

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

Values & Leadership: The Chief Executive hosted the first session for senior staff across the organisation to explore further our values and leadership on Tuesday 5 December. Following feedback received it was clear that a further series of sessions would be welcomed by those attendees and they have now been set to take place every other month.

East Region: The Chief Executive continues to be fully engaged in the various different East Region meetings.

Christmas Supper: The Chief Executive helped out at the Christmas Supper for our elderly long term patients with dementia on 14 December. The feedback received from both patients and relatives was very positive and consideration is being given to being able to repeat the event again in the future. Thanks to Mr Cameron Miles of the Medical Assessment Unit for this compassionate idea.

Saying Thank you to our Volunteers: The Chief Executive attended the Christmas buffet lunch on 18 December to say thank you for the contribution volunteers have made to NHS Borders. It has been outstanding.

Full Council: The Chief Executive, Chairman, Medical Director and Director of Nursing, Midwifery & Acute Services all attended the Scottish Borders Council meeting on 21 December to talk about NHS Borders, its performance over the past year and its challenges that lay ahead.

NHS Scotland Global Citizenship Programme: The Chief Executive was approached to be the national Board Chief Executive's representative on the NHS Global Citizenship Programme Board. It was suggested that it would be helpful for NHS Borders to be involved in taking the programme forward, particularly as we have experience in terms of long term health partnerships. It is expected that the Programme Board will contribute to the wider discussions around global health promoted by the Scottish Global Health Committee and facilitated by Global Health Scotland. The Programme Board will report directly to the Health & Social Care Management Board with Mrs Shirley Rogers, Director of Health Workforce and Strategic Change having lead responsibility for the delivery of the Programme.

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
04.12.17	DL(2017)24	Remuneration Increase 2017-18: Chairs and Non-Executive Members
07.12.17	PCA(P)(2017)15	Pharmaceutical Services Amendments to Drug Tariff in respect of Remuneration arrangements for October 2017
08.12.17	DL(2017)25	Everyone Matters: 2020 Workforce Vision Implementation Plan 2018-20
11.12.17	DL(2017)26	Implementing clinical supervision for midwives in Scotland
14.12.17	MSG(2017)12	Payment of Non Contractual Overtime during periods of Leave
18.12.17	PCA(O)(2017)2	General Ophthalmic Services (GOS) 1. Date for ending paper GOS claims 2. Grant funding for practices to support making electronic GOS claims 3. Improvements to eOphthalmics
20.12.17	CMO(2017)16	Seasonal Influenza: Use of Antivirals 2017-18
20.12.17	PCA(P)(2017)16	Community Pharmacy Public Health Service Poster Campaigns 2017-18: Update

Director of Nursing, Midwifery & Acute Services

General Manager for Unscheduled Care: Following interviews on the 8th November 2017, Gareth Clinkscale was successfully appointed to the post. Gareth comes from NHS Lothian where he is a Clinical Service Manager for Emergency, Acute and General Medicine in the Royal Infirmary. His start date is Wednesday, 14th February 2018. Phillip Lunts who is currently in post will be moved into a new supporting role within the Better Borders programme.

Royal College of Nursing (RCN) Roundtable (18.12.17): Claire Pearce attended the Staffing for Safe and Effective Care, Directors of Nursing UK Roundtable in London on the 18th December 2017.

Risk and Safety Team: Are being supported by Warwick Shaw, Head of Delivery Support, and Alison Aitken, Health Protection Specialist, to continue the programme of support visits to the PACS Clinical Board. The aim is to ensure a minimum of one Occupational Health and Safety (OH&S) risk assessment is recorded on each risk register. The focus is on the fundamental safety requirement to provide a safe environment in which the work and care for patients, keeping people safe. The recent Risk and Safety Team support visits generated a significant number of risk assessments that need to be managed correctly with action plans identified and approved on the Risk Register. Warwick Shaw will concentrate on supporting relevant risk owners to achieve this whilst Alison Aitken concentrates on those wards/departments that have not entered any risk assessments onto the system. The Risk and Safety Team will continue to support risk owners to improve all aspects of delivering their OH&S responsibilities.

Tissue Viability Nurse: We held interviews for the Tissue Viability Nurse and have offered the post, subject to references. It is hoped to have the person in post by March 2018.

Senior Charge Nurse (SCN) Leadership Development session (12.12.17): The first Leadership Development session for SCNs was held on the 12th December. This is to work with them to co-produce a leadership programme to be launched in April 2018.

Senior Charge Nurse in Child Health – Following interviews on 21st November 2017, Danielle Matthewson has been successfully appointed to the permanent Senior Charge Nurse role within Child Health.

