

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

NHS Borders Annual Review: The Chief Executive took part in the non Ministerial Annual Review held on 1 November 2017. The theme of this year's review was "Changes Ahead". Mrs Claire Pearce, Director of Nursing, Midwifery & Acute Services led the morning session with a presentation on "Back to Basics" followed by interactive staff sessions. The afternoon session was led by the Chairman who focused on reflections from the morning session, reference to key publications and inspections as well as performance and the challenges facing the organisation for the future.

Christine Grahame MSP: The Chief Executive met with Christine Grahame MSP and Tracy Logan, Chief Executive, Scottish Borders Council on 10 November.

Showcasing the Future for Today's and Tomorrow's Leaders in NHS Scotland: The Chief Executive attended the leadership development event held on 15 November. The event set out the vision for a transformational approach to leadership development and talent management in NHS Scotland, showcased exemplars of leadership programmes and stimulated different thinking, approaches and ambition. It also gave delegates a chance to consider their role in the future plans, gave an update on progress that had been achieved thus far through the Executive Level leadership development and talent management workstreams.

Perinatal Mental Health Network: The Chief Executive attended the mapping and gapping exercise at Tweed Horizons on 27 November. The event was organised by the perinatal mental health network hosted by NHS NSS and involved staff and colleagues from across a range of partner organisations. Scenarios for participation were set for each area: maternity and primary care (including health visiting); perinatal/adult mental health; child and adolescent mental health service (CAMHS/IMH); and the third sector.

NHS National Services Scotland (NSS): The Chief Executive has attended meetings of the NHS NSS Board in her role as a Non Executive of that Board and was also present at the NHS NSS Annual Review held on 23 November 2017.

East Region: Oversight and Scrutiny monthly meetings with the Chairs and Chief Executives of the East Region Health Boards have taken place as well as the monthly East Region Leads Group meetings. The Chief Executive continues to make progress on the HR functions element of the Shared Services umbrella that she is chairing.

Diabetes: The Chairs and Chief Executives of the partner organisations in the East Region were invited to a meeting on 6 November, to discuss how Local Authorities and Health Boards could work together more effectively to reduce the burden of ill health caused by diabetes in our local populations. This session was arranged by Tracey Logan, Chief Executive, Scottish Borders Council and Jane Davidson, Chief Executive, NHS Borders.

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
19.10.17	PCA(D)(2017)6	1. NHS (General Dental Services) (Scotland) Amendment Regulations 2017 2. Amendment No 136 to the Statement of Dental Remuneration
25.10.17	PCA(D)(2017)7	E-Dental – Advice to Practices on IT Specification
26.10.17	CMO(2017)14	Abortion – Improvement to existing services – Approval for Misoprostol to be taken at Home
31.10.17	PCA(P)(2017)12	Pharmaceutical Services: Roll out of Universal Claim Framework
11.10.17	PCA(D)(2017)5	Practice Premises Rent Evaluation Exercise – 1 April 2018
6.11.17	DL(2017)23	Provision of Abortion Services to Women from Northern Ireland
7.11.17	CMO(2017)15	Changes to the Bowel Screening Programme
9.11.17	PCA(P)(2017)13	Pharmaceutical Services Amendments to Drug Tariff in respect of Remuneration Arrangements from 1 April 2017
23.11.17	STAC(TCS05)2017	TOIL for Band 8 and Above
23.11.17	PCA(P)(2017)14	Community Pharmacist Practitioner Champions

Director of Nursing, Midwifery & Acute Services

Mary Ross Davie & Jackie Mitchell from Royal College of Midwives: Spent an afternoon in NHS Borders. They met with Nicky Berry, Associate Director of Nursing / Head of Midwifery and Claire Pearce and then went on to meet with midwifery staff.

Scottish NMAHP Research Awards Ceremony 2017: Claire Pearce attended the evening ceremony on the 9th November 2017.

Joanne Smith (Head of Improvement and Safety) from Healthcare Improvement Scotland (HIS): Visited NHS Borders on Friday, 10th November to meet with members of the Back to Basics steering group to discuss and lend support to improvement approach adopted by the steering group.

CNO Scotland Summit 'Stepping into the future: Tomorrow's Workforce Today' 2030 Vision (20.11.17): Claire Pearce presented at the Summit on behalf of the Scottish Executive Nurse Directors (SEND). The summit explored the current strategic influences on nursing and midwifery including the Safe Staffing Bill, 2030 Vision and The Best Start: A five year forward plan for Maternity and Neonatal Care in Scotland.

Walkround/Inspections: Claire Pearce conducted an inspection in Endoscopy / Orthopaedics on the 5th December.

