MINUTES OF THE MEETING OF FIFE NHS BOARD HELD ON TUESDAY, 30 OCTOBER 2012 AT 10.00 AM IN ROOM 10, ROTHES HALLS, GLENROTHES

Present:

Professor J McGoldrick (chairperson)  Ms M Harper, Non-Executive Director
Ms M Adams, Non-Executive Director  Mr S Little, Non-Executive Director
Mr P Adams, Non-Executive Director  Mrs A McGovern, Non-Executive Director
Ms S Archibald, Non-Executive Director  Dr B Montgomery, Medical Director
Mr H Blyth, Non-Executive Director  Mr A Morris, Non-Executive Director
Mrs C Bowring, Director of Finance  Mr A Robertson, Non-Executive Director
Mrs W Brown, Employee Director  Cllr A Rodger, Fife Council
Ms A Buchanan, Nurse Director  Ms A Rooney, Non-Executive Director
Dr K Cheshire, Chairperson, Area Clinical Forum  Mr D Stewart, Non-Executive Director
Mr K Cochran, Non-Executive Director  Mr J Wilson, Chief Executive
Dr E Coyle, Director of Public Health  Mr J Winton, Non-Executive Director

In Attendance:

Mr G Cunningham, Acting Director of Acute Services
Mr D Christie, Director of Organisational Development
Mrs V Irons, General Manager, Glenrothes & North East Fife CHP (part)
Ms R M King, Director of Human Resources
Mr J Leiper, Director of Estates, Facilities & Capital Services
Mrs S Manion, General Manager, Dunfermline & West Fife CHP
Ms R Fearon, Fife Council
Mrs M Porter, Acting General Manager, Kirkcaldy & Levenmouth CHP
Ms N Wilson, Head of Corporate Services
Mrs P M King, Corporate Services Manager (Minutes)

The Chairman welcomed Dr Katherine Cheshire, appointed as Chair of the Area Clinical Forum with effect from 1 October 2012, to her first meeting of NHS Fife Board.

74/12 DECLARATION OF MEMBERS’ INTERESTS

None.

75/12 CHAIRPERSON’S WELCOME AND OPENING REMARKS

A list of events that the Chairman had attended since the last meeting had been tabled. Attention was drawn to the Annual Review of NHS Fife with the Cabinet Secretary for Health & Wellbeing, Mr Alex Neil, held on 29 October 2012. A number of comments and reflections were made particularly noting the confidence and knowledge of the Executive Directors in representing NHS Fife and the detailed scrutiny undertaken by the Cabinet Secretary. The Chairman thanked those Board Members that had attended the event.

(a) Board Development Session – 25 September 2012
The Board **noted** the report on the Development Session

### 76/12 APOLOGIES FOR ABSENCE

Apologies were received from Dr I Lowles, Mrs J Mitchell and Mrs F Purdon.

### 77/12 MINUTES OF PREVIOUS MEETING HELD ON 28 AUGUST 2012

The Minute of the previous meeting was **approved** as a true record.

### 78/12 MATTERS ARISING

**(a) Integration of Health and Social Care Update – Route Map**

Mrs Manion advised that a route map was being prepared to give a pictorial representation of the inclusive decision-making processes across NHS Fife and Fife Council in relation to the Integration of Health and Social Care. This would show that proposals for change and regular updates would be submitted through the CHP and Operational Divisional Committees with a separate but parallel process in Fife Council.

The Chairman added that the Integration of Health and Social Care had featured strongly at the Annual Review through discussions with the Area Clinical Forum and Area Partnership Forum.

### 79/12 STATUTORY AND OTHER COMMITTEE MINUTES

**(a) Area Clinical Forum (ACF) dated 6 September 2012 (unconfirmed)**

Dr Cheshire confirmed that she would Chair her first meeting of the ACF on 13 December 2012. The ACF had agreed to focus on establishing a workplan for the year in an attempt to become more pro-active. Integration of Health and Social Care would be central to the workplan and allow Members to contribute to that agenda.

**(b) Area Partnership Forum dated 24 August 2012 (unconfirmed)**

The minute had been confirmed, with some minor amendments. Mr Cochran highlighted that Fife Council had agreed to pick up the cost of Protection of Vulnerable Groups (PVG) membership for their employees. Ms King advised that this was a national issue for the NHS and discussions with Trade Unions were on-going. The position to date was that NHS Fife would meet the cost of the PVG scheme membership, currently £59, for staff employed in Bands 1 – 4 with staff on Bands 5 and above required to meet their own costs of membership to the scheme.

