

DRAFT

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

Present:

Mr J Raine	
Mrs K Hamilton	
Mr D Davidson	Mr C Campbell
Dr D Steele	Mrs J Davidson
Mr J McLaren	Mrs J Smyth
Mr A Lucas	Mrs C Gillie
Mrs P Alexander	Mrs E Fleck
Cllr C Bhatia	Dr S MacDonald

In Attendance:

Miss I Bishop	Mrs S Errington
Mrs E Peace	Mr K Lakie
Mr A Pattinson	Mr S Litster
Mr C Redmond	Mrs H Irwin
Mr T Cameron	Mr V Summers
Mr P Lunts	Dr C Sharp

1. **Apologies and Announcements**

Apologies had been received from David McLuckie, Eric Baijal, Hamish McRitchie, and Karen McNicoll.

The Chair announced that Karen McNicoll had been appointed as a Non Executive Member of the Board given her role as Chair of the Area Clinical Forum.

The Chair welcomed Colin Redmond, Infection Control Manager, to the meeting who presented the Healthcare Associated Infection Control report item on the agenda.

The Chair recorded the congratulations of the Board to Colin Redmond on achieving a PhD.

The Chair welcomed Kirk Lakie, Service Manager Unscheduled Care, and Tim Cameron, Project Manager, to the meeting who presented the Winter Plan item on the agenda; Vince Summers, Head of Pharmacy, who presented the Prescribing and Medicines Management report; Stephanie Errington, Head of Planning & Performance, who presented the Clinical Strategy report; Alasdair Pattinson, General Manager, Philip Lunts, General Manager, Holly Irwin, Service Manager and Steve Litster, Waiting Times Coordinator, who presented the Waiting Times item.

The Chair welcomed members of the public.

2. **Declarations of Interest**

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

The **BOARD** noted there were none.

3. **Minutes of Previous Meeting**

The minutes of the previous meeting of the Borders NHS Board held on 5 September 2013 were amended at page 3, item 6, paragraph 2, line 2, delete “that” and replace with “the” and again on page 6, paragraph 7, line 3, delete “complaint” and replace with “compliant” and with those amendments the minutes were approved.

4. **Matters Arising**

Action Tracker: Minute 6: Review of Frances, Keogh and Berwick Reports: Adrian Lucas confirmed that as per the action tracker, Pat Alexander, John McLaren and Doreen Steele had all attended the Clinical Governance Committee meeting held on 6 November. The Committee had scrutinised the reports line by line and he assured the Board that the reports would be actioned through the appropriate Committees.

The **BOARD** noted the action tracker.

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

Evelyn Fleck gave an overview of the content of the report highlighting several key areas including the 10 patient safety essentials.

Calum Campbell commented that Andy Longmate, National Lead for Patient Safety, had met with the Board Executive Team to discuss the possibility of NHS Borders being a pilot Board for the 10 essential criteria for patient safety and how to publicise the criteria in the public domain.

David Davidson enquired if the pilot would broaden the work to cover the public who visited the hospital as well as those who worked in the hospital. Calum Campbell advised that the intent of the publicity campaign would be to highlight the effects on the whole population so it would include visitors and staff.

The Chair commended the initiative and in the interests of transparency and learning suggested the Board support the proposal.

The **BOARD** noted the current progress in key areas of Clinical Governance & Quality and supported the proposal to be a pilot site for publicising the 10 essential criteria for patient safety in the public domain.

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

Colin Redmond updated the Board on the current status of Healthcare Associated Infections and infection control measures in NHS Borders. NHS Borders had not achieved the Staphylococcus aureus

Bacteraemia (SAB) HEAT target as at 31 March 2013, however we had achieved a 46% improvement in reducing cases during the HEAT target period. Mr Redmond advised that the Scottish Government were aware that several Boards were concerned about the denominator calculation used at a local level as it could make the HEAT target unduly difficult to achieve. NHS Borders were asked to provide evidence to the Scottish Government that the denominator had impacted on delivery of the target. Mr Redmond confirmed that a report had been submitted and a formal response was now awaited.

