

Borders NHS Board



BOARD EXECUTIVE TEAM REPORT

Aim

The aim of this report is to update the Board on areas of activity within the Board Executive Team's Directors portfolios.

Chief Executive

Open Forum: 2 August: Calum met with staff at Hay Lodge Hospital in Peebles as part of his programme of Open Forums in order to engage with all staff groups on a number of issues.

National SPSP Acute Adult Delivery Group: Calum has been asked to Chair the newly formed national SPSP Acute Adult Delivery Group. The group is tasked with delivery of the Acute Adult Safety programme over the coming years. The Scottish Patient Safety Programme (SPSP) has gone through significant expansion over the last 18 months and now covers 4 core areas, Acute Adult, Mental Health, Primary Care and Maternal Care (including neonates and paediatrics). Agreement was made earlier this year with Scottish Government that the structures to support the governance and delivery of this broad portfolio required reviewing and updating, with the outcome of this work recently being completed.

It has been agreed and is now under construction that the portfolio of 4 programmes will be overseen by an SPSP programme board supported by 4 programme delivery groups. One for each programme outlined above. This replaces the previous structure of action groups which have existed separately over the last couple of years.

The Acute Adult Programme is the longest standing of the four programmes and has reached a turning point in terms of its future aims and priorities. The new Acute Adult Delivery Group will have oversight of the existing programme and future priorities which includes the harm indicator work (integrating SPSP, LBC and HAI).

Circulars: The following Scottish Government circulars have been received by the organisation. Copies are available from the Chief Executive's Office.

Date Received	Circular Number	Title
01.07.13	PCA (M) (2013) 5	Primary Medical Services: Scottish Enhanced Services Programme (Sesp) 2013 - 14
02.07.13	PCA (M) (2013) 6	Update On Scottish QOF Framework 2013/14. Guidance For NHS Boards And GP Practices
03.07.13	CEL (2013) 13	Public Health Nursing Services – Future Focus
05.07.13	PCA (M) (2013) 7	DETECT CANCER EARLY – BOWEL SCREENING Sqof

08.07.13	PCA (O) (2013) 2	General Ophthalmic Services 1. Increase In Nhs Domiciliary Fees 2. Cycloplegic Refractions On Behalf Of The Hospital Eye Service (Hes): Clarification Of New Arrangements
29.07.13	PCA (P) (2013) 21	Pharmaceutical Services Drug Tariff Amendments July 2013
05.08.13	PCA (O) (2013) 3	General Ophthalmic Services
20.08.13	PCA (P) (2013) 23	Community Pharmacy Remuneration Use Of Complex Dispensing Payment Flags
21.08.13	PCA (M) (2013) 8	The National Health Service (Scotland) Act 1978 Payments To Medical Practitioners Suspended From The Medical Performers List Determination By Scottish Ministers
21.08.13	PCA (O) (2013) 4	General Ophthalmic Services Optometry Independent Prescribing
23.08.13	PCS (AFC) (2013) 5	MILEAGE YEAR 2013-14
23.08.13	CEL (2013) 15	Revised Payment Verification Protocols

Medical Director

Newstead Site Bank Erosion: As Exec on-call the MD chaired the Incident control Team that oversaw the successful removal of important files from the mortuary block after receipt of survey suggesting the banking was unstable. Volunteers, mainly from Newstead, carried out the work – a personal note of thanks from Chief Exec was sent to all involved. The Director of Estates is now undertaking an assessment of need for any remedial work on the banking.

Lead Commissioning Post: Successful appointment of Katie Buckle to this post – Katie brings a wealth of experience from her previous post as a lead commissioner for a PCT in England and will oversee the Commissioning Team action plan.

Borders Elder Voice: The medical director was invited to speak at the first of four “Afore ye go” events on 21/8/13 in Hawick – opportunity to raise the importance of anticipatory care planning and the role of welfare and financial attorney.

Prescribing Efficiency Programme: BMJ Informatica has informed us that they will be suspending the GP decision support tool Prescribing Plus. A contingency plan is being put in place and recommends the use of Scriptswitch as an alternative.

