

**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**

**Health & Sport Committee Scrutiny of Boards:** We are preparing for our invitation to appear before the Health & Sport Committee in the autumn. Our first rehearsal took place on 25 July and we continue to formulate our written evidence.

**Listening Clinic:** As mentioned later in this report the Chairman and Chief Executive hosted the first pilot of a 'Listening Clinic' at Kelso Community Hospital. It provided staff with the opportunity to directly speak to members of the senior management team.

**National Commitments:** The Chief Executive provided input to the East Region Diabetes Prevention Group and Public Health Reform Oversight Board meetings that were held in July.

**Circulars:** The following Scottish Government circulars have been received by the organisation. Copies are available from the Chief Executive's Office.

<b>Date Received</b>	<b>Circular Number</b>	<b>Title</b>
15.06.18	PCA(D)(2018) 8	Phasing down of Dental Amalgam/Amendment No 138 to the Statement of Dental Remuneration
25.06.18	DL(2018) 8	F1 Induction and Shadowing Arrangements
25.06.18	DL(2018) 9	Human Resource aspects of Foundation and Specialty Training Programmes: Changeover Dates For 2018-
28.06.18	PCA(M)(2018) 5	Statement of Financial Entitlement 2018-19
28.06.18	PCA(O)(2018) 1	General Ophthalmic Services: Amendments to the 2006 GOS Regulations
29.06.18	PCA(D)(2018) 9	Supporting Practitioners with problems
29.06.18	PCA(P)(2018) 8	Amendments to the Drug Tariff in respect of Remuneration arrangements from 1 April 2018
02.07.18	CMO (2018) 5	Abortion Act 1967 - Abortion (Scotland) Regulations 1991
05.07.18	PAC(P)(2018) 9	Community Pharmacist Practitioner Champions
06.07.18	PCA(D)(2018) 10	Results of Practice Premises Revaluation

		Exercise
17.07.18	DL(2018) 14	UK Infected Blood Inquiry – Retention of records

### **Medical Director**

Dr Sharp has instituted a Short-Life Working Group, chaired by Dr Sally Wielding, to implement the HIS standards for services for victims of Rape and Sexual Abuse. This will involve an initial scoping exercise to compare current service provision and pathways against the national standards. Followed by a gap analysis and the actions required to meet the new standards. This will be done in conjunction with colleagues in NHS Lothian, upon whom we rely for specialist forensic services and evidence-gathering in those cases likely to proceed to criminal charges. On the 27<sup>th</sup> June he and Dr Wielding also attended the CMO's Taskforce for Rape and Sexual Abuse to participate in the Options Appraisal process to determine the need for specialist regional centres to undertake the provision of this service and how that would interface with local Health-Board provision of frontline input and interventions.

Eildon Medical Practice Options Appraisal: further meetings of the Steering Group have taken place to develop a shortlist of options in an open and transparent atmosphere, engaging the public, key stakeholders and the practice itself, in light of the partners' wish to sell their practice building in Newtown St Boswells. At the most recent meeting, the communications plan was further refined, and work undertaken to ensure that all relevant parties would be involved in the Non-Financial Benefits element of the Options Appraisal scoring afternoon on 29<sup>th</sup> August, with agreed weighting allocated to important scoring criteria such as Safety, Quality, Equity of access, etc.

With others, Dr Sharp attended the NHS Scotland event in Glasgow and listened to a range of presentations on issues impacting upon the Health Service and the challenges ahead.

At the SAMD meeting on 20<sup>th</sup> June, he participated in discussions about Realistic Medicine in Boards around the country, and on service transformation/productivity work undertaken in various specialties, including Radiology, Surgery (in Lanarkshire), and Urology, with updates on prescribing and a presentation on the work of the Scottish Health Technologies Group, which approves medical devices and new technological advances such as the Freestyle Libre Blood sugar monitoring device.

An education and training session was delivered by specialists from the Sandyford Clinic in Glasgow highlighting the issues relating to Gender Identity Disorders in young people and the nature of the services available to support them.

With the Chief Executive and Chair, the first "Listening Session" took place at Kelso Community Hospital on 26<sup>th</sup> June and a range of informal discussions took place with nursing staff, support workers and others highlighting the joys and frustrations of working in a small and friendly setting, where it was clear that frontline leadership was important in creating a supportive and positive culture in the unit.

