BT Group.

3. **Matters Arising**

None.

4. **Discussion with Investec Wealth and Investment**

Susan Swan advised that following the appointment of Investec Wealth and Investment it had been agreed to have initial discussions with the Trustees to review the contract that had been awarded as well as an opportunity to review the investment policy including ethical considerations. Sample reports had also been provided for discussion with Trustees to ensure that they captured all the information required.

• *Investment Advisor Contract*

Susan Swan referred to the contract paper that had been circulated with the agenda. Graham Reid confirmed that the contract is standard and did not have any abnormalities. Julia referred to 4 (g) about not holding investments with organisations involved with specific activity as she felt Trustees may wish to revisit this following discussion on the policy and in particular around ethical considerations. Catherine Duthie referred to item 3 (Management Arrangements) and asked if the Board of Trustees should be detailed as an independent Board. The Trustees agreed that the wording be changed to reflect the independent responsibility on Trustees in their role for the Endowment Funds. Calum Campbell referred to the Lothian situation and asked if there was awareness that members of Borders NHS Board are automatically made Trustees. John Raine advised that this had been touched on at a previous meeting where it had been agreed that there would be more discussion on this at a future

meeting. John Hammond advised that as a relatively new Board member he was not aware of this until he attended his first Board of Trustees meeting. Calum suggested that in future the Board Secretary writes out to new Board members explaining that they will automatically become a Trustee and outline their responsibilities. A written acceptance of this would also be requested. Graham Reid added that Investec Wealth and Investment also run training days free of charge for Trustees and would send invitations for future dates.

The Endowment Fund Board of Trustees agreed to the contract with the proviso that the change discussed be made.

- *Draft Investment Policy including Ethical Considerations*
Susan Swan advised that the investment policy had been drafted to underpin the tender process. Susan referred to previous discussions where it had been agreed to have further discussion with Investec on the Investment Policy in general and specifically on the subject of ethical investments.

Graham Reid advised that Investec are able to undertake ethical screening if this was required and went over the different levels of screening to eliminate a particular investment. Graham agreed to circulate the documentation around the Trustees. Graham commented on Julia's earlier reference to 4(g) within the contract and explained the difficulties in completely eliminating areas such as alcohol and tobacco particularly when it is not the principal line of business. Edwina Cameron referred to previous investments directly in alcohol and tobacco companies and reminded Trustees that these were removed from the portfolio following clinical recommendations. Graham advised that he could work within the remit agreed and alert the Trustees of any issues should they arise. Susan agreed to add into the policy that part of the regular report would include narrative on ethical screening. Calum Campbell added that he would also like it stated within the policy that we can at any time name companies that we do not wish to invest in. This was agreed. Pat Alexander reminded the Trustees that it is their duty to maximise the investments and highlighted the need to strike a balance with ethical investments. John Hammond asked if there was a policy around investing in pharmaceutical companies. Susan replied that there is no specific statement within the policy around this to guide Investec. Calum commented that whilst this type of investment could not be considered inappropriate as the role of the Trustees is to maximum investment opportunities. Calum added that he would not feel comfortable investing in pharmaceutical companies.

David Davidson referred to page 3 and the total transactions value being limited to 10% of the portfolio value and enquired how long a time period this would be over. Susan confirmed that this would be between each Board of Trustees meetings. It was agreed that a further bullet point should be added that if a transaction would breach this limit then virtual agreement could be sought from the Trustees with retrospective details being given at the next meeting. John Raine enquired about the percentage of cash that is held at the bank. Susan confirmed that just over £1m had been reported in the annual accounts and that part of the work plan for this year is to develop an annual plan of income against expenditure thus enabling the ability to inform the investment v cash on deposit ratio to be evaluated. It was hoped to report back on this further at the meeting in September. Susan advised that she had spoken with Graham about investing more cash within the portfolio and that they would be looking to do this over a longer term of between 2 and 5 years. Graham added that he would be directed by expenditure plans on an ongoing basis and highlighted that at present cash is a negative return hence investing cash medium to longer term would be more beneficial. However, the cash requirement would first need to be determined to see if there is a need to hold the current amount or whether some could be invested within the portfolio. Catherine Duthie referred to the palliative care scheme and highlighted the importance of this scheme to any discussions around the amount of cash being held at bank. Carol

Gillie added that it was her intention to look at this profile on a month by month basis. David enquired about the costs associated with undertaking monthly profiles. Graham confirmed that there are no costs in managing cash accounts. Julia Edey highlighted the importance of having dialogue with fund managers and requesting information for a profile of spend and the need to keep to this. Edwina noted her agreement with these comments and stressed the importance of having a work plan in place. Susan confirmed that it is the intention to meet with the main fund managers between September and March to provide them with advice and support to compile their individual income and expenditure plans.

The Board of Trustees agreed to the policy with the proviso that the points agreed be added.

- *Review of Endowment Fund Investment Portfolio Reporting*
Susan Swan referred to the sample documents that had been circulated to aid discussion. Graham Reid added that he would be happy to produce whatever is required i.e., graphs or reports with a different format or content. Graham went on to take the Trustees through the sample document, noting addition of the ethical element as discussed earlier. Susan referred to the benchmarking information discussed at the tenderer interviews and asked if the information within the sample was typical of what would be received. Susan confirmed that the benchmark to be included in reports would be sector specific and not the APCIMS more generic benchmark. Graham replied that the benchmark information can be customised to suit the needs of the Trustees. Julia Edey referred to the valuation summary on page 2 and asked if it would be possible to show the bottom line valuation of the fund over the previous five years. Graham confirmed that this would be possible if he was provided with the historical information. Julia also referred to the increased holding in the last 12 months in investment trusts and the costs attached to these investments which she felt would be helpful to see identified within the report. Susan agreed to provide the portfolio valuation figures over the previous 5 year period. Carol Gillie also felt it would be helpful to have a graphical presentation on a trend analysis within the report. Graham agreed to capture the points discussed today within the September report.

5. **Any Other Business**

None.

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

29th September 2011 @ 10 a.m., Board Room, Newstead.

BE
7/7/11

Borders NHS Board Clinical Governance



Minutes of a meeting of the Borders NHS Board's Clinical Governance Committee held at 2.00 pm. on Wednesday 15th June 2011 in the Boardroom, Newstead

Present

Members

Mr Adrian Lucas	Non-Executive Director (Chair)
Mr John Hammond	Non-Executive Director
Dr Doreen Steele	Non Executive Director
Mr David Davidson	Non Executive Director

Attendees

Mr Sam Whiting	Infection Control Manager
Mr Tom Cripps (from 3.15 p.m.)	Associate Medical Director for Clinical Governance
Dr Alan Mordue	Public Health Consultant
Mrs Alison Wilson	Director of Pharmacy
Mrs Isabel Swan	Lead Nurse Mental Health
(attending on behalf of Sheena Wright)	
Dr Cliff Sharp	Clinical Chair Mental Health
(attending on behalf of Dr Ross Cameron)	
Mr Sandy Scott	Councillor
Ms Susan Hogg	(Minute)

1 Apologies:

Mr Calum Campbell	Chief Executive
Dr Ross Cameron	Medical Director
Mrs Sheena Wright	Director of Nursing & Midwifery
Mrs Helen Clinkscale	Strategic Lead for Quality & Patient Safety
Mrs Catherine Duthie	Non-Executive Director

Mr Adrian Lucas thanked Councillor Sandy Scott and Mr David Davidson for attending the meeting. Dr Alan Mordue who is a regular attendee at the Board Clinical Governance Meeting was also joined by Dr Paul Neary. It was felt necessary to bring this item to the Board Clinical Governance meeting so that any detailed questions could be discussed prior to the Public Board Meeting. Mr Adrian Lucas introduced all present and thanked the deputies in attendance.

2 Implantable Cardioverter Defibrillators Cardiac Resynchronisation Therapy:

Dr Paul Neary explained to the meeting that he and Dr Alan Mordue both had input in writing the paper on 'Implantable Cardioverter Defibrillators & Cardiac Resynchronisation Therapy'. Mr Adrian Lucas remarked that the glossary of terms at the end of the paper was very helpful. Mr Adrian Lucas informed the meeting that they had met with Mr Calum Campbell, Chief Executive and Mr John Raine, Chair as there had been a significant increase in use of these devices and if it continued at that rate, the service would be unsustainable. Clinicians require a policy to work against, and protect the Board. In

response to a question, Dr Neary explained the differences between a ‘traditional pacemaker’ and the ICDs under discussion. Dr Alan Mordue said that he had looked into the number of patients who has come through over the last few years and this evidence and the advice of SIGN Guidance, NICE and QIS, this helped him produce conclusions and the six recommendations. Dr Paul Neary then explained the time scale between primary and secondary prevention – ie. coming into hospital. The paper recommends 7 – 8 patients per annum, which would be an affordable level. Dr Alan Mordue remarked that this depends on the number of devices that have already been implanted – ie. battery replacement. Mr David Davidson asked for an explanation as to how the current guidance is developed. Dr Alan Mordue explained that SIGN is a Scottish Guideline and NICE Guidance is English. They are not always looking at the same evidence base. There could be a year or two apart, so evidence is often different. QIS defines standards and monitors those standards on the basis of evidence and SIGN Guidance. After an in depth discussion the Board Clinical Governance approved the recommendation.

