

DRAFT

Minutes of a meeting of the **Borders NHS Board** held on Monday 21 June 2010 at 3.30pm in the Board Room, Newstead.

Present:

Mrs M Wilson	
Mrs C Duthie	
Mrs J Edey	
Mr D Davidson	Mr C Campbell
Mr A Lucas	Mrs J Davidson
Dr D Steele	Dr E Bajjal
Mrs P Alexander	Mrs S Wright
Cllr S Scott	Mr R Roberts
Mr V Summers	Dr R Cameron
Mrs E Cameron	

In Attendance:

Miss I Bishop	Dr A Mordue
Mrs K McNicoll	Mrs J Smyth
Mr D McLuckie	Mr B Salmond
Mrs H Stirton	Mrs S Swan
Mr A McLean	Mr A Ross
Ms L Patterson	

1. **Apologies and Announcements**

Apologies had been received from Louise Hamilton-Welsh.

The Chair welcomed Bob Salmond, Head of Medical Staffing and Workforce Planning to the meeting who was deputising for Louise Hamilton-Welsh.

The Chair welcomed Dr Alan Mordue, Consultant in Public Health Medicine to the meeting who would be speaking to the Management of Morbid Obesity item on the agenda.

The Chair welcomed June Smyth, Assistant Director of Planning & Performance to the meeting who would be speaking to the Managing Our Performance and HEAT Performance Scorecard items on the agenda.

The Chair welcomed David McLuckie, Director of Estates & Facilities to the meeting who would be speaking to the HUB South East Territory item on the agenda.

The Chair welcomed Susan Swan, Acting Deputy Director of Finance and Andy McLean, Acting Senior Finance Manager to the meeting who would be contributing to the NHS Borders Annual Accounts discussion item on the agenda.

The Chair welcomed Lindsay Patterson, PricewaterhouseCoopers External Auditor, to the meeting who would be presenting the NHS Borders Annual Accounts item on the agenda.

The Chair welcomed Heather Stirton, NHS Scotland Management Trainee to the meeting.

The Chair welcomed Mr Alan Ross, Member of the public to the meeting.

2. **Minutes of Previous Meeting**

The minutes of the previous meeting of the Borders NHS Board held on 1 April 2010 were approved.

3. **Matters Arising**

The **BOARD** noted the Action Tracker.

4. **Progress Report on Scottish Patient Safety Programme**

Sheena Wright introduced the Scottish Patient Safety Programme progress report and highlighted several issues including: various workstreams of the programme; Executive leadership; patient safety walkrounds; care bundles; peri-operative care and links to the LEAN programme; medicines reconciliation; shift patterns; therapy unit and hand hygiene.

Catherine Duthie commented that she had attended the report out session for the faculty visit and endorsed Sheena Wright's comments regarding visible proactive leadership being given from the Executive Team. She further advised that the faculty were keen for consultants to be engaged in the leadership aspects of the programme also. Sheena Wright advised that each Executive had agreed to lead on each specific workstream ie Calum Campbell was now leading on the peri-operative workstream, etc.

Julia Edey enquired what percentage of clinical staff were involved in the initiative. Sheena Wright commented that the programme was rolled out across various wards and that at the moment it was all medical wards, two surgical wards and the programme was now moving into Orthopaedics, Paediatrics, Obstetrics and Gynaecology and A&E so there was well over 50% of clinical staff involved in the programme through various aspects of it.

David Davidson enquired about medicines management and the process that would be followed in this respect when someone was admitted to hospital and subsequently taken off their GP prescribed medicines such as anti-coagulant drugs. Sheena Wright advised that the medicines management pathway in respect of admissions would be dealt with through the pre-operative assessment.

Dr Ross Cameron advised that there were two aspects to the admission which would be considered such as where someone stops taking aspirin before an operation and part of the pre-operative assessment is to keep the GP apprised of any medicines being withdrawn or introduced. During the out of hours period or in the case of an emergency there is a summary available to medical staff electronically which gives them a synopsis of the GP medical records and most up to date prescribing record, allergy information, etc. Should a patient be referred from a GP during the daytime the GP will

include on the referral letter an extract from the current GPASS system which gives all of the information required.

