

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

Open Forums: This open forum took on a slightly different format. The morning was spent visiting Station Court, a social care housing complex that offers accessible short term accommodation. Clients and carers are provided with a bespoke health and social care package that allows the complex to offer an alternative to institutionalised care. This was followed by a visit to the Integrated Children's Services where Calum met with staff to find out more about the services offered and challenges in delivering a fully integrated service. The afternoon was spent at a well attended open forum. Key issues discussed included NHS Borders Corporate Objectives, the redesign of AHP services, job security and the financial challenges NHS Borders faces. Calum encouraged the attendees to generate ideas for improving services and the need for open and ongoing communication via such mechanisms as Ask the Board.

Action 100: Following on from Senior Manager Forums in early summer of 2010, the BET approved a proposal for an internal management development programme which commenced in November 2010 and which focuses on NHS Borders Corporate Objectives 2010/11.

The **key objectives** in establishing this programme are:

- To drive sustainable change
- To offer a listening post for Senior Staff and BET Directors
- To support management and leadership development
- To engage in purposeful action focused on Corporate Objectives
- To improve performance of NHS Borders

All of the above is driven through a tight focus on our NHS Borders Vision, Values and Corporate Objectives and orientated to learning and action. (attached)

The programme is optional and includes approximately 100 NHS Borders managers and clinicians from across a wide range of NHS Borders front facing and support services.

The programme is intended to facilitate maximum interaction and work output as well as some facilitated learning and presentations.

The programme launched to the entire cohort on Monday 22nd November with a guest speaker, Jason Leitch as National Clinical Lead for Quality: Scottish Government and a Fellow of the Institute for Healthcare Improvement. Since that time the cohort has generated ideas and action plans focused on Patient Safety and in May 2011 examples of 15 projects were delivered and discussed in the forms of presentations and posters which demonstrate -

- Ideas to Actions
- Patient Safety Improvements,
- demonstrable initiative and Leadership behaviours
- Organisational Learning

Next steps for the programme: On Monday 27th June, the Action 100 programme convened to **focus on Efficiency and Improvement** and to develop knowledge and understanding of the NHS Borders Corporate Objectives “Processes and Systems” and “Performance & Delivery” through focused actions and outcomes generated by the Action 100 group members themselves. Over 30 additional Efficiency and Improvement ideas have been generated, and 14 groups are moving a number of these forward and will report back in 2 months time.

Aims of the programme:

- to encourage use of leadership and improvement tools and techniques throughout teams and services
- to create purposeful actions that can be implemented
- develop leaders to champion Efficiency, Improvement and Leadership behaviours
- demonstrate visible leadership of the Action 100 cohort

Learning outcomes: By the end of the programme participants will:

- have a knowledge of and commitment to Efficiency and demonstrate application across the service within their own and others areas
- the experience of improvement tools to utilise in their own work areas
- the ability and willingness to take a leadership role in Efficiency
- make links between Efficiency and quality improvement

Peebles Community Council: The proposals to progress the Hay Lodge HUB have been endorsed by the Borders Health Board. Further to the proposals being progressed a meeting took place with the majority of the Tweeddale Councillors (William Archibald, Catriona Bhatia, Neil Calvert, Bill Herd, Graham Garvie) on Friday 8 July and the Councillors present at that meeting were very supportive of the proposals. Holly Irwin, Locality Manager, will contact the Peebles Community Council to arrange for a meeting in mid August where we can meet all of the Tweeddale Community Councillors with a formal request for their support to progress the redesign and commence work with the health HUB.

Working Together in Cheviot Workshop: Scottish Borders Council (SBC), NHS Borders, and other key partners held an event in Kelso on 1 July 2011 to engage with community representatives and other agencies from the Cheviot area on the redesign of health, social care and community services in their area.

The event was a follow up to the community planning event held in Galashiels in 2010 when Scottish Borders Council and NHS Borders announced plans to redesign services using a new place-based model, based upon the Integrated Resource Framework (IRF)

from Scotland and the English experience of Total Place. Services are being redesigned across the Borders, area by area, commencing first in the Cheviot locality which includes Kelso, Jedburgh and surrounding areas.

