

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

Ask the Board: Ask the Board sessions were held on 9 April 2015 in Hawick Community Hospital and 16 April in Eyemouth. A review of the current process in being undertaken to ensure that the focus of the sessions are meaningful for all staff.

At home or in a homely setting: An event was held on 8 May at Tweed Horizons focusing on "housing in the health and social care integration process".

Armed Forces & Veterans Joint Group meeting: A meeting was held on 12 May and chaired by Paul Gray, Director General for Health and Social Care for the Scottish Government and Chief Executive of NHSScotland,

Driving Improvement in Healthcare: An informative Healthcare Improvement Scotland Reception was held at the Scottish Parliament on 27 May 2015

Care and Culture: On 29 May, an exploratory discussion around what possible approaches might be taken on improving the care culture was facilitated by Dr Anne Hendry, National Clinical Lead for Integrated Care Joint Improvement Team. A follow up session has been arranged for Friday 26 June.

Excellence in Health - Integrated Care: From Aspiration to Implementation: On 4 June, A facilitated discussion took place on how care of older people could be transformed through integrated approaches. The session was interactive with all participants asked to share their thoughts on what good care of older people would look like in their local system.

Patient Safety Fellowship Event: On 17 June Cohort Seven Fellows presented the fruits of their learning, networking, leadership development and project work. This provided opportunities for networking and sharing knowledge amongst Fellows and Senior Leaders from Scotland and beyond. A Question and Answer session for Senior Leaders and Fellows was also held to discuss the opportunities and challenges for employers in releasing clinicians to undertake significant Quality Improvement work.

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
13.04.15	CCD (2015) 1	The Community Care (Personal Care and Nursing Care) (Scotland) Amendment Regulations 2015
13.04.15	CMO (2015) 4	Penrose Inquiry: Hepatitis C Testing
13.04.15	PCA (P) (2015) 6	Pharmaceutical Services Amendments To Drug Tariff In Respect Of Remuneration Arrangements From 1 March 2015
13.04.15	PCA (P) (2015) 7	Pharmaceutical Services Amendments To Drug Tariff In Respect Of Remuneration Arrangements From 1 April 2015
13.04.15	PCA (P)(2015) 8	Community Pharmacist: Supplementary and Independent Prescribing Clinics: Transitional Funding Arrangements for 2015-16
13.04.15	PCA (O) (2015) 1	General Ophthalmic Services
13.04.15	PCA (M) (2015) 2	General Medical Services The Shared Parental Leave and Leave Curtailment (Amendment) Regulations 2015
13.04.15	PCS (AFC) (2015) 1	Pay And Conditions For NHS Staff Covered By The Agenda For Change Agreement
13.04.15	PCS (DD) (2015) 1	Pay And Conditions Of Service Remuneration Of; <ul style="list-style-type: none"> • Hospital Medical And Dental Staff; • Doctors And Dentists In Public Health Medicine And The Community Health Service; • Public Dental Service Staff; • Dental Training Grades; • Associate Advisers/Assistant Directors; • Directors Of Postgraduate General And Dental Practice Education (Crump); • GP Specialty Registrars In General Practice. This Circular Includes: A. Increases To National Salary Scales And Post Specific Salaries: 2015-16 B. Uplifts To Fees And Allowances 2015-16
13.04.15	Addendum PCS(DD)2015/1	Pay And Conditions Of Service Remuneration Of: <ul style="list-style-type: none"> • Hospital Medical And Dental Staff; • Doctors And Dentists In Public Health Medicine And The Community Health Service; • Public Dental Service Staff; • Dental Training Grades; • Associate Advisers/Assistant Directors; • Directors Of Postgraduate General And Dental Practice Education (Crump); • GP Specialty Registrars In General Practice.
13.04.15	PCS (DD) (2015) 2	Pay And Conditions Of Service - Remuneration Of Dental Vocational Trainees (DVTS)
13.04.15	PCS (SDIA)(2015) 1	Scottish Distant Islands Allowance
13.04.15	PCS (ESM) (2015) 1	Pay And Conditions Of Service

