

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

Visit of Premier IHI International Study Tour to NHS Borders 08.05.13: Scotland hosted the 2013 Premier-IHI International Study Tour from 6 -10 May 2013.

Eight Chief Executives of healthcare systems across the US were invited to attend and were accompanied by members of Premier's corporate leadership as well as key senior leaders from the Institute for Healthcare Improvement.

Premier is one of the largest collections of healthcare systems in the US. They are responsible for one in every four US discharges and have a budget of \$43 billion.

The purpose of their visit was to stimulate learning by the US healthcare executives about what they could adapt from non-US systems that might allow them to be more successful under health reform. They were keen to explore the Scottish healthcare system on their study tour and learn from our improvement successes. It also provided an opportunity for NHS Scotland to learn from their systems and hear about some of the challenges they face.

The tour itinerary included a number of site visits to hospitals across Scotland as well as other health and social care premises. The group also joined the Chief Executive's meeting on the afternoon of 8 May and attended the Scottish Patient Safety Programme Learning Session 10 at the SECC on 9 May.

The objectives & learning outcomes from the visit to NHS Borders included:-

- Having an understanding of the drivers leading to the establishment of the Critical Care Outreach Team in NHS Borders
- Being able to identify the model of Critical Care Outreach implemented, why it is unique and the resources required for this approach
- What improvements could be gained through adopting a similar approach and the key factors required to realise the benefits
- How this model could be adapted to meet the needs of other healthcare systems.

Regular Quarterly Meetings with MPs and MSPs: were held during April and June and covered a wide range of subject matter including: constituents concerns; hydrotherapy re-provision and car parking at the Borders General Hospital;

Counter Fraud Conference: 17.05.13: The conference focused on a number of counter-fraud related subjects which demonstrated the work by some organisations to defeat fraud in the public sector, as well as engaging with counter fraud leads across public bodies in Scotland. Some of the exhibitors at the conference included:-

- Audit Scotland
- Chartered Institute of Public Finance and Accountancy
- Counter Fraud Services (NHS Scotland)
- Department for Work and Pensions
- Institute of Internal Auditors
- National Fraud Authority
- Scottish Business Crime Centre
- Scottish Government
- Scottish Local Authority Investigators Group, affiliated to the IRRV

Hanover Housing Visit: 20.05.13: Hanover Housing asked to meet NHS Borders to explore how Housing Associations could contribute directly to the health agenda. This was in addition to and separate from ongoing work in conjunction with both health and social work.

Hanover were proposing to commission Peter Molyneaux, a consultant in health and housing, to undertake work, potentially within the Borders, to help identify these opportunities.

Opportunities for NHS Borders may include:

- Home For Life – network of services coordinated by trained volunteers that both navigate and provide support to older people. Linked with housing models. Similar to proposals for StayWell 75-
- Virtual Care Village (cf Cumbria) but this may replicate other work to support coordination of providers and support
- Forming a Progressive Care Centre bringing together health, social care and housing – models on Mull and Jura include 2 health beds – could tie into health centre re-provision.
- Mental; Health – acute admission step down beds – Three Rivers, Wear valley example
- Mental Health Early Intervention for young people experiencing first psychotic episodes – avoidance of admission and isolation – example from Midland Heart Housing Group
- Discharge to Assess – Admit to Assess – planks of management of hospital patients – discharge as soon as clinically fit to assessment bed for assessment and to avoid institutionalisation. Potential to develop a model in Waverly.

NHS Scotland Wisdom Project Board: Calum Campbell has been appointed as Chair of the Wisdom Project Board. During the summer of 2012 the NHS Quality Strategy Infrastructure Delivery Group (IDG) requested that ISD consolidate and develop their benchmarking products, and this led to the creation of the 'WISDOM portal'.

In December 2012 the IDG took the decision to procure a commercial benchmarking product for NHSS for 5 years (with review at 3 years). Simultaneously the IDG requested that ISD continue development of a national benchmarking tool as a 'next generation' offering and that this be available within 2 years.

The group will be responsible for ensuring that any decisions taken consider the views of Health Boards and also meet the needs of the [National Information & Intelligence Strategy](#) and align with the [National Quality Ambitions](#)

The role of the Wisdom Project Board is to ensure delivery of a fit for purpose solution for NHS Scotland including prioritisation of the core indicators and the graphical interface.

