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.

26 October	Borders NHS Board
26 October	Board Development Session
1 November	NHS Borders Annual Review
2 November	Strategy & Performance Committee
2 November	Board Development Session
6 November	Extra Ordinary Staff Governance Committee
8 November	Extra Ordinary Health & Social Care Integration Joint Board
27 November	Health & Social Care Integration Joint Board Development Session
29 November	Remuneration Committee
29 November	Clinical Governance Committee

John Raine: Meetings/Events attended include:

- October 30: NHS Chairs meeting and meeting with the Cabinet Secretary. Discussion topics included the recent Audit Scotland report; acknowledgement that patient satisfaction levels are at an all time high; the big challenges around waiting times performance and the need for improvement; recognition of the progress of joint working through IJBs and regionally.

  A detailed presentation on the 2018 Scottish General Medical Services Contract offer and the timeline for BMA roadshows and GP voting. The second phase of the scheme provides for an element of local discretion and variation and Scottish government officials have offered to visit Boards to discuss how the proposals might play out in individual territorial boards. Dependent upon the outcome of voting, we should take up this offer after the operative date of April 18.

  Sir Harry Burns` report on Targets and Standards was anticipated at this meeting and has since been published. It concludes that Scottish public services and effective and efficient and that a new approach to improving services can deliver further success in comparison to many other systems.

  The present system of targets and indicators are considered fragmented and a different approach is needed. There is a strong emphasis on co-production with front line staff, managers accountable for performance, and the public who use services, of the activities which can be used to drive improvement.

An analysis of what is a substantial and detailed report will be of value to the Board.

- November 1: The Board`s Annual Performance Review. This was a successful event thanks to the efforts of staff and has resulted in a report back from the Cabinet Secretary acknowledging the Board`s achievements as well as the challenges ahead and which, overall, does considerable credit to the whole organisation.
- November 8: Work experience programme in BGH
- November 15: NHS Scotland Leadership event.
- November 23: Finance Performance Group
- November 29: Remuneration Committee
- December 4: NHS Chairs meeting and meeting with the Cabinet Secretary.

Stephen Mather:
- 31st October - attended IJB chairs meeting in Edinburgh where the role and support of IJB chairs was discussed.
- 1st November - attended NHS Borders annual review.
- 8th November - chaired extraordinary IJB meeting at which the direction was given to discharge to assess.

Karen Hamilton: Our parking enforcement partners, Minster Baywatch recently carried out a liaison visit to Melrose. As well as their routine visit to the site looking at signage and enforcement matters they attended one of our Appeals Panels. They had many positive comments about our process, we are still the only site that they have where the appeals process has been successfully retained “in house” and we have now been managing the appeals and keeping up with their timescales for 4 years.

Malcolm Dickson:
- 20 November - chaired a consultant appointment panel for the Chairman.
- 10 November - attended the NHS Non-Executive Directors Networking Session in Tayside. The session was facilitated by NHS Chief Executive Paul Gray.

Most of the discussion was about targets and whether they are effective in improving performance, but the group in which I was situated also discussed induction processes for NEDs and, while most felt that these were sufficient, there was some concern that induction to IJBs was less developed. Paul Gray undertook to investigate whether the centre could be of any help in providing some guidance on this.

Other topics which were mooted for discussion but didn’t receive much air-time were selection of NEDs, understanding social care commissioning (possibly something to be covered in IJB induction?), good practice in IJBs, NHS Boards’ role in regional planning, and interventions at admission point. Although not fully covered, these topics suggested by Paul Gray may be an indication of the issues of the day viewed from his end of the telescope.

Targets: As for targets, PG admitted that some targets had turned out to be less successful or relevant than others, eg 12 weeks time to treatment, albeit this is still a statutory guarantee, but that as long as the overall aim of making a beneficial change to the health of the population at large is borne in mind, targets were still useful in focussing on qualitative and quantitative means of measuring progress towards that. He also indicated that the expected report on targets from Harry Burns is due imminently.

PG also suggested that what Boards needed to put their targets into context and help refine them was a mutually respectful conversation with the public on the whole cradle to grave span, and even on such issues affecting health and wellbeing as loneliness. It was important to start such a conversation with the public in the right place, ie not "we've no money so we're going to take X away from you…". Rather, it was more constructive to engage the public in consideration of the options. People make choices all the time and are happy to be given a choice. There was more advice about not speaking down to the public when in consultation mode… "we are servants of the people".

Learning from Good Practice Elsewhere: PG did touch on looking for good practice elsewhere and suggested that it was much more important to replicate the outcome rather than the method, since every area has different circumstances and what works in one place won't necessarily always work in another. Identify the aim, identify the best method, and identify the measurement to establish whether the aim has been achieved, "hope is not a plan".

He then talked about the usefulness of national data broken down geographically, using subjective as well as objective evidence. It was necessary to try to identify variation, waste and harm.

Regionalisation and Nationalisation: PG said that the fact that there are 22 employers in the NHS in Scotland may not be helpful at times and one current idea is that there might be one single national employer.

Next for discussion were developments which were news to me but probably not to those who've been involved longer. There were plans to identify four trauma centres for Scotland and five (I think) elective centres, with some specialisms even organised nationally in one place (eg heart transplants). This was said to be part of the 'once for Scotland' approach. It was agreed that someone called Shirley (?) Rodgers who is working on this would be asked to communicate an update to the NED community.

General: There was also a plea for advance notice of bad news: "Finding out that something has or hasn't happened by finding out when that happens/hasn't happened is not a good thing".

Contributions from attendees were varied, eg:

- Coordination of recruitment isn't happening - a Tayside Board member had noticed an NHS Borders recruitment ad for nurses on a Dundee bus that morning at a time when Tayside is short of nurses.
- Are we exploiting the benefits of community planning partnerships?
- Can we have updates circulated on Regionalisation, Shared Services and Transformation programmes?
- Regionalisation Plans are due to be produced by 31st March but this doesn't really allow time for public consultation. PG's response: some choices will emerge which can be consulted upon after that time.

PG went on to mention transformation of the workforce with the thought that there are possible solutions within primary care and that "power is infinite so can be given away continually".

There was an appeal from one attendee that we should not forget the huge contribution made by the voluntary sector and PG acknowledged this with the warning that perhaps one of the biggest risks to the voluntary sector is our ambition to do some things nationally and regionally.

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			