**(c) Audit Committee dated 20 September 2012 (unconfirmed)**

Mr Robertson stated that there had been some concern around the deadline for the Internal Audit Review of Waiting Times due to be completed by 17 December 2012. The audit which might involve the need to look at patient information required to go through Caldicott
approval prior to commencement. Mrs Bowring confirmed that Internal Audit had received data packs for NHS Fife and Mr Gaskin, Chief Internal Auditor, had not expressed any concern about completing the audit by the deadline for the Special Audit Committee at the end of November.

(d) **Clinical Governance Committee dated 8 August 2012 (unconfirmed)**

In the absence of the Chair of the Committee, the Board felt there were potential areas of inaccuracy and referred the minute back to the Clinical Governance Committee.

(e) **Dunfermline & West Fife CHP Committee dated 13 September 2012 (unconfirmed)**

Ms Adams referred to the Primary Care Emergency Service Annual Report which was a very interesting report on the work of the service and she commended it to Board Members. Copies could be made available if required.

In response to Mr Cochran, Dr Coyle confirmed that the number of supervised instalments of methadone had increased due to the control around the dispensing of methadone and that clients were being encouraged to get methadone through the supervised route. The Board was interested in receiving a briefing on this issue in due course.

Councillor Rodger was pleased to note developments at Queen Margaret Hospital and thanked the Chief Executive for arranging a briefing for Fife Councillors on 20 November 2012.

(f) **Fife Health & Wellbeing Alliance dated 6 September 2012 (unconfirmed)**

Professor McGoldrick recorded his thanks to Councillor Hamilton for Chairing the meeting in his absence. Dr Coyle said the minute covered a number of routine issues under the oversight of the Health & Wellbeing Alliance and highlighted the update from Fife Alcohol and Drug Partnership and a paper around the impact of Welfare Reform looking at anticipating the impact of measures coming in from the Department of Work & Pensions. This was the first paper on this issue to consider what the implications might be and Dr Coyle would circulate it to Board Members.

(g) **Fife Partnership Board dated 29 August 2012 (unconfirmed)**

Professor McGoldrick stated that this was the first meeting of Fife Partnership Board under the new administration confirmed following the election in May 2012. Councillor Rowley had been appointed as Chair, with Professor McGoldrick appointed as Vice-Chair.

In response to Mr Little, Dr Coyle confirmed that some of the principles of the Equally Well initiative such as how to work across structures, etc,
were embedded into the Community Plan and lessons from Equally Well Test Sites were being embedded in the ethos of partnership working. A conference was being held in November 2012 to share the lessons learned. Dr Coyle agreed to circulate the final report of the Equally Well Test Sites to Board Members. Similar reports would also be circulated to Board Members as a matter of course.

(h) Finance & Resources Committee – Part 1 dated 25 September 2012 (unconfirmed)

Mrs Bowring updated Members on the position with regard to Glenwood Health Centre and was pleased to advise that Scottish Government had identified additional public capital funding to allow the project to be procured as a capital funded scheme. It was therefore hoped that work would start on site late December/early January rather than September 2013. This had been brought forward due to slippage in capital schemes elsewhere in Scotland. Mrs Irons reported that stakeholders were delighted that this could be started earlier than anticipated and passed on thanks to all involved. She advised that some final work on preparing business cases, etc, would be required and consideration was being given as to how to take this through the approvals process of the Board. Professor McGoldrick took the opportunity to thanks Mrs Irons and colleagues for the work done on this project.

(i) Glenrothes & North East fife CHP Committee dated 19 September 2012 (unconfirmed)

Mr Morris highlighted two matters namely the breakdown of x-ray equipment at Glenrothes which was cause for concern and meetings held in Glenrothes around the proposed changes to out of ours services (PCES) which had not been definitively addressed. Mr Wilson explained that NHS Fife operated a planned replacement programme for expensive machinery looking at the lifespan of equipment and this had worked successfully over the past few years. However, the x-ray at Glenrothes had failed before it was ready to be replaced and funding within the planned programme of replacement had already been committed. There was no source of funding at this stage but the equipment would be replaced once funding had been identified.

The issue of PCES had been raised at the Annual Review on 29 October 2012 and the Chairman had been asked to follow this up.

