

**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**

**Borders College Step Count Challenge: 22.08.14:** The Chief Executive presented the Step Count Challenge winner's certificates for the NHS Borders and Borders College step count challenge. The aim of the challenge was to encourage staff to get 'Fit in 14' in time for the Commonwealth Games. This was one of the physical activity events organised by NHS Border's to provide evidence for their Healthy Working Lives Gold portfolio. There were 20 teams that took part with an overall winning team from NHS Borders Finance Department.

**Open Forums:** The Chief Executive continues to hold open forums for all staff to attend at various locations within the NHS Borders estate. He met with the Staff at Hawick Community Hospital on 29 August and the staff of The Knoll on 18 September.

**Tweed Group: 01.09.14:** The Tweed Group is a forum of leaders within the Scottish Borders formed by Michael Moore MP to assist in promoting engagement and positive partnership working between public sector organisations and private businesses alike.

**Michael Moore MP: 26.09.14:** The Chief Executive and Chairman continue to meet regularly with MPs and MSPs to brief them on local health service issues.

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

<b>Date Received</b>	<b>Circular Number</b>	<b>Title</b>
14.07.14	PCA (P) (2014) 16	Community Pharmacist: Supplementary And Independent Prescribing Clinics: Funding For 2014-15
21.07.14	PCA (O) (2014) 4	General Ophthalmic Services 1. Increase In NHS Domiciliary Fees 2. Increase In The Continuing Education And Training Allowance 3. Increase In The Pre-Registration Supervisors Grant
24.07.14	PCA (D) (2014) 7	General Dental Services 1. Amendment No 127 To The Statement Of Dental Remuneration

		2. Error In Amendment No 126 To The Statement Of Dental Remuneration
25.07.14	PCA (P) (2014) 17	Pharmaceutical Services: Community Pharmacist Practitioner Champions
31.07.14	PCA (D) (2014) 8	General Dental Services Revised Scottish Dental Access Initiative
31.07.14	CEL (2014) 16	National Health Service (Charges To Overseas Visitors) (Scotland) (Amendment) Regulations 2014 (Ssi 2014/70): Exemption From Charges For All HIV Treatment
14.08.14	CEL (2014) 17	Controlled Drugs (Supervision Of Management And Use) Regulations 2013
12.08.14	CEL (2014) 15	The Scottish Manual Handling Passport Scheme
08.08.14	SPPA 2014/4	National Health Service Superannuation Scheme (Scotland) 2014/04
08.08.14	SPPA 2014/5	National Health Service Superannuation Scheme (Scotland) 2014/05
19.08.14	PCA (M) (2014) 19	2014/15 General Medical Services Contract: Arrangements For Post Payment Verification
26.08.14	PCA (D) (2014) 9	Roll Out Of Defibrillators To Independent Dental Practices Providing NHS General Dental Services - Frequently Asked Questions (FAQs)
01.09.14	PCS (AFC) (2014) 2	NHS Business Travel Costs
05.09.14	PCA (M) (2014) 10	Meningococcal C (Men C) Catch-Up Programme – First Time University Entrants
11.09.14	PCA(P)(2014) 18	Pharmaceutical Services: Amendment To Drug Tariff In Respect Of Claim Arrangements For Public Health Service (PHS) Emergency Hormonal Contraception (EHS)
17.09.14	PCS(DD)(2014) 4	Pay And Conditions For Hospital Medical And Dental Staff And Doctors And Dentists In Public Health Medicine And The Community Health Service Additional Schedule 28 Added To The Specialty Doctors Terms And Conditions Of Service 2008 – Acting Up Allowances
19.09.14	CEL (2014) 18	Nhs Health Boards And Special Health Boards Remuneration Increase 2014-15 : Chairs And Nonexecutive Members

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

**Performance Management of Pre-Registration Nursing & Midwifery Education 2014 Annual Review Meeting at Edinburgh Napier University (ENU), 28.07.14:** Evelyn Rodger attended the Annual Performance Management review by NHS Education Scotland. Overall ENU performs well as an undergraduate training establishment.

**Scottish Young Carers Festival (SYCF), 31.07.14:** Evelyn Rodger attended this event to meet with Young Carers from around Scotland at an annual festival they hold to allow young carers to meet others in a similar situation as themselves and also to make organisations aware of their needs.

**Executive Walkround/Inspections:** Evelyn conducted the following Walkround/Inspection:

- 06.08.14 – Endoscopy/Orthopaedic OPD (Walkround); and
- 30.09.14 – Ward 4 (Inspection).