3 **Minutes of Previous Meeting held on 13th April 2011**

The minutes of 13th April were noted and approved.

4 **Action Tracker**

Item 1: Better Blood Transfusion - Mr Adrian Lucas confirmed that these issues were being addressed and would be brought back to the September meeting.

Item 2: Anticoagulant Prescription – Mrs Alison Wilson reported that this issue had not progressed as well as had been anticipated. The feed back from the pilot was not good, so she will now discuss further at the medical meeting and look at alternative issues.

Item 3: Public Health Report – Dr Alan Mordue reported that NHS Borders are updating the health improvement work data within schools, particularly secondary schools. Active discussions are ongoing at the moment and it is proposed to discuss further at a future meeting. It is aimed to come back with an action plan on activity within schools, focusing on 3 – 4 schools within deprived areas rather than cover all secondary schools.

5 **Matters Arising (not on action tracker)**

Mr Adrian Lucas reported that he had had a discussion regarding the agenda for this meeting but the new healthcare governance process was taking longer than anticipated. It was agreed to let it run its course and hopefully by the next meeting a decision will have been made.

6 **Standing Items**

- ***Clinical Governance Steering Group Minute of 17th March 2011***

The Board Clinical Governance Committee noted these minutes.

Mrs Alison Wilson reported that there is nothing to pick up from this meeting and the next meeting was cancelled due to apologies. Mrs Isabel Swan informed the meeting that a review of membership had taken place. Mrs Eileen Frame will be in attendance as Chair and Mr Jim Torrance’s replacement will also attend.

- ***Clinical Risk Management Group Minutes – 14th April & 12th May 2011***

The Board Clinical Governance Committee noted these minutes. Mr John Hammond highlighted that the meeting on the 14th April was not quorate.

- ***Quality & Patient Experience Update Report***

The report was noted.

- ***Infection Control Work Plan***

Mr Sam Whiting brought two work plans to the group's attention and informed the members that 93% of the actions have now been implemented. The actions outstanding have been moved to the new work plan and he asked the Board Clinical Governance Committee to note these, taking into account HEI delivery plan and highlighting the actions that will impact on our Health Board and to put into our work plan. The data from our cross infection rates will be brought to the next meeting. During the last calendar year less *c.difficile* figures were reported – these results are improving. Mr John Hammond asked if reporting was getting more bureaucratic as these reports seem to have lost some boxes from last year. Mr Sam Whiting explained that he has met with estates department, public health and medical sites and there appears to be no added value. Mr John Hammond noted a big number, 3 or 4 completed after only two months and queried if is this correct for this period of time. Mr Whiting replied how he had arrived at these figures. He confirmed planning over the rest of the year is in progress. The Board Clinical Governance Committee noted this update.

- ***Public Health Report***

The Chair welcomed Dr Tim Patterson and Dr Jonathon Fletcher to the meeting who gave us an update on the national bowel screening programme and the standards that must be met. Data was used from a large pilot who studied patients aged 50 – 69, the national programme extended the age ranges from 50 – 75. If a referral is made to the BGH team they shall contact individuals to come in for a cancer assessment and if necessary a follow up appointment made for a colonoscopy. The target uptake is 60% and NHS Borders are sitting at 58%. The Borders being higher than the rest of the country. We currently carry out sixteen colonoscopies per month, but activity has been much higher with an average 23 positive tests per month. Activity this year is running at the same level invited 26 cases per month. Follow up screening has raised awareness resulting in more patients and more referrals from GP's. Dr Tim Patterson remarked that we have used the Keep Well project to encourage uptake. Mrs Alison Wilson remarked that this is a really good programme and asked about the impact on other areas such as prescribing and stoma service. NHS Borders aim is to spot cancers earlier as more treatable and introduce an awareness session to get more men screened. The Board Clinical Governance Committee noted this update.

7 **Specific Items:-** There were no specific items for discussion

8 **Systems Update:**

- ***Complaints***

Mrs Alison Wilson reported that the final sign off process has been changed. The Ombudsman and Mr Tom Cripps have two complaints in process. Mrs Isabel Swan reported on a recent incident in Kelso regarding a fall by a patient. There has been a great deal of work done to improve the situation. A refresh of the Falls Group has taken place by Mrs Elaine Peace and she will be coming along to the next meeting. Dr Doreen Steel reported the nutritional needs for a patient waiting to be seen has been brought to her attention. . Mrs Isabel Swan informed the group that Mrs Norma Hunter has pulled together a national report and she would be happy to come to the next meeting.

Dr Alan Mordue highlighted chart 4 and the increase in complaints regarding staff attitude and behaviour. How does this link in to the patient experience? Mrs Isabel Swan reported that Mrs Helen Clinkscale is working on this and looking at the

complaints and an evaluation of all complaints. Work is in progress and will then be re-issued.

Huntlyburn Ward Update for this meeting: Mr Adrian Lucas asked the meeting if we had an update on the changes within Huntlyburn ward move to Lindean. Mrs Isabel Swan reported that the new ward has been formerly opened and staff inductions arranged for the 20th June to move patients and put all solutions in place. Mr John Raine attended the opening ceremony and reported that it hopes to open earlier if health and safety allow. Mrs Isabel Swan indicated that a formal report will come to the September meeting.

9 Items for Noting

- ***Clinical Governance Work Programme:***
The Board Clinical Governance Committee noted the work programme issued with the agenda.
- ***Clinical Governance Support Team Update:***
Mrs Alison Wilson informed the group that there is a leads meeting next week and Anne Palmer will be attending. The Board Clinical Governance Committee noted this update.
- ***External Review Programme:***
There was no update relating to the external review programme.

MINUTES

- ***Child Protection Committee Minutes***
Mrs Isabel Swan reported that the internal auditors were progressing an internal audit relating to Child Protection. The Board Clinical Governance Committee noted these minutes.
- ***Adult Protection Committee Minutes of 12th April 2011***
Mrs Isabel Swan reported on the work in the Borders and updated on progress. The Board Clinical Governance Committee noted these minutes.
- ***Blood Transfusion Minutes of 13th December 2010***
Mr Adrian Lucas asked what is the current stock level and does NHS Borders need to look at this. It was agreed to ask for an update for the next meeting.
Dr Tom Cripps informed the group that Susan Cottrell shall be coming along to our next meeting to give the group a full update. It was agreed she needed to be informed that a direction of work is required. Dr Tucker should also be involved as these are high level issues. Dr Tom Cripps agreed to discuss further with Susan Cottrell. The Board Clinical Governance Committee noted these minutes.
- ***Other Papers – HDLs etc.***
There were no papers to discuss.

10 Any Other Business

There were no further items to discuss.

11 Date of Next Meeting:

The next Board Clinical Governance Committee will take place on Wednesday, 14th September 2011 at 2.00 p.m. in the Boardroom at Newstead

Borders NHS Board Clinical Governance



Minutes of a meeting of the Borders NHS Board's Clinical Governance Committee held at 2.00 pm. on Wednesday 14th September 2011 in the Boardroom, Newstead

Present

Members

Mr Adrian Lucas	Non-Executive Director (Chair)
Mr John Hammond	Non-Executive Director
Dr Doreen Steele	Non Executive Director
Mr David Davidson	Non Executive Director

Attendees

Mrs Alison Wilson	Interim Lead for Clinical Governance
Mrs Sheena Wright	Director of Nursing and Midwifery
Dr Ross Cameron	Medical Director
Mrs Karen McNicoll	Head of Clinical Governance and Quality (Designate)
Mr Kevan Sanderson	Health Improvement Lead – Physical Activity, Children & Young People (Item 3C)
Ms Yvonne Bronsky	LSAMO Officer (Item 5A)
Mr Sam Whiting	Infection Control Manager (Item 5D)
Dr Ed James	Consultant Microbiologist
Mrs Alison McHutchison	(Minute)

Mr Adrian Lucas confirmed that Mr David Davidson has now joined the Board Clinical Governance Committee as a full member. Mrs Catherine Duthie will only deputise if necessary to ensure the Committee is quorate.

1 WELCOME AND APOLOGIES

Mr Tom Cripps Associate Medical Director for Clinical Governance

2 STANDING ITEMS

A Minutes of Previous Meeting held on 15th June 2011

The minutes of 15th June were discussed and it was agreed to revisit these minutes before being presented to NHS Borders Board for noting. In the meantime, the Board Clinical Governance Committee accepted these minutes.

B Action Tracker and Matters Arising

Dr Ross Cameron updated on the action tracker and referred to the Better Blood Transfusion paper and Blood Transfusion Minutes which were on the agenda for noting. *It was agreed that the Blood Transfusion annual report would be presented annually to the Board Clinical Governance Committee for noting.*

3 PATIENT CENTRED CARE

A **Mental Welfare Commission Publication – Not Properly Authorised**

Mrs Alison Wilson discussed this Mental Welfare Commission report which refers to unannounced visits to people receiving treatment under the Mental Health Care and Treatment Act 2003. She reported that once an audit on the outcomes from this report has been completed by the Clinical Governance department, *the results will be brought back to the Board Clinical Governance Committee for further discussion early in 2012*. The Board Clinical Governance Committee noted this report.

