Minute

Tayside NHS Board

IMPROVEMENT AND QUALITY COMMITTEE

Minute of the above meeting held at 1400 hours on Tuesday 24 November 2009 in the Board Room, King’s Cross, Dundee.

Present
Mrs Elizabeth Forsyth, Non-Executive Member, Tayside NHS Board
Mr Gerry Marr, Chief Operating Officer, Single Delivery Unit (Left meeting at 1445)
Dr Andrew Russell, Medical Director, Tayside NHS Board (Left meeting at 1600)
Ms Angela Scott, Non-Executive Member, Tayside NHS Board
Ms Caroline Selkirk, Director of Change and Innovation, Tayside NHS Board
Mr Ian Wightman, MBE, Non-Executive Member, Tayside NHS Board
Professor Liz Wilson, Nursing Director, Tayside NHS Board

Apologies
Dr Ellie Dow, Consultant, Research, NHS Tayside
Mrs Margaret Harper, Non-Executive Member, Tayside NHS Board
Dr Ian Levack, Clinical Group Director, Critical Care, NHS Tayside
Professor Andrew Morris, E-Health Director, Tayside NHS Board
Dr Norman Pratt, Area Partnership Forum Representative, NHS Tayside
Dr Alan Shepherd, Chair, Area Clinical Forum
Mr Rae Taylor, Head of Information and Performance Scrutiny, Tayside NHS Board
Ms Joyce Thompson, Area Clinical Forum Representative, NHS Tayside
Professor Tony Wells, Chief Executive, NHS Tayside

In Attendance
Mr Arthur Andrews Public Partnership Representative, NHS Tayside
Ms Allyson Angus, Public Involvement Manager, NHS Tayside
Ms Diane Campbell, Patient Safety Development Manager, NHS Tayside
Ms Tracy Passway, Clinical Governance Co-ordinator, NHS Tayside
Ms Santosh Chima, Equality and Diversity Manager, NHS Tayside
Ms Gillian Costello, Head of Managed Clinical Networks, NHS Tayside
Professor Peter Davey, Lead Clinician for Clinical Quality Improvement, NHS Tayside
Ms Frances Gibson, Regional Audit Manager, NHS Tayside
Ms Victoria Hampson, Collaborative Improvement Manager, NHS Tayside
Mr Stewart Hunter, e-Health Programme Manager, NHS Tayside
Ms Caroline Mackie, Deputy Child Health Commissioner, NHS Tayside
Mrs Carrie Marr, Associate Director of Change and Innovation, NHS Tayside
Ms Heather Marr, Head of Quality Assurance/Academic Governance, University of Dundee
Mr Peter McKenzie, Information Governance Officer, NHS Tayside
Ms Margaret Moulton, Board Secretary, Tayside NHS Board
Mrs Arlene Napier, Acting Head of Governance Safety and Risk, NHS Tayside
Professor Dilip Nathwani, Consultant, NHS Tayside
Mrs Nicola Owen, Committee Support Officer, NHS Tayside
Ms Caroline Robertson-Fern, Deputy Child Health Commissioner, NHS Tayside
Dr Alistair Emslie-Smith, GP, NHS Tayside
Dr Drew Walker, Director of Public Health, Tayside NHS Board
Ms Audrey Warden, Acting General Manager, Surgical Directorate, NHS Tayside
Dr Peter Williamson, Director of Health Strategy, NHS Tayside
Ms Elaine Wilson, Diabetes Managed Clinical Network Manager, NHS Tayside
Mr Andy Yuill, Dental Practice Advisor, NHS Tayside
1. **APOLOGIES**

The apologies were noted above.

2. **WELCOME AND INTRODUCTION**

Mrs Forsyth welcomed all to the meeting and advised that Ms Frances Gibson from internal audit would be monitoring the meeting.

3. **MINUTE OF PREVIOUS MEETING**

3.1 The Minute of the Previous meeting of the Tayside NHS Board Improvement and Quality Committee held on 29 September 2009 were approved as an accurate record.

3.2 **ACTION POINT UPDATES**

**Item 6.2 – Tayside Healthy Weight Strategy** – Dr Walker advised an update would be provided to the meeting in January 2010.

