

**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**

**Intensive Support Service for people with LD and Forensic Needs: Visit 08.01.13:** The Richmond Fellowship, provide supported living for 3 people living in a core and cluster model who all returned to the Scottish Borders from out of area hospital resources. A small LD Forensic Clinical team has been developed to support these and other people in the Borders, including Consultant Forensic Psychiatry and Consultant Forensic Psychology time.

A second phase of the Intensive Support Service will be located in Galashiels consisting of a new build of 4 flats with the Richmond Fellowship providing the Intensive Support.

**NAG Breast & Cervical Screening:** The Breast & Cervical Screening Review Report was discussed by the National Advisory Group on 12 December 2012. The key sections of the report related to:-

### **Drivers for Change**

- Supporting a digital service
- Clinical rationale for retaining assessment within six centres
- The benefits of co-location
- A localised surgical service

### **Proposed Service Configuration**

- Retention of current screening centres and boundaries
- Summary of proposals received within key themes
- Detailed cost/benefit analysis of each proposal

### **Quality Assurance**

- Maintaining staff competencies
- Medical physics
- Requirements for fleet sharing
- Input from QA Leads

### **Sustainable Staffing Model**

- Succession planning
- Analysis of impact of proposals on staff groups
- Training needs analysis

The report would now be submitted to the National Planning Forum for consideration along with the consultation documents. In relation to quality assurance there was a need for further input from clinical staff and Dr Dobson, Chair of the Quality Assurance Reference Committee (QARC) would provide this assurance.

**NHS Scotland Preparing for Emergencies Guidance Working Group:** At the last meeting members received a Project Highlight Report which noted that progress was on track. All workstreams groups had met and specialists had been involved where required. No significant risks had been highlighted at that stage. In terms of next steps, the Board Chief Executives' were provided with an update at their Business meeting held in December.

Whilst a full draft of the guidance had not yet been circulated the majority of the guidance sections were now complete and undertaking a final review.

**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
21.11.12	PCA(P)(2012)18	Community Pharmacy Services: Drug Tariff Changes - Phasing Payment (Cms)
22.11.12	PCA (M) (2012) 13	General Medical Services Statement Of Financial Entitlement For 2012-13
23.11.12	PCA (D) (2012) 4	General Dental Services - Amendment No 122 To The Statement Of Dental Remuneration
23.11.12	PCA (D) 2012 5	General Dental Services - Revised Scottish Dental Access Initiative
27.11.12	PCA(P)(2012)19	Additional Pharmaceutical Services: Chronic Medication Service: High Risk And New Medicine Intervention Support Tools For The Pharmacy Care Record
29.11.12	PCA (P) (2012) 17	Esp Circular November 2012
17.12.12	PCA(D)(2012)6	General Dental Services - Introduction Of Tooth Specific Information
20.12.12	CEL 39 (2012)	A New Look At Hall 4, The Early Years, Good Health For Every Child - 27-30 Month Review
21.12.12	03 / 2012	Midwives Rules & Standards
08.01.13	PCA(P)(2013) 2	Pharmaceutical Services: Drug Tariff Amendment Phasing Payment (Cms) Eligibility

### **Director of Nursing & Midwifery**

**Delivering for Care and Quality:** The first meeting of a new Delivering for Care and Quality group for Nursing Midwives & Allied Health Professions (NMAHPs) is due to meet in January 2013. The purpose of the group is to provide effective clinical leadership through NMAHPs to support the Board to deliver safe, effective and person centred care within the national frameworks and drivers of Leading Better Care, Releasing Time to Care, the Quality Strategy NMAHP Councils, Effective Practitioner, the Advisory Board International and other national initiatives as directed by the Director of Nursing and Midwifery (DoNaM) and the Chief Nursing Officer for Scotland. Replacing a range of forums including Leading Better Care Steering Group and Nursing & Midwifery Workforce

& Workload Planning Group the group will be chaired by the Associate Director of Nursing – P&CS and will provide a forum to:

- Provide clinical leadership to NMAHPs to ensure effective local implementation of national and local programmes of work to deliver safe, effective and person centred care across NHS Borders.
- Ensure the effective delivery of Leading Better Care and Releasing Time to Care across clinical areas in NHS Borders.
- Define a vision and strategy to ensure continuous professional development of NMAHPs within robust competency frameworks and in line with the career development framework
- Provide feedback to the DoNaM to ensure NMAHPs are represented and can effectively influence decision making at NHS Board level
- Provide a forum to share ongoing work and developments as generated through the three NMAHP Quality Councils
- Provide a forum to generate ideas for developments and opportunities for improvement across the NMAHP workforce to enhance quality of care across the organisation
- Assess the impact of any proposed changes or developments both locally and nationally and consider how best to support implementation within NHS Borders
- Support the work of BANMAC and influence local development of a robust clinical forum at all levels within the organization

The group will meet monthly and report directly to the DoNaM.