		Executive And Senior Management Pay 2014-15.
13.04.15	PCS (ESM) (2015) 2	Pay And Conditions Of Service Executive And Senior Management Pay 2015-16.
13.04.15	PCS (GPR) (2015) 1	PAY AND CONDITIONS FOR GENERAL PRACTITIONER SPECIALTY REGISTRARS (Gpstr's) IN SCOTLAND
13.04.15	DL (2015) 1	Providing Equipment To Children And Young People With Disabilities
13.04.15	DL (2015) 2	Hospital Eye Service
13.04.15	DL (2015) 3	Recruitment & Retention Premia
13.04.15	DL (2015) 5	Supporting The Work-Life Balance Shared Parental Leave Policy
15.04.15	DL (2015) 4	Polypharmacy
17.04.15	DL (2015) 6	European Cross Border Healthcare Directive
17.04.15	CMO (2015) 07	Disposal of Pregnancy Loss
17.04.15	PCA (P) 2015 09	Additional Pharmaceutical
24.04.15	CDO (2015) 001	Impact Of Children & Young People Act: What It Can Mean For A Child's Dental Care
28.04.15	PCA (P) (2015) 10	Public Health Service Poster Campaign 2015-16
06.05.15	PCS (MD) 2015 1	NHS Pay Conditions and Workforce Planning 2014-2015
06.05.15	PCS (MD) 2015 2	NHS Pay Conditions and Workforce Planning 2015-2016
12.05.15	PCA (P) (2015) 11	Additional Pharmaceutical Services Gluten Free Food Prescribable Product List
13.05.15	PCA (D) (2015) 03	Amendment No 129 To The Statement Of Dental Remuneration
13.05.15	DL (2015) 10	Driving Improvement, Delivering Results – The Scottish Healthcare Science National Delivery Plan 2015 - 2020
28.05.15	DL (2015) 11	Hospital Based Complex Clinical Care

Director of Nursing & Midwifery, Interim Director of Acute Services

Family Nurse Partnership (FNP): Is an intensive, preventive, home-visiting programme for first time mothers aged 19 or under at last monthly period (LMP) and that are no more than 28 weeks and 6 days gestation and ends when the child reaches the age of two.

- The programme is 'opt in' for mothers who are not planning to relinquish the child. Those choosing not to enrol will be supported by universal Health Visiting service.
- The programme goals are to; improve maternal health and improve pregnancy outcomes, child health and development and parent's economic self-sufficiency.
- It is a licensed, structured programme delivered by specially trained family nurses who have mainly been drawn from public health nursing/health visiting.

NHS Borders are testing the implementation of the first hybrid version of the model in Scotland in conjunction with NHS Lothian. The hybrid model is being tested as the number of eligible clients in NHS Borders would not meet the license agreement, entering into a joint working agreement achieves these requirements.

The two family nurses in NHS Borders commence on the 22nd June with a period of training from the national unit at NHS Education for Scotland (NES) and service management in Lothian. The “go live date” is 10 August, with a period of testing eligibility and entitlement by NHS Borders from official sign on date of 8 June until the “go live” date.

NHS Borders will join the Lothian Family Nurse Partnership Advisory Board (FAB) which has the overall governance for the hybrid model and a local Scottish Borders FNP Operational Steering Group is currently being set up with multiagency partners to provide local governance and will be accountable to the FAB and will report and have links locally with Clinical Executive Operational Group, Joint Primary and Community Services (PACS) Clinical Board, Children and Young People’s Health Network.

Family Nurse Partnership (FNP) event (09.03.15): Nicky Berry, Interim Head of Midwifery and Mandy Brotherstone, Head of Children’s Services attended an event of the FNP on 9 March 2015 at Edinburgh Castle hosted by the First Minister, Nicola Sturgeon. Sarah Horan is NHS Borders FNP Implementation Lead.

Family Nurse Partnership Appointments: Rois Henderson, Health Visitor/Infant Mental Health Practitioner and Sharon Thomson, Health Visitor/Child Protection have been appointed Family Nurse Partners. They will take up their posts on 14th June 2015 to commence training with the National Unit and the hybrid team in Lothian.

Workplan Workshops: There was a series of Workshops held to discuss the future Workplan for the Nursing and Midwifery Directorate. On the 28 April 2015 in the Lecture Theatre, Education Centre, Professor Mary Wells from Stirling University came to give a presentation on her career and how she got into research.

Professor Fiona McQueen, Chief Nursing Officer: Will be visiting NHS Borders on 24 September 2015. Work is underway to create an agenda for her visit.

Haematology Advanced Nurse Practitioner: is in the process of being recruited to.

