

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

Mid Year Review: 28.01.13: The Mid Year Review had been a positive meeting and NHS Borders had taken the opportunity to highlight to the Scottish Government those HEAT targets that were being projected as at risk of delivery, such as eKSF, sickness absence reduction, patient DNAs, same day surgery, 4 week waiting time for diagnostics, A&E attendances and the diagnosis of dementia.

Scottish Breast Screening Programme - National Planning Forum Review: The final review report on Breast Screening was presented to the National Planning Forum on 7 February. The report was well received. The committee felt the report was well thought through and clearly articulated, and acknowledged the significant amount of collaborative work behind it. They were happy to endorse the recommendations. The next step is for the report to be presented to the NHS Board Chief Executives in March. In the meantime National Services Scotland have met with the Scottish Health Council to begin the work on a toolkit to support local public engagement.

Borders College Stakeholders Event: 31.01.13: Discussions focused on work placements and/or apprenticeships for various trades including painters, decorators, electricians, hairdressers, etc. The potential to use Borders College facilities out of hours was also raised and further discussions took place on 21 February. A business case approach is now being worked up to progress matters to fruition.

Scottish Partnership Forum: 05.02.13: One of the key issues discussed at the SPF was the 2020 workforce vision.

Employee Director: Edwina Cameron takes up a two year secondment at the Scottish Government as Staff Governance Associate in April. Edwina brought a wealth of experience and knowledge to the role of Employee Director and a strong commitment to serve staff within the organisation. The election process has now commenced for a new Employee Director.

Samsung: A data sharing agreement for Troponin Analyses has been agreed between NHS Borders, the Scottish Ambulance Service and Samsung. It is solely for the purpose of sharing data obtained as part of the Troponin Project Pilot phase to establish validity of results of mobile testing. If the pilot phase is successful and a full project is subsequently implemented then a further Data Sharing Agreement will be required.

Open Forum: Hawick: 08.02.13: The main audience at the Open Forum consisted of Health Visitors and a range of specific health visitor focused questions were asked such as training for a new assessment tool, professional lead experience, resources and breast feeding.

Community Planning Strategic Board: 14.02.13: The meeting focused on community planning themes and work programmes, the Borders railway and the Single Outcome Agreement.

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
22.01.13	CEL 02 (2013)	National Primary Care Workforce Survey 2013
23.01.13	PCA(P)(2013) 3	BNF: App Circular 2013
31.01.13	PCA(P)(2013) 1 PCA(M)(2013) 1	Seasonal Influenza Immunisation Vaccine Supply Arrangements
31.01.13	PCA(P)(2013) 4	Pharmaceutical Services Reimbursement Of Special Preparations And Imported Unlicensed Medicines
07.02.13	PCA(P)(2013) 5	Pharmacist Assistant Training Grant Funding
15.02.13	PCA(P)(2013)6	Pharmaceutical Services Reimbursement Of Special Preparations And Imported Unlicensed Medicines Ordered By Contractors Before 1 February 2013
20.02.13	CEL 05 (2013)	Protection Of Vulnerable Groups (PVG) Scheme Membership
22.02.13	CEL 04 (2013)	Compulsory Treatment Order (CTO) Forms And Patients With Communication Difficulties

Medical Director

As part of orientation the medical director has continued to shadow areas within BGH and in January did a weekend shift with the advanced nurse practitioners in paediatrics – this gave a very useful insight in to the scope and very high standard of person centred care offered by the service. In January the MD also attended the consultation in London with NICE for new Quality and Outcome indicators for next year's GP contract – attendance enabled both a Borders and Scottish perspective to be considered. The MD, the three Associate MDs and the service improvement lead had the pleasure of undertaking very rigorous and challenging one day media training delivered locally and using local scenarios and the MD attended a Lothian and Borders workshop and training session on Major incident recovery – highly recommended as opportunity to work closely with other Strategic Co-ordinating Group colleagues.

IM&T: Mobile connectivity in BGH: IT Services are currently working on a programme of work that will leverage the current investment in the Wireless Networks in the BGH and Newstead. The implementation of Cisco Identity Services Engine (ISE) has recently been completed and is currently being tested. This allows numerous types of devices, such as iPads and Android phones, to connect to the corporate wireless network and access systems and data. This access is rule based and can be adjusted by user, device type, system and location. This work will be followed in March by the implementation of

Airwatch, a product that allows the management of mobile devices connected to the wireless network to ensure that the data they access remains secure. IM&T have purchased a number of devices for testing with ISE and Airwatch which will be used in the pilot stages of upcoming projects such as Wardview and Taskview and are also being demonstrated to a number of departments wishing to investigate mobile working.