**Clinical Walkround:** During July & early August several visits were made by Evelyn to Ward 9 Borders General Hospital to support the testing of Public Information Boards. A report is being prepared on the pilot.

On 25 July Evelyn visited Huntlyburn House in patient unit to support the testing of Public Information Boards and to visit the developing patient activity garden area.

On 5 September 2014 Evelyn Rodger shadowed the Hospital @ Night Team in Borders General Hospital.

**Charlie Sinclair, Associate Director of Nursing:** Started his new post on 1 September 2014.

**Scottish Patient Safety (SPS) Fellowship 2014:** Deirdre Moss, District Nurse Kelso Health Centre successfully competed and has been awarded a fellowship place on this prestigious improvement programme.

**Professor Brendan McCormack, Head of Nursing Division at Queen Margaret University:** Evelyn Rodger and Professor McCormack met on 8 August 2014 and they developed proposals regarding progressing clinical academic collaborative working between the institutions. A detail plan will be developed and presented to the organisation early in 2015.

### **Medical Director**

Dr MacDonald attended the first meeting of the newly convened national task force commissioned by the cabinet secretary for health to explore solutions to the delayed discharge problems in Scotland. She then presented at the National Unscheduled care meeting in September on the background data and proposals suggested by the task force. Nationally NHS Borders continues to perform well around delayed discharges but we still have much to do to improve the length of stays for some of our complex elderly patients

On August 28<sup>th</sup> Dr MacDonald chaired the first National Health Protection Oversight Group that has resulted from a complex and detailed review of Health protection in Scotland. Scottish Government, Directors of Public Health and representatives from Local authorities and environmental health are all represented and the group will oversee

- **Development, quality and effectiveness of health protection services;**
- **High quality professional practice;**
- **Workforce development; and**
- **Resilience and Capacity (both outbreaks and routine on call including mutual aid).**

**eDL:** The eDL has been rolled out to the majority of wards across the hospital with pharmacy support.

**Macmillan Pharmacy Project:** This project started in September with the appointment of a pharmacist 3 days per week. Janet Mack will support the oncology pharmacist to undertake a service redesign. The project will run over 4 years.

**Visit from the Chief and deputy Chief pharmaceutical Officer:** Bill Scott and Alpana Mair met with the BET to discuss Prescription for Excellence, the Scottish Governments vision for pharmaceutical care. A separate meeting was held with pharmacy staff and GPs.

**Change in Classification of Tramadol, Zaleplon and Zopiclone in June:** Tramadol became a schedule 3 CD must now be prescribed as a Controlled Drug. Prescriptions must be signed by the prescriber and include the full CD prescription writing requirements including. This was a relatively smooth changeover for wards but does now involve more work.

Zaleplon and zopiclone became schedule 4.

**New pharmacy contracts:** New pharmacy contracts have been awarded to Elixir Healthcare Langlee and Burnfoot.

**Polypharmacy report:** Report presented to BET, Clinical Governance Committee and Grand Round. Pharmacists interventions shown to reduce risk of prescribing with some cost benefits.

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

**Adult Support and Protection:** The Scottish Government has identified Adult Support and Protection in care home settings as one of the five national priorities. In response to this we are implementing a bespoke training programme within the 22 care homes covering

- Adult Support and Protection in care home settings
- Dementia Informed Practice
- National Care Standards and Principles for care home settings.
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This will cover the Staff's Mandatory training in Adult Protection and Dementia Informed Practice.

**Opportunities for All:** The Scottish Government made a commitment to young people through 'Opportunities for All' guaranteeing all young people between 16-19 years a place in study, work or training. T&PD have developed a successful Sector Based Work Academy in collaboration with Borders College, Skills Development Scotland and Job Centre Plus. This resulted in 33 young people being offered work opportunities in NHS Borders in 2013.

In 2014 T&PD have jointly developed and delivered a successful mixed pre-employment programme for Care and Support services and a programme for Care. A further programme for administration is planned before the end of 2014.

All candidates are offered an interview for the Admin or Nurse Bank on successful completion of the programme.

T&PD are currently working with Partners to explore ways to offer opportunities to disabled people, exploring Modern Apprenticeships in Business Administration and Care, are offering Certificate of Work Readiness placements. All of which contributes directly to the local Workforce Plan and Everyone Matters 20:20 workforce vision implementation plan.

Active support of clinical HCSW education since 2005 has culminated in 48% of clinical HCSWs having SVQ qualifications. T&PD have developed a successful commissioning model with Borders College who provide the assessment and accreditation for HCSW education. Partnership working with Borders College ensures taught clinical sessions are delivered by T&PD staff and assessments are quality assured by the college.