**Falls Update:** The latest element of the falls programme in NHS Borders is the implementation of the “*who picks up in the community*” protocol which went live in December 2012. This has been developed to ensure that people who have fallen in a community setting can access support to attend, assess and arrange appropriate management – lift up or transfer. This is a joint initiative developed with district nursing staff in collaboration with Scottish Borders Council, Bordercare services and the Red Cross as part of the National Falls Programme and Change Fund Project.

**Appointments: *Clinical Governance and Quality:*** Laura Jones has been appointed to the post of Head of Clinical Governance and Quality with effect from early February 2013. This is a secondment for 2 years to cover the post while Karen McNicoll is on secondment as Associate Director of AHPs. Laura is returning to NHS Borders from the Scottish Government after 4½ years where she is the National Lead for Acute Flow and Capacity Management.

***Infection Control:*** Colin Redmond has been appointed to the post of Infection Control Manager in NHS Borders with effect from 14<sup>th</sup> January 2013. This is a secondment for one year to cover the post while Sam Whiting is on secondment to the post of Clinical Locality Manager in Primary & Community Services. Colin is presently employed as a Principal Spinal Physiotherapist.

**HEI Unannounced Inspection:** An unannounced inspection from Health Improvement Scotland (HIS) took place at Borders General Hospital on 12<sup>th</sup> December 2012. The main items to note in the feedback received are that the Healthcare Environment Inspectors (HEI) noted on-going improvement. The final report will be published by HIS on 20 February 2013. We will have the opportunity to check it for factual accuracy prior to publication.

**Nursing Internships:** Within NHS Scotland nursing students who graduate and are not successful in securing permanent positions are offered a 1 year internship. These internships, until now have been funded by the Scottish Government and the nurses are supernumerary, completing a programme of ongoing development and education that would be expected to be completed by all newly qualified nurses. We have been advised that funding from the Scottish Government will not be available from April 2013. In considering the impact the NHS Borders plan at the moment is to appoint the 10 applicants to the bank for a given number of hours and ensure all training, flying start etc. is completed as normal. The interns will no longer be supernumerary during that time. In the meantime the Nursing Directors for Scotland are seeking clarification on funding from NES. A paper is being prepared that will give further information.

**Norovirus:** There continues to be high incidence of Norovirus across the UK. At the time of writing Borders General Hospital and some Care Homes continue to be affected by cases of Norovirus. The situation is being managed by the Infection Prevention and Control Team and Executive Team with support from frontline colleagues.

### **Director of Workforce & Planning**

**Cardiology:** The service has successfully recruited a new full time Cardiologist, who will commence in March 2013. The cardiology service has been maintained by reliance on a succession of locums for over two years.

**Staff Governance:** NHS Boards will shortly be issued with the revised Monitoring Framework being introduced to support implementation of the 4<sup>th</sup> edition of the Staff Governance Standard for NHSScotland. The 4<sup>th</sup> edition of the Staff Governance Standard, was published on 21 June 2012 and reflects the Quality Strategy and the 20:20 vision strategic narrative. The new Standard It recognises the importance of a motivated and engaged workforce, with the necessary knowledge and skills, to deliver high quality, person-centred, safe and effective patient care. At a local level the monitoring process will be service led with Staff Governance Champions from each clinical board and the LPF Chair taking a lead in devising action plans to progress the standard.

**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 20/20 workforce vision and the impact of health and social care integration.

**Margaret Kerr & Stroke Unit:** Following handover of the new Margaret Kerr Unit and refurbished Stroke Unit from BAM Construction at the end of November 2012, December saw the arrival of furniture and equipment and the installation of 6 pieces of commissioned artwork within the new Unit, co-ordinated by the Project Manager. Two open days were held where members of the public, stakeholders and staff could tour the unit and feedback from both groups during these events was extremely positive. On Sunday 6th January 2013, patients moved into the Margaret Kerr & Stroke Unit from Ward 14 with the Units being fully operational from Monday 7th January. Over the Christmas period, there were various articles in the local press with internal shots of the new Unit and this also highlighted the major milestone that the public fundraising appeal has reached the £1 million mark.

**Sector Based Academy approach to Employability:** The Workforce and Planning Directorate are working with Job Centre Plus, Borders College and Skills Development Scotland to establish a Sector Based Academy approach to Employability in 2013 to support the 20/20 Workforce Vision and the NHS Borders Workforce Plan 2012/15.