In response to questions around the Improving Emergency Flow Access Programme, Mrs Irons advised that daily discussions were held about the flow of patients from acute hospitals and where capacity existed patients that required step down facilities were transferred; this was done on an individual basis with every effort made to match available beds to patients on a geographical basis. There were excellent facilities and skills within the community hospitals and generally people were happy to receive their care there.
Although a common cause for delay was requirement for adaptation to patient’s homes or where the patient was to move to residential care Mrs Irons believed that Fife Council had been pragmatic about housing solutions. There were people in delay but engagement with Fife Council was good and solutions were being found albeit there was still work to be done. Mr Wilson reassured Members that NHS Fife was working closely with colleagues in all departments within Fife Council to ensure patient flow was smooth and to find solutions for individual patients. The minutes of the Health & Social Care Partnership of 30 August 2012 (item 79/12 k) highlighted the improved performance on waiting times for major disability adaptations.

Ms Rooney asked about £579k of efficiencies which would be phased in during the second half of the financial year and was advised that this was due to having to identify alternative schemes to the same value in order to meet efficiency targets.

(j) Health & Safety Governance Committee dated 14 September 2012 (unconfirmed)

There was nothing to add. In response to Ms Rooney, Mrs Manion confirmed that the six RIDDOR reportable incidents were around a cluster of issues that were being addressed.

(k) Health & Social Care Partnership dated 30 August 2012 (unconfirmed)

There was nothing to add.

(l) Kirkcaldy & Levenmouth CHP Committee dated 11 September 2012 (unconfirmed)

Mr Robertson referred to Fife’s Community Kitchen Executive Report (28/12) and recommended the report to Board Members to read.

Mr Winton asked about roll out of Hospital at Home and was advised that both Glenrothes & North East Fife and Kirkcaldy & Levenmouth CHPs had recruited all the nursing staff. A comprehensive education programme was in place and staff were working through this. Within Kirkcaldy & Levenmouth CHP there were currently two GP practices working with the Hospital at Home team as early implanters. Implementation was being done on a progressive basis as skills were developed as it was essential to get it right for the patients. A report would be submitted to the Board in due course on the impact of Hospital at Home.

(m) Operational Divisional Committee dated 12 September 2012

Mr Stewart drew attention to the Director of Estates & Facilities Report (79/12) and stated that there was no intention to charge for car parking; this was against Scottish Government Policy. Work had commenced on Car park ‘H’ at Victoria Hospital and once this had been completed a
review of car parking at Victoria Hospital would be undertaken to better improve the patient and visitor experience.

(n) **Pharmacy Practice Committee dated 12 September 2012 (unconfirmed)**

Mr Winton confirmed that the minute was a report on the pharmacy application for East Wemyss which had been approved and there had been no appeals.

(o) **Service Redesign Committee dated 14 August 2012 (unconfirmed)**

Mrs McGovern advised that Dr Montgomery had applied for a patient representative to sit on the Committee.

In response to Mr Winton, Dr Montgomery confirmed that a Strategic Liaison group had been re-established between NHS Fife and the Scottish Ambulance Service to look at a number of practical issues and this would feedback through the redesign route.

The Board *noted* the above Minutes.

**HEALTH IMPROVEMENT AND JOINT WORKING**

**80/12 OPERATIONAL ISSUES**

(a) **Preparing for Winter 2012/13**

Mr Cunningham introduced the report which was an annual report that required to be published on the website. A number of valuable lessons had been learned following two difficult winters that had brought a number of challenges affecting service delivery and quality of care. Planning for this year had been developed on a partnership basis with all partners working together to ensure a whole system approach to the overall plan and Fife was as prepared as it could be.

In response to a number of questions, Mr Cunningham confirmed that a table-top exercise had been held to test the Plan and the Plan was reviewed on an annual basis. Any escalation of capacity within the voluntary sector would be through the Strategic Co-ordinating Group, with additional private sector capacity sought through Fife Council. NHS Fife did, however, plan to use its own capacity rather than commission extra capacity at an additional cost. In terms of out of hours, meetings were held at the end of each week to look at capacity issues for the week-end taking account of weather, demand, etc and this allowed time to resolve issues in advance as much as possible.