NHS Scotland Event (23/24 June 2015): Kim Smith, Practice Development Lead, has had two of her poster extracts: *Senior Charge Nurse Supervisory Pilot (September 2013 - March 2014)* and *Eliminating Avoidable Pressure Ulcers* accepted for the NHS Scotland Event.

Edinburgh, the Lothian’s and Scottish Borders Multi-Agency Public Protection Arrangements (MAPPA) Thematic Review: Took place during May 2015. We are awaiting the report at the time of writing.

Alzheimer’s Dementia Nurse Consultant: Peter Lerpiniere has been appointed to the role and commenced work on 5th May 2015. He has a wealth of experience from 27 years nursing and before this role was the Liaison Nurse Specialist in Mental Health Older Adult Services within NHS Borders. A further key role for Peter is to support colleagues within the Borders General Hospital and within community settings to further develop their skills, knowledge and abilities in meeting the needs of those who experience Dementia, ensuring that high standards of care are experienced wherever the care setting.

Scottish Government Maternity and Neonatal Services Strategic Review: NHS Borders commented on the Review.

Events attended by Director of Nursing & Midwifery, Interim Director of Acute Services: NHS Scotland Learning Event: Measuring and Monitoring of Safety Programme (15 April 2015); QI Executive Leads Masterclass Session (19 May 2015); QI Learning Session - Dementia (Tommy Whitelaw and Local Speaker on Dementia) (26 May 2015); Care Assurance Stakeholder Event (28 May 2015); Scottish Improvement Science Collaborating Centre Launch (5 June 2015).

Leadership Walkrounds: These took place on Ward 4 on 9 April 2015 and in Endoscopy and Orthopaedics on 10 June 2015.

Older People in Acute Hospitals: The Health Improvement Scotland Inspection Team visited NHS Borders on 7 May as part of their new methodology, following up on the self assessments and updates submitted by the Board in September 2014 and February 2015. The visit consisted of an opportunity to present the Boards achievements and areas of ongoing improvement in meeting the standards for Older People in Acute Care and an opportunity for the Inspectors and a range of subject experts to meet with staff to discuss falls prevention, care of patients with Cognitive Impairment, Pressure Area Care, Deteriorating Patients and Food, Fluid and Nutrition. The visit also provided the opportunity for the team to meet with representatives from our third sector partners and volunteers as well as representatives from Support Services, Medical, Nursing and Allied Health Professionals (AHP) workforce. NHS Borders will receive a commentary on the self assessments to date, the visiting team have acknowledged the organisation of the day and commented positively on the open and honest dialogue with staff and the tangible engagement in the discussion groups as evidence of our solution focussed approach, supporting staff's balanced accounts and recognition of the successful practice while acknowledging the need for areas of improvement.

Revalidation: Is scheduled to begin on the 1st April 2016, and registrants due their 3 yearly renewals with the Nursing and Midwifery Council (NMC) after this time must be ready to provide the required evidence. As part of the Revalidation process, staff must record evidence to support their reflective learning, practice and feedback received and it is therefore recommended by the NMC that nurses/midwives keep a portfolio. While it is not compulsory to have an electronic portfolio, all submissions to the NMC will require to be made electronically and therefore, it is recommended to use an "eportfolio". In order to raise staff awareness of eportfolio and its application to Revalidation, Magi Hunter, NHS Education for Scotland (NES) Practice Educator is offering to arrange a time to discuss this with Senior Charge Nurses and their teams. Magi can be contacted at magi.hunter@borders.scot.nhs.uk to make the necessary arrangements for the team briefings.

There is information on the Practice Educator microsite including links to the NMC and NES, and also dates for the eportfolio workshops which are being held in the e-learning suite in the BGH Education Centre. Additionally, all current information is available on the NMC website <http://www.nmc.org.uk/standards/revalidation/>.

Pressure Ulcers Standards Scoping Report: Healthcare Improvement Scotland has published the Scoping Report for the pressure ulcer standards document which is due to be developed in 2015/16. Healthcare Improvement Scotland is now requesting a three week engagement to obtain feedback on the scope of the standards. This has been sent to Kim Smith, Practice Development Lead, to respond on behalf of the organisation. The feedback received will be presented at the first meeting of the pressure ulcer standards project group and the draft standards will be due for publication around February 2016.