For the period April to June the number of SAB cases had totalled 9, an increase of 2 cases for the same period the previous year. An aggregated case review of each case was carried out and Mr Redmond assured the Board that there was no indication of an outbreak or an cross infection from those cases.

With regard to Clostridium difficile infection (CDI), Colin Redmond advised that he had previously reported to the Board that NHS Borders had not achieved the CDI HEAT target. He was however pleased to report that due to a technical error from Health Protection Scotland, that was not the case and NHS Borders had indeed achieved the CDI HEAT target. Working on the basis of not achieving the target the service had undertaken an investigatory review and were confident of sustained improvements in this area.

The Chair asked what had made the difference between achieving and not achieving the CDI target. Mr Redmond advised that Health Protection Scotland had a technical error regarding geriatric bed days being double counted from the outset of the programme so the denominator was imbalanced and the number of bed days calculated for NHS Borders put our CDI rates just under the HEAT target.

The Chair noted that the organisation awaited a response in regard to the SABs calculation. Mr Redmond was anticipating that the response would note the significant improvements made in NHS Borders and that the denominator for bed days calculation had made the target unduly difficult to achieve. The Chair commented that the acute bed denomination had impacted unfairly on the SAB target at this time and presumably would continue to impact in the future, unless a change was made. Mr Redmond confirmed that the Scottish Government were intending to retain the current denominator until 2015 but were open to discussion on how it could be changed in moving forward.

The **BOARD** noted the report.

7. **Board Report on Waiting Times**

Jane Davidson introduced Philip Lunts who had been appointed as the executive lead for waiting times and was supporting Holly Irwin and Steve Litster to ensure processes and procedures and achievement of the RTT and TTG targets were achieved consistently.

Philip Lunts advised that he was leading on waiting times in conjunction with Jackie Stephen, Head of IM&T to develop robust systems to deliver waiting times in complex areas. He advised that the service was broadly continuing to achieve the waiting times targets and both he and Mrs Stephens recognised the significant challenges contained within waiting times to ensure systems and processes were robust and sustainable.

David Davidson said he had spent a morning with the waiting times team to look at the way they operated the cancer waits, as well as the general waiting times system and he had been impressed by

the quality of the letters produced in a form that patients and their families were able to readily understand.

Cllr Catriona Bhatia enquired if the unavailability coding of patients was always clinical or sometimes due to patients advising that they were not available. Steve Litster advised that both scenarios were recorded for patient unavailability and he reminded the Board of a development session that had been given to the Board on the reasons for both clinical and non clinical unavailability.

Dr Doreen Steele noted that the number of new out patients waiting over 12 weeks appeared to be escalating. Jane Davidson said this was due to pressures in some of the smaller specialties, such as dermatology where there was a resource challenge. Philip Lunts was supporting the service to bring the position back into line.

The Chair noted the TTG figure of 44 breaches to the end of September and enquired if that figure was cumulative since April 2013 as he was aware that the TTG target came into force in October and was keen to understand if the breaches included those elective surgery cancellations as a result of the decontamination of instruments issue earlier in the year.

Steve Litster confirmed that the 44 breaches were from April and did include those on the elective surgery list that were cancelled as a result of the decontamination issue. Jane Davidson advised that the cumulative figure would be carried forward continually but was reducing consistently. She confirmed that the service was working towards a zero target; however some operations were cancelled on the day due to surgeon sickness, non availability of ITU beds, etc. Mrs Davidson emphasized that the intention was to continue to reduce waiting times to 8 weeks.

Pat Alexander commented that the paper suggested a capacity issue with regard to continued delivery of orthopaedics and she enquired of any impact from the referral of NHS Lothian cases. Jane Davidson advised that the impact of the contract with NHS Lothian was limited, and what was being seen was a comparison to the previous year. There was an increase in patient demand since the previous year and that was driving the current trend. The service was looking at how to reduce demand at an earlier stage, through the potential of using physiotherapy at an early stage to prevent the need for surgery.

