

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

SCSWIS - Child Protection Inspection: The Child Protection Inspectors from SCSWIS (Social Care and Social Work Improvement Scotland) carried out a recent Joint Inspection of Children and Young Peoples Services within the Scottish Borders from 5th to 23rd September. NHS Borders, Scottish Borders Council and the Lothian and Borders Police were all involved in the inspection process. These inspection visits take place every four years. Feedback is expected within four to six weeks followed by a full report.

Peebles Community Council: Calum Campbell, Sheena MacDonald, Holly Irwin, Elaine Torrance and Andrew Lowe attended a meeting of the Peebles Community Council on 15 August to engage with the local community on the creation of a Hay Lodge HUB. The Peebles Community Council were supportive of the initiative.

Lauder Health Centre: Discussions remain on going with Scottish Borders Council on the identification of a suitable site.

Margaret Kerr Unit: A fundraising dinner was held on 2 September in support of the Margaret Kerr Unit which will provide palliative care services. The fundraising dinner was held at the Carfraemill Lodge and raised a total of £41,000.

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
11.07.11	PCS (GPR) 2011/1	Guidance on the operation of the GP Registrar scheme in Scotland – pay, accommodation, removal and associated expenses of GP Specialty registrars in general practice – change of employer responsibility
02.08.11	PCS(DD)(2010)6 Amended	Pay and Conditions of Service for Dental Public Health, Community Dental Staff and Salaried General Dental Practitioners.
02.08.11	SPPA (2011) 6	Electronic Data
17.08.11	PCS (AFC) 2011/7	Guidance on the withdrawal of national recruitment and retention premia as outlined in

		PCS (AFC) 2011/6
17.08.11	PCA (O) (2011) 3	General Ophthalmic Services
17.08.11	PCA (M) (2011) 12	The General Medical Services 2011/12 Settlement: QOF Quality and Productivity Indicators
22.08.11	PCA (2011) (M) 12	The General Medical Services 2011/12 Settlement: Updates
26.08.11	PCA (P) (2011) 9	Additional Pharmaceutical Services: Public Health Services Poster Campaigns
26.08.11	PCA (P) (2011) 10	Pharmaceutical Services: Community Pharmacy Practitioner Champions
06.09.11	PCA (D) (2011) 5	General Dental Services: Amendment No 120 to the statement of Dental Remuneration Incorporation of Childsmile Practice into the statement of Dental Remuneration
08.09.11	SPPA 2011/7	Employer Services
08.09.11	SPPA 2011/8	Premature retirement on Redundancy Organisational change or in the Efficiency of the Service
08.09.11	SPPA 2011/9	Pension Tax Relief & Auto Enrol
12.09.11	PCA (D) (2011) 6	General Dental Services: Orthodontic Treatment – Introduction of Index of Orthodontic Treatment need

Director of Nursing & Midwifery

Healthcare Governance: Following the consultation process and the recent interviews, Karen McNicoll has been appointed as Head of Clinical Governance and Quality. Karen took up post on 19th September and will be based at Borders General Hospital.

Better Together: Better Together is Scotland's Patient Experience Programme and is a way of obtaining information on patients' experiences of the services they receive. Carol Sinclair, Programme Director, Scottish Government visited NHS Borders on 27th September to update the Board Executive Team and the Non-Executive Directors on progress.

Once all the work to collect patients' experiences is completed, results will be published. NHS Boards will then implement improvement work and share best practice when they have analysed their own information and agreed local improvement plans.

Older People in Acute Care: Improved care for older people is to be a personal priority for the Cabinet Secretary in this parliamentary term, with a specific focus on dementia. This piece of work is being led by Health Improvement Scotland. NHS Borders have agreed to pilot the self-assessment tool and the inspection process. The self assessment will be submitted by 3rd October and we expect a visit from the inspector's week beginning 17th October.

Medical Director

Trakcare PMS: There are a number of residual issues related to functionality and use of the system. This is a common theme across all four live Boards. The slow progress to

address these issues has impacted our ability to make progress, not only with Order Communications but also with deploying additional functionality e.g 18 Weeks RTT.

Intersystems have proposed a revised Programme timetable for future go live phases across all Boards. This would see NHS Borders live with Order Comms in May 2012, 12 months later than originally planned. While this has been agreed in principal by the boards detailed planning is still to be finalised.

In July an issue resolution exercise was agreed by Intersystems in response to Boards common concerns about their ability to operate effectively due to functionality problems. This exercise was due to conclude on 31st August but has been extended into September. We expect the fixes to be available to our local users in October following appropriate testing. This will not address all our issues. We have to undertake some re-configuration of the system to sub specialty level to allow us to operate effective process and data collection in eVetting, Outpatients, non scheduled attenders and RTT. This work is dependant on some of the fixes and Superpatches being applied to our live environment.

