

**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**

**Dental Benchmarking:** NHS Borders were challenged at last years annual review to consider what measures/indicators would best allow Health Boards and the Scottish Government assess the cost effectiveness of their community and salaried dental services. Although a significant amount of financial information is routinely collected it is at present not possible to assess the value of the service being paid for. A working group has been convened which includes representation from NHS Borders, the community and salaried dental services, Information Services Division, Practitioner Services Division and Dental Public Health. This group has to date met on a couple of occasions and a draft list of measures/indicators has been developed.

As part of the existing benchmarking engagement process the recommended measures/indicators were shared with the NHS Borders dental community who fed back their thoughts on whether the measure were pertinent in terms of measuring cost-efficacy

Another meeting of the working group is scheduled for mid-December after which time we anticipate being in a position to share the groups proposed measures with the Scottish Government and to start pulling together the first traunch of information based on the proposed measures.