

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

No Smoking is our Norm: As from the 1st January 2012 all buildings, grounds and car parks within NHS Borders are now smoke free environments. In-patients are no longer facilitated to smoke whilst in our care.

Dental Benchmarking: A set of indicators has now been agreed by the Dental Benchmarking Group. With support from ISD a first draft of this data is being pulled together. As part of the engagement/consultation process the indicators were taken along to the Area Dental Committee for discussion/comment. It is intended that when the first draft of the data is complete it will be piloted with a number of local practices/practitioners as part of the sense checking process.

Lauder Health Centre: At a meeting of the Lauder Community Council held on 19 December discussion focused on the site for the provision of a new Health Centre in Lauder. The Lauder Surgery are now undertaking a ballot of their patients in the Lauderdale area aged 18 years and over regarding the proposed site for the provision of a new Lauder Health Centre.

Meetings with Local Editors: A series of meetings have been planned for the Chief Executive and Chair with local newspaper editors to further develop relations between the papers and the Board. The meetings are an opportunity to discuss current issues and areas of interest, to forward plan and look at ways we can improve our working relationships. Calum and John had positive and constructive meetings with the Editor and Deputy Editor of the Southern Reporter and also the Editor of the Hawick News on Monday 9 January. They are due to meet the editor from the Border Telegraph on Tuesday 21 February.

Mid Year Review: The Mid year review meeting held on 20 January 2012 focused on the key areas of Finance (Financial Plan), Workforce (workforce projections, staffing challenges), Performance and Service redesign (performance against HEAT/Access targets and standards, local service redesign).

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
02.12.11	PCA(M)(2011)17	The Primary Medical Services Directed Enhanced Services (Scotland) 2011 Palliative Care (No. 2)
02.12.11	PCA(P)(2011)15	Pharmaceutical Services: Amendment To Drug Tariff: Discount Clawback Rate Pt7 Generic Drugs.
02.12.11	PCA(M)(2011)18	Fees Arrangements During The Blue Badge Application Process
06.12.11	PCS(AFC)(2011)8	Pay Deductions Following Strike Action On 30 November 2011
06.12.11	PCA(M)(2011)19	General Medical Services Statement Of Financial Entitlements For 2011/12
13.12.11	PCA(P)(2011)14	Electronic Claim Training Payment Amendment To Claim Deadline
13.12.11	CEL(2011)28	Review Of NHS Scotland PIN (Partnership Information Network) Policies
20.12.11	CEL(2011)30	Ensuring The Seamless Delivery And Reporting Of Diagnostic Tests In Order To Support Achievement The 18 Weeks Referral To Treatment Standard.
20.12.11	CEL(2011)31	Annual Leave Policy
20.12.11	CEL(2011)32	Revised Workforce Planning Guidance 2011
28.12.11	PCA(M)(2011)20	The National Health Service (Primary Medical Services Performers Lists) (Scotland) Amendment Regulations 2011
10.01.12	PCA(0)(2012)1	Clarification Of General Ophthalmic Services Procedures
17.01.12	PCA(M)(2012)1 PCA(P)(2011)1	Seasonal Influenza Immunisation 2012-13: Vaccine Supply Arrangements
17.01.12	CEL(2012)1	Health Promoting Health Service – Action In Hospital Settings

Director of Nursing & Midwifery

Patient Safety Walkrounds: A training session for Non-Executive Directors has been organised for 26th January 2012. This training will be delivered by Sheena Wright Any Non Executive Director who is unable to attend will be offered an alternative time to meet with Sheena Wright individually to go through the process.

LD Action Plan: Following the recent Learning Disability Review an action plan has now been prepared and work is ongoing to progress.

Family Nurse Partnership (FNP): In line with the recent press announcement and the Scottish Government Manifesto commitment, NHS Boards have been asked to submit expressions of interest for testing the FNP model. Sheena Wright is chairing a group which will scope out options and a presentation will be given to the Board Executive Team in March prior to a decision being made.

The FNP is a preventive programme for young first time mothers. It offers intensive and structured home visiting, delivered by specially trained nurses (Family Nurses), from early

pregnancy until the child is two. FNP has three aims: to improve pregnancy outcomes, child health and development and parents' economic self-sufficiency.

