BOARDS

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

Samsung: A series of constructive meetings were held with Samsung, Cisco, NHS 24 and NHS Borders during July. The organisation is currently working up two new pathways for, non stemi for heart disease and pre surgical assessment.

SEAT: I have been appointed as Chair of SEAT for the next 3 years and look forward to ensuring robust cost effective regional services are available in partnership with all member Boards of SEAT.

RCAG: I have been appointed as the Chair of RCAG for the next 3 years.

National Neurological Advisory Group: I have been appointed as the Board Chief Executive Representative on the national neurological advisory group.

NHS Lothian: Tim Davison has now been formally appointed as the Chief Executive of NHS Lothian and I look forward to working in partnership with him on a range of national and regional services.

Executive Directors: Dr Sheena MacDonald, Medical Director and Evelyn Fleck, Director of Nursing & Midwifery took up their posts on 30 July 2012 and 1 August 2012 respectively.

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

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Circular Number</th>
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<tr>
<td>25.06.12</td>
<td>CEL (2012) 22</td>
<td>Staff Governance Standard</td>
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<td>27.06.12</td>
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<td>Human Resource Aspects Of Foundation Training</td>
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<td>PCA (P) (2012) 11</td>
<td>Pharmaceutical Services: Amendment To Annex A: Discount Clawback Scale For Proprietary Drugs.</td>
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<td>29.06.12</td>
<td>CEL (2012) 23</td>
<td>Medical Devices - Metal On Metal Hip Replacements - Monitoring Arrangements</td>
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<td>11.07.12</td>
<td>CEL (2012) 26</td>
<td>Gender Reassignment Protocol</td>
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<td>12.07.12</td>
<td>PCA (P) (2012) 12</td>
<td>Community Pharmacy Contract: Infrastructure Support - Staff Training</td>
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<td>17.07.12</td>
<td>CEL (2012) 29</td>
<td>Managed Clinical Networks - Supporting And Delivering The Healthcare Quality Strategy</td>
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<td>01.08.12</td>
<td>CEL (2012) 31</td>
<td>A Guide To Appraisal For Medical Revalidation</td>
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<td>03.08.12</td>
<td>CEL (2012) 30</td>
<td>Guidance For The Safe Delivery Of Systematic Anti-Cancer Therapy</td>
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<td>06.08.12</td>
<td>CEL (2012) 27</td>
<td>Ahps As Agents Of Change In Health And Social Care - The National Delivery Plan For The Allied Health Professions In Scotland, 2012 - 2015</td>
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<td>07.08.12</td>
<td>PCA (o) (2012) 4</td>
<td>General Ophthalmic Services</td>
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<td>CEL (2012) 32</td>
<td>Patients Rights (Scotland) Act 2011 – Treatment Time Guarantee Guidance</td>
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<td>08.08.12</td>
<td>CEL (2012) 33</td>
<td>Delivering Waiting Times</td>
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**Director of Finance**

**2011/12:** NHS Borders Annual Accounts for 2011/12 were approved by the Board at the meeting on the 28th June 2012. The accounts have been submitted to the Scottish Government and will be presented before Parliament in the near future. As a result the Directorate can fully focus on financial year 2012/13 with only the cost accounts for 2011/12 required to be produced over the summer months.

**2012/13:** Revenue: Communication across the organisation on the financial challenges it faces is ongoing with presentations to and discussions with key groups being undertaken.

Key to the financial plan for 2012/13 is achieving the savings target of £5.9m via the Efficiency Programme. The Director of Efficiency is working closely with key managers and groups monitoring the individual schemes within the programme. This is being undertaken through the Aspyre project management system which has been rolled out across the efficiency programme over the last few months. Further schemes within the programme for 2012/13 and onwards continue to be finalised and agreed by the Strategy Board.

The Financial Management section is working with budget managers to produce year-end forecasts now that in the majority of expenditure areas three months data is available. This will allow NHS Borders to have assurance on the 2012/13 year-end financial position. Clinical Boards will be monitored on the forecasts on a monthly basis throughout the year.

Looking forward discussions are being progressed on building the efficiency programme for 2013/14 onwards. Due to the lead time of potential schemes early planning is critical to successful delivery.

**Capital:** The main area of capital spend to date has been the schemes which carried forward from last financial year. A draft capital plan was presented to the Strategy Board in July. Discussions are ongoing regarding the proceeds from a property earmarked for sale last financial year but due to conditions placed on the sale could not be finalised until
April 2012. SGHD have advised that no decision on the retention of sale proceeds will be made until September. Work is ongoing in respect of Lauder Health Centre where Stage 1 Approval as part of the South East Hubco Partnering Agreement has now been finalised.