Health Improvement Scotland (20.12.17): On Wednesday, 20th December 2017, NHS Borders hosted Irene Robertson and Kenny Crosbie, Older People in Acute Hospitals (OPAH) Inspectors from Health Improvement Scotland. Their unannounced inspection in June 2017 focussed on Food, Fluid and Nutrition (FFN), and the work that had been done in response and other innovations in practice prompted Peter Lerpiniere, Associate Director of Nursing (Mental Health, Learning Disabilities and Older People), to offer the Inspectors an opportunity to see how much change has taken place over the past six months across a wide range of practice. In one morning they were present for a review of complex patients, discussed the DME project, were afforded a whistle stop tour of Back to Basics, updated on work on pressure ulcers and the Tissue Viability nursing appointment, the Senior Charge Nurse Leadership Programme, were advised on the FFN Link Nurse programme, the development of the MUST documentation, briefed on the FFN Strategy, development of the care planning documentation, the implementation of the falls prevention programme and the over-arching roll of Older People Liaison Service. The Inspectors left saying they were impressed by the quality and enthusiasm of the work being undertaken, but also asked to be kept informed of the developments and in relation to several areas asked if we would be willing to share our practice development with other boards.

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. The Board was presented with a financial recovery plan in December which detailed a year end break-even position. This position will be achieved through the application of a number of non recurring measures. There are a number of uncertainties and risks which may impact on this position and the Board will receive regular updates on the financial position. Finance will be working with services to ensure that trajectories are delivered and risks are mitigated.
- **Capital:** Linked to slippage on the national capital programme the Board has received additional capital funding for 2017/18. This funding will be utilised to bring forward spend which was previously planned for 2018/19. The key issue in the capital programme this year continues to be the delivery of the IM&T Road to Digital project.
- **Efficiency:** During November there has been slippage in a number of areas of the efficiency programme. Anticipated savings from the Clinical Productivity work stream will not materialise until 2018/19 due to delays associated with implementing the recommendations made. The Programme Board is working with the service to establish how this will be taken forward. In addition, linked to national negotiations and local work programmes, the Prescribing efficiencies are likely to materialise later in the financial

year than anticipated or in 2018/19. This has impacted adversely on the year end recovery plan. Finance is working with Executive Directors on how this impact can be mitigated.

Financial Year 2018/19: The draft budget was presented to the Scottish Parliament on the 14th December 2017. The budget detailed the public sector settlement and the Scottish Government's policy on pay for 2018/19. Work is underway to update and develop NHS Borders' financial plan for 2018/19 onwards based on the announcement and the draft allocation letter which has now been issued. 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.

External Audit: Audit Scotland, the Board's External Auditors are on site for their Interim Audit during weeks commencing 5th and 12th February 2018. The Audit Committee will receive a report detailing their findings at the next meeting on 21st March 2018.

Estates Update: The Head of Estates and Facilities post has been re-advertised with a closing date of 22nd January 2018. Interim arrangements have been put in place with a shared NHS Lothian Hard FM senior manager working in Borders on a part-time basis supplemented by the previous Head of Estates and Facilities continuing on a bank contract for a short period.

Facilities: The Facilities Staff Bank (domestics, porters and telephonists) is now fully operational using the Bank Staff Management Software and is working well. Consideration is now being given to add Catering before the end of March. Exploratory investigations are taking place around how the system can automatically pay bank staff through SSTS without manually keying in shifts as this would release a significant amount of admin time. This is operational within NHS Greater Glasgow & Clyde and IM&T are making contact for further information.

Catering: The implementation of chip and pin / contactless payment within the Dining Room did not meet the November deadline but was up and running by the end of December and feedback from users so far has been very positive.

Director of Strategic Change & Performance

IM&T: Road to Digital - The Programme team continue to work through activities including finalising of Design, Delivery Planning, Financials and Risk Profile.

Clinical Productivity - Specific IT Services Operational teams have embedded a new working and reporting model in line with the activities with Meridian.

Community & Mental Health IT – EMIS Web is now live LDS, Child Health, Community Nursing teams, Mental Health Older Adults Service & CAMHS. The next rollout will see 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 Jan/ Feb. Hardware roll-out complete with 578 new Windows 7 devices installed in BGH and Remote Sites.

Planning & Performance: NHS Borders Celebrating Excellence working group are busy planning for the Fifth Annual Event which will take place at Springwood Park Kelso on Saturday 28th April 2018. The awards show recognition and appreciation for the hard work, dedication and commitment to providing excellent services demonstrated by our staff

and volunteers. Nominations are open until midnight 14th January 2018, the categories reflect our values and will celebrate individuals and teams who have worked hard to uphold these.

