Borders NHS Board



CHAIR AND NON EXECUTIVE DIRECTORS REPORT

Aim

To update the Board on the recent activities undertaken by the Non Executive Directors.

Committee Meetings and Events: The following committee meetings and events have taken place.

4 August: Strategy & Performance Committee

4 August: Borders NHS Board

30 August: Staff Governance Committee

1 September: Board Development & Strategy Session

14 September: Clinical Governance Committee15 September: Public Governance Committee

21 September: Audit Committee

27 September: CH&CP

John Raine: Matters raised by Cabinet Secretary at Chair's meeting 25th July: urgent attention needed by chairs in respect of 4 hour wait target breaches (not Borders). Consultation on the new Mental Health Strategy, published in September, will invite views on which specific activities should be prioritised over the next 3 to 4 years and how to support improvements in quality, productivity and efficiency. Final strategy to be published in Spring 2012. The strategy prioritises improved access to psychological therapies; implementing the National Dementia Strategy and ensuring that the balance between community and in-patient settings meet people's needs, including exploring where people access services when they are in crisis.

Regarding workforce projections, chairs were reminded that any staff changes must be driven by improvements in day case rates or by reductions in emergency admissions or shifts in the balance of care. Chairs needed to ensure that staffing-to-patient ratios could give no scope for any suggestion that patient care and safety was being compromised.

Matters raised by the Minister Michael Matheson at Chairs meeting 29th August: although tight, the service was on track to deliver on the 2011/12 budget; figures for 2012/13 through to 2014/15 due for publication in September with finalised budgets by end of January into February.

Other points from national chairs meetings July and August:-

Healthcare Improvement Scotland presented their new scrutiny model. Borders and Glasgow are piloting scrutiny and assessment of older peoples services. NHS Borders concerns about the assessment process have been voiced and responded to. HIS will re-

visit the paperwork. This particular assessment will be back on the Minister/Chairs agenda when the pilots have run their course in November.

Elected boards: the evaluation report of the 4 elected boards to be published October 2012.

Commonwealth Games Legacy: presentation by NHS Health Scotland on the importance of physical activity and the Commonwealth Games legacy. Ministers are looking for leadership from NHS Boards and to Chairs to move the agenda forward. Commonwealth Games legacy leads had been appointed and working groups established locally.

National clinical effectiveness measures: development work has been commissioned by the Quality Alliance Board and work is being taken forward by quality leads from Lothian, Greater Glasgow and Clyde, Tayside and HIS.

TAGRA (Technical Advisory Group on Resource Allocation), meeting 18 August: In a joint session with Directors of Finance the meeting received presentations on a new approach to acute services costing based on work at NHS Lothian and NHS Highland. Lothian has a system that has mapped £1.4billion of spend with data disaggregated to patient level making it possible to track how many contacts individual patients had with different services over a year, the duration of contacts and how much they cost. This work represented a move towards a patient level approach to costing. There was agreement that developing a single costing method which could be supported by Boards and provide a better understanding not only of the cost of hospital activity but also the potential savings of moving costs from the hospital to the community setting would be useful. TAGRA received reports from a new Morbidity and Life Circumstances sub group and from the Remote and Rural Sub Group. Both reports represent work in progress.

Catherine Duthie: My efforts over the past weeks have been very much directed towards the continuing development of the Stroke/Specialist Palliative Care Project within BGH. This has included an active involvement in the major appeal which will provide the capital costs and membership of the Core Project Group and the Project Board.

Doreen Steele: I attended one day of the Quality in Action event on 23 August and found it very energising, well organised and an interesting mix of sessions.

I attended a session on 'Putting the Patient at the Heart of the Pathway' where one of the presenters was NHS Borders Orthopaedic Consultant Ali Medhi. The session described the change in care delivery in the Orthopaedic Department. Mr Medhi and his colleagues approach is one where the pathway is totally person centred and meets the criteria of the Healthcare Quality Strategy for Scotland and is an exemplar of service of which we should be rightly proud. For anyone wishing to read etc the presentations they can be found at: www.nhsscotlandevent.com

David Davidson: I attended the NHS Scotland two day event at the SECC. I found some of the breakout sessions very well structured and informative but feel that the bulk of the event was focused on middle tier staff. The excellent session for Non Executive Directors has resulted in a small working party, including myself, working to recreate a Non Exec Network geared to easy access opportunities to share experience and best practice across Boards. The Leadership sessions proved interesting but not specifically slanted at Board members. I will be attending a Resilience Workshop on the 6th October.

Recommendation

The Board is asked to **note** the report.

Policy/Strategy Implications	Not Applicable.
Consultation	Not Applicable.
Consultation with Professional Committees	Not Applicable.
Risk Assessment	Not Applicable.
Compliance with Board Policy requirements on Equality and Diversity	Compliant
Resource/Staffing Implications	Not Applicable.

Approved by

Name	Designation	Name	Designation
John Raine	Chair		

Author(s)

Name	Designation	Name	Designation
Non Executive			
Directors			