**Other:** The Directorate continues to work to improve efficiency internally. The finance directorate has been advised that a date in November has been set for their attendance at Productivity and Benchmarking and work has begun in preparation for this review.

NHS Borders has input into the NHS Scotland review of endowments. It is anticipated that a draft report for comment will be available in August. The finalised report will be considered by the Endowment Committee in the autumn.

**Chief Operating Officer**

**Teviot Update:** Throughout June 2012, Hawick Community Hospital accommodated all patient transfers planned for this area. As a consequence of this and the successful discharge / transfer of all patients from Teviot Bank, the reconfigured 23 bed ward within Hawick Community Hospital became effective from 28 June 2012. The management of staff transfers and redeployment continues as agreed by the Redesign Steering Group and the process will be complete by the end of August 2012.

**Wilton View:** The service is now fully focused on further development of the new service model to provide enhanced support and intervention in the community, an increased level of liaison and advisory input into the care home sector as well as improved staffing within Melburn Lodge which is now the single locus for complex ongoing inpatient care for older adults with mental health needs.

Primary & Community Services, Mental Health, Estates and General Services continue to work together to carry out work relating to security and decommissioning the ward facility.

**Dementia Update:** At the end of July 2012, the number of patients on the Dementia Register is 957 against the target of 995.

A meeting was held on Thursday 5th July 2012 where the Head of the Mental Health Division of the Scottish Executive Health Department was invited by NHS Borders to discuss and explore additional approaches and actions towards target achievement. This was a positive meeting and a number of actions were agreed moving forward, including the planning of a Dementia Event in Autumn 2012 to promote broad clinical engagement moving forward.

**Work with Imperial College on Patient Flow / Action Effect Diagram:** The Chief Operating Officer was invited to become a member of the Management of Inpatient Capacity and Flow Short Life Working Group led by the Scottish Government, which brings together senior managers from NHS Scotland Health Boards to look at compliance with the Emergency Access Standard, share best practice and identify areas for development.

Since this group formed in February 2012, and with collaboration with the Imperial College in London, a piece of improvement work has been developed on the cause and effect of relationships in emergency care pathways. A small group from NHS Borders (consisting of the Chief Operating Officer, a Consultant Physician, Bed Manager and a Project Manager) met with the Programme Lead for Emergency Care Pathways from the Scottish
Physiotherapy: The Physiotherapy Department has, for the past 6 months, been working through an improvement programme targeted at treating all patients within a 9 week waiting times target.

Since the last update in December 2011, there has been a significant improvement in the numbers of patients waiting over 9 weeks for their first Physiotherapy appointment.

Demand and Capacity work highlighted that there was no set new and review appointments available in the clinics and the booking process wasn’t planned sufficiently in advance to highlight any potential problems. The Physiotherapy Department has been working to standardise diaries so there is set number of new and review slots each week, giving more opportunity to identify any problems in advance and take positive action to resolve.

Work is ongoing to free up more clinical time; diaries are being reviewed to optimise patient contact and to reduce any non-value adding activities. A pilot is also being planned on the booking of new outpatient appointments.

Older People In Acute Hospitals (OPAH) Inspection: The introduction of the Older People in Acute Hospitals inspections is aimed at raising the standard and quality of care given to older people in the acute setting.

Since October 2011, NHS Borders has been undertaking a series of improvements, such as unannounced inspections by the Board Executive Team (BET). The last inspection by BET on 12\(^{th}\) June 2012 has led to an intense period of improvement, and an agreement that over the summer period, the BGH has committed to releasing every Senior Charge Nurse for an extra day a week to deliver the changes that will make the BGH a high-quality environment for older people. All Senior Charge Nurses will have received their ward-specific report from the internal inspections.

In early June 2012, Health Improvement Scotland notified NHS Borders of an announced OPAH inspection of the Borders General Hospital, to be carried out on Tuesday 17\(^{th}\), Wednesday 18\(^{th}\) and Thursday 19\(^{th}\) July 2012.

The preparation for this inspection was led by the Senior Nurse in Child Health, with the support of the Senior Charge Nurses and staff across the site and, built on the improvements and inspections already carried out as mentioned above.