The Chair suggested that a Progress Report on the Scottish Patient Safety Programme should be presented to each Board meeting as opposed to the previous arrangement of every six months.

The **BOARD** noted the content of the report and continued to support the patient safety programme going forward in 2010.

5. **Healthcare Environment Inspectorate Update**

Sheena Wright updated the Board on the current status of the Healthcare Environment Inspectorate visits and highlighted: the current position acknowledging all the work that had taken place to date; that a meeting had been held earlier that day of the HEI group and the outcome of that meeting was that all Ward Managers and Service Managers would complete a self assessment by 9.00am the following day to inform the Board that everyone had signed up to the position they should be in with regard to service improvements. Mrs Wright also advised the Board the variations in practice and communication that had been experienced and were being addressed.

The **BOARD** noted the update.

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

Sheena Wright gave an overview to the Board of the Healthcare Associated Infection (HAI) Action Plan against and cleaning monitoring results. She highlighted several points including the progress being made against the action plan and the regular reporting to the Scottish Government and the reconfiguration of the Infection Control Team structure.

Mrs Wright reported that with regard to the Staph aureus bacteraemia rates these were currently above trajectory and had peaked in March/April. Boards were required to reduce their SABs by 25% by 31 March 2010 and for NHS Borders this meant a total of 22 cases for that period. Unfortunately NHS Borders had failed to achieve this target as they had recorded 31 cases during that period. Mrs Wright advised that all Boards were to reduce their SABs by a further 15% during the 12 month period April 2010 to March 2011 which would give a total of 18 cases maximum and to date there were 9 cases (a further case had been recorded since the report had been produced). Mrs Wright advised that every case was studied individually and an action plan had been produced. She further advised that a Group had been pulled together to look at SABs across the organisation, their groupings and origins of infections.

Dr Ross Cameron advised that the Bacteriologist had briefed the Senior Medical Staffing Committee on this issue at their meeting held at lunchtime that day.

Mrs Wright highlighted the C.diff rates and confirmed that NHS Borders should be able to achieve the target of a 30% reduction by March 2011. She confirmed that there was close scrutiny nationally around c.diff rates and that NHS Borders continued to monitor them.

Mrs Wright highlighted the Hand Hygiene compliance rate of 94% for March-April and commented that Dr Ross Cameron was working with clinical colleagues to continue to improve the target.

Mrs Wright further highlighted that within the HFS Quarterly National Report, NHS Borders was maintaining a 97% pass rate for cleaning which was an excellent rate compared to other Health Boards in Scotland.

Julia Edey commented that it had been a good idea to have notice boards at the entrance to clinical areas and that she was pleased to see this suggestion coming to fruition.

Catherine Duthie enquired if with regard to the national action plan there would be any rolling programme or if it was just focused on HEAT. Sheena Wright responded that there would be a rolling programme and as yet she had heard no more than that there would be on-going discussions.

Dr Doreen Steele noted the hand hygiene zero tolerance initiative and enquired when non compliance with the initiative would become a disciplinary issue. Calum Campbell commented that everyone could forget to do something and be educated to do it in future. He advised that if someone needed to be continually supported on this initiative it would be a performance management issue and taken through that route as appropriate. A gentle reminder once or twice was acceptable but beyond that he would expect the performance management process to be followed.

The **BOARD** noted the report.

7. **Mid Staffordshire Report Update**

Sheena Wright reminded the Board that she had given an in-depth presentation of the Mid Staffordshire Report to the Board Development & Strategy session held on 6 May. She emphasised the importance of the report and the lessons for all Health Boards to learn from that report as it was estimated that some 400-1200 more people had died during the 3 year period in Mid Staffordshire. She further advised that the new Government had made a commitment to hold a public inquiry into Mid Staffordshire.