B **NHS Organ Donation Report**

Dr Ross Cameron discussed this audit of potential organ donors. The paper provided a summary of data relating to potential and actual organ donors as recorded by NHS Blood and Transplant via the Potential Donor Audit and the UK Transplant Registry for NHS Borders. He updated that some percentages in this report were calculated using small numbers and should therefore be interpreted with caution. The Board Clinical Governance Committee noted this report.

C **Public Health Report – Health Improvement Work with Children (CH Weight Programme – ACE, etc.)**

Mr Kevan Sanderson provided an overview of the work of the Joint Health Improvement Team (Public Health) in supporting the delivery of the health and wellbeing outcomes for children and young people in schools and youth work settings in the Scottish Borders. He discussed that the Scottish Government policies regarding health and wellbeing of children and young people is a major priority. He commented on the key health improvement priorities in the Scottish Borders. Dr Doreen Steele queried whether this work linked into the work around 'Safer Communities', in particular domestic violence issues. Mr Kevan Sanderson confirmed that work on this is closely linked with certain sections of work within the Public Health department. Mr David Davidson queried if there was a programme of work involving parents. Mr Kevan Sanderson confirmed that there were very few programmes that did deliver education to parents. *Mr Adrian Lucas suggested that this item be built into the work plan for Clinical Governance and added to a future agenda for a further update*. The Board Clinical Governance Committee noted this report.

D **Dementia Standards**

Mrs Sheena Wright updated on the Dementia Care Standards for Scotland. She confirmed that a multi-agency team including representation from all three Clinical Boards has been appointed to take this piece of work forward. She commented that the Chief Nursing Officer for Scotland has been asked to deliver these targets and a workshop to look at dementia standards is to take place on 27th September. She also discussed the HEAT target for 2011/2012. Improved care for older people is to be a personal priority for the Cabinet Secretary in this parliamentary term, with a specific focus on dementia. This piece of work is being led by Health Improvement Scotland. NHS Borders have agreed to pilot the self-assessment tool and the inspection process. The self assessment will be submitted by 3rd October and we expect a visit from the inspector's week beginning 17th October. The Board Clinical Governance Committee noted this report.

E **Complaints**

Mrs Alison Wilson updated on the complaints and commendations report for Q1 – 1st April to 30th June 2011. She updated on the response rates and confirmed a LEAN redesign procedure has commenced to ensure an improved process. Dr Doreen Steele remarked on the Dental DNA figures. The Board Clinical Governance noted this report.

4 SAFETY

A Better Blood Transfusion

The Board Clinical Governance Committee noted this update.

B Huntlyburn House

The Board Clinical Governance Committee discussed the progress made towards developing a response to the externally commissioned feasibility study of Huntlyburn Ward to review the fitness for purpose of this area. The Board Clinical Governance Committee noted this report.

C Falls Prevention

Mrs Alison Wilson commented on the prevention of management of falls and fragility fractures local action plan. She updated that this group has recently reformed. Dr Doreen Steele queried funding of this initiative. Mrs Sheena Wright that an exit strategy is anticipated as national funding will not be extended. *It was agreed to bring this back to the Board Clinical Governance Committee in 2012.* The Board Clinical Governance Committee noted this report.

5 EFFECTIVENESS

A NMC South East LSA Report

Ms Yvonne Bronsky attended the meeting to discuss the NMC South East LSA Annual Report for 2010 and 2011. The purpose of this report is to inform the South East of Scotland Region, the Nursing and Midwifery Council and the General Public of how four NHS Health Boards – Borders, Fife, Forth Valley and Lothian are meeting the standards set within the NMC Midwives rules and standards. Mr David Davidson queried the statutory function within midwifery and where the accountability for Midwives sits. It was confirmed that the Director of Nursing and Midwifery was always kept well informed of any issues. Dr Doreen Steele congratulated Ms Yvonne Bronsky on the LSA NMC report. The Board Clinical Governance Committee noted this report and thanked Ms Yvonne Bronsky for attending the meeting.

B Healthcare Quality Standards

Mrs Alison Wilson discussed these draft Healthcare Quality Standards for Clinical Governance and Risk Management. There is an event on 22nd September to look at this consultation document. The Board Clinical Governance Committee noted these standards.

C Quality and Patient Experience Report

Mrs Karen McNicoll updated on this report which sets out three quality ambitions which incorporate six dimensions of healthcare quality and act as the focus for priority action for all healthcare services. She also discussed the Scottish Inpatient Patient Experience Survey 2011 national results. She commented that each Clinical Board has been asked to produce an action plan from these results. *The results of these actions plans will be brought back for further discussion at the next Clinical Governance Committee.* She updated on the recent Participation Standards and the outcomes from this piece of work. Mrs Sheena Wright updated that the National Lead for the Better Together Patient Experience Programme will be visiting BET on 27th September, and all Non-Executive Directors of NHS Borders have been invited to attend this event. The Board Clinical Governance Committee noted this update.

D Infection Control Work Plan

Mr Sam Whiting discussed the details of progress made against the 2011/12 infection prevention and control work plan. This paper covers the core themes of infection surveillance, audit, cleanliness, education and actions relating to the Government HEAT targets. He also updated on the details of current infection surveillance and audit data and processes which is core to maintaining safe services for patients. Mr John Hammond queried progress on projects and Mr Sam Whiting confirmed he is confident that good progress is being made on all pieces of work. The Board Clinical Governance Committee noted this report.

6 ITEMS FOR NOTING**A Clinical Governance Support Team Update**

The Board Clinical Governance Committee noted the Clinical Governance Support Team update.

B External Review Programme

The Board Clinical Governance Committee noted the External Review Programme.

C Clinical Governance Steering Group Minutes

The minutes of the meeting held on 21st July were noted by the Board Clinical Governance Committee. Mrs Sheena Wright updated that the number of Clinical Governance related meetings is being reviewed.

D Public Involvement and Communication

Mrs Karen McNicoll updated that the Public Governance Committee is due to meet tomorrow. The Board Clinical Governance Committee noted this update from the Public Involvement and Communications department.

E Clinical Governance and Risk Management Group Minutes – 11th August

The minutes of 11th August (unapproved) were noted by the Board Clinical Governance Minutes

F Child Protection Committee Minutes – 21st April

The minutes of 21st April were noted by the Board Clinical Governance Committee. Mrs Sheena Wright updated that the Child Protection Inspectors from SCSWIS (Social Care and Social Work Improvement Scotland) are carrying out a Joint Inspection of Children and Young People Services within the Scottish Borders from 5th to 23rd September. NHS Borders, Scottish Borders Council and the Lothian and Borders Police have all been involved in this inspection process. These visits take place every four years. We expect feedback within four to six weeks with a full report to follow.

G Adult Protection Committee Minutes – 14th June and 9th August

The minutes of 14th June and 9th August were noted by the Board Clinical Governance Committee

H Blood Transfusion Committee Minutes

The minutes of 11th April and 11th July were noted by the Board Clinical Governance Committee.

I Public Governance Minutes – 24th February

The minutes of 24th February were noted by the Board Clinical Governance Committee

J NHS Borders Health Protection Group Minutes

The minutes of 3rd June were noted by the Board Clinical Governance Committee.

7 ANY OTHER BUSINESS

Dr Doreen Steele asked that the aims of the quality strategy are embedded into the Board Clinical Governance work plan and *she requested that this item be added to the agenda for November. It was agreed to revisit the terms of reference in relation to this strategy in 2012.* This was agreed by the Board Clinical Governance Committee.

Dr Ross Cameron informed the Committee of a number of serious incidents related to endoscopy patients which are linked to a certain machine and concerns have been raised.. This machine has been withdrawn and sent for inspection to Health Facilities Scotland. *The Board Clinical Governance noted these comments and Dr Ross Cameron agreed to feedback to the Board Clinical Governance at the next meeting.*

Mr John Hammond requested information why the correct BNFs are not available throughout the hospital. Mrs Alison Wilson updated that the numbers available have been cut back. However, Dr Ross Cameron stated that most people do access these electronically.

Mr Adrian Lucas thanked Mrs Alison Wilson for undertaking the role of Acting Head of Clinical Governance for the last six months, and congratulated Mrs Karen McNicoll on her appointment as Head of Clinical Governance and Quality.

8 DATE OF FUTURE MEETINGS

The next meeting will take place on 16th November 2011 at 2.00 pm. in the Boardroom at Newstead

9 FUTURE ITEMS

No future items were discussed.