IT Services are commissioning a review of the current wireless infrastructure that will analyse performance, coverage and availability metrics. The results from this review will help feed the IT strategy going forward to ensure that the infrastructure meets the needs of the business.

PMS Order Comms: Following a successful pilot in ED and ITU the rollout of OCS was delayed due to operational difficulties with portable hardware. These have since been resolved. The remainder of the hospital progresses as follows:-

- Week commencing 4th February the rollout to wards 7/8/9/15/16/17, Labour Suite, SCBU & Theatres was completed. All operational.
- Work commenced 18th February to rollout OCS to Wards 4/5/6/10/12/14 (11).
- Week commencing the 4th March planned rollout to outpatients.

Patient Appointment Reminders: In November 2012 automated Patient Appointment Reminders were introduced for acute services outpatient appointments enhancing the service to patients, and aiming to help reduce the waste from “Did Not Attends” by reminding patients about appointments.

The system works by attempting to contact patients with appointments booked at 5-7 days ahead, to confirm that they are going to attend, or if they would like to cancel, and /or reschedule. This is then followed up with a text reminder the day before the clinic.

Self Check-in Kiosks: Self check-in Kiosks will be piloted in the Borders General Hospital in February / March 2013 with the aims of:

- Improving patients’ experience through reducing the need to queue when checking in for an outpatient appointment - making the whole process more efficient.
- Improving data quality as the kiosk will allow patients to quickly review the information we hold about them, and highlight where it needs to be updated.

The Chronic Medication Service: CMS is being rolled out to the Berwickshire practices over the coming month. The majority of practices have been visited and are engaged with the service. Roll out of the service to the remaining practices will take place over the next six months and will be completed by December 2013.

Ascribe 10: The new pharmacy IT system, Ascribe 10, is on course to be installed in May. The system offers improved functionality and includes a ward medicines management option. This will enable ordering of patients drugs from the ward and should improve the efficiency of the dispensing process.

Director of Finance

2012/13: The finance team are continuing to closely monitor and engage with clinical boards and services on the revenue position. This work gives NHS Borders assurance that the 2012/13 year-end financial position will be achieved.

As detailed in the audit plan for 2012/13 the External Auditors completed their interim visit during January. Feedback on the visit will be presented to the Audit Committee in March.

There is still a great deal of capital work to be completed in the remaining months of the financial year therefore input to the delivery of the capital plan is a major priority for the department. Cash flow plans have been agreed with main contractors and assurances have been given around delivery.

2013/14: The budget was agreed in Scottish Parliament on the 6th February 2013 which set the financial settlement for the 2013/14 and outlined indicative figures for 2014/15. Based on this agreement allocation letters for both capital and revenue for financial year 2013/14 were issued to Boards on the 8th February 2013.

Following the Board Development session on the 7th February 2013 and wider engagement across the organisation the draft LDP and financial templates were submitted to Scottish Government on the 15th February 2013. Comments on the draft submission are expected in early March and these will be taken into account before the final, subject to Board approval, financial templates are submitted on the 15th March 2013.

Following the annual recalculation of individual budgets, during February and March budget managers will be requested to sign off their budgets for 2013/14.

In the case of the capital programme the majority of capital funding will be utilised to complete schemes which started part way through financial year 2012/13. A prioritisation process for the remaining limited uncommitted balance is underway. NHS Borders continues to engage with Scottish Government to identify opportunities to secure additional capital resources.

A key area of focus in recent weeks has been drafting the 2013/14 Efficiency Programme. This work will be continuing over the coming weeks in order that the individual projects and schemes can be signed off before the start of the new financial year.

Other: The finance directorate attended productivity and benchmarking in January, where the report was commended and the recommendations accepted. Governance arrangements are now being put in place to take the report forward and an implementation plan is being developed in partnership.

The Fraud Liaison Officer attended a national seminar on the 7th February 2013 in Stirling. Feedback from this key event will be given to the Audit Committee in March.

The directorate completed its first formal quarterly performance review on 24th January 2013. Detailed discussion took place on the targets and performance reported in the finance scorecard with a number of recommendations, which will be incorporated into future reviews.