Leading Better Care (LBC): The national LBC Celebration event was held on 6th December in Glasgow. NHS Borders submitted the following information:

44 Band 7 (28 Acute / 10 Mental Health / 6 Community Hospital) and 21 Band 6 staff have completed the 6 day in-house educational programme which is aligned to the National Senior Charge Nurse framework and topics include how to implement Nursing and Midwifery Workload & Workforce Planning tools and Clinical Quality Indicator data gathering. Each Senior Charge Nurse must undertake a project aligned to their refocused role as part of their development.

Volunteers were asked to speak at the event or through a Digital Story about a positive experience in relation to their refocused role.

HEI – HAI/OPAC - Healthcare Environment Inspectorate - Healthcare Associated Infection/Older People in Acute Care Standard: It has been decided to incorporate both sets of standards into the one Task and Improvement Group. This group will continue to meet monthly with an enhanced membership to include monitoring and governance in preparation for the inspection of both sets of standards.

Maternity Telehealth: Sheena Wright has been invited by NHS 24 to join the Maternity Telehealth Programme Board. The first meeting took place on 11th January 2012 and this national work will feed into local discussions and developments regarding recording of calls within NHS Borders.

Chief Nursing Officer For Scotland – Ros Moore: Ros visited NHS Borders on 12th January. Visits took place to Ward 11 (Tissue Viability initiative), the Macmillan Centre and the Renal Unit. The CNO then delivered a presentation on 'professionalism' and a Question and Answer session with Senior Nurses followed in the afternoon.

Medical Director

Pharmacy Services:

- The Extended Pharmacy service introduced over the festive period received positive feedback and was able to deal with the demand.
- We have had a number of low grade CD incidents which have been followed up and dealt with. Our secondary care guidance is due to go out to service areas this month and this will be followed up with education and training sessions.
- A pilot on ward 4 is showing a reduction in drugs returned to pharmacy instead of being transferred with the patient to the next ward. It will shortly be rolled out to ward 5.

IM&T:

- The Fairwarning monitoring system has been installed successfully. Once staff are familiar with the reports we will begin to investigate any breaches of access.
- The PMS Trakcare scheme has been re-assessed and a new plan agreed for delivery of the remaining modules. These include the Patient Focussed Booking, RTT/18 weeks, Order Comms, Immediate Discharge Letter, and the Medical Record Tracking system. The new finish date for all this work is now May 2013.

Death on Delayed Waiting List: A 90 year old patient died in Wilton View, Crumhaugh, whilst awaiting discharge to a Care Home. The cause of death was Alzheimers dementia with advanced age and frailty. The responsible consultant reviewed the case and is satisfied that the delay did not contribute in any way to the death of this patient.

Director of Workforce & Planning

Local Delivery Plan: The Planning & Performance team have been actively working on the development of the 2012/13 Local Delivery Plan over the last few weeks in conjunction with the Service and Finance. The final version is due to be submitted by the end of March 2012 and will be brought to the Board for consideration. A session is planned with the Area Partnership Forum during early February to introduce and discuss in detail the draft LDP. Following Board approval, the LDP will act as the performance agreement between NHS Borders.

NHS Borders Mid-Year Review: Work has also been ongoing in preparation for NHS Borders Mid-Year Review which took place on the 20th January 2012. Key issues with regards to Finance, Workforce and Service Redesign were discussed.

NHS Borders Resuscitation Training: Simulations Putting Patient Safety First

A major drive for improved patient safety has resulted in Resuscitation training further developing simulation based education techniques .The Clinical skills lab has been enhanced to provide opportunities for multidisciplinary education training and professional development in a safe non-threatening environment. Skills in life threatening events such as acute haemorrhage or cardiac arrest can be practiced in a realistic atmosphere on advanced human patient simulators. We have introduced simulated teaching as part of the Foundation curriculum for FY1 and FY2s. Examples of topics covered are anaphylaxis and diabetic emergencies, major haemorrhage and the management of chest pain and subsequent cardiac arrest.

The simulation sessions provide opportunities to refine skills, behaviours and understanding required for effective team work and improved patient care. We are now trialling simulations in clinical areas such as theatre, endoscopy and Day procedure unit. To make the best use of resources available NHS Borders hosted the mobile clinical skills unit and used the unit to pilot a Neonatal Skills Training for roll out of Simulation Teaching for South East Scotland Network, Two specific areas were targeted, chosen by local teams - Use of air in Neonatal Resuscitation and Intubation drugs in neonatal care to enhance local practice as air for neonatal resuscitation is being introduced in the Borders General Hospital during December 2011.