On 29<sup>th</sup> June Dr Sharp welcomed colleagues from NSS, Bobby Alikhani and Ian Nicol, who shared their experience of developing a programme in Ayrshire and Arran to build a Realistic Medicine Effective Prescribing Board. the hope is that this will inform NHS Borders Prescribing element of the Transformational Change Programme.

On 2<sup>nd</sup> July he attended the Joint Lothian and Borders Appraisal Steering Group with Mrs Vee Dobie, Deputy Responsible Officer to highlight NHS Borders' success in providing clear and identifiable data to medical staff concerning complaints and compliments as part of their annual appraisal discussions.

Following the NHS's 70<sup>th</sup> Birthday Celebrations Service in the Tryst on 5<sup>th</sup> July he was interviewed by BBC Radio Scotland in connection with NHS Borders' financial position and discussions with the Scottish Government about the need for brokerage in 2018/19 and the transformation plans which will be required to bring the Board's finances back into balance over a 3-4 year timescale.

At NSS on 6<sup>th</sup> July he presented a summary of the Mental Health and LD Productivity work undertaken in 2016-17 which is informing the three-year programme of productivity and benchmarking in AHP and selected Support Services (Clinical Governance, Pharmacy, AHPs and Medical Records).

On 13<sup>th</sup> July, with the Chair and Director of Nursing he met with local MSP Rachel Hamilton and MP John Lamont to discuss arioso issues of mutual interest, including cancer waiting times, performance measures and NHS Borders financial position and need for brokerage.

Participated in interviews for Consultant in Cardiology on 4<sup>th</sup> June (one good candidate, offer accepted) and for a Consultant in Emergency Medicine on 19<sup>th</sup> July (two good candidates).

The Chief Mental Officer, Margie Taylor, has written to the Chief Executives of all Health Boards asking them to identify Interim Directors of Dentistry for each Board in order to take forward the dental agenda and to provide leadership and advice on clinical service provision (see appended letter).

The national Infected Blood Inquiry, chaired by Sir Brian Langstaff has commenced, with confirmation of the Terms of Reference and the gathering of evidence about to begin, prior to the public hearing stage. In Borders, Dr Sharp will be the NHS Borders lead contact for the Inquiry, which is exploring the circumstances around the infection of people by blood and blood products from c. 1970 onwards.

On 17<sup>th</sup> July Dr Sharp chaired the HIS Development Group working on national indicators for Healthcare and Forensic Medical Services for victims of Sexual Assault.

### **Director of Nursing, Midwifery & Acute Services**

**NHS Scotland Event, Glasgow (18.06.18 and 19.06.19):** Claire Pearce attended the NHS Scotland Event in Glasgow along with the Chief Executive, BET Directors and the Associate Director for Acute & Head of Midwifery.

**Inaugural Regional Funding Meeting (20.06.18):** Team from NHS Borders attended the meeting with Scottish Government to discuss plans in place around Emergency Access Standards (6 essential actions). Presentation delivered by Lynn McCallum, in attendance Claire Pearce, Nicky Berry, Erica Reid and Jane Kennedy.

**SEND Retreat (29.06.18):** Claire attended the 2 day event where the main focus was around the Safe Staffing Bill and how it will affect Boards. Claire intends to discuss this at a Board Development session at the end of the year when the direction of travel is clearer.

**Specialist Nursing Meeting (05.07.18):** Claire Pearce is leading a short life working group on behalf of SEND around transforming nursing roles for Clinical Nurse Specialists to gain national consistency around definition of role, qualifications and governance. The first of these meetings took place on 5th July where each Board was represented.

Ray Middlemiss, Clinical Nurse Manager Unscheduled Care, commenced in post on 2 July 2018. Ray joins us from Royal Infirmary Edinburgh where she was Senior Charge Nurse in Emergency Medicine and brings with her a wealth of experience in leading unscheduled care nurse teams.

Sharon Egdell, has been appointed as Infection Control Lead Nurse. Sharon has significant experience leading infection control teams in England will be an asset to NHS Borders.