Review of Pharmaceutical Care of Patients in the Community: The Scottish Government has published a Review of Pharmaceutical Care of Patients in the Community (available at <http://www.scotland.gov.uk/Publications/2013/08/4406>) following an extensive consultation exercise by Hamish Wilson and Nick Barber. This review will contribute to the continued development of pharmaceutical care in the community and evolving approaches to wider healthcare delivery.

Multi-compartment compliance Aides: The Royal Pharmaceutical Society has published a report on the use of multi-compartment compliance aides. The report advocates support for patients that encourages capability and independence using a medication support service to assess patient’s needs. This advice is in line with the local

social care and health guidance which supports patient assessment and training of carers to administer medicines from original packs.

Clinical Portal: The Clinical Portal has now been deployed to all community hospitals where the staff have also benefited from single sign on (automatic password entry) for Trak, Clinical portal and SCI store, as part of this project.

WardView: NHS Borders has successfully implemented Phase 1 of this project – The new Electronic Ward Information Board provides an interactive touch screen display, replacing whiteboards in Inpatient wards and providing key patient status information at a glance. Clinicians within Borders General Hospital can view and update a variety of measures associated with the patient stay including Estimated Date of Discharge, Clinical Quality Indicators, AHP requirements, transport and bed status. Using this information board within the Wards has made a significant contribution by freeing up clinical time for direct patient care and enhancing patient safety. The more efficient use of both clinical and support resources has delivered improved bed management and patient tracking, reduced length of stay with smoother transfers and referrals, and an improved use and capture of Clinical Quality Indicators.

The next stage is to introduce this into our Community Hospitals. This will improve the communication and allow patient clinical status information to flow between the hospitals – work is progressing with P&CS on how best to implement this within the Community Wards.”

WardView was also chosen from a number of submissions throughout Scotland to be displayed at the NHS Scottish Poster Event in June.

Director of Workforce & Planning

Annual Review: Each year, the Scottish Government sets performance targets for NHS Boards to ensure that the resources made available to them are directed to priority areas for improvement, consistent with the Government's Purpose and National Outcomes. These targets are focused on Health Improvement, Efficiency, Access and Treatment, and are known collectively as HEAT targets. These targets help NHS Scotland to deliver improvements in the quality of care and in health outcomes for the people of Scotland.

The Scottish Government, in partnership with NHS Boards and other stakeholders, carries out an annual review of the HEAT targets - taking account of views and developments from across Scotland.

NHS Borders's Annual Review with the Scottish Government was held on Thursday 22nd August 2013 at Borders College, Netherdale, Galashiels. In a changed format from previous reviews, the event started with a café style/poster displays which was open to public. Service leads and members of the BET were available to public for informal discussions.

This was followed by a meeting of the Chair and Chief Executive with parent representatives to discuss paediatric developments including:

- How the opening of the new Sick Children's Hospital will affect Borders services
- The Borders Paediatric workforce model
- Parents' accommodation

The main accountability review included presentations from John Raine, Sheena MacDonald, Evelyn Fleck, Eric Baijal and June Smyth covering a range of key delivery areas:

- highlighting performance achievements and challenges achieved during 2012/13
- updates on the 9 action points from last year's Review
- summary of commissioned reports – ACF; APF; and PPF
- Deliver Safe, Effective and High Quality Services
- Improve our Populations' Health
- Promote excellence in organisational behaviour

A question and answer open forum concluded the event.

Performance Reviews: In line with NHS Borders performance management framework, the first quarterly reviews were held during July and August, with the exception of LD (to be rearranged).

Members of the BET meet with the Clinical Board Chair, General Manager and Lead Nurse and other appropriate Lead Managers from the Clinical Board to review performance scorecards, demand and capacity plans, HEI, risk management and resilience with each clinical board as standard items. This forum allows any areas of concern to be highlighted and discussed on a regular basis.

Commission for Developing Scotland's Young Workforce: In January Scottish Ministers appointed Sir Ian Wood as the chair of the independent Commission for Developing Scotland's Young Workforce. The Commission has been asked to make recommendations to the Scottish Government on steps required to:

- Better prepare young people for work through a comprehensive range of vocational & further education and training opportunities starting in the senior phase of Curriculum for Excellence; and
- Encourage and support more employers to engage with education and with youth employment generally.

