

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

Independent Contractors: The Chief Executive in conjunction with the Chief Executive of Scottish Borders Council has visited various GP practices throughout the region (Kelso, Jedburgh, Innerleithen, Galashiels and West Linton) to engage with the GP community about the integration of health and social care.

Inequalities: The Chief Executive and the Director of Public Health met with Hawick Councillors to discuss inequalities in April.

Healthcare Improvement Scotland (HIS) Review Visit: The review visit took place on Tuesday 26 April and focused on Learning from Complaints, Scottish Public Services Ombudsman Cases, Adverse Events and Inspections. The feedback session mentioned the strength of leadership and clear direction of travel, consistency of the message across groups and the openness of staff. HIS are currently pulling together a single report.

Absence Management: The Chief Executive facilitated an introductory session for some key senior staff with Simon Robinson from ERPaaS Ltd, to look at a business case and proof of concept to address Absence Management process and the reduction of associated Agency Fees.

Celebrating Excellence: The Chief Executive attended the Celebrating Excellence Staff Awards on 30 April, which celebrated a host of staff skills and initiatives.

Sharing Intelligence for Health & Care Group (SIHCG): Claire Sweeney, Director of Quality Assurance, Healthcare Improvement Scotland and Stewart Irvine, Director of Medicine, NHS Education for Scotland came to NHS Borders on Monday 16 May. The purpose of their visit was to discuss their combined intelligence for NHS Borders and share their findings. In general, their feedback included: that the collective intelligence considered was positive and the group did not identify any serious concerns about the quality of care provided; the main area of potential concern related to low levels of homecare and intensive homecare for residents of the Borders.

Institute for Healthcare Optimisation (IHO): Colleagues from the IHO, Scottish Government and NHS Borders came together on Wednesday 18 May to participate in active discussion between the 3 organisations to help NHS Borders to develop its operating guidelines and smooth operating schedules ready for implementation in regard

to theatres and surgical inpatients. Some feedback from attendees at the session included: “Better management of patients”, “Become the model for Scotland”, “ability to plan further ahead”, “better access for all patients”, “improved patient experience”, and “fewer cancellations”.

Patient Opinion: The Chief Executive, Medical Director and Head of Clinical Governance met with Gina Alexander, Director Patient Opinion Scotland. Gina was keen to find out more about the work in NHS Borders in relation to the patient feedback volunteers system, changes to the complaints and feedback approach and other ward based initiatives to proactively seek patient feedback. In addition a discussion on potential next steps took place in relation to the use of Patient Opinion in NHS Borders.

National Strategic Leadership Summit on Child Protection: The Chief Executive participated in the Scottish Government’s National Strategic Leadership Summit on Child Protection on 3 June.

Scottish Leaders Forum: The Chief Executive attended the Scottish Leaders Forum event on 8th June. The event focused on the theme of *‘Transforming Scotland - Enabling Collaborative Change’*. The First Minister attended the morning session to set out her priorities for the next term of Government. The afternoon was attended by Derek McKay, Cabinet Secretary for Finance and Constitution, and built on earlier discussions and provided a space to actively work out how we take forward this next stage of the reform of public services.

NHS Scotland Event: The Chief Executive attended the NHSS Event across 2 days. The main theme of the event was Leading Transformational Change for Health & Social Care.

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
30.03.16	CMO (2016) 7	Information Sharing Requirements between Police and General Practitioners (GPs) for Grant/Renewal of Firearms/Shotgun Certificates
05.04.16	PCA (P) (2016) 3	Pharmaceutical Services Drug Tariff Pt 7 Discount Clawback
05.04.16	PCA (D) (2016) 4	Strategic Vision for E-Dentistry Support Funding
07.04.16	CMO (2016) 8	Pertussis (Whooping Cough) Vaccination for Pregnant Women – Lower Gestational Age Being Introduced
20.04.16	DL (2016) 8	Remuneration Increase 2016-17: Chairs and Non-Executive Members and Travel & Subsistence
21.04.16	PCA (P) (2016) 4	Pharmaceutical Services Amendments to Drug Tariff in respect of Remuneration arrangements from 1 March 2016
22.04.16	DL (2016) 9	Land Registration
22.04.16	PCA (P) (2016) 5	Drug Tariff Part 11 – Discount Clawback Scale
04.05.16	PCA (P) (2016) 6	Community Pharmacy Supplementary and Independent Prescribing Clinics: Funding arrangements for 2016-17