Philip Lunts highlighted that an administration issue had been identified in regard to surgical capacity for NHS Lothian referrals. A miscalculation had occurred which in effect had increased the number of waiting times breaches. The reason for the miscalculation had been the application of the Borders process to Lothian patients. Unfortunately stage of treatment targets had been calculated on the date that NHS Borders had received the referral. NHS Borders had not identified that a different process would be required for recording staff entering Lothian referrals onto our system, which took into account the date that the referral had been received in Lothian.

Mr Lunts assured the Board that immediate action had been taken to ensure that all new referrals from Lothian since 3 October 2013 had been entered onto the NHS Borders system in a way which ensured that stage of treatment targets were based on the date of submission by the Lothian GP.

Mr Lunts further provided assurance to the Board that action had been taken to manually recalculate the target date for out patient appointments, for all Lothian patients who had not yet been seen within NHS Borders out patients.

The **BOARD** noted the report.

8. **Winter Plan 2013/14**

Jane Davidson introduced Tim Cameron and Kirk Lakie who gave a presentation on the unscheduled care action plan and the winter plan combining both issues into the winter plan for 2013/14. The presentation highlighted several elements including: risks and contingencies associated with the winter period; norovirus; staffing issues; festive period planning; local unscheduled care action plan; lessons learned from the previous year.

The Chair enquired of the current uptake of the flu jab by staff. Tim Cameron advised that the current take up was about 22% of staff which was slightly ahead of the same time period the previous year.

David Davidson commented that the winter plan was a well laid out report and he enquired from a resilience point of view if there were fewer staff vacancies than the previous year and what the alternative plan would be should there be a difficult winter this year for staff sickness.

Calum Campbell advised that the winter plan was resilient by nature and whilst the organisation could not guarantee to provide all elective work during a challenging winter period it would continue to provide its core services to remain resilient and as many peripheral services as appropriate at that point in time.

June Smyth confirmed that every service had a business continuity plan and resilience plan that were tested throughout the year and formed part of the focus of the quarterly performance reviews of the Clinical Boards.

David Davidson enquired if staff could be moved quickly from one department to another in the event of a crisis. June Smyth confirmed that such scenarios were contained within the resilience plans and Calum Campbell advised that this was also agreed for all the Health Boards across Scotland should there be a need to draft in staff from one health board area to another.

John McLaren said that the percentage of sickness absence was lower this year compared to the previous year and the Staff Governance Committee had been reassured that systems and processes in regard to sickness absence were being adhered to and maintained.

Pat Alexander enquired if the Police formed part of the key planning partners for the winter plan. Tim Cameron advised that they were not specifically involved in the winter planning group but were involved in the resilience group lead by Scottish Borders Council.

Calum Campbell reminded the Board of the conflicting messages given to the public previously regarding travelling in severe winter conditions and how that had been interpreted by some staff members. Conversations had taken place between the Police and NHS Borders on the back of those messages to ensure clarity for the future. Jane Davidson confirmed that the organisation expected its staff to make every effort to attend for work during periods of severe weather without putting themselves at undue risk.

She reminded the Board that all aspects of adverse weather were coordinated through Scottish Borders Council into which NHS Borders linked.

Pat Alexander commented that the report was well produced, however she was disappointed to note the number of below trajectory objectives in Annex 1. Tim Cameron advised that the reporting on those objectives had been cautious as the winter plan was a working document and a continual process. The below trajectory results were taken at a point in time and they would continue to progress to achieve their goals.

Karen Hamilton enquired about out of hours and the emergency department duty team in relation to the discharge of patients and linking to social services to ensure their packages of care remained available during the festive period. Alasdair Pattinson responded that liaison between the service and Scottish Borders Council social work colleagues took place to ensure packages of care remained available. Social Work colleagues were involved in the winter planning process and discussions regarding packages of care remained on-going.