As a result of the NHS Borders accommodation review, Prevention and Management of Aggression and Violence (PMAV) training is now delivered by NHS staff at Borders College, Hawick Campus. This is an effective Adult Learning environment, with one of the objectives being to promote integration into Further Education for course participants and PMAV staff

**EESS Implementation:** eESS is the national NHS Scotland HR system which is being rolled out across all boards to provide a single national HR system. The system is planned to provide manager and staff self service, e payroll interface, national training admin system and an electronic recruitment system.

Within the planned rollout of the system NHS Borders was scheduled as a phase 3 Board and our staff data was migrated from SGIS (our HR system at that time) to eESS as planned during Autumn 2013 and the system has been “live” in HR since then. However the implementation and further use of eESS functionality as per NHS Borders project plan has stalled due to National issues -

- (a) Managers self service – there have been ongoing problems with the interface between SSTS and eESS at a National level. Locally we have concerns over irregularities being found when testing the data download
- (b) IREC the electronic recruitment system, the national team indicate that this is ready for use and fit for purpose, we have been unable to establish that this functionality is up and running within any of the implementer Boards
- (c) Electronic payroll Interface – is only now being scoped with an interim solution being targeted for 31<sup>st</sup> March 2015.
- (d) There is a fundamental problem with the manager view when a staff member has more than one post as the employee data is available only to the manager of the primary post.

These issues have been raised with the National Project team and NHS Borders have requested access to National system expertise in order to move the project forward as per the original plan.

### **Director of Finance**

**2013/14:** The consolidation of Board accounts across NHS Scotland has been completed and we await advice on when they will be laid before the Scottish Parliament. The cost accounts for 2013/14 have been submitted to ISD and are currently undergoing validation before they are published in the Scottish Health Services Cost Book which will be released later in the calendar year.

**2014/15:** The finance team are working closely with Clinical Boards and services to monitor revised year end forecasts. Due to the financial pressures across the organisation this work is crucial to ensure the Board meets its financial targets. Additional scrutiny on the financial position is being undertaken by the Financial Position Oversight Group which has been formalised as a subgroup of the Audit Committee.

Key to the financial plan for 2014/15 is the Efficiency Programme. Good progress has been made although a number of proposed schemes have not delivered as planned. Support is being given where required or sponsors have been asked to identify alternative schemes. The monitoring of the programme is being undertaken through the Aspyre project management system. The Board will receive a detailed six monthly report on the Efficiency Programme at its meeting in December.

**2015/16:** Early in October the Scottish Government will publish its draft budget for 2015/16. This will give an early indication of the outlook for the next financial year.

**Capital:** The current year capital plan has been agreed and is progressing as planned. Commitment to additional projects will be progressed dependent on resources being made available through property sale proceeds. Work is continuing in this area but to date only one out of our four planned sales has been concluded.

Work is progressing on the Roxburgh Street Health Centre with detailed discussions with Hubco and the practice taking place. An update to the Board on this scheme is planned for the Board meeting in December.

**Internal Audit:** The Audit Committee in September agreed to appoint PWC on a three year fixed term basis to undertake NHS Borders Internal Audit work. This formalises the arrangement that has been in place on a temporary basis for just over a year.

**Other:** The Finance Integration Workstream continues to ensure delivery of the Integrated Budget in the shadow year and post April 2015. The department has been awarded some non recurring funding to support this work.

### **Director of Public Health**

**Viral Haemorrhagic Fever (VHF):** A short life Viral Haemorrhagic Fever (VHF) Group has been meeting to discuss the Borders response to a possible case of VHF disease e.g. Ebola infection (EVD). It should be noted that the risk of an EVD case presenting in the Borders is very low. Members include clinical (BGH and primary care), public health, SAS and BGH management representation. The main objectives of the Group are to:

- Agree patient pathways for referral and management of patients with possible VHF in keeping with national guidance.
- Agree the most appropriate inpatient provision for investigation of possible VHF cases in keeping with national guidance.
- Develop action cards for key professionals.
- Ensure that all relevant stake holders are informed of these outcomes.

Good progress is being made on all the objectives.