**Item 6.7 – Policy Structure** – Ms Selkirk indicated she had spoken with Ms Margaret Moulton and an update would be provided at a future meeting.

**Item 2 – Patient Experience** – Ms Selkirk highlighted she had had discussions with Ms Margaret Moulton and they would be looking to adopt Triple Aim within Patient experience and the discussions centred around ensuring this would be reflected in the updated reporting template.

3.3 **OTHER MATTERS ARISING**

There were no other matters arising.

4. **GOVERNANCE ISSUES**

4.1 **Declaration of Interests**

There were no declarations of interest.

5. **PRESENTATIONS**

5.1 **Healthcare Quality Strategy for Scotland**

Mr Gerry Marr was in attendance for this presentation. (A copy is available on request).

Mr Marr indicated NHS Tayside had anticipated much of the work that would be required. He noted the response to the consultation around Quality Strategy had been poor.

Mr Wightman queried why the response had not been stronger.
Mr Marr indicated people were busy and would recognise there was not much to add or contribute to increase the value of the response.

Mr Wightman asked how NHS Tayside would measure up and were there areas where improvements could be made.

Mr Marr that NHS Boards needed to be clear on outcomes and provide assurances that care being provided was safe and effective. He added that NHS Tayside had systems of assurance.

Professor Wilson noted that some professional groups such as the Royal College of Nursing and the Medical Directors had already responded and queried if these could be built into the NHS Tayside response.

Ms Selkirk indicated a lot of work had been carried but highlighted the Improvement and Quality Committee required assurances regarding the strategy and requested an update be provided by Mrs Carrie Marr to a future meeting.

Ms Scott noted work in this area had been carried out in England and queried what access did the Committee have to benchmark work being carried out.

Mr Marr advised there was an extensive database of information in England regarding patient centred care and patient experience. He added there would be very robust data in Scotland within six months.

Mr Wightman highlighted the need to concentrate on this area and to set standards around patient experience. He added there needed to be a provision within reports regarding this and any improvement measures should be reported to the Committee.

Mrs Forsyth noted that NHS Tayside was well placed and looked forward to updates and seeing the progression of work.

The Improvement and Quality Committee:-

- Noted the presentation
- Requested an update by Mrs Carrie Marr and Mr Gerry Marr

5.2 Educational Governance Update

Mrs Heather Marr and Professor Dilip Nathwani were in attendance for this presentation. (A copy of the presentation is available on request).

Mrs Marr advised the Group had been set up at the request of the Improvement and Quality Committee and a number of activities had been undertaken such as the mapping out of existing groups and clarification of membership of the Group.

Mrs Forsyth noted that Educational Governance would look at other staff groups but wondered about groups that did not have regulatory bodies.

Professor Wilson highlighted healthcare assistants and assistant practitioners did not have regulatory bodies at present but this would but
these would come in the future.

Ms Selkirk was supportive of the report and noted the range of people that had been brought together to ensure governance was adhered to and noted a discussion would be required around the annual report and work plan.

Mrs Marr advised she would seek advice on providing assurance to the Board about Educational Governance. The main priority would be to gather evidence of governance from job plans and ensure value for money and training would be fit for purpose.

Professor Nathwani added there was no formal accountability for training at present. The Educational Governance Group needed to ensure the Board were assured that training was being delivered in a cohesive manner. He indicated the “Tree” was a simplistic way to look at training but they also needed to ensure training was being provided in the correct areas. Mrs Forsyth indicated this had been an issue when gathering information for Audit Scotland.

Mr Wightman hoped that Educational Governance did not reinvent the wheel as there were strong governance procedures in place and would welcome thoughts from Professor Nathwani.

Professor Nathwani highlighted he had been struck by the number of different committees and related organisations responsible for the delivery of training. He indicated the main challenges were to work with other committees to ensure training was being delivered and managed responsibly. The Educational Governance Group’s remit would centre on education and training capacity for all areas of the workforce.

Mr Watson welcomed this development and expressed surprise that the Universities and Colleges had not discussed this before. He was pleased that Professor Nathwani was focusing on audit reporting in training. This would help the Organisation understand what and where monies were being spent.

