

**Taskforce for the Improvement of Health Care & Forensic Medical Services for Adults, Children & Young People who have experienced Rape & Sexual Assault**

**Quarterly Taskforce Meeting  
Meeting Minutes & Actions**

**Thursday 29 August 2019: 14:00-16:00**

**St Andrews House, Regent Road,  
Edinburgh. EH1 3DG**

**Attendees:**

- **Chair – Dr Catherine Calderwood (Chief Medical Officer for Scotland)**
- Colin Sloey (National Co-ordinator - CMO Taskforce, SG)
- Tansy Main (CMO Taskforce Unit Lead, SG)
- Vicky Carmichael (CMO Taskforce, SG)
- Mark Burgess (CMO Taskforce, SG)
- Ruth Winkler (FMS Bill - Deputy Team Leader, SG)
- Kirstin Leath (Health Forensic Lead, SG)
- Adam Bircham (CMO Taskforce, SG)
- Sandy Brindley (Chief Executive, Rape Crisis Scotland)
- Sybil Canavan (Chair of Workforce and Training Subgroup and Head of People and Change at Glasgow City HSCP)
- Iona Colvin (Chief Social Work Advisor)
- Anne Marie Hicks (Head of Victims and Witnesses Policy)
- Fiona Murphy (Director of National Services Division (NSD), NHS National Services Scotland)
- Lesley Swanson (Child Protection, SG)
- Anne Neilson (Director of Public Protection, NHS Lothian)
- Gerald McLaughlin (Chief Executive, NHS Health Scotland)
- Carol Rogers (SPA National Lead Forensic Scientist - Sexual Offences)
- Katie Brown (Equally Safe Policy Coordinator, COSLA)
- Ann Hayne (Hayne, Ann - Gender-Based Violence Manager NHS Lanarkshire)
- Katie Cosgrove (Gender Based Violence Programme Lead, NHS Health Scotland)
- Karen Ritchie (Deputy Director of Evidence, Healthcare Improvement Scotland)
- Jessica Davidson (Senior Clinical Forensic Charge Nurse, NHS Lothian)
- Lorraine Simpson (Managing Director, The Lines Between)
- Alistair Graham (The Lines Between)
- Soumen Sengupta (Head of Regional Planning, West of Scotland, NHS)
- Orlando Heijmer-Mason (Team Leader, Health and Justice Collaboration, SG)

**Tele / Video conference:**

- **Video:** Alan Denison (Dean of Postgraduate Medicine, NES)
- **Telephone:** Tom Nelson (Director of Forensic Services, Scottish Police Authority)

**Apologies:**

- Dr Pauline McGough (Clinical Director and Consultant in Sexual and Reproductive Health, Sandyford Clinic)
- Michelle Harrity (CMO Taskforce, SG)
- Dr Edward Doyle (Senior Medical Adviser for Paediatrics, SG and Associate Medical Director for Women's and Children's Services, NHS Lothian)
- Detective Chief Superintendent Lesley Boal (Head of Public Protection, Police Scotland)
- Deb Wardle (Archway forensic examiner and Associate NES Champion)
- Boyd Peters (Assistant Medical Director, NHS Highland (representing the Scottish Association of Medical Directors - SAMD))
- Fiona Wardell (Health Care Improvement Scotland)
- Gary Jenkins (State Hospital GG&C)
- Lindsay Thomson (Medical Director of the State Hospitals Board for Scotland)
- Tricia Marwick (Chair, Fife NHS Board)
- Julie Cumming (Archway forensic examiner and Associate NES Champion)
- Louise Wilson (representing Directors of Public Health and NHS Orkney)
- James Crichton (Chair of Network Board, NSD and Chief Executive of the State Hospitals Board for Scotland)

- David Banks (Queen Margaret University)
- Greig Walker (FMS Bill - Team Leader, SG)
- Keir Liddle (FMS Bill team, SG)
- Detective Superintendent Phil Capaldi (Head of Rape Taskforce, Police Scotland)