We will utilise elements of the successful We Care pre employment programme and transfer to the 6 week Train for Work Programme for Care. Train for Work will be offered for groups of 12 and training delivery will be a NHS Borders/ Borders College collaboration. The aim is to offer Modern apprenticeships as an element of the Sector Based Academy.

We are currently offering 6 places on the Get Ready for Work Programme which aims to facilitate 16-19 year olds access suitable employment. A 16 year old has commenced within Cauldshiels/Lindean on 7th January 2013 as an Activity Support worker.

We are also exploring opportunities for estates workers, admin, porters and domestic staff.

**Argyll Mobicare and PMAV:** The Argyll Mobicare system now has 446 staff recorded on the system, a number of 'Toolbox' talks have taken place which has resulted in staff having a clearer understanding of their responsibilities to Personal Safety and has also resulted in increased requests for PMAV Level Two training, this will be taken into account when planning the 2013/2014 PMAV training programme. The 'Toolbox' talks are continuing through 2013.

PMAV are pleased to report 979 practical training bookings were received for the nine month period April to December 2012 which is 95% of places offered, however these only achieved a 65% attendance rate. PMAV continue to encourage Managers to release staff booked on training to ensure consistency with patient and staff safety and ensure maximum efficiency of training places.

### **Director of Finance**

**2012/13: Revenue:** The finance team and Director of Efficiency are continuing to work closely with clinical boards and services on the revenue position and the delivery of the efficiency target as set in the financial plan at the start of the year. This work gives NHS Borders assurance that the 2012/13 year-end financial position will be achieved.

The External Auditors presented their audit plan for 2012/13 to the Audit Committee. A pre-meeting took place in early December and the interim visit will commence on the 9<sup>th</sup> January 2013.

**Capital:** An updated capital plan will be presented to the January meeting. Input to the delivery of the capital plan over the remaining months of the financial year will be a major priority for the department and critical to the delivery of the challenging capital programme.

**2013/14:** The draft budget was presented to the Scottish Parliament on the 20<sup>th</sup> September 2012 outlining the proposed financial settlement for the 2013/14 and 2014/15. This will be subject to scrutiny before the budget is finalised early in the new calendar year.

Work is progressing on finalising a draft financial plan for 2013/14 onwards. A detailed session with the Board on the financial plan is scheduled for early in the new calendar year.

**Other:** The finance directorate has been preparing for its attendance at productivity and benchmarking in January. Staff and partnership have been fully engaged in the proposal that will be finalised in the next few weeks.

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

**Additional Capital Allocation for Scottish Government Update:** Following rapid development of enabling works projects which will address patient safety issues for in-patient services at Huntlyburn House and improved out-patient and rehabilitation services at Borders General Hospital, contract works with Principal and Main Contractors will commence on Monday 7<sup>th</sup> January and Monday 21<sup>st</sup> January on Huntlyburn and BGH projects respectively. In addition to the reconfiguration of Out Patient Services within the Ground Floor, an intensive enabling works contract will be undertaken within the former Ward 10, reconfiguring this accommodation to suit rehabilitation services during the period 14<sup>th</sup> January to 2<sup>nd</sup> February.

The development of bed surge capacity within an annexe adjacent to Ward 6 is presently at briefing stage but it is hoped that by the end of January works may commence on this facility which will be constructed above the current Lindean Unit to the rear of the BGH.

### **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 April 2012, NHS Borders performance has been as follows:

<b>Month</b>	<b>Performance %</b>
April	93
May	97
June	99
July	97
August	98
September	97
October	98
November	95
December	94

During the Easter weekend of Friday 6<sup>th</sup> April to Monday 9<sup>th</sup> April 2012 there were 44 breaches of the 4 hour access standard; the majority of these breaches taking place the Saturday and Sunday. As a result of this the Chief Operating Officer commissioned the BGH Clinical Chair to undertake a Critical Incident Review to: review the performance in relation to the standard over this particular weekend; identify the contributory factors to the Emergency Access performance failure over the period 06 April to 09 April 2012 inclusive; identify the organisational, procedural and attitudinal or cultural aspects during that period

that levered the poor performance; and identify solutions in order to improve organisational resilience and core systemic strength. The Critical Incident Review Final Report highlighted a number of recommendations and was presented at BET in June 2012 and this work continues to move forward.

Performance in November and December 2012 has shown a downward trend with Norovirus and Winter itself, which is always challenging. Full focus is being given to this key target, however challenges may continue.

Additionally, 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 immediately, are being scrutinised at a senior level daily.

**Dementia:** NHS Borders continues to work towards achieving the original target of diagnosing and subsequently registering people with Dementia, which is set at 995. Overall, performance is on an upward trajectory as illustrated in the mid year performance report presented to the Board last month. Performance at 1<sup>st</sup> January 2013 is 946 (compared to performance of 878 at 6<sup>th</sup> January 2012); this shows a reduction of 9 since 1<sup>st</sup> December 2012.

