

DRAFT

Minutes of a meeting of the **Borders NHS Board** held on Thursday 7 March 2013 at 3.00pm in the Board Room, Newstead

Present:

Mr J Raine	Mr C Campbell
Mr A Lucas	Mrs E Fleck
Dr D Steele	Mrs J Davidson
Cllr C Bhatia	Mrs J Smyth
Mr J Hammond	Dr S MacDonald
	Dr E Baijal
	Mrs C Gillie
	Mr D McLuckie
	Dr C Sharp

In Attendance:

Miss I Bishop	Mrs R Bacon
Mrs J Stephen	Mrs S Walker
Mr T Cameron	Mrs E Murray
Insp J Scott	

1. **Apologies and Announcements**

Apologies had been received from Catherine Duthie, Pat Alexander, David Davidson, Edwina Cameron and Dr Hamish McRitchie.

The Chair confirmed the meeting was quorate.

The Chair welcomed Alison Wilson, Director of Pharmacy to the meeting who was shadowing Dr Sheena MacDonald.

The Chair welcomed Tim Cameron, Clinical Executive Project Manager, to the meeting who contributed to the Winter Period report item on the agenda.

The Chair welcomed Susan Walker, ADP Development Officer, Inspector John Scott, Lothian & Borders Police, Erin Murray, Business Consultant, Scottish Borders Council to the meeting who contributed to the Scottish Borders Alcohol Profile item on the agenda.

The Chair welcomed Rachel Bacon, General Manager, and Jackie Stephen, Head of IM&T to the meeting who contributed to the Waiting Times item on the agenda.

The Chair welcomed members of the public to the meeting.

2. **Declarations of Interest**

The Chair sought any verbal declarations of interest pertaining to items on the agenda.

The **BOARD** noted the Register of Interests.

3. **Minutes of Previous Meeting**

The minutes of the previous meeting of the Borders NHS Board held on 17 January 2013 were amended and approved.

4. **Matters Arising**

The **BOARD** noted the action tracker.

5. **Board Clinical Governance & Quality Update**

Evelyn Fleck reported that the Scottish Patient Safety programme continued to progress with new primary care and maternity work streams being launched in March. She advised that the significant adverse events Health Improvement Scotland (HIS) Review visit would be taking place on 12 March.

The Chair enquired if there was any preparation required for Non Executives in advance of the review meeting and Mrs Fleck confirmed the running order for the event and that a briefing note had been prepared and circulated to Non Executives earlier that day.

John Hammond enquired about the 6 delayed recommendations. Mrs Fleck clarified the content of the recommendations and advised that they would be provided to HIS and the Board in advance of the review visit.

With regard to complaints, Mrs Fleck advised that the organisation continued to exceed the Scottish average of 68% compliance. She highlighted that one complaint in agreement with the complainant, had been dealt with through the significant adverse event process and as such it would exceed the 20 working day response time target.

Dr Sheena MacDonald confirmed that one of the recommendations from the Mid Staffs review was that if a complaint indicated an adverse event or an avoidable outcome then an adverse review should be commenced. Mrs Fleck commented that unfortunately the complaint would still be counted within the 20 working day target response time and would breach that target as the adverse review took place. Mrs Fleck suggested that national guidance should be reviewed around complaints target times when an adverse review was commenced.

John Hammond advised that he had been involved in a patient journey recently and had several questions he wished to raise regarding his observations:-

Mr Hammond advised that he had asked that the Borders National Formularies (BNFs) be updated on the wards, yet he was aware that some of these were still 6 months out of date on the wards. Alison Wilson advised that BNFs had been hand delivered to wards in September 2012 with a new edition to

be issued in March 2013. She advised that the BNF was available on the intranet and through an App, with the number of paper copies produced being reduced.

Mr Hammond recalled the presentation the Board had received regarding physiotherapy services and his recollection that he had been assured that hospital patients had access to physiotherapy services. He then suggested that there had been a period whereby a ward had been closed due to infection and the Physiotherapy services had not been available to those patients. Mrs Fleck advised that where a ward was closed if the patients within the ward required physiotherapy treatment it would be given. She confirmed that there were infection control procedures in place to ensure required treatments and services continued to be given to patients who were in isolation. Jane Davidson suggested she discuss Mr Hammonds' observations more fully with him outwith the meeting.