Cllr Catriona Bhatia enquired about the use of social media by NHS Borders in order to communicate messages to staff and the public during periods of severe winter weather. She enquired how coordinated that facility was. June Smyth advised that the Communications Team were in the process of piloting a Facebook page and were speaking to their colleagues in Communications in Scottish Borders Council regarding social media. The intention was to test social media ahead of moving into the winter period to signpost the public and staff.

Adrian Lucas recalled the previous year there had been a fair amount of norovirus and the public had adhered to the messages to stay away from the hospital during that period.

The **BOARD** approved the draft NHS Borders Winter Plan 2013/14.

9. **Management of Private Overseas (Non NHS) & Co-Payment Patients Policy**

Dr Sheena MacDonald advised of the updated elements of the policy in relation to learning from two recent co-payment cases that were progressed by NHS Borders.

The **BOARD** approved the Policy Statement and supporting Procedures.

10. **Prescribing and Medicines Management**

Vince Summers presented an in-year summary covering the Audit Scotland recommendations, national therapeutic indicators and poly-pharmacy.

The Chair noted the increase in quantity and highlighted that in terms of spend the prescribing budget was moving in the right direction. Vince Summers advised that there had been much work undertaken nationally to reduce the cost per item for prescription medicines.

David Davidson noted that the work undertaken on poly pharmacy has been successful to the individual patient and he enquired of any plans to roll it out further. Vince Summers commented that this year there had been a poly pharmacy local enhanced scheme with GPs, and pharmacies had undertaken a thorough review of patients prior to them seeing their GPs and in some cases the GPs had undertaken the poly pharmacy review directly.

Mr Summers advised that the main focus had been on the medium to high risk groups. It was suggested that the medium risk groups would become high risk groups in the future and therefore an intervention at this stage might prevent such an escalation in the future.

David Davidson enquired if there were any IT applications to assist with drug costs. Vince Summers advised that an IT system had previously been identified but had been withdrawn. A new system called Scriptswitch was now being installed and should be live in mid December.

Dr Sheena MacDonald noted that medicines reconciliation on admission had been a significant element of the Scottish Patient Safety programme focusing on the acute sector and would contribute to polypharmacy work. Work was taking place to revisit the organisations performance in regard to medicines reconciliation to discuss how this could be further improved across secondary care and rolled out to primary care.

Pat Alexander enquired what the drugs Gabapentin and Pregabalin were prescribed for. Mr Summers advised that they were prescribed for neuropathic pain.

Pat Alexander enquired if progress had been made in regard to anti-microbial prescribing. Mr Summers said that good progress had been made however the national indicators suggested that with regard to Gabapentin and Pregabalin, NHS Borders remained an outlier, so further work was now underway to investigate that further.

Evelyn Fleck emphasized that medicines reconciliation was everybody's business and Senior Charge Nurses were now also actively pursuing medicines reconciliation.

Dr Doreen Steele noted the number of below trajectory targets in the project plan. Mr Summers said this was due to the delay in the new IT system coming on stream and assured the Board that this would be rectified with the installation of Scriptswitch. In terms of the efficiency programme there were also some small items of spend that had been difficult to progress.

The **BOARD** approved the actions being developed to improve prescribing and medicines management.

11. **NHS Borders Clinical Strategy**

Stephanie Errington updated the Board on the process and development of the NHS Borders Clinical Strategy. Work was currently underway with the Clinical Boards and clinicians to identify the key principles that each service will require to deliver against. Once identified the key principles would be developed to ensure they were equitable, sustainable and fit for purpose. Mrs Errington highlighted the work underway to develop the efficiency programme further and how that linked to the Clinical Strategy.

The intention was for wider stakeholder engagement to take place early in 2014.

June Smyth confirmed that early conversations were taking place with the Local Health Council and public and patient representatives.

The **BOARD** noted the work underway to develop a Clinical Strategy for NHS Borders and the Development of the Efficiency Programme for 2014/17.

12. **Audit Committee**

David Davidson advised that he had met with the Chief Internal Auditor to discuss the Internal Audit Plan and the potential to bring forward the labs investigation and delay the bed management system due to the possible introduction of a new system.