Councillor Rodger applauded the joint work being undertaken and highlighted work being undertaken by the Social Work Department for the Christmas/New Year period. Mrs Irons took the opportunity to advise that the Plan had also been developed in cognisance with the flows from NHS Tayside whereby the best elements of both plans and systems had
been shared to come up with the NHS Fife Winter Plan.

Mr Stewart and Mr Cunningham thanked everyone that contributed to the Plan, in particular work by Mr Orr, Business Continuity Manager, and Mrs Wilson, Director of Clinical Delivery.

The Board:

- noted the approach to winter planning 2012/13; and

HEALTH SERVICES

81/12 OPERATIONAL ISSUES AND PERFORMANCE MANAGEMENT

(a) Board Executive Performance Report: October 2012

Mr Wilson took Members through the report to October 2012 which followed the usual format, noting in particular information on Developing Proposals for New HEAT Targets for 2013-14, Patient Availability Codes, Endoscopy Surveillance, Dementia Award for staff from Ward 44 at Victoria Hospital, IVF Provision and Complaints. The award for staff from Ward 44 referenced the innovative practices adopted by the ward and, following an unannounced visit by the Mental Welfare Commission, would be used as an example of best practice for other Health Boards.

Section A – Balanced Scorecard (BSC) 2012/13 Progress Report

Mr Wilson updated Members on performance related to the Balanced Scorecard and on the 2012/13 HEAT targets and referred members to the progress report contained at Appendix A. NHS Fife was performing well on the majority of targets and standards but a number were still challenging such as sickness absence. Mr Morris commented that some targets did not necessarily drop off when others were brought on; this was determined by Scottish Government and the issue had been raised at the Board Chief Executives’ meetings.

Questions were asked and responded to related to targets for childhood immunisation, delayed discharges, the improvement in A&E waiting times, stroke services, A&E attendance rates and CAMHs waiting times.

Section B – Activity Report

Mr Cunningham introduced the report that highlighted progress towards the Board’s activity targets in the period to 31 August 2012 and took Members through the report in detail, highlighting the following:

- Outpatient referrals had risen by 5.7%, with ‘new’ outpatient attendance increased by 2.4% and review attendances by 9.5%. Part of that reflected a change in practice whereby fewer patients were brought into hospital and were treated by a series of appointments as part of a planned progress of care. Outpatient Appointments: number
of people waiting for a new outpatient consultation was 20% higher than at the end of August 2011. Some 96.0% (10935 patients) had received an appointment within 12 weeks of referral.

- The pressures on outpatient activity were being offset by a reduction in the number of people waiting for inpatient/day case admission. There were 2148 patients waiting for Inpatient/Day Case admission at the end of August which was 4% lower than the same period last year. Of these 97.6% had waited nine weeks or less from being placed on a waiting list to admission for an inpatient or day case procedure.

- Diagnostic Waiting Times: There was a six-week maximum waiting time standard for eight key diagnostic tests. The figures illustrated that between July and August the number of patients waiting decreased by circa 350 patients (just over 7%). At the end of August, 560 patients had waited more than six weeks for Diagnostics test, 398 for Imaging and 162 for Endoscopy. The Imaging figure was the lowest reported since November 2011 and reflected the increased capacity provided by additional staffing and Diagnostics sessions. There had been an increase in Endoscopy breaches and this service would continue to come under increasing pressure when the Detect Cancer Early campaign for colorectal cancer was initiated. Mr Cunningham explained that there had been a number of issues around recruitment, sickness, etc, which had led to problems and discussion was taking place with Scottish Government about a range of solutions to reduce the backlog, but this was a national problem. Plans included training further nurse endoscopists but although staff were in training it would be some time before they were properly trained.

- The three targets above combined into the 18 Weeks Referral to Treatment target and NHS Fife continued its excellent performance above the national target.

- Cancer Waiting Times: the two cancer treatment HEAT targets to be met were outlined at para 3. Performance for the quarter ending June 2012 showed that NHS Fife had achieved 92.4% against the 62 day target and 97.6% against the 31 day target. There were a number of issues around the 62 day target which was below standard partly around staffing and partly due to the complexity of pathways and activity and discussions were taking place with Scottish Government.

- Good progress continued against the Drug & Alcohol Services waiting times with NHS Fife exceeding the end target of 90% nine months ahead of schedule.