Mr Hammond advised that he had also observed what appeared to be delays with orthotics in hospital and Mrs Davidson suggested this be discussed with Mr Hammond outwith the meeting to ensure the full detail of the observation could be clarified and pursued.

Mr Hammond enquired who made the decision regarding the need for catheters to be used. Evelyn Fleck advised that there was a Catheter policy and that it was a clinical decision that would be made. She clarified that there was a criteria to be met in order to ensure it was appropriate to use a catheter. Mrs Fleck assured the Board that whilst the decision could be either a nurse led or medical led decision it would be made in compliance with the protocol.

The **BOARD** noted the report.

6. **Healthcare Associated Infection Control & Prevention Update**

Evelyn Fleck reported continued good performance with SABs remaining below trajectory, although c.diff rates were slightly above trajectory.

John Hammond suggested the graph on page 3 appeared misleading as it only contained 9 month data and Mrs Fleck reiterated that the content of the report was determined nationally and had to be submitted within that designated format.

John Hammond queried the improvements made and any common factors involved in the surgical site infection for anthroplasty. Mrs Fleck advised that the improvement had been pre admission checks for elective surgery and trauma patients and in terms of common factors there was not one single surgeon or implement, etc.

John Hammond enquired about the infection rate of 2.83% and Evelyn Fleck assured the Board that any incidents above the national surgical site infection rate would be investigated.

Dr Doreen Steele enquired if the notices regarding hand hygiene could be re highlighted to the public. She advised that she was aware the highest traffic area for the hospital would be through the main entrance and she was not convinced that the public were using the hand gel dispensers on their way in.

Calum Campbell noted that hand gel dispensers at the main entrance and outside the Dining Room were surplus to requirements and he suggested that the location of the dispensers be reviewed to ensure they were placed in appropriate areas in line with the policy.

The Chair recorded the thanks of the Board to all those involved in the HIS inspection.

The **BOARD** noted the report.

7. **NHS Borders 2012/13 Winter Period Report**

Jane Davidson introduced the winter period report for 2012/13. Tim Cameron highlighted the key pressures and significant challenges that had been addressed during the winter period specifically mentioning norovirus, which had affected bed availability, significant sickness absence of 7.7% across the BGH wards, and difficulties in utilising the nurse bank to filling shifts. He advised that the planning around those specifics and infection control plans had worked well.

Cllr Catriona Bhatia enquired how recommendation 6 of the recommendations for future winter planning was being addressed with Scottish Borders Council. Mr Cameron advised that there was a social work representative on the winter planning group to ensure such matters were discussed and progressed appropriately.

Adrian Lucas enquired how successful the organisation had been in ensuring those with norovirus had not presented to the health system as a result of good information being received. Jane Davidson advised that this year the organisation had been more proactive in its communication with the public, staff, etc through radio campaigns, letters to schools, website information, etc. She suggested there had been a positive impact on the system but there was further room for improvement in this area.

Calum Campbell commented that it was helpful that the press now understood that norovirus was not a hospital acquired infection.

The **BOARD** considered the report and noted the learning and improvement opportunities for next year to be taken forward by the Winter Planning Group.

8. **Annual Report of the Joint Director of Public Health 2011-2012**

Dr Eric Baijal gave an overview of the content of the report and advised that the report attempted to illustrate where Borders could get to with health making informed choices as both individuals and communities.

Cllr Catriona Bhatia highlighted the illustration of Walkerburn and the phenomenal progress that had been made. She suggested the lessons learnt from that community could be replicated elsewhere in Borders. Cllr Bhatia also suggested considering the consultation process carefully to ensure good engagement with the public and communities.

Dr Baijal highlighted the size of inequality between affluent and less affluent communities highlighting breast feeding as an example.

The Chair suggested the Walkerburn initiative was a glowing example of what could be achieved in a short space of time and echoed Cllr Bhatia's suggestion that it should be rolled out to other communities and he enquired of any constraints to progressing that. Dr Baijal confirmed that another 4

communities were progressing this type of initiative which focused mainly on community development and targeting community needs.