Dr Russell highlighted this was a difficult piece of work being undertaken as most people tended to look at what research had brought to the economy but had lost sight of what education could bring.

Professor Wilson indicated a work plan would be presented to the Universities Strategic Liaison Committee in February.

Mrs Forsyth advised the Committee wished an update and work plan be presented to the Committee in March 2010 and an annual report to the September meeting in 2010.

The Improvement and Quality Committee:

- Noted the update
- Agreed the Educational Governance work plan would be presented to the Committee in March 2010
- Agreed the Educational Governance Annual Report would be presented to the Committee in September 2010
6. IMPROVEMENT

6.1 Planned Care - 18 Week Referral to Treatment

Ms Victoria Hampson was in attendance for Report IQC/2009/61.

Mr Wightman welcomed the report but queried if this would have an effect on clinical targets. Ms Hampson advised they were looking at the quality of service and not clinical targets. Ms Selkirk noted the primary objective was patient safety.

Mr Wightman asked how the management of the pathway would work in practice. Ms Hampson indicated they were looking at the beginning and end of the pathway. They did not look at individual stages of treatment which provided more meaningful information for patient experiences.

Mr Wightman questioned how the pathway management would improve the patient experience of one who turned up at a GP Practice with a certain condition. Ms Hampson highlighted the pathway improved the flow of patients therefore reducing bottlenecks but indicated there were inequalities between admitted and non-admitted patients.

Ms Scott queried how the Committee would be assured the clock started and ended at the same time and how would consistency be assured.

Ms Hampson advised they were developing clinical algorithms with measurements to meet the targets and at present NHS Tayside was doing very well. Ms Selkirk added there were clear definitions which had to be followed by NHS Boards across Scotland.

Ms Scott asked how far below the 18 week referral times could NHS Tayside go. Ms Hampson indicated a lot of patients were reaching a 12 week time frame and NHS Tayside was reaching the 18 week referral to treatment consistently.

Professor Wilson noted the information contained on page four of the report regarding inpatient day care surgery and queried if the pathway had been reached using day case figures. Ms Hampson advised this was being looked into.

Mrs Forsyth asked if the programme was embracing the remote and rural ethos and was advised this was the case.

The Improvement and Quality Committee:

- Note the contents of Report IQC/2009/61
- Note the progress made to date of the planned implementation and progression of the 18-week RTT standard in Planned Care
- Note progress in attaining stage of treatment targets in the majority of specialities
- Note the progress in attaining a 4 week wait for 8 key diagnostic tests
6.2 Diabetes Collaborative Commissioning Plan

Dr Alistair Emslie-Smith was in attendance for Report IQC/2009/62/

Mr Wightman noted in paragraph 3.3 on page one of the report was not available in Perth & Kinross.

Dr Emslie-Smith stated there were complex needs across NHS Tayside and podiatrists could not meet all demands required. He indicated there were issues within the podiatry department such as sickness and they were now looking to redesign the service.

Mr Wightman wished to see improvement over time. He indicated the latest figures were showing a dramatic increase in the number of patients with diabetes and noted it was only going to get worse. Mr Wightman was also concerned about the financial issues and where funding would be obtained after 2011.

Dr Emslie-Smith highlighted that a redesign of the service had been active for some time in primary and secondary care. Progress was beginning to flatten and this was the reason for further redesign. The main challenge had been the non-recurring funding but funds had been allocated from the Scottish Government for a third year. He added prevention of diabetes was a society issue as diet was increasing, exercise was decreasing and patients BMIs were increasing.

Dr Walker advised the Committee a report would be presented in January regarding healthy eating and active living which would show progress was being made. They were hoping the Scottish Government would publish an obesity roadmap in the new year and hopefully would address local activity.

Dr Russell queried if there was any data which could be shared regarding complications around diabetes. He noted the pattern in Tayside was beginning to change.

Dr Emslie-Smith indicated that amputation rates had decreased and laser treatment for eyes had reduced. Over the first 2/3 years of this decade they had seen many changes and improvements and wished to ensure this continued.

