

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

17.12.15: Scottish Borders Council: The Chairman and Chief Executive presented to the full Council meeting in December.

18.12.15: Medical Director Interviews: The Board's substantive appointed as Medical Director is expected to commence in March 2016 and an induction programme is currently being developed.

23.12.15: General Managers: The Chief Executive has been meeting with senior managers - General Managers, now widening to Associate Directors and others – to foster open dialogue and support; this is particularly focused on setting expectations and forward planning. It is hoped this will encourage openness, honesty and clarity of purpose as well as support these individuals to develop the organisation.

12.01.16: Project Search: NHS Borders, Scottish Borders Council and Borders College agreed to run a 1 year programme called Project SEARCH which aims to enable young people who have a learning disability to gain employment. The programme will run from September 2016 and will support 8 young people (Interns) undertake 3 work experience rotations at Borders General Hospital

Benefits of Project SEARCH:

Benefits to the Interns:

- Participate in a variety of internships in a high-status local business
- Acquire competitive, transferable and marketable job skills
- Gain increased independence, confidence and self esteem
- Obtain on site and individualised instruction, support, and reasonable adjustments
- Develop linkages to adult service agencies

Benefits to the Host Organisation:

- Access to a new, diverse talent stream with skills that match labour needs
- Gain interns / employees with disabilities who serve as role models for customers and give them a sense of hope, which is reflected in satisfaction surveys.
- Access to a demographic of the economy with intense buying power: people with disabilities represent one of the fastest growing market segments in the western world.

- Experience increased local, regional, and national recognition through marketing of this unique programme
- Performance and retention in some high-turnover, entry-level positions increase dramatically

I am very hopeful that this will make a real difference both to the young people and to this organisation.

19.01.16: Joint Inspection of Services for Children & Young People in Scottish Borders: Scottish Borders Council hosted the Joint Inspection of Services for Children & Young People in Scottish Borders by the Care Inspectorate. The initial session was to assist the Inspection Team to understand the improvement agenda and to examine the rigour and quality of self-evaluative activity. The draft report is expected to be released for comments on 5 May 2016 with publication of the final report on 20 June 2016.

20.01.16: Scottish Public Services Ombudsman (SPSO): The SPSO visited on 20th January and saw the work we are doing in relation to Quality of Care, Complaints and Values into Action (values based recruitment), spoke to staff leading the changes, and shared some insights and challenges with us. We are arranging a visit to his office, to see how they handle complaints and communications.

03.02.16: NHS Borders Mid Year Review: Mr John Connaghan lead the NHS Borders Mid Year Review session on 3 February. The main topics of discussion were financial challenges, performance and integration.

05.02.16: Scottish Leaders Forum: The Chief Executive attended the session which was an opportunity for the Scottish Leaders Forum to develop as a collaborative force for transformation across public services, and to identify key actions – collectively and individually – to drive change.

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
04/12/2015	DL (2015) 25	Delivering Everyone matters: 2020 workforce vision implementation plan 2016-17
15/12/2015	DL (2015) 27	Universal Credit
13/11/2015	DI (2015) 24	Sustaining Medical Workforce In Scotland - Proposal For International Medical Training Fellowships
17/12/2015	PCS (AFC) 2015 3	AfC on call provisions
22/12/2015	PCA (P) (2015) 30	Drug Tariff Part 11 - discount claw back scale
11/01/2016	PCS (O) (2016) 1	General Ophthalmic Services - Pachymeter
13/01/2016	STAC (TSC01) 2016	Review of AfC Band 1 posts
13/01/2016	DL (2016) 01	LDP 2016/17 Guidance
18/01/2016	CMO (2016) 1	Additional Catch-Up Cohorts Included In The Shingles (Herpes Zoster) Vaccination Programme In 2015-16
21/01/2016	CMO (2016) 2	Management of deaths in the community
27/01/2016	CMO (2016) 3	Seasonal Influenza: Use of Antivirals 2015-16
03/02/2016	CMO (2016) 4	Risk of Ebola Virus Disease (EVD) transmission

		from Ebola Survivors
03/02/2016	PCS (AFC) 2016 1	Annual Increments for Bank Workers

Director of Nursing, Midwifery & Acute Services

National Flu Campaign: Philip Grieve, Operational Manager for Mental Health, is NHS Borders National Flu Campaigner.

Improvement Advisor: Mandy Brotherstone, Head of Children's Services / Child Health Commissioner and Allyson McCollam, Joint Head of Health Improvement, have completed a year long course that was lead by the American based Institute of Health Improvement and sponsored by the Scottish Government.