The **BOARD** noted the update.

8. **NHS Borders Vision, Values & Corporate Objectives 2010/11**

Calum Campbell advised the Board that the Vision, Values and Corporate Objectives had been refreshed in light of feedback received and had been seen by the Scottish Health Council and Public Reference Group. Mr Campbell reiterated that patient safety was at the heart of all the services provided by NHS Borders.

Cllr Sandy Scott requested that the document be put in to plain English for a wider audience and Karen McNicoll confirmed that it would be.

The **BOARD** approved NHS Borders Vision, Values and Corporate Objectives for 2010/11.

9. **The Management of Morbid Obesity & Access to Bariatric Surgery**

Dr Eric Baijal advised the Board that the paper focused on the further information requested by the Board specifically around the composition and capacity of the local Specialist Weight Management

Team and the number of bariatric operations per annum that were to be included in the Service Level Agreement with the North Tyneside Bariatric Service.

Dr Alan Mordue advised that a small group had looked at the composition and role of the Specialist Weight Management Team and had concluded the role and disciplines needed to fulfil the role for that Team. They had then looked at the tariffs on operations and with the suggested composition of the Team suggested no more than five operations per annum.

Cllr Sandy Scott summed up the processes that would have to be gone through by a person seeking bariatric surgery and concluded that the key function was to match level of demand with supply.

Dr Eric Baijal advised that the service was part of the a care pathway for overweigh individuals and noted that surgery was the last resort with only those most seriously ill being considered for an operation once they had gone through the series of interventions in and around anticipatory care.

Julia Edey enquired if the Board would breach the waiting times target by only committing to 5 operations per annum. Dr Alan Mordue advised that there was lots of demand from GPs for referrals to be assessed by the Team or to proceed straight to surgery. He advised that the waiting times issue was important and the Specialist Weight Management Team would give greater control of the waiting times and that Team would need to match demand and supply. Dr Mordue advised that he would expect the surgeon's criteria to probably flag at least 50% of the patients he saw as unsuitable for surgery.

Calum Campbell reiterated that the criteria was higher than the NICE standard and would ration the demand for surgery, however it could take a disproportionate amount of expenditure to set in train. Dr Cameron commented that there was a potential for any demand on a service to be limitless, however conditions had to be set to be fair across all services and used the analogy of the IVF programme as an example.

Julia Edey advised that she wished to be assured that there was a reporting process through the Clinical Governance Committee or other Board sub committee so that the Board would have an understanding of where the service was going or even potentially to be able to alert the Scottish Government that NHS Borders might breach the waiting times guarantee for this service.

Dr Eric Baijal commented that any response to health needs needed to be proportionate, advising that if more money were invested in the specialist weight management programme there would be less to invest in services for the critically ill or elderly, etc. He advised that as the patient travelled the pathway some would not go on to the speciality team and some would and that most when referred to the surgeon would not meet that criteria. Dr Baijal advised that he was less concerned about the volume of surgery and the waiting lists issue than making sure there was an appropriate care pathway in place.

Dr Doreen Steele commented that the media often highlight bariatric surgery as a desirable for people, yet that was quite contrary to what the public really needed to know, so the criteria was vital.

The **BOARD** approved the recommendations on the role, composition and capacity of the local SWMT.

The **BOARD** approved the number of bariatric operations to be specified per annum in the SLA with the North Tyneside bariatric service.

The **BOARD** approved the project and line management arrangements for the SWMT.

10. **NHS Borders Endowment Fund Strategic Fund Raising Framework**

Jane Davidson advised the Board that given the intent of the Endowment Fund and its' Sub Committees to work cohesively with the Board the framework had been worked up to ensure there was a meshing of those bodies. She advised that it had been approved by the Endowment Trustees.

Karen McNicoll commented that it was the framework that the organisation would work within and would be shared with staff, services and any external partners to ensure the function moved forward.