Minutes of a meeting of the Area Clinical Forum held on 20th June 2011 at 1:00pm in Committee Room, Education Centre

Present: John Hammond (JH); Cheryl Easton-Wisniewski (CE-W), Isabel Swan (IS), Alison Wilson (AW), Nicky Hall (NH), Carol Gillie (CG)

Apologies: Austin Ramage, Alasdair Pattinson

Agenda Item	Title	Speaker	Summary	Action
2	Introduction	John Hammond (JH)		
3	Minutes of Meeting		Minutes from 28 th March 2011 Approved	
4	Matters Arising from Minutes of Previous meeting		a) Clinical Strategy b) eKSF – Originated from National ACF meeting. – time consuming, getting it onto the system. Not user friendly Laborious badly designed. Not convinced it is making getting any benefit. c) Oxygen – Alison Wilson - Should have been on ACF agenda <ul style="list-style-type: none"> • cylinder & concentrator. • Moved to national contract – • Dolby. Review patients needs, costs? • Briefing for CE meeting 21.06.11. • Aims - Prescribed through specialists – respiratory team. Concerns about capacity? - IS. Expected October time for patients at risk. Community pharmacy originally provided oxygen. • Rushed through? JH. Due to overspending need for cost saving programme. Not mentioned in any other meeting JH attended. . • Nationally rather local decision. • Raised at CE meeting in April. Pharmacy committee June. • Concentrator electricity refund to stop. 	(b)JH to take back to National ACF (c) Oxygen – comments from ACF – Risks involved. JH taking to National Group meeting

Agenda Item	Title	Speaker	Summary	Action
			<p>CG recommends - people are given plenty of notice.</p> <p>d) Medicines Shortage – AW lead discussion around reasons – control?</p> <ul style="list-style-type: none"> • Distribution of drugs – increase in delay in obtaining drugs from chemist. • Raised through Board Annual Review. <p>e) Dental Benchmarking – difficult to implement as patients pay for treatment even for NHS. Complex. Patient's cost & elements.</p>	d) To put on agenda of future ACF meeting. JH to take to national group
	NHS Financial Planning Update	CG	<ul style="list-style-type: none"> • CG : Capital revenue solution working in partnership • NHS B better to rent building rather than ownership. • Limited resources. Properties not properly utilised - need to sell property & use money for new projects. No carry over of funds to another year. • Explanation of 'HUB'. • Revenue summary. How we can contribute to these savings? CG asked. • Over achieved last year. Challenging this year - responsibility for independent contractors. Generate income. More referrals from Lothian, opticians, Ophthalmologist as long as BGH has capacity. • Unforeseen difficulties. 	
5	National ACF Chairs	JH	<p>Reviewing Annual review.</p> <p>Too much advisory, need to be more influence. Needing to take account. Expensive if only advisory. 4 times a year with minister attending twice..</p>	Dates of when minister is attending to obtain questions /feedback from ACF group
6	Professional Advisory Committees – Verbal Reports		<p>a) Allied Health Professionals Advisory Committee Alasdair Pattinson - APOLS</p>	

Agenda Item	Title	Speaker	Summary	Action
			b) Area Dental Advisory Committee John Hammond c) Area Medical Committee Nigel Leary – GP attending ACF meeting. (Hospital & community) – Not in attendance d) Area Ophthalmic Committee Nicky Hall – <ul style="list-style-type: none"> • Diabetic screening – temporary problem. • Failed programme forming backlog. • Creditation? Referrals to BGH - • IT setting up. Delay – restricted access. e) Area Pharmaceutical Committee Alison Wilson f) BANMAC Isabel Swan – Strategy list – all taken forward – IS to update Angela Moody with results g) Clinical Scientists – Sarah Smith, setting up. Discussion around Regulations & disclosers.	
7	Clinical Governance Committee		Next meeting 14 th September 2011 - Expensive heart implants – Decide criteria to be used or numbers route (more efficient option)	
8	Public Governance Committee		Next meeting 15 th September 2011 – Hand Hygiene – drop in practice. Working with Universities & students. Encourage regularly amongst all staff. 2 main topics discussed at meeting Equality diversity & long term illness Action 100 meeting clashes with several meetings.	
9	NHS Borders Board		<ul style="list-style-type: none"> • Next meeting 30th June–Victoria Hall Selkirk 	
10	Borders CHCP Board		Next meeting 28 th June 2011	
11	Topics/Visitors for future			

Agenda Item	Title	Speaker	Summary	Action
	ACF meetings		<u>Non-Executives</u> : Pat Alexander – 1 st August meeting David Davidson – TBC	CE-W to contact DD for confirmation
12	Papers for information		None	
13	AOB			October Board Meeting changed?
14	Date & time of next meeting		Meeting closed at 2:32pm . Next one scheduled for Monday 1 st August 2011 @ 1:00pm in the Committee Room Education Centre.	

Minutes of a meeting of the Area Clinical Forum held on 1st August 2011 at 1:00pm in Committee Room, Education Centre

Present: Pat Alexander (PA), Cheryl Easton-Wisniewski (CE-W), Nicky Hall (NH), John Hammond (JH), Nigel Leary (NL), Austin Ramage (AR) Isabel Swan (IS), Alison Wilson (AW),

Apologies: Ross Cameron

Agenda Item	Title	Speaker	Summary	Action
2	Introduction	John Hammond (JH)	JH introduced Non-Executive Par Alexander to the group.	
3	Minutes of Meeting		Minutes from 20 th June 2011	Amendments to item 6c & 7 - completed
4	Matters Arising from Minutes of Previous meeting		None	
5	GP Support		Proposal for GP support – to be discussed at next GP Sub committee meeting 22 nd August. Feedback from meeting required	To be added to next ACF agenda – 26 th September
6	NHS BORDERS CLINICAL GOVERNANCE & QUALITY SERVICE PROPOSAL		<p>Discussion around paper. IS stated this was a revised paper omitting Health & Safety.</p> <ul style="list-style-type: none"> • ACF happy with proposals • No differential between support & risk – clinical or environmental • Does not reflect the structure • Reporting system all the same • Importance to get reports flowing • Early days teething problems • Benefits – Patient Safety put back in to Clinical Governance • – Covers quality agenda & strategy • Clinical Leadership role -strategic role/lead ie clinical background • Dedicated post - evaluated through Agenda for change – support team already in place ie PFPI (Public Forum Public 	

Agenda Item	Title	Speaker	Summary	Action
			Involvement & Patient Safety (PS support with Infection Control Team)	
7	National ACF Chairs	JH	Reviewing Annual review. JH asked ACF members to provide a briefing for each of their committees, to enable him to provide feedback at the next meeting	
8.	Updates		a) Quality Strategy (b) Patient Safety (c) Palliative Care (d) Efficiency Programme (e) PMS (f) CT Scanner - Out of operation of a short time – now repaired - usually 24hrsto 48hrs max. (g) HEI	
9.	Annual Review – Change of Format		The following comments came from the discussion <ul style="list-style-type: none"> • JH should have clinical papers sent to him for discussion • Different structure - more informal meeting without MD (Ross Cameron) • Non Executive - value in having input • Looking towards the future – forward planning • Align with clinical strategy – driven by finances • Agenda for next non-executives meeting – Being more pro-active outside committees. • No minister attending NHS Borders Annual Review this year • Ministers agenda already guided • Prefer to have separate time allocation • Risk of questions overrunning and one sided • New Chairs 	

Agenda Item	Title	Speaker	Summary	Action
			<ul style="list-style-type: none"> • Summary for JH from each Professional Advisory Committees 	
10.	Professional Advisory Committees – Verbal Reports		<ul style="list-style-type: none"> a) Allied Health Professionals Advisory Committee Alasdair Pattinson: Community Physiotherapy – Staffing problems possibly due to recent review in staffing (IS) and restructuring (AHP) b) Area Dental Advisory Committee John Hammond – meeting end of June nothing to report other than one member diagnosed with cancer c) Area Medical Committee Nigel Leary – Clinical Strategy <ul style="list-style-type: none"> • came in on target • Issues reporting to GMC • Staffing – training posts being reduced and need to recruit to non training posts. Large retrial rate expected due to changed in pensions – expected across all professions. Therefore major issues for consultants in the future. d) Area Ophthalmic Committee Nicky Hall – No recent meeting e) Area Pharmaceutical Committee Alison Wilson - No recent meeting f) BANMAC Isabel Swan - No recent meeting g) Clinical Scientists - Austin Ramage – had to leave meeting early 	Issues reporting to GMC

Agenda Item	Title	Speaker	Summary	Action
11.	Clinical Governance Committee		Next meeting 14 th September 2011	
12.	Public Governance Committee		Next meeting 15 th September 2011	
13.	NHS Borders Board		<ul style="list-style-type: none"> • Annual Review preparation • Next meeting 4th August – Tait Hall Kelso Discussion around items on agendas eg Targets – Mental Health & Physio – Waiting times – struggle with demand; A & E numbers possible lack of confidence in NHS 24 Sandra Pratt leading on Mental Health types of admission - working with other boards	
14.	Borders CHCP Board		Next meeting Michael Curran appointed – IB gave background	
15.	Topics/Visitors for future ACF meetings		<ul style="list-style-type: none"> • Looking to the Future - What are other Health Boards focussing on • <u>Non-Executives</u>: David Davidson – 3rd October 2011 – brought forward to 26th September due to Board Meeting date changing to 29th September. 	E-Mail David Davidson with new date of 26 th September to check availability.
16.	Papers for information		Public Board Papers	
17.	AOB		October meeting changed to 29 th September 2011 – Jedburgh Town Hall	ACF meeting to be changed to 26 th September
18.	Date & time of next meeting		Meeting closed at 14:02 hrs. Next one scheduled for Monday 26 th September 2011 @ 1:00pm in the Committee Room Education Centre.	

South East and Tayside Regional Planning Group



Minutes of the Meeting of the South East and Tayside Group held at 10.45am on 27th May 2011 in the Room 7, NHS Lothian, Waverley Gate, Edinburgh, EH1 3EG.