05.05.16	PCA (D) (2016) 5	NHS (General Dental Services) (Scotland) Amendment Regulations 2016 - Applications to the NHS Board Dental List: Mandatory Training Requirement
05.05.16	PCA (D) (2016) 6	NHS (General Dental Services) (Scotland) Amendment Regulations 2016 – Additional Provision Enabling NHS Boards to make Unannounced Inspections of Practices Providing NHS General Dental Services (GDS)
11.05.16	PCA (P) (2016) 7	Community Pharmacy Funding Settlement 2016-17
12.05.16	CMO (2016) 9	Notification of Cessation Date for Antenatal Rubella Susceptibility Screening in Scotland
17.05.16	PCA (P) (2016) 8	Community Pharmacy Contract: Infrastructure Support – Staff Training
19.05.16	DL (2016) 11	Payment Verification
20.05.16	PCA (M) (2016) 3	Golden Hello Scheme
19.05.16	CMO (2016) 10	Changes to the Cervical Screening Programme
20.05.16	DL (2016) 10	Medical Speciality Training intake numbers for 2017
23.05.16	PCA (O) (2016) 4	General Ophthalmic Services 1. Increase in the continuing Education and Training Allowance 2. Increase in the Pre-Registration Supervisors Grant
24.05.16	PCA (P) (2016) 9	Community Pharmacy Public Health Service Poster Campaigns 2016-17
10.06.16	DL (2016) 12	FY1 Induction and Shadowing Arrangements
10.06.16	DL (2016) 13	Human Resource aspects of Foundation and Specialty Training Programmes: Changeover Dates For 2016-17
10.06.16	PCA (M) (2016) 4	Performers List National Application Arrangements

Director of Nursing, Midwifery & Acute Services

UNICEF Baby Friendly Initiative (BFI) re-accreditation visit (4th – 6th May 2016): In January 2014 NHS Borders was fully accredited as Baby Friendly. Two years after receiving full accreditation all accredited facilities/services undergo a full assessment to ensure that both the existing and the revised standards are embedded into practice and recognised by mothers throughout their journey of care from NHS Borders Maternity & Health Visiting services.

Many results were excellent, surpassing the standard required in care at birth, skin to skin contact in the neonatal unit, positioning and attachment. Of the 28 parts within the standards for Midwifery that were assessed, there were 11 parts where 100% was achieved. Of the 27 parts within the standards for Health Visiting that were assessed, there were 10 parts where 100% was achieved.

The remaining standards for both Midwifery and Health Visiting also scored above the standard required with only 4 areas for action with regard to teaching and demonstrating

hand expression. The standard required was 80% and the scores given were 74% and 77%.

Very positive verbal feedback was given by mothers who felt staff were knowledgeable and supportive. One mother informed assessors she “felt like part of a family”.

Judith Smith (Nurse Consultant for Cancer Services): Judith has taken over the role of Lead Cancer Clinician. With her wealth of knowledge around cancer services current and future, local and National, ensures that she is an excellent appointment for the role.

NHS Scotland event (14th & 15th June 2016): Dr Lynn McCallum, Consultant & Training Programme Director for Acute Medicine has had a poster ‘Assess to discharge, not assess to admit: same day assessment and treatment for acutely ill patients at the Borders General Hospital’ accepted at the NHS Scotland event.

Magi Hunter (Practice Educator): Has been selected for a NHS Education for Scotland (NES) Staff Thanks and Recognition (STAR) Award along with her fellow Practice Educators in other NHS Boards. This is for their support in the introduction of the Nursing and Midwifery Council (NMC) Revalidation across Scotland. The panel felt that it recognised excellent partnership working, responding quickly and confidently in respect of a change to regulation that has had a significant impact on the nursing community across Scotland.