On December the 1st the Associate Dean for Foundation, South East of Scotland visited the Borders General Hospital to meet with staff administrating and providing education to the Foundation trainees and to meet with the trainees themselves. His initial reaction was very positive, with formal reporting to follow. He was impressed with the facilities that were provided locally particularly in relation to skills teaching and the library facilities. The Associate Dean was very interested in our induction process for Foundation trainees and our on line learning modules with the opinion that this could be shared on a wider scale, perhaps a generic induction process.

Feedback from the Foundation Doctors was also very positive and the Associate Dean commented that it was unusual to visit a training unit and obtain little or no negative feedback which was very encouraging.

Director of Finance

2011/12: The Directorate continues to closely monitor the financial position to ensure the organisation remains on course to achieve its financial targets of break even in revenue and capital in 2011/12.

Work is continuing within the Efficiency Programme to identify savings that will be released in 2011/12. There is a particular focus at present on recurring savings as any unmet recurring savings target this year will be carried forward into the new financial year.

2012/13: There is an increased focus in the department on 2012/13. The Scottish draft budget and spending review was published at the end of September giving a first indication of the outlook for the next three financial years. The budget is due to be presented before the Scottish Parliament in mid February and if approved allocations will be issued shortly after.

In anticipation of the financial challenge the Finance Directorate is continuing to work with clinical services and support service departments to agree an Efficiency Programme for 2012/13 onwards.

Capital: Business cases for Palliative Care and Lauder and Roxburgh Street Health Centres have been finalised and they will be presented to the Board at the January meeting. These will then be submitted to SGHD Capital Investment Group for information and in the case of the health centres for approval.

The Board continues to pursue capital receipts through the sale of excess properties. Plans are being finalised on how resources will be utilised as and when the proceeds are realised.

Other: The external auditors as planned have been on site for the 2011/12 interim audit since 5th January. The audit committee will be updated on the outcome in due course.

Director of Estates & Facilities

Lauder and Galashiels Community Health Centre Projects: As previously advised both Projects preferred procurement route is through the South East Scotland hub Territory Partnering Agreement and considerable work has been progressed in briefing the hub Development Team, dialogue continues. Land issues are all but resolved for both sites and preparation work is now underway for the production of two separate Business Cases to be considered at the March meeting of NHS Borders Board.

Property Disposals: Formal offers to purchase have been received during December and January for Broughton Clinic and Priorsford Mental Health Day Unit respectively. Should sales proceed as expected income of £440,000 will be received during the current Financial Year and plans to commit same on high priority projects/equipment purchases will be progressed.

Procurement Capability Assessment: NHS Borders Procurement Team undertook its annual Capability Assessment Audit in conjunction with National Procurement, this during November 2011. National Procurement Report of 21 December 2011 confirmed the status as “improved”, this result highlighting NHS Borders achievement as being one of the highest percentage improvements from previous years Assessments. This result demonstrates the commitment of a multi-disciplinary Team which achieved performance ahead of national levels within:

1. Procurement leadership and governance;
2. Procurement strategy and objectives;
3. Defining the supply need.

Linen Services: Within the Board Efficiency Programme a switch from conventional bed linen to “Sleepknit”; which will achieve an annual revenue saving £60,000, following a pilot introduction within one acute ward at BGH and on Community Hospital; has now been successfully rolled out to all in-patient services.

Director of Public Health

New leaflets on Private/NHS Interface: leaflets for patients and staff have been produced to outline NHS Borders guidance on how private treatment can affect access to NHS services. They are available on the Intranet under Clinical Policy – Key Documents (see <http://intranet/microsites/index.asp?siteid=197&uid=17>) and patient leaflets are also on the Internet site and BISSY sites.

Reform of the Blue Badge (Disability Parking) Scheme: NHS Borders is supporting SBC in implementing changes to local arrangements for assessing people for these badges, which provide improved access for disabled people. New criteria for badges and a new badge format were introduced on 1 January and on 1 September there will be a move to Independent Mobility Assessments as part of the assessment process rather than reports from applicant GPs. More details are available at <http://www.transportscotland.gov.uk/road/policy/blue-badge-scheme> or from a Strategy Group briefing paper.

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.
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Approved by

Name	Designation	Name	Designation
Calum Campbell	Chief Executive		

Author(s)

Name	Designation	Name	Designation
Board Executive Team			