The Tree of Light initiative ran again this year and once again proved popular. Last year dedications had predominantly been online only but an offline form was developed this year which gave donors more flexibility. The Fundraising Team were able to get a tree donated and donations related to dedications raised over £700 for the general fund (fund 400). The lighting ceremony took place on Tuesday 5th December and went very well with positive feedback received.

The Better Borders Programme team are working with service representatives to develop detailed plans for the projects that have been prioritised. The projects being progressed are under 4 broad themes: Pathway Optimisation, Delayed Discharges, Theatre Productivity and Prescribing Spend. The Better Borders team will also be supporting the service to look at data around readmissions and improvement work on this. The projects all require access to data in terms of productive opportunities and measures to determine success and this continues to be a key area of focus for the data workstream group.

Director of Workforce

Health & Well Being: Dignity at Work Survey: The current uptake for the survey is 36%.

Staff Flu: The overall flu uptake at present is at 52%. 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 6 out of 9 of our high risk areas have reached their 50% target. The vaccine is still available for anyone who wishes.

Human Resources: Staff Governance: The monitoring framework for compliance with the staff governance standards has been issued to all NHS Boards. The submission should be completed by mid May 2018 and will be discussed at the Staff Governance Committee and Area Partnership Forum in advance of submission date. Key issues for the monitoring framework this year include progress with iMatter, Whistle-blowing and good practice with partnership working in integrated services.

Consultant Discretionary Points: The consultant discretionary points round for 2017-2018 has now closed, and all applicants have been notified of the outcome of their applications. 23 points were awarded and 41 consultants applied for points this year. We await notification from the SGHSCD regarding continuation of the process in 2018-2019.

Recruitment to Senior Posts: The resourcing team will shortly be supporting multi faceted assessment centres for the recruitment of senior staff including MacMillan Nurse Consultant, Associate Director of Acute Services and Head of Estates and Facilities.

Medical Training – Employment of GPSTs from February 2018: NHS Borders will be one of the early implementers for the employment of General Practice Specialty Trainees (GPSTs) who will now be employed by NHS Education for Scotland. Following discussion and agreement with NES the first tranche of 15 GPSTs will be employed by NES from 06 February 2018. A regional project group encompassing all stakeholders is overseeing implementation for the employment transfer of the remaining 62 training grade doctors (foundation and specialty trainees) who will be transferred to NHS Lothian employment. The move to reduce the number of employers is a measure to improve junior doctors'

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 inconveniences for the doctor with reissue of tax codes and payment details.

eKSF and TURAS: eKSF will be no longer available for the recording of appraisals, PDPs, PDRs from February 2018, data will shortly be transferred from eKSF to the new system TURAS. Line managers have been asked to complete 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. An implementation plan for TURAS will shortly be agreed outlining support resources to be made available for line managers and staff for the new system.

Workforce Planning: Part 2 of the National Health and Social Care Workforce Plan was published on 16 December 2017. This section of the plan provides a framework for improving workforce planning for social care in Scotland. Part 1 of the Plan, published during the Summer of 2017, focussed on the NHS workforce. Part 3 of the Plan to be published in the Spring of 2018 will concentrate on the primary care workforce following the announcement of the new GP contract. The publication of Part 2 will allow development of the IJB Workforce Plan for Borders, working with all partners including finance and the Chief Officer for Health & Social Care.

Vacancy Scrutiny Measures: As part of the financial control measures new guidance, prepared by HR and Finance, is available. Recruitment to vacancies will be held for 3 months, with the exception that line managers can apply to the Director of Nursing or Medical Director for a patient safety exemption

Joint Director of Public Health

Scottish Borders Diabetes Prevention Partnership: We are pleased to announce that the Scottish Borders Diabetes Prevention Partnership had its first official meeting in December. This strategic multiagency group brings together local and national colleagues from the third sector, health, local authority and other interested stakeholders to achieve improvements in processes, systems and networks to reduce the incidence and prevalence of (type 2) diabetes through a person centred approach. Furthermore the group has a wide interest in promoting physical activity and good nutrition in the Scottish Borders. It will work to ensure that the Scottish Borders is a place where eating a healthy diet and being as active as possible is achievable for everyone and importantly will support initiatives which empower people and reduce barriers to making healthy choices and adopting healthy behaviours.”

Medical Director

Winter: Winter pressures on the service are well recognised and have had an impact on our performance; we have apologised to the public when their waiting times for either treatment & discharge from ED, admission to hospital or access to care facilities has been longer than we would have wished. We also appreciate the huge discretionary effort that staff and managers across the system have put in to keep the service running as smoothly and safely as possible during times of intense pressure and would like to formally thank them through the Board. We are hopeful that service performance will improve as the winter pressures and circulation of flu begin to decline in the coming weeks.