**Detect Cancer Early:** The Board was successful in a bid against Scottish Government Detect Cancer Early (DCE) funds for 20k to provide a new ultrasound scanner to be used in the early diagnosis and management of lung cancer patients. In another DCE

development, over 800 local NHS and SBC staff replied to a Detect Cancer Early survey on colorectal cancer and the results will be used to tailor the local DCE publicity campaign aimed at encouraging patients to present early with relevant bowel symptoms and to participate in the colorectal screening programme. Whilst the Borders bowel screening uptake rate meets the national target of 60%, significant health promotion activity is also being taken forward to increase uptake particularly amongst deprived communities. It is gratifying that 50% of all Borders bowel cancers in the screening age group are now detected by the screening programme.

**Flu Vaccination Programme:** The new expanded primary school flu vaccination programme is starting 1 Oct. and aims to vaccinate over 8000 primary school children against flu for the first time. In addition GPs will be offering flu vaccination to all preschool 2 to 5 year olds in addition to the usual over 65 and 'at risk' patient groups. The staff flu vaccination programme will also be starting and efforts are being made to increase staff uptake particularly amongst 'priority' BGH staff i.e. those caring for very vulnerable patients.

**Immunisations:** In a further immunisation development, a new meningococcal booster vaccination programme has been launched to protect new university students from meningococcal group C disease. An indication of how important and cost effective vaccination programmes are is demonstrated by the rotavirus vaccination programme for babies that was launched in the Borders last year. Early indications are that across Scotland the number of children (and resulting admissions to hospital) with rotavirus infection has significantly reduced since the introduction of this programme.

**Keep Well - summary of main outcomes 2013-14:** In the Borders tackling health inequalities is part of our strategic approach to improving and protecting health. The Borders Keep Well programme is one example of local work to tackle inequalities in health. It is also our key cardiovascular diseases (CVD) primary prevention programme. Keep well is a holistic health and well being check, with a focus on identifying CVD risk and a range of other lifestyle risk factors. It has been running for almost 5 years in Borders with some considerable successes:

- 552 health checks delivered in 2013/14, up 12% on the year before.
- 10% of all checks (56) in 2013/14 were amongst vulnerable groups including carers
- 82% of checks were delivered to households situated in a postcodes classified as the 40% most disadvantaged in Borders. Our local target was to reach 30% in SIMD 1; we achieved 35%. And to reach 45% in SIMD 2 ; we achieved 47%.
- We increased our identification of patients with ASSIGN scores (a method to assess cardiovascular disease risk) of 20 or more in primary care from 3% in 2010/11 to almost 13% by 2013/14.
- We have a much better pick up rate of people aged 50-65 with ASISIGN scores of 20 or more at 23%. We have improved this from 16% the previous year demonstrating better targeting of the programme to those at higher risk.
- Out of 56 checks in the community amongst vulnerable groups, 23 also had an ASSIGN 10 year CVD risk score of 20% or more, equating to 41% of those checked.
- Keep Well allows us to identify people at higher risk aged under 65 and we then refer them to GPs and/or to our lifestyle advice service (LASS) for further support, to maintain changes and to support a healthy life expectancy. This programme helps tackle the demographic challenge of an ageing population with potential ill health and high chronic disease burden. Since we started Keep Well, approximately 5% of all

patients having a keep well check have gone on to LASS and completed a programme of change.

- For the year 2013/14, we obtained 82% of checks from primary care and 18% from the community. This represents a positive shift of work towards the vulnerable groups and community development. The programme has been successful in reaching and engaging with vulnerable groups and improving access to primary care health services for vulnerable groups.

### **Chief Operating Officer**

**Health Fund:** NHS Ayrshire & Arran and NHS Borders submitted a Health Fund bid to look at improving person centred approaches to Health and Social Care integration, seeking to improve on the fragmented approaches that currently exist. The bid is currently under consideration.

**Unscheduled Care National Event:** Representatives from NHS Borders attended the National Unscheduled Care Event in Stirling on 11 September. The event provided learning from other Health Boards in regards to some of the key challenges Boards are currently facing and will continue to face as we move into the winter months regarding managing unscheduled demand.

**Institute of Healthcare Optimisation (IHO):** Representatives from IHO visited the Borders on Tuesday 23 September. The visit included presentations across the site where they outlined their approach to the Whole System Patient Flow improvement project and initial data findings from NHS Borders.

**Speech and Language Therapy (SLT):** Following a recent successful recruitment process Pauline Penman has been appointed to the role of Interim Professional Lead SLT NHS Borders as of 1<sup>st</sup> October 2014 for a period of 6 months on secondment from NHS Highland. She will be undertaking some clinical work and will be operationally managing and leading the SLT service. She will lead and work closely with all SLT staff, their colleagues, partner agencies and patients in reviewing the model of current and future service delivery.

### **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.
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**Approved by**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Calum Campbell	Chief Executive		

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