Dr Russell queried what the additional costs associated with the healthcare of diabetics were.

Dr Emslie-Smith advised they were looking at the system as a whole to ensuring the correct care was received by the patient. They also needed to ensure the service was fit for purpose.

Ms Forsyth indicated it was good news in reducing the number of amputations which enhanced the quality of life for patients. Ms Selkirk highlighted the publication of research in 2007 and queried if it was reasonable to assume that NHS Tayside was moving in the same direction. She wondered if this was an area that could be monitored by the Tayside Improvement Panel especially podiatry.

Professor Wilson thanked Dr Emslie-Smith for the update and the work
carried out by the Managed Clinical Network.

Dr Emslie-Smith indicated the dotted line showed the projected improvement as figures were taken on a 12 monthly cycle.

The Improvement and Quality Committee:-

- Noted the progress of Report IQC/2009/62
- Requested the Tayside Improvement Panel to monitor improvements in Podiatry

### 6.3 SNAP-CAP Update

Dr Peter Davey spoke to Report IQC/2009/63. He advised the Scottish Patient Safety Programme had identified areas they wished to improve. This had provided an opportunity to focus on key issues within specific areas and prioritise care. They were trying to ensure the same quality of care within the three areas of NHS Tayside.

Ms Selkirk noted the data entry issues on page nine of the report and indicated that Perth Royal Infirmary did not show the same level of engagement.

Dr Davey advised there had been two or three changes of registrars and the programme had become dormant but they were trying to invigorate the new registrar to ensure data was collected and entered by the senior technicians. Ms Selkirk noted they seemed to be moving away from a person dependent system.

In response to the request from Mr Andrews for an explanation about “Dashboard” it was agreed that Ms Selkirk would arrange for the information to be provided to Ms Angus and Mr Andrews.

Dr Davey advised it had two ways of presenting results. There was a square with information contained within and a run chart inside this

Ms Forsyth asked Ms Selkirk to arrange the information to be provided to Ms Angus and Mr Andrews.

Ms Forsyth advised Dr Davey the Committee could only note and support the actions which they were willing to do.

Dr Davey requested permission from the Committee to publish the report to other NHS Boards. He was advised the Committee had no objections to this.

The Improvement and Quality Committee:-

- Noted the contents of Report IQC/2009/63
- Ms Selkirk to provide information on Dashboard reporting to Ms Angus and Mr Andrews.
7 STRATEGIC GOVERNANCE

7.1 Better Health Better Care Update

Ms Caroline Robertson-Fern was in attendance for Report IQC/2009/64.

Professor Wilson noted item nine of page two of the report regarding parenting classes for young mums and was seeking assurance that this was happening in Dundee.

Ms Robertson-Fern indicated that Dundee were looking for a whole strategy but would find the information out and advise Professor Wilson.

Mr Wightman queried if Ms Robertson-Fern was happy with the contents of Appendix 1. She highlighted there was always room for improvement but was comfortable at present.

Mrs Forsyth noted in Appendix 1 under “Best Possible Start” the position varied greatly on a geographical area and queried when this would become more equitable in all areas.

Ms Robertson-Fern stated all areas carried out work in the early years programme but she was hoping there would be more equity in the future.

Mrs Forsyth also noted point seven of Appendix 1 regarding drugs, alcohol and smoking and queried if Montrose was the only area carrying out work within Angus.

Ms Robertson-Fern stated general work was being carried out in Angus but Montrose was a present running a pilot scheme.

The Improvement and Quality Committee:-

- Noted the content of Report IQC/2009/64

7.1.1 Child and Adolescent Mental Health Waiting Times Update

Ms Caroline Mackie and Dr Sandra Duke were in attendance for Report IQC/2009/65

Mr Wightman asked if the information contained in the report could be put into context and provide an update for the next meeting. He noted the funding available for 1.2 psychologists and asked if these professionals were out there and would NHS Tayside be able to recruit them.

Dr Duke stated that NHS Tayside was an active training centre which the Scottish Government provided funding for and she hoped the workforce would come from this. Ms Selkirk stated a Government report noted there were 7,000 children with ADHD in Scotland and it was therefore no surprise that referrals were increasing. She added that on the whole NHS Tayside was doing better than most Boards.