The go live of Glasgow on 19th September may further drain Intersystems ability to support the four Boards already live. There is a risk that ISC resources will be pulled into Glasgow if issues are encountered.

Consortium Boards have raised these concerns with Intersystem via the Consortium Operational Review Group.

In summary, much of our effort is still taken up with stabilising the current functionality which has hampered progress on delivering the intended benefits. Intersystems are finding it difficult to deliver the product and expertise in line with Boards expectations and requirements. It is disappointing that almost a year on we are not enjoying all the benefits identified in our business case. Implementing a system of this scale and nature is never easy. While local capacity is a constraining factor, perhaps the most significant influence has been insufficient skilled resources in the supplier team to meet the demanding timescales and respond to issues.

We still anticipate that we will deliver benefits, albeit much later than planned.

Margaret Kerr Unit: Since the sign off of the Business Case in June 2011, progress has focused on confirming the detail required to finalise the overall plan. Weekly sessions have been held with key stakeholders including nursing staff to review the room data drawings and these will be completed and signed off on the 14th of September. This detail will inform the guaranteed maximum price which the Principal Supply Chain Partner (PSCP) has indicated will be available in November 2011. Weekly Project Core groups are now in place to progress actions and resolve issues. The PSCP has produced their project plan which has been reviewed by the Core Group.

A successful launch event was held on the 1st of September for the public fundraising appeal with good attendance from stakeholders. The event achieved excellent media coverage including press and radio. The fundraising effort is currently focused on a second phase of targeted approaches to charitable trusts, from which the aim is to achieve a minimum of £400,000. In addition, the detailed fundraising plan for the public appeal is being finalised. The appointment of the project support administrator is imminent who will provide assistance with implementation of the public appeal fundraising plan.

Director of Workforce & Planning

Annual Review: Each year, Health Boards undergo an Annual Review with the Minister for Health or Minister for Public Health and other officials from the Scottish Government. This year Ministers wish to encourage further direct dialogue and accountability between NHS Boards and the people they serve building on the delivery of the Patient Rights Act, piloting elected Boards and introducing independent scrutiny. As such Ministerial attendance at Board Annual Reviews will from this year be generally every two years. This year NHS Borders is asked to hold the Annual Review without Ministerial attendance. Scottish Government staff will attend the Reviews in an observing role. It has been agreed that the Annual Review will be held on 29th September 2011 in Jedburgh Town Hall.

The format of the Annual Review meeting is required to be similar as in previous years. There will again be a focus on the impact that NHS Borders are making in delivering the Scottish Government's outcomes through HEAT targets and standards, and on other commitments made; for example, in support of Single Outcome Agreements (SOAs). The Review will involve a rigorous examination of the Board's past performance and future plans and how these link to strategic objectives and the national outcomes framework. Discussions will cover both past performance and forward planning as necessary. Implementation of the Quality Strategy remains the context for the Reviews this year and the agenda reflects this.

There will again be a focus on the impact we are making in delivering the Scottish Government's National Outcomes through progress towards our Healthcare Quality Outcomes, HEAT targets and standards, and on other commitments made; for example, implementing the Change Fund. These are required to be summarised into a Self Assessment document which will be submitted to the Scottish Government in due course. An "at a glance" version of this assessment will also be prepared, which will be available to the public at the Review.

Planning & Performance are now leading on the arrangements for the day.

Mobile Clinical Skills Unit: NHS Borders will once again host the national Mobile Clinical Skills Unit at Borders General Hospital for two weeks during September. This will be the third annual visit of the Mobile Clinical Skills Unit, which is funded by NHS Education for Scotland. Due to the immense success of this initiative funding has been extended for a further two years. In line with the Scottish Clinical Skills Strategy, the Unit provides access to high quality multi professional training across geographical and professional boundaries that would otherwise only be available in specialised centres.

The main focus of this year's visit to NHS Borders is Paediatrics simulation based education which will be delivered by specialists from the Paediatric Outreach and Retrieval teams from Edinburgh Sick Children's Hospital and Yorkhill Children's Hospital, Glasgow. Dr Janet Skinner, from the Clinical Skills Managed Education Network will also visit NHS Borders at this time to observe our local progress in developing simulation based clinical education and to explore future joint development and delivery of clinical skills requirements.

Director of Finance

The key focus for the Directorate over the next few weeks is confirming the organisation remains on course to achieve its financial targets of break even in revenue and capital in 2011/12.

As part of the Efficiency Programme, the Director of Finance and Director of Efficiency have been working with Project Managers to finalise the level of savings being released in 2011/12. These will be actioned over the next few weeks. The Strategy Group in September will consider next steps to address the outstanding gap. The Action 100 programme, which is currently focused on efficiency, will meet at the end of September before concluding its group work at the end of October.