The remit of the Board is to:-

- Assess/ ratify IT architectural design for a 'whole system benchmarking product'
- Propose key functions/ functionality to be included as part of a 'whole system benchmarking product'
- Prioritise indicators to be included in 'whole system benchmarking product'
- To share information and knowledge within the group about local and national initiatives e.g. local visualisation strategy, health Board benchmarking, integration of primary and social care data etc, identifying opportunities to provide advice on how best to provide a national tool for these.

The Board are scheduled to meet every 4 months over an eighteen month period and or when the need arises.

Performing Improvement: Improving Performance: Erica Reid Lecture: 30.05.13: Following the prestigious award of a 1 year Quality Improvement Fellowship from the Health Foundation, to be undertaken from July 2013 at the University of Harvard and the Institute for Healthcare Improvement in Boston, Massachusetts, Erica (Programme Lead for Emergency Care Pathways, The Quality and Efficiency Support Team, The Scottish Government) kindly agreed to give a farewell lecture on the subject of "Performing improvement, improving performance?"

Erica shared her insights into the challenges of meeting the National 4 hour emergency access target as well as giving a glimpse into the future of healthcare quality improvement.

Scout Community Week: 3-9 June: This is a national event where scouts 'Do 1 thing' for their community (it has replaced 'bob a job week'). Following on from discussions with staff at Poynder View, it was decided that the local scout group's project would take place there, within the enclosed garden area at the back of the hospital. The garden was in need of some attention and the scout group plan to refresh it. They were working in partnership with local businesses and B&Q to try and source bits and pieces of materials that we needed. The boys and their parents were really pleased to have a good community project to work on and were also keen to maintain links with Poynder View once Scout Community Week had ended.

The Beaver Scouts worked in the garden on Tuesday 4th and Thursday 6th June, between 5.30pm and 7pm and various organisations were invited along to lend their support such as the Locality Integration Police Officer, local MP, etc.

Calum Campbell visited the group on 6 June to have a chat and acknowledge their welcomed community efforts.

Programme Director Health & Social Care Interviews: The interviews took place on 21 June 2013.

Engaging Leadership Event: 18.06.13: A workshop was held on 18 June with Beverley Alimo-Metcalfe, to explore how to demonstrate behaviours through leadership that enable high performance. Beverley, is an internationally acclaimed leadership researcher and consultant and the National Leadership Unit supported this event. Through her research Beverley has identified key leadership behaviours that enable high performance (measured by both soft and hard outcomes), and she has developed a model of 'engaging leadership' which encompasses those behaviours.

It is therefore highly valuable for people in leadership positions to know what these behaviours are, and to enable them in themselves and their teams.

The learning outcomes from the session were:-

- Identify the key leadership behaviours that enable high performance
- Work with the Executive Team to work out how we can promote these behaviours
- Explore how these link to our organizational and personal objectives

CHKS Implementation Board: 26.06.13: Calum has been invited to join the national CHKS implementation Board. This aligns to his chairmanship of the Wisdom Project Board.

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
29.04.13	PCA(P) (2013) 11	Community Pharmacy Services: Drug Tariff Remuneration Arrangement Amendments April 2013 Dispensings Onwards
03.05.13	CEL (2013) 08	Water Sources And Potential Infection Risk To Patients In High Risk Units – Revised Guidance
10.05.13	PCS(AFC)2013/2	Pay And Conditions For NHS Staff Covered By The Agenda For Change Agreement
15.05.13	CEL (2013) 09	Provision Of Infertility Services In Scotland (Updated IVF Criteria)
21.05.13	PCS (DD) (2013) 1	Pay And Conditions Of Service Remuneration Of Hospital Medical And Dental Staff, Doctors And Dentists In Public Health Medicine, The Community Health Service
21.05.13	PCS (DD) (2013) 2	Pay And Conditions Of Service For Dental Public Health, Community Dental Staff And Salaried General Dental Practitioners
24.05.13	SPPA 2013 07	Clarification On Eligibility To Join NHS Superannuation Scheme (Scotland) During A Period Of Absence
23.05.13	PCA (P) (2013) 12	PHS Pharmacy Poster Campaigns 13 - 14
23.05.13	PCS(AFC)2013 3	Reimbursement Of Employee NHS Business Travel Costs
31.05.13	CEL (2013) 11	Updating CEL 3 (2008) – Strategy to combat financial crime in NHS Scotland
31.05.13	PCA(P) 2013 13	Pharmaceutical Services: Amendment To Annex A: Discount Clawback Scale For Proprietary Drugs

