Present: Miss J Fraser, Non Executive Director, SSU
Ms R Magee, Health & Safety Adviser
Ms C Morrison, Personnel Adviser
Ms C Stewart, Partnership Forum Representative
Ms S Eddie, Unit General Manager
Mrs M Smith, Information Manager, E-Health
Dr J Cormack, Associate Medical Director
Ms C Walker, Personnel Adviser
Mr A Ward, DGM, Woman & Child Health
Ms M Morrison, Clinical Governance & Risk Manager
Dr K Oates, Consultant, Public Health
Mr S Loch, Nurse Manager, Woman & Child Health
Ms L Kirkland, DGM, Medical
Mr D Seago, Head of Facilities
Mr R Ward, DGM, Clinical Services & Support
Dr R Harvey Clinical Director, Medical

Apologies: Ms P Courcha, Non Executive Director
Ms K Hogan, SSU Accountant
Dr C Lush, Clinical Director, Clinical Services & Support
Mr N Hobson, Associate Director of Nursing
Ms I McGauran, Nurse Manager, Medical
Ms F Matthewson, Planning Manager
Professor J Cromarty, Chief Pharmacist
Mr D MacRae, Hotel Services Manager
Mrs L McClurg, Nurse Manager, Surgical & Anaesthetics
Ms D Buchan, DGM, Surgical & Anaesthetics
Mr Q Cox, Clinical Director, Surgical & Anaesthetics

In Attendance: Mr G Coutts, Chairman
Ms L Courts, Project Manager, ECCI

1 Welcome
Miss Fraser welcomed Mr Coutts, Dr Oates, Ms Walker, Ms Morrison and Ms Courts to the meeting. She advised new members that the agenda was designed around feeding progress within SSU on the corporate objectives to the Board Performance Meeting.
Mr Coutts gave a brief overview of yesterdays Board meeting, and advised that discussion took place around the assimilation of Argyll & Bute and also the effect of the Freedom of Information Act on individuals. Referring to the recent case identifying consultants at Raigmore, it was noted that Dr Graham had briefed the Board on the issues surrounding this, with the Board offering its full support to the consultants concerned. Mr Coutts agreed to formally write to the individuals identified, confirming the Board’s support at this time.

**Action: G Coutts**

In terms of the financial targets, Mr Coutts wished to convey the Board’s thanks to SSU for the huge efforts made in meeting the targets. He added that as the Board became more business-like in monitoring progress, there was general satisfaction that significant progress was being made, and that the information would become sharper, as the process continued.

**2 Minute of meeting held on 14 December 2005**

The minutes of the meeting held on 14 December 2005 were approved as an accurate record.

**3 Matters Arising/Actions**

**Drugs & Therapeutics Committee**

It was agreed at the last meeting, that the minutes of the above committee, should become an agenda item on the SSU Governance and Management Team meetings. **Action: L Lawrence**

**Clinical Governance**

Referring to the Risk Management Workshop, it was noted that taking this forward was still an outstanding issue for SSU. A similar workshop at local level is proposed to look at the local risks and issues require to be taken forward at the earliest opportunity. **Action: S Eddie/M Morrison**

**Ambulatory Care Centre**

Dr Cormack gave an update on progress to date, and advised that the waiting times target for surgical required to be met, although this was proving difficult, largely due to the current unsustainably high rate usage within the existing theatres and the expansion of the endoscopy service.

Dr Cormack advised that a fully costed case would be presented at the Clinical Planning Group in March. It was agreed that an update would also be given at the next SSU Governance Committee on 12 April 2006. **Action: Dr Cormack/L Lawrence**

**4 Key Performance Indicators/Corporate Objectives**

**CHI Improvement Programme**

Members noted the circulated paper detailing the outline of the CHI Improvement Programme.

Ms Courts gave a comprehensive overview of the requirement for the Community Health Index (CHI) number and explained that this was a unique identifier for patients in NHS Scotland. The use of CHI helps to ensure that clinical information can be shared safely and effectively when required to deliver high quality care to patients.
The ministerial target of 100% usage for all patients has been set for June 2006. To date NHS Highland have made considerable progress with approximately 85% of patients registered on the PAS having a CHI number attached. A 15% gap however still requires to be closed. In relation to GP practices, it was noted that 90% of patient's notes incorporated a CHI number, however black spots remained within the community hospitals/community staff.

The issue of digital PACs was raised as it was acknowledged that there would be a huge disadvantage if no CHI number was attached. This issue would be taken forward by Lesley Courts.