Dr Doreen Steele suggested the previous Joint DPH Annual Report which had focused on Burnfoot and Langlee should be read in conjunction with this one in order to ensure progress continued to be made.

John Hammond commented that he was disappointed that the teenage pregnancy information appeared to be out of date. Dr Baijal confirmed that the latest figures available had been used. Eric Murray confirmed that the data used had been collected in June 2012 and was what was publicly available at that time. She clarified that data for inclusion in the report was collated up to 6 months in advance of the report being published.

Dr Baijal confirmed that the figures within the report had been revisited to see if there were any further updates available prior to finalisation.

John Hammond noted that the figures for smoking attributable deaths had risen despite the good work that had been done through smoking cessation services and he enquired if there was any further data available. Eric Murray advised there was not at this point in time.

Dr Doreen Steele enquired if there were any plans with regard to bringing together consortiums for purchasing, etc.

Dr Eric Baijal assured the Board that in moving the strategy forward the range of issues covered would be progressed with a view to generating more industry and work in the Borders to grow and secure the Borders economy.

Cllr Catriona Bhatia suggested another option for building the economy would be to defragment tender documents and Dr Steele advised that she had suggested this previously and had been advised it was not possible to do. Cllr Bhatia advised that it could be achieved and would be progressed.

Calum Campbell commented on the number of road traffic deaths in Borders and speculated that 250 per year was probably high given the relatively small population of the region. Inspector John Scott confirmed that 250 serious incidents a year was a high figure and he suggested they were due to the rural aspects of the road system in Borders. Inspector Scott further commented that targeted interventions were being progressed with young drivers and through schools and it was anticipated that this would assist in reducing fatal accident numbers per year.

Calum Campbell also commented on the progress that had been made in regard to physical activity, noting that NHS Borders was one of 4 Boards conducting a pilot for physical activity with work being progressed through life style advisers, brief interventions, sign posting to Borders Sport and Leisure Trust, etc.

John Hammond suggested that some clinicians had difficulty in feeling supported to promote health initiatives. Dr Baijal recognized that clinicians had pressures on them for their time as their first priority was to save peoples lives and advised that he and his team remained committed to supporting the clinical community to promote healthy initiatives.

Dr Sheena MacDonald advised that she had raised this matter at a recent Senior Medical Staffing Committee and had been reassured by the level of ownership proliferated by general surgeons and clinicians. She confirmed that one of them had volunteered to become an ambassador within the Borders General Hospital to provide leadership to the initiative.

Dr Baijal reminded the Board that the initiatives were also aimed at staff and visitors and not just patients and he suggested there would be other initiatives to be taken forward under the health working lives banner.

The **BOARD** endorsed the launch of the report as a formal consultation document.

9. Scottish Borders Alcohol Profile

Dr Eric Baijal introduced the Scottish Borders Alcohol Profile advising that it had been produced for the Licensing Board as an evidence base on which to make decisions. He further advised that it had been recognized nationally as an exemplar piece of work in this area by Scottish Government and Alcohol Scotland.

Susan Walker gave an overview of the content of the report advising that it had been produced in partnership with local agencies. In terms of health issues she advised that tackling alcohol lead to a reduction in alcohol related harm and there were 2 objectives specifically related to health being protecting and improving public health and protecting children from harm

She further advised that the NHS had an opportunity to comment on new applications for alcohol licenses so it was timely that information of this nature became available.

In regard to the Borders General Hospital (BGH) Emergency Department, Mrs Walker confirmed that data could now be captured on patients who attended with alcohol related issues. She advised that it spanned all age groups and based on police data Galashiels, Hawick and Kelso had the most significant rates of crime and disorder where alcohol was a contributing factor.

Mrs Walker highlighted the substance misuse liaison service that operated at weekends and the read across to the T10 HEAT target.

Calum Campbell enquired of those who attending A&E with alcohol related issues how many were discharged home and how many had to be admitted to hospital because they could not get home. Mrs Walker advised that the data captured on admissions did not record if the admission was due to not being able to get home. Dr Sheena MacDonald emphasized that the staff in A&E were very proactive at ensuring people were sent home and not admitted inappropriately and Rachel Bacon echoed this statement.