The **BOARD** endorsed the NHS Borders Endowment Fund Strategic Fund Raising Framework.

11. **HUB South East Territory**

David McLuckie summarised the paper produced by the HUB South East Territory Board noting that HUB was a Scottish Government and Scottish Futures Trust initiative. He reported that SPACE Limited had been selected as the private sector development partner in hubco.

Julia Edey commented the Jedburgh, Roxburgh St and Lauder Health Centre developments would probably become attractive to the HUB approach and may be delayed due to that process. David McLuckie advised that with regard to the Jedburgh Health Centre project planning consent was being sought and the conventionally appointed design team was being used. He advised that detailed plans were in produced as well as a pre tender estimate. With regard to Roxburgh Street Mr McLuckie advised that discussions were on-going with the Scottish Ambulance Service and should agreement be reached then potentially this project may be routed through HUB. In respect of Lauder Health Centre Mr McLuckie advised that there remained outstanding issues around land ownership which were being established through the Central Legal Office (CLO) and Scottish Borders Councils' legal team. He advised that he hoped the land ownership issue would be resolved over the next couple of months.

Julia Edey enquired if HUB precluded NHS Borders from using local building companies. Mr McLuckie advised that it precluded NHS Borders from approaching them as the main contractor for a job but that nationally it should be more competitive for the organisation.

David Davidson enquired if there would be any risk to future projects if there was a change in the Scottish Government and the Scottish Futures Trust was removed. Calum Campbell suggested that there may be a risk but these were the current rules and the organisation had to abide by them.

David Davidson enquired if the organisation was allowed to seek a plan and get it costed on the basis of using local contractors. Calum Campbell advised that the organisation would be put in a dangerous position in respect of "value for money" if it did that and advised that the HUB route should be cheaper and the organisation would be expected to always explore the HUB value first.

Cllr Sandy Scott commented that the was disappointed that local contractors may end up missing out on potential contracts and suggested that the HUB was just another tier of bureaucracy. He noted that

NHS Borders would be contributing the same amount of funding as larger Boards and suggested getting in an independent cost adviser to look into that. David McLuckie advised that it was important to be a part of HUB until the organisation had full confidence in it to take on and see a project through to completion.

Jane Davidson enquired about the categories of shareholders. David McLuckie confirmed that there were 3 types of shareholders, A were private sector, B were public sector and C were the Scottish Futures Trust.

Ralph Roberts enquired about the organisations liabilities as shareholders on the basis that HUBCO would be building for other NHS bodies. David McLuckie advised that in conjunction with NHS Lothian this issue was being explored by all the partners' legal teams and it would be clarified before there was any sign off of the agreement by NHS Chief Executives and Directors of Finance.

Vince Summers queried the investment in hubco shareholding figure of £3.33. Mr McLuckie advised that this figure was correct. He advised it was a similar structure to a company limited by guarantee and confirmed that he was setting up a meeting with the CLO and NHS Lothian to clarify that point.

Cllr Sandy Scott enquired about who would make the final decision on the two methods of payment. Mr McLuckie advised that it was for the client to decide on the payment method and the client would be the Board.

Julia Edey sought assurance that future NHS Borders projects would not be delayed due to the HUB process. Mr McLuckie confirmed that the organisation had the option to pursue a different route outwith HUB if HUB could not meet the organisations timelines, etc.

The **BOARD** approved the selection of SPACE Limited as the private sector development partner in hubco as recommended by the South East Territory Programme Board.

The **BOARD** approved the establishment of hubco, the investment in hubco shareholding of a minimum amount to be confirmed, and the provision of working capital, financed from enabling funds provided centrally.

The **BOARD** approved the entering into of the Territory Partnering Agreement, Shareholders Agreement and Participants' Agreement, with delegated authority to the Chief Executive/Director of Finance to execute the same on behalf of NHS Borders following the resolution of final clarifications and subject to the final agreement of NHS Borders legal adviser.