### **Director of Strategic Change & Performance**

**IM&T: Road to Digital:** The programme is now well in to the delivery phase and current planned activities are progressing well. However the overall Programme RAG is still currently RED due to the expected delays to the Resilience Facility and the impact on full VDI rollout. The VDI Proof of Concept (PoC) will continue as planned but will be delayed by 5 weeks due to Technical issues and Annual Leave in the Wards selected for the PoC. “Route to Green” Action underway in the form of detailed re-planning so that delayed activities can be pushed to later in the programme and planned future tasks can be brought forward. Altering the sequence of tasks will allow the overall programme delivery to continue as planned. This re-planning also provides an opportunity to revisit programme documentation and governance and provides an ideal opportunity to refresh and update required governance documentation.

#### Highlights

- *All switches in main BGH building have been replaced*
- *80 applications now migrated to the new cluster with only two minor issues, neither of which impacted any users.*
- *All MFD discovery work completed and validation of proposed Ricoh order completed.*
- *All PoC discovery work completed*
- *All WLAN controllers built, configured and installed, ready for WLAN AP replacement*
- *VDI Images now extensively tested*
- *Tap and pin login now working*

**IT Operations:** There has been continual improvement in operational delivery due to the work undertaken as part of the programme and clinical productivity. Operational workload had reduced in some areas with queues reducing due to better management of calls and communications throughout the teams. We continue to move this into other areas to try and introduce the same efficiencies although other groups have more scheduled work rather than responsive so the challenge is slightly different and maybe less conducive to this approach.

**Service Desk:** Phase 2 of Topdesk continues with focus around Change Management, Resource Management and Support & Maintenance Contracts. With the introduction of these modules we have been able to introduce a full change process along with communication, review and approval processes. The Service Desk has sent out the yearly

customer satisfaction survey to allow feedback around TopDesk and overall IT performance and delivery. This started on the 16<sup>th</sup> of July and is open for 2 weeks. The Service Desk continue to encourage the users to complete the survey but the returns are sitting at around 7% with a desired return of >25%.

## Projects & Development

- The EMIS Web Project has now been fully implemented across the service. We are continuing to focus on SMR submissions with EMIS Health and P&P and also all reporting requirements for the service. EMIS Mobile will also commence late summer as in the planning stages.
- Work is continuing on the IM&T Portfolio and a plan of works for 2018/19/20 is expected to be completed by August
- An upgrade plan of the Theatre system (software & hardware) will be presented to the Theatre service at a scheduled meeting in July. This is a necessary upgrade as part of the Road to Digital programme.
- Business Cases for a Trak Upgrade and Casenote Scanning project are in the final stages of completion. These will be presented to the Strategy Board in August.
- G2 draft Business Case will be out for comments in July. G2 is out of support in Jan 2019.

**Planning & Performance: 70<sup>th</sup> Anniversary and 30<sup>th</sup> Birthday:** The first week of July was busy as we celebrated both the 30<sup>th</sup> birthday of the Borders General Hospital and the 70th Anniversary of The National Health Service.

To mark these milestones our Chaplain, Rev. Michael Scouler, held a celebratory service in the Tryst which was attended by around 50 people. The afternoon featured entertainment from local nursery Busy Bee's Choir, an emotive closing statement from Chairman, John Raine and tasty refreshments provided by our own Catering Department.

Throughout the week there were other activities for patients, visitors and staff alike to get involved in, such as:

- A charities table exhibition of archive images and artefacts, an opportunity to write a leaf for the memory tree and enjoy a slice of our 30<sup>th</sup> birthday cake which was kindly donated by a local bakery.
- Local artist Clair Norris held a free, drop-in workshop at the BGH campus for patients, their families, carers and staff to make individual ceramic tiles. These will form a mosaic artwork commemorating both occasions, which will be installed at the BGH entrance.

**Listening Clinic:** At the end of June we successfully piloted our first 'Listening Clinic' at Kelso Community Hospital. The session was hosted by John Raine, Jane Davidson and Cliff Sharp and gave staff the opportunity to directly speak to members of the senior management team; sharing their experiences of working with NHS Borders.