Sir Ian visited Borders College on 23 August 2013 and the Director of Workforce & Planning was invited to attend a focus group discussion with other local employers on the work and early findings of the Commission.

Volunteer Training: NHS Borders facilitates approximately 100 volunteering opportunities and is currently supporting a WRVS Volunteers Project pilot which involves the creation of new volunteer roles for wards within the BGH and Community Hospitals.

The development and training of volunteers is an important element of the preparation of volunteers for work. A generic volunteer training programme has been designed and co-ordinated by the T&PD team to address core skills for safe volunteer practice including:

- Data Protection
- Adult and Child Protection
- Infection Control
- Food Fluid and Nutrition
- Health and Safety
- Dementia and Compassionate Care

Feedback from the Volunteers Manager stated; “all the trainers were excellent and made it not only informative, but fun. The volunteers all listened, participated and voiced their opinions and concerns freely which is always a good sign that the training is going well”.

Foundation Doctor Induction Week: The Training and Professional Development team recently supported Dr Olive Herlihy, Foundation Programme Director for NHS Borders, in the co-ordination of the induction programme for 16 Foundation Year One Doctors. .

Prior to commencing their Foundation Year 1 (FY1) post, all newly qualified Doctors must attend a 5 day work shadowing programme during the last week of July. The content of the programme has been shaped by previous FY1’s who have emphasised the importance of increased exposure to practical procedures, the use of e-learning as an innovative method of delivering information and more work shadowing opportunities.

In response to previous experience the Knowledge Management Co-ordinator has developed e-learning modules that meet the specific needs of newly qualified FY1’s and these modules are housed in Learn-Pro.

T&PD in conjunction with Infection Control and Microbiology teams have also supported Observed Simulated Clinical Assessments (OSCA), whereby key practical infection control based skills are assessed by the experts and a learning plan developed if required. In addition T&PD in conjunction with Pharmacy and the Blood Transfusion Practitioner, delivered an afternoon of concurrent lectures and workshops designed to share key skills and knowledge. Verbal feedback on this approach has so far been very positive.

Sector Based Academy-Pre-employment programmes: NHS Borders have ran 2 Train to Care programmes for HCSW, 1 for Support Services and 1 for admin services in conjunction with Skills Development Scotland, Jobcentre plus, Borders College and Scottish Borders Council (Training & Development, Community Learning and Development).

The courses are financed through Skills Development Scotland’s Employability Fund. Jobcentre plus identified a large number of unemployed jobseekers who are looking for work in the care sector. Job Centre Plus manages recruitment with Borders College responsible for administration and delivery of components of the course. An important facet of the course is that it brings together a range of local agencies to deliver parts of it (for example):

- SBC Community Learning and Development deliver the SQA Personal Development Unit
- Scottish Borders Adult & Child Protection Unit deliver protection units
- Dementia input delivered as part of Scottish Borders Dementia Training Strategy
- Client Handling provided by NHS Borders ensuring that participants gain the new national Client Handling Passport
- Prevention and Management of Aggression and Violence provided by NHS Borders.

The course provides an opportunity to develop a common gateway or passport into care careers with learning and development embedded at the start of the journey. It provides a common platform of training to specified standards across the care sector. With PVG

checks included in the process the skills academy approach offers an excellent opportunity for a systematic, planned approach to recruitment to entry level posts.

The success rate of course completion and subsequent entry into employment has been outstanding. A combination of sound partnership planning and evaluation, a course programme suited to the needs of the sector, high quality delivery, peer and professional support all contribute to the success of Train to Care. The partnership reviews the outcomes of each course and improvements are incorporated into the next course.

The Train to Care programme is open to people claiming Job Seekers' Allowance. For further information on how to apply for this programme please contact Job Centre Plus on 0845 604 3719

Director of Finance

2012/13: The Annual Accounts have been submitted to the Scottish Government for consolidation. Following completion they will be laid before the Scottish Parliament in due course. This is likely to be in September. The cost accounts for 2012/13 have been submitted to ISD and are currently undergoing validation processes before they are published along with all other boards cost accounts in the Scottish Health Services Cost Book later in the calendar year.