The **BOARD**, subject to final agreement of NHS Borders legal advisers, approved to delegate the approval of the B Shareholders' Director on the Board of hubco to the Participants Representative on the Territory Partnering Board;

The **BOARD**, subject to final agreement of NHS Borders legal advisers, approved the appointment of South East Territory hub Programme Director (when appointed) as the B Shareholders' Representative and Participants' Representative under and in terms of the Participants' Agreement with delegated authority to take any action, grant any approval or consent or sign any notice required in terms of the Shareholders Agreement and Territory Partnering Agreement;

The **BOARD**, subject to final agreement of NHS Borders legal advisers, approved the appointment of David M^cLuckie, Director of Estates & Facilities as NHS Borders representative on the Territory Partnering Board with delegated authority to make any decisions on its behalf which require to be taken by the Territory Partnering Board pursuant to its constitution.

The **BOARD** approved the content of the Territory Delivery Plan, which incorporates the planned Health Centre developments within Roxburgh Street Galashiels, Lauder and Jedburgh.

The **BOARD** delegated authority to the Chair, Chief Executive and Director of Finance to act on the legal advice received in relation to the approvals listed above.

12. NHS Borders Annual Accounts 2009/10

Jane Davidson introduced the NHS Borders Annual Accounts for 2009/10 and advised that it had been a challenging year for the Board in light of the economic situation and adhering to the new international accounting standards. She advised that the financial targets set by the Board had been achieved and the Audit Committee had considered the accounts at their meeting held earlier that day. Mrs Davidson then drew the attention of the Board to page 15 of the accounts and highlighted the responsibilities of the Board in terms of the accounts.

Julia Edey, as Chair of the Audit Committee confirmed that the pack of papers included the draft Annual Assurance Statement and she confirmed that following the Audit Committee meeting held earlier that day she was content to approve the Annual Assurance Statement.

Lindsay Patterson detailed the content of the PricewaterhouseCoopers report highlighting: summary of audit process; PricewaterhouseCoopers signing of the Unqualified Audit Statement and issuing of the Unqualified Audit Opinion; thanks to Jane Davidson and the Finance Team in taking forward the implementation of the international financial reporting standards; no unadjusted items identified through the audit; managing in uncertain times; the financial challenge to management and efficiency savings.

Julia Edey reported that the Annual Assurance Statement set out the current governance framework for the Board and should be assured that the current processes in place enable the Audit Committee to expedite its statutory duties. She advised that reports had been received from all the governance committees setting out their workplans for the year and that the new system of international accounting standards had been introduced for management and administration procedures.

Calum Campbell advised that with regard to page 17 of the Annual Accounts and notes for the year ended 31 March 2010 the wording at paragraph 6, line 2, end of the first sentence the following wording be added: “added to that will be a strengthening in the processes in the system to aid compliance”.

Julia Edey noted that it had been a very challenging year for the Finance Team and recognised the work undertaken by them. She thanked Susan Swan, Andy McLean and Jane Davidson for the work they had undertaken to produce the accounts to such a tight timescale and also thanked PricewaterhouseCoopers for their support and co-operation.

The Chair thanked Julia Edey and the Audit Committee for expediting this matter to a satisfactory conclusion.

The **BOARD** agreed the amendment to page 17 of the Annual Accounts and notes for the year ended 31 March 2010.

The **BOARD** adopted and approved for submission to the Scottish Government Health Directorates, the Statement of Accounts for the financial year ended 31 March 2010.

The **BOARD** authorised the Chief Executive to sign the Directors' Report;

The **BOARD** authorised the Chair and Director of Finance to sign the Statement of Health Board Members' responsibilities in respect of the Accounts;

The **BOARD** authorised the Chief Executive to sign the Statement on Internal Control in respect of the Accounts;

The **BOARD** authorised the Chief Executive and Director of Finance to sign the Balance Sheet.