Walkround: Evelyn did a Walkround of the Theatres on 2nd May 2016.

Director of Finance, Procurement, Estates & Facilities

2015/16: The External Audit Team concluded work on the 2015/16 Annual Accounts Audit on 1st June 2016. The final clearance meeting confirmed the Board had achieved its financial targets and would receive an unqualified audit opinion. The External Audit Annual Report to Members was presented to the Audit Committee at its meeting on the 13th June 2016. The Audit Committee will recommend to the Board to formally approve the 2015/16 Annual Accounts at its meeting on 23rd June 2016.

Focus has now moved to the production of the cost accounts which are due for submission in August.

2016/17 onwards

- **Revenue:** The LDP for the 3 year period 2016/17 to 2018/19 was submitted to the Scottish Government on 31st May 2016. The financial outlook remains extremely challenging. In order to achieve a break even out there is a requirement to deliver efficiencies of £11.5m in 2016/17 which is an unprecedented level for NHS Borders.
- **Capital:** The 5 year Capital Plan has been produced following significant engagement with Clinical and Support Service Leads. This has been submitted as part of the LDP to Scottish Government on the 31st May 2016. 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. A Capital Plan update with a focus on the 2016/17 programme will be presented to the Board at its meeting on 23rd June 2016.

- **Efficiency:** A significant proportion (over 50%) of our 2016/17 efficiency plan is currently classified as high risk. We will continue to work with and support identified leads to increase certainty around savings proposals. Given slippage consideration is now being given to non recurring support, in year flexibility, and additional savings proposals in order to mitigate associated financial risks. Moving forward there is a further Quality, Productivity and Efficiency session (Realising Realistic Medicine) scheduled for the 24th June 2016 which will focus on Management of Clinical Variation.

External Audit: External Auditors Scott- Moncrieff have concluded their 5 year term of appointment to NHS Borders following completion of the audit of the 2015/16 Annual Accounts. The Board has received confirmation of the appointment of Audit Scotland as the Board's External Auditors for the period 2016/17 to 2020/21. Transition of the Audit Contract will be managed over the next few months with the new Audit Scotland team planning to attend the September 2016 Audit Committee meeting.

Property and Asset Management Strategy (PAMS) Update: The interim PAMS update report was issued to Scottish Government on 7th June 2016. Work is continuing on the full update which is scheduled to be presented to the Board in August.

NHS Scotland Shared Services Programme: The Directorate continues to participate in the national workshops developing the National Shared Services Programme. Detail about this programme was shared with the Board at its Development Session on 5th May 2016.

Audit Scotland Reports: The Community Planning update report was presented to the Clinical Executive Operational Group. It was agreed that this should go to the Audit Committee on 13th June 2016 for review and noting.

Procurement: Following the annual assessment of the Boards Procurement Capability in March 2016 the formal report has now been issued by National Procurement which noted the Board at Superior banding with a score of 75%. The report notes a number of recommendations where performance could be improved and these recommendations will be progressed by the NHS Borders Procurement Steering Group.

Estates Fire Inspection: Following discussion with NHS Lothian and support from Health Facilities Scotland new arrangements have been put in place, which include the recent appointment of a local fire advisor.

Estates Audits: The following two audits have recently been completed with a positive outcome:

- An audit was undertaken to ensure that the Low and High Voltage Electrical Networks at Borders General Hospital and its associated premises are being operated and maintained in accordance with the Electricity at Work Regulations.
- An audit was undertaken to ensure the Medical Gas Pipeline Systems are operated and maintained safely.

An audit is also scheduled to be undertaken during July 2016 into the effectiveness of water safety management.

General Services: Following a successful project bid funding has been received from NES/HFS. This has supported seven members of staff within General Services (porters/domestics) to complete an SVQ Level 2 qualification in Facilities Services. In addition a further three are doing the Assessors qualification. The staff undertaking this qualification are more confident in their role, putting service development ideas forward and working more proactively as a team. Interest has been noted from staff should further places become available.

Catering: NHS Borders Catering Service has retained the Healthy Living Award Plus for the staff dining facilities at the Knoll Hospital and BGH. This means our customers can continue to access food choices that are lower in fat, salt and sugar and higher in fibre.