Scottish Improvement Leaders Annual Celebration and Networking Day (06.12.17): Claire Pearce attended this event.

Optimising unscheduled care pathways for patients living with COPD: NHS Borders was successful in a submission for funding support to develop a model to establish effective anticipatory care and self-management plans for high-risk COPD patients. This work will support reduction in admissions over the winter period.

Extraordinary Staff Governance Meeting (06.11.17): Was arranged to discuss Health and Safety. A Board paper will be prepared for the January meeting.

Joint Director of Public Health

Alcohol & Drugs Partnership: The UK Supreme Court's ruled in favour of minimum unit pricing on Wednesday 15th November and this will now be legislation. An order bringing minimum pricing will be laid in draft before the Scottish Parliament for approval, before being made by Scottish ministers. This could be done relatively quickly; minimum pricing could be in force by Spring 2018.

4 facts about minimum pricing:

1. **Minimum pricing will save lives:** In the first year alone, minimum pricing could prevent 60 alcohol-related deaths, 1,600 hospital admissions and 3,500 crimes in Scotland.
2. **Minimum pricing targets the heaviest drinkers:** Minimum pricing targets harmful drinkers because they buy most of the cheapest, strongest alcohol like white cider and own-brand spirits.
3. **Minimum pricing only affects shops and supermarkets:** Drinks in pubs and restaurants already cost more than 50p per unit so won't change under minimum pricing.
4. **Minimum pricing is widely supported:** Minimum pricing is supported by the public, politicians, doctors, police, homelessness services, children's charities and parts of the licensed trade.

Bowel Screening: Following a recommendation made by the UK Screening Committee in January 2016, Scotland will introduce use of the new faecal immunochemical test (FIT) on 20th November 2017 which will replace the current bowel screening test (gFOBT) as the primary screening test for bowel cancer. FIT is easier to use and can be measured more reliably and is sensitive to a much smaller amount of blood than gFOBT and therefore provides further opportunity to detect and prevent more cancers. FIT requires a single faecal sample and is more acceptable to those invited for bowel screening. A new suite of participant information materials, including clear test kit instructions, have been developed to support the introduction of the new bowel screening test.

A projected increase in screening uptake for FIT of 5 percentage points and a resultant increased colonoscopy demand of 9% is expected following introduction of the new test.

Owing to the more specific nature of FIT fewer negative colonoscopies can be expected. If individuals have questions about the new test, or require a replacement test kit they can contact the Bowel Screening Helpline on 0800 0121 833 or email bowelscreening.tayside@nhs.net.

Seasonal Flu Vaccination Programme: Australia has experienced its worst flu season in around 10 years. Reports have suggested there has been close to double the amount of flu circulating in Australia this July and August - the country's core winter months. This may indicate that here in the Northern Hemisphere we could expect a similar situation with many more cases of flu which could increase pressure on primary care and hospital services this winter.

The Borders Public Health Directorate has established multidisciplinary Flu Vaccination Coordination Groups in the NHS and SBC to maximise opportunities to encourage a good uptake of the flu vaccine. The Borders uptake of the flu vaccine is usually better than the national average but a steady decline has been recorded across all risk groups in recent years and this trend needs to be reversed. The at-risk under 65 population is particularly concerning as uptake is rarely greater than 50%.

The efforts of the Coordination Groups have led to a wider distribution of flu vaccination information resources compared to previous years including involvement of elected representatives. NHS staff community clinics are also being used this year to provide a wider choice of vaccination clinics to eligible SBC and SB Cares staff.

Director of Strategic Change & Performance

IM&T: Road to Digital – The Programme team continue to work through activities including finalising of Design, Financial Plan and Procurement Strategy which will be presented to the Programme Board on the 23rd of November and the Board on the 7th of December.

Community & Mental Health IT – EMIS Web is now live LDS, Child Health, Community Nursing teams and Mental Health Older Adults Service. The next rollout will see CAMHS go live in December, followed by Mental Health Acute in Jan/Feb. They will be starting to build up their Electronic Health Record. Work has also started to build the workflows for Mental Health Inpatients and this is expected to go live in January. Hardware roll-out complete with 578 new Windows 7 devices installed in BGH and Remote Sites

Planning & Performance: NHS Borders Annual Review was held on 1st November. The theme for this year was the 'Changes Ahead'. More than 60 members of staff attended the morning interactive session on the Back to Basics improvement programme which was facilitated by Claire Pearce. As part of this, staff were asked to discuss the principles behind the Back to Basics programme and it was clear from the feedback session that staff support the approach being taken. Staff were then given the opportunity to raise any issues or concerns with the board.

