

**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**

**National Implementation Board for the CHKS Data Benchmarking Service for NHSScotland:** Calum Campbell is a member of the NIB on behalf of the NHS Scotland Board Chief Executives and the Chairs of the Infrastructure Delivery Group. The NIB is accountable to the Quality Infrastructure Delivery Group under the Quality Alliance Board.

The NIB's remit is to:

1. Provide visible leadership for the implementation of the National Data Benchmarking Service (CHKS) across NHSScotland
2. Provide oversight and direction to the overall work of the Project Team (comprising members drawn from SGHSCD including ASD, ISD, NHS Boards and CHKS) including the work of any necessary working groups ( to include a national Users Group)
3. Agree key milestones and outcomes of implementation of the Data Benchmarking Service
4. Identify and ensure engagement with key stakeholders
5. Define and make links between other key national and UK wide eHealth projects and the NHSScotland Data Benchmarking Service
6. Have the mandate to set up, close and suspend individual projects relating to the programme
7. Ensure there is appropriate patient/public engagement in the implementation of the service
8. Oversee the project portfolio and interdependencies
9. Monitor and manage progress against key targets and milestones
10. Provide recommendations in relation to the parallel programme of work to increase the capacity of ISD to provide a comparable service on completion of the contract with CHKS

**Insulin Pump Therapy for People with Type 1 Diabetes: CEL 04 (2012):** In February 2012 the Scottish Government published [CEL 04 \(2012\)](#) which set out targets for:

- A quarter of people with type 1 diabetes under the age of 18 to be receiving Insulin PumpTherapy by March 2013; and
- the number of people receiving Insulin Pump Therapy, of all ages, with type 1 diabetes in Scotland should triple to more than 2,000 by March 2015.

NHS Borders has not only met both targets set out in CEL 04 (2012) ahead of schedule, but continues to work hard to increase the number of people that have appropriate access to insulin pumps.

**Open Forum:** An open forum took place on 8 March for the Community Mental Health and Joint LD Services staff.

**Introductory Meeting with John Glennie, Acting Chief Executive of Health Improvement Scotland:** Calum Campbell met with John Glennie on 25 March a part of Mr Glennie's induction into the role of Acting Chief Executive of HIS for an initial 6 month period.

**Improving Care for Older People in Acute Care - Improvement Planning Event: 28 March:** The one day improvement planning event was held at the Stirling management centre to bring together improving older people's acute care teams (test sites) from different board areas. The purpose of the day was to engage teams and prepare them to start/ continue improvement activity in their own areas. The day included support with improvement approaches, sharing of tools for testing - frailty screening tool and delirium identification bundle and team planning. NHS Borders has offered to be a pilot site to test the new standards.

**Joint Physical Disabilities Strategy Launch "Living Well with a Disability":** Calum Campbell chaired the launch of the Joint Physical Disabilities Strategy on 29 March. The strategy focuses on health promotion and well being; active involvement in your community; accommodation; choice and control; access to information and young person to adult transition as well as partnership approach and improving services for people with a physical disability living in the Scottish Borders.

**Older Peoples Joint Commissioning Strategy Launch:** Calum Campbell chaired the launch of the Older Peoples Joint Commissioning Strategy on 16 April 2013.

**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
06.03.13	CEL 2013 6	Establishing The Responsible Commissioner
21.03.13	PCA (0) 1 2013	General Ophthalmic Services 1. Increase In Optical Voucher Values 2. Increase In The Continuing Education And Training Allowance 3. Increase In The Pre-Registration Supervisors Grant 4. Cycloplegic Refractions On Behalf Of The Hospital Eye Service (HES): New Arrangements
25.03.13	CEL 2013 7	Hospital Eye Services
25.03.13	PCA(P) 07 2013	Pharmaceutical Services Amendment To Drug Tariff Discount Clawback Rate – Amendment To Annex A:- 25 March 2013
28.03.13	PCS (AFC) 1 2013	New Injury Allowance Provisions
28.03.13	PCA(P) 8 2013	Pharmaceutical Services Amendment –Clawback PT7 Generics

09.04.13	PCA(P) 9 2013	Independent & Supplementary Prescribing Clinics 2013/24
16.04.13	CEL 2013 5	Protection Of Vulnerable Groups (PVG) Scheme Membership Addendum
22.04.13	PCA (P) 10 2013	Pharmaceutical Services: Community Pharmacist Practitioner Champions

### **Director of Finance**

**2012/13:** Preparation for the production of the 2012/13 annual accounts is well underway with external audit due to arrive on site on the 13<sup>th</sup> May 2013. Board members have been invited to a session on the 21<sup>st</sup> May to review in detail the draft accounts. The accounts will be presented to the Audit Committee on the 17<sup>th</sup> June and then to the Board on the 27<sup>th</sup> June 2013. As per the nationally set timetable NHS Borders accounts are required to be finalised and submitted to the Scottish Government by the 30<sup>th</sup> June 2013.