13. **Patient Private Funds Statement 2009/10**

Jane Davidson advised the Board that the final Patients Private Funds Statement for 2009/10 had been considered by the Endowment Committee at its meeting held earlier that day where it had been noted that there had been a clear review undertaken by the auditors and the statement was correct. Mrs Davidson advised that in future the statement would be reviewed by the Audit Committee as opposed to the Endowment Committee.

The **BOARD** adopted and approved the Patients Private Funds Statement for the financial year ended 31 March 2010.

The **BOARD** authorised the Director of Finance to sign the Patients Private Funds Statement to certify its accuracy.

The **BOARD** authorised the Chief Executive to sign the Patients Private Funds Statement to confirm its approval by the Board.

14. **Financial Monitoring Report to 30 April 2010**

Jane Davidson presented the first month financial report to the end of April advising that it was caveated as it was an early report. She advised that it was important for the Board to be sighted on the pressure points and emerging financial risks and challenges in moving forward, as well as the efficiency programme on which the organisations savings was based. She advised that there was an adverse position of a £200k overspend in the first month with emerging costs pressures in nursing and local medical costs. She further advised that 2010/11 would be a very challenging year financially.

In summary Mrs Davidson reported that a balanced plan had been approached that had been agreed with the Scottish Government and it was imperative that the organisation had the appropriate management action to address any adverse position in going forward. She commented that there were

a number of actions in train and that she would expect to have a clearer picture for the next Board meeting on the actions taken in regards to the financial recovery plans and wider impacts on the organisation. She advised that it was imperative for the organisation to continue to focus on the efficiency programme.

Cllr Sandy Scott noted that in the Capital Programme there was a spend figure of £100k, yet there was £6.5million in the budget. He enquired if the organisation would have to spend the whole £6.5million. Jane Davidson responded that traditionally the NHS tended to backload its capital programme. She advised that the capital fund was being looked at this year to make sure as many projects as possible were commencing as early as possible. She commented that she remained not unduly concerned at this point.

David Davidson noted the proposed change to the mechanisms and processes for the developing budget and asked Jane Davidson to clarify that and what input the Non Executives might be able to make. He enquired if it might be better to co-ordinate activity with Scottish Borders Council (SBC) on any joint project work. Jane Davidson responded that at the last Community Health & Care Partnership (CH&CP) Board meeting she had suggested both organisations try and align their budgeting processes so that there was some parallel working with SBC. She advised that the mechanisms of that had yet to be worked out and that it was currently a statement of intent which should be beneficial to both organisations in bringing forward their processes.

With regard to Non Executive input, Jane Davidson advised that she had not really thought of that in a wider context other than zero based budgeting and was aware that Dr Doreen Steele was keen on that. She advised that she was very happy to have Non Executive input and would need to consider how to make the most of that and as far as working with SBC was concerned she was aware of work coming through the CH&CP and suggested that Ralph Roberts might like to update the Board with regard to the work that Jackie Morton had been tasked with.

Ralph Roberts briefed the Board on the current Cheviot Initiatives work that Jackie Morton was undertaking. He advised that the work focused on aligning processes and projects as well as bringing together one single project around Cheviot which would align all the resource available in Cheviot into a single pot and explore what the benefit would be to both organisations in pursuing that model in the future.

Calum Campbell advised that both NHS Borders and SBC needed to be careful to ensure neither undertook a path that might impact adversely on each other and emphasised that both organisations needed to agree savings as they progressed joint pieces of work that were to benefit both organisations.

Julia Edey enquired with regard to cost pressures in relation to the renal unit at what point the NHS Borders renal development would become operational. Ralph Roberts advised that the service was anticipating repatriating patients from NHS Lothian by mid summer. He commented that the renal unit would be decanted to Ward 14 during July to allow for the creation of space for the building works to commence. It was expected that the unit would be completed by Spring 2011.

The **BOARD** noted the Board's financial performance for the first month of the financial year.