Inspector John Scott confirmed that the Police did on occasion transport some attendances at A&E with alcohol related issues to their homes and this was primarily if they had been brought into A&E by the police service. He further advised that individuals who had been arrested and showed signs of injury were taken to the BGH for medical attention prior to admission or retention in police custody at the police station.

Adrian Lucas commented that the Scottish Ambulance Service had been part of an initiative in Aberdeen whereby people who were drunk were placed in one location and given appropriate treatment. They were then recorded and details such as address, previous history, support mechanisms were available. Inspector John Scott commented that there was some read across in recording of data in terms of nuisance calls and anti social behaviour orders.

Mrs Walker advised that designated places as described by Mr Lucas had been looked at previously and given the problem in levels of drunkenness in Borders was not as substantial it had not been justifiable to proceed with designated places.

Dr Sheena MacDonald commented that frequent attendees at A&E were often known to the drug and alcohol service and their GPs could offer guidance on how to approach the case management for these individuals.

Cllr Catriona Bhatia welcomed the recommendation for the Board to investigate potential implications for healthcare services and she suggested there may be further opportunities to look at service interventions.

Calum Campbell advised that he would be interested to hear more on the figures for wounds inflicted on people as a result of alcohol fuelled glass fights and suggested that in many places after a certain time of night licensed premises moved from glass to plastic glasses.

Cllr Bhatia commented that often people drank in private settings where assorted weaponry in the home was quite extensive, such as glasses, kitchen knives, etc.

Jane Davidson suggested utilising the Scottish Patient Safety Programme initiative as a tool of investigation and suggested incremental improvements might be achieved through that avenue.

Dr Cliff Sharp suggested both the Alcohol and the Public Health reports when viewed together were very positive reports and he noted that NHS Borders did better than the national average in terms of the 20% reduction in patient alcohol diagnosis.

Inspector John Scott advised that there was a propensity to change behaviour with the police being aware of more street disorder offences. He advised that the Scottish Borders did not have bylaws for street drinking and when the weather was good there was more evidence of drinking in public places. He further suggested that it was often those in the 25-35 age group, who were more likely to be involved in alcohol and drug related harm offences.

Adrian Lucas commented that he had previously ask the Chief Medical Officer is raising the price of alcohol as was the case in Norway would make a difference and he had been advised that it would not as those with a propensity to alcohol would begin to distill their own.

The Chair welcomed the report and suggested the Community Health & Care Partnership Board should discuss it and make recommendations as to how the Board might address the challenges faced by the service in relation to alcohol and drug issues.

The **BOARD** noted and welcomed the report and requested it be discussed by the Community Health and Care Partnership in order to advise on how the Board might react to the report and deliver tangible results for local health services.

10. **Board Report on Waiting Times**

Jane Davidson introduced the board report on waiting times advising that whilst the report showed the Board was on target to deliver key national targets, there was still room for improvement in some areas.

Jackie Stephen commented that the Board were well sighted on waiting times through the HEAT performance reports and she highlighted that there had been an action following the PricewaterhouseCoopers report for the organisation to produce a more detailed view of waiting times including unavailability and long term trends. She advised that she would welcome feedback on the format of this report.

Rachel Bacon detailed some of the different targets commenting that the referral to treatment target was being achieved at the national target level and was also been stretched to achieve a more challenging local target.

John Hammond enquired if the intention was to bring in waiting list codes. Jane Davidson confirmed that this was the intended direction of travel and she differentiated between the findings of the PricewaterhouseCoopers and the Audit Scotland reports on waiting times management.

John Hammond enquired how the system would be managed as it appeared that extra capacity had been put into Orthopaedics in order to assist neighbouring Boards with their waiting lists, however the organizations internal lists were still requiring attention. He commented that some specialties did not have waiting lists whilst others had long waiting lists. He queried whether theatres could be used more effectively in addressing the longer waiting list specialties in the first instance at the expense of those with zero waiting lists being asked to formulate short waiting lists.