The afternoon session was open to members of the public as well as staff, and followed the theme of the 'Changes Ahead' with an introduction from John Raine on our performance for 2016/17; outlining areas where we do well and some of the challenges we face as well as achievements, before handing over to Cliff Sharp who provided an overview of NHS Borders Clinical Strategy, highlighting the drivers for change. June Smyth's Better Borders presentation followed on from this, giving an overview of the 'Changes Ahead' and some of the projects underway. The final presentation for the

afternoon session was from Claire Pearce on the Back to Basics Programme. The day concluded with a question and answer session chaired by John Raine before tea, coffee and scones were served.

The 12 week engagement for NHS Borders Clinical Strategy ended on 24th November. As part of the engagement on the refreshed Clinical Strategy we have listened to the views of staff and public at various events, whilst colleagues from Public Involvement have been discussing the strategy with the public and at patient participation groups. The feedback we have received will be reviewed and pulled into a report to inform how we delivery changes to our services.

The Better Borders Programme team are continuing to develop the programme plan and provide project management support to ensure that services are sustainable and eliminate waste. Data continues to be an area of focus in order to understand value and improve outcomes for longer term transformational change.

In January 2015 Chief Executives tasked National Services Scotland (NSS) to establish a Programme to look at 15 workstreams grouped into 3 shared service portfolios; Business, Health and Operational. In April 2016, in response to the NHS Scotland Shared Services Programme, NHS Borders established a Shared Service Working Group who's remit was to ensure stakeholder engagement was appropriate and sufficient to achieve full definition of Service Requirements for any future Shared Service. This would be achieved through scrutiny of Shared Services engagement activity as well as facilitation of engagement with appropriate service / user groups and professional communities. The group would also scrutinise draft business cases as /if they were received and provided advice / guidance to NHS Borders Strategy Group and others as to a response. In light of changes to the approach to the National Programme, and the focus on a regional approach through the introduction of Regional Delivery Plans it has been agreed to stand down the local Working Group. Leads involved in the national work will continue to report to the relevant lead Director, who will ensure engagement with the wider organisation as required.

Regional Collaboration – East Region: The East Region Health & Social Care Delivery Programme Board met on 24th November, at which update reports were received on all of the work streams currently underway. The Programme Board meets monthly at present, but will move to meeting every 6 – 8 weeks in the New Year. Work is underway to produce a developed Regional Delivery Plan for submission to Scottish Government by end of March 2018. An event is planned in early 2018 for senior leaders and non-executives from Health Boards, Councils and Integration Joint Boards in the East Region, providing an opportunity for discussion on the Regional Health and Social Care Delivery Plan as it develops.

Director of Workforce

Health & Well Being: Dignity at Work Survey: There has been significant difficulty nationally with NHS Scotland's IT capacity to deal with the volume of traffic the survey has produced. This has meant there have been difficulties accessing the questionnaire. At present the uptake is 28%

Staff Flu: We are now 6 weeks into annual flu programme for staff. So far there has been a 44% uptake which is an improvement on this time last year. As in previous years uptake in our clinical staff does not match uptake from support services and we continue to support uptake in the clinical environment. So far 4 out of 9 of our high risk areas have reached their 50% target

Human Resources: Once for Scotland Shared HR Services: There has been a great deal of focus on national shared services for Human Resources in recent months, promoting a “Once for Scotland” approach. There are three national shared services work-streams Employee Services, Recruitment and Medical Training.

Employment Services: Members of the Employee Relations and Medical Staffing teams attended an engagement session in September for the Employee Services work stream of the Shared Services Review. This session was also delivered separately to the APF. This session focused on progress of the project to date and sought feedback from stakeholders on potential delivery models for the future. NHS Borders now has representation on the national steering group for this project.

Recruitment Shared Service: The recruitment shared service proposals are further advanced with an option appraisal being undertaken in May 2017. Engagement events have taken place with the APF and Joint Executive Team in early October regarding the preferred option which is a national recruitment service operated from 3 regional hubs to be fully implemented by the end of 2019. Feedback on behalf of NHS Borders has been provided to the national project team and a regional engagement event will be held in November. The proposal envisages at least one year of virtual regional recruitment hubs when the regional service will be provided by staff still located locally within each Health Board. Key to the proposal is the pre-requisite of a successful procurement and implementation of a national e-recruitment service and the specification for this system is being prepared and will be subject to a tendering exercise.