Director of Finance

2014/15: During the last few months work has been ongoing to produce the presentation accounts for 2014/15. This has involved working with the External Auditors who were on site during May and June. A draft copy of the accounts was submitted to Scottish Government on the 29th May 2015 in order that draft consolidated NHS Scotland accounts can be compiled. A detailed session on the accounts was held for Board members on the 20th May 2015 and the final accounts for 2014/15 will be presented to the Board at its meeting on the 25th June 2015 for approval. In summary the Board had met its financial targets during 2014/15 and was issued with a unqualified audit certificate from external auditors Scott-Moncrieff.

Following the finalisation of the 2014/15 accounts the Finance Directorate is required to complete the cost accounts over the summer months for inclusion within the Scottish Health Service Cost Booklet.

Geoghans have undertaken their annual audit of the 2014/15 Endowment Fund Accounts. The finalised accounts having been approved by the Endowment Board of Trustees on the 3rd June 2015 and will be noted by the Board at the meeting on the 25th June 2015.

2015/16: The Finance Directorate has moved its focus to the new financial year. Having completed the budget sign off process with managers the reports for the first two months of the new year have been produced and issued. Detailed trajectories for each area of the budget are being prepared and these are being discussed with managers.

Key to the financial plan for 2015/16 is the Efficiency Programme. Good progress has been made although a number of schemes are still to confirm the level of efficiency that will be delivered. The monitoring of the Programme is being undertaken through the Aspyre project management system and monitored at the Quality and Efficiency Board. NHS Borders Board will be updated on progress as part of the regular finance report as well as the detailed six monthly report on the Programme. There remains a shortfall on the recurring element of the efficiency target. The Strategy and Performance Committee will receive an update on this shortfall at each of its meetings. In addition the Financial Position Oversight Group (FPOG) is being sent monthly information on efficiency delivery with more detailed discussion taking place at its quarterly meetings.

Capital: NHS Borders Board will receive an update on the capital plan as part of the regular finance report. In addition a detailed capital plan will be presented to the Board at its meeting on the 25th June 2015 with a further update planned for the December meeting. The main focus on the plan will be the health centre at Roxburgh Street in Galashiels, the replacement of the theatre ventilation in Borders General Hospital and the estates, IM&T and Medical Equipment rolling programme commitments. Work continues to generate sale proceeds, through the disposal of surplus properties, which can during 2014/15 be reinvested against capital priorities. During June it is anticipated that the sale of Westgrove will be concluded.

Integration: Work is continuing with colleagues in Scottish Borders Council on taking forward Health and Social Care Integration. This will take into account feedback on the Integration Scheme consultation and preparation of the Strategic Plan.

Other: The Property and Asset Management Strategy (PAMS) for 2015/16 has been submitted on time in draft to Scottish Government subject to Board approval. A feedback session has been arranged with Scottish Government for early September. It is planned to present the PAMS to the Board for approval in the summer which is much earlier than in previous years.

Over the last few months a review of the procurement function within NHS Scotland has been taking place. A draft report with recommendations has recently been issued. The Board will be advised in due course of any significant impact on NHS Borders of the review.

Medical Director

Medical Staffing: New appointments: Nick Poppelwell has been appointed Consultant in Oral Surgery – this appointment will reduce significantly our dependency on locums to support waiting times in oral surgery

Vacancies: Despite recent recruitment successes the number of vacant consultant posts has increased to 11 with the main pressure points being anaesthetics, ophthalmology and acute/ general medicine

Commissioning Update: Following the successful implementation of the GP Redirection Process, the Commissioning Team expanded this process to cover consultant referrals to NHS Lothian. The initial signs are that referrals for non-tertiary services from NHS Borders Consultants to NHS Lothian has fallen slightly and work is ongoing to embed this process locally and with NHS Lothian Consultants.

Within the SEAT Regional Planning Group, this work has been highlighted as an area of good practice and the other SEAT boards will be looking at our process to develop similar approaches in their local boards.

Joint Working Lothian: The Medical Director and Lead Commissioner met with their counterparts in Lothian to scope areas of common interest and challenge where joint working might support each board in delivering services. This work will now be picked up through the SEAT network.

GP Contract: The end of financial year performance in QOF has been scrutinised by the GP Contracts group and the position agreed – once again GP practices within NHS Borders achieved a high level of performance.

Members of the Executive Team , Primary and Community Services senior team and GP representatives met with Scottish Government colleagues and members of the GP Committee of the Scottish BMA to discuss the challenges facing General Practice and developments proposed within the GP contract to mitigate the risks currently faced by the service including workforce shortages and workload.