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
17.06.11	PCA (M) (2011) 10	Primary Medical Services: Scottish Enhanced Services Programme (SESP) 2011 - 12
17.06.11	NHS PCA (D) (2011) 3	General Dental Services
22.06.11	PCS (DD) 2011/2	Pay For 2011/12 For Chief Executives, Director Of Finance & Directors Of Human Resources
22.06.11	PCA (P) 2011 - 8	Additional Pharmaceutical Services Chronic Medication Service - Updated Directions
22.06.11	CEL 18 (2011)	Scottish Mental Health Service For Deaf People
27.06.11	PCA (D) (2010)6	Memorandum To Circular
27.06.11	CEL 21 (2011)	CEL Letter: - Scottish Living Wage: Implication For Knowledge And Skills Framework Pay Gateway.
01.07.11	CEL 20(2011)	Standards Of Care For Dementia In Scotland
14.07.11	PCA (D) (2011) 4	General Dental Services: Childsmile - Incorporation Into The Statement Of Dental Remuneration
14.07.11	CEL 22 (2011)	Human Resource Aspects Of Foundation And Specialty Training Programmes - Change Over Dates For 2011-12
19.07.11	PCA (O) (2011) 2	General Ophthalmic Services - Eye Care Integration
22.07.11	PCA (M) (2011)6	General Medical Services Statement Of Financial Entitlements For 2011/12 Chapter 18.5 - Dispensing Advice Notice Of Withdrawal Of Concession On Reimbursement Of VAT

Director of Finance

NHS Borders Annual Accounts for 2010/11 were approved by the Board at its meeting on the 30th June 2011. 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 2011/12 with only the cost accounts for 2010/11 required to be produced over the summer months.

Key to the financial plan for 2011/12 is achieving the savings target of £8.6m via the Efficiency Programme. The Director of Efficiency is monitoring the individual schemes within the programme. Staff resources are being redirected within the organisation to support project managers in the delivery of individual schemes where the need for increased support has been identified. Further schemes within the programme for 2011/12 and onwards continue to be finalised and agreed by the Strategy Board. The most recent session of the Action 100 programme at the end of June focussed on efficiency with groups volunteering to take forward a number of efficiency schemes.

Communication across the organisation on the financial challenges it faces is ongoing with presentations to and discussions with key groups being undertaken.

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 2011/12 year-end financial position. Clinical Boards will be monitored on the forecasts on a monthly basis throughout the year.

NHS Borders Capital Plan for 2011/12 was agreed at the Board meeting on the 30th June 2011. Due to the limited capital resources available the Directorate continues to work to find alternative solutions for potential capital projects. Discussions are ongoing with SGHD, hub and other key groups. A board development session is being arranged at the beginning of September with planned input from hub and SGHD

The Directorate continues to work to improve efficiency internally. The Finance micro-site is in operation and the Directorate continues to develop this valuable tool. A productive development session was held on 21st June where the vision for the future of the Finance Directorate was outlined ensuring that staff are fully informed and supported on the change agenda within the Directorate.

Director of Nursing & Midwifery

Linda Allan, Nurse Consultant in Learning Disability, will be assisting NHS Borders with a review of Learning Disability Nursing. This review will take place during late August early September. Once the review is complete, Sheena Wright will report back to the Board.

Gillian Smith, The Royal College of Midwives UK Board for Scotland, and Jackie Mitchell, National Officer from the Royal College of Midwives, made a routine visit to NHS Borders on 27th July. They met with Sheena Wright and visited the Labour Suite and the Maternity Unit. They also met with a number of staff from these areas.

Cathy Cairns, Assistant Director, Scotland and Northern Ireland Affairs and Professor Dickon Weir-Hughes, Chief Executive and Registrar from the Nursing and Midwifery Council will be visiting Sheena Wright on 23rd August. The purpose of this visit is to introduce Cathy and Dickon to NHS Borders and provide a general update on the work of the NMC, meet nurses and midwives, find out about local issues and challenges facing the Health Board that impact on the work of nurses and midwives, and also to find out about examples of good practice we may wish to share.

NHS Scotland Participation Standard: NHS Borders has received feedback from the Scottish Health Council (SHC), following the submission of our self-assessment for the Participation Standard. The SHC verified five out of six of our reported levels, as follows:

Standard	Self-assessed level	SHC assessed level
Patient Focus (GP survey)	Developing	Developing
Patient Focus (in-patient survey)	Developing	Developing
Public Involvement	Implementing	Implementing
Corporate Governance 3:1 (systems and processes)	Evaluating	Implementing

Corporate Governance 3:2 (decision making)	Evaluating	Evaluating
Corporate Governance 3:3 (participation culture)	Evaluating	Evaluating

Following a national evaluation of the process the SHC has decided not to undertake a formal assessment for 2011/12. The SHC are revising the guidance with the aim of simplifying the process and placing a greater focus on improvement. The revised guidance will be circulated as soon as it's available.