Medical Training - Single Regional Employer for Training Grade Doctors: A national recommendation supports the implementation of a regional lead employer model for NHS Scotland for the employment of all training grade doctors with two exceptions. The exceptions are a very few small specialist national programmes and General Practice Specialty Trainees – all GPSTs will now be employed by NHS Education for Scotland. This means that the employment of 77 training grade doctors currently employed by NHS Borders will be transferred to NHS Lothian (58 doctors approx) and NHS Education for Scotland (19 GPSTs approx). The move to reduce the number of employers is a measure to improve junior doctor’s working lives and reduce unnecessary inconvenience to them, at present a doctor in training can change employers up to 6 times in a 2 year foundation programme. Each change of employer requires a repeat of pre employment checks and frequently inconvenience for the doctor with reissue of tax codes and payment details. A regional project group is to be established encompassing all stakeholders to oversee implementation.

Improving Junior Doctors Working Lives: There has in the last two years successful implementation of further restrictions on junior doctors working patterns avoiding 7 consecutive nights and limiting consecutive day time duty to 7 consecutive days. Further discussions have been held with the SGHD and BMA about building on this with new proposal regarding minimum rest periods after night shifts. NHS Borders has provided feedback to the Management Steering Group about the impact of these changes and the special circumstances of some of our non resident lower intensity rotas.

iMatter: It has been agreed with the national team that NHS Borders will run the iMatter survey for all staff from mid March – mid April 2018. In the run up to this, a number of road-shows and localised training events will take place targeted both at teams both line managers and staff members to encourage them to complete their questionnaire and to remind them of the importance of iMatter.

Staff Governance: New training documentation and marketing material for Whistle-blowing including the new national Alert and Advice Services for NHSScotland (AALS) has been launched and will be rolled out in forthcoming months. A key commitment in the Staff Governance Action Plan is to develop local guidance and resources for the new Whistle-blowing policy within NHS Borders. In November the Staff Governance Committee will hold a “deep dive” on standard 5 “continuously improving and safe working environment”.

Consultant and SDAS Job Planning: Following a workshop with Associate Medical Directors, the framework and supporting resources for Consultant and SDAS job plans have been updated in preparation for the forthcoming job planning round which will cease on 31 March 2018. All consultants and career grade doctor have received a letter from the Medical Director explaining the new framework and resource to encourage the completion of all job plans by the deadline of 23 March 2018.

Consultant Discretionary Points: The consultant discretionary points round for 2017-2018 is underway. There are 64 consultants eligible this year and the Discretionary Points Committee chaired by Dr Stephen Mather and consisting of members from Management and the BMA LNC will consider applications at the meeting convened on 24 November 2017.

Recruitment of Senior Posts: The resourcing team has supported multi faceted assessment centres for the recruitment of senior staff including the Chief Officer (Health and Social Care) and Joint Director of Public Health.

eKSF and TURAS: There are going to be some changes to the recording of Appraisals, Personal Development Reviews and Objectives. From 1st April 2018, TURAS Appraisal will replace eKSF as the NHSiS computerised system to record all appraisal and personal development activity. TURAS will give us a more user friendly platform for line managers and staff alike – the system is already in use for 6,000 Doctors in Training to record key streamlined information related to their PDPs, and annual competency reviews. Data will be transferred from eKSF to TURAS in early January 2018 therefore it’s recommended that line managers conduct appraisals **by the end of December** 2017 to support NHS Borders in meeting the stretch target of 80% of employees having appraisals agreed and signed off on eKSF.

Chief Officer Health & Social Care

Discharge to Assess/Hospital to Home: Continued work is underway to progress Discharge to Assess with NHS Borders, Scottish Borders Council and SB Cares. The Extra Ordinary Health & Social Care Integration Joint Board (IJB) meeting approved funding of £850k to progress this work. Craw Wood is progressing well and is on target. Further planning is underway for Hospital to Home services as a preferred option to the Hay Lodge Community Hospital provision.

Collaborative Leadership in Practice: The Scottish Borders Health and Social Care Partnership have secured funding to work with Jenny Campbell from Life Times Work to assist in progressing the model for integrating health and social care teams at a local level. As part of this support a number of sessions are being arranged for key operational managers to come together in early 2018. This will begin with the IJB Leadership Team on the 21st of December.

Integrated Joint Board & Strategic Planning Group: Councillor David Parker is now the Chair of the Strategic Planning Group (SPG). A new forward plan for both the IJB and SPG is now in place.

Chief Officer Group: This is held on a monthly basis and the current topics of interest are GP Contracts, Regional Planning, COSLA and SOLCACE linking to Regional Health and Social Care Plans, Budgets and relationships with NHS and Councils.

Introduction to Services: The Chief Officer has had a tour of the Borders General Hospital with Dr Annabel Howell and has visited Craw Wood with the Better Borders Team. Visits have also been secured for Huntlyburn and East Brigs in December. The Chief Officer will be visiting Cauldshiels, Lindean and Melburn Lodge in the New Year.