Over the course of an afternoon 10 members of staff dropped by including Auxiliaries, Healthcare Support Workers, Staff Nurses and a Charge Nurse, Senior Charge Nurse and a Receptionist / Secretary. Feedback was consistent and largely positive across the team.

Listening Clinics will be rolled out towards the end of the summer.

**Transformational Change Programme – Better Borders:** Work continues within this programme across a number of projects.

The team welcomed the new Programme Manager, Edmund Rooney during July. Edmund has come to us from NSS bringing his expert knowledge and skills in the area of Programme Management and will help us keep on track to deliver this programme of work.

NHS Borders hosted a learning and sharing event during July and welcomed Ian Nicol, a Programme Manager from NSS, to share his experience from working with Ayrshire & Arran to deliver their Effective Prescribing Programme.

Ian delivered an engaging presentation which covered:

The work done to build a Realistic Medicine Effective Prescribing Programme. including:

- the options that were considered to move things forward
- the development of a Realistic Medicine focus
- what they set out to do and what they delivered
- what has been achieved

The development of a Programme Management Office for the Board's Portfolio of Transformational Change Programmes.

This was a very productive session and feedback from the NHS Borders team was very positive.

An acute bed model is currently being developed to identify the most appropriate split of beds by specialty and help inform potential reconfiguration within the BGH. The Bed Model focuses on demand over the next 3 years, but extrapolates up to 2040 and is currently based on likely demand if we do nothing. The model has helped determine the requirements for inpatient beds over the forthcoming winter period.

A snapshot audit of inpatients across BGH and Community Hospital, based on the ongoing Day of Care Survey or Audit (DOCA) is currently underway. This Doca-plus involves a team of 6 clinicians reviewing every inpatient to determine whether they could be managed out of hospital and what services they would require. The results of this review will be available in early August and will help determine the impact of implementing alternatives to hospital care and the resources required.

Together the Bed Model and the DOCA-plus results will provide data to inform the Board and the IJB future planning.

### **Director of Finance, Procurement, Estates & Facilities**

**Financial Year 2017/18:** Following approval at the Board meeting on the 28<sup>th</sup> June 2018 the Annual Accounts have been submitted to the Scottish Government for consolidation. Following completion they will be laid before the Scottish Parliament in due course when they will become a public document. This is likely to be in September or October. The Cost Accounts for 2017/18 are currently being prepared for inclusion in the Scottish Health Services Cost Book which will be released later this calendar year.

### **Financial Year 2018/19**

**Revenue:** As anticipated this is proving to be a significantly challenging year financially. Work is ongoing to address the operational financial pressures as well as deliver the

required level of efficiency. The Board Executive Team have been continuing to work to identify opportunities to bridge the shortfall in the financial plan. The Chair, Chief Executive and Director of Finance have had a number of discussions with Scottish Government on the level of support that may be required by the Board in implementing a plan for financial balance which runs for more than a single year.

**Capital:** The capital plan is progressing as set out in the detailed capital report presented at the Board meeting on the 28<sup>th</sup> June 2018. Discussions with Scottish Government, with a view to securing additional resources for IM&T infrastructure, are ongoing.

**Efficiency:** We continue to work closely with operational teams to progress agreed programmes of work, identify additional savings opportunities and reduce operational costs where possible. However, we have fallen behind in terms of the agreed level of savings in Primary and Community Services required and immediate remedial action is required to address this.

**Borders Macmillan Centre Charitable Funds Scheme:** The project to extend and refurbish the Macmillan Centre (BMC) is currently on hold due to the appointed contractor entering voluntary liquidation. We have been working with our professional advisors and will be going out to tender for a new contractor as quickly as possible. In the meantime we are working with the BMC to ensure that the unit remains operational.

**Borders Health Campus:** A high level scoping workshop took place on the 19<sup>th</sup> July 2018 to develop a vision for the Borders Health Campus Site to 2050. The agenda for this session was developed with input from Health Improvement Scotland and attendees on the day included Non Executive Directors, Clinicians, Managers, Partnership Chairs, Public Members and Third Sector representatives.

**Estates Update:** Interviews for the two vacant Estates Manager posts took place on 12<sup>th</sup> July 2018. Suitable candidates have been offered the posts.