As detailed in the paper, members noted that at this stage NHS Highland were not at the stage of being able to commit to one single patient record across all hospitals, and in the meantime would continue to use individual identifiers in parallel with the CHI until time and resources were available to create a single record. Action: L Courts

Ms Courts added that this system required to be NHS Highland-wide, and would need to include the community sector. This would make a huge difference to clinicians time and in addition reduce the clinical risk. A new web-based front end, currently being developed would provide access to the national CHI. Ms Courts looked to managers to encourage all staff to use the CHI and requested that if no CHI was present to spend the time looking up the number and ensure adequate patient labels were available within patient notes. Action: DGM’s

Discussion was held around how this would be measured in terms of performance within SSU. It was recognised that it was extremely significant in terms of the patients experience, and as this was to fit in with national systems around social care, there was a need to take this forward.

It was noted that a stocktake relating to the use of CHI would be undertaken during February/March. Action: L Courts

It was agreed that an update would be given at the next Governance Committee. Action: L Courts/L Lawrence

Activity
Members noted the circulated paper, and in particular the waiting time targets for general outpatients and admissions in December 2005, which had been successfully met. Ms Eddie added that there was a need to sign up with the NWTU to the 18 week target for admissions by December 2006. These had been submitted with a caveat that there had not been clinical discussion at that stage.

Ms Eddie advised that targets had now been set for each quarter, with clinical sign up now received for the December 2006 targets. Meetings to monitor progress are also taking place on a weekly place. It was suggested that progress on a monthly basis towards the target be included in future papers. Action: F Matthewson

In terms of outpatients it was noted that the 18 week target was 2007, although a plan requires to be submitted to the NTWU showing a decrease in year.
In relation to hospital cancellations, it was noted that the weekly monitoring group were looking at these regularly and were confident these were being reduced.

A request was made for the report to be formatted to show the measure against performance. **Action: F Matthewson**

In terms of length of stay and use of beds, it was noted that it would be helpful to see how SSU compared with similar healthcare settings elsewhere. **Action: Frances Matthewson**

In relation to cancer figures, it was noted that the aim was for 90-95% achievement from urgent referral to first treatment of patient.

It was noted that performance in relation to waiting times was being closely monitored by the Fair to All Group.

**Clinical Governance**

Members noted the circulated report. Ms Morrison advised that there was a need to progress a clinical governance and risk management group within SSU, to cover all elements within the unit. Ms Eddie requested that Ms Morrison meet with the individual directorates in the first instance to identify what was being covered at local level and to identify any inconsistencies there maybe across the Directorates. Following discussion with the individuals areas, it may be sufficient that the aspects of clinical governance and risk management are being dealt with at local directorate level. If this is not the case, then consideration to adopt the CHP model of a CRM group may be taken forward. **Action: DGM’s/M Morrison**

Ms Morrison informed members of the intention to organise a Risk Register Workshop in April/May 2006.

In terms of complaints, it was noted that the processes would be discussed in detail at the forthcoming Clinical Risk Management Seminar on 13 February.

Ms Morrison also reminded members of the QIS Maternity visit, scheduled for 16 March, with preparation for the visit being undertaken on a Highland-wide basis.

**Financial Governance**

Members noted the circulated paper, showing a forecasted breakeven position for NHS Highland, however this would be achieved with a number of risks attached. The report also recognised the huge effort of £500K recurring CRS achieved by SSU.

In relation to the A&E staffing changes, it was noted that the threat of the loss of accreditation had been withdrawn due to the introduction of emergency practitioners. It was noted that this should be recognised as a Highland-wide pressure rather than solely an SSU pressure.

In terms of budget setting it was agreed that that SSU would manage the £1M and in addition the £1M jointly with CHP’s, which had been created with the increased number of referrals. Members noted that joint ward rounds had commenced this week. Ms Eddie commented that it had been acknowledged
that the cost pressures within SSU, were only a small part of the overall budget setting gap.

Mr Coutts confirmed that the amount of recurrent CRS had been recognised and appreciated by the Board, but advised that next financial year basing on non-recurrent resource, this was clearly unsustainable with a £12/13M gap to be achieved through the system. Work is being undertaken at present to create a 3-5 year budget, although it was recognised that the amount of uplift would inevitably be reduced.

Referring to Argyll and Bute it was noted that assimilation process was not yet complete. Members noted that this financial year, NHSH would have a budget setting process, with Argyll and Bute being set separately.

Ms Eddie advised that the Management Team were willing to embrace change, acknowledging that the pressures would be across the whole system.