The Financial Management section is continuing to work with budget managers to agree year-end forecasts. Clinical Boards will be monitored on the forecasts on a monthly basis to ensure that any deviation is quickly highlighted and addressed.

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.

Over the summer months work has begun on reviewing and updating endowment policies and guidelines. These will be presented to the Endowment trustees for consideration during September.

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. Benchmarking information has been produced which compares the Directorate with other health boards in Scotland. This is being used to target areas for increased efficiency by adopting best practice. A development session was held on at the beginning of September to agree steps on moving towards the vision for the Directorate.

The Scottish draft budget for 2012/13 will be published at the end of September and this will be a first indication of the outlook next financial year. In anticipation of the financial challenge the Directorate will be working with clinical services and support service departments over the next three months to agree an Efficiency Programme for 2012/13

Director of Public Health

Seasonal Flu Vaccination Programme 2011-12: Preparations are being made for the annual seasonal flu vaccination programme that is to be launched Oct 3rd 2011 with various local and national publicity events. Last year Borders had the highest uptake in Scotland for both patients over 65 years and in the under 65 at risk group and we aim to build on this success during the 2011-12 season. The following actions are planned:

- Local respiratory clinicians will be highlighting to practices the importance of vaccinating patients most at risk particularly those with chronic respiratory disease.
- Practices are being encouraged to use a call recall system for their under 65 year at-risk programme and public health staff are undertaking a survey of local practices in this regard.

- Vaccination of pregnant women will be undertaken mainly in primary care but just like last year, midwives will be able to vaccinate women not vaccinated by their practices for whatever reason.
- A staff survey has been undertaken to inform the NHS Borders staff vaccination programme and over 800 staff responded. Scottish Government has challenged Boards this year to achieve an uptake of 50%, particularly in clinical areas dealing with high risk patients. Last year we achieved 31% uptake rate for all staff, slightly higher than Scotland as a whole.
- Relevant Scottish Borders Council staff will be vaccinated by Borders practices who agree to participate in a locally enhanced service developed for this purpose.

Health Protection Report (attached): This Report is presented to each Control of Infection Control meeting and provides details of local and national health protection issue developments.

Resilience Workshop: A resilience workshop is planned for Oct 6 in the afternoon and currently around 40 senior managers and clinicians have expressed interest in attending. The scenarios will help staff prepare for the most common resilience problems likely to occur this winter.

Chief Operating Officer

HEAT Target T10 (to support shifting the balance of care, NHS Boards will achieve agreed reductions in the rates of attendance at A&E): Further to the previous update regarding a bid to secure additional non-recurring resource to support achievement of the HEAT Target T10, EADT have awarded £60,000 of funding to NHS Borders to support the clinical audit work and a proposal in relation to medical liaison.

Hay Lodge Hub: Following support from NHS Borders in June 2011, a presentation was given at a public meeting hosted by Peebles Community Council on 15th August about plans to develop a Hay Lodge Health Hub.

The meeting was well attended by over 80 members of the public, enabling discussion around the benefits associated with the project. Peebles Community Council subsequently wrote to thank NHS Borders for their presentation and to express support for the development of the Hub.

A paper outlining the proposal to develop the Hub incorporating a partnership approach to joint working across health and social work was approved by the CHCP Board on 31st August 2011.

Work is underway with estates to progress the build and it is anticipated that building work will commence in December 2011.

Change Fund: Michael Curran, based in the BIST Office in Melrose, has been appointed as the Change Fund Programme Manager. Other Change Fund Project support posts are currently being put through the recruitment process.

The 2011/12 Change Fund projects have been approved and funding allocations agreed.

The main challenges experienced to date are:

- Timescales for delivery of projects
- Identification of ROI deliverables, especially preventative projects.

A Reshaping Care for Older People Board was established to provide a Programme Board for the Change Fund, Cheviot (and future Tweeddale) Project(s) and Integrated Resource Framework, with our Head of Service Improvement, P&CS General Manager and Deputy Director of Finance as the NHS Borders representatives. Our Consultant Physician & Lead Clinician for DME Services has also been recruited as the Clinical Lead.

A Commissioning Strategy for Older People is currently being developed to inform next year's Change Fund plans.

18 Weeks Referral to Treatment Programme - Performance Update: NHS Borders has reached overall performance of 92% in the 18 weeks RTT programme, which is above the Scottish average and is in the top 25% of all Boards. 81% of all referrals can be identified as being on the same pathway from beginning to end (linked pathway), which gives reassurance of reliable data. Clinical Outcome Recording is above average at 95%, which gives confidence that the Board is accurately capturing clock stops.