Jane Davidson confirmed that the system was receiving referrals from neighbouring boards for orthopaedic surgery and she advised that due to sickness and compassionate leave within that team there had been some delays for patients on the internal waiting lists. She further advised that a meeting would be taking place with the Head of Planned Care the following Monday to ensure the Treatment Time Guarantee continued to be met for NHS Borders patients.

Rachel Bacon commented that scoping work had been carried out in terms of theatre planning for addressing longer waiting lists as a priority and this continued to be worked through in terms of theatre cleaning, theatre capacity, theatre requirements for specialties, etc.

Dr Cliff Sharp questioned the unavailability statistics and suggested a further narrative to support them would be welcomed. Jane Davidson confirmed that she was confident on the unavailability statistics.

Calum Campbell reassured the Board that the previous ISD analysis of waiting times statistics had highlighted that they had been exemplary in 2010 and when Audit Scotland had reviewed them in 2011, again there had been no requirement for any actions or improvements to be made.

Carol Gillie assured the Board that in line with the Audit Committee's role and remit it would be reviewing the Audit Scotland report on waiting times.

Dr Doreen Steele noted that the Dermatology service had historically been short of trainees and she enquired if a similar situation may happen in Dermatology services nationally as had happened with Paediatric services. Calum Campbell advised that locally a Consultant Dermatologist had retired and there would be a requirement to appoint to that post, however there was a shortage nationally of dermatologists and he anticipated that given the increasing number of referrals to the dermatology service there would be some difficulties for the service locally.

Dr Sheena MacDonald confirmed that whilst the Dermatology Service was non trainee dependent, given the reduction in the number of trainees available each year there would be difficulties in recruiting qualified dermatologists to the service. She further advised that in the interim a locum arrangement had been put in place to cover any gaps identified in the service until an appointment was made.

The **BOARD** noted the report.

11. **Audit Committee**

Carol Gillie advised that the Audit Committee had not met since the previous Board meeting.

The **BOARD** noted the update.

12. **Clinical Governance Committee**

Adrian Lucas commented that the Clinical Governance Committee had met in February and the meeting had focused on falls and significant case review. He further advised that it had been the first meeting for the new Head of Clinical Governance & Quality, Laura Jones as well as Evelyn Fleck's PA, Kerry Lowe who was providing administration support to the Committee.

The **BOARD** noted the update.

13. **Public Governance Committee**

Dr Doreen Steele advised that a short-life working group had met to review the Committee's Terms of Reference, membership, and how it might engage better with the public. She advised that the Scottish Health Council would be reviewing progress on the committee's engagement with the public. She further advised that the Committee would be linking to the 5 Area Forums with 1 Non Executive attending at least one meeting of their nominated Area Forum per year. The next meeting of the committee would be focusing on the participation standard and person centred agenda.

The Chair welcomed the Committee's commitment to continue to engage with the public and advised that he had suggested the organisation periodically showcase to Scottish Borders Council in order to improve understanding and further engagement between both agencies. He suggested the Medical Director and senior clinicians take the lead in these events talking about initiatives and Borders General Hospital services and improvements and how they can be sustained for the population of the Borders. Scottish Borders Council had now offered the date of 30 May for the first one of these events.

The **BOARD** noted the update.

14. **Staff Governance Committee**

There was no update available.

15. **NHS Borders Annual Review Letter**

The **BOARD** noted the Annual Review Feedback Letter for 2011/12 and the key action points.

16. **NHS Borders Annual Report**

Adrian Lucas commented that it was a good document and it was a shame that Health Boards had been discouraged from spending on annual reports given the amount of time, money and effort that was invested in the Annual Reviews.

June Smyth advised that locally the intention was to introduce a Year End Report which would focus more on staff and achievements and be more of a celebratory document for the organisation, compared to the formal Annual Report which was required to focus on financial accounts information, etc.

Dr Doreen Steele suggested that more digestible information should be made available to the public and in some areas combining the celebratory type information with the formal requirements of the Annual Report worked well.

John Hammond commented that the performance and delivery figures were monthly and questioned if they were a snapshot in time and given the report was an Annual Report he suggested the figures should be annual figures.