Staff Governance
Members noted the circulated papers. Ms Walker gave an overview of the employee friendly statistics, and advised that it was hoped the figures would eventually be reported on a directorate basis. However to date the system has been unable to provide this level of breakdown, although it was hoped that this would be resolved and produced from April onwards. **Action: C Walker**

In terms of sickness rates, it was noted that there would be a further breakdown of the data, by department to allow any areas of concern to be highlighted. These would be presented on a quarterly basis. **Action: C Morrison/L Lawrence**

Discussion took place around the number of suspended cases, and in particular the length of time individuals were suspended for, in addition to the amount of money associated with suspension cases. It was noted that these were routinely managed within directorates, although it was recognised that it would be helpful to review all cases on a twice yearly basis. **Action: C Morrison/L Lawrence**

It was noted that a SSU Staff Governance workshop has been scheduled for the 7 March 2006, allowing the opportunity to look at the standards to ensure consistency across the unit, with the partnership representatives. Invites to be issued by Friday of this week.

Health & Safety
Members noted the circulated paper, detailing moving and handling incidents. Ms Magee advised that unfortunately no costing could be provided as there was no information available to link with moving and handling.

Concern was raised that the training was available, although the uptake was not being met. It was recognised however, that in SSU this was largely due to the replacement costs of releasing staff to attend. It was noted that a full review of the key workers on site was being taking forward, in addition to the option of providing the training on site.

Highland Health Voices Network
It was noted that full update on progress would be given at the next meeting. **Action: L Kirkland**
Ms Eddie added that there had been a resounding request at the recent Patients Council for this forum to continue with the support of SSU. Discussions to take place outwith the meeting. **Action: J Fraser/S Eddie**

**Infection Control/HAI**
Members noted the circulated paper. In relation to alcohol gel, it was noted that this had been debated through the Area Control of Infection Committee, where it had been agreed to remain with the chosen product at local level at this stage, rather than changing to the SHS national contract product.

Mr Coutts commented that national contracts would not work, unless they were utilised, and if there were appropriate appeals to be made then these should be raised at the relevant forum. **Action: G Coutts/D Seago**

**Health Improvement**
Members noted the circulated paper on the implementation plan of the tobacco policy. Mr Seago advised that an identified person required to be identified for each area, following agreement from the Board, to adopt the smoke free status in buildings only in the first instance, with a full ban implemented by 2007. Miss Fraser advised that in terms of corporate objectives, there would be a need to track the progress of this and suggested that this was a standing item on the agenda. **Action: L Lawrence**

It was agreed that there was a need from the outset to set the standard high, with the message that smoking on site would be breaching the policy.

**Communications**
Members noted the circulated paper. Miss Fraser advised that in terms of SSU performance, there was a need to have an internal communications system in place within SSU. Ms Eddie voiced concern that there was a corporate department, which at present SSU are unable to access, to assist in producing a communications paper tailored for SSU. It was agreed that this would be discussed with colleagues outwith the meeting. **Action: J Fraser**

5 **Modernisation/Redesign Projects**

**Radiology Services**
Members noted the circulated paper. Mr Ward gave an update on progress to date and advised that since the project had commenced, there had been a large number of targets, of which the numbers outstanding had now been significantly reduce. It was noted during the project that there were clearly strategic issues around radiology. Mr Ward wished to convey his thanks to the team, who needed to be recognised for the results achieved to date.

Mr Ward advised members of the recent resignation of the PACs manager and advised that the initial advert had attracted no candidates. There is a need now to advertise this post nationally.

Referring to stroke targets for CT, it was noted that the aim was to allocate specific time to stroke patients to achieve this target.

**Unscheduled Care**
Members noted the circulated paper. Ms Eddie advised that Mr Denholm, ENT Consultant, had been informally approached and had agreed to take on the
clinical lead role with the aim to move towards the Kerr model.

A further update to be provide in 6 months.  **Action: S Eddie/L Lawrence**

**6 Kerr – Draft Agenda SSU Development Workshop**

Members noted the draft agenda for the above workshop and were advised that the final agenda would be issued out by Friday 10 February. The outcome of the workshop would be fed into the Highland-wide Kerr Workshop scheduled for 6 April 2006. It is hoped that there will be a good attendance by heads of service and heads of department.

Miss Fraser advised that this was an opportunity to be part of the shift in healthcare Scotland-wide.

**7 Argyll & Bute – Redrawing the NHS Boundaries**

Members noted the circulated paper.

**8 AOCB**

There was no other business.

**9 Date of next meeting**

12 April – Conference Room, Living Well