Medical Certificate of Cause of Death: The Certification of Death (Scotland) Act 2011 (2011 Act) came into force on **13 May 2015**

Background: The Certification of Death (Scotland) Act 2011 will:

- Introduce a new death certification system in Scotland - through a single system of independent effective scrutiny by Medical Reviewers (MRs).

- Improve the quality and accuracy of Medical Certificates of Cause of Death (MCCD) – through electronic completion of the MCCD where possible, and the new scrutiny ('review') process.
- Provide improved public health information – through improved MCCDs, enhanced data monitoring, analysis and trends identification.
- Strengthen clinical governance in relation to deaths – through linkages between the new review system and Health Boards.
- Improve the quality of service and care of the bereaved and the wider public - through improved/enhanced accuracy of recording, and use of cause of death information.
- The key changes include:
 - A more equally applied system i.e. same level of scrutiny of cause of death regardless of whether burial, cremation or any other form of disposal.
 - Cessation of statutory cremation forms B and C, with abolition of associated fees, resulting in reduced costs to the bereaved of approximately £170 per cremation.
 - The end of the statutory role of Crematoria Medical Referees.

All areas within NHS Borders where death certificates can be issued have been supplied with appropriate information and staff have been given appropriate guidance to ensure that the process progresses smoothly

Director of Workforce & Planning

Carer Positive Kite Mark: NHS Borders is the first territorial Health Board in Scotland to be recognised for its commitment to supporting employees who are carers and has been awarded the Scottish Government's 'Carer Positive' kite mark. In Scotland it is estimated that around one in seven workers are juggling work and caring, with the number of carers across the UK forecast to increase by around 50% over the next 20 years. NHS Borders provides a range of work-life balance policies and proactive support for people who are carers. This includes flexible working schemes and special leave policies as well as practical support through the Occupational Health Service and links to voluntary sector support. Carers Scotland hope that this achievement by NHS Borders will encourage more health boards in Scotland to look at the support they provide for employees who are carers and become recognised as Carer Positive.

Celebrating Excellence Staff Awards: NHS Borders hosted the second Celebrating Excellence Staff Awards on Saturday 1st May 2015. The event attracted 330 members of staff, guests, supporters and volunteers to Springwood Park in Kelso to celebrate and recognise the hard work, commitment and dedication of staff across the organisation. The event proved more popular than in 2014 with an 84% increase in the numbers of people attending and a 22% increase in the number of nominations received. The event was funded from the General Endowment Fund with additional funding donated from the Royal College of Midwives and also from Unite. Feedback received from the finalists, winners and attendees of the staff awards has been excellent with complementary comments and constructive ideas for future events. A 'lessons learned' report has been prepared to help inform the 2016 event.

SVQ 2 Facilities Services Qualification: NHS Borders has secured funding from NHS Education for Scotland to support Estates & Facilities Staff to gain an SVQ Level 2 Facilities Services Qualification. Participants will greatly benefit from this qualification allowing them to see a career pathway and progression within their chosen field and being supported for future roles within the organisation to aid succession planning. The external

funding will enable us to train internal assessors and verifiers so that the organisation can sustain future cohorts of Estates and Facilities Staff.

Director of Strategy (Integration)

Headline Progress in the Reporting Period (March/April): Progress continues to be made across all work streams over the reporting period. In particular:

- **Scheme of Integration** – The draft Scheme of Integration has been submitted to Scottish ministers on the 31st March as per the programme plan and as per the national timescales. The papers were presented as work in progress to both the Council and Health Board on the 2nd of April. Feedback on the submitted Scheme has now been received from the Scottish Government. This sets out a number of areas where further clarification is required
- **Strategic Plan** – The 1st draft of the Strategic Plan was published on 10th April with a press release, facebook and twitter posts. The Plan was posted on both websites and electronic copies were sent to all identified internal and external stakeholder groups – including all those people who attended the February public meetings. The second draft of the plan is in preparation and is due to be presented to the Integration Joint Board on the 22nd June and the Council and NHS Board on the 25th of June. The 2nd draft will be published on the 1st of July for consultation and further engagement events will be held in late August and early September. Engagement over the 2nd draft ends on 22nd September and a final draft will be developed by the end of October.
- **Staff and Public Engagement** – A series of public engagement events has been held across 11 communities across the Borders over May and early June – the last of these is being held in Newcastleton on the 9th June. Staff and Public attendance at the meetings is set out in table 1 below. The events were publicised through direct mailing, posters, press releases, advertising in the local press and on Radio Borders as well as facebook, twitter and on the Council and NHS Borders websites. Following justified criticism over lead-in times from the February events, more than a month's notice was given for each event. However, numbers were disappointingly low in a many communities. Ways in which this can be addressed will be considered for the next round of engagement sessions.