2013/14: The finance team are working closely with clinical boards and services to finalise and monitor revised year end forecasts. Due to the financial pressures across the organisation this work is crucial to ensure the Board meets its financial targets.

Key to the financial plan for 2013/14 is the Efficiency Programme. Good progress has been made although a number of proposed schemes are still currently being finalised. The monitoring of the Programme is being undertaken through the Aspyre project management system. The Board will receive a detailed six monthly report on the Efficiency Programme.

2014/15: The draft budget for 2014/15 is due to be presented to the Scottish Parliament on the 12th September 2013. This will give an early indication of the financial outlook for the next two financial years.

Following discussion at a Board Development session locally discussions are progressing on the clinical strategy which is underpinned by the financial plan.

Capital: An update on the capital plan will be presented at the Board meeting in September. The focus of the capital plan this year is the completion of the schemes which were carried forward from last financial year. It was hoped that the capital plan would be supplemented by the proceeds generated by the sale of surplus properties, however, to date only the clinic in Ayton has been sold. Work is ongoing in this area. In the latter part of the financial year the focus will be on building the capital plan for the future

Internal Audit: PWC have been appointed to undertake NHS Borders internal audit work for the remainder of this financial year following the resignation of the Audit Manager in NHS Lothian. An introduction and planning meeting has taken place and following the meeting the internal audit programme is being taken forward as planned.

Other: Within the finance department the implementation of the productivity and benchmarking report in partnership is continuing. A number of subgroups populated

principally by finance staff have been set up which are taking forward specific elements of the report.

The department was fortunate enough to secure a visit from John Matheson Director of Finance of NHS Scotland. As well as receiving a personal insight on his role and an update on national issues, the senior team was able to showcase the work that was being taken forward in Borders. The feedback from all parties to the visit has been very positive.

Director of Nursing & Midwifery

Bumps to Babies: In June NHS Borders hosted it's first Bumps to Babies multi agency event which took place during Breast Feeding Awareness Week for women who were 28+ weeks pregnant and those with babies of 0-6 months of age. The aim was to raise awareness and improve access/uptake of services. Dear all we are now planning the series of Bump 2 Baby events for the year.

The plan is to hold one every 2 months covering all 5 localities in a year and they will be publicised through the Early Years networks and Community Midwives/Health Visiting teams in each locality will identify families to attend.

NHS Board self assessment review incorporating research: Following the annual local governance review with Mike Stevens from the Chief Scientist Office (CSO) the feedback was that the CSO were particularly pleased that NHS Borders had managed to incorporate research within the NHS Boards Annual Review self assessment submission and this showed executive engagement with research which they found very encouraging.

Independent Review of NHS Continuing Healthcare: At the end of July 2013 NHS Boards were advised of the intention to undertake an Independent Review of NHS Continuing Healthcare. A review team will visit NHS Borders on 2 September 2013 to consider our systems and processes in relation to the following key areas:

- Eligibility
- Decision Making
- Record Keeping
- Appeals Process
- Awareness/Communications
- Transparency

Scottish Patient Safety Programme: In June 2013 we hosted:

- Maternity Care Quality Improvement Collaborative (MCQIC)

Maternity Workstream Support Visit. The aims of the support visit was to:

- introduce colleagues within the board to the maternity care programme strand the maternity team within the Scottish Patient Safety Programme at Healthcare Improvement Scotland
- learn about the successes and challenges within the programme strand at local level
- learn how the programme strand is progressing as you spread testing and implementation
- learn how the work is being integrated locally
- understand how the maternity team can best support local work

- **Scottish Patient Safety Paediatric Programme (SPSPP) Site Visit.** The visit focused on:

- Collating learning of good practice from the first phase of the Scottish Patient Safety Paediatric Programme
- Describing progress in implementing the Paediatric Serious Harm Index
- Describing local systems for using and reporting measurement for improvement – Avoidable Harm Tool
- Describing local systems for reviewing and learning from adverse events
- Describing our capacity and capability in Quality Improvement to deliver the enhanced aims of the next phase of SPSPP

The NHS Borders teams have made considerable progress since the start of their programmes, with numerous PDSA cycles on multiple topics. The high level of engagement from all members of the clinical teams has contributed to this success which was also evident from the local attendance on the support visit.