Director of Workforce & Planning

Medical Workforce Risk Assessment (SEAT): SEAT has commissioned a Risk Assessment Tool to enable the risk assessment scoring of the medical workforce by specialty and other variables. The tool will ensure a consistent and systematic approach to assessing medical workforce risks across the NHS Boards and sites in the South East Region. Phase 1 has been undertaken and we have populated the risk assessment tool with details for the five specialties which are subject to a pause in the reduction in training numbers (Emergency Medicine, General Medicine & Sub Specialties, Obstetric & Gynaecology, Paediatrics, Anaesthetics), a special meeting of the Medical Workforce Group was arranged for discussion of the results and Derek Phillips the Regional Workforce Director was present. The results of Phase 1 reported to SEAT earlier this month.

Phase 2 of the work will involve identifying and agreeing the strategies required to minimise/mitigate the medical workforce risks. This could include a range of strategies i.e. workforce redesign, service redesign, reallocation of trainees.

20/20 Workforce Vision: The NHS in Scotland is developing a Workforce Vision which supports the delivery of the 20/20 Vision for Healthcare in Scotland and progress towards the Quality Ambitions. For the workforce changing how we deliver services means our staff undertaking different roles, in different ways, and developing new skills. The 20/20 Workforce Vision will look at the way we do things now, and what needs to be strengthened or changed.

The 2020 Workforce Vision is due to be launched in June 2013, with an initial Implementation Plan following in December 2013. We have held a number of facilitated discussions throughout the Board area to involve staff in the formulation of the strategy and will feed back their views to the SGHD Workforce Unit.

Partnership Workforce Conference - 27 March 2013: The Partnership Workforce Conference will be held on the afternoon of 27 March 2013, we will start to engage staff in the development of the next Local Workforce Plan for 2013. This will be held in the Education Resource Centre and the key topics will include feedback from the 20/20 workforce vision facilitated discussions and the impact of health and social care integration.

Launch of the NHS Borders eLearning Suite and improved computer access in the community: New opportunities for NHS Borders staff to access computers will be announced by John Raine on 27th February at the launch of the NHS Borders eLearning Suite.

A collaboration between NHS Borders and Scottish Borders Council Library & Information Services now provides NHS Borders staff with supported access to computers close to the workplace to enable staff to complete their statutory and mandatory eLearning and access eKSF, eESS and other online resources. This complements the network of Learning Zone computers in all community hospitals, all mental health locations plus a number of GP practices.

For staff based in or near the BGH, a dedicated computer suite has been established. Funded by NHS Education for Scotland with additional support from BGH, it provides

access to 17 computers for drop in and scheduled training. An eLearning facilitator supports users to complete their eLearning. Both the environment and the computers are accessible – by installation of a hands-free automatic door, use of assistive technology and out of hours swipe access – providing the first fully accessible computer training suite in NHS.

Corporate Objectives: Work has started on refreshing the Corporate Objectives for 2013/14 and links have been made with the 2020 workforce vision facilitated discussions. The discussions allow an engagement exercise with a representative sample of staff to give genuine input to the content of the 2020 Workforce Vision, as well as increasing awareness and understanding – of both the 2020 Workforce Vision and development process. Engagement, awareness and interaction with NHS Borders Corporate Objectives are also a key within the session, with ideas and suggestions being used to shape the 2013/14 Corporate Objectives.

Draft LDP: 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 draft LDP was submitted to Scottish Government on Friday 15th February and we are now awaiting feedback prior to the final submission which is due on Friday 15th March. The Community Partnership Planning section of the LDP is in draft format and is currently being reviewed by each of the Clinical Boards. The draft version will be presented at Strategy Group on 14th March and also circulated to Board members for comment. The draft is to be submitted to the Scottish Government by 2nd April 2013.

Margaret Kerr Unit: The construction of the Margaret Kerr Unit and refurbishment of the Stroke Unit began in April 2012. A Project Team worked with the construction partner, BAM Construction to oversee the build and this included representation from the Palliative Care and Stroke Clinicians as well as the Operational Manager. The new unit and refurbished area was handed over to NHS Borders according to schedule on the 23rd of November 2012.