Present:-

Borders

Mr Calum Campbell
Ms June Smyth

Fife

Mr George Brechin
Dr Brian Montgomery

Forth Valley

Ms Janette Fraser

Lothian

Professor James Barbour
(Chair)
Professor Alex McMahon

Tayside

Dumfries & Galloway

Regional Leads

Ms Jacqui Simpson
Mr Derek Phillips
Ms Jan McClean

Directors of Finance

Ms Susan Goldsmith

Scottish Government

Mr Robbie Pearson
Ms Yvonne Summers

Directors of Public Health

Dr Alison McCallum

Nurse Directors

Ms Sheena Wright

NES

Professor Bill Reid

NSD

Ms Deirdre Evans

Scottish Ambulance Service

Medical Directors

Dr Gordon Birnie
Dr Ross Cameron

HR Directors

Mr Alan Boyter

NHS 24

Partnership Representation

Mr Eddie Egan
Ms Edwina Cameron

In Attendance: Mrs Jackie Sansbury, Ms Iona Philp, Mr John Wilson

Minutes

Mrs Caroline Caddell, PA, SEAT

Apologies for absence were received from:

Dr Mary Harper, Ms Heather Kenney, Ms Caroline Selkirk (NHS Tayside), Mr John Turner, Ms Justine Westwood



Item No.	Section	Action
1	Welcome James Barbour welcomed everyone to the meeting. In considering the apologies and in the light of correspondence received from the recently appointed Chief Executive of NHS Tayside, there was a need to confirm future governance arrangements for SEAT. The group agreed that Jacqui Simpson would draft a letter to the Chief Executives of NHS Forth Valley and Tayside requesting confirmation of their main Regional Planning group link and their intention to attend future SEAT meetings. Professor Barbour agreed to speak with the respective Chief Executives on this matter.	J Simpson
2	Previous Meeting	
<u>2.1</u>	<u>Minutes of the Meeting held on 18th March 2011</u> The minutes of the previous meeting were agreed as an accurate record.	
<u>2.2</u>	<u>Progress Against Action Note</u> The progress against the action note was noted. With reference to the SCAN Clinical Lead, James Barbour informed SEAT that John Davies had retired and that they had recorded appreciation of work at the recent RCAG meeting. Jacqui Simpson advised that the process was underway to recruit a successor to the SCAN clinical lead.	
3	Matters Arising	
<u>3.1</u>	<u>Christie Review of Public Sector</u> Jacqui Simpson spoke to a previously circulated paper for noting and advised that this response had been prepared with agreed leads from each Board and forwarded to the Commission by the deadline of 31 st March 2011. James Barbour gave thanks to Jacqui Simpson and felt that the response had been thoughtfully worded and seemed to have met	



with colleagues approval. It was noted that the Christie review was expected to report by the end of June and that this should be an agenda item at the next SEAT meeting.

All

3.2 **Severe Winter Weather Planning for 2011/22**

Alan Boyter updated SEAT on the severe winter weather plans for 2011/12. Currently the plan was being reviewed by Human Resources colleagues. Alan Boyter agreed to bring a paper to the September meeting. He confirmed that there was partnership involvement.

A Boyter

Calum Campbell supported the introduction of the policy. Jacqui Simpson reminded colleagues that SEAT had previously agreed a Mutual Aid Framework for pandemic flu that had relevance for this work and would forward to Alan Boyter.

J Simpson

Eddie Egan felt that there were issues to be addressed around employer liability and a requirement to safeguard patients and employers. Alan Boyter confirmed that this would be reflected in the paper for the next meeting.

3.3 **NHS24 - Telecare**

It had been agreed at the last SEAT meeting that John Turner would provide a progress update around Telecare but due to an NHS24 senior manager event he had advised he was not now able to attend.

After discussion it was agreed that this would be discussed at the September meeting. SEAT requested an interim briefing paper in the meantime. Jacqui Simpson was to liaise with NHS24 colleagues on this.

J Simpson

4 SEAT Initiatives

4.1 **Update on Workstreams from SEAT Away Day**

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. They reported good engagement from NHS Lothian, Borders and Fife to the paper. Pathways of care were being examined and detailed activity analysis was reported to be underway. Jackie Sansbury reinforced the previous SEAT



agreement that NHS Lothian and Borders would progress work in this area in the first instance. She reaffirmed that this work was about testing the methodology as well as rebalancing care for orthopaedics. It was acknowledged that further work to engage the agreed partnership representation was required.

Two options were rehearsed in the paper, both of which required further appraisal of service and financial benefit. In terms of a sustainable staffing model for the options, Bill Reid offered to support the group given the planned reductions in medical trainees. **B Reid**

Professor Barbour thanked the authors for the work to date. It was agreed that a paper would be presented to the next SEAT meeting detailing:

- the apportionment of potential service benefit and financial savings for each option
- what may be necessary for patient and public engagement, and technology requirements
- timescales for implementation

**J Sansbury /
J Smyth**

4.1.2

Performance Standards and Minimising Variation

Alison McCallum spoke to a previously circulated paper. She confirmed that there was wide stakeholder engagement including partnership support and the second of three regional workshops had recently taken place on this subject.

She confirmed that analysis of the top 10 high cost, high volume procedures had identified potential releasable savings of £5.7m if variation between Boards was reduced. She indicated that this was a conservative estimate and confirmed that this figure was based on 5 Boards potential savings.

In terms of ceasing or reducing a range of procedures with limited clinical value, Dr McCallum cited a potential saving of £2.5m and confirmed that this was probably worst case.

Other areas of work being progressed were reported including scoping the potential for savings in low cost/ high volume procedures, reducing costs of medicines prescribing in secondary and primary care, over and above efficiencies already achieved, and improving efficiency in the use of beds and length of patient



stays. An update was to be provided for the next SEAT meeting.

Discussion then ensued on how to move this work on from the helpful analyses presented to implementation with the clinical communities in each Board. It was acknowledged that some of this work may already have been implemented and Brian Montgomery proposed that Boards should self assess against the template in the paper. It was agreed that this would be pursued outside of the meeting.

**B
Montgomery
/A McCallum**

Professor Barbour gave thanks for the paper. It was agreed that the paper would be updated pending further work and presented to the next SEAT meeting with the detail on the benefits realisation and an implementation strategy, with accompanying timescales.

A McCallum

4.1.3

Technology/Radiology

George Brechin spoke to a previously circulated paper in Stella Clarks absence. He explained that the paper described technology in healthcare in general and more specific commentary on radiology.

With respect to the former, George Brechin highlighted the synergy with the NHS24 work on telecare and the need to move from pockets of good practice to widescale implementation to maximise savings.

It was agreed that numbers and timescales for implementation be confirmed in the paper for next meeting, e.g. how OCS implementation which saved business miles was expressed in monetary terms.

S Clark

SEAT agreed to lead by example and attempt to have future SEAT meetings via telepresence/videoconferencing.

C Caddell

In terms of radiology, and following discussion at the recent Directors of Planning and Finance meeting, it was agreed to further explore the potential for radiology out of hours reporting in the region and the potential for better use of skill mix, e.g. radiographers and plain film reporting. It was acknowledged that technical systems operating across organisational boundaries was an issue.

S Clark



After discussion, it was agreed that this paper would be updated with benefits, timescales and implementation plans for the next meeting.

S Clark

4.1.4 Complex Care Packages

Calum Campbell spoke to a previously circulated paper which concentrated on the commissioning arrangements for people with learning disabilities and complex care needs. He highlighted that there was currently no consensus or equity of practice across the Boards in relation to protocols and practice for joint funded services or joint funded care. A meeting was scheduled for 15th June to work up the NHS commissioning approach with wider Board representation. An update was to be provided at next SEAT meeting, with an accompanying implementation plan and timescales.

C Campbell

Deirdre Evans indicated that NSS were negotiating directly with Northumberland Tyne and Wear regarding quality of placements for the forensic learning disability service. It was agreed that Deirdre Evans would join the Learning Disability group on commissioning arrangements.

Eddie Egan noted the good partnership input to this work.

4.1.5.1 Corporate/Shared Services

John Wilson updated the group on progress with the shared services work. He confirmed that the paper positioned 10% savings at present as further savings required structural change.

Alan Boyter reminded colleagues of the current environment of 25% reduction in senior managers, no compulsory redundancies and a new arrangement for the Director of Workforce at SGHD level; all of which had to be taken into consideration.

Eddie Egan voiced concern at the level of partnership engagement in the workstream so far and asked that it be improved. His view was that 10% savings were unambitious and that more radical approaches of 15% or more should be considered.

John Wilson confirmed that the group would be able to clarify what could be achieved at 15% and more, and the consequences for individual Boards.



Giving the Scottish Government perspective, Yvonne Summers confirmed that nothing was out of scope as long as efficiencies were supported with a good evidence base, the pros and cons had been actively considered and a clear rational and risk assessment had been undertaken.

It was noted that final decisions would be for individual Boards to take.

SEAT agreed that further work should be pursued for the next meeting as follows:

- detail of what would be required for 5%, 10% and 15% savings for each corporate service;
- attendant risks as go up scale of potential savings – these should be presented with no judgement.