John Hammond questioned the meaningfulness of the final sentences regarding patient safety and quality of care.

John Hammond further suggested the statement on the mental health service seeing 99% of clients with the expectation this would continue for 12-13 could be construed as a misleading statement.

The Chair requested that any comments on the documentation content be passed directly to the Communications Team to address.

The Chair suggested that subject to ensuring the content and context of the Annual Report was accurate the organisation look to produce something that was all encompassing as a public document. June Smyth confirmed that she would progress and would link to the refreshment of the corporate objectives.

The **BOARD** noted the report for publication subject to an accuracy check on content and context.

17. **Financial Monitoring Report for the 10 month period to 31 January 2013**

Carol Gillie reported that the Board was reporting an outturn of £1.8m in excess of revenue budget ten months into the financial year. She advised that the Board continued to forecast a year end break-even position.

Mrs Gillie highlighted several key points to note in the ten month position including: under recovery of income derived from external healthcare purchasers; external healthcare providers overspend; overspend of £0.9m by Clinical Boards.

With regard to efficiency programme savings targets, Mrs Gillie reported that £5.9m had been withdrawn from budgets at the end of January and savings schemes continued to be monitored.

Mrs Gillie concluded that she continued to predict a year end break even, based on projected year end positions on operational budgets being achieved, the agreed level of savings being delivered and the utilisation of contingency funds.

The Chair enquired how the contingency was utilised. Mrs Gillie advised that tactically she was keen not to play in the contingency funds and that she expected managers to stay within their budgets. The contingency would only be fed into the system at Board level.

David McLuckie commented that much of the capital funds had been concentrated into the last quarter of the financial year and his team was working hard to ensure the 4-5 major projects currently underway were delivered as forecast within the current financial year.

Dr Doreen Steele enquired if budget managers who failed to stick within their budgets started with a clean slate the following year. Mrs Gillie advised that the majority of budgets related to staffing and they would be re-costed based on staff in post and funded establishments. Managers are asked to sign off the budgets before the start of the financial year with a view to remaining within the resources available. Calum Campbell reiterated that overspends were not carried forward into the new financial year.

The **BOARD** noted the financial performance for the ten months of the financial year.

18. **HEAT Performance Scorecard**

June Smyth reminded the Board that strong performance management remained a key priority for the organisation and she highlighted the improved position with regard to alcohol and drug referrals. In relation to areas at risk Mrs Smyth highlighted those that had been reported to the Board previously and confirmed that they included targets and well as standards.

The Chair enquired about the actions being taken to address sickness absence performance. June Smyth advised that a reduction in sickness absence had been reported previously, however due to the norovirus prevalence over the winter period rates had risen and the affected services were being supported to ensure sickness absence was robustly managed. Mrs Smyth advised that sickness absence management would continue to be an operational priority for the organisation.

The Chair enquired about performance against the 4 hour A&E target. Jane Davidson commented that one of the key issues faced by the service in maintaining the 4 hour A&E target during the winter period was the effect of norovirus on both patients and staff members. She advised the Board that there had been some media attention around a reduction in the A&E standard and she assured the Board that NHS Borders would continue to work to the 98% achievement rating.

The Chair enquired if going forward all Boards would be measured at 95% and Jane Davidson confirmed that by 2014 all Boards were expected to achieve the 95% target rate and she confirmed that it was a stepped improvement and the standard itself would remain at 98%.

John Hammond commented that the Area Clinical Forum had discussed the achievement of the 4 hour A&E target and had noted that there were difficulties in discharging in the early morning and he enquired how that would be addressed. Jane Davidson advised that work was now taking place around forward planning for 11am discharges and ensuring pharmacy medications were being sought and made available in good time.

Evelyn Fleck advised that it was a whole system problem and a PDSA methodology had been utilised the previous week on 1 patient, 1 ward, 1 day and an 11am discharge had been achieved. The learning from that exercise was now being gathered and would be further tested to ensure all services were owners of it before it was fully implemented.

Dr Doreen Steele enquired of the performance against the 4 week diagnostics target. Calum Campbell advised that that target was challenging and aspirational. Although it had yet to be achieved he was confident that the capacity was now in place to ensure this target would be met.