31.05.13	PCA(P) 2013 14	Pharmaceutical Services Amendment To Drug Tariff Discount Clawback Rate Part 7 Generic Drugs
31.05.13	PCA(P) 2013 15	Community Pharmacy Services: Drug Tariff Remuneration Arrangements April 2013 Dispensings Onwards Non Transition Contractors Receiving Care Home Payments
31.05.13	PCA(P) 2013 16	Pharmacist Independent Prescribing Service – Revised Directions
06.06.13	PCA (M) (2013) 4	Updated Application Form To Register Permanently With A General Medical Practice
07.06.13	PCS(GPR) 2013 1	Pay uplift for GP Specialty Registrars in General Practice 2013-14
07.06.13	PCS(DD) 2013 3	Terms and Conditions of Service: Consultants (Scotland) (2004) Specialty Doctor (Scotland) (2008) Associate Specialist (Scotland) (2008) NHS Hospital Medical and Dental Staff and Doctors and Dentists in Public Health Medicine and the Community Health Service (Scotland)
13.06.13	PCA(M) 2013 3	2013/14 General Medical Services Contract: Scottish Quality and Outcomes Framework Guidance
14.06.13	PCA(P) 2013 17	Hospital Based Prescription (HBP) Stationery
14.06.13	SPPA 2013 04	Increase In Employee Pension Contributions For 2013/14
17.06.13	CEL 2013 10	FY1 Induction And Shadowing Arrangements
17.06.13	CEL 2013 12	Human Resource Aspects of Foundation and Specialty Training Programmes: Changeover Dates For 2013-14

Director of Nursing & Midwifery

National Delirium Care Bundle: BGH is a pilot site for testing of a national Delirium Care Bundle which aims to support early diagnosis and management of patients admitted with delirium. The Bundle directs treatment of reversible causes of confusion to minimise complications and further deterioration in patients who already have dementia/cognitive impairment.

Testing of compliance with all elements of the Bundle started in the Medical Assessment Unit in May 2013 using PDSA methodology to support improvements in:

- Education and recognition of delirium
- Compliance with use of screening tools for delirium and cognitive impairment
- Data capture to demonstrate improvement
- Documentation of diagnosis and management of delirium

One Year Job Guarantee / Internships 2013: NHS Borders have had three applications for the 2013 cohort of OYG interns routed from SGHD. All 3 Newly Qualified Practitioners are Registered Nurses. There are 4 vacant internship places available for them within the BGH 1 x Surgical/DayCare, 1 x Theatre/ITU, 1 x Gynae/General Surgery & 1 x Medicine/Elderly.

This year we will receive 50% of the original funding and now have to fund the difference for the remaining 11.25hrs per week per intern. 2014 funding allocation is expected to be 20%.

Similar to other NHS Boards in Scotland, NHS Borders will facilitate these unfunded hours through the nurse bank. Interview dates are still to be arranged.

Supervisory Role of the Senior Charge Nurse / Midwife / Team Leader June 2013: A successful application was made against Clinical Excellence funds in May to use pump priming resource to establish the SCN/M or Team Leader in their leadership role within wards and departments. Using improvement methodology, the intention is to roll out a plan to ensure that 12 SCN/M and Team Leaders will be working in the context of the Leading Better Care (LBC) role components by March 2015 and will demonstrate improvements in the following areas:

- ensuring safe and effective clinical practice
- enhancing the patient experience
- managing and developing the performance of the team
- ensuring effective contribution to the delivery of the organisations objectives.

This is an exciting opportunity for senior nurses to use their leadership skills to influence their teams to ensure the sustained delivery of high quality patient care in their wards

Infection Control: The Infection Prevention & Control Team is currently preparing NHS Borders' Healthcare Associated Infection (HAI) Self Assessment. This work is due for submission to the Healthcare Environment Inspectorate (HEI) by 1st July 2013.

Falls Awareness Week: Age UK falls awareness week started this year on Monday 17th of June. This year the focus is 'Best foot forward' concentrating on healthy feet.

There was a series of 2 hour events in each of the major Border towns, Monday – Friday and representatives from local charities, emergency services, health, social services, Care and Repair and Border Care Alarm, met with the public.

NHS Borders staff members involved have evaluated their time out on the street by collecting details on the numbers of contacts/advice given/ferrules changed/written information/signposting to services etc.