**J Wilson/
A Boyter**

This would allow SEAT to make informed decisions against cogent rational for each corporate service and also allow individual Boards to evaluate the benefits and risks. James Barbour stressed the need for good partnership engagement and asked Eddie Egan to highlight to the project leaders and relevant Chief Executive if this was not happening.

4.1.5.2

Public Health

Alison McCallum spoke to a previously circulated paper. After discussion it was agreed that the paper should be revised to detail the impact of 5%, 10% and 15% efficiency savings for the public health function across the region with associated risks and implications for consideration at the next SEAT meeting. This was in line with the corporate services paper previously discussed.

A McCallum

In conclusion, it was agreed that the finished products for all cross SEAT workstreams were expected for the 23rd September meeting so that SEAT could then take decisions on the way forward.

**J Sansbury
J Smyth
A McCallum
S Clark
C Campbell
J Wilson
A Boyter**

4.2

National Delivery Plan for Specialist Children's Services – End of Year Report

John Wilson spoke to a previously circulated paper and report. He



informed SEAT that the CYPHSPG had submitted regular reports and this was the draft end of year report for Year 3. The final version was to be submitted to the SGHD. The report was accepted.

Robbie Pearson and Yvonne Summers were asked to confirm what the SGHD would do with the report.

**Y Summers
/R Pearson**

4.3 Neonatal MCN – Terms of Reference

Jacqui Simpson spoke to draft terms of reference. The first MCN for Neonatal Services Steering Group took place on the 19th May and was well supported.

After discussion, the group approved the terms of reference.

4.3 Workforce Planning – Update

The paper provided by Derek Phillips was noted. In particular the disestablishment of 10 medical trainee posts within the region was noted. NES was expected to progress the return of finances following recent correspondence from Dr Birnie. Consultation on the training numbers for 2012/13 across Scotland was underway.

George Brechin questioned how many hospitals can be sustained in the region given the numbers of medical trainees, expertise and the number of rotas required. Following discussion, SEAT requested a fuller paper for the next meeting that rehearsed potential scenarios on the medical trainee numbers, the impact on services and possible innovations required to manage the changes in numbers. It was agreed that Derek Phillips, Ross Cameron, Alan Boyter, Bill Reid and Gordon Birnie would progress, with input from other colleagues as required.

**D Phillips/
R Cameron/
A Boyter/
B Reid/
G Birnie**

5 Regional Liaison Initiatives

5.1 Update on Re provision of RHSC Edinburgh

Susan Goldsmith provided an update on progress for this highly complex project. Financial and technical advisors were now in place. The Outline Business Case was anticipated by the turn of the year. The reference design to take to the market incorporated DCN and RHSC. The consort position pertaining to land, access, interface and building had to be agreed in advance of the business case being signed off.



She advised SEAT that the RIE is on the Scottish Government balance sheet and that of NHS Lothian which posed challenges. She noted that Jackie Sansbury had been in liaison with Jacqui Simpson regarding continuing to use the SEAT Directors of Planning and Finance meeting to discuss the detail of this development on an ongoing basis.

James Barbour confirmed that the NHS Lothian Board were well sighted on this and that he was tracking discussions regarding the passage of the Scotland Bill, and any additional capital flexibility this might offer.

Susan Goldsmith advised a fundraising strategy was being considered given all of the above and the commitment remained to completing the reprovision by 2015.

6 National Initiatives

6.1 National Initiatives Update Report

Deirdre Evans spoke to a previously circulated update paper and gave a verbal update on the scoliosis position. She referred to a letter from John Burns in his capacity as Chair of NSAG to the SGHD seeking an exception to waiting times.

She reported that NHS Lothian and NSD were working to ensure maximal use of the existing resources. The legal opinion on individual Board responsibilities had been clarified with Central Legal Office. It confirmed that individual NHS Boards had responsibility for care of their residents. It was agreed to forward a breakdown of the waiting list for scoliosis surgery for NHS Fife and NHS Borders patients to respective Boards.

D Evans

6.2 Guidance on Reshaping Care for Older People

Jacqui Simpson confirmed that the Directors of Planning and Finance had been sharing individual board progress on a regular basis. Alex McMahan advised that NHS Lothian hoped to have completed the metrics by end of June and he agreed to circulate these for information.

A McMahan

6.3 Property and Asset Management



Calum Campbell informed the group that John Matheson had asked him to chair a group to review the estate in NHS Scotland. SEAT members confirmed they were content for Calum Campbell to liaise directly with their Directors of Estates.

Susan Goldsmith advised that Colin Proctor of the Scottish Futures Trust was also working on this area. Calum agreed to raise this at the first meeting.

6.4 National Breast Screening Review

Calum Campbell spoke to a previously circulated paper for noting. Eddie Egan questioned the need for two spare units as noted in the paper. SEAT was informed that this was due to essential maintenance.

6.5 Scottish Transport Services Strategic Review – National Planning Forum Issues

The group were advised by Robbie Pearson that there would be a meeting with the SGHD and Directors of Finance next week to look at the financial appraisal for the proposed changes.

7 Regional Minutes

The following minutes were noted.

7.1 Minutes of the SEAT Directors of Planning and Finance Meeting on 4th March (Approved)

7.2 Minutes of the SEAT Children & Young People's Health Services Planning Group on 2nd February 2011 (Approved) and 6th April 2011 (Unapproved)

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

7.4 Minutes of the SEAT Regional Medical Workforce Group on the 25th March 2011 (Unapproved)

8 Communications

8.1 NES

Bill Reid raised that significant recruitment issues for medical



trainees in paediatrics were ongoing.

8.2 **NHS Forth Valley**

Janette Fraser stated that there was nothing further to report.

8.3 **NSS**

Deidre Evans stated that there was nothing further to report.

8.4 **NHS Borders**

Calum Campbell advised that John Raine, Chair of NHS Borders was now in post.

8.5 **Partnership Representation**

Eddie Egan stated that there was nothing further to report.

8.6 **NHS Fife**

George Brechin stated that there was nothing further to report.

8.7 **Scottish Government Health Department**

Yvonne Summers advised that options revised annual reviews had been sent to the Cabinet Secretary. Feedback was awaited.

8.8 **NHS Lothian**

James Barbour reported that NHS Lothian had exceeded their workforce reduction target. He reported that sickness absence was now below 4% for the first time and had been accompanied by generally positive publicity in the media. This had been achieved with robust support from partnership colleagues.

9 **Any Other Business**

No other business was raised.

10 **Date and Time of Next Meeting**

Friday 23rd September 2011, 10.45am.

NHS Borders, Board Room, Newstead, Melrose, TD6 9DA

South East and Tayside Regional Planning Group



Minutes of the Meeting of the South East and Tayside Group held at 10.45am on 23rd September 2011 via telepresencing across various SEAT Boards.

Present:-

Borders

Mr Calum Campbell
Ms June Smyth

Fife

Mr George Brechin
Dr Brian Montgomery

Forth Valley

Ms Janette Fraser

Lothian

Professor James Barbour
(Chair)
Professor Alex McMahon

Tayside

Ms Caroline Selkirk

Dumfries & Galloway

Ms 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

Scottish Ambulance Service

Medical Directors

Dr Gordon Birnie
Dr Ross Cameron

HR Directors

Mr Alan Boyter

NHS 24

Mr John Turner

Partnership Representation

In Attendance: Ms Jane Todd, Ms Anne-Marie Pitt, Dr Helen Hammond, Dr Stella Clark, Mr Tom Hammond, Ms Elaine Kwiatek, Ms Pat Murray

Minutes

Mrs Caroline Caddell, PA, SEAT

Apologies for absence were received from:

Mr John Wilson, Mr Eddie Egan, Ms Edwina Cameron, Ms Heather Kenney, Ms Yvonne Summers, Ms Deirdre Evans



Item No.	Section	Action
1	Welcome James Barbour welcomed everyone to the meeting, in particular Ms Caroline Selkirk, Deputy Chief Executive, NHS Tayside who was attending for the first time. Ms Pat Murray, Director of Pharmacy, NHS Lothian who was shadowing Prof Barbour, was in attendance. SEAT members expressed their deepest sympathy and condolences for Eddie and Sally Egan in their recent bereavement.	
2	Previous Meeting	
<u>2.1</u>	<u>Minutes of the Meeting held on 27th May 2011</u> The minutes of the previous meeting were agreed as an accurate record.	
<u>2.2</u>	<u>Progress Against Action Note</u> The progress against the action note was noted.	
3	Matters Arising	
<u>3.1</u>	<u>Governance Arrangements in SEAT</u> Chief Executives of NHS Tayside and NHS Forth Valley had responded to a letter in which they had been asked to confirm SEAT representation from their respective Boards. Ms Selkirk and Ms Fraser were in attendance representing their respective Boards. They confirmed that they had authority to commit to decisions taken at SEAT on behalf of their Board.	
<u>3.2</u>	<u>Christie Review of Public Sector</u> SEAT noted that it was anticipated that the Cabinet Secretary would make a response to the Christie Review recommendations at the end of September/early October. Robbie Pearson advised that the focus was likely to be on the flexibility of the proposed models.	