During May 2013, Hogg and Thorburn will undertake their audit of the 2012/13 Endowment Fund Accounts. The finalised accounts will be presented to the Endowment Board of Trustees on the 21<sup>st</sup> May 2013.

**2013/14:** Following agreement of the financial plan at the Board meeting in April this has been disseminated and shared with key groups throughout the organisation. All budgets have been signed off by managers and input into the finance system. Pay statements for month 1 are being issued and work is continuing on the production of supplies financial information.

A key area of focus in the last three months has been finalising the Efficiency Programme. The majority of schemes for 2013/14 have now been signed off by the Clinical Executive Strategy Group and are being progressed. The Aspyre system will be used to performance manage and monitor the efficiency programme across the organisation.

Work is progressing to finalise the capital plan for 2013/14 and outline plans for the next two financial years. For 2013/14 the final number of schemes that will be progressed is dependant on the level of sales proceeds that can be generated during the financial year.

**Other:** The Finance Directorate attended productivity and benchmarking in January, where the report was commended and the recommendations accepted. An implementation steering group has been convened and has signed off its terms of reference and an outline project plan.

Following productivity and benchmarking and a review by the Strategy Group a new structure for the Commissioning service is being put in place. The transactional contract monitoring staff will continue to be line managed by the Director of Finance, however posts linked to the repatriation and income generation agenda will be led by the Medical Director going forward. This will facilitate links with clinical staff on this key area of work.

Following a very successful three year secondment the Director of Efficiency has returned to his substantive post in Pharmacy. The future of this role, taking into account the developments and changes over the last three years as well as the efficiency challenge that lies ahead, will be considered over the next few months.

## **Director of Workforce & Planning**

**Obstetrics & Gynaecology:** There is confirmation that the Borders General Hospital will be allocated a reduced number of senior trainees in Obstetrics & Gynaecology in August 2013 with at least one vacancy. Similar to work that has taken place within the paediatrics service, NHS Borders is developing a service model which would reduce reliance on the training grade doctor workforce providing out of hours service through increased direct consultant cover and up-skilled midwives. Two BGH midwives have already completed the Associate Birth Practitioner training in preparation for this situation. A new consultant post has been advertised and we plan to make an appointment by 1 August 2013.

**Neurology:** The service has successfully recruited a new full time Neurologist, who will commence in on 1 July 2013. The neurology service has been maintained by reliance on a single handed consultant for four years.

**Haematology:** As part of a managed clinical network service with NHS Lothian, a joint appointment of a new full time Haematologist, who will commence in October 2013. This is a major step forward in maintaining a safe and locally available service due to a long standing vacancy which has been difficult to recruit to.

**Partnership Workforce Conference - 27 March 2013:** The Partnership Workforce Conference was held on the afternoon of 27 March 2013, with an encouraging and diverse attendance. At the conference Darren Patterson, national Project Lead for the 2020 workforce visions outlined the key themes for workforce planning. Contributions were also made by Derek Phillips, the regional workforce director and Calum Campbell who highlighted some of the key local findings from the NHS Borders engagement groups on the 20/20 workforce vision. Ninety three members of staff attended the engagement focus groups during February 2013.

We are engaging partnership colleagues and staff in the development of an update to the Local Workforce Plan for 2013/2014. It is planned to publish a consultation draft by 30 June 2013 with publication of the final document in the Autumn.

**Scottish Borders College:** NHS Borders has now successfully placed eight students from Scottish Borders College as the first phase of a closer partnership arrangement around student placements. Four of these will be undertaking a three month work placement within the Gardening Team in Estates and Facilities working on enhancing staff and patient walk ways. The remaining students are placed across IM&T and Planning & Performance.