#### **Agenda:**

1. **Welcome and Introductions:** Chair – Catherine Calderwood (CC)
2. **Apologies:** CC
3. **Minutes of Last Meeting and Actions Log:** CC
4. **Matters Arising:** CC
5. **Subgroup Updates:** CC plus subgroup chairs
6. **Agreed actions / next steps:** CC
7. **AOB:** CC
8. **Date of next meeting:** CC

#### **1 & 2. Welcome, Introductions & Apologies**

- Dr Catherine Calderwood (CC) welcomed all members to the meeting and asked the group to make introductions round the table and on teleconference.
- CC specifically welcomed Alan Denison (AD) from NES to his first meeting. CC also welcomed Orlando Heijmer-Mason (OHM), Soumen Sengupta, Lorraine Simpson and Alistair Graham as observers to the meeting.
- Phil Capaldi stated he was attending in Lesley Boal's place.
- CC advised that both Pauline McGough and Barry Muirhead are stepping down from their respective roles on the Taskforce and thanked them for their time, expertise and experience in assisting with the work so far.
- CC noted the apologies as above.

#### **3. Minutes of Last meeting and Actions Log (Papers 1 & 2)**

- CC invited members to review and agree the minutes as a true reflection of the previous meeting.
- The only amendment noted was that Katie Brown was at the previous meeting and not an apology. The minutes were then agreed by the group. CC commented that these would then be published on the SG Website.
- CC noted that the action log would be reviewed throughout the meeting during sub group updates.

#### **4. Matters Arising**

- CC commented that The Scottish Centre for Crime and Justice Research had published their Justice Journeys report and asked members to ensure they had seen this information in relation to our work. The link had been circulated with the agenda and papers.
- CC noted that on 26 June, the Scottish Government issued a response to the First Ministers National Advisory Council on Women and Girls recommendation. She highlighted that one of

<p>these was for “A world leading process for complainers of sexual violence including trauma informed forensic medical examinations”</p> <ul style="list-style-type: none"> <li>• CC stated that she is part of the Council and that it is important to take this priority forward as well as keeping the Council up to date on the Taskforce’s work.</li> </ul>
<ul style="list-style-type: none"> <li>• CC drew attention to Paper 20 (Trauma training update). This was noted with no comments.</li> </ul>
<ul style="list-style-type: none"> <li>• CC highlighted that the Victims Taskforce held its third meeting in June and that recent activity included ensuring victims voices are being heard. The next meetings are scheduled for 11 September and 11 December.</li> </ul>
<ul style="list-style-type: none"> <li>• CC noted that Gary Jenkins had now taken up post as chair of the Police Care Network. His apologies were noted and also that there was no PCN update since our last meeting.</li> </ul>
<ul style="list-style-type: none"> <li>• CC invited OHM to provide an update on the work of the Health and Justice Collaboration Improvement Board (HJCIB). He advised that it is jointly chaired by Paul Johnson and Malcom Wright and focuses on 3 key areas: health and social care in prison, distress of presenters into the health and justice systems and also the work of the CMO Taskforce. The board are also taking forward work on how information flows can be facilitated so that people can receive person centred care and are not harmed by a failure of information sharing. CC stated the board are key to bringing different areas together and helping to overcome barriers to improvement.</li> </ul>
<ul style="list-style-type: none"> <li>• CC advised that she had met the Health Board Chief Executives the day after the last Taskforce meeting and had given them five new asks. She stated that the previous asks were not a choice and had to be delivered. The new asks are layered on top of the original 5. CC highlighted that there was a positive response to these and invited Gerald McLaughlin (GMc) to provide his reflections on the meeting. GMc commented that Chief Executives were well sighted on the work and knew what was happening. They have understood these asks from CC and genuinely want to deliver improvements in the services. CS commented that the HJCIB is a helpful lever to ensure our work remains a priority and asked OHM if Malcolm Wright could take this forward. OHM agreed. CC also highlighted that the High Level Work Plan of the Taskforce has impressed Malcolm and that he wants to use this as an example for other areas.</li> </ul>
<p><b>New Action:</b></p> <ul style="list-style-type: none"> <li>• OHM to speak to Malcolm Wright to ensure Taskforce Work remains a priority for the HJCIB.</li> </ul>
<ul style="list-style-type: none"> <li>• CC noted the status of the Taskforce’s work in relation to the 10 HMICS recommendations.</li> </ul>