Mr Wightman asked that a presentation be provided showing the work being carried out.
The Improvement and Quality Committee:

- Noted Report IQC/2009/65
- Ms Mackie to provide an update to the January meeting

7.2 Corporate Objective

Dr Peter Williamson was in attendance for Report IQC/2009/66

Dr Williamson advised that NHS Tayside was on course to hit all targets for the end of year and should have a more positive update in the coming weeks.

The Improvement and Quality Committee:

- Noted Report IQC/2009/66

7.3 Long Term Conditions

Ms Gillian Costello was in attendance for Report IQC/2009/67

Mr Wightman queried the language used within the report and Ms Costello advised the vocabulary belonged to NHSScotland and was adopted by each Boards Patient Collaborative.

Ms Forsyth noted the strategic improvement plan target outcomes on page five of the report did not show clearly what had been achieved.

Ms Costello highlighted they showed measures being used across NHS Tayside and could assure the Committee that progress was being made. The improvements were being shown through reporting to NHS Tayside Delivery Unit Committee. She indicated there were areas that were not achieving targets and that some areas had not started their improvement programmes. Ms Costello added that Ms Rosie Cameron was working with these groups and the targets would be shown in the Long Term Conditions Improvement Plan.

Ms Forsyth stated she would like to see Long Term Conditions reported to this Committee and an update on the status of the Annual Commissioning Plan.

Ms Costello advised that Appendix 1 was looking at a new programme for Long Term Conditions across Scotland. The measures were high impact changes and could assure the Committee that these would be monitored and refined by the Delivery Unit Committee.

The Improvement and Quality Committee:

- Noted report IQC/2009/67
- Requested an update around Long Term Conditions
8. CLINICAL GOVERNANCE

8.1 Safety Clinical Governance and Risk Review

Ms Arlene Napier spoke to Report IQC/2009/68. She advised the report was being presented after discussions and suggestions were pulled together by Dr Russell.

Mr Wightman queried if this work would add to the already heavy workload of the Improvement and Quality Committee.

Dr Russell advised this report began to shape the work plan and pull together evidence to provide assurances to the Committee. They were also looking at the reshaping of the infrastructure of the Organisation and would provide an update to the Committee in March 2010.

Mrs Forsyth noted the report was a starting point for the restructuring and the report was asking if the Committee thought the direction of travel was correct.

The Improvement and Quality Committee:-

- Approved the suggestions within the paper for assurance reports being included in the Improvement and Quality Committee work plan
- Approved the proposals to establish a Project Implementation Team

8.2 Clinical Governance Corporate Risk

Ms Arlene Napier spoke to Report IQC/2009/69. She advised a further update was attached to the report which was presented to the Committee. The Committee agreed if there were any questions they should be sent to Ms Napier.

The Improvement and Quality Committee:-

- Noted Report IQC/2009/69

8.3 Patient Safety

Ms Campbell was in attendance for Report IQC/2009/70

Professor Wilson highlighted she was struggling with the information contained in the graph on page five of the report regarding mortality rates. She highlighted the rates looked no different between 2005 and 2009.

Ms Campbell indicated they were looking at adjusted rates rather than non-adjusted rates and meetings were taking place to discuss this issue.

Ms Scott queried how they could monitor any improvement with patient safety.

Ms Campbell highlighted there were strong links with certain areas and detailed measurement programmes with improved care and the
implementation of care bundles had reduced the number of bacterium cases and therefore linked to outcome measures.

Ms Selkirk advised there was more up to date data that showed a more favourable position which could be provided and would in turn provide more assurances to the Committee.

Mr Wightman agreed with the views expressed by Professor Wilson and wondered if the Tayside Improvement Panel had a role to play in this particular area. Mr Wightman added he was an Advocate of the Scottish Patient Safety Programme and did think the measures being implemented would show some real improvement over time.

Ms Campbell indicated previously clinicians did not know how many patients were affected with line infections. She added that each dot was a patient and therefore clinicians could see the line correlating to patients and having one dot was one too many.