**Final LDP:** The final LDP was submitted to Scottish Government on Friday 15th March after receiving feedback from Scottish Government. The draft LDP was presented at the Strategy & Performance Committee, Strategy Group and the Area Partnership Forum from which minor comments were received and the LDP was amended accordingly. The Community Partnership Planning section of the LDP, in draft format, was presented at Strategy Group on 14th March and also circulated to Board members for comment. The final draft was submitted to the Scottish Government on 2nd April 2013. Final discussions will be held on this section with Scottish Government prior to sign off in June 2013. This section complements Scottish Border Council's Single Outcome Agreement which is also working to the same timeline.

**Chief Operating Officer**

**Emergency Access Standard Performance:** One of the key deliverables of the Emergency Access Standard is that 98% of patients attending Accident & Emergency (A&E) wait less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment.

Consistent achievement of the 4 hour access standard is not only a good indication that the Emergency Department is operating effectively but that the whole hospital system is working well, in particular patient flow.

Since the update provided in the Board Executive Team Report in January 2013 (which detailed performance from April 2012 to December 2012 inclusive), NHS Borders performance has been as follows:

Month	Performance %
January	95.2
February	96.5
March	96.7

Full focus has been given to this standard following a downward trend in performance particularly in November and December 2012 due to Norovirus and winter itself, which is always challenging, however challenges have continued.

The current rolling performance for April 2013 is 93.7%. Issues such as the reason for every breach, assurance that the escalation process was followed for every breach, and confirmation that actions were put in place to address the reason for every breach continue to be collated and scrutinised at a senior level daily.

A large piece of improvement work on patient flow, consisting of a number of smaller tests of change and following a PDSA approach, is now underway across the system.

**Reducing the Number of Admissions to A&E (HEAT Target T10):** NHS Borders has undertaken to achieve a reduction in the rate of attendance at A&E of 3.5% by the end of 2013/14.

This is acknowledged to be an ambitious target for the Board given that in terms of total attendance rates when compared to the rest of Scotland it is the second best performer. NHS Borders position however drops to 5<sup>th</sup> in relation to T10 only, which indicates successful redirection by other Boards to alternative services.

NHS Borders performance at the end of March 2013 against the T10 Target was 1759 patients per 100,000 of the population against a trajectory of 1603. Over the course of the year performance has ranged from 1492 in February 2013 to 1985 in September 2012.

There is wide variation in attendance rates at A&E across Scotland with only 3 Boards currently performing beyond trajectory.

In NHS Borders the main areas for concern relate to:

- attendance by patients aged 85+
- flow 3 attendances which are related to patient flow through ED redirected there consequent of issues around medical beds availability

- flow 1 attendances that might be redirected away from ED

This target is being managed in conjunction with T12 which measures Emergency Admissions Rates per 100,000 of the population in respect of patients aged 75+. Performance in respect of this target has exceeded trajectory showing an improvement of 14% for the first 7 months of the 2012/13 (these figures are calculated and reported nationally and there is a lag period of 6 months). The most recent figure reported a total of 4511 admissions against a trajectory of 5,258.

**Work with Imperial College London on Emergency Flow:** Further to recent updates in August 2012 and October 2012, the Action Effect Diagram approach currently being tested in NHS Borders has proved complementary and demonstrates a clear vision to achieve the overall aims of the initiative.

Progress in our 3 work streams includes;

- **Unspecified Chest pain Pathway:** The Ward 4 team aimed to “assess and make a destination decision for Patients presenting with unspecified chest pain within 90 minutes of admission”. Heightened flow activity during the winter period has slowed progression of this workstream.
- **Elderly Care Discharge:** The Ward 10 team aim to “Improve the quality, timeliness & consistency of discharges” and are currently testing their Daily Board Rounds, their Discharge Check Lists and the timings of Ambulance Bookings.
- **Surgical Flow:** This work stream supports the exploration of the Admission Pathway, and includes the implementation of Receiving Admissions Coordinator and Ward Coordinator roles, the review of admission boards, standardisation of morning ward rounds, the introduction of a Ward Time Table and implementation of an afternoon ward round to increase decision making around patient flow.

A further local workshop is being organised for May 2013 which will review progress to date and identify the next steps.