Formal verbal feedback was provided by the Inspectors on Thursday 19\(^{th}\) July 2012 and a draft formal report is expected on 8\(^{th}\) August 2012 for our verification of factual matters and the addition of our Action Plan, which will lead to publication of the final Report and Action Plan on 27\(^{th}\) August 2012.

Trans-Oesophageal Echoes (TOE’s) & Bronchoscopes: Historically TOE’s and Bronchoscope’s were performed on Ward 5 on a Monday afternoon. Bed pressure and emergency theatre activity often led to these being either delayed or cancelled.
An extended Endoscopy department was opened in the BGH in summer 2010, however the transfer of TOE’s and Bronchoscope’s to this unit had never been facilitated and they therefore remained on ward 5.

In late 2011, funding was identified and agreed for the transfer of TOE’s and Bronchoscope’s to the Endoscopy Department.

This new set up commenced on 9th January 2012 and has had the following effect:
- Only one cancellation of a bronchoscope due to flooding of the department and this patient was easily rescheduled for the following week.
- Reduction in waiting times for TOE’s has fallen from over 4 week to 2 weeks.
- A reported improvement in bed management within ward 5.
- The quality of care for patients has now improved due to patients being in an environment more suitable to the nature of their examination.

Ward View: NHS Borders is implementing Phase 1 of a project to introduce a customisable electronic interactive system (Ward View). This will replace the manual bed management white boards in all clinical wards. This system will provide clinical staff with the ability to more efficiently manage patient care and transfers, as well as providing additional visibility of Clinical Quality Indicators, patient/bed state issues, patient security requirements and status information.

Ward View will interact with NHS Borders existing electronic Patient Management System, and wards will be provided with interactive Touch Screens. The system will deliver a generic “ward view” design for the BGH and Community Hospitals, and will allow Clinicians to interact either by touch-screen, electronic whiteboard, PC, laptop, tablet or smart phone.

An initial pilot of this system is being undertaken in Wards 4 (Medical Assessment Unit) and 11 (Stroke and Palliative Care Unit) within the BGH.

Waiting Times: All NHS Boards in Scotland have been instructed to undertake an internal audit into the Management of Waiting Times by December 2012, as described to the Board on 17th May 2012. PriceWaterhouseCoopers has been commissioned to carry out the internal audit for NHS Borders, a project plan for which is expected imminently.

The Waiting Times Team are holding weekly meetings to support the audit.

Director of Nursing & Midwifery

Spiritual Care In NHS Borders: Ron Dick retires on 31st July as Chaplain for NHS Borders. We are current advertising for two Chaplains; one full time and one part time. They will be responsible for the delivery of appropriate spiritual, pastoral, and religious care to all patients, relatives, visitors, staff and volunteers, irrespective of faith/belief background. They will act as a link to local faith/belief groups, supporting and facilitating the care of their members while they are in healthcare. They will take a leading role in the continuing integration of spiritual care into healthcare provision through working as part of a multidisciplinary team providing holistic care and delivering training and support for staff and volunteers. They will also co-ordinate and develop appropriate and effective bereavement support in collaboration with other community agencies as well as within NHS Borders.
The Infection Control Team: Will shortly be interviewing for a 3rd Infection Control Nurse. This is a new role replacing the position of Hand Hygiene Coordinator. This post will improve the availability of infection control advice and cover to the Board whilst improving efficiency of the Infection Control service by removing the reliance on bank staff to provide service cover.

The NHS Scotland Event: 2012 was held at the SECC in Glasgow, 21st and 22nd June. NHS Borders had 7 posters accepted, displaying innovative improvements within a variety of areas. Following completion of the Institute of Healthcare Improvement, Improvement Advisor programme RN Kim Smith, Practice Development Lead was one of 3 staff from across Scotland asked to share her recent experience in delivering improvement science and quality improvement initiatives.

Older People In Acute Hospitals: Mairi Pollock, Associate Director of Nursing was influential in ensuring the nursing staff in the BGH were well prepared for the recent HIS OPAH inspection. Nursing staff put in significant effort in preparation for this inspection and we thank them for their professionalism and continuing engagement with the improvement programme. Evelyn Fleck, Director of Nursing and Midwifery Designate was present during the inspection to provide additional support and receive feedback from the Inspection team.

Family Nurse Partnership: We have been informed by the Scottish government that we have not been successful with our bid to host the FNP model. We have invited the FNP team to provide feedback on our bid. Nationally the plan is to implement the FNP model in 2014.