Extensive media coverage arranged through Scottish Borders Council and NHS Borders communications teams supported the publicising of the events.

Nursing Workforce: A number of actions are being taken forward to reduce reliance on Supplementary Staffing. There is a detailed Project Plan within Aspyre and all actions are monitored by the Efficiency Group. Nursing Establishments are currently being reviewed utilising where available the national workforce tools to ensure they are fit for purpose. It is four years since the establishments were last reviewed. Service redesign, improvements in patient flow, the increased complexity of in patients and bed occupancy has increased in some of the in patient areas.

The NMAHP Quality Councils: Ros Moore, Chief Nursing Officer recently wrote to Board Nurse Directors to update us on the next steps regarding the NMAHP Quality Councils.

At the last Quality Alliance Board it was agreed that the Safe Delivery Group and Effective Delivery Group had completed its scoping task, though the PCC Delivery Group was still working. In consideration of the impact on the councils, The NMAHP Co-Ordinating Council met on 22 April 2013, where 3 recommendations were considered in terms of continuity for the work ongoing or completed and also for changing and developing future contribution of NMAHP professions to the Quality agenda. These options were:

- 1) Status Quo - The membership Chairs and Vice Chairs of the Councils are refreshed and new work progress developed to address current issues
- 2) The Co-ordinating Council agrees that the three councils of Safety, Effectiveness and Person Centred Care, have complete their programmes and that any remaining strands should be supported through SEND & AD SG and other workstreams. SEND and AD SG work with the CNOPPP to re-establish the bi-annual NMAHP leads event to focus on NMAHP Quality contributions.
- 3) The Co-Ordinating Council is retained to keep an overview of the NMAHP Quality agenda. Through SEND and AD SG, identify key individuals in each Board who are leading on NMAHP Quality/Care Assurance in the context of the new Quality Governance paper (SGHD April 2013) and this cohort consolidate to a new Quality working group/council to take forward this agenda.

The consensus of opinion favoured Option 2 so it was agreed that the Councils be suspended for now. Work on Patient Care Record documentation has a further 6 months to run and will continue to be supported by the project lead. It was also agreed that an appreciative review of the Quality Council's work be undertaken to support and to understand all that has been achieved to ensure the wider ambitions of the Councils around shared governance and leadership development was not lost. The scope of the review will consider what went well, what didn't and allow a period of reflection on how we can further develop the NMAHP contribution to the Quality Ambition and the best mechanism to do this.

There have been some excellent pieces of work carried out by the Councils including the Person Centred Association work, Caring Behaviours Assurance System and Patient Care Record documentation. I would particularly wish to recognise and appreciate all the hard work done by the Associate Nurse Directors from NHS Borders in supporting the national approach which, without their commitment, we would not have seen progress in these areas.

Director of Finance

2012/13: During the last few months work has been ongoing to produce the presentation accounts for 2012/13. This has involved working with the External Auditors who have been on site during May and June. A draft copy of the accounts was submitted to Scottish Government on the 3rdrd June 2013 in order that draft consolidated NHS Scotland accounts can be compiled. NHS Borders accounts for 2012/13 will be presented to the Board at its meeting on the 27th June 2013.

Following the finalisation of the 2012/13 accounts the Directorate is required to complete the cost accounts over the summer months for inclusion within the Scottish Health Service Cost Booklet.

Hogg and Thorburn have undertaken their audit of the 2012/13 Endowment Fund Accounts. The finalised accounts having been approved by the Endowment Board of Trustees and will be noted by the Board at the meeting on the 27th June 2013.

2013/14: The finance Directorate has moved its focus to the new financial year. Having completed the budget sign off process with managers the first reports of the new year have been produced and issued.

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.

Capital: The main area of capital spend to date has been the schemes which 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.

Internal Audit: Following the resignation of the Audit Manager, the Director of Finance is working with the Chief Internal Auditor to identify how any gap in the service can be covered. They are also taking the opportunity to consider alternative models for future provision. The Chair of the Audit Committee is being regularly updated on progress and any final arrangements will be approved by the Audit Committee.

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.

A development session for the whole department took place in May with a view to finalising the department's performance scorecard for 2013/14 ensuring a fit with NHS Borders corporate objectives and the signed off vision for the department.