3.3 **Severe Winter Weather Planning for 2011/22**

Alan Boyter spoke to previously circulated papers updating SEAT on the draft Severe Winter Weather Policy and Procedure which has been drawn up based on current PIN guidelines. He noted the contribution made to development of the policy by partnership colleagues and in particular Edwina Cameron. Alan Boyter advised that the draft policy now required to be considered via the relevant governance procedures in individual Boards including Area Partnership Fora. Following discussion, the group agreed to review the draft policy and feedback any comments directly to Alan Boyter by the end of September.

All

James Barbour supported the development of the policy and added that it should provide a helpful mechanism for staff who wanted to contribute at alternative places of work during severe weather conditions when they were unable to reach their usual places of work.

George Brechin confirmed that the paper helpfully set out issues to be taken forward within individual Boards while acknowledging the need for commonality across Boards, particularly in the section about staff presenting for work out with own Boards. Alan Boyter agreed to pick up with Boards the preparatory work required to ensure details of staff who may present at locations out with their own Board were agreed in advance.

A Boyter

4 **SEAT Initiatives**

4.1 **Cross SEAT Workstream**

4.1.1 **Rebalancing Care**

June Smyth and Jane Todd spoke to a previously circulated paper on rebalancing services in the region with a specific focus on orthopaedic services. June Smyth advised that scoping work on out of hours issues in NHS Borders was now complete. The conclusion was that a revised staffing model within NHS Borders would resolve this and that out of hours services were not being pursued as part of the SEAT rebalancing work.

In terms of elective activity, Jane Todd advised that the intention was to repatriate elective orthopaedic activity from NHS Lothian to NHS Borders and to explore diverting activity from East Lothian to NHS Borders using a See and Treat model. They advised that the



practicalities of this proposal were being tested with clinicians. Discussions had involved the Golden Jubilee National Hospital and the Scottish Ambulance Service. It was noted that there were capacity issues around foot, ankle and shoulder surgery.

Financial information was being compiled on a cost per case basis and further work was anticipated on the benefits realisation from this approach within orthopaedics.

It was confirmed by Jane Todd and June Smyth that the consequences of implementing this model would increase capacity within NHS Borders for NHS Borders residents while more NHS Lothian patients would be treated in NHS Lothian allowing NHS capacity to be used in a more productive way. Jane Todd indicated that June Rogers from the Golden Jubilee Hospital had been involved in the discussions as a number of patients would still be required to have their treatment there.

James Barbour noted that there seemed to be an opportunity for mutually beneficial service redesign however NHS Lothian and NHS Borders required clarity on the quantification of the benefits realisation.

Calum Campbell supported the model and urged its progression.

June Smyth and Jane Todd highlighted that the model being tested within orthopaedics had merit for roll out in other services such as ophthalmology and ENT across all SEAT Boards.

Robbie Pearson confirmed that the Scottish Government were flexible on how services could be delivered but noted that a discussion would be required with the Golden Jubilee National Hospital to ensure that they were aware of patient flow issues.

It was agreed that the paper would be updated pending further work and presented to the next SEAT meeting with the detail on the benefits realisation and an implementation strategy, with accompanying timescales.

**J Sansbury
/J Smyth**



4.1.2

Performance Standards and Minimising Variation

Alison McCallum spoke to a previously circulated paper. She confirmed that three clinical workshops had taken place since the last SEAT meeting. She advised that eight programmes of work had been identified which could be summarised by ten high impact changes. A discussion had taken place with Board Medical Directors who were keen to take forward work on hips, knees and cataracts. Discussions had also taken place with the Scottish Government and there was some synergy with work underway in the West of Scotland. Alison McCallum advised that financial information was being developed with a finance colleague and it was anticipated that this would be available soon.

A McCallum

James Barbour questioned why the financial information was unavailable advising that if minimum variations were applied to the protocols, then a figure could be established. Alison McCallum advised that it was unclear how much of the projected £10m savings would be able to be released. Susan Goldsmith added that this model was similar to that of shared services discussions in finance where there was agreement in principle that there would be savings by delivering the model. Following discussion, it was agreed that the Directors of Finance would review and validate the financial information when forwarded by Dr McCallum.

**S Goldsmith/
DoFs**

The group were reminded that in order for the full benefit to be realised, there needed to be clinical agreement from primary, secondary and tertiary services. Gordon Birnie advised that this had been raised at the Medical Directors, Directors of Public Health and Directors of Nursing meeting. It had been agreed that the focus should remain with knees, hips and cataracts. James Barbour stressed that for the healthcare systems to realise the financial savings it would be necessary for all to adhere to the protocols and this would necessitate clear and early communication with local clinicians.

Calum Campbell requested that performance information be made available. Gordon Birnie added that it would be critical to get this data fed back as rates. Alison McCallum agreed to produce this.

A McCallum

James Barbour advised that if the assumption was made that all Boards agreed that they could save £5m, then they must be clear exactly where and how the savings would be realised.



Calum Campbell advised that freeing up staff and consumables could support Boards in managing the inevitable increased demand on services.

James Barbour commented that there needed to be certainty around the mechanism for achieving reductions in activity.

It was agreed that the paper would be updated pending further work and presented to the next SEAT meeting with detail on the benefits, potential savings and implementation strategy with timescales.

A McCallum

4.1.3

Technology/Radiology

Stella Clark spoke to previously circulated papers. She explained that a stakeholder meeting had taken place involving managers of radiology services and lead clinicians. A further meeting was planned. She advised that despite a number of radiographers being trained in reporting plain film x-rays, half of them were not currently practising this. Additionally, SEAT Boards had spent £85,535 in 2010-11 on outsourcing plain film reporting to an independent supplier. The Group had also discussed the potential of establishing a regional out of hours radiology reporting service and had agreed to undertake further work to support this discussion. Further work included:

- To complete a three month audit of out of hours activity by Radiologists.
- Further data to be collected regarding outsourcing.
- Reflect on experience of merging St Johns Hospital with Western General Radiology out of hours service.

In discussion, Stella Clark highlighted that if Boards were to apply the NHS Fife policy of radiographers reporting on plain films with the exception of chest x-rays, then 40% of activity could be managed by radiographers with a potential saving of £400k.

Alan Boyter suggested that the group look at consultant EPAs and job plans as this could provide a redesign opportunity.

George Brechin reminded colleagues that there was an MCN for Imaging and Diagnostic Services which could be used to drive



forward this discussion.

Derek Phillips added that following this initial piece of work, there was potential to look at CT and MRI reporting.

James Barbour requested that the paper for the next SEAT meeting in November, presented detail on the savings to be realised through the actions identified in the paper and the timescales and actions required to realise these.

S Clark

4.1.4 Complex Care Packages

Tom Hammond spoke to a previously circulated paper on commissioning for Learning Disability services. He explained that currently £5m is spent collectively in SEAT on care external to Board services and that there was benefit in contracting only once with external partners through a joint commissioning approach. Tom Hammond explained that these discussions overlapped with the models of care project, which was the subject of another paper on the agenda.

James Barbour stressed the need to repatriate all patients who were suitable for repatriation. He asked who would be responsible for the commissioning. Tom Hammond replied that the group would work together to agree this and that the protocols for commissioning had yet to be agreed. There were a number of potential approaches. SEAT members noted the progress on the commissioning approach and asked for a further update paper at the next meeting.

**C Campbell
/T Hammond**

4.1.5 MCN Learning Disabilities

Following discussion, it was agreed that Dr Tracey Sanderson, Clinical Lead for the LD MCN would be invited to the next SEAT meeting to discuss the annual report. Also the other Learning Disability MCN papers were deferred to a future meeting. SEAT agreed that the Models of Care project report could be forwarded to the SGHD with a covering letter indicating that discussions were ongoing on SEAT on this.

4.1.6 Corporate/Shared Services

With regard to Human Resources services, comparisons across the Boards had been made but due to the ways that services were organised this had presented some challenges. Alan Boyter



updated the group on progress with the shared services work in John Wilson's absence. He confirmed that the paper identified the potential of 5, 10 and 15% savings with preliminary benchmarking data presented for each function being considered.

With regard to Human Resources services, comparisons across the Boards had been made but due to the ways that services were organised this had presented some challenges.

The shared services group had agreed that work should continue to be progressed regionally on shared services and this was considered complementary to the national work on shared services.

The group were advised that there had been significant partnership support.

Following discussion, SEAT agreed that further detail was required before any decisions could be taken. The group were asked to provide details on what actions would be required to release the savings. George Brechin requested detail on benchmarking on a Board by Board basis. Jacqui Simpson was to forward the data to him. It was acknowledged that NHS Fife colleagues on the corporate/shared services group had previously received this.

J Simpson

In John Wilson's absence, the group agreed that Alan Boyter should take the role of lead for this workstream.

It was agreed that the paper would be updated pending further work and presented to the next SEAT meeting with an options and an implementation plan.

A Boyter

4.1.7

Public Health

In the absence of a paper, Alison McCallum confirmed that there was potential for more efficient and productive working across the region in public health. She agreed to provide a detailed paper of 5, 10 and 15% savings across the region for public health with the attendant risks identified for the next meeting.

A McCallum

In conclusion, it was agreed that the finished products for all cross SEAT workstreams were expected for the 25th November meeting.

**All
Workstream
Leads**



4.2

MCN for Child Sexual abuse – Options Appraisal

Ross Cameron, as Chair of the Managed Clinical Network for Child Sexual Abuse, introduced the previously circulated paper and asked SEAT to support the recommendations set out in the paper.

