Independent Advisory Group (Tayside Breast Cancer)
Fourth Meeting – 22 May 2019
1130- 1300
SHSC, Edinburgh

Note of fourth meeting

Attendees -
Aileen Keel (Chair)
Lorraine Cowie (by V/C)
Amanda Croft
James Mander
Laura McIver (by T/C)
Alan Rodger
David Dunlop (by T/C)
Aileen Muir
Marianne Barker (Secretariat)
Robert Law (Secretariat)

Apologies were given by Ian Rudd, Boyd Peters, David Cameron and Grant Archibald

1. The Chair welcomed everyone and apologies were noted. George Doherty, Director of Workforce at NHS Tayside was welcomed for the first part of the meeting to discuss organisational development at NHS Tayside.

2. George discussed a number of recent actions taken by NHS Tayside on workforce and organisational development in the context of some Scotland wide policy initiatives.

3. It was noted that positive leadership helps to develop strong teams, which in turn improves patient care outcomes. It was also noted that leadership and management are not the same thing. Leadership has a wider definition, encompassing any individual who can influence others.

4. NHS Tayside launched a 5 year plan in October 2018 to recalibrate organisational culture. This is a wide ranging plan, covering all elements of leadership, starting with basics such as effective appraisals and work plans.

5. The role of imatter (an anonymous staff survey of all NHS staff) was discussed in relation to the contribution it can provide to staff governance. However it was noted that reporting from the system currently relates only to line management structures and does not reflect multi-disciplinary team working, although work with Strathclyde University is underway to look at how imatter reporting may become more flexible in future.

6. In the context of the Tayside breast cancer issue, mechanisms and methods to rebuild broken working relationships and trust were discussed. It was noted

that NHS Tayside have commissioned external consultancy to undertake some work in this area over the summer to support diagnostic work.

Action 10- George agreed to circulate a number of additional documents to the Group e.g. on the 5 year plan, workforce etc. via the secretariat.

7. The importance of rebuilding inter-board and regional relationships across the NCA was also discussed. Amanda said that this would be raised at the next meeting of North of Scotland Chef Executives.

   Action 11- Amanda to raise regional relationships (across NCA) at next North of Scotland CE meeting.

8. George noted that some work was being developed on a pilot proposal to embed leadership and understanding of organisational structures into medical training at 2 medical schools (Dundee and Glasgow). If successful that could eventually be rolled out across Scotland.

9. It was confirmed that the relevant clinicians were sighted on media responses previously issued by NHS Tayside, and would be involved in developing the lines around the RCP report once available.

10. The note of last meeting (paper 4/2) was agreed for accuracy with minor clarification amendments.

11. Laura clarified that work on the SACT consent guidance (action 7) was making good progress but would not be finalised in time to inform the work of the group.

12. It was noted that potential recommendation number 10 (country wide review of cancer CMGs) would require resource to achieve, and that this should be noted in the final report.

13. It was agreed that the Group would accept the consultants offer to meet in Dundee after 3 June. The consultants offer to submit collated background information was discussed, but it was agreed that the Group's remit was forward looking and did not cover revisiting the evidence base on which previous reports were based.

    Action 12- Secretariat to arrange meeting with consultants and clarify remit.

14. The work plan was discussed, noting that only 4 weeks remained before the group intended to report to CMO. It was agreed that the meeting on 12 June would be extended slightly to allow detailed discussion of a draft report, and "close the loop" on today's OD discussion.

15. It was advised that the next meeting would take place on Wednesday 29 May 11.30-1pm at SHSC. Members are able to attend in person or use video/ teleconference facilities.

16. The Chair thanked everyone for attendance and drew the meeting to a close.

Summary of action points

Action	**Detail**	Owner	**Status**
1	Secretariat to circulate conflict forms to group	Secretariat	**ongoing – awaiting responses by 30 May**
2	NCA Governance discussion at second meeting	Lorraine	complete
3	Consider Montgomery judgement/ informed consent at a future meeting	Secretariat	complete
4	All three regional networks should be invited to look at governance structures, particularly regarding standardised approaches and nomenclature.	Secretariat	complete- attending on 29 May
5	It was agreed that Lorraine Cowie would send a weblink to all the published NCA governance documents.	Lorraine	complete
6	Group to consider draft of revised NCA breast cancer CMG at 5 June meeting.	Secretariat	**Ongoing**
7	Laura McIver to confirm when guidance on SACT consent would be finalised.	Laura	**Complete**
8	Grant Archibald to identify an individual with OD expertise to attend the next meeting (22 May).	Grant	**Complete**
9	Group to consider RCP report once available.	All	**Ongoing- awaiting report**
10	George agreed to circulate additional documents to the Group via secretariat.	Secretariat to liaise with George Doherty	**Ongoing**
11	Amanda to raise regional relationships (across NCA) at next North of Scotland CE meeting.	Amanda	**Ongoing**
12	Secretariat to arrange meeting with consultants and clarify remit.	Secretariat	**Ongoing- 6 June offered**

Summary of potential recommendations

Number	Summary	Meeting
1	NHS Boards in Scotland should audit all existing cancer Clinical Management Guidelines (CMGs) and associated SACT protocols against extant central reference material e.g. relevant Scottish Intercollegiate Guidelines Network (SIGN) guidelines. If variation exists, this needs to be explained and justified.	**1**
2	The Regional Cancer Networks should formalise the current informal process of sharing revisions of CMGs between networks.	**1**
3	All staff (particularly clinicians) in Scotland to be reminded of the requirements of MEL 1999 (10) – circulated as Paper 1/7- whether this be by re-issue or other means	**1**
4	Consider whether para 1.43 of CEL 30 (2012)- issued as Paper 1/ 8- requires clarification regarding where the balance of governance lies, locally and regionally.	**1**
5	A national system for the development of CMGs should be established and articulated in a new CEL.	**2**
6	The national meeting of the Scottish Association of Medical Directors should be utilised to ensure senior clinical buy in	**2**
7	All NHS staff should engage with NHS governance processes such as those described in MEL 1999/10. In the case of consultant oncologists this should include attendance at relevant advisory groups, e.g. tumour specific meetings, which should be stipulated in their job plans.	**2**
8	For informed consent to take place, patients must be explicitly informed of risks of treatment and this discussion should be recorded.	**3**
9	All boards should use SACT consent forms to ensure national consistently in documentation for informed consent across Scotland.	**3**
10	A national country-wide review of cancer CMG's is required, noting that this may take up to 24 months. (number 2 should be implemented in the short term, while number 5 would take longer to implement).	**3**
11	The current contractual and upgrading issues associated with ChemoCare (the SACT electronic prescribing system in place across Scotland) should be resolved as quickly as possible, to allow the generation of national reports capable of identifying variation in prescribing practice.	**3**

12	A separate group should be set up to ensure implementation of the recommendations of this group, particularly those relating to long term changes in organisational culture across NHS Scotland.	**3**