The aim of the project was to reduce paediatric Dental 'Did Not Attend' (DNA) in the Public Dental Service in Galashiels for 0-16 years old from 17.4% in December 2014 to 12% by December 2015.

The outcome of the project was to better the initial stretch aim with an average of 10% DNA rate. The confidence in the sustained improvement in the dental DNA rate has lead to agreement to introduce a spread plan across all dental clinics at the 23rd November Oral Health Strategy Meeting.

Journal of Practice Nursing: Alan Dunlop, Specialist Nursing - Eating Disorders, Borders Crisis Team and Liaison Psychiatry Team has had an article on 'How can general practice nurses best manage eating disorders?' published in the Journal of Practice Nursing.

PhD Student: The School of Nursing and Health Studies at Dundee University have been in touch as they have a PhD student who is focussing his studies on the experience of newly qualified practitioners (NQP's) and as part of his empirical plans, he wants to recruit NQP's from a number of Scottish Health Boards including NHS Borders to take part in a survey. They have been put in touch with Janice Laing, Operational Lead for Training and Development, to arrange this.

Student Nurse Intake Increase: The Scottish Government is investing in the NHS workforce of the future with a 5.6 per cent increase in trainee nurses and midwives confirmed for 2016/17.

This is the fourth successive rise and will take next year's recommended intake to above 3,200 students.

Lothian and Borders NMAHP Research Community Letter: Can be found on the Nursing and Midwifery Microsite at: <http://intranet/resource.asp?uid=26706> .

Measurement and Monitoring of Safety Programme (13.01.16): This Programme meeting was held at Newstead Board Room last month. At this meeting they discussed that a session is being run International Forum on Quality and Safety in Healthcare (<http://internationalforum.bmj.com/>), on 12th – 15th April 2016. The abstract summary is: We all test together! Working collaboratively to test a safety framework

1. Learn about the framework and how teams have tested it to support their understanding of safety within their varied clinical environments

2. Understand the practical challenges and hear top tips for those who plan to implement the framework in clinical areas
- 3: Identify and network with colleagues from improvement bodies and test sites from across the UK who have experience and want to share their learning with others
- 4: Understand the value of working in partnership at a national level for safety improvement.

Walkrounds: Evelyn did a walkround in Endoscopy on 26th January 2016 and had a theatres walkround on 23rd February 2016. Safety Adviser attended the safety walk round for the Emergency Department on 2nd November 2015.

Healthcare Improvement Scotland (HIS) National Approach to Learning from Adverse Events Programme Board: The Risk & Safety Manager attended the national meeting as the representative of the Heads of Safety for NHS Scotland. Subsequently, she is now leading on a national piece of work involving all Health Boards on the interface between health and safety practice and the HIS Management of Adverse Event Framework (revised April 2015).

Highlights of the Scottish Maternity Survey: The midwifery team across NHS Borders are pleased to share the very positive findings of the Scottish Maternity Survey 2015. This is a national survey and questionnaires were sent to 144 women who gave birth within NHS Borders between February and March 2015, with a response rate of 47%. The survey is conducted by the Nursing, Midwifery and Allied Health Profession (NMAHP) Research Unit. The results of the survey were:

- 92% of women rated their antenatal care as good or excellent (Scottish average 92%)
- 94% of women rated the care they had received during labour and birth as good or excellent (Scottish average 92%)
- 98% of women rated the care they had received in hospital after the birth of their baby as good or excellent (Scottish average 85%)

The maternity team will now look in detail at the report to analyse where improvements can be made. An action plan will be developed by the end of January 2016 to ensure that all women who access our services receive the best possible care during pregnancy, birth and the postnatal period.

Medical Director

Education: NHS Borders Director of Medical Education, Dr Jane Montgomery, and I attended a national meeting on 12th February to discuss how Boards can better engage with NES and the GMC as they undertake review visits around the country. The GMC is keen to ensure that Boards have effective systems of educational governance and leadership in place to manage and control the quality of medical education and training. Simultaneously it is recognised that trainees play a vital role in service provision 7 days a week and their need for support and supervisions must be balanced accordingly, in order to provide high quality patient care and a high-quality training experience. The various challenges and opportunities provided by GMC visits were discussed, highlighting the major difficulties in recruiting and retaining trainees to NHS posts; and the importance of Boards providing good administrative infrastructure for Directors of Medical Education to fulfil their responsibilities.