Helen Hammond advised that one of the Network's aims had been to establish a sustainable 24 hour service for paediatric forensic examinations for suspected cases of child sexual abuse which although low volume, was very specialised.

Anne Marie Pitt explained that an options appraisal process had identified a preferred model which would see the MCN continuing to provide support to the service through agreed standards and pathways, with examinations carried out locally during day time hours and the very small number of urgent examinations performed out of hours in Lothian via a Service Level agreement. This model would ensure that an appropriately trained and experienced clinician would be available when required.

Helen Hammond added that the work in SEAT was in line with the national work underway in a SGHD Short Life Working Group looking at paediatric forensic examinations. This Group was likely to report in the autumn with a recommendation that each region had a Managed Clinical Network for wider Child Protection issues.

James Barbour asked if the model had the support of child protection partners and local authorities. Helen Hammond confirmed that this was the case.

SEAT members agreed to support the implementation of the recommended model including continuing the MCN on a substantive basis. It was confirmed that recurring funding for this had been secured through the specialist children's NDP funding. The MCN were congratulated on their good work. J Simpson to ensure progress of the MCN.

J Simpson

4.3

Annual Report

Jacqui Simpson spoke to the draft SEAT Annual Report for 2010/11 which was presented in a revised format to previous years. Professor Barbour welcomed the focus on benefits for patients. The group was asked to provide any further comments on the draft report within the next 2 weeks. The annual report would **AII/**



be circulated to individual Boards for their dissemination thereafter. **J Simpson**

4.4 **Workforce Planning – Update**

The paper provided by Derek Phillips was noted. James Barbour asked how much of the NES funding would be returned for dis-established posts. Derek Phillips replied that there were six NES funded posts being disestablished in the SE this year and that full funding for these posts was being returned to the Boards. However DP warned this may vary from year to year thereafter given the possible need to fund additional core training posts and proposed new training programme. The SEAT Regional Medical Workforce Group will manage the return of funding to the region and work with NES to balance training and service requirements.

Alison McCallum asked if it was possible to return money to Boards when a post changed from full time to part time. Bill Reid advised that this funding was retained by NES to fund a range of issues e.g. doctors requiring remediation.

Derek Phillips added that there was a debate around expanding the Core Training Programmes and the SEAT Regional Medical Workforce Group had a role to play in the numbers.

The group noted the advice that paediatrics services remained fragile and that a briefing paper requested by Chief Executives had been prepared for Board Medical Directors to brief their individual Chief Executives. This contained detail on the considerable work to address the issues re medical staffing in paediatric services over the last two years. It contained detail on the options being pursued to address the challenges within each Board. James Barbour confirmed he had been briefed on this by the NHS Lothian Medical Director that morning.

Bill Reid indicated that much work had been undertaken across the region and options were in the process of being explored.

In terms of the workforce projections presented in the paper, James Barbour questioned why individual Boards' workforce reduction figures differed. He was informed that this was due to a range of issues such as the new build in NHS Fife and the changes in skill mix.

The paper was noted.

4.5 Higher Specialty Trainee Reductions and Impact on SEAT Rotas

Derek Phillips spoke to the paper which had been prepared in response to a request from George Brechin at the last SEAT meeting. Bill Reid noted the content should inform service change.

George Brechin confirmed that the paper was timely given that this topic was a main agenda item at the next Board Chief Executives meeting in October. Derek Phillips confirmed that the SEAT Regional Medical Workforce Group would co-ordinate activity across the Boards in implementing trainee reductions and minimising impact on rotas. The paper was welcomed by SEAT members.

4.6 Update from RCAG meeting on 23.09.11

Jacqui Simpson provided a verbal update from the preceding RCAG meeting. She advised that the following topics had been discussed:

- The newly appointed Clinical Lead for SCAN was Dr Val Doherty, a dermatologist from NHS Lothian.
- The Regional Non Surgical Oncology Review was considered and was to move forward with a programme of redesign. Further work was to be carried out on benefits realisation.
- The introduction of CEPAS continued and technical hitches that had been identified recently were being very proactively addressed.
- The RCAG supported discussions to be pursued with West of Scotland and the SGHD on addressing radiotherapy capacity across the central belt with the potential for a sixth radiotherapy site.
- Several cancer modernisation proposals had been approved resulting in £0.5m for specific projects across the SCAN region.

5 Regional Liaison Initiatives

5.1 Update on Reprovision of RHSC Edinburgh

Susan Goldsmith provided an update on progress on this. Susan



Goldsmith advised that the much needed development would be enacted through a funding stream being developed with the Scottish Futures Trust. Work had been carried out on the reference design and the interface with Consort. The capital costs had now been established. There was agreement in principal to have the land transferred to NHS Lothian on the 30th November. Susan Goldsmith advised that NHS Lothian were mindful about signing off the Business Case prior to securing land.

Susan Goldsmith advised that the draft revenue costs had been shared with the SEAT Directors of Finance which indicated that costs were not significantly different to those cited in the previous Business Case. The intention was to go to the market in January 2012.

Susan Goldsmith advised that Jackie Sansbury had been in liaison with Boards management teams to discuss the detail of this development on an ongoing basis.

James Barbour confirmed NHS Lothian was issuing formal notice that the Business Case would require to be signed off by Boards and that Boards should consider their timescales for doing so.

Calum Campbell requested that Boards have access to the financial details as soon as possible. Susan Goldsmith advised that updated figures would be available by early October. Consort had been commissioned to do the design and feasibility on their costs and this would be available at the end of October. The Business Case should be available at the end of October/beginning of November.

It was noted that through Scottish Futures Trust that the management structure of the project be reviewed by Price Waterhouse Coopers.

6 National Initiatives

6.1 NHS 24 – Telecare

John Turner spoke to a previously circulated paper. He advised that the National Telecare Programme had been transferred into NHS 24 and now merged with the Scottish Centre for Telehealth.



He outlined the 4 current programmes:

- Telestroke
- Chronic Obstructive Pulmonary disease
- Paediatrics
- Mental Health

In terms of the update on telecare he confirmed that there had been a successful UK bid to develop DALLAS – Developing Assisted Living Lifestyles at Scale. This involved NHS Lothian, NHS Forth Valley, NHS Highlands, NHS Western Isles and NHS Grampian.

John Turner advised SEAT that over the next six months NHS24 would be assessing where it could contribute on telecare and would be undertaking a programme of engagement with individual Boards.

J Turner

SEAT queried the National Telehealth and Telecare Advisory Board membership as they deemed it to be light on NHS Board representation. John Turner agreed to review NTTAB group membership. Following discussion, it was agreed that the minutes of the NTTAB meetings would be forwarded to SEAT for information.

J Turner

6.2 National Initiatives Update Report

The group noted a previously circulated update paper from Deirdre Evans.

6.3 Specialist Transport Services Strategic Review and NPF Update

Robbie Pearson updated SEAT on progress with the Specialist Transport Services Strategic Review, advising that there was a desire to move to a single model which would take advantage of adjacencies and efficiencies. It was proposed that the new service be managed within the Scottish Ambulance Service. A paper with recommendations was to be presented at the next National Planning Forum and Board Chief Executives meeting.

6.4 MSN for Children and Young People with Cancer Briefing Note

This was noted.



7 Regional Minutes

The following minutes were noted.

7.1 Minutes of the SEAT Directors of Planning and Finance Meeting on 13th May and 8th July (Approved)

7.2 Minutes of the SEAT Children & Young People's Health Services Planning Group on 6th April (Approved)

7.3 Minutes of the MCN for CSA Steering Group on 16th March and 1st June 2011 (Approved)

7.4 Minutes of the Tier IV CAMHS Consortium Meeting on 12th May 2011 (Approved)

7.5 Minutes of the SEAT Medical Directors, Directors of Public Health, Directors of Nursing Meeting on 8th July (Approved)

7.6 Minutes of the Regional Cardiac Planning Group on 1st July 2011 (Approved)

7.7 Minutes of the MCN for Neonatal Services Steering Group on 19th May 2011 (Approved)

7.8 Minutes of the SEAT Regional Medical Workforce Group on the 25th March 2011 (Approved)

8 Communications

8.1 NHS24

John Turner stated that there was nothing further to report.

NHS Borders

Calum Campbell advised that the NHS Borders Annual Review was a non-ministerial review and would take place on the 29th September.

NHS Dumfries & Galloway

Mary Harper stated that there was nothing further to report.

NHS Fife

George Brechin advised that the Minister for Public Health would



be in attendance at the NHS Fife Annual Review. The new Victoria Hospital in Kirkcaldy was to be handed over in November.

NHS Forth Valley

Janette Fraser stated that there was nothing further to report.

Scottish Government Health Department

Robbie Pearson advised that the National Planning Forum would receive a report on the future of vascular services and a report on bariatric surgery at the next meeting.

NHS Lothian

Alan Boyter reported that sickness absence rates within the Board had decreased for four consecutive months and was recorded at 3.4% in August which was their lowest figure to date.

NHS Education for Scotland

Bill Reid stated that there was nothing further to report.

9 Any Other Business

No other business was raised.

10 Date and Time of Next Meeting

Friday 25th November 2011, 10am.
via telepresencing with venues to be confirmed.