Medical Director

Medical Staffing: Successful appointments to Neurodevelopmental part-time consultant appointment to CAMHS ADHD service; sadly no applicants for third consultant cardiologist post. Further discussions are underway with colleagues in Lothian to address the need to link with the regional service.

HIS Standards for Healthcare and Forensic Services for People who have Experienced Rape, Sexual Assault or Child Sexual Abuse: The Chief Medical Officer has been in touch with all Boards around Scotland to ask them to benchmark their current services against the new standards set by HIS and we will be responding in early December.

Service Transformation: Continues and the consultant job planning process within the BGH is contributing to that, led by Dr Janet Bennison, AMD.

Annual Review: A presentation on the Clinical Strategy was well received and helped outline the roadmap for change over the next 3-5 years. A further interview with BBC Radio Scotland was done with clarification of the drivers and the expectations for service change in a difficult financial context.

Realistic Medicine: Is being refreshed and renewed, with a presentation to the Board Development session on 2nd November, outlining how RM underpins and permeates the Better Borders programme.

BGH Campus: Discussions are underway with very early consideration for what might be required in the future for this site and what might be located here to improve care and patient flow.

Information governance: Still significant numbers of staff have not completed the IG online training module. Strenuous efforts have been made to ensure medical staff have completed it and managerial colleagues will now be enlisted to redouble efforts to ensure all staff have taken on board the importance of training.

Director of Finance, Procurement, Estates & Facilities

Financial Year 2017/18

- **Revenue:** The regular finance report provides an update to the Board on the ongoing pressures the organisation is facing, both in operational services and the challenges in delivering the required level of savings. An updated recovery plan will

be presented to the Board in December and Finance will be working with the service to ensure that trajectories are delivered and risks are mitigated.

- **Capital:** A full update on the capital programme will be presented to the Board on the 7th December. The key issue in the report is progress on the IM&T Road to Digital project. Finance have been supporting IM&T with this project: the Director of Finance is Chair of the Programme Board, a financial investment plan, which is in line with the revised design, has been finalised and Procurement has put in place a strategy for 2017/18.
- **Efficiency:** A key part of delivering financial balance work is continuing to implement the 2017/8 programme. Significant progress has been made to date but a number of schemes, particularly those linked to a review of the balance sheet, will only be finalised in the last quarter of the financial year.

Critical to the longer term financial sustainability of the organisation is the work of the Better Borders Programme. Over the coming weeks the financial impact of the projects identified to date will be quantified. This will support the Board in its planning for 2018/19 onwards.

Financial Year 2018/19: The presentation of the draft budget to the Scottish Parliament is currently planned for 14th December 2017 after the Treasury Autumn Statement on the 22nd November 2017. Work is underway to update and develop NHS Borders' financial plan for 2018/19 onwards. Ongoing dialogue with the Board is planned over the next few months. Based on information which is currently available the financial outlook remains very challenging.

Following the meeting on the 23rd November the Finance Performance Group agreed that the Director of Finance take forward discussion with the Chief Officer of IJB on the draft level resources to be provided for 2018/19.

The 2018 GMS contract was published during November. Although not agreed the Finance Team are considering the financial impact of this contract on NHS Borders and local practices.

Capital Planning Update: Hannah Fairburn has been appointed to the post of Head of Capital Planning and took up this role during October 2017.

The first meeting of the BGH Campus Development Programme Board took place on the 18th October where the group commenced discussions around the overall process and governance arrangements. The Board will receive an update on this key project at the development session on the 7th December 2017.

Work is progressing on the Borders MacMillan centre extension including the formalisation the grant agreements and the award of tender to T Graham and Son. Building work will commence in January 2018.

Estates Update: Interviews for the Head of Estates and Facilities took place on the 10th November 2017 and although a preferred candidate was identified they have since declined the post. It is planned to re-advertise the post and in the meantime interim arrangements are being explored.

Facilities: The Bank Staff Management Software used by Nurse Bank is going to be operational for Facilities Staff Bank with effect from 1st December 2017. Training for staff took place on 21st and 22nd November 2017.

Catering: Chip and pin / contactless payment is expected to be up and running within the Dining Room by the end of November. It is hoped that this will encourage an increase in sales.

Audit Scotland Reports: The following Audit Scotland report was circulated to the Clinical Executive Operational Group for noting and have the agreed action noted against it:

- NHS in Scotland 2017 (**Audit Committee for discussion and information**)

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		

Author(s)

Name	Designation	Name	Designation
Board Executive Team			