Following completion of the build, the commissioned artwork was installed within the Margaret Kerr Unit and further snagging of some building defects commenced. Two open days were also held during December for members of the public and staff to visit the new facility. Both days were well attended and feedback was extremely positive. Furniture and equipment was also delivered to the new Unit during this period in preparation for the Unit becoming operational. Recruitment for additional nursing staff as agreed in the Business Case was also completed.

In late December the milestone of raising the final £1 million through the public fundraising appeal was achieved which was ahead of schedule.

The new Unit become operational on the 7th of January with existing patients moving down from Ward 14. An Operational Group was established during the Project to oversee operational processes and following a short break this group is being reconvened to develop and agree processes going forward. The list of snagging items continues to be addressed and Estates and the Ward Manager have agreed a process for reporting and addressing any issues. Estates and BAM Construction are actively addressing an issue with the heating in the Margaret Kerr Unit with this being a priority issue. As well as this project being delivered on time, although the final construction statement is to be received,

early indications are that the project has come in below the target guaranteed maximum price.

An exercise to capture lessons learnt along with benefits is to be conducted by the Project Manager, Susan Yates before the final Project Board takes place in April 2013.

Director of Nursing & Midwifery

Nursing and Midwifery Workforce and Workload Planning (NMWWP): within the Local Delivery Plan Guidance (LDP, 2012) the use of the national suite of NMWWP tools was described as 'mandatory'. As the chair of the national steering group Evelyn Fleck is leading discussions on what this mean in practice for NHS Boards and the likely impact for NHS Borders. It is proposed that the focus will be on Boards providing assurance within their LDP that where available tools have been used by managers and senior nurses in agreeing establishments and considering workforce planning projections for the future. Emphasis will be made on the necessity of evidencing a triangulated approach that includes the use of quantitative data, professional judgement, clinical quality indicators and the need to provide cost effective, efficient services.

Edinburgh Napier University (ENU): Within the context of joint partnership working, Modernising Nursing Careers and NHS Education for Scotland Clinical Education and Research Careers, two meetings have been held between Edinburgh Napier University and NHS Borders to develop a joint strategic approach to Clinical Academic Careers. This work will take recognition of the wider strategic objectives of Edinburgh Napier University and NHS Borders, the Quality Strategy (SGHD 2010) and the three Quality Ambitions. The ultimate goal is to have a Clinical Academic Career infrastructure in place during the 5 year period 2013-2018.

Dr Jayne Donaldson, Head of School of Nursing Midwifery and Social Care, ENU has been appointed by NHS Borders as Honorary Doctor of Nursing & Midwifery Studies.

Supervisory Role of the Senior Charge Nurse (SCN): Currently within NHS Borders SCN's have an allocated allowance of 7.5 hours per week to undertake what is termed 'management' duties. The remainder of the time they are involved in the direct delivery of patient care. Leading Better Care (2004) supports a position of SCN's operating in a supervisory capacity. What this means in practice is that they should not be office-bound or expected to double up, except in emergencies as part of the nursing provision on the ward. However, they should know about every patients care plan on their ward. They should make themselves visible to patients and staff, be available to discuss concerns with all, including relatives. They should work alongside staff as a role model and mentor, ensuring the setting of and adherence to clinical standards, development of clinical competencies and leadership skills within the team. As a consequence of being supervisory they are in a strong position to monitor performance, deliver training and/or feedback as appropriate, including ensuring robust annual appraisal for all staff. A pilot project is under way in 4 wards within NHS Borders to assess the impact of supporting senior charge nurses to be supervisory in their role and to evaluate added benefits in the quality of patient care delivery. The pilot Project will report to the Clinical Strategy Group in March 2013.

HEI Report: On 20 February 2013 The Healthcare Environment Inspectorate (HEI) issued a report following an unannounced visit to the Borders General Hospital in December 2012.

We welcome this report. Overall the Inspection Team has found evidence that NHS Borders has worked hard to improve our compliance with NHS QIS HAI Standards to protect, patients, staff and visitors.

Since the previous HEI report issued in 2011, it is clear that further progress has been made within the BGH and we are continuing to improve our policies and practices. This latest report is a testament to the continued effort staff put in to making important improvements to the healthcare environment of our patients.

Patient Safety is our number one priority and we have shown we are committed to providing high standards of care, cleanliness and hygiene to minimise the risk of healthcare associated infection.

We already have an action plan in place to ensure we implement the recommendations set out in the report and a number of those actions.