Medical Director

Trakcare: We were alerted to a software anomaly discovered by NHS Lanarkshire relating to the waiting times recording which appeared to “misplace” some appointments. This was checked and the same issue was found in NHS Borders. It was confirmed that some routine appointments had breached the 18 week limit but no urgent or cancer cases were amongst these. The appointments were re-arranged and changes to the system made to avoid any repetition. Further issues relating to the RTT software are being explored but may result in a postponement of the launch date.

Palliative Care Unit: A publicity launch by MacMillan took place at the BGH with local media present. The £750,000 donation is a significant contribution to the total capital required for the new unit. Our own appeal will be launched in September.

Director of Public Health

Keep Well mainstreaming and extension: A completed template outlining an implementation plan for extending and mainstreaming the local Keep Well service was submitted to the Scottish Government on 1 July in response to national guidance. The current service targets 45-64 year olds from a deprived background, assesses their CVD risk and provides lifestyle support and referral to GPs for clinical treatment to reduce individual risk, and thereby contribute to reducing population inequalities in health. From April 2012 the service will address the following additional groups felt to be at increased risk of CVD:

- the 40-44 year old population in deprived areas;
- carers 40-64 years in deprived areas;
- specific vulnerable groups who are considered to be at increased CVD risk – that is South Asian, Black and Afro-Caribbean ethnic groups, offenders, gypsy travellers, homeless individuals and those affected by substance misuse.

Some additional funding to support this extension is expected and key milestones up to April 2012 are outlined in the implementation plan.

Chief Operating Officer

The role of the Child Health Commissioner within NHS Borders has now been clarified, and Mandy Brotherstone has been identified to take on this role.

The Emergency Access Delivery Team (EADT) visited NHS Borders on 13th June to discuss progress against HEAT Target T10. Work is currently underway locally to produce

a bid for some additional non-recurring resource to support achievement of this challenging HEAT Target.

Ward 11: Phase 1 of the Ward 11 reconfiguration project is complete and the bed complement in the Ward is now made up of 12 Stroke and 8 Palliative Care beds. Phase 2 of the project to develop a palliative care unit is now in focus.

Tweeddale Project (Haylodge Hub): Progress with this project remains good, support to take this development forward was received by the NHS Borders Board in June. Support has been received from the Change Fund. Local engagement with community councils will continue, with a next sharing of progress due to take place in August.

Orthopaedics Capacity: An exercise is being carried out within the BGH looking at capacity within our Orthopaedic Service and how best to ensure it is utilised as fully as possible. Good progress has been made with this work by the BGH, recommendations will be delivered shortly.

Director of Workforce & Planning

Datix: The introduction of the electronic incident reporting system on the 1st April was a milestone in improving patient safety and managing staff safety in a timely and efficient manner. The system allows for real time reporting of incidents with no delay in managers accessing the incident details, determining causes and identifying corrective actions. Governance systems can now be better informed to give assurance on adequate incident management plus identify areas of weakness requiring improvement. The organisation will require a period of familiarisation and adjustment to current systems but Datix in general has been well received.

Health and Safety: Clinical Boards and Directorates are developing Occupational Health & Safety (OH&S) Intervention Plans that will identify improvement actions. OH&S management indicators are currently being fed back to the Clinical Boards and Directors to highlight areas that can be entered onto the Intervention Plan; this is a significant step forward in systematically monitoring and improving patients/staff safety plus meeting the legal obligations of the organisation. By also including the Intervention Plans into score cards and performance reviews managers can further strengthen their OH&S performance and give better assurance to the Board that their safety management is active and effective.

Shaping Bereavement Care: In February 2011 the Scottish Government issued CEL 9 (2011) Shaping Bereavement Care – a framework for action. This framework has been developed to assist NHS Boards to develop and deliver quality bereavement services. The framework recognises three distinct phases of bereavement which need to be linked through co-ordination, i.e. prior to death or pre-bereavement; at the immediate time of death; and in the period following death. Care should be consistent for all three groups. It is important that joined up quality services are provided in all areas.

Scottish Government have asked for each Health Board to develop an Action Plan to implement the Framework in their area. The Borders Plan has been submitted and includes a work schedule to December 2011. This will include creating an integrated bereavement policy, reviewing leaflets and developing methods of staff support.

To assist the Action Plan work a small grants application was made for funding to run 2 workshops on Shaping Bereavement Care. This application has been successful and the sessions are scheduled for September.

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			