- **Scottish Patient Safety (SPS) Programme Board:** NHS Borders Director of Nursing and Midwifery is the Scottish Executive Nurse Directors (SEND) representative on the SPS Programme Board. A decision to establish the SPS Programme Board was taken jointly in March 2013 by Health Improvement Scotland (HIS) and the Quality Unit of the Scottish Government in the context of the current review of the infrastructure supporting the delivery of the quality ambitions.

The SPS Board has been created to act as the single overarching body responsible for the delivery of the SPS Programme portfolio, the delivery of which is a key contribution to the Safe Ambition for Scotland.

The inaugural meeting was held on 1 July 2013.

Wound Formulary: The updated wound management product formulary has been launched. After feedback from practitioners it was decided to hold multiple events in localities in order to allow more practitioners access to familiarising themselves with the products and source any information which they required. Invitations were extended to all Community nursing staff, Treatment Room and Practice Nurses, G.P.s, Community Hospital and B.G.H. nursing staff, medical staff, Podiatrists, Pharmacists, Chemists and Care and Nursing Home staff across NHS Borders.

Director of Public Health

The Joint Director of Public Health Annual Report “Fact or Fantasy – Your Health in 2020” consultation ends on 31 August. On the 30 August 2013 there was a workshop on inequalities in the Borders under the sponsorship of SBAIRE (Scottish Borders Analysis, Information, Research and Engagement). While in part it marks the conclusion of the consultation on the Director of Public Health’s Annual Report for 11/12 it will be an opportunity to understand what is happening in the two disadvantaged communities of Burnfoot and Langlee and then discuss how agencies can respond better. The output of the discussions should not only inform the consultation on the DPH Annual Report but also provide a basis on which to develop a strategy for inequalities in the Borders.

ADP Investment Review: The Alcohol and Drugs Partnership Investment Review Future Model proposal was accepted at the most recent ADP Meeting on 22 August 2013. The

Future Model will implement a Recovery Orientated System of Care. There will be a process of re-commissioning of substance misuse services to support better integration and joint working in both the areas of adult and children's work. Further communication about this work will be circulated.

To support delivery of the Future Model the ADP is working with STRADA (the national agency for substance misuse training) to produce a workforce development plan. This will be developed following focus groups with staff from specialist substance misuse services and allied colleagues as well as an electronic questionnaire to a sample of staff in universal services. The Report and Development plan will be available in December 2013.

New Psychoactive Substances (NPS) – Community Safety Award

A partnership team who developed a programme of work to increase knowledge of staff of NPS is shortlisted for an award at the Community Safety Awards which take place on 10 September.

NHS Physical Activity Care Pathway Feasibility Pilot: There is strong evidence to demonstrate the importance and the potential of using health professionals to promote physical activity.

The Royal College of General Practitioners and NHS Health Scotland are currently running a national feasibility pilot assessing the feasibility of integrating a physical activity care pathway delivering brief advice and brief interventions into the Health Care system. The initial pilot is focussing on primary care settings, with a view to expand the approach to secondary care as part of the Health Promoting Health Service CEL (1) 2012.

NHS Borders are currently taking part in this national pilot. The Borders physical activity pathway pilot is been conducted through the Lifestyle Advisor Support Service (LASS) with support from the Joint Health Improvement Team. The target group is adults aged over 16 – 74 who are at risk of developing chronic disease/ illnesses and those with long term conditions who want to reduce the risk of further problems.

The pilot involves screening patients to assess current levels of physical activity and assess their motivation to change. They are offered brief advice and brief interventions which have been found to be one of the most cost effective ways of increasing activity levels and improving health, Those patients wanting to increase their activity levels are signposted to a number of options to become more active.

The pilot in the Borders will finish at the end of August 2013 and the results will help inform the national implementation and integration of physical activity brief advice and brief interventions in Primary and Secondary care across Scotland.