There would be an additional meeting of Audit Committee in December to address the waiting times report that the Cabinet Secretary had requested.

The **BOARD** noted the update.

13. **Clinical Governance Committee**

Adrian Lucas confirmed that the Clinical Governance Committee had met the previous day and received a thorough presentation on child and adult protection services from Mandy Brotherstone. He suggested the Board may wish to receive the same presentation at a future Board Development and Strategy session.

The Chair recorded the thanks of the Board to Adrian Lucas for his support and Chairmanship of the Clinical Governance Committee during his term of office as a Non Executive member of the Board.

The **BOARD** noted the update.

14. **Public Governance Committee**

Dr Doreen Steele advised that the Public Governance Committee had undertaken a Development day and the Non Executive members of the Committee had also attended the Public Patient Forum Development day.

The **BOARD** noted the update.

15. **Staff Governance Committee**

John McLaren reported that the Committee had met in September using the revised agenda structure. The meeting had focused on sickness absence and the next area for the Committee to focus on would be training.

The **BOARD** noted the update.

16. **Annual Review Letter**

June Smyth gave an overview of the content of the Annual Review letter and action points to be addressed. The review had taken place on 22 August at Borders College. It had been a non ministerial review with representatives of the Scottish Government present.

Evelyn Fleck said that since letter had been received it had been confirmed that NHS Borders had achieved the CDI HEAT target and she was keen to glean the support of the Board in writing to the Cabinet Secretary to advise him of the revised position.

The Chair commented that it was an excellent letter and reflected well on the performance of NHS Borders staff.

The Board recorded thanks to the Executive Team and all the staff involved in the Annual Review.

Cllr Catriona Bhatia noted that it had been a good venue and commented that it was disappointing that there was not a larger public audience in attendance. Calum Campbell suggested that a larger public audience would only be in attendance if there were contentious issues being highlighted. June Smyth confirmed that there was a lethargy in the public to attend the Annual Review whether ministerial or non ministerial. She commented that the Scottish Government attendees had confirmed that this was common with other Boards across Scotland.

The **BOARD** noted the Annual Review Feedback Letter for 2012/13 and the key action points and agreed that Evelyn Fleck write to the Cabinet Secretary regarding the CDI target achievement.

17. **Borders NHS Board Business Cycle 2014**

Iris Bishop presented the Board business cycle for 2014. It was based on the same cycle of board meetings as previous years, ie the first Thursday of the month with the exceptions of February and June as detailed within the paper.

She confirmed that the cycle of Scottish Borders Council full council meetings had been taken into consideration in order to minimise any clash of meetings.

Iris Bishop drew the attention of the Board to the proposed content of the Board Development and Strategy session to be held on 16 January and advised that it was now intended that this session focus on 360' Board Development through a session facilitated by Hazel McKenzie.

The Chair further advised that there was an intention to hold a full day workshop as a follow up to that session on Thursday 27 March.

The **BOARD** noted and approved the Board Business Cycle and meeting dates schedule for 2014.

18. **Health & Social Care Integration**

Elaine Torrance updated the Board on progress with the integration arrangements for Health and Social Care and confirmed that Scottish Borders Council had endorsed the recommendations at their full Council meeting the previous week.

Mrs Torrance highlighted the differences between the proposed body corporate model and the lead agency model and explained the rationale for adopting the body corporate model at that point in time.

The whole integration agenda was very much an on-going process and she was keen to move forward at a pace to ensure that both organizations were able to meet the proposed national implementation date of April 2015.

Cllr Bhatia commented that it was always easy to see the problems in integration however it was for both organizations to focus on finding the solutions with a clear focus on patients, carers and clients and she welcomed the draft performance measures and outcomes suggested.

Dr Sheena MacDonald echoed Cllr Bhatia's comments highlighting that the focus had to be retained on outcomes as that would define the level, for example of IT and HR involvement required in addition to any other service requirements to achieve short to medium term deliverables which in turn would assist in identifying the model required to move forward. Mrs Torrance confirmed the outcomes and indicators in the paper were draft and would be subject to further discussion and refinement through the working groups in the coming weeks.