15. **Managing Our Performance 2009/10 Outturn Report**

June Smyth introduced the Managing Our Performance Outturn report and highlighted several items including: focusing on a range of targets and national HEAT targets; 9 weeks waiting time and smoking cessation. She advised that the report was positive overall in terms of HEAT targets.

The Chair enquired where the report fed into other processes. June Smyth advised that the 2009/10 Report data would be considered as part of the Annual Review taking place on 11 October. She further advised that a self assessment report had been completed which would be submitted to the Scottish Government in preparation for the annual review and that the majority of the information within that self assessment was drawn from the Managing Our Performance Outturn report.

Julia Edey commented on page 30 in respect of activity for the year end and suggested reviewing the ratio of new review outpatients. Compared to the previous two years it would appear the organisation seemed to be moving in the wrong direction as in 2008/09 and 2009/10 there appeared to be less new patients and more review patients being seen.

Adrian Lucas commented that in looking at the Minor Injuries Units (MIU) attendance figures there was a variation in the number attending local MIUs and the number attending A&E at the BGH.

Dr Ross Cameron advised that the target in this respect was about an overall reduction of attendances at A&E and the organisation had taken the view that it would not separate off patient streams. He reaffirmed that in some places GPs were part of the provision of the Out of Hours (OOH) service and it had always been the intention to merge the A&E and OOH service as opposed to stripping out staff from A&E into the OOH service. He advised that the reason for the MIU attendance figures variation was that not all of the community hospitals had OOH MIUs.

Adrian Lucas commented that when looking at the four MIUs, Hawick appeared to do very well and the others seemed to lag behind. Dr Cameron advised that the reason for the variation was that some of it was historical and related to the formation of BECS in 2004. He advised that the units which were Doctor led appeared to be more active than those that were nurse lead as patients tended to travel to the A&E at BGH as they were aware there would be Doctors available at that unit. Adrian Lucas enquired at what point the organisation would make the MIUs more viable.

Ralph Roberts advised that there was a piece of work being taken forward around improving information to the public about the unscheduled care services available to the public and trying to explain to people what the function of the MIU is, etc.

The **BOARD** noted the 2009/10 Outturn Managing Our Performance Report.

16. **HEAT Performance Scorecard**

June Smyth advised that the HEAT performance scorecard format had been refined following feedback received. She advised that it contained information on the LDP and HEAT targets for 2010/11 and for the targets where monthly data was available. With regard to items that could not be reported on, on a monthly basis, these areas had been highlighted in the report to advise on the expected reporting cycle. Mrs Smyth highlighted several items within the report including: smoking cessation; 9 week waiting

times; Child and Adolescents health waiting times; Alcohol brief interventions targets and the under achievement of the KSF target as well as performance issues in terms of waiting for diagnostics. Mrs Smyth further advised that the data within the report for HAI related to the April data which had been collated and tested and that it was different to the data that had been reported by Sheena Wright earlier in the meeting who had spoken to the early data that was now available for May.

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

17. **Local Delivery Plan – Annex 6**

Dr Eric Baijal advised the Board that Annex 6 was an important annex to the Local Delivery Plan (LDP) as it reconciled local commitment by the Board to support those outcomes in the Single Outcome Agreement as well as the Boards contribution to the specific partnership outcomes.

Julia Edey commented that she was pleased to see tangible outcomes from the Single Outcome Agreement and found this very encouraging.

Dr Doreen Steele commented on the potential links between affordable housing and the health needs of the tenants such as dementia, depression, etc. Dr Eric Baijal advised that there were close links between the NHS and SBC Housing Department and that he would pull together a detailed briefing on this for Dr Steele.

Karen McNicoll advised that the PPF were very interested in the SOA and its performance measures and how they could contribute and enquired if Dr Baijal would include the PPF in this matter.

The Chair enquired about the reporting arrangements for the future and Dr Baijal advised that he would produce a briefing paper on those for the Board.

The **BOARD** approved the final version of Annex 6 of NHS Borders Local Delivery Plan 2010/11.