**Facilities:** NHS Borders is currently joint top with NHS Highland for quarter one's cleanliness scores at 96.1%. Overall the BGH is scored as sixth out of the 22 acute hospitals.

The Facilities Manager has successfully completed a Modern Apprenticeship in Management at SCQF level 11 (Masters level). One of the General Services Supervisor has gained an assessor's qualification and two General Services Supervisors are about to commence their Hospitality, Leadership and Supervision SVQ (SCQF level 7). This means that Band 2's can be put through their SVQ's in relation to Health Care Support Worker Non Clinical and continue to develop the workforce.

A security integrity test was carried out at the Borders General Hospital on 18<sup>th</sup> April 2018. The findings of this have been discussed by the NHS Borders Security Group and action plans developed on the back of this.

**Laundry:** The National Programme Director for Laundries will be visiting the BGH laundry on the 31<sup>st</sup> July 2018 to meet with the Head of Estates and Facilities and Laundry Manager. This is part of a tour of all NHS Board laundries with the aim being to familiarise himself with each one and to understand their particular situation in relation to the services currently delivered.

**Catering:** A further nine members of the Catering Department have passed their Elementary Food Hygiene Certification with a formal presentation of certificates taking place on the 19<sup>th</sup> July 2018.

The Catering service was visited by a secret shopper on the 29<sup>th</sup> June 2018 which has resulted in some very useful feedback which will improve staff and visitor catering going forward.

### **Joint Director of Public Health**

#### **Three new Scottish Government delivery plans on diet, obesity, diabetes prevention and physical activity:**

**1. A Healthier Future: Scotland's Diet & Healthy Weight Delivery Plan:** The vision set out in A Healthier Future: Scotland's Diet & Healthy Weight Delivery Plan is for a Scotland where everyone eats well and has a healthy weight. The plan starts from the premise that obesity harms health and has significant social and economic implications. To address the complex drivers of obesity over the life course requires joined up policy, strong leadership and cross sectoral commitment to take action across the public, private, third and community sectors. The main focus of this plan is on population wide interventions to change the environment, alongside the delivery of tailored support targeted at those children and families most at risk.

The plan sets out five outcomes, each supported by a range of actions:

- Children have the best start in life – they eat well and have a healthy weight:
- The food environment supports healthier choices
- People have access to effective weight management
- Leaders across all sectors promote healthy diet and weight
- Diet-related health inequalities are reduced

The plan is supported through existing workstreams such as Pupil Equity Fund, plus some areas of 'new' financial investment e.g. for programmes to alleviate holiday hunger. An additional investment of £42m is signaled for diabetes prevention – see below.

**2. A Healthier Future: Framework for the Prevention, Early Detection and Early Intervention of Type 2 Diabetes:** This framework provides national guidance on the implementation of an integrated weight management pathway for those 'at risk' or those diagnosed with type 2 diabetes. The risks associated with weight and type 2 diabetes are avoidable. There is variation in the provision of weight management services across Scotland. Through this framework, Scottish Government will support delivery partners in making progress towards a shared vision of improved weight management services to better support the people of Scotland to live healthier lives.

**Funding for implementation:** £42 million will be invested to support the delivery of this framework and to provide increased weight management interventions for people at risk of or diagnosed with type 2 diabetes. This funding will be allocated over the next five years and will complement existing funding the Scottish Government allocates to health boards for weight management services for the provision of generic child and adult healthy weight interventions through the prevention bundle<sup>1</sup>. An initial £1.5 million will be allocated to

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<sup>1</sup> In NHS Borders, this allocation comes to Health Improvement for child healthy weight and to primary and community services for adult weight management.



early adopter boards / partnerships in 2018/2019. They will begin the implementation of the framework. From year two of implementation, the intention all boards will receive funding that will increase annually for five years. All boards will receive a share of the £42 million.

**National actions:** Awareness campaigns The Scottish Government will produce a public awareness campaign focused on positive messages around the actions and support available to individuals, which could enable them to reduce their risk of developing type 2 diabetes.