Area Diagnostics Investigations Committee: The Clinical Executive Operational Group formally approved the formation of an Area Diagnostics Investigation Committee, which the Chief Operating Officer will Chair. The remit of the group is to consider, in a systematic way, requests for the introduction of new tests and address the increasing demand on tests already offered. The first meeting of the group is being held on 15th September 2011.

P&CS General Manager: Alasdair Pattinson has been appointed as General Manager for Primary & Community Services in NHS Borders and assumed post with effect from 1st September 2011.

Director of Estates & Facilities

Renal Unit: The Unit was complete at end of June 2011, within a few days of becoming fully operational the vinyl floorcovering appeared to be "bubbling" along expansion joints included within the concrete floor below. Early exploratory works undertaken by the main contractor concluded a failure between the vinyl finish and substructure caused through slight movement in the concrete construction as the slab cured. Morrison Construction, the main contractor, wish to incorporate a vinyl expansion strip within the floor finish but this is seen as unacceptable to both the Estates and Operational Departments.

During early September formal reports have been received from the Architect and the Structural Engineer both of whom have concluded that the probability is that there will be no further movement within the concrete slab and have recommended that a course of action to rectify the current defects over a series of weekend working. The arrangements will be put in place shortly in conjunction with the Operational Department and the Control of Infection Team. In advance of such work being committed the Director of Estates & Facilities will seek a guarantee from the main contractor to ensure that any future reoccurrence will be redressed their full cost, this during the two year defect liability period and beyond.

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			

Below is a brief description of some of the Health Protection activities within the Public Health Department over the past 3 months.

Seasonal flu vaccination programme Our uptake of the vaccine last season for all risk groups was 61.8% compared with 56.1% for Scotland. This was the best result in the country! The new season starts in October and uptake targets for the over 65 group will remain at 75%. Uptake targets for the under 65 at-risk population will this year be raised to 75%. All pregnant women at any stage of pregnancy, remain eligible for vaccination. For healthcare workers a 50% target uptake of vaccine has been set in key clinical areas. This is ambitious and a Survey Monkey questionnaire has been developed locally to help us identify what would assist staff to take up the offer of a flu vaccine.

Infectious intestinal disease The Food Standards Agency (FSA) has published a major new study of the impact of infectious intestinal disease (IID) in the United Kingdom. There are up to 17 million cases of IID annually, which is the equivalent of one in four people becoming ill during the year. Approximately 50% of people took time off from work or school because of their symptoms. For every case of IID recorded in national surveillance there are 147 that are unreported. Viruses, particularly norovirus, and campylobacter are the most common causes of IID. Local cases that required hospital admission are being reviewed to see if any lessons can be learned.

Infection control in Care homes A network for infection control key workers in Borders Care Homes has been established by Mark Clark. Key priorities are being set to focus on areas such as audit, outbreak control, waste management, training, hand hygiene, infection control policy and hospital admission prevention. A website is planned for this group to share key documents, information and facilitate good communication

Radon Approximately 900 homes across the Borders have now received a letter from the Health Protection Agency (HPA) offering a free test kit to check their homes for radon. This is part of a Scottish Government initiative to give residents who live in areas with higher levels of radon than normal, the opportunity to find out if they are at risk and take action to reduce the level of radon in their home if they wish.

Contaminated land in the Borders A number of previously industrial sites across the Borders are being developed for housing. Some sites following a risk assessment have been found to contain potentially harmful chemicals. A protocol is being drafted by SBC Environmental Health to manage these situations with involvement from Public Health

Lead in water supplies In Scotland, the current regulatory limit (the Prescribed Concentration Value (PCV)) of 25 mcg/L will fall to 10 mcg/L in 2013. Lead levels in drinking water should not exceed the current PCV. Scottish Water carry out sampling routinely and on demand on the public supply. Private water supply testing is done by SBC Environmental Health. The implications of these changes are currently being examined.

Guidelines update The following local guidelines have been revised and are out for consultation – ‘Communicable Disease in Schools & Nurseries’; ‘Scabies’; ‘Measles’; Rabies. The latter followed on from lessons learned in ‘Exercise Cave Canem’ held at Tweedbank. This was conducted by Animal Health earlier this year.

NHS Borders Major Emergency Procedures (MEP) Plan. An updated plan (including the role of primary care) for dealing with a major incident is now available on the intranet. The constituent parts are to be exercised over the next few months

Health Protection stocktake The Scottish Government has set up a Health Protection Stocktake Working Group. It has looked at the capacity and resilience of the health protection workforce and explored various options to effectively respond to current and future threats to public health. An interim report has been published and is currently being consulted upon.

Health Protection – how are we doing? A local survey of our performance with Primary Care Teams was undertaken and demonstrated high levels of satisfaction. We receive many phone calls and emails for advice but only 38.5% of respondents reported using our intranet microsites for information.