**Early Years Collaborative:** The Early Years Strategy launched by NHS Borders and Scottish Borders Council in 2008 outlined a number of high level principles which were design to give children the best possible start in life and improve the life chances of children, young people and families at risk. The Early Years Collaborative (EYC) has been developed to accelerate the conversion of these high level principles into practical action.

The key aims of the EYC are:

- To deliver tangible improvement in outcomes and reduce inequalities for Scotland’s vulnerable children
- To put Scotland squarely on course to shifting the balance of public services towards early intervention and prevention by 2016
- To sustain this change to 2018 and beyond

The EYC is looking to create national and local structures in which partners can easily learn from each other and from recognised experts in areas where they want to make improvements. Locally we have four individual workstreams each with an overall key deliverable. Identified against each deliverable is a range of factors which directly influence performance. Using improvement methodologies, in particular Plan Do Study Act (PDSA) cycles we will tackle the influencing factors by making a number of smaller scale changes/improvements which will add up to an overall improvement in each of the following areas:

Workstream	Age Range	Deliverable
Workstream 1	Conception to 1 year	Reduce Infant Mortality
Workstream 2	1 year – 30 months	Children have all the developmental skills and abilities expected of a 27-30 month year old.
Workstream 3	30 months – Start of Primary School	Children have all the developmental skills and abilities expected at the start of primary school.
Workstream 4	-	Leadership Group

Some progress has been made around implementing appropriate local structures for the EYC with Leads and key team members being identified for Workstreams 1 – 3, and all of these workstreams are currently in the process of identifying the PDSA cycles they want to take forward and in some cases some have already been run. Joint training events are being set up for both NHS and SBC so as everyone involved can fully understand the aims of the collaborative and the improvement methodologies we will use to deliver it, attendance to date has been reasonable.

Discussions have been tentative regarding Workstream 4 – The Leadership Group, the purpose of this workstream is to ensure this work has appropriate leadership and drive from the very top of all organisations and the Community Planning Partnership (CPP).

### **Director of Estates & Facilities**

**Additional Capital Allocation from Scottish Government – Update: Huntlyburn House:** Works continues to progress on this refurbishment project retaining the scheduled completion date of 31<sup>st</sup> May 2013. There remains an outstanding 2<sup>nd</sup> phase development which links the refurbished bedroom accommodation to rehabilitation, kitchen and laundry requirements within the original Huntlyburn House. Currently the detailed specification is being costed by the Contractor/Design Team with a view to progressing works on this complimentary accommodation from Capital resources during 2013/14, all to be complete in advance of patient return from the temporary decant accommodation within Crumhaugh House, Hawick.

**BGH Out Patients:** As this project has progressed there has been continued dialogue with Senior Clinicians regarding the utilisation of the Out Patient accommodation provided from within the main Hospital building and the adapted former Gym immediately to the south. Through some respecifying of room requirements it is now been established within a 1<sup>st</sup> phase move of accommodation, from the 1<sup>st</sup> floor Out Patient Facilities, that Audiology, Dermatology, Physiological Measurement, Medical Out Patients and related administrative services will be accommodated, on completion of works, during the Summer of 2013. The Project Board awaits an update on the Project Programme. Preparatory works will commence shortly on the briefing and Project Management for a 2<sup>nd</sup> phase reviewing the highest priority options for investment during the current Financial Year.

**Ward 6 Bed Surge Capacity and Refurbishment Works within the Original Ward 6 Accommodation:** Work continues to progress on programme creating 8 en-suite bedrooms with supporting accommodation within an Annexe to Ward 6 which also

incorporates a physical link across to Ward 12. As previously advised the utility services supporting the Annexe Facility must be introduced through the ceiling void along the full length of the existing Ward 6. Presently a Working Group is reviewing the essential decant of patients from Ward 6 to facilitate such an introduction of services. The plan presently is to temporarily vacate Ward 6 for a 3 week period during the month June and at such time opportunity will be taken to improve the environment within the Ward meeting HEI recommendations in addition to the redesign of clinical supporting accommodation which will facilitate the management of potentially a larger number of patient beds, within this accommodation, when working at maximum capacity.