- After exclusions the overall number of delayed discharges reported for September was 73, an increase of two compared to August. The number of patients in delay for more than four weeks was 16, six more than in August and five behind the planned position at this time.
Emergency Access: the quarter ending June showed that 94.8% of people had been admitted, discharged or transferred for A&E treatment within four hours of arrival, against a standard of 98%. Unvalidated data for the quarter ending September showed that NHS Fife exceeded the 98% standard in each month and the challenge for NHS Fife going forward was to ensure that the position was sustained during the winter months when pressures on emergency services were always greater.

A&E Attendances were lower than in previous years. Work had been undertaken around emergency care and other programmes of work identified which aimed to reduce attendance further.

The Board **noted** the Activity Report.

**Section C – Capital Programme 2012/13**

Mrs Bowring introduced the report which covered the period to 30 September 2012. The report outlined expenditure to date, changes to the Board’s Capital Resource Limit (CRL), details of changes in Planned Expenditure and updated on the Glenwood Health Centre Project.

Appendix A provided details of current expenditure which amounted to £3,394m, 26% of the estimated annual expenditure. The main areas of expenditure were summarised at para 2.3. Although the rate of spend was slower than expected, meetings with project managers had been undertaken and it was estimated that NHS Fife would spend its CRL in full. However, a lot of work remained to be undertaken over the next six months to ensure the CRL was spent in full as there was no facility to bank funds with the Scottish Government this year. Since the previous report to the Board, one new allocation had been received to support equipment and minor works for colorectal and dermatology cancer services. A further allocation was anticipated for £549k in respect of funding for six laundry driers from the Carbon Management Fund.

Appendix B showed changes in the plan resulting from any new allocations received and from updated estimates for schemes already approved. The only major change was a transfer of £200k from the eHealth budget to the Statutory Compliance budget in respect of slippage to allow the acceleration of the replacement lift programme at Victoria Hospital.

Ms Rooney asked about the current underspends within budgets for statutory compliance and the Low Secure Inpatient Unit at Stratheden Hospital and was reassured that all funding would be committed by the year end. Slippage on any scheme had to be managed internally for use against schemes already approved.

An update on procurement of the new Glenwood Health Centre had already been provided under item 79/12 above.
The Board:

- **noted** the Expenditure to 30 September 2012;
- **noted** the current Capital Resource Limit position;
- **noted** the changes in Planned Expenditure; and
- **noted** the update on the Glenwood Health Centre Project.

**Section D – Financial Position to 30 September 2012**

The report covered the six months to the end of September and was based on the Financial Framework approved by the Board at its meeting on 29 May 2012. Since the initial allocation to the Board there had been a number of changes to the Revenue Resource Limit (RRL) and these were set out in para 2 of the paper with a summary of all the main changes in available income shown in Appendix A. Mrs Bowring highlighted the increase in allocation of £347k for the carry-forward surplus from 2011/12 and a reduction in allocation of £360k for the partial repayment of Scottish Government support from 2011/12.

The table under item 3.1 pulled together the performance of all the operational and delivery areas. This showed a total overspend of £2.057m, which was close to the trajectory. There were two main areas of concern, namely the Operational Division which was £2,317k overspent principally reflecting overspends across Clinical Directorates and Non Fife and Other Healthcare Providers which had an estimated overspend of £381k. Attention was also drawn to pressure within income recoveries such as catering income.

Mrs Bowring also drew attention to the positive move in the position of Prescribing compared to previous years.

The table under item 4.2 summarised progress to date in the identification of detailed efficiency plans and delivery against them; these had been further broken down to show savings within each of the delivery units. This showed that NHS Fife had delivered a total of £4,447k of savings, £322k ahead of the trajectory included in the Local Delivery Plan. The position was improving month on month as schemes were identified by managers. Whilst delivery was ahead of trajectory, the key measure of performance was the anticipated outturn at the end of the year and this showed that NHS Fife currently had plans identified of £17,116k, £408k short of the total target. It was anticipated that sufficient additional schemes would be identified by the year-end to close the gap. The estimate of £3.2m of non–recurring savings by the year-end was a high risk.

At this stage in the financial year, detailed projections were yet to be carried out on the assessment of the year-end position for the individual areas but a breakeven position was anticipated. Mrs Bowring emphasised however that the Board was likely to incur additional costs over the winter months, ensure that waiting time targets were met and
required that all areas delivered their targeted efficiency savings.

Mr Robertson commented on the Audit Scotland report that acknowledged the difficulty of achieving savings year on year and he congratulated staff on their hard work in this regard.