<p><b>5. Subgroup Updates</b></p>
<p><b><u>Legislation (Paper 3)</u></b></p> <ul style="list-style-type: none"> <li>• Ruth Winkler (RW) provided members with an update on the progress of the Forensic Medical Service (Victims of Sexual Crime) (Scotland) Bill. She also summarised the RAG report and noted that the consultation analysis report was published that morning.</li> <li>• Lorraine Simpson (LS, Managing Director, The Lines Between) gave a presentation on the Bill consultation report that they had prepared.</li> <li>• CS commented that we need to reflect on the content of the information that was delivered and asked if we have provided more detail to those individuals that had requested it? Greig Walker (GW) noted that many comments went beyond the work of the Bill and into more of the Taskforces work. He highlighted that the comments need to be reviewed to see what should be passed onto other subgroups. Vicky Carmichael (VC) commented that these comments being shared is strengthening the Bill and the clinical pathways.</li> </ul>

- Anne Hayne (AH) asked if there was any more information on the comments relating to conflicts between the new legislation and existing legislation. GW commented that the Bill will align with other Acts (i.e. mental health, child protection, vulnerable adults etc.).
- CC thanked LS and The Lines Between team for the report and commented that it was interesting to see that peoples comments were matching up to what we are looking at improving further down the line.
- GW thanked Keir Liddle (KL) for his work on the Bill over the last nine months as he is now moving onto another team.

### **Delivery and Performance (Papers 4 & 5)**

- CC Introduced CS to speak on this item.
- CS summarised the groups RAG report and advised that this now reflects the groups risk register approach.
- CS then highlighted the key points of the Stocktake Report. He commented that CC had already given a lot of the reports headlines. He noted that it was important to be clear on what we want to deliver but also to continually assess each Health Board as work progressed.
- He recapped that there were 5 areas to performance manage:
  - Progress against the HMICS recommendations.
  - Progress against the CMO's 10 asks.
  - The HIS indicators.
  - The groups Risk Register approach
  - The Taskforce's 5 year plan.
- He stated that a lot of progress is being made but the feedback from the consultation and Sandy Brindley (SB), Rape Crisis Scotland highlighted that there is more work still required.
- He noted that we now have consulted on the clinical pathways and are developing guidance on examinations. We are getting the right skills and competencies and supervision in place. We have developed the premises in the right locations. We are getting the correct controls on information. There is work ongoing on IT systems, on legislation and an understanding that this duty will mean Boards are accountable for service improvement.
- CS noted that he has assessed each Health Board's risk register return and that feedback has been provided to Boards and sub groups on these, as we move towards a Taskforce register.
- He also commented that there are key result areas and that we need to be clear on communication and the co-dependencies and how to move forward together as delays in one area can affect another.
- GMc asked about governance and oversight moving forward to ensure consistency across the country. CS explained the quality assurance process that was set out in a previous Taskforce paper and that performance information would feed in to annual Health Board reviews and the national sharing intelligence group, so that learning can be shared.
- GMc commented that there has been cases in the past that when you compare positive statistics against actual user experience and they don't match up. CS stated Health Boards will also be responsible for gathering qualitative data from people with lived experience of using their services.