**Scottish Ambulance Service Appeal against Planning Refusal for Development of New Ambulance Station within the Grounds of Borders General Hospital:** The SAS Director of Finance confirmed on 23<sup>rd</sup> April 2013 that the Scottish Government Reporter has upheld the appeal against planning consent refusal for the construction of a new Ambulance Station within the grounds of BGH. With this obstacle now removed the SAS Project Team and our own Team responsible for the construction of a replacement Community Health Centre within Roxburgh Street, Galashiels, both through South East Scotland Hub, will make rapid progress in developing both projects. Yet to be confirmed is the commencement of the construction phase to the new Ambulance Station but it is likely that works will be on site by late Summer 2013 which will then facilitate the development of the replacement Community Health Centre during Financial Year 2014/15.

### **Medical Director**

**Dental update:** David Clouting retired at the end of March from his post as Clinical Lead in the Community Dental Service after many years of service – the medical director wrote formally to acknowledge his contribution to NHS Borders Dentistry.

We have now appointed a new clinical director – Morag McQuade, who has worked within the salaried service as a dentist with an interest in Special needs. In addition Alice Miller, a GDP and vocational trainer in Berwickshire, has been successfully appointed to the post of dental practice adviser.

**Medical update:** Implementation of revalidation continues on trajectory and all doctors due for revalidation have participated in appropriate appraisal, patient feedback and 360 degree feedback. The medical director and Primary and Secondary Care appraisal leads are now developing a quality assurance of the appraisal process .

Key pressures within medical workforce planning continue to be developing long term sustainable models for service delivery in areas such as anaesthetics, paediatrics and obstetrics with higher number of trainees being unavailable due to out of programme commitments such as academic work, parental leave etc. The Medical Director, Head of Medical Workforce and the CE continue to work closely within the SEAT network to address these issues.

The Medical Director took over the chairmanship of the SEAT Child Sexual Abuse MCN in April 2013.

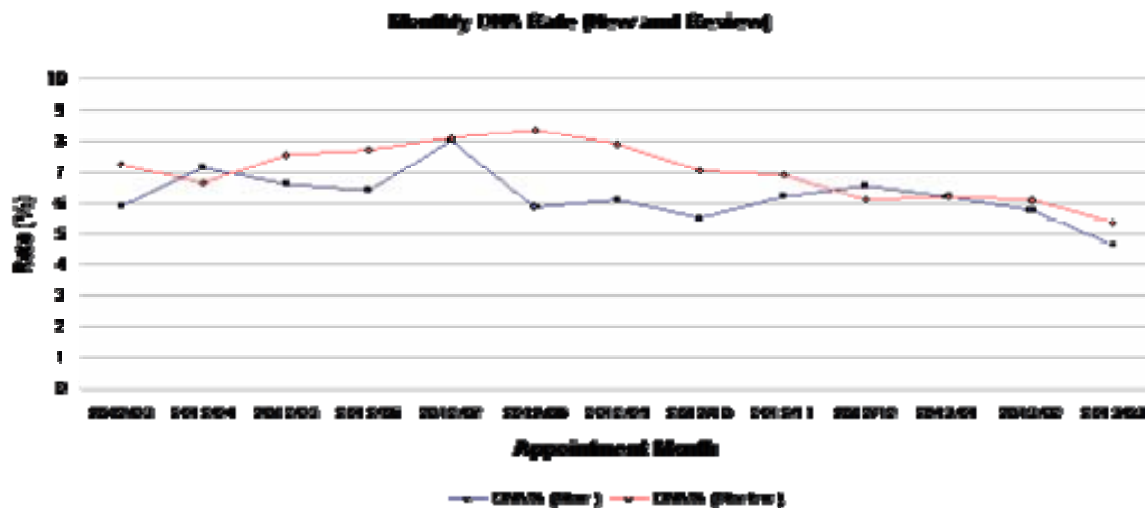
**Pharmacy:** Pharmacy are on schedule to upgrade the pharmacy Ascribe system on 1<sup>st</sup> May that will improve efficiency and release more pharmacy time out in clinical areas by reducing duplication.



Safety+, a new prescribing support programme has been installed in 1 GP practice. This will allow timely information to be available to practices on drug and safety alerts and enable them to quickly identify any affected patients. It will be rolled out to all practices within several weeks.

**IM&T update:** The patient reminder service which went live at the end of 2012 is starting to show a positive impact on Did Not Attend (DNA) rates. Patients receive a telephone call regarding their outpatient appointment - an appropriate security question (part of date of birth) is answered by patient and the message then reminds them of their appointment

The most recent reports on DNA level for outpatients reports a level of 4.6% for New DNA which is the lowest it has been. Rates for those patients with review appointments are also improving as demonstrated in the graph below.