Targeted core messages: coproduction of consistent accurate messages: awareness of risk and who affected; tailored lifestyle advice and support

**Local actions:**

- Risk stratification to allow the early detection and identification of those at risk or undiagnosed
- Pathways of care and single entry point
- Comprehensive weight management
- A tiered approach – universal to intensive

The East Region (Fife, Lothian and Scottish Borders), is an 'early adopter' taking a whole systems approach as part of a wider interagency partnership. The three NHS Boards will work in collaboration with six Integrated Joint Boards and six local authorities in a new East of Scotland Regional Diabetes Prevention Group chaired by Tracey Logan the SBC Chief Executive. The aim is to fully deliver a whole systems approach to public health working alongside community planning with wider citizen engagement, ensuring collaboration and partnership. A priority focus will be standardised weight management programmes and prevention pathways, building on the currently recognised effective services and good foundation work in respective areas.

A Borders Diabetes Prevention Partnership (chair Dr Tim Patterson, Borders Director of Public Health and vice chair Mr Ewan Jackson, Live Borders Chief Executive) has also been established and provides a vehicle for:

- Agencies and organisations to form collaborative partnerships and to support collective effort on improving primary and secondary prevention of diabetes.
- Development of Borders implementation plans in response to national obesity and physical activity strategies.
- Providing guidance around campaigns to promote diabetes prevention messages across the life-course.
- Supporting the creation and expansion of evidence led interventions to reduce risk of diabetes in those found to be at elevated risk.
- Increasing understanding of availability and access to local services.
- Reducing health inequity in diabetes prevalence and incidence.
- Supporting funding bids for diabetes prevention work.
- Making healthy eating and physical activity more accessible to people within the Scottish Borders.

**3. Active Scotland Delivery Plan: Get Active, Stay Active 2018 – 20130:** Through the implementation of this plan, the Scottish Government aims to cut physical inactivity in adults and teenagers by 15% by 2030 – equating to around a quarter of a million more people becoming active – using wide-ranging approaches including active travel funding, support for both formal sports and informal physical activity, and partnership working

across the transport, education, health and planning sectors. This target aligns with WHO action plan on physical activity. The Active Scotland plan has six key outcomes:

- We encourage and enable the inactive to be more active
- We encourage and enable the active to stay active throughout life
- We develop physical confidence and competence from the earliest age
- We improve our active infrastructure – people and places
- We support wellbeing and resilience in communities through physical activity and sport
- We improve opportunities to participate, progress and achieve in sport

Included in the Active Scotland Delivery Plan are actions such as: development of community sports hubs in the most deprived areas; more opportunities for pupils to participate in sport before, during and after school; support and development for helping people move from school sport to clubs; increased funding for cycle and walking paths; promoting good practice to ensure children have safe places to play; and addressing barriers to women and girls participating.

Delivery is to be taken forward through national bodies including SportScotland, Transport Scotland, Health Scotland, Education Scotland and Scottish Natural Heritage to support local implementation.

**Next Steps:** The three plans/frameworks mentioned above provide the context for the work of the East of Scotland Region as an early adopter and for the local Borders Diabetes Prevention Partnership (DPP). Those actions that relate to children young people and families will be addressed through the Children and Young People's Leadership Group, with relevant connections and communication with the Borders DPP. It will be for these partnership groups to reflect on the content of the new frameworks, make recommendations regarding resource allocation (existing and new weight management allocations) and consider how best to draw on the national initiatives (such as campaigns and toolkits). The groups will also monitor performance regional and local plans against any new national delivery expectations.

**Scotland's Drug Related Deaths 2017:** Scotland's drug related deaths reached 934 in 2017, the highest number ever recorded and an 8% increase on 2016 figures. Half of the deaths happen to people who live in our most deprived communities. Scotland's figures imply a drug-death rate that is higher than those reported for any EU country and roughly 2.5 times that of the UK as a whole. The majority of deaths occur in those over 35yrs.

Health Board Areas with the most deaths are Greater Glasgow and Clyde(30%), Lothian (15%), Lanarkshire( 11%),Tayside (10%),All other health boards (34%).

**Scottish Borders:** In Scottish Borders the trend overtime is increasing and reflects the national picture. Every death is a tragedy and impacts on families and friends. The five year annual average in 2003 – 2007 was 3 compared with 11 for 2013 – 2017.  
Actions to reduce drug deaths

Drug use is frequently a sign of other problems, such as lack of hope from an early age in life, experiences of trauma, family breakdown and poverty. Evidence shows that reducing harm and accessing support and treatment is a key intervention to reducing drug deaths.