Delayed Discharges: Much hard work has gone into ensuring that patient flows through the BGH and into community care has taken place over the winter months. Despite times of intense pressure, all staff groups and agencies have worked well together to maintain patient safety and ensure a good quality experience of their assessment and treatment. Many thanks to all staff for ensuring the organisation has maintained a good grip of these processes, as an excellent example of what can be achieved by a solid partnership between health and social care organisations. A quote from a local Consultant Physician stated that “I’ve never seen such a good winter period”.

Community Pharmacy: From December, Community pharmacists can treat uncomplicated urinary tract infections in women aged 16-64. This will save unnecessary GP and BECS appointments and provide quicker access to treatment. Pharmacists have been trained to provide the service and will work to a locally agreed protocol.

A medicine review service started in all bar 2 community pharmacies in January. The service will initially focus on the sick day rules card and patients taking the relevant medicines will be invited to have a discussion with the community pharmacist. The focus of the review will change approximately annually.

Prescribing Support Team: The PST is testing a new way of working in a number of practices in line with the new Primary Care Pharmacist role. The pharmacist will have a patient focussed role and manage a caseload. We are also in the process of recruiting a pharmacist to fill the new GP pharmacist post funded by the Scottish Government.

BGH Pharmacy: A new model of service delivery is being tested in a number of wards. Within MAU, a pharmacist and technician will be available all day to support medicines reconciliation and discharge planning. In other wards, pharmacists are proactively working with ward staff to identify patients ready for discharge and preparing discharges on the ward. On Friday 12th Feb 13 discharges were prepared by the pharmacist on ward 9. This will help reduce the need for discharges to go to pharmacy and speed up the discharge process.

Medical Staffing: We continue to experience difficulties in recruiting to ophthalmology and middle-grade medical rotas, but the situation in anaesthetics has improved and recruitment opportunities have improved in other specialities. New members of Consultant staff have been appointed since the last report:

Director of Workforce & Planning

IM&T: Significant progress has been made recently in electronic availability of information for clinicians.

Discharge letters from Trak are now sent electronically to General Practice directly to their Docman queue for review.

Letters from NHS Lothian are also now being sent to Practices electronically.

Staff who have SCI Store user accounts can now see any information which is available in Stores in the following Boards NHS Lothian, NHS Greater Glasgow & Clyde and NHS Lanarkshire.

Users of Clinical Portal can also see information held in NHS Fife & Dumfries and Galloway SCI Store.

The Outpatient Clinic Outcome letter is being implemented electronically, with General Surgery letters being the first ones to be sent to GP Practices this week. The other specialties will follow closely.

The Infrastructure Transformation Programme continues to upgrade General Practice server hardware and is due for completion of all practices in early March. It has not been without issues but IT teams, third party suppliers and practice staff have worked together to resolve these and minimise disruption

Staff Awards: Nominations for the 2016 Celebrating Excellence Staff Awards opened on 21st December 2015 closed on 31st January with a record 132 nominations received in 12 categories; Clinical Excellence, Innovation and Improvement, Person Centred Care, Behind The Scenes: Clinical, Behind The Scenes: Non Clinical, Improving Health, Supporter of the Year, Rising Star, Leading by Example, Partnership Working, Primary Care Provider of the Year (new category for 2016) and NHS Borders Values Award (new category for 2016). The Judging panel met on Wednesday 10th February to choose 3 finalists in each category – the winners will be announced at the event on Saturday 30th April at Springwood Park, Kelso. In addition to the 12 categories open to nominations, the Chairman will announce the winner of his Chairman's Award, last year won by the Margaret Kerr Unit. It is anticipated the event will attract more staff than last year and places will be open for application in the coming weeks.

Local Delivery Plan: Guidance has now been received from Scottish Government for the Local Delivery Plan (LDP) 2016/17. The draft LDP will be submitted to the Scottish Government Health Department on 4th March 2016. The final version is to be submitted by 31st May 2016.

As with the previous years, NHS Borders is required to produce and submit a LDP which forms a performance and delivery agreement between NHS Borders and the Scottish Government Health Department. 2014/15 was labelled a 'transitional year' for the LDP by the Scottish Government. This reflected the change in emphasis in the Government guidance for the plan. This change in emphasis continues for 2016/17. In the past the LDP has focused largely on the delivery of the HEAT (Health Improvement, Efficiency, Access to services and Treatment) targets set by the Scottish Government. From 2015/16 these targets have been known as LDP Standards as progress towards the targets was complete by March 2015. These Standards will continue to be closely monitored to maintain performance, however this year, as last, the LDP guidance focuses on what actions Boards are taking towards achieving the 2020 Vision for health and social care in Scotland and how we are working with our partners and members of the public to achieve this. It also relates to the work that is to be undertaken by the Integration Joint Board that is represented in the Strategic Plan.

