

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.

- 29 September:** Annual Review
29 September: Borders NHS Board
29 September: Strategy & Performance Committee
- 16 November:** Clinical Governance Committee
23 November: Remuneration Committee
- 7 December:** Staff Governance Committee

John Raine:

Objectives: One-to-one meetings with non-executive directors have been held to establish personal objectives through 2012. Succession planning is important and with Julia Edey completing her second term of appointment on 31st May 2012 I have asked David Davidson to prepare to succeed Julia as Chair of Audit Committee from this date. I invite the Board to support this change now in order that a smooth handover is achieved prior to Julia leaving.

SBC Chief Executive selection process: I was invited by SBC Leader David Parker to participate in a preliminary procedure, chairing a stakeholder interview panel with short listed candidates.

Older People`s Acute Care Pilot Inspection: There has been an opportunity for me to express concerns about the methodology used in the pilots at a recent chairs meeting with the Cabinet Secretary whilst acknowledging the importance of such inspections in providing further assurance to Boards about the quality of care given to older people. HIS has accepted the need for changes as the pilots are rolled out and the Cabinet Secretary has re-iterated her position that inspections are key to raising standards.

Health and Social Care Integration: Scottish government officials have been working with a wide range of stakeholders to inform proposals on integration for Cabinet consideration. An announcement is expected within the next few days.

Other issues discussed at Chairs meetings both separately and with the Cabinet Secretary:

Strategic Narrative – 20/20 Vision: Boards are asked by Nicola Sturgeon to use the narrative in relevant communications with staff, and public and in proposals on future service change.

Revenue Budgets – Cabinet Secretary acknowledges the protection of budgets is “relative” not “absolute.” Chairs have welcomed efforts to protect budgets whilst citing pressures caused by demography, technology, new drugs, expectation and demand, pay and staffing issues. An “honest and fundamental” debate was needed about what was realistic and achievable in the NHS. In the context of the budget and the need for efficiency savings, Cabinet Secretary encouraged boards to look at better working together, such as through back office functions, but indicated “no appetite” for Board mergers. Boards should feel they had permission to be “bold” but it was better to take 100 small steps to change rather than one large step.

Annual Reviews: Chairs will provide a summary of their experiences of non-Ministerial reviews in order to assist Ministers in deciding whether this kind of annual review supports the need for Board public accountability.

Future of Primary Care: Presentations have acknowledged good progress in a number of key areas. Immediate challenges included the need for better sharing of best practice and a reduction in variation and continued dialogue and engagement between Boards and GPs in tough climates. The biggest challenge was to achieve health and social care integration, in particular between primary and secondary care. There needed to be a close look at how GP practice impacted on Acute spend with a view to reducing variation and improving efficiencies and quality. Cabinet Secretary’s view was that we had one of the best performing primary care systems in the world.

Waiting Times: In the wake of publicity around commissioning practice, Chairs were reminded to satisfy themselves that the New Ways guidance (around waiting times and out of area commissioning) was being appropriately applied.

Catherine Duthie: Along with Doreen Steele, I attended the “Think Dementia” conference organised by Alzheimer Scotland and held in Kelso on 6th October. This afforded an opportunity to hear from patients and carers at first hand about the challenges of living with Dementia and to receive an update on the development of support services nationally and locally.

Over the past weeks, I have been involved in a number of discussions about possible reconfiguration within the Paediatric wards and have continued to have a close involvement in the project to create the Margaret Kerr Unit at BGH.

Julia Edey: On 12th October Doreen and I attended a training seminar for Pharmacy Practice Committee members. The session covered the NHS (Pharmaceutical Services) (Scotland) Amendment Regulations 2011 (SSI 2011/32) - Provision on Control of Entry to Pharmaceutical Lists.

The key changes to the legislation were discussed including:

- the requirement for applicants to undertake their own needs assessment and local consultation, and to provide the results of this to the PPC (Form A)
- the development and role of Board Pharmaceutical Care Services Plans

- the option for Board AMCs to nominate an additional member to be added to the Board PPC panel if the hearing is for an application for premises is in the same neighbourhood as dispensing GPs (this additional member will be non-voting)
- some changes to the National Appeal Panel (NAP) process. The panel size will be reduced to just 3 members. Appellants can now be represented by counsel
- the NAP will no longer hear appeals arising from procedural defect, these will be sent back to PPCs to remedy.

The potential impact of these changes was discussed. It is hoped that the requirement for the applicant to undertake some preparatory work might reduce the number of multiple and speculative applications. It was also hoped that the changes would avoid the Board PPCs being seen as a "test bed" for decisions before lodging an appeal for a NAP hearing.

It was acknowledged that the amendments to the regulations were "tweaks" rather than the more fundamental review which many of us have been advocating

Doreen Steele: On 6 October I attended a one day conference arranged by Alzheimer Scotland, SBC and NHS on Dementia, on 7 October I attended a one day training in GIRFEC on health, care and social needs of children in crisis. On 12 October I accompanied Julia Edey to the National Appeal Panel training on the new Pharmacy Regulations and requirements for pharmacy applications. On 25 October I attended a meeting with SHAKTI re setting up a course on Honour Based Violence open to Borders organisations in the violence against women partnership. On 27 October I joined the Equality Act One Year On, training through the Equality and Human Rights Commission: Protecting Workplace Equality. For 3 November I attended a meeting re progressing the Growing Project, 24 November was the AHP launch Realising their Potential. 1 December the BIHR national tour on the Human Rights Act (Making Rights Happen) and on 2 December I attended the Psychological Therapies meeting preparing for the HEAT target requirements.

Adrian Lucas: I participated in the creation of a Veterans Handbook book for those who leave Military Service and move to the Scottish Borders. This was launched at SBC HQ on the 7th. November 2011. I also attended the Veterans & Scottish Govt seminar in Edinburgh on 4th October, representing NHS Borders.

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			