Mr Wightman noted that Graph CC05 was not a helpful way of presenting information as Wards did not present information in this way. Wards hang up a notice stating how many days they have been free from infection. Ms Selkirk added that the Committee needed to know what each chart in the report meant. It was noted the graphs contained in the report started out with an English system and then moved to a United States system which did not help with the reading of them.

Ms Campbell advised all data was fed back to IHI which used the United States system and they could not change this. She could however represent the data herself in an English system.

Ms Forsyth agreed that work was needed to ensure the information was expressed in a different way. She also asked that the Tayside Improvement Panel to look at the data surrounding inpatient mortality and the 15% reduction being monitored.

The Improvement and Quality Committee:-

- Noted Report IQC/2009/70
- Requested Tayside Improvement Panel to monitor data surrounding inpatient mortality rates

9. CORPORATE GOVERNANCE

9.1 Healthy Working Lives


Mr Wightman advised the Committee would like to see graphs and tables showing the success of the project. He raised concerns regarding resource implications and the increasing demand on the service.

Dr Walker advised statistical information could be presented in future reports but future resources would need to be discussed whilst looking at the key priorities.
Mrs Forsyth noted the Committee did not get a measure of how the service was doing at present i.e. whether static or forging ahead.

Dr Walker indicated the service was moving forward but were constrained by the number of staff employed. He added they would obviously like to move forward at a faster pace but noted the use of the current resources were a factor within the service at present.

The Improvement and Quality Committee:-

- Noted the content of Report IQC/2009/71

9.2 Information Governance

Mr Stewart Hunter spoke to Report IQC/2009/72. Mr Hunter advised it had been agreed that with the appointment of the new Finance Director he would continue to be the Lead Executive for Information Governance.

Professor Wilson queried who the Caldicott Guardians were in NHS Tayside. Mr Hunter advised that Dr Drew Walker and Dr Andy Russell were the Guardians and would operate on the same basis as previously.

The Improvement and Quality Committee:-

- Noted the contents of Report IQC/2009/72

9.3 Freedom of Information

Mr Peter McKenzie spoke to Report IQC/2009/73.

Ms Scott queried what proportion of the 1142 FOISA requests received were not specific to NHS Tayside and its systems. Mr McKenzie stated the number was negligible.

Mr Wightman asked why there were 32 responses not sent out within the 20 day time period. Mr McKenzie advised that 22 responses related to difficulties in receiving responses from the service.

Mr Wightman raised concerns that colleagues within the organisation were not providing information as requested. He further queried how happy the FOISA Compliance Group were with this issue.

Mr McKenzie indicated this had been raised at the FOISA Compliance Group meetings and specific areas were made aware of these issues. Mr Hunter added there were some difficulties with some questions which were quite complex with numerous queries within one request.

Mr Wightman asked if staff were aware of the legal implications regarding FOISA requests. He queried if information should be re-circulated to ensure staff were fully aware of all areas regarding FOISA. Mr Hunter advised computer based training covering FOISA was being implemented and would move forward within the next two months.

Ms Moulton advised meetings had taken place with the Communications Department looking at previous information released and would take matters forward once training had began.
The Improvement and Quality Committee:

- Noted the contents of Report IQC/2009/73

9.4 Tayside Improvement Panel Update

Mr Wightman spoke to Report IQC/2009/74. He advised the Committee the Tayside Improvement Panel were developing the report to ensure they were providing assurances regarding governance for the Improvement and Quality Committee. He brought the additional note on page five of the report to the Committees attention noting the grading system which would be introduced for future reporting. Mr Wightman asked Mrs Forsyth if she was happy the report was moving in the right direction and whether the report contained the information the Improvement and Quality Committee was looking for.

Mrs Forsyth highlighted to the Committee that meetings and discussions had taken place to ensure that governance and assurance were being given.

Mrs Forsyth queried if the Tayside Improvement Panel were coping with the workload. Mr Wightman indicated the workload was no different from the work being carried out by the Improvement and Quality Committee and this reflected the organisations importance relating to clinical governance.