The following sections are included in the 2016/17 LDP:

1. Improvement Plan
 - a. Health Inequalities and Prevention
 - b. Ante-Natal and Early Years
 - c. Person-Centred Care
 - d. Safe Care
 - e. Primary Care

- f. Integrated Care
 - g. Unscheduled Care
 - h. Scheduled Care
 - i. Mental Health
2. Workforce section
 3. NHS Contribution to Community Planning Partnership
 4. LDP Standards
 5. Financial Plans (submitted separately)

The LDP incorporates the key standards, plans, and levels of performance that NHS Borders will have to achieve during 2016/17. This in turn will inform discussions about performance at the Annual Review.

Work is underway to develop the LDP and will come through the Board approval route as per the agreed timeline.

Prevention and Management of Aggression and Violence update: PMAV are pleased to announce that they are now settled into their new training base at Huntlyburn (next to car park 7), which has resulted in the opportunity for PMAV to review their training in collaboration with Senior Management and Charge Nurses. The result, a new stream-lined training programme commencing in April 2017, which will reduce staff(s) time attendance at PMAV training and thereby reduce backfill costs. This will enable PMAV to increase their training programme, be more visible in the wards with more time to support management with Risk Assessment, Datix follow up, Lone Working and Argyll. This approach will ensure that the needs of the organisation in relation to PMAV are met with maximum efficiency and compliance with health and safety legislation.

Brief Summary re the Newly Qualified Practitioners Programme (Nursing & Midwifery): The Practice Education Facilitator team have recently developed and piloted a Newly Qualified Practitioner's (NQP) Programme for Nurses and Midwives based on a highly evaluated programme in NHS Lothian. The programme consists of five study days spread over five months; followed by 6 months where the NQPs are supported to complete a small scale improvement project. The study days include reflection on practice related to themes such as person centred care and patient safety and Clinical Specialist Nurses also share their experience with the newly qualified staff. There have been three sessions so far with very positive and encouraging evaluations and it is hoped that the programme will be made available to all newly qualified nurses and midwives.

Director of Finance, Procurement, Estates & Facilities

2015/16:

Revenue: The finance team continue to work closely with Clinical Boards and services to monitor budgets and compliance with revised year end trajectories. Due to the financial pressures across the organisation this work is crucial to ensure the Board meets its financial targets.

Key to the financial plan for 2015/16 is the Efficiency Programme. Non recurring and ring fenced funding will be used to ensure the target is achieved in 2015/16. This approach will result in a recurring shortfall at the end of the financial year which will be carried forward.

Capital: The Capital Plan for 2015/16 continues to project a breakeven position for the year end. The Board agreed secured slippage with Scottish Government linked to the East

& West Brigs Inpatient Ward relocation, Roxburgh Street Replacement Surgery and the Theatre Ventilation Replacement works. The agreed slippage will be reinstated to 2016/17 to enable completion on these projects.

2016/17 onwards

Revenue: Following the publication of the draft budget for 2016/17 work is ongoing on the finalisation of the three year financial plan. A board development session on the Local Delivery Plan took place on the 4th February 2016 and a follow up session is planned for the 3rd March 2016. The outlook is extremely challenging with the requirement to deliver efficiencies at an unprecedented level which will require the Board to make difficult decisions.

Capital: The Draft 5 year LDP Capital Plan has been produced following significant engagement with Clinical and Support Service Leads. The Plan details the limited Capital Resources being available to the Board and the prioritised projects as agreed through the Capital Governance process. The Board continues to discuss with Scottish Government colleagues access to additional resources to progress high priority projects and agreement to timescales for submission of business cases is currently underway.

Integration: The Finance department is supporting the following key elements of the Integration Programme

1. Revision to the NHS Borders Board Code of Corporate Governance
2. Compliance update by the Board on the requirements of the Integrated Resource Framework for the finance and governance of health resources delegated to the IJB
3. Due Diligence Process for recommendation on delegation of health functions and resources to the Integrated Joint Budget
4. Recommendation for Board approval of the Integrated Joint Budget and delegation of health functions and resources

The Finance Team supported the extraordinary NHS Borders Audit Committee which agreed revisions to the Board's Code of Corporate Governance and other changes in the NHS Borders Board as a result of the creation of the Integrated Joint Board on 1st April 2016. An internal audit is currently underway which will give an assessment of the Board's state of readiness for the new arrangements. This is due to be presented to the Audit Committee in March.

iMatter: The annual iMatter survey for finance and procurement staff is underway. As finance and procurement were early implementers this is the second survey for the departments. Work linked to agreed action plans is ongoing with staff questionnaires planned for completion during March 2016. In the case of estates and facilities following recent completion of the survey action plans are currently being finalised.