As of the 13th of June the coffee offering within the BGH dining room was upgraded and customers have the choice of two premium coffees - Millcano instant and freshly ground Kenco Italia bean to cup. These are served in 9 oz and 12 oz, branded take away cups with sip lids. The prices for these coffees are £1.00 and £1.50 respectively. Advertising of this new coffee offer started on 3rd June with a display board in the BGH dining room.

Laundry: The Dry Cleaning Department, within the laundry is advertised on the Sestran board in the main entrance, BGH which displays the services that are provided and available to staff and the public. All linen service vehicles are also now advertising products available including contact numbers.

iMatter: Team reports have now been issued following the annual iMatter survey for Finance and Procurement staff. Work is planned to review action plans and ensure those meet the requirements of the staff as noted in the team reports. Team reports have also been issued to Estates and Facilities Departments. Follow up meetings are in progress to develop and implement action plans.

Finance Staff Development: The Finance Directorate continue to progress with the National Initiative for Finance Teams - 'Future Focused Finance'. A detailed programme of works including customer engagement sessions is currently being developed. The initiative aims to ensure Finance that staff have the skills and strengths needed to support NHS organisations now and into the future.

Induction: The Director of Finance's induction programme continues across Estates and Facilities, most recently shadowing the porter, domestic, boilerhouse, security and switchboard staff during a night shift which gave a helpful insight into the operating of the hospital at night.

Director of Workforce & Planning

IM&T: Jackie Stephen, Head of IM&T has been appointed as Chair of the national eHealth Leads group. She will also sit on the national eHealth Strategy Group as part of this role. Jackie has been vice Chair for a number of years and is looking forward to the new role as Chair at a time of increasingly challenging demands for eHealth to deliver in support of the recent reports in to OOH, and the new clinical strategy, while maintaining core service.

Kevin Messer took up post as IT Delivery Manager on 9th May. This replaces the post previously held by Jonathon Scully and will bring a welcome addition to the skills and experience in the IT Team. Kevin joins us from Virgin Media. He has already started to

review the service delivery model in IT and has initiated a customer feedback process and KPIs from the 1st of June.

There are over 400 new devices (desktops, laptops and tablets) waiting to be installed as a result of year end spending by services, investment from the capital refresh and GMS funds. We are planning an installation programme to get these devices to end users as soon as possible and have had to use contract resource to increase the capacity in the teams.

The IM&T root & branch review is progressing with SCC having completed the audit of the infrastructure.

The projects team have supported the implementation of a porter's workbench so staff in BGH can place orders for porters and facilities staff can more easily manage their workload. This has proved very successful in the first areas it has been deployed.

GP remote access continues to be well received and early teething problems appear to be resolved. Uptake has increased beyond what was originally requested.

Celebrating Excellence Awards: The third annual Celebrating Excellence awards were held on Saturday 30th April 2015 at Springwood Park. The event attracted 372 members of staff, nominators, fundraisers, volunteers and invited guests. The evening was a great success showcasing some of the good work across NHS Borders. Spirits were high with 13 awards presented before the new addition of 5 Chairman's Commendations, followed by the announcement of the Chairman's Award. The evening was made with the surprise entertainment from the Secret Opera Singers. A feedback questionnaire was sent to all attendees; responses were used to inform a feedback paper which was presented at the June 2016 Endowment Fund Board of Trustees meeting. A fuller lessons learned paper is being drafted to help inform future events.

eportfolio for IV Therapy standards: NHS Borders delivers a taught IV Therapy programme with assessment of competence in the workplace. Organisational monitoring and reporting is time consuming and difficult with evidence of competence in learner-held records. A mechanism was needed to record learning and competence for similarly complex programmes and to report compliance at a personal, line manager and organisational level. NHS Borders have collaborated with learnPro to design and implement an IV Therapy eportfolio to record all elements of this blended programme - eLearning, classroom, observed competence and required reading. The eportfolio is being piloted with staff undertaking the IV Therapy programme.

iMatter: NHS Borders is about to commence participation in the iMatter Phase 2 work stream which is designed to maximise the value attached to people management in NHS Scotland by demonstrating and strengthening the link between patient/user experience, staff experience and effective people management practice. Initially this will involve 6 iMatter managers undertaking a 2 day FranklinCovey 7 Habits for Managers.