Unlicensed Tattoo Artist: There was a recent serious incident in the Borders involving an unlicensed tattoo artist which lead to formation of Incident Management Team to assess public health risks. The Team subsequently decided to continue to focus on the joint NHS/SBC local awareness raising programme around the risks of using unlicensed tattoo facilities. This campaign will target local high schools and other selected settings.

Annual Flu Immunisation Programme: The annual flu immunisation programme starting 1 Oct 2013 is being extended over the next 3 years to include all children and young people aged 2 -17, delivered through GP practices for pre-school children and primary and

secondary schools for school-aged children. The aim of this new programme is to protect children from flu and reduces the chances of spreading the virus to others and those most vulnerable to infection. As this is a large new immunisation programme, we are going to introduce this in phases over the next three years. The immunisation will be given to a small number of pupils in selected Borders primary schools/classes in 2013. It is also being offered to 2 and 3 year olds in 2013 through primary care. The aim of offering the vaccine in phases over 3 years is to determine the best way of delivering the programme including assessing the impact on schools, the communications requirements and NHS staffing needs to inform a full rollout. The vaccine that will be used is called Fluenz which is administered as a nasal spray rather than an injection and has already been successfully used to immunise children in other countries, including the USA, for many years. Leaflets will be sent home with pupils along with a consent form in participating schools.

Measles Immunisation Catch-up: A measles immunisation catch-up campaign has started in the Borders for children aged between 10 and 17 (the group currently most at risk of being infected by the virus and passing it on to others). This campaign is to provide a further opportunity for children in this age group to be protected if they have not already been immunised. These young people have been sent letters inviting them to attend their primary care provider for vaccination. For those patients who lie outwith GMS funding for this activity, a Local Enhanced Service (LES) Agreement has been developed with local practices to carry out this work. In addition, this LES will also fund the opportunistic vaccination of individuals aged 18-24 and staff working in general practice who have contacts with patients that may be susceptible to MMR. All NHS Borders staff born after 1 January 1970 have been strongly advised to have MMR unless they are certain they have previously had 2 doses of MMR, definitely had measles (documented as laboratory confirmed).

Shingles Immunisation Programme: A new shingles immunisation programme, will be introduced into the Borders from 1 September 2013. Shingles is a debilitating condition, which occurs more frequently and tends to be more severe in older people. Borders primary care teams will be offering routine vaccinations to people aged 70 years old to provide protection against shingles. There will also be a catch-up immunisation programme in 2013 for people aged 79 years with further catch-up programmes for other cohorts in future years. The efficacy of the vaccine declines with age and so it is not recommended for people aged 80 years or older. Call up for the shingles programme will be through local GPs only; there will be no central call or recall for this programme.

Bowel Cancer Screening Programme: National funding has been made available to support a new local scheme to improve uptake of the national bowel cancer screening programme. Participating Borders practices will be awarded the equivalent of 6 QoF points for delivering a reduction in the proportion of patients who do not participate in the national bowel screening programme. The initiative will run until 31/3/15 with an option of being extended for a further period. The NHS Borders Primary Care Cancer Lead and Public Health Department will be supporting participating practices to develop local plans to meet local targets particularly amongst deprived and hard to reach groups.

Chief Operating Officer

Integration Event with John Bolton – 7th June 2013: Professor John Bolton, an experienced leader in Integration visited Borders under the auspices of the Community Health & Care Partnership (CHCP) on 7th June 2013. He presented at two events – a

morning session with managers and leads for services involved with integration of older people's services and an afternoon session with the CHCP Board.

Professor Bolton challenged some preconceptions about integration and described approaches taken in Wales, Walsall and Torbay. Key messages included the importance of maintaining and supporting independence, the need to focus on areas of deprivation ('the healthy and wealthy live longest'), the importance of taking a whole systems approach to looking at the care of older people and recognising that soft outcomes are as important as hard outcomes in delivering real change.

Workshop sessions following Professor Bolton's presentation allowed attendees to explore these concepts in the Borders context and a summary of the outcomes from the workshops has been written up.