The Improvement and Quality Committee:

- Noted Report IQC/2009/74

9.5 NHS QIS Dental Out of Hours Report

Mr Andy Yuill was in attendance for Report IQC/2009/75.

Mr Wightman queried why it took so long for a report to be published from NHS QIS as the Review had been carried out in November 2008. He further queried how they dealt with an issue that required urgent implementation. Mr Yuill advised the report goes back to NHS QIS to be formalised and standardised which is the programme carried out throughout the whole of Scotland. The NHS QIS report was received by NHS Tayside in August/September of this year. Professor Wilson stated that NHS QIS provided verbal feedback after the Review and if they had something requiring urgent implementation NHS QIS would highlight this immediately.

Ms Angus noted the action referred to on page 2 around key performance indicators. She queried if this was to be developed at national level and indicated she would like to be included in discussions regarding this point.

Ms Selkirk asked where the Dental Out of Hours Steering Group Minutes were presented. Mr Yuill advised they were presented to the Dental Executive Group but was unsure which Standing Committee these were presented to. Ms Selkirk advised this would have to be looked into and asked Mr Yuill to advise her where this information was presented.

The Committee discussed how patients accessed the Dental Out of Hours Service and noted this was providing a patient focused service.
Ms Selkirk advised Looked After Children often required more dental care but were less likely to be registered with a dentist and she queried if there was a responsibility on the service if they were not registered.

Mr Yuill advised that non-registered patients needs were accessed through the community dental service.

Ms Scott noted that the NHS QIS report was not attached to the report and therefore the Committee did not have access to the scores and proposed improvements to be implemented.

Ms Selkirk indicated that NHS QIS reports would be attached to updates in the future.

The Improvement and Quality Committee:-
- Noted the contents of Report IQC/2009/75

9.6 Race Equality

Ms Santosh Chima spoke to Report IQC/2009/76. She advised a single equality scheme was being developed and the race equality plan would become part of this. She indicated that only one report would be presented in 2010 due to the streamlining of the single equality scheme. She further added that NHS QIS would be carrying out a review of Race Equality in February 2010.

Ms Selkirk queried how NHS Tayside would match up against the NHS QIS framework. Ms Chima indicated they were hoping to achieve a high level in 2010.

Ms Scott noted a report had been presented to the Strategic Policy & Resource Committee regarding financial decisions being undertaken by NHS Tayside regarding Equality and Diversity. She added that discussions with Local Authority colleagues had indicated the equality and diversity framework was patchy and this needed to be addressed.

Ms Chima highlighted the Commission were very much aware of the Single Equality Act and NHS Tayside were impact assessing all key areas. Mrs Forsyth asked if there were any development events planned to ensure Tayside NHS Board were aware of the Single Equality Act.

Ms Chima advised there was a development Event in February 2010 for Equality and Diversity.

The Improvement and Quality Committee:-
- Noted the content of Report IQC/2009/76
- Agreed the Director of Workforce was to provide further detailed reports on the Single Equality Scheme and Action Plan

9.7 Interpretation and Translation Policy

The Committee was advised the Policy was not attached to the Report and therefore could not be discussed. It was agreed that Report IQC/2009/77
would be presented to the Improvement and Quality Committee in January 2010.

10 Items for Information

10.1 Record of Attendance

The Improvement and Quality Committee:-

- Noted Report IQC/200978

10.2 Improvement and Quality Committee Work plan

Ms Caroline Selkirk spoke to Report IQC/2009/79. She advised the Committee that the work plan had been implemented to ensure the Committee met its Governance obligations throughout the year.

The Improvement and Quality Committee:-

- Noted Report IQC/2009/79

11 AOCB

There was no further business.

12 DATE OF NEXT MEETING

The next meeting of the Improvement and Quality Committee will take place 12 January 2010 at 2.00pm within the Board Room at King’s Cross.

Subject to any amendments recorded in the Minute of the subsequent meeting of the committee, the foregoing Minute is a correct record of the business proceedings of the meeting of Tayside NHS Board Improvement and Quality Committee held on 24 November 2009 and was approved by the committee at its meeting held on Tuesday 12 January 2010.

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CHAIR DATE