The roll-out of phase 1 of iMatter in NHS Borders is almost complete with one cohort already undertaking run 2. There is the potential for NHS Borders to make more use of iMatter as a tool to improve staff engagement and the potential benefits this brings.

We now have an annual iMatter report for NHS Borders for the calendar year 2015 along with the annual report for NHS Scotland for the same period. This will be used along with Staff Survey results to inform the staff governance action plan for 2016.

Digital Champions Programme: The Director of Workforce & Planning has been accepted onto the 6th Cohort of the Digital Champions Development Programme, which is designed to inspire and inform leaders about the transformational potential of digital tools and technology so that they drive change within their own organisation and act as advocates for digital transformation more generally across the public sector. The programme commences in June 2016.

Developing Young Workforce Industry Group: NHS Borders has been invited to join the Borders Developing Young Workforce Industry Group which consists of employers across the Borders region and representatives from the STUC and Scottish Government.

Head of Delivery Support

Armed Forces Champion (and Veterans 1st Point): You will all be aware that the NHS both Nationally and Locally is a supporter of the Veterans Charter and the recent Scottish Government re-emphasis of these guiding obligations to the Serving Armed Forces and Veterans Communities in the publication "[Renewing Our Commitments](#)". The key points for us concerning our services in Renewing our Commitments are:

- Priority NHS treatment is provided for veterans with a service-related condition, based on clinical need. Now that operations in Iraq and Afghanistan have concluded, numbers of wounded personnel dealing with immediate trauma have fallen and there is greater emphasis on long-term clinical needs. **Comment.** Definition of Priority NHS Treatment is still being developed. In Borders we have adopted the principles that no-one should lose their place in a waiting list when transferring into the area and that the Veteran/Serving individual should at least take precedence over others with the same clinical need. Scotland has made notable progress on specialist healthcare provision, with particular emphasis on mental healthcare. Some progress included:
 - Prosthetics: Scotland provides a state-of-the-art National Specialist Prosthetics (SOTA) Service. Announced in June 2013, the service became fully operational in April 2014.
 - A top priority has been to ensure that Service personnel have full equity of access to the NHS in Scotland, putting systems in place to register them and share data safely and efficiently.
 - Mental healthcare provision: In 2015 specialist mental health services for veterans resident in Scotland opened at the Hollybush House Combat Stress facility in Ayr.
 - Veterans First Point:
 - Allocation of Community Health Index (CHI) numbers has been an essential element to streamline transfer of military health records to local GPs for Service leavers, working with the Ministry of Defence to improve transition plans and early GP registration.
- Veterans 1st Point Borders. The expertise and knowledge developed by Veterans First Point Lothian (a one-stop-shop drop-in centre for any veterans issue providing clinical, welfare, housing and other support) informed the Scottish Government's mental health strategy commitment to explore the development of similar services in

other areas of Scotland. We bid for and were successful in gaining funding for a 2 year period to establish a local Veteran's 1st Point in Borders. This service is now fully recruited with a lead clinician Psychologist, 2 peer support workers and admin support. The formal launch is on Friday 24th June at Buccleuch Arms Hotel from 9.30am to 12pm. The programme will include informative talks about Veterans issues and an opportunity to network with other organisations in the local area.

Private use of Hydrotherapy Pool: The Board have previously been updated on Hydrotherapy issues. Whilst there is unfortunately little substantive progress with Jedburgh as yet we have managed to re-establish the use of the Hydrotherapy pool at BGH one afternoon a week (when not used by NHS services) by a private physiotherapist. This has now been running since March and despite some teething problems is well used by her clients.

Medical Director

Medical Staffing: With the support of Finance colleagues, four appointments have been made to the role of Clinical Development Fellow. These are non-training junior doctors who will bolster our teams, fill training gaps and should offset previously incurred locum costs for junior doctors.