A National Person-Centred Health & Care Programme For Scotland: The Quality Alliance Board and Health & Social Care Management Board at Scottish Government have agreed to establish a ‘National Person-Centred Health & Care Programme’. The aim of this NHSScotland-wide programme is that by 2015 all relevant health and care services in Scotland are centred on people, evidenced through improvements in Care Experience, Staff Experience and Co-Production, and it is being led by and delivered in partnership with Healthcare Improvement Scotland (HIS) and other key stakeholders from within and across the public and 3rd sectors in Scotland. This will build on the successful approach adopted by the Scottish Patient Safety Programme in delivering improvement at scale and involves working closely with local quality improvement leads and local person-centred teams to champion and deliver change using a collaborative approach.

To help drive this programme forward, Scottish Government policy leads and the HIS Lead are meeting with key staff and colleagues in Health Board areas who have lead roles in driving forward improvements in person-centred health and care. The meeting with NHS Borders key staff will be taking place on Tuesday 21st August 2012. This includes those with a responsibility for delivering care in different settings, those with a responsibility for staff experience, Patient Focus Public Involvement (PFPI) leads, leads for health and social care integration, key 3rd sector partners, and relevant local authority partners. The meeting will provide the opportunity to hear about good person-centred practice, our ideas for improvement, provide further operational detail about the programme and provide a sense check for the national team moving forward. Karen McNicoll Head of Clinical Governance & Quality is leading on this.
Director of Workforce & Planning

Clinical Board Performance Reviews: The next round of Clinical Board Performance Reviews will commence on Monday 30th July reviewing performance during quarter 1 of 2012/13.

Implementation of Aspyre: An evaluation of the implementation of Aspyre project management system across the Efficiency Programme has been undertaken and the findings are to be presented to BET on the 31st of July.

Margaret Kerr Unit Project: The programme of construction both of the new build and refurbishment of existing ward area remains firmly on track. The interior design for the scheme has now been approved and work is now underway to select furniture and soft furnishings. Fundraising continues to make good progress. There has been a further significant funding award made recently and income from fundraising events continues to flow at a very satisfactory rate into the fund. The £500,000 milestone in the final million total has also been achieved.

NHS Borders wins funding for Estates and Facilities Demonstrator Project: In 2011, as part of the NHS Education for Scotland (NES) Admin Clerical and Support Services Programme, NES undertook a skills mapping project in partnership with four NHS Scotland Boards. The aim of this skills mapping was to identify transferrable skills which might be seen as core to all Facilities Management (FM) staff and how these skills differ between staff working at different levels. The project also explored how the skills identified might link to the NHS Knowledge & Skills Framework (KSF).

In order to test the benefits and limitations of the FM skills maps in relation to these activities, NHS Borders applied for and won funding to establish a demonstrator project. The aim of the project will be to:

- use the FM Skills Maps to support specific areas of work in Estates and Facilities (e.g. support for workforce planning and the redesign of services; support with job design, KSF PDP/PDR processes)
- work with NES to evaluate the effectiveness of the skills maps as tools in this process, identify any limitations and develop a small set of case studies.

The funding will allow NHS Borders to provide for a member of staff to directly support departments in Estates and Facilities during the key stages in workforce planning.

It is anticipated that NHS Borders Demonstrator projects will be delivered in a 12-month period from August 2012.

Director of Public Health

Alcohol and Drug Partnership:

- A review of the investment of ADP ring-fenced funding in order to achieve key strategic objectives has started.
- Local achievement of the HEAT A11 target and the Alcohol Brief Intervention standard are both exceeding the government trajectory in the first quarter of 2012-13.
• A partnership group has been working to develop evidence of alcohol related harm to support Licensing Board decision making. This work is undertaken on behalf of the Licensing Forum and includes membership of ADP Support Team, the A/E dept, Lothian and Borders Police, the Licensing Forum, Fire Service and the Ambulance Service. Data will be collected and then developed into a report for the Licensing Board which will help them to deliver on their Public Health function and over-provisioning responsibilities.

Volunteering for Health Improvement: An innovative project is underway in partnership with Volunteer Centre Borders to recruit and train community health volunteers to deliver healthy weight programmes in their communities. This is a pilot project that will be limited to two geographic localities to establish feasibility.

Seven breastfeeding peer support volunteers have been trained to work in groups and to offer one to one support and community based opportunities are being identified to take this work forward. The next stage will be to extend this approach to promote wider availability throughout Borders.