Chief Operating Officer

Mental Health Spring Implementation Review Visit – Tuesday 14th May: The NHS Borders Mental Health Spring Implementation Review Visit from the Scottish Government took place on Tuesday 14th May 2013. The agenda reflected the priorities set out in the national Mental Health Strategy and was organised under the headings of the 3 Quality Ambitions (Person Centred, Safe and Effective) plus a fourth heading reflecting the best use of available resources.

The significant work put into achieving the 26 week RTT CAMHS HEAT target by the end of March 2013 was acknowledged. NHS Borders indicated that we were already meeting the 18 week target in most areas however maintaining this level would be challenging due to increasing the service threshold to age 18. The challenges faced in a small rural health board, such as obtaining support from third sector services and the difficulty in retaining and recruiting staff, were also highlighted.

The Scottish Government acknowledged the challenges faced in meeting the HEAT target on access to psychological therapies particularly around retention and recruitment of staff. NHS Borders highlighted difficulties being faced due to staff being on maternity leave.

The challenges in meeting the dementia diagnosis HEAT standard particularly around early diagnosis where you have found that many people have set ideas on what dementia means to them, however the diagnosis may not always reflect their thinking, were also discussed. The ongoing work to support people with dementia and their families, with 3 link workers providing post diagnostic support, was highlighted.

In relation to this HEAT Standard, the Scottish Government had indicated at the Autumn 2012 Implementation Review that proposals for performance support were being developed. This support has since been provided in one other Health Board. NHS Borders confirmed that, if support was available, there would be interest to take up the option. NHS Borders has subsequently provided the Scottish Government with dementia register numbers at the end of March 2013, and confirmed that the external DSDC review summary report can be shared with performance support colleagues as appropriate.

Visit to NHS Borders – Cabinet Secretary – Tuesday 21st May: Mr Alex Neil, Cabinet Secretary for Health & Wellbeing, visited NHS Borders on Tuesday 21st May 2013 from 9am to 9.30am at the Borders General Hospital. The objectives of the visit were: to allow Mr Neil to take a tour of the Emergency Department and meet with Staff there to discuss the work of the Department and the benefits of whole system working; and to observe a Multidisciplinary Team Board Round in the Medical Assessment Unit (Ward 4), using a digital board as a decision making and patient flow support.

Dr Hamish McRitchie, Consultant Radiologist and Associate Medical Director of the Borders General Hospital led the visit.

The visit went well and featured in both local and national press on Friday 25th May 2013.

Early Years Collaborative Event – Tuesday 28th & Wednesday 29th May: NHS Borders and partners had a number of representatives at the second EYC Learning Session in Glasgow on the 28th and 29th of May. The event was an excellent opportunity to look at what other areas have been doing and to collect ideas to take forward locally. The event was well supported by the Scottish Government with the Cabinet Secretary for Finance, Employment and Sustainable Growth giving outlining his commitment to this work and ultimately making Scotland the best place for a child to grow up.

The Borders collaborative is progressing well in terms of setting up the necessary structures with teams identified for each work stream but more importantly is starting to run the test of changes that will ultimately deliver the key objectives of the collaborative.

Visit to NHS Borders – Director of Health Finance & Information – Friday 31st May: John Matheson, Director of Health Finance & Information at the Scottish Government, visited NHS Borders on Friday 31st May to take part in a live ward round demonstration of a digital board within the Medical Assessment Unit (Ward 4), to achieve an understanding of how this works in NHS Borders. He was also afforded a tour of the Borders Stroke Unit and Margaret Kerr Unit.

Feed back about the whole visit was very positive from both John Matheson and from the staff involved. John will return to NHS Borders in approximately 6 months time to see further developments in this area.

Leadership Journey Audience Session – Friday 31st May: The Chief Operating Officer is beginning to create some time and space for staff in NHS Borders, to hear the story of personal leadership journeys from a range of people. Speakers will be invited to host "An audience with ..." session of 45 minutes with time for questions and involvement after that to share a work journey or a personal journey, or an inspirational insight that mattered.

Patient safety and quality is the top priority for NHS Borders and our staff are key in achieving this.

The purpose of these sessions is for staff to hear the ups and downs of others, the triumphs and tribulations, and to consider how they can keep moving forward and to inspire and encourage staff to take the next step in their own leadership journey and in so doing, develop and improve how we give our health care. The outcome is to build confidence, and create the conditions where staff feel they really can make a difference to the quality of patient care that we provide – the foundational thinking is that lots of small steps all add up to a quality shift, for patients.