- A workshop was convened by the Borders Drug Related Deaths Group in November 17 to confirm current prevention activities and identify areas for

improvement. A report was circulated and action plan is currently being implemented. Many of the improvement suggestions related to the way adult services work together and also how they deliver elements of their own services.

- An action plan arising from completion of the Staying Alive in Scotland Good Practice Baseline Tool is being implemented.
- ADP are supporting Scottish Ambulance Service to implement take home Naloxone supply when attending non-fatal overdose incidents and referral onto Borders Addictions Service
- Arrest Referral Services are currently being reviewed to ensure people have access and referral where appropriate to services for support around their drug and alcohol use.
- Work is currently being undertaken in Criminal Justice Social Work Services and Addaction to gain an understanding of current barriers for accessing treatment services by people who use drugs

**Burnfit Summer Programme:** The Healthy Living Network is one of the partners involved in running a programme of free activities and food throughout the summer in Burnfoot for children, young people and families who live in the local community. Burnfit Summer 2018 takes place between 2 July and 18 August and has been organised in partnership involving SBC Community Learning and Development team, NHS Borders, Burnfoot Community School and Early Years Centre, Burnfoot Community Futures, Live Borders, G10 sports, Escape Youth Café, Police Scotland, Hawick High and The Polish School.

The programme is part of the Healthy Hawick initiative and aims to promote physical activity as well as healthy eating. This is the first time that such a range of partners have collaborated in a joined-up approach to encourage families and young people to take part. The range of activities on offer includes a gardening, growing and cooking project, a library reading challenge, crafts activities and a music project. There will also be family events organised by the CLD team and Active 8 sessions from Live Borders. Younger family members can enjoy tea and toast, stay and play and Bookbug drop-ins at the Early Years Centre while activities for Polish members of the community include a school workshop and a cookery class.

**RISE Arts and Mental Health Symposium:** The RISE Arts and Mental Health Symposium was delivered in partnership by CABN (Creative Arts Business Network), part of Live Borders, and the Joint Health Improvement Team. The event was inspired by the UK All-Party Parliamentary Group report 'Creative Health: The Arts for Health and Wellbeing' that was published in 2017 and which provides a comprehensive review of research concerning the impacts of the arts on health and wellbeing - <http://www.artshealthandwellbeing.org.uk/appg-inquiry/>

The symposium brought together approximately 80 artists, health professionals, policy makers, commissioners and provider organisations at the Heart of Hawick on 24<sup>th</sup> May and aimed to raise awareness locally of the benefits that the arts can bring to improving mental health and wellbeing, shaping a future approach in the Borders. National speakers from Artlink Central and National Galleries of Scotland presented alongside local projects to share current thinking and showcase examples of good practice, including local projects/services such as Youth Borders Sound Cycle project, Live Borders Reminiscence project, ArtBeat and Gala Resource Centre.

This work will be taken forward within the action plan for the Mental Health Improvement and Suicide Prevention Steering Group.

**Digital provision of wellbeing information:** Following on from developing the printed 'Six Ways to be Well in the Scottish Borders' resource for mental wellbeing, work has been ongoing to strengthen the digital provision of wellbeing information.

In January the Health and Social Care Alliance launched the revised ALISS website (A Local Information System for Scotland – [www.aliss.org](http://www.aliss.org)) and work has been ongoing locally in the Borders to both raise awareness of ALISS and to start populating the website with useful data. During May 2018, the Health Improvement Team organized three ALISS training sessions, run by the Alliance in Galashiels, Eyemouth and Hawick, attended by over 40 practitioners across sectors who are now able to edit information on the website.

### **Director of Workforce**

**iMatter:** The iMatter survey which was open to all staff earlier this year achieved a disappointing response rate of only 53% within NHS Borders. The next stage of the project involved the development of team action plans and storyboards. A concerted effort to encourage teams to engage with this has produced a much improved response rate. Of the 247 teams within NHS Borders, 139 teams met the minimum survey response rate to achieve a team report - a rate of 76.5%.