The Board noted the financial position at 30 September 2012.

Section E – The Scottish Patient Safety Programme (SPSP) NHS Fife Update Report

The report for the period July to September 2012 provided a brief overview of the programme and focused on the progress of the workstreams. There were three areas of broad activity in support of the programme – sustain early work, consolidate that work more widely across the acute sector and into the community hospitals and to extend the programme into Mental Health, Sepsis, Primary Care, etc. NHS Fife remained on a score of 3.0 (out of 5) which demonstrated compliance with precise criteria for the core workstreams within the Operational Division but did not reflect the additional work underway. The CHPs also provided reports to the Patient Safety Implementation Group of their progress which was beyond the requirements of the programme at this stage.

There were now 14 workstreams in Fife associated with the SPSP and good progress was being seen in various areas, including the General Ward, Critical Care, Medicines Management, Perioperative and Paediatric workstreams.

A national learning session was taking place in November 2012 and NHS Fife had been allocated 35 places.

The Board:

- noted the overview of progress for each workstream.

Section F – Healthcare Associated Infection Reporting Template (HAIRT)

Ms Buchanan referred to the key points from the standard reporting template, the subject of which had been discussed in detail at the Annual Review. The report stated that SAB case numbers in June and July had been brought back down to previous levels of eight cases per month. However, there was a high risk that NHS Fife would not achieve the March 2013 HEAT target for SAB and colleagues from Health Protection Scotland had been asked to consider if there was anything that could be done differently to assist in this matter.

Results for C difficile Infection remained low with the quarterly rate slightly up on the previous quarter and NHS Fife was well on track for the March 2013 target.
NHS Fife maintained a high handwashing compliance rate with 96% which matched the national average.

Progress continued to be made around Cleaning and the Healthcare Environment with NHS Fife’s compliance rising to 97.9% in the period.

Since the last report no wards had been closed due to Norovirus.

The Board:

- noted the Assessment of NHS Fife’s position as regards HAI; and
- noted the initiatives underway to reduce the incidence of HAI.

Section G – Corporate Risk Register

Progress had been reported in August and February and therefore did not form part of the October Board Executive Performance Report.

Section H – Freedom of Information (FOI)

Mr Wilson stated that the number of requests had increased over the past few months. The response rate to reply within 20 days had improved to 97.1% and 100% for August and September respectively. Responses to all requests were disclosed on the NHS Fife web site.

The Board noted the report.

(b) NHS Fife Employment Initiatives - Social Inclusion

Ms King referred to the paper that provided an overview of the various employment initiatives currently being undertaken within NHS Fife to support the Social Inclusion agenda including the Employment of Young People Initiative along with supporting individuals into NHS Employment.

As the second largest employer in Fife, NHS is committed to working in partnership with Fife Council, Jobcentre Plus and local Colleges to develop appropriate employment and work experience opportunities through the Opportunities Fife Group, particularly aimed at individuals not currently in employment. There were a number of challenges for the health sector particularly that the largest part of the workforce was professionally qualified which made opportunities more limited but there was also a need to encourage people to come to work and get people ready for work.

With regard to opportunities for people with mental illness and disabilities it was important to lead the way looking at what type of support could be given. This was considered through the Opportunities Fife Group and was being pursued as best it could but there was a need to balance the positions that could be offered. Professor McGoldrick highlighted that the Leader of Fife Council was keen to maximise the impact of this and had identified funding for apprenticeships.

The Board:-
82/12 CHIEF EXECUTIVE’S REPORT

A list of events attended by the Chief Executive during the period had been tabled. Attention was drawn to the CHKS Quality Standards Survey to Central Lisbon Hospital. CHKS was an international organisation that had established a set of quality standards for health care taking over work developed nationally by Kings Fund. It was similar to systems within NHS Scotland whereby a team of professionals visited hospitals to inspect services against standards and provide action plans to be completed.

83/12 ITEMS FOR INFORMATION

(a) Monthly Board Briefing on Delayed Discharges August and September 2011 Census;

The Board noted the above reports.

84/12 ANY OTHER COMPETENT BUSINESS

There was no other competent business.

85/12 DATE OF NEXT MEETING:

Tuesday 18 December 2012 at 10.00 am in Room 10, Rothes Halls, Glenrothes. The Board was reminded that a special Board meeting might need to be convened in November to consider the Audit on Waiting Times.