NHS Borders is runner-up in national midwifery awards: NHS Borders was named runner-up for the Pampers Award for Excellence in Postnatal and Neonatal Care at the prestigious Royal College of Midwives (RCM) Awards which took place in London recently.

This was a fantastic achievement against a backdrop of a record number of entries this year. NHS Borders was also the only health board in Scotland to have been short listed for an RCM award this year across any category. Our congratulations go to the Midwifery and Child Health Team for this achievement.

This achievement recognises the significant work NHS Borders has undertaken to improve the service it offers to newborns and their parents.

A national examination of the Newborn Course for Midwives was launched in 2004 and NHS Borders took the opportunity to fully engage with this to ensure that midwives and neonatal nurses could perform newborn examinations and provide a holistic service to families. Historically, this examination was carried out by paediatricians, but women often had to wait until the evening before this could be done and they could be discharged home. Now parents in Borders no longer have to wait on the 'on-call' paediatrician to examine their baby prior to discharge.

We have developed our service in line with the Best Practice Statement and have a warm, well lit room facilitating an environment which enables a thorough examination of babies. Mums are encouraged to be present during this examination, as are dads. This gives parents a great opportunity to have some time alone with the midwife or neonatal nurse and ask any questions they may have. Taking the examination away from the bedside avoids other noise and distraction and allows the parents some privacy.

Nearly all newborn examinations are now carried out by midwives and neonatal nurses. This has enabled us to provide a more seamless, holistic, family focused service. The feedback from parents is very positive and reduces any delays in parents taking their baby home. It has also enabled us to make better use of our resources in relation to staff and the facilities.

Chief Operating Officer

Transforming Outpatient Services: Extensive work has been undertaken across NHS Scotland to redesign outpatient services to deliver the HEAT targets / standards aimed at producing better access and a better experience for patients.

To meet the challenge of delivery on NHS Scotland Quality Ambitions while acknowledging the concept of economic restraints and growing demand on services, a Transforming Outpatient Services Delivery Group was set up In June 2012. The aim of the group is to support NHS Scotland Boards to think differently about how to deliver outpatient services and collaborate in innovation, understanding variation, defining best practice models and to adopt / spread the following goals:

- Reduce new appointments by at least 10% (estimated to yield £16.9m)
- Reduce unwarranted follow up appointments; achieve Scotland upper quartile follow up (estimates between £47 and £122m, to be refined)
- Improve outpatient utilisation to avoid cost (to be defined locally)
- Track the resultant costs and benefits (local and national)

Two meetings have been held so far, which the Chief Operating Officer and an Operational Manager from the BGH attended, to set up the group and establish terms of reference and 2020 vision timelines.

Area Sterilisation & Decontamination Unit: On Friday 1st February, the Area Sterilisation & Decontamination Unit (ASDU) at the Borders General Hospital was on alert to a potential issue with some of the sterilised trays of surgical instruments. While checking instruments prior to using them, staff noticed that some of the instruments had moisture/residue on them which would not normally be there. These trays were returned to the ASDU where further checks were carried out. As a precaution, some procedures were cancelled until the problem was resolved. The Area Sterilisation & Decontamination Unit is an accredited facility which supplies sterile equipment to NHS Borders facilities. The Unit is required to meet strict standards of operation and is monitored closely both locally and by Health Facilities Scotland (HFS).

ASDU worked very closely with the NHS Borders Infection Control Team and Health Facilities Scotland in order to ascertain the source of the moisture/residue and whether or not it posed any risk to patients. On Friday 8th February approval was given by HFS for ASDU to resume processing.

The cause of the issue was the mix of tray wraps in use and the lubricating oil, and HFS confirmed that the moisture posed no risk to patients.

Audit Scotland – National Audit Report on the Management of NHS Waiting Times: Alongside the recent internal audit of the Management of Waiting Times within NHS Borders carried out by PriceWaterhouseCoopers, a separate National audit was carried out by Audit Scotland. This report, which looked at the Management of Patients on all NHS waiting lists, was published on 21st February 2013.

While all actions from the internal audit report are being regularly monitored, the Waiting Times Team are meeting regularly to further develop the Waiting Times action plan based on best practice outlined within the national audit report.

AHP Update: The National MSK Team visited NHS Borders on Friday 1st March 2013 and gave a presentation of the work currently being undertaken on MSK redesign, including NHS 24 access to MSK services. The focus of the project is timely patient access to MSK services and the purpose of the visit is to share the national perspective & context of the redesign programme, the progress in the pilot boards, and tools and tips and to help us move forward in NHS Borders.