A wide spectrum of work has taken place during the last year to promote performance, including:

- An intensive piece of work (undertaken during Spring 2012) where resident and case lists of care homes and community nursing teams were trawled to identify people with possible dementia.
- A piece of remedial work to scan Primary Care practice records to identify people who may have dementia or where this determination had been made.
- Benchmarking and analysis against the MH Collaborative Dementia Toolkit.
- Review of core target methodology to consider whether Borders would be additionally challenged in achievement due to demography
- A study of the diagnosis of dementia, which demonstrated that diagnosis of dementia is undertaken robustly in the Borders.

The Government has retained the HEAT Target as a HEAT Standard for Scotland. The expectation is then, in line with similar target migrations, that performance will be maintained and extended.

Key next steps for NHS Borders are to commission an independent review and objective assessment of our approach to early identification of dementia in the Borders; to assess and agree a roll-out of the early memory assessment model; and to issue social marketing information to households across the Borders to further a broader understanding and awareness of dementia and how it can be supported.

### **Joint Director of Public Health**

**Major Developments to Immunisation programmes in Scotland: planning for change during 2013/14:** The Scottish Government has asked Scottish Boards to prepare to implement the recommendations from the expert scientific advisory group on immunisation (the JCVI) which will affect the childhood, adolescent and adult immunisation programmes. In particular,

- Extending the seasonal flu immunisation programme to all children and young people aged 2-16 years
- Adding Rotavirus immunisation to the universal infant programme
- Introducing Herpes Zoster (shingles) vaccine for all those aged 70 years, with a catch-up for 70-79 years
- Offering Meningococcal C vaccine to adolescents (1dose) with a concomitant decrease in the number of doses offered to infants from two to one as well as offering a Meningococcal C booster to those entering further education establishments.

A National Delivery Group has been established to coordinate the introduction of these vaccines and discussions are currently ongoing with the Scottish GP Committee over the role of primary care in these developments.

There are a number of uncertainties including:

- proposed vaccine funding arrangements
- delivery model for vaccine programmes i.e. Board staff v primary care staff delivery
- Scottish Government contribution to vaccine and delivery costs
- timing of the introduction of programme changes

It is unclear at the moment what costs will fall on the NHS Borders Board during 2013/14 and in future years. Scottish Government hope to provide guidance on this issue by the end of February. These developments will be taken forward by the Borders Vaccination and Immunisation Committee.

**Safe Effective Quality Occupational Health Service Standards:** In support of the organisational objectives on Performance & Delivery and Structure & Processes the OHS has registered for quality accreditation for the OH service via the Safe Effective Quality Occupational Health Service (SEQOHS) standards, see <http://www.seqohs.org/>

The SEQOHS Accreditation Scheme ensures, through regular monitoring, that required standards are maintained by all accredited OH Services. Assessment for accreditation is made against the SEQOHS Standards, which were developed by the Faculty of Occupational Medicine in collaboration with a multi-agency, multi-disciplinary stakeholder group.

This is a two stage process likely to take 2 years from start to finish with on-going annual renewal and a full reaccreditation assessment on the five year anniversary of accreditation.

Accreditation will assure NHS Borders that the OHS is operating to a quality standard that supports a person centred approach to staff health and the staff experience. Updates will be provided to the organisation via the OH&S Forum, the APF and Staff Governance Committee.

**Learning Disabilities and Health Improvement:** NHS Borders has secured funding from the Scottish Government Learning Disability Health Inequalities Fund for project work in two areas:

Sexual health: people with learning disabilities will be supported to have more control and choice about personal relationships and will be less vulnerable to exploitation. The project



will improve access to information for people with learning disabilities and promote awareness and understanding among carers and staff of the rights of people with learning disabilities.

Healthy weight: people with learning disabilities will be supported in healthy lifestyle changes through training, awareness raising and behaviour change activities targeted at carers, staff and people with learning disabilities.

**Working with Partners to Reduce Reoffending:** PH staff have been working with colleagues in SBC and Lothian & Borders Community Justice Authority over 2012 to improve local arrangements and services that contribute to reducing reoffending. These have included discussing and responding to the findings of a recent health needs assessment of local offenders, convening a local Scottish Borders Community Justice Group to improve local coordination of services, collaborating with colleagues in Lothian about a potential reducing reoffending change fund bid for prolific offenders, and considering the Angiolini Commission recommendations on women offenders. The latter also recommended a review of the community justice structures in Scotland - this has started and may eventually lead to changes in the CJA structures across Scotland.

### 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

Name	Designation	Name	Designation
Calum Campbell	Chief Executive		

### Author(s)

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