The Knoll Community Hospital: With the local GP team being unable to continue to cover the Knoll hospital beyond November, the process is underway to define the new model of care. An event in late June will bring all the relevant decision makers and stakeholders together with the output being a shortlist of options to be considered and one final model to be decided on, and worked through before end November.

Realistic Medicine: A further event on 24th June will update from the last session (called Quality and Efficiency). This event brings the Heads of Service into the room to explain their approach to variation within their services, a key strategic aim of Realistic Medicine.

Heads of Service refresh: The refresh of the Heads of Service role is almost ready to begin, with clearer roles and responsibilities, a leadership development programme, a new title, a length of tenure etc. This is required to provide us with a dynamic medical leadership group to help us meet the challenges ahead, many of which depend on an engaged medical community.

Joint Director of Public Health

Reducing Inappropriate Emergency Admissions Workshop, 2 June, Tweed Horizons: This event was planned by the 'Reducing Inappropriate Admissions Short-Life Working Group' – a group set up to advise the local stakeholders on community-based approaches to reducing inappropriate admissions to hospital. The day offered an opportunity to bring together representatives from a broad range of interested groups, including those who provide services, those who use services, and many of those who may have a view on this important area of interest. The aim of the day was to critically review current initiatives, consider possible solutions for the future, and agree possible options for bringing about improvements. The working group will meet again in July to produce recommendations on options for reducing emergency admissions.

Major Emergency Procedures (MEP) Plan 2016: The MEP Plan 2013 has been revised with plan owners over the past few months and a 2016 Plan has now been approved by

the PACS Clinical Board and the Clinical Executive Strategy Group. The Major Emergency Procedures (MEP) Plan will be used alongside Business Continuity Plans and the Escalation Policy to ensure that Board services are able to respond appropriately in the event of a major incident.

The MEP sections have been changed to take account of:

- changes to hospital accommodation
- change to management structures
- use of the Patient Management System, Trak
- revised practice
- management on call changes
- revised Medical Controller cohort and call out arrangements
- revised role of the 1412 bleep holder.

A Training and Awareness Plan is being developed with Service Managers to ensure that all staff are aware of their responsibilities in the event of a major incident.

Assurance of National Screening Programmes: Scottish Government, through the development and implementation of the Screening Standing Committee, has indicated a strong desire to see external assurance of programmes take place. This has led Healthcare Improvement Scotland to develop a methodology for the assurance of Scottish national screening programmes based upon tried and tested methods, used within Scotland and elsewhere in the UK. Over the next three years each of the six national screening programmes (AAA, Bowel, Breast, Cervical, DRS, and Pregnancy and Newborn) will be reviewed to provide a baseline. HIS will write to Boards and national Services Division notifying them of which screening programme will be reviewed. A self assessment will be sent which will require supporting evidence and data; the self assessment will be based upon the existing screening programme standards as well as failsafe points in the screening pathway.

Changes to Screening Programme Policy:

1. Pregnancy and Newborn Screening Programme

Cessation of Screening for rubella susceptibility in pregnancy from the 1 June 2016.

2. Change to Age Range and Frequency (CARAF) Cervical Screening Programme was introduced on the 6 June 2016.

These changes are designed to strengthen the Cervical Screening Programme in Scotland.

- a) The age range for screening will be raised from 20 to 25 and extended from 60 to 64 and 364 days.
- b) The frequency of routine cervical screening will continue to be every three years for women aged 25 to 50, but will change to be every 5 years for women aged over 50.

These changes in age range and frequency have no implications for how cervical smear samples are obtained; staff should continue to collect the samples as they are currently

doing. From 6 June 2016 the Scottish Cervical Call Recall System (SCCRS) will call women according to the new parameters.

Cervical Screening Awareness Week w/c 13 June 2016: Using the CARAF announcement as a springboard to raise awareness of the importance of cervical screening, Health Scotland are planning a National Cervical Screening Awareness Week. This will involve the use of digital and social media to raise awareness of cervical screening particularly for women in deprived socio-economic groups.

Chief Officer Health & Social Care Integration

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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