### **Previous Actions:**

- Options appraisal to look at points of access in to services. Action still ongoing as this work will be folded in to the work of the recently formed Self-Referral Sub Group an update on which will be provided at the next Taskforce meeting on 03 December. **REMAIN OPEN**

- Pauline McGough to meet Sandy Brindley and Rhoda McLeod about location of services in Greater Glasgow (William St) - particularly the implications of its proximity to St Patricks Church. **COMPLETED - ACTION MOVED TO CLOSED**
- Ann Hayne to bring an update on the specification document for healthcare and forensic medical examination facilities. **COMPLETED - ACTION MOVED TO CLOSED**
- Carol Rogers (SPA) to prepare paper on environmental monitoring for the next meeting. **COMPLETED - ACTION MOVED TO CLOSED**
- Colin Sloey to update his stock take report for the next meeting. Target close date: 29 August. **COMPLETED - ACTION MOVED TO CLOSED**
- Colin Sloey to meet with NHS Lothian team to discuss geographical boundaries. **COMPLETED - ACTION MOVED TO CLOSED**
- Colin Sloey and Gerry McLaughlin to meet to discuss areas where Chief Execs can provide support and maintain momentum. **COMPLETED - ACTION MOVED TO CLOSED**
- Lesley Boal, Carol Rogers and Vicky Carmichael to meet to review what can be done to help prevent cross contamination with other pre-examination areas. **COMPLETED - ACTION MOVED TO CLOSED**
- All members to review the Environmental Monitoring paper and pass any comments to Vicky Carmichael (with particular attention to page 6) within 2 weeks. **COMPLETED - ACTION MOVED TO CLOSED**
- Eddie Doyle to bring a paper on the current provision and gaps in therapeutic services across Scotland for children and young people. **COMPLETED - ACTION MOVED TO CLOSED**
- Stine Neilson to ensure mapping work being taken forward by Child Protection is fed into the C&YPEG. **COMPLETED - ACTION MOVED TO CLOSED**

### **Survivor Reference Group**

- CC invited SB for an update from the survivor reference group.
- SB provided a copy of the anonymised transcript from a recent meeting that GW and TM had with them about their experience of services in the past and highlighted some of the key points.
- GW commented that speaking to survivors to understand how their views was the most important part of the Bill process and has helped to shape the legislation.
- SB noted that Bill consultation was excellent.
- SB noted that the action to look at a name for services in Scotland had been progressed. The names SARC (Sexual Assault Regional Centre) and SASS Sexual Assault Support Services had been suggested from the group but it was suggested that the Taskforce consider any further names before reaching a final decision.
- SB noted that an information booklet is being developed to replace the blue book. They have consulted and drafted a short booklet which survivors can take away with them in the immediate aftermath of a rape or sexual assault. CS asked who the survivor transcript could be circulated to as they had weighty and relevant comments. AH also noted that it would be good to use some of the quotes in the specification document. SB commented that they had been anonymised and free to be shared. An action was noted to share the Minutes and quotes with relevant groups to reinforce the work of the Taskforce.

### **Previous Action:**

- Sandy Brindley to consult the Rape Crisis Reference Group on a generic name for services. Final names to be finalised and group to vote on preferred name. Final name to be brought to next meeting. Names have been brought and members were to either suggest alternatives and/or vote on the suggested names before the next meeting. **REMAIN OPEN**

### **New Actions:**

- Taskforce secretariat to share note of discussion with Rape Crisis Scotland Forensics Focus group with Health Board nominated leads and the Victims Taskforce.