**Trakcare Patient Management System:** Electronic Ordering of Diagnostic test has now been implemented as per the plan across Borders General Hospital. This has been well received, although not without some teething troubles. The Projects & Developments team continue to provide support to staff in using the system as they get accustomed to it. This means that the scope of the implementation in the business case is almost complete. A closure report, lessons learned and benefits report will be drafted to conclude this phase of Trakcare.

### Director of Nursing & Midwifery

**Review of Supplementary Nurse Staffing:** Work is currently underway to address the on going usage of bank and agency staff and associated costs across NHS Borders. Bank and Agency staffing provide essential back up to the team when you have unforeseen gaps ensuring the continuation of safe effective care Guidance has been developed to support effective rostering, an action learning set involving senior charge nurses was well attended and a further event has been planned for the staff who missed the first session. Improvement panels have also been established to support staff with decision making and staff management. Plans are being finalised to repeat the completion of the national workforce tools within the Acute Sector. Managers have been advised that Annual Leave should be equally allocated over the 52 week period avoiding increased demand for supplementary staff at peak holiday times. The review will be monitored within the Efficiency Programme for 2013/14.

**Child Health in the UK: Strategy Conference:** Lorraine McIver and Sarah Tait, Nurse Practitioners, lead a workshop entitled 'Extended and Advanced Roles for Nurses' at the above conference in Manchester on Friday 12 April. They ran two workshops which were 45 minutes each in length and focused on how advanced practice is utilised in Child Health at the Borders General Hospital. During their presentation a short history of the process which led to the model of service now in place was given. They described the contribution made to the service as Advanced Nurses and emphasised they were not here to 'plug gaps in rotas' but had their own role to play within the service. Lastly they discussed why they believed the service was a success, highlighting the enthusiasm of all Medical and Nursing staff involved and also the support they received from management at all levels within the Hospital. The presentation went well and generated a lot of interesting discussion and debate. Positive feedback was received from participants as were requests to visit the unit to see how it all works in practice.

**Invest to Impress:** An investment in Borders General Hospital and surrounding Community Hospitals highlights the continued importance for improving patient safety in the Borders. With infection control high on the agenda and in the light of recent Healthcare Environment Inspectorate inspections; NHS Borders continues to come up with new and innovative ways to provide a safer environment for patients and staff. New equipment for various BGH wards will help patients to receive timely, patient centred care and allows staff to deliver a high quality service. Such items include wipeable keyboards for wards will help prevent the spread of infection; easy access sink areas for visitors and staff will encourage hand washing between wards and information screens to provide information for patients and visitors to all the Health Centres. The content of the information screens is remotely controlled providing a quick and easy way to provide updates on health issues or changes to services. The existing screens installed in BGH have already proved invaluable in providing up to date information relating to Norovirus outbreaks, local bus timetables and important health related messages.

**Promoting Initiatives with the wider NHS Scotland:** Each year the Scottish Government grants bursaries to individuals or teams to help them raise awareness, gain recognition and share best practices through NHS Scotland. These bursaries are available through the NHS Scotland Event. Health boards are encouraged to submit poster abstract entries for improvements to their services that they believe deserve promoting.

Out of all the entries for 2013 NHS Scotland Event, 120 poster abstracts were shortlisted - among them were two from NHS Borders. The first poster abstract entry is entitled '*Ward Information Board-Patient Status at a Glance*' created by Sandra Armstrong, Jamie Thomson, Kirk Lakie, Mairi Pollock and Ian Wylie. This abstract describes the interactive displays providing patient status information, within wards, which allow staff to update details and ensure accurate and up to date patient information in each ward. These interactive displays have been designed and developed to improve patient care and safety and are currently being used in the Borders General Hospital.

The second entry for NHS Borders is entitled '*Fresh Eyes System*'- *Electronic Fetal Monitoring* created by Nicky Gammie and Margaret Davidson. This simple system aids fetal wellbeing during antenatal period. This double checking best practice has helped staff to interpret cardio-tocographs (CTG); giving staff increased confidence in the results which in turn improves patient safety.

These abstracts will now be developed into posters for display at the NHS Scotland event on 11 - 12 June at the SECC in Glasgow. Promoting services that are currently implemented in NHS Borders will gain us recognition from NHS Scotland and ultimately drive improvements of quality in patient care. We wish our finalists the best of luck in producing and presenting their posters and we will let you know how they get on.