Table 1: Attendance at the Staff and Public Engagement Events in May/June 15

Meeting	Staff	Public
Kelso	17	10
Galashiels	18	1
Jedburgh	11	2
Lauder	7	5
Eyemouth	3	8
Hawick	20	6
Selkirk	11	3
Duns	20	7
Peebles	16	16
Coldstream	2	9

Overall, there has been excellent feedback from staff and public and *some* of the main points raised have been summarised in Table 2 below. The feedback – which was also received via online forms on the website - is being used to inform the development of the 2nd draft of the Strategic Plan.

Table 2: Some of the key issues from staff and public engagement events	
Care Co-ordinators	the need to have co-ordinated care plans and a person who acts as a co-ordinator and single point of contact
Better Planning for Discharges	the need to improve planning for discharges to avoid people facing struggling at home without the proper support leading to pressure on community-based services and ultimately leading to readmission
Transport	the need for improved services and co-ordination of transport to enable access to services.
IT	the need for joined up systems that enable integration, have a single view of the patient and allow staff to share emails and calendars and also avoid duplication.
Access to equipment	particularly out of hours - to support people in their own home and prevent failed discharge.
24/7 Services	the need for flexible 24/7 services to be made widely available to reflect modern lifestyles.
Valuing Carers	the difficulty in recruiting and retaining carers – the need for professional development and appropriate/attractive remuneration to tackle this issue.
Improved Information Sharing and Signposting	the need for a change in attitudes to information sharing and also improved systems/protocols to facilitate this.
Isolation & Loneliness	the negative impact of social isolation on individual outcomes and the impact this has on services needs to be addressed.
Early Intervention	more focus on early intervention and prevention opportunities.
Improved Education	Improved education and training opportunities for both staff and communities.
Self-Referral and Self-Management	the need for more services to offer this approach.
Multi-Disciplinary Teams	the need for more multi-disciplinary teams to reduce waiting times and improve outcomes.
Targeting Poverty and Health Inequalities	the need for more focus on the impact of poverty and inequalities on individual outcomes and the need for targeted resources to improve outcomes.
Improved support for unpaid carers	supporting them in their role, including them as valued members of the team and consulting them in discharge arrangements all considered to be crucial.

- Strategic Planning Group** – The Strategic Planning Group (required under legislation to support the Integration Joint Board in the development, review and renewal of the Strategic Plan) has now been established. The first meeting of the group was on the 22nd of May and the Group took part in a national event at Heriot Watt University on the 28th May.

Governance & Integration Group: The focus of the Group has been on the completion and submission of the Scheme of Integration by the end of March. Now that the Scheme has been submitted the group is only likely to meet on an “as required” basis to facilitate any updates to the Scheme following feedback from the Scottish Government.

Strategic Planning Project Board: The Project Board has focussed on the delivery of the engagement events around the 1st draft of the Strategic Plan, the recruitment and induction of the Strategic Planning Group and the development of the 2nd draft of the Plan which will be presented to the Integration Joint Board on the 22nd June and to the Council and NHS Board on the 25th June. The 2nd draft will go out for wider consultation between 1st July and 22nd September. Stakeholder events for this will be in the last week of August and first two weeks of September.

The Finance Group: Progress continues to be made, on schedule, on the delivery of component parts of the Finance Workstream.

The Workforce Development Group: The Group has developed a draft Organisational Development Plan for the integrated services. The Group will support Staff Engagement events in August and September as part of the development of the Strategic Plan. Resource is being sourced to support this work stream.

The Information, Performance and Technology Group: Work is being undertaken to scope a programme to take forward the IT and data and information sharing issues identified in the initial investigative work. A Programme Brief is being developed for agreement by the Programme Board.

The Communications and Engagement Group: The main activity has been in supporting the launch of the Strategic Plan including the design and launch of the Plan and establishing public engagement events in the 5 areas across the borders.

Director of Estates & Facilities

Director of Public Health

Chief Officer

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
Jane Davidson	Chief Executive (Interim)		

Author(s)

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Board Executive Team			