

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.

15 January	Strategy & Performance Committee
15 January	Board Development & Strategy Session
19 January	Endowment Committee
21 January	Clinical Governance Committee
5 February	Fundraising Advisory Committee
5 February	Board Development & Strategy Session
9 February	H&SC Integration Shadow Board
11 February	Public Governance Committee
16 February	Area Clinical Forum

John Raine: Some events/meetings attended:

November 27	St John awareness raising
November 27	Community Planning Strategic Board
December 2	Chairs
December 4	Military event, Edinburgh Castle, to recognise the contribution made by employers to reserve forces – Borders NHS received a `Silver` Award
December 5	Chairs group
December 15	TAGRA
December 18	Presentation to SBC
December 22	Michael Moore MP visit to BGH
January 7	Engaging Leadership event with staff
January 9	Michael Moore meeting
January 21	Evidence to Public Audit Committee, Scottish Parliament.

Clinical Services Review: Issues around this have dominated the corporate agenda. The Medical Director and myself used the opportunity to present to Scottish Borders Council's December meeting to explain the Board's purpose and intention and I believe this was generally well received.

In recognition of Borders NHS contribution to and support for reserve forces, the Board was presented with a Silver Award at an event at Edinburgh Castle. I suggest a report to the Board at its next meeting about the support given to staff to serve as reservists, and how NHS Borders might further develop links with the armed forces.

Three representatives from Borders Community Planning Partnership, including myself, were invited to give evidence to the Scottish Parliament Public Audit Committee, along with representatives from the Aberdeen Partnership. I shall want to discuss the learning from this, and the way in which Borders NHS contributes to the work of the Partnership, when the Committee reports. It is apparent to me that NHS Borders is making a significant contribution to the achievement of the Partnership's strategic aims and there is more to be done to identify and "badge" this contribution as well as to link the work of the Partnership into our governance and management arrangements. We need also to consider the implications for NHS Borders arising from the Community Empowerment Bill and how this could impact on partnership working.

David Davidson:

- 031114 Shadow Joint Integration Board
Chaired Counter Fraud Operating Group
- 051114 Annual Board Review
- 121114 Patient Safety event at EICC Edinburgh
- 171114 Short Life Working Group on Health & Safety
Shadow Joint Integration Board
- 181114 Attended National Counter Fraud event for Counter Fraud Champions and Fraud Prevention Liaison Officers at Stirling University. NHSB seems to be well regarded in its work and considered among the best in Scotland thanks to our staff.
- 251114 Part of Spiritual Care appointment panel
- 011214 Chaired Fraud Prevention Operating Group
- 081214 Shadow Joint Integration Board
- 091214 Chaired session with Counter Fraud Services on their annual visit
- 101214 Chaired Spiritual Care Committee
- 151214 Short Life Working Group on Health & Safety
- 161214 Met with Hawick Councillors
- 181214 Chaired Resilience Committee
- 190115 Short Life Working Group on Health & Safety,
The Audit Planning Meeting for 2015/16.
- 210115 PA&Cs Clinical Governance Group.
- 280115 PCA Board, This was a constructive meeting early in the life of the new joint board comprising staff in both the former BGH Clinical Board and the former Primary and Community Services Clinical Board which included various professions active in each area including GPs and members of the Public Participation Forum. This brings together staff involved in the whole patient journey through NHS Borders and its Primary Care contractors. I believe that this new board will improve connected care throughout NHSB.
- 090215 Shadow Joint Integration Board

Doreen Steele:

21 January 2015 I attended Scotland Policy Conferences on behalf of the Chair who was called to attend another meeting.

The conference had a number of key speakers from primary care looking at:

- Challenges and opportunities for primary care in Scotland
- Next steps for improving quality and safety in care

- 2020 vision for Health and Social Care: priorities for primary care
- The developing role of General Practice and the next steps for the GP contract.

That part of the morning concluded with an examination of the wider aspects of the above with input from the RCN, Charities/third sector, NHS CEO View, Pharmacy and a GP.

The second part of the morning focussed on the changing role of the GP in delivering care in the community and innovation, integration and developing new models of primary care. As part of the day slides and a transcript will be forwarded which can be shared.

26 January I attended the chairs private and Scottish Government meetings. The afternoon session was the first time the Cabinet Secretary had attended whereupon she gave the message that she was proud of the NHS in Scotland and conveyed her thanks to be shared with everyone on their tireless efforts. She highlighted the patient survey which indicated that 89% of inpatients had rated their care positively, the highest figure since the survey was started.

She highlighted the refresh of the 2020 vision which is ongoing and announced that agreement had been reached with COSLA that the vast majority of patients were to be discharged within 72 hours of being clinically ready for discharge. The £100 million over 3 years has been given to help reduce the number of people waiting for discharge from hospital to home or a homely setting.

She also announced her intention to develop a longer 10 – 15 year plan for the delivery of services and the need for more stakeholder participation, planning and capacity linked to workforce planning and the involvement of the professional bodies and Royal Colleges. It is intended to reach broad agreement by the autumn of this year.

HAI was touched upon with all reports indicating the same issues and there is a need to be more proactive in this area. She challenged each territorial board to confirm that their hospitals do not have the issues of cleanliness from the last 3 board inspections published and to write to this effect by mid-February.

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.

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Approved by

Name	Designation	Name	Designation
John Raine	Chair		

Author(s)

Name	Designation	Name	Designation
Non Executive Directors			