**HIS OPAH Methodology:** NHS Borders has been asked to participate in testing a revised set of OPAH Methodology and clinical standards. The date is to be confirmed and we have been informed that there is going to be a wider range of clinical peer review during the process. For example, in addition to previous standards which we are familiar with there may be additional ones such as medicines reconciliation.

From a strategic and operational perspective it is important for BGH and NHS Borders to participate in such pilots as it affords us an additional opportunity for external peer review, supports the national and local agenda for improvement, and provides ongoing assurance regarding the standards of care delivered in BGH.

### **Director of Public Health**

**Fact or Fantasy is the challenge for health in Borders:** The third independent annual report, *Fact or Fantasy? Your Health 2020*, produced by the Joint Director of Public Health for NHS Borders and Scottish Borders Council was launched for consultation at an event on 22 April 2013. It was well attended by local politicians, professionals, and members of the public. The attendees took full advantage of the opportunity for group discussion of the key themes in the report. The aim was for them to provide an assessment of how realistic the view was of health as it currently is, and discuss what it might be in the future and the interventions that might be made to achieve this. The consultation closes on 31 August 2013. The consultation document is available at: [http://www.nhsborders.org.uk/data/assets/pdf\\_file/0014/16403/fact\\_or\\_fantasy\\_your\\_health\\_2020\\_consultation.pdf](http://www.nhsborders.org.uk/data/assets/pdf_file/0014/16403/fact_or_fantasy_your_health_2020_consultation.pdf).

**Detecting Cancer Early campaign:** Detect Cancer Early (DCE) is an ambitious new Programme of work for Scotland launched in February 2012. The Programme will last four years; and is initially concentrating on tackling the three most common cancers in Scotland –Breast, Bowel and Lung cancer. The DCE target; which has been set by the Scottish Government, is to increase the numbers of patients with cancer diagnosed at Stage 1 by March 2014.

The programme will focus on

- Getting the best from the national cancer screening programmes for Breast and Bowel Cancer
- Raising the public's awareness of the early signs and symptoms of cancer and encouraging them to seek help earlier
- Working with GPs on early referral or investigation of patients who may showing a suspicion of cancer
- Getting screening, diagnostic and treatment capacity right
- Making sure data collection and performance reporting is in place to monitor progress

The national awareness campaign is being complemented by our own NHS Borders communication plan, to ensure we target our local population, in particular some of the more disadvantaged and vulnerable groups. Approaches make use of the success of

some of the existing networks such as the Healthy Living Networks and Lifestyle Advice and Support Service, and services for those with additional needs such as those with mental health problems or learning disabilities. Communication measures have included raising awareness amongst staff working with targeted groups to support dialogue with patients and service users. Efforts are being made to identify the specific impact on uptake in the target groups as data is reported.

A local DCE Health Improvement and Communications Subgroup is implementing plans designed to raise awareness of the national campaign focusing the most common cancers and promote uptake of screening programmes for breast and colo-rectal cancer. Plans maximise opportunities to use existing networks working with deprived communities such as Lifestyle Advise & Support Services (LASS), Keep Well (community and workplace), and Healthy Living Networks (HLNs).

Local services in all sectors working with vulnerable groups have also been targeted e.g. mental health and learning disabilities, homeless, carers, offenders etc. to raise awareness of the campaign and promote engagement. Discussion has focused on how staff may get involved and what role they could play in their contact with service users. Good use has also been made of local media and events, e.g. resident's newspapers, local sports and leisure facilities etc. men's health event in a local pub.

### Recommendation

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

<b>Policy/Strategy Implications</b>	Policy/strategy implications will be addressed in the management of any actions resulting from these events, activities and issues.
<b>Consultation</b>	Board Executive Team
<b>Consultation with Professional Committees</b>	None
<b>Risk Assessment</b>	Risk assessment will be addressed in the management of any actions resulting from these events, activities and issues.
<b>Compliance with Board Policy requirements on Equality and Diversity</b>	Compliant
<b>Resource/Staffing Implications</b>	Resource/staffing implications will be addressed in the management of any actions resulting from these events, activities and issues.

### Approved by

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Calum Campbell	Chief Executive		

### Author(s)

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Board Executive Team			