Dr MacDonald reiterated that the NHS organisations had spent several years integrating services and highlighted that it was crucial that integration in one area did not cause disintegration in another. She commented that it was difficult to separate community hospitals out of the equation as they were an integral part of how the NHS delivered services to the older population and she believed that the aspirations had to be towards no disaggregation of health in order to deliver health and social care integration successfully.

Calum Campbell reiterated that there should be no disaggregation of secondary and primary care.

The **BOARD** noted progress with the integration programme.

The **BOARD** agreed to adopt the body corporate model at this time.

The **BOARD** approved the success criteria for the Programme.

The **BOARD** noted the progress on outcomes for the partnership detailed in Appendix 1 to the paper and endorse the direction of travel

The **BOARD** agreed the initial scope for the Integration Programme details in Appendix 2 to the paper.

19. **Financial Monitoring Report for the 6 month period to 30 September 2013**

Carol Gillie reported that at 30th September 2013, there was a £2.0m spend in excess of budget. Expenditure was overspent by £1.9m and income budgets were under-recovered by £0.1m. The overspending areas within expenditure were noted as Clinical Boards, external healthcare providers, family health services and corporate directorates.

In addition to ensuring delivery of the Board's challenging efficiency programme a number of schemes from the 2014/15 efficiency programme were now being taken forward during the current financial year to support the overall financial position of the Board.

The Board's contingency and funds generated from slippage on cost pressures agreed in the Local Delivery Plan would be utilised to support the financial pressures across the organisation. In

conjunction with the introduction of control measures, advancement of part of the 2014/15 efficiency programme and robust budget management, Mrs Gillie forecast that the financial target of break even would be achieved.

David Davidson congratulated Mrs Gillie on progress with this year's efficiency programme particularly the recurring target.

Pat Alexander noted that under the control measures only statutory and mandatory training would be undertaken and she enquired what impact that would have on staff and the service. Carol Gillie advised that the control measure had been put in place as it was linked to the financial position, however there exceptions to that measure that could be escalated and approved.

June Smyth advised that there was a comprehensive list of statutory and mandatory training across the organisation and each department was required to produce a Training Needs Analysis annually. She further advised that there were other avenues to be taken when Directors felt that certain training was critical to certain services.

Dr Sheena MacDonald commented that for medics there was a requirement for them to undertake a certain amount of Clinical Professional Development (CPD) each year in order to retain their registrations and this was not compromised.

Dr Doreen Steele enquired with regard to UNPACS what progress had been made in regard to encouraging GPs to refer patients back to Borders instead of to Lothian. Dr MacDonald commented that Dr Jonathan Kirk was in discussions with GPs to progress this further by highlighting to them the benefits of maintaining referrals to NHS Borders. Dr MacDonald acknowledged that there were some hot spots geographically and discussions were taking place with those GPs to identify what NHS Borders could deliver locally to ensure referrals were appropriately made in the future.

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

20. **HEAT Performance Scorecard**

June Smyth updated the Board on performance against the HEAT targets. Mrs Smyth highlighted cardiovascular health checks and the below trajectory performance. Mrs Smyth advised that the below trajectory performance had been due to a system reporting issue which had now been addressed and cardiovascular health checks were now performing above trajectory.

Dr Doreen Steele enquired if there was any feedback following the Stirling review of dementia held earlier in the year. Dr Cliff Sharp advised that the Stirling Review had not identified any areas for improvement. It had noted the progress made and did not contain any further suggestions for capturing further numbers of dementia patients. Dr Sharp was disappointed that the dementia target had been increased again as the service had been so close to achieving the previous target.

The Chair enquired about the eKSF target. Calum Campbell said that the Board should be assured on the eKSF target as it was consistently delivered every year and it would be delivered again. Mr Campbell confirmed that the Employee Director was personally pursuing the target across the system.

The Chair enquired if achievement would also be reached for PDPs and John McLaren confirmed that he was pursuing both eKSF and PDPs across the system.