Dr Doreen Steele enquired if there was any effect from the Care Inspectorate rating of care homes on delayed discharges. Jane Davidson advised that the system was not hearing any particular issues around that and that she would welcome any information Dr Steele may have to the contrary.

The **BOARD** noted the HEAT Performance Scorecard report.

19. **Scottish Public Services Ombudsman Reports**

The Chair advised that the Scottish Public Services Ombudsman (SPSO) sends copies of his decision letters to the Chairs as well as the Chief Executives of NHS Boards. He suggested the more serious cases should be considered at the Board so that Board can seek assurance that lessons have been learnt and the organisation will not see reoccurrences of these matters.

Dr Sheena MacDonald assured the Board that the organisation had carried out a review of the specific case at the time of the SPSO referral and had then undertaken a further review to ensure all actions and improvements identified had been addressed. Dr MacDonald advised that the service was not aware of the final recommendation until the report was released by the SPSO as advance sight of SPSO recommendations were not given to NHS Boards. Dr MacDonald assured the Board that systems and processes had been revised to ensure a reoccurrence of this experience would not happen again.

Evelyn Fleck assured the Board that as a result of the new Critical Incident Management of Significant Adverse Events process the Clinical Governance & Quality function were reviewing how action plans were tracked and implemented and how learning was shared, etc.

Jane Davidson enquired if there was a requirement or opportunity to publish the decision letters on the NHS Borders website. Calum Campbell advised that he understood the SPSO published its findings on its' website in order to assist with shared learning and suggested signposting to the SPSO website from the NHS Borders website.

The Chair noted the update and requested that signposting to the SPSO decision letters and reports be accommodated through the NHS Borders website.

The **BOARD** noted the update and suggestion to signpost to the SPSO website.

20. **Chair and Non Executive Directors Report**

The Chair highlighted several elements from the report including the SBC welfare reform programme, access to GPs and the Health and Social Care Integration responses.

The **BOARD** noted the report.

21. **Board Executive Team Report**

Calum Campbell highlighted to the Board the outcome of the mid year review, the breast screening programme and the Borders College stakeholder discussion regarding placements. June Smyth advised that as a result of discussions 8 students had already been offered places within NHS Borders commencing in April 2013.

Dr Sheena MacDonald commented on the work that was taking in place in Pharmacy and IM&T and specifically highlighted IT access at the Borders General Hospital (BGH) and the new patients appointment process.

Jackie Stephen updated the Board in regard to the PMS Order Comms project and mobile connectivity issues at the BGH.

Carol Gillie commented that the Local Delivery Plan had been submitted on 15 February and feedback had been received on the Financial Plan.

Evelyn Fleck highlighted mandating Nursing & Midwifery workforce tools.

David McLuckie commented on capital project development and advised that the Scottish Ambulance Service planning appeal was now in a 3 month review period with an expectation that a decision would be known towards the end of April. He confirmed that any development works would therefore not commence until May at the earliest which would impact on the Roxburgh St Health Centre project.

The **BOARD** noted the report.

22. **Statutory and Other Committee Minutes**

The **BOARD** noted the minutes.

23. **Any Other Business**

Employee Director: Iris Bishop advised the Board that the process for the election of a new Employee Director had now commenced with expressions of interest being sought. Should more than one expression of interest be received a ballot would be held.

The **BOARD** noted the update.

Castlebeck: Evelyn Fleck reminded the Board of the background to this matter and confirmed that Castlebeck had been placed into administration. She advised that it would continue to operate to ensure it was addressed as a going concern. She advised the Board that NHS Borders had 3 clients as residents within the Castlebeck service and alternative accommodation was being explored for those clients. Mrs Fleck further advised that Castlebeck were meeting with relatives of their residents on Sunday to ensure appropriate levels of engagement.

The **BOARD** noted the update.

24. **Date and Time of next meeting**

The Chair confirmed that the next meeting of Borders NHS Board would take place on Thursday 2 May 2013 at 3.00pm in the Board Room, Newstead.

The meeting concluded at 5.35pm.