External Audit: External Auditors Scott- Moncrieff concluded their Interim Audit at the end of January with the Final Report anticipated in early March 2016. Verbal feedback from the Audit Team highlighted no significant issues.

PAMS: A development session took place with the Board on the 4th February 2016. This was an opportunity for the Board to have a detailed discussion on the 2015 document and influence the content of the 2016 update which is planned to be completed early in June 2016.

NHS Scotland Draft Outline Business Case for Laundry: The service has received a copy of the above. Comments on this have been submitted by the Head of Service. It is hoped these will be taken into account before the OBC is completed and submitted to Chief Executives for consideration.

Joint Director of Public Health

Keep Well: The target for cardiovascular health checks to reduce inequalities in health this year is 250 and so far this year we have been behind trajectory, showing a red or amber despite hard work to rectify the situation. However, it has recently come to light that there has been a data analysis problem resulting in data from three of our general practices not being included in performance figures. We are therefore pleased to report that by the end of January 2016 there have been 224 checks against a trajectory of 208 (108%) and we are expecting to exceed the target again this year, as in all previous years.

In primary care 17% of those checked have an ASSIGN 10 year CVD risk score of 20% or more, for opportunistic checks this figure is 33 %, and for vulnerable groups it is 50%. Such individuals are offered appropriate lifestyle support to change by LASS and referred to their GP for consideration of statin and anti-hypertensive medication.

Pertussis vaccine uptake in pregnancy: Just a good news item and to say thank you to all staff involved in achieving the highest uptake in Scotland for this programme. It is a distressing horrible disease especially in young children and these results will help protect Borders children in the future.

HB Name	Uptake %
Ayrshire & Arran	72.48
Borders	76.79
Dumfries & Galloway	61.47
Fife	70.90
Forth Valley	63.74
Greater Glasgow & Clyde	63.79
Grampian	69.81
Highland	58.03
Lanarkshire	70.89
Lothian	62.47
Orkney	53.85
Shetland	75.00
Tayside	60.19
Western Isles	50.00
Scotland	65.55

Please note that there are a number of limitations with the data. The completeness of the data relies on timely recording of dates of delivery in the mother's medical records in addition to the recording of vaccine administered. When compared to the data on live births available from National Records of Scotland, it shows that the data represents approximately 65% of pregnancies in Scotland with board to board variation.

2015 Review of Public Health in Scotland: Strengthening the Function and re-focusing action for a healthier Scotland: The above report can be found on the Scottish Government website at: <http://www.gov.scot/Topics/Health/Healthy-Living/Public-Health-Review>

The Scottish Directors of Public Health Group warmly welcomes the Review's report and recommendations. Scotland faces many challenges in improving and protecting its health and reducing health inequalities, and improving and integrating health services and social care. We believe that full implementation of the Review will make a substantial difference in meeting these challenges

Chief Officer Health & Social Care Integration

Significant focus has been maintained on delayed discharges over the last period with close monitoring and oversight across the partnership. A representative from the Joint Improvement Team has spent time reviewing how we operate across the partnership arrangements and, while endorsing our overall approach and infrastructure of support, has made some helpful suggestions for improvement which we will action. Work is taking place to put the detail on some specific changes across the system which will lead to longer lasting and sustainable improvement including discharge to assess facilities and rapid reaction to facilitate discharge and prevent admission. These will be highlighted in the revised plan to achieve the 72 hour target.

The Integrated Joint Board at its January meeting approved the content of the Strategic plan and commended the engagement and consultation work for its extensive reach and inclusive approach. The plan will be formally improved at the IJB meeting in March. Work is ongoing on the performance framework and commissioning plan to support delivery.

Final work is in place to ensure the governance arrangements are established place to support the IJB from the 1st April 2016. An interim seconded Chief Finance Officer has been appointed to support the new arrangements before the post is advertised permanently.

Locality coordinators have been appointed recently to support locality planning arrangements and delivery through work with front line staff, local communities, the third sector and primary care contractors.

Head of Delivery Support

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		

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