Mr Campbell advised that conversations were taking place nationally with the infrastructure delivery group regarding the future of eKSF. June Smyth noted that the national Scotland wide figures for appraisal and PDPs for the previous year had not yet been published and she commented that she believed NHS Borders was one of the strongest performing Boards in Scotland in that area.

The **BOARD** noted the September 2013 HEAT Performance Report.

21. **Managing Our Performance Six Monthly Report**

June Smyth highlighted several achievements under the new corporate objectives and apologized for the technical difficulty that had been encountered in printing the Managing Our Performance (MoP) report whereby some of the formatting had realigned itself incorrectly and covered some of the target numbers.

The Chair enquired if the HEAT targets and standards from the local key performance indicator scorecards and the single outcome agreement were part of the report. June Smyth advised that the report only covered the national HEAT targets and the Board's contribution to the single outcome agreement.

Dr Doreen Steele enquired if the oral surgery referrals were all appropriate. Dr Sheena MacDonald confirmed that demand had been studied and she confirmed that it was not outwith what would be expected for the size of the population. She commented that the Service Level Agreement (SLA) with NHS Lothian had been recently revisited to reinforce the need for the SLA to deliver at the level agreed. She advised that if the SLA delivered, NHS Borders would actually be in a better position, but that the organisation has had to put in short term measures such as extended clinics, evening clinics etc to bring the service back into line. She further advised that the service was undergoing an in-depth review through the Productivity and Benchmarking process to ensure a long term sustainable solution for the future.

Cllr Catriona Bhatia was disappointed to see that the breast feeding figure was moving in the wrong direction. Evelyn Fleck responded that the aggregated figure portrayed poor performance, NHS Borders was actually the second best performing Board in Scotland for Breast Feeding.

The **BOARD** noted the 2013/14 Mid Year Managing Our Performance Out Turn Report.

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

The **BOARD** noted the report.

23. **Board Executive Team Report**

June Smyth highlighted the Scottish Health Awards event later that evening and confirmed that NHS Borders had five finalists nominated for awards. Calum Campbell and Jane Davidson would be attending the event for NHS Borders along with the nominated finalists.

Carol Gillie highlighted that the anticipated date for release of the Scottish Health Services Cost Book had been postponed to December due to a late return from one Health Board.

The **BOARD** noted the report.

24. **Statutory and Other Committee Minutes**

The **BOARD** noted the minutes.

25. **Borders Alcohol & Drug Partnership Annual Report 2012/13**

The **BOARD** noted the Borders Alcohol & Drug Partnership Annual Report 2012/13.

26. **Any Other Business**

Healthcare Environment Inspectorate (HEI) Unannounced Inspection: Evelyn Fleck advised the Board of the recent HEI Unannounced Healthcare Acquired Infection (HAI) Inspection by Health Improvement Scotland (HIS) that had taken place on 22 October 2013. The verbal feedback received following the visit had been positive and the final draft formal report for checking for accuracy was now awaited.

Cllr Catriona Bhatia commented that she and Calum Campbell had inspected the Special Care Baby Unit recently and she understood the HEI Inspectors had visited that unit as part of their unannounced inspection. She suggested it would be helpful to do a comparison of their report and that of the internal walkround to see if there were any further lessons to learn.

Calum Campbell confirmed that a review of the walkrounds would be undertaken and he was pleased that the overall feedback had been positive. He highlighted to the Board that the biggest criticism had been that one of the Senior Charge Nurses (SCN) had been unable to answer a question regarding legionella as this was not in the SCNs remit, and had the inspector asked the correct person, ie the domestic they would have had a complete and full answer.

Director General for Health & Social Care & NHS Scotland Chief Executive Appointment: Calum Campbell advised the Board that Paul Gray had been appointed as the new Director General for Health & Social Care.

The **BOARD** noted the updates.

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

The Chair confirmed that the next meeting of Borders NHS Board would take place on Thursday 20 February 2014 at 3.00pm in the Board Room, Newstead.

The meeting concluded at 4.45pm.