**Proposal for Reform of Agenda for Change in NHS Scotland:** Talks aimed at reaching agreement on a three year pay deal linked to review of certain conditions of service are underway at the Scottish Terms and Conditions Committee. The proposed changes to the pay spine and bands are complex and would advantage some staff much more than others. In essence they are designed to improve recruitment and retention through higher starting salaries, more rapid progression and higher potential earnings. Trade unions are currently consulting on the proposals.

**Mandatory and Statutory Training:** Work continues within an East Region collaboration to scope the delivery of mandatory and statutory training. Currently if a member of staff moves employment within the East Region they are required to repeat all of their training. The aim of this work is to ensure consistency across the region to allow individuals to take training done to another Board. The work is progressing well and will be delivered within the agreed timescale.

**Nurse Recruitment Event:** This will be held on Friday the 24<sup>th</sup> of August, 2018. Staff in HR and Communications have been working together to ensure it is well advertised in social media. Nursing staff within the Board are also being encouraged to recommend friends through the use of our intranet. The objective is to recruit qualified nurses, although the challenge in recruiting to this staff group continues to be a national concern.

**Careers Support to School Pupils:** Senior members of the HR Department took part in a mock interview session at Borders College. Pupils from several local schools were invited to attend to help to prepare them to enter the workplace. The event was a great success and we have been asked to participate in future events

**Regional Education & Workforce Development:** The original plan for this project was to draft an equivalency agreement for mandatory education and develop single shared learning resources where opportunity exists based on an agreed set of learning outcomes

either from the NES Framework or the UK Core Skills Framework. As national agreements about frameworks is jeopardising the progress of the regional mandatory work stream it was agreed to take an alternative bolder approach. We aim to implement a single shared learning resource approach across the 9 mandatory subjects. This means that we are being driven by standardising existing practice and reducing unnecessary duplication rather than relying on external frameworks to steer the work. If we were to move to a 'Once for Scotland' approach for Mandatory in the future we would then be coming from a robust regional position. Board L&D leads will now scope all modules to assess the degree of variance reporting.

**HCSW Career Pathway:** Following a successful Endowment Committee Bid, NHS Borders is implementing a new Band 4 nursing role which aims to meet current and future service, financial and workforce challenges. The career framework will be actively managed, and offer clear and genuine development opportunities for the Healthcare Support Worker workforce.

**Advanced Nurse Practitioner (ANP) Strategy out for Consultation:** The Advanced Nurse Practitioner role is a unique integration of nursing and medical knowledge and skills, which has facilitated new ways of working and fostered greater collaborative working. ANPs are a sustainable solution to help meet the changing demands on the health service. The vision over the next five years is to build on the existing cohort of ANPs and to continue to develop ANP roles where there is a service need and the role can benefit patients; and to enhance the support and governance around the roles.

**Resuscitation Quality Improvement (RQI) Programme:** Following NHS Borders ground breaking success working with local charities to implement the Out of Hospital Cardiac Arrest Strategy, survival outcomes improved from 4% to 29% . As top performer in the UK, the British Heart Foundation invited us to join a consortium of 5 organisations in an evaluation study aiming to improve inpatient CPR skills decay. A further successful Endowment bid will purchase the licenses for use of a portable training solution which will be based in BGH from August. This training tool gives staff automated feedback on the quality of ventilation and chest compression performance. Hospitals testing RQI in the USA have seen improvements in inpatient CPR survival rates of up to 21%.

From a quality improvement perspective, Borders data will be quantified and aligned to CPR survival outcomes.

## Recommendation

The Board is asked to **note** the report.

<b>Policy/Strategy Implications</b>	Policy/strategy implications will be addressed in the management of any actions resulting from these events, activities and issues.
<b>Consultation</b>	Board Executive Team
<b>Consultation with Professional Committees</b>	None
<b>Risk Assessment</b>	Risk assessment will be addressed in the management of any actions resulting from

	these events, activities and issues.
<b>Compliance with Board Policy requirements on Equality and Diversity</b>	Compliant
<b>Resource/Staffing Implications</b>	Resource/staffing implications will be addressed in the management of any actions resulting from these events, activities and issues.

**Approved by**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Jane Davidson	Chief Executive		

**Author(s)**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Board Executive Team			