Pathfinder Board – 24th June 2013: The first meeting of the Pathfinder Board was held at 3pm on Monday 24th June 2013, followed by a meeting of the CHCP Board.

Appointment of Programme Director for Integration of Health & Social Care (joint post): Elaine Torrance, previously Head of Social Care at Scottish Borders Council, was appointed as the new Programme Director for Integration and started on 13th August 2013. She will be based between SBC Headquarters in Newtown St Boswells and NHS Borders Headquarters in Newstead.

Engaging Leadership Event – 18th June 2013: Beverley Alamo-Metcalf, an internationally acclaimed leadership researcher and consultant, hosted an Engaging Leadership Event on Tuesday 18th June 2013 to explore how we can demonstrate behaviours in our leadership that enable high performance.

The objectives of this half day event were to:

- Identify the key leadership behaviours that enable high performance
- Give staff across the organisation an opportunity to work with the Executive Team to work out how these behaviours can be promoted
- Explore how these behaviours link to organisational and personal objectives

Feed back has been collated via Survey Monkey and the results of this have been posted on the Management & Leadership page of the learning directory on the NHS Borders intranet.

The Board Executive Team are progressing this.

Leadership Journey Audience Session – 23rd August 2013: As detailed in the June 2013 report, time and space for staff in NHS Borders is being constructed, to hear the story of personal leadership journeys from a range of people.

The most recent of these sessions was hosted by James Ferguson, Consultant Surgeon in Emergency Medicine, NHS Grampian on Friday 23rd August 2013 from 10am to 11.30am at the Borders General Hospital. There was also a half hour presentation and discussion on James' insight into unscheduled care. This was very well received, with a number of staff from across NHS Borders engaging in the session and feed back has been very positive.

Ward View: Further to an introduction to and update on WardView in the August 2012 BET Board Report, NHS Borders has now successfully implemented Phase 1 of this project.

The new Electronic Ward Information Board provides an interactive touch screen display, replacing whiteboards in Inpatient wards and providing key patient status information at a glance.

Clinicians within Borders General Hospital can view and update a variety of measures associated with the patient stay including Estimated Date of Discharge, Clinical Quality Indicators, AHP requirements, transport and bed status.

The next stage is to introduce this into our Community Hospitals, which will allow patients' clinical status information to flow between hospitals – work is progressing on how best to implement this within the Community Wards.

WardView was also chosen from a number of submissions throughout Scotland to be displayed at the NHS Scotland Scottish Poster Event in June 2013.

Early Years Collaborative Choir: The Early Years Collaborative Choir was established to enable practitioners to work more effectively across agencies. The Choir aims to break down the barriers that are perceived within the work place and to raise awareness of the Early Years Collaborative and the improvement methodology used.

Led by Jonathan Kirk, Associate Medical Director for P&CS, the Choir has a set of long term aims which are measured each week by members of the group.

The over arching aim is to have 100 representatives of the Scottish Borders sing at Learning Session 3 in Glasgow in October 2013. The Choir hopes to engage practitioners from all areas who will either sing on stage or allow footage of their performance to be shown on screen during the live performance.

Practice starts at 6pm but members are encouraged to join an improvement model training session prior to singing. Sessions start with an update on the tests of change, communications from Twitter and the Scottish Government and an official introduction session so that members have regular opportunities to learn names and roles of members. The programme manager is in consultation with the Scottish Government who is now replicating the Choir and will be support the Scottish Borders on stage in Glasgow. A film crew has been arranged to record the Choir on the 10th of October.

Recommendation

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

Policy/Strategy Implications	Policy/strategy implications will be addressed in the management of any actions resulting from these events, activities and issues.
Consultation	Board Executive Team
Consultation with Professional Committees	None
Risk Assessment	Risk assessment will be addressed in the

	management of any actions resulting from these events, activities and issues.
Compliance with Board Policy requirements on Equality and Diversity	Compliant
Resource/Staffing Implications	Resource/staffing implications will be addressed in the management of any actions resulting from these events, activities and issues.

Approved by

Name	Designation	Name	Designation
Calum Campbell	Chief Executive		

Author(s)

Name	Designation	Name	Designation
Board Executive Team			