The first of these sessions was hosted by Reverend Stephen A Blakey on Friday 31st May from 11.15am to 12.15pm at the Borders General Hospital.

Reverend Blakey is an ex Army Chaplain and as well as 16 years regular service, has also worked as a professional Life Coach, trained mentors and coaches, and run CPD courses for teachers in Coaching Skills. He shared his personal leadership journey and experience, and engaged in discussion with staff thereafter.

This session was well received and positive feed back has been received from many of the staff involved.

Director of Estates & Facilities

Scottish Ambulance Service Appeal against Planning Refusal for Development of New Ambulance Station within the Grounds of Borders General Hospital: As reported within the May Update, the Scottish Government Reporter when considering the SAS Appeal against Planning Consent refusal concluded that there was insufficient grounds for such refusal and as such upheld the SAS appeal. SBC had until 4th June 2013 to object to the Reporter's decision, as we have been advised that no such submission had been received by the cut-off date, all obstacles have been removed permitting the SAS to progress with this much needed project. Tentative plans are for site commencement by 25th November 2013 with completion 19th September 2014. Arrangements will now be finalised for the land transfer between NHSB and SAS re BGH/Roxburgh Street Sites. An update on the programme for the replacement Health Centre at Roxburgh Street will now be developed in conjunction with Hub South East Scotland.

Lauder Health Centre: The construction of the Health Centre remains within budget and on target for completion by 9th August 2013. Preparation works for the occupation of the new facility and the disposal of the current facility at Factors Park, Lauder are progressing within the scheduled programme which should see the new facility becoming operational around the end of August.

Property and Asset Management Strategy: The PAMS Draft Document for 2013 was submitted to Scottish Government/Health Facilities Scotland, this update reports on recent Capital Investments and the development of a Strategy for Primary and Community Services which will be developed further during the current Financial Year. The PAMS reports from each Board area will contribute towards the publication of a State of Assets and Facilities Report due during the Autumn of 2013.

Director of Public Health

Equalities Group Update: Work between February and the end of April has focussed on the equality mainstreaming report which, after board approval, is now published on our website as required under the Equality Act (2010).

The next phase of the mainstreaming work is directly related to the equality outcomes and consists of working on, with our community planning partners where appropriate, an implementation plan.

Much of the work that will go into the implementation plan is already taking place but it offers an opportunity to identify any gaps that may lead to inequality or discrimination and address them at an early stage. One such example will be to undertake accurate staff & patient equality monitoring in order to ensure that we are able to provide the best employment experience for our employees and the best patient experience for our patients.

The other key process is Equality Impact Assessment (EIA) and steps are being taken, with the support of Health Scotland, to ensure that appropriate staff are trained as “critical friends” to assist and enable effective impact assessment within NHS Borders – this will start with the assessment of the Local Delivery Plan.

Areas of work which remain challenging include the roll out of CEL41 (routine enquiry of domestic abuse) within NHS Borders but this is being addressed by the executive lead through strategic means including board performance reviews. There are also currently issues around interpretation and translation with guidelines not always being followed – the group are currently looking at ways to address these.

Work to raise awareness within NHS Borders about the new Domestic Abuse Pathway Services continues with 130 NHS members of staff updated as per stage IV of Pathway since 1st October 2012 and the opportunity to raise awareness among staff of the wider violence against women agenda within the clinical update programme and staff induction. Capacity building training that addresses violence against women continues to be coordinated and delivered by the Health Improvement Team in partnership with third sector organisations.

The Health Improvement Team, in partnership with Stonewall, LGBT Youth, LEAP sports, the SRU, Borders College and others continues work to address LGBT stigma and challenge homophobia and has supported the local LGBT Equality Forum to move towards gaining charitable organisation status.

NHS Borders continues to be represented on, or link in with, various equality networks and groups within the region including Elder Voice, LGBT Equality, The Migrant Support Group, Borders Equality Forum and The Gypsy Traveller Support Group.

Director of Workforce & Planning

Launch of “EVERYONE MATTERS: 2020 WORKFORCE VISION”: The Cabinet Secretary for Health and Wellbeing launched that “Everyone Matters: 2020 Workforce Vision” was launched at the NHSScotland Conference on 12 June 2013. This has been generated through broad engagement with NHS Staff across Scotland over recent months.