	<p><b><u>Information Governance (Paper 6)</u></b></p> <ul style="list-style-type: none"> <li>• CC noted the RAG report and that there is currently a consultation open on the new Information Sharing Agreement (ISA) and Data Protection Impact Assessment (DPIA). She stated that this was a very significant milestone and thanked everyone involved for their work on this. She then invited VC to speak to this item.</li> <li>• VC commented that the consultation opened on 7 August for 12 weeks until 30 October and that Healthcare Improvement Scotland (HIS) will be doing the analysis and running engagement sessions. Any changes will be taken back to the group in November with a view to bringing the finalised document to the Taskforce for the December meeting for approval alongside a plan for its launch. She noted that the aim is to launch the ISA and DPIA mid-January and publish the consultation analysis report at the same time.</li> <li>• There was some discussion about whether Health Boards will require a Standard Operating Procedure (SOP) to sit beneath the ISA and members were asked to send any further thoughts on this to the secretariat mailbox.</li> </ul>
	<p><b>NEW ACTION</b></p> <ul style="list-style-type: none"> <li>• Members to provide views on requirement for a SOP by Friday 13 September.</li> </ul>
	<p><b><u>DNA Decontamination Protocol (Papers 7 &amp; 8)</u></b></p> <ul style="list-style-type: none"> <li>• VC commented that CC and the Associate Chief Nursing Officer wrote to Health Boards to launch the protocol and asked if members had any questions about the papers provided. AH commented that NHS Lanarkshire had a query about the Virkon spray bottle as it is listed as a respiratory irritant. Carol Rogers (CR) commented that it comes out as more of a jet than a fine spray and that whilst it's not an aerosol, masks should be worn. CR agreed to provide a sample squirt bottle to any Boards that require them.</li> </ul>
	<p><b>New Action</b></p> <ul style="list-style-type: none"> <li>• CR to provide sample Virkon bottle to any Boards with concerns over the spray delivery method.</li> </ul>
	<p><b><u>Environmental Monitoring (Paper 9)</u></b></p> <ul style="list-style-type: none"> <li>• CR spoke to this item and advised that paper has 6 recommendations to approve.</li> <li>• CR advised that environmental monitoring is a quality assurance procedure to check compliance with the decontamination protocol. It will involve a healthcare professional taking swabs of items after decontamination has taken place and in accordance with the frequency agreed.</li> <li>• The first recommendation for discussion was 'What items should be sampled?' CR stated that this will depend on each room and setup as well as cost and time considerations.</li> <li>• Members agreed with the SPA recommendation for option 2: samples from all items deemed high risk and additional low risk items with the option to scale back to just high risk if continued negative results.</li> <li>• The second recommendation for discussion was 'How often the sampling should be carried out?'</li> <li>• Members agreed with the SPA recommendation for option 4: High risk items sampled every 3 months and low risk every 6 months then reduce the frequency once sufficient data provides assurance.</li> <li>• The third recommendation was that all samples should be frozen on site and sent to the Scottish Crime Campus for processing. This was agreed.</li> <li>• The fourth recommendation was that the sample analysis will be fed back to the Health Board nominated lead / service manager for action. This was agreed.</li> <li>• The fifth recommendation was that a 'contamination event' should be defined by the SPA. This was agreed.</li> <li>• The last recommendation related to how a contamination event will be dealt with.</li> </ul>

	<ul style="list-style-type: none"> <li>Members agreed with the SPA recommendation for option 3: remove the failing item until re-cleaned and re-tested putting it out of action for a week.</li> </ul> <p>CR invited members to get in touch directly if they have any further comments or questions on the papers circulated.</p> <ul style="list-style-type: none"> <li>MB advised that an environmental monitoring working group will be set up to implement what had been agreed.</li> </ul>
	<p><b>New Action</b></p> <ul style="list-style-type: none"> <li>Any further comments on the environmental monitoring papers to CR by 20 September.</li> </ul>
	<p><b><u>Service Specification (Paper 10)</u></b></p> <ul style="list-style-type: none"> <li>CC thanked AH for her work on the service specification document and invited her to speak on this paper.</li> <li>AH summarised the work involved in developing the document and highlighted there had been lots of feedback from Health Boards and other key stakeholders including Police Scotland, the SPA and Rape Crisis Scotland, which has been incorporated in the draft circulated.</li> <li>Members were content with the paper and were invited to send any final comments to AH by 6 September. AH added that she will consider including some quotes from survivors.</li> </ul>
	<p><b>New Action</b></p> <ul style="list-style-type: none"> <li>Members to provide final comments on service specification document to Ann Hayne by Friday 6 September.</li> </ul>
	<p><b><u>Children and Young People Expert Group (Paper 11)</u></b></p> <ul style="list-style-type: none"> <li>CC invited VC to update on the group on this matter in Eddie Doyle's absence.</li> <li>VC highlighted that in addition to the pathway work, this group are mapping out the current provision of therapeutic support services for children and young people across the country. She advised that the paper for today's meeting is a short update on that work and that a full paper will be brought to the December meeting.</li> <li>Members were invited to comment. Iona Colvin (IC) asked how the paper interacts with the work underway around Barnahus. VC confirmed that Beth Macmaster who is the SG lead for Barnahus, also sits on this Expert Group to ensure that their work is fully aligned.</li> </ul>
	<p><b>New Action</b></p> <ul style="list-style-type: none"> <li>Any comments on the therapeutic support paper to be send to VC by Friday 20 September. The next meeting of the Expert Group is Wednesday 11 September therefore any comments prior to this date would be appreciated.</li> </ul>
	<p><b><u>Barnahus</u></b></p> <ul style="list-style-type: none"> <li>VC provided an update on Barnahus on behalf of BMac who had given her apologies.</li> <li>VC advised that Healthcare Improvement Scotland and the Care Inspectorate have been commissioned to develop Scotland-specific standards for Barnahus based on the European PROMISE quality standards which outline best practice for countries who wish to develop the model.</li> <li>This work is now at the standards development stage and a stakeholder scoping event took place on in June 2019. The standards development group would meet for the first time in September.</li> <li>It is anticipated that the draft standards will be available for consultation at the end of 2019, and that finalised standards will be published in summer 2020.</li> </ul>