Realistic Medicine: Realistic Medicine continues to develop as a theme: discussions have taken place with regional Health Boards about creating a consistent approach across Borders Lothian and Fife, with a focus on three main themes, each led by one of the Medical Directors: Unwarranted Variation; Realistic Prescribing; and Decision Support tools. Dr Sharp will be leading the Realistic Prescribing strand.

Efficiencies: Ongoing work continues to address expenditure on medical locums, which is improving; and prescribing, which is more difficult to influence despite the work which has been undertaken over a number of years. A new approach is working more closely with GP colleagues, through the GP subcommittee, to support proposals from the frontline and focus on areas which can safely and appropriately be rationalised.

Mental Welfare Commission: On 14th December Dr Sharp attended the end-of-year meeting with the Mental Welfare Commission which commended the Mental Health service on its ongoing good performance, particularly in relation to the use of the Mental Health Act. At the same time they highlighted concerns about the appropriateness of the environment in Cauldshiels and Lindean wards, where bed pressures and delayed discharges have resulted in the mixing of dementia patients with those having functional illnesses (eg depression). They also highlighted their recent publications and good Practice Guidelines and the findings of the annual reviews of SW placements for adults with Learning Disabilities.

GP Visits: Further General Practice visits to those in Melrose and Galashiels have taken place to take soundings regarding the new proposed GP contract and to better understand primary care pressures and priorities.

Full Council: With the Chief Executive, Chair and Director of Nursing, Dr Sharp also attended a full meeting of Scottish Borders Council on Dec 21st to describe elements of Better Borders and Realistic Medicine, which was followed by Carol singing and a splendid festive buffet lunch.

Medical Staffing: Regarding medical staffing, we are delighted to have had a large number of applications for the recently-advertised consultant post in Orthopaedic surgery, which confirms that Borders is seen as a good place to live and work.

Induction: Dr Sharp has also continued to meet with new Non-Exec Directors as part of their induction programmes.

Chief Officer Health & Social Care

This period has been dominated by pressures within our hospitals. The Health and Social Care Partnership has led on the introduction of provision to support the IJB's Direction – "Discharge to Assess Policy for the Council and NHS Borders.

Winter Pressures: Craw Wood interim care facility is operating to capacity and there has been a good flow of patients which has been maintained since November. We are now examining the possibility of expanding its use beyond the planned 15 bed base.

The Hospital to Home service takes its first clients next week; we have included the work of the Cheviot Pilot within the overall project and will cover Central, Berwickshire and Hawick localities.

Additional provision is being planned to support hospital capacity through opening 4 GP surgeries over four Saturdays and increasing weekend capacity within the BECs teams.

Patients awaiting Private Guardianship Orders remain a difficulty and we are looking to see how the Council can support families' access to solicitors and to speed up the allocation of Mental Health Officers to support the process.

Regional Work: The Partnership is supporting the East Region in its plans to deliver the Health and Social Care Plan. The Borders, with leadership from CEOs, Jane and Tracey are promoting the development of an extensive work stream to reduce the prevalence of type 2 Diabetes. Several presentations have been made to the regional groups and there is now acceptance that the work stream should be supported by all parties within the region. Next week a further debate will take place to identify a resource to develop plans and provision to significantly reduce the rate of T2D.

Mental Health Support Work in Schools: Within the last period this work has now transferred to a commission with the third sector and the organisation "Quarriers" are now delivering this work.

GP Sub Committee: I attended my first meeting in December. It was helpful to put some names to faces. The major issues discussed were the forth coming GP Contract, funding and de-registration of patients. Those present raised their concerns that the forth coming new contract would provide little support for GOPs within the Borders. There was a wish that the committee would invite Richard Froggo to address the committee. (The Board has also made a similar request and we will try to organise these together.)

There was some frustration regarding the allocation of funds within the Primary Care Transformation work. These were in the main due to a lack of understanding as to the decision making process for the final allocation. I will undertake to keep them informed with regards to future allocations.

The last issue related to difficult patients where practices have as a last resort removed them from their lists. The Committee's concern regarded how these individuals were then allocated to other practices. We agreed that the collective of GPs would examine how they might address the issue.

Finance: The last IJB agreed that the process for the recruitment of a Director of Finance for the IJB should proceed. Adverts have now been placed and the process of appointment has begun. We expect to have the position filled in April this year.

IJB Leadership Team: Scottish Government has made funds available for leadership training for Health and Social Care Partnerships. The IJB Leadership team had the first of four sessions on the 21st of December. The next session will have a focus on the review of the Strategic Plan; thereafter we will expand the sessions to involve the next management tier and the work of the localities.

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			