Boards have been asked to ensure that local values are aligned with the core NHSScotland Values and that all policies, procedures and ways of working are reflective of these values. This will be factored into the ongoing discussions locally regarding the new suite of Corporate Objectives.

To support NHS Boards and key stakeholders with the continuing communication and engagement a toolkit has been provided which includes guidance and resources that can be used to raise awareness and understanding of the 2020 Workforce Vision and is available on the refreshed website at www.workforcevision.scot.nhs.uk . The website includes examples of service changes from a number of Boards, two of which are from NHS Borders.

2013 Annual Review: Guidance regarding 2013 Annual Reviews has recently been published. This year will be a non-Ministerial review for NHS Borders, and a date for this is currently being explored.

New Welcoming Corporate Induction Video: Induction into NHS Borders is a vital part of a new employee’s journey and can be a moment of truth for many ‘have I made the right choice?’, ‘what is this organisation really like?’

We’ve recently been making some changes to induction in preparation for a move to a pre employment induction. Ensuring that induction is completed prior to release on to the ward/ department will ensure that employees feel adequately prepared for their role, that they are competent, confident and safe by providing them with the knowledge they need to do their job.

These changes will help us reduce the organisational risk of non-compliance with statutory and mandatory training during the first year of employment, by providing as much as we can during induction via a blended approach of e-learning and face to face sessions. It will also aid managers who have to release new staff on a regular basis to attend training in those important first 12 months.

As well as a move to using the new e-learning suite the changes have also included a new corporate induction video which has been designed to welcome our new employees to NHS Borders. The video can be viewed through the staff intranet at the following link: http://intranet/main_detail.asp?uid=2799

eESS: NHS Borders is in phase 3 for the new NHS in Scotland HR system – eESS, and we are due to go live in the autumn. Interim processes have been put in place for booking of training during the period running up to go-live to ensure as little disruption to staff training as possible. All line managers are in the process of receiving training on the new system, with training for staff later in the year.

Medical Director

Medical Update: Dr Jane MacDonnell, consultant paediatrician, has been appointed as lead clinician to the SEAT MCN for Child sexual abuse – Jane will work with the regional network manager to continue to ensure the development of safe and child centred services for children subjected to sexual abuse across Lothian, Borders and Fife.

Following a recent visit by the Deanery, the Obstetrics and Gynaecology Department received a very positive report from the South East Deanery on the quality of training for doctors offered in the department – in particular leadership and team work were commended.

Pharmacy Update: The upgrade to the pharmacy It system, Ascribe, went live on May 1st. The changeover went relatively smoothly and thanks go to the wards for their support in planning their pharmacy orders during the week. Over the coming months pharmacy and IM&T will be planning for the roll out of ward based electronic medicines management, which will improve efficiency and reduce reliance on paper-based systems.

IM&T Update: Congratulations to the Wardview Team comprising Sandra Armstrong, Senior Charge Nurse, Medical Assessment Unit, Jamie Thomson, Senior Charge Nurse, Margaret Kerr Unit and Ian Wylie, IM&T project manager. The team spent two days at the NHS Scotland Event to display their poster titled 'Ward Information Board - Patient Status at a Glance'. The electronic whiteboard which they worked with the supplier to develop is now implemented across all wards in Borders General Hospital and is providing real time information to help clinical teams to improve patient flow and reduce delays. The team also hosted a visit from John Matheson, Director, Health Finance & Information. John was very impressed by the benefits being delivered and the enthusiasm and commitment of the team.

Medical Director Update: Following the discussions at the last Board meeting Dr MacDonald recorded radio interviews describing the NHS Borders Board decision around water based therapies and met the Action Group with the Chair in early June.

Dr MacDonald was invited to a private "opening" of the newly refurbished reception in Earlston Health Centre – this was one of 4 health centres that recently benefited from minor capital projects that have enhanced the environment for staff and/or patients within our health centres. This particular project has allowed redesign of the reception area following the move to paperlight working.

The Medical Director also attended the first meeting of the Cabinet Secretary for Health's steering group overseeing the development of milestones for the 20:20 routemap.

The Primary Care Directorate in partnership with Dr MacDonald ran two parallel sessions showcasing innovation and person centred care in out of hospital locations at the NHS Scotland Event – three Borders services were invited to attend and present patient stories – the Life Style Adviser Service, The Early Years Team and Dawn Moss, Nurse Consultant, who presented her work with children with exceptional complex needs and communication.

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			