### **Workforce and Training (Paper 12)**

- CC invited SC to speak to this item.
- SC summarised the highlights from the RAG report. She commented that the Test of Change paper was taken to Scottish Workforce and Staff Governance (SWAG) committee and that the feedback was positive.
- She highlighted there may be a need to produce a training strategy and the group were also looking at credentialing.
- An SBAR on the decoupling of rotas is being developed for the December Taskforce meeting.
- TM commented that Michelle Harrity has been looking at professionals providing evidence by remote link and will bring a paper for the February Taskforce.
- CC then invited AD to update on the work NES is taking forward.
- AD noted the forthcoming update conference for all colleagues in Glasgow on 24 January. Work on this is at an advanced stage, there will be 120 Taskforce funded places and they will be offering live streaming for remote access.
- He commented that they will use this opportunity to develop peer review groups.
- AD advised that they are working with Health Boards to gather data on how many doctors who have undertaken the essentials course so far have transitioned in to a role, as well as to understand training needs to assess demand for a further roll out of this course. A data paper will be brought to the December meeting.

### **Previous Actions**

- Work to develop proposals to expand the available workforce whose evidence is permissible in court (FNE ToC) **COMPLETED - MOVE TO CLOSED**
- NES to provide data on numbers in post and future training demand. **ACTION TO REMAIN OPEN.**

### **New Action**

- SC to provide a paper on the decoupling of rotas for the December meeting.
- MH to provide a paper on remote evidence to court for the February meeting.

### **FNE Expert Group (Paper 13)**

- CC invited Tansy Main (TM) to speak to this item.
- TM summarised that the proposal is to seek approval for a Test of Change of Forensic Nurse Examiners in Scotland so that they can undertake forensic medical examinations give evidence in court. The proposal also includes a recommendation that the Taskforce fund ten places on the new Queen Margaret University Post Graduate Course to help build a multi-disciplinary the workforce for the future.
- She noted that the PG qualification will include specific court skills modules to satisfy the requirements of the Lord Advocate.
- TM explained that if approved by Ministers and the Lord Advocate, it is intended that the ToC will start towards the end of the year and will run for around a year, with a 1-2 year time lag time in cases reaching court.
- Taskforce members approved the proposals outlined in the paper and TM thanked everyone involved in the Expert Group.
- David Banks (DB) commented that they were delighted and proud to be involved in the work and this process.
- CC commended all the work being done to embrace this opportunity and emphasised the ToC will have necessary safeguards built in to the process to satisfy the Lord Advocate's requirements.