18. **Chair & Non Executive Directors Report**

The **BOARD** noted the report.

19. **Board Executive Team Report**

Calum Campbell highlighted several key points including: the Annual Review taking place on 11 October; submitting a response in respect of the Quality Scorecard and the development that the Board Executive Team were undertaking.

The **BOARD** noted the report.

20. **Declarations of Interest**

The Chair requested that the guidance regarding Declarations of Interest be reviewed.

The **BOARD** noted the revised Declarations of Interest.

21. **Strategy & Performance Committee Minutes**

The **BOARD** noted the Strategy & Performance Committee minutes of 4 March 2010.

22. **Endowment Committee Minutes**

The **BOARD** noted the Endowment Committee minutes of 19 January 2010.

23. **Audit Committee Minutes**

The **BOARD** noted the Audit Committee minutes of 18 December 2009.

24. **Audit Committee Minutes**

The **BOARD** noted the Audit Committee minutes of 29 March 2010.

25. **Staff Governance Committee Minutes**

The **BOARD** noted the Staff Governance Committee minutes of 23 March 2010.

26. **Public Governance Committee Minutes**

The **BOARD** noted the Public Governance Committee minutes of 25 February 2010.

27. **Clinical Governance Committee Minutes**

The **BOARD** noted the Clinical Governance Committee minutes of 3 February 2010.

28. **Pharmacy Practices Committee Minutes**

Julia Edey advised the Board that since the April meeting of the Pharmacy Practices Committee had been held, an appeal against the decision had been submitted to the National Appeals Panel (NAP) by Lloyds Pharmacy. She further advised that she was awaiting clarification on whether the appeal would be heard.

The **BOARD** noted the Pharmacy Practices Committee minutes of 28 April 2010.

29. **CH&CP Minutes**

The **BOARD** noted the Community Health & Care Partnership minutes of 11 March 2010.

30. **ACF Minutes**

The **BOARD** noted the Area Clinical Forum minutes of 1 March 2010.

31. **ACF Minutes**

The **BOARD** noted the Area Clinical Forum minutes of 3 May 2010.

32. **SEAT Minutes**

The **BOARD** noted the South East & Tayside Group minutes of 29 January 2010.

33. **ELBEG Minutes**

The **BOARD** noted the Edinburgh, Lothian and Borders Executive Group minutes of 15 January 2010.

34. **CSOG Minutes**

The **BOARD** noted the Critical Services Oversight Group minutes of 25 January 2010.

35. **Borders Strategic Board Minutes**

The **BOARD** noted the Borders Strategic Board minutes of 8 February 2010.

36. **Any Other Business**

PFPI Self Assessment 2009/10: The Chair advised the Board that in line with the 13 May deadline the PFPI Self Assessment for 2009/10 had been signed off by herself on behalf of the Board and placed in the public domain. She further advised that the PFPI Self Assessment had been ratified at the Strategy & Performance Committee held earlier that day.

Dr Doreen Steele advised the Board that with regard to involving and consulting with people the Scottish Health Council had been vociferous in stating that NHS Borders were the best Board in Scotland regarding public involvement.

Contingency Planning: Calum Campbell advised the Board that the BET had recently undertaken a session on contingency planning.

Honours: Dr Ross Cameron advised the Board of the recent award of an OBE to John Glennie in the Queens' Birthday Honours. The Board recorded their congratulations to John Glennie on the award.

Work Plan: Jane Davidson advised that she was consciously listening to feedback on what the Board received and enquired if the workplan for the rest of the year and how the performance information linked to it and it linked to the Strategy & Performance Committee would be useful to see in terms of both cycle and volume.

The **BOARD** noted the updates.

37. **Date and Time of Next Meeting**

The Chair confirmed that the next meeting of the Borders NHS Board would take place on Thursday 5 August 2010 at 3.00pm in the Board Room, Newstead.

The meeting concluded at 5.40pm