The Physiotherapy and Occupational Therapy Departments have now successfully moved into the NHS Borders Rehabilitation Unit as part of the wider Outpatient Department Redesign Project. Alongside this, the review of the Hydrotherapy Service is ongoing with active public and patient involvement, and an options appraisal aims to present to the Strategy & Performance Committee on 4th April 2013.

The Chief Operating Officer has been the Sponsor of the Soft Casting Project, initiated from the Action 100 event. The Podiatrist leading the project has had an article published in the national Journal of Wound Care.

Five AHP's from NHS Borders have been awarded a place on a national "Delivering for Excellence" leadership programme, sponsored by NES and NHS Lothian, focussing on leadership for quality & service improvement.

Director of Estates & Facilities

Additional Capital Allocation from Scottish Government – Update:

Huntlyburn House: Following commencement of the major refurbishment works within Zone 2, on Monday 7th January rapid progress has been made in facilitating all enabling works with a programme scheduled for completion by 31st May 2013. The decant of all patient care from the Huntlyburn House site to Crumhaugh, Hawick has proven to be very successful, albeit such temporary occupation will delay the potential for property disposal until mid Summer 2013 at earliest.

BGH Out Patients: As previously advised the commencement date on this project was delayed by 3 weeks allowing an intensive piece of work to be undertaken within the former Ward 10, now redesignated as a Rehabilitation Unit. The successful completion of this enabling works has permitted the decant of the accommodation within the Ground Floor which is presently being reconfigured as a first phase of Ground Floor Out Patient Services within the Hospital with completion during July 2013.

Ward 6 Bed Surge Capacity Project: Accelerated design development work in conjunction with a BGH Management led Project Team has resulted in commencement on the planned 8 bed extension, 25th February, above the Lindean Unit, which has been temporarily decanted to Galavale Hospital. At developmental stage in conjunction with User departments is a plan to integrate the utilities services within the extension to main supply lines, this through necessity will result in an interruption to patient services during June, yet to be confirmed.

Scottish Ambulance Service Appeal against Planning Refusal for Development of New Ambulance Station within the Grounds of Borders General Hospital: The SAS Project Team has confirmed an appeal has been lodged with Scottish Government, on 25th January. The "Reporter" has 3 months following submission to consider this case, as a result it is unlikely that any development plans can be taken forward for both the

Ambulance Station and Roxburgh Street proposed Health Centre prior to May this year, this assuming a successful outturn from appeal process.

Central Energy Efficiency Fund Progress Update: The current year CEEF allocation of £388,910 is on programme for full commitment. The allocation covers a number of minor investments but also a more substantial project is included for the installation of Photovoltaic Panels on the roof of Borders General Hospital above Wards 7, 8 and 9, all scheduled for progress during the month of March.

Director of Public Health

Health improvement and people with learning disabilities: Project funding has been secured through the Scottish Government Learning Disabilities Health Inequalities Fund for local work led by the Learning Disability Service and the Joint Health Improvement team, with third sector partners.

Sexual health and relationships: This project aims to improve access for people with learning disabilities to appropriate resources and information, in order to support decision making and give greater control over choices about relationships and sexual health.

Carers and staff will have opportunity to develop their awareness and knowledge of rights of the individuals they support. The project will promote a cohesive, values based approach for people with learning disabilities, families, provider organisations and LD and NHS staff.

A Healthier Me...: his project is being developed and delivered in partnership with Brothers of Charity. The work aims to raise awareness of health improvement among adults with a learning disability and their carers and family members and promote more streamlined approaches to weight management and physical activity in particular. The project will use tried and tested principles of health behaviour change, adapted for this client group, to implement changes in life style within a range of settings. This partnership approach will ensure that health improvement practice can be embedded within the services that people use routinely and can be sustained.

Suicide prevention: Following a useful stakeholder consultation event in Nov 2012, a new multiagency Steering Group is being established under the leadership of the Joint Health Improvement team to co-ordinate action planning on suicide prevention in Scottish Borders. The Steering Group includes representation from the third sector, the police including British Transport Police, mental health services, and education services. a key focus will be to align the local action plan with the new national strategy on suicide prevention, to be issued later in 2013.

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			