### **Clinical Pathways (Papers 14 & 15)**

- CC invited VC to speak to these papers.



- VC noted that Pauline McGough has stood down as chair of the sub group and recorded the groups' thanks to her for all her hard work and commitment to date.
- VC advised that the children and young people pathway consultation has now closed. There were 56 responses but they have not been fully reviewed yet. Some of the feedback centred on the need to better align to GIRFEC, Barnahus and the UN Convention on Rights of the Child (UNCRC). There is still work required on CAMHS and other areas.
- She highlighted that HIS have undertaken the analysis of the adult pathway consultation responses and that the group are now in the final stages of updating the pathway. She noted they are still looking at corporate parenting, adults with incapacity and cases which fall to the reserved police forces such as the British Transport Police etc. It is anticipated the final draft will come to the December Taskforce meeting for approval, together with the national form which is currently out for testing in NHS Lothian, GG&C, Highland and Dumfries & Galloway.
- VC explained that the aim is to present a package of resources at the NHS Education Scotland annual conference in January including the adult pathway, national form, quick reference guides, national datasets and finalised HIS Quality Indicators, so that people can understand how they interlink prior to implementation in April 2020.
- IC asked how the pathways interface with local authority responsibilities for child and adult protection. After some discussion, it was agreed that VC would pick this up with her after the meeting.

### Previous Actions

- Sub group to produce a simple summary document for survivors about the Clinical Pathways document. Pathways still under development. **ACTION TO REMAIN OPEN.**

### New Action

- VC and ED to ensure the adult and children's pathways appropriately capture the interface with Local Authority and IJB statutory duties.
- Members to provide final comments on Adult Clinical Pathway by Friday 13 September.
- ED to present the final version of the adult pathway and national form at the December meeting.

### Quality Improvement (Papers 16, 17, 18 & 19)

- CC invited Fiona Murphy (FM) to speak to these papers.
- FM highlighted the RAG report and noted that it had moved from green to red. She went on to explain the revised timeline they were working to.
- She advised that the IT solution had been delayed because they were waiting on the finalised national datasets and national form. She commented that the market sounding exercise resulted in two options to look at further but that the clinical and business requirements have changed since October last year. Therefore there is insufficient information to get a full Outline Business Case (OBC) from suppliers at this point in time.
- The aim is now to have an OBC ready for the December meeting then a Full Business Case (FBC) shortly afterwards.
- FM advised that the datasets are currently being tweaked and that the final Quality Indicators are being prepared for consultation, prior to publication in the new year as VC had outlined. She added, that this package of products will enable performance management information to be gathered and a Quality Assurance process to be put in place to measure the continuous improvement of services against the HIS Standards.
- There was some discussion about the language used in the datasets and the need to consider the frequency/timing of reporting periods so that they take cognisance of other Health Board data gathering requirements. FM agreed to take these points back to the sub group.

### Previous Action

- Colin Sloey and Karen Ritchie to discuss how to gather data for the purpose of quality assurance. **ACTION TO REMAIN OPEN**

- FM to bring OBC to August Taskforce. Delayed until December meeting. **ACTION REMAINS OPEN.**

### **New Actions**

- QI subgroup to evaluate how products will filter into existing NHS processes regarding Performance Management.
- QI Timeline to be updated and brought to next Taskforce meeting.
- FM to take feedback on datasets wording and amend.

### **5. Agreed actions / next steps**

- The actions from the meeting were summarised by CS and members encouraged to keep up the good work and effort.

### **7. AOB**

- CC invited Any Other Business but there was none.

### **8. Dates of next meeting**

CC reminded members that the next meeting would take place on 3 December 2019: 14:00 – 16:00, Conference rooms C,D & E St Andrews House and that future meetings have been set for: 14:00 – 16:00, St Andrews House, Edinburgh on the following dates:

- 25 February 2020
- 7 May 2020
- 20 August 2020
- 19 November 2020
- 25 February 2021

She also reminded members of the need to send an able deputy if they are unable to attend.