Men’s Health Improvement: The “My Main Man” programme aims to engage fathers / male carers and their children in outdoor activities for health. The programme for 2012 across all five Healthy Living Network (HLN) areas has been developed jointly by the HLN and Community Learning and Development in SBC. Match Fit is part of the suicide prevention programme and is specifically targeted at men with low mood. Outcomes for both programmes are being monitored to evaluate the impact on health and on learning.

Physical Activity Care Pathway - Feasibility Pilot: The Joint Health Improvement Team has expressed interest in participating in a national feasibility pilot to test a physical activity pathway in primary care. The pilot which has been developed by the Royal College of General Practitioners and NHS Health Scotland will deliver brief advice and brief interventions by healthcare professionals and develop pathways to community based exercise and a 12 week graduated walking programme. The pathway is been developed to target inactive patients as a form of primary prevention for chronic ill health conditions such as hypertension, high cholesterol, CVD, CHD, stroke, diabetes, colon cancer, breast cancer, dementia, depression and hip fractures.

Improving Health and Wellbeing in a Greenspace environment: Over the last year the Joint Health Improvement Team has been working closely with a number of organisations to improve the general health and wellbeing of people with mental health problems through participation in outdoor activities. This joint work with Borders Forest Trust, Forestry Commission, Borders Environmental Education Service and mental health services has seen the development of eco-therapy programmes. Clients take part in a variety of activities including health walks, environmental art, conservation, bushcraft skills and relaxation. Programmes run for 6-12 weeks for up to 10 people per programme and utilise the John Muir Award scheme to deliver the activities.

Smoking Cessation- HEAT 6 Target: March 2012 ended the first year of a 3 yr target for NHS Scotland “To deliver 80,000 successful quits (at 1 month), including 48,000 (55%) within the 40% most deprived within-Board SIMD areas over 3 years ending March 2014”.

For NHS Borders this equates to 1525 quitters over the 3 years with 838 (55%) from the most deprived areas; The target set by the Scottish Government for the first year (April 2011-March 2012) was to have 508 quits with 280 (55%) quitters from the 40% most
deprived SIMD areas. NHS Borders out-performed this target with total quitters of 857 and 474 (55.3%) from the most deprived areas. 857 is a considerable achievement representing 56.2% of the 3 year target and the success reflects efforts over the years to raise the profile of the Quit4Good Service through promotional activities and building on positive links within communities.

Public Health and Pharmacy are working together to review demand and capacity for smoking cessation support and consider options to target key groups including pregnant women and pre-operative patients.

Health Promoting Hospital Services: A key corporate objective for Public Health is implementation of the Health Promoting Hospital Services CEL 2012 (01) which is designed to maximise opportunities for delivering health promoting measures in acute, community and maternity hospital. This extends original actions included in a 2008 CEL and broadens the scope for delivery. The overall aim is to improve health, and reduce health inequalities – an acknowledgment of the proportionately greater use of acute services by more deprived communities. Topics covered including smoking cessation, alcohol brief intervention; breastfeeding, healthy eating, healthy working lives, physical activity, active travel and sexual health. The programme incorporates workforce development as an important factor in helping to embed health improvement approaches within normal practice.

A steering group is being convened to drive and monitor implementation, led by the Public Health Dept. and accountable to the Clinical Executive. An annual report on progress will be submitted to the NHS Board in line with requirements in the CEL.

Older People’s Needs Assessment: An assessment of the health and social care needs of older people in the Scottish Borders is being carried out by the Public Health Dept. in partnership with colleagues from Planning & Performance and Scottish Borders Council. The assessment aims to:

- Identify current and future health and social care needs of older people living in the Scottish Borders
- inform ongoing decisions around the allocation of the Older People’s Change Fund and the development of an Older People’s Commissioning Strategy, and
- link with and inform other strategic plans in the Scottish Borders reflected in Local Delivery Plan and SOA.

The needs assessment will draw on a wide range of sources to provide quantitative and qualitative data, including findings from Re-shaping Care events held across the Borders over recent months, plus the views of older people and those who work with them in various settings. A draft report will be available by end August.

Recommendation

The Board is asked to note the report.

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<tr>
<td>Consultation</td>
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<tr>
<td><strong>Consultation with Professional Committees</strong></td>
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<td><strong>Risk Assessment</strong></td>
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**Approved by**

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<td>Calum Campbell</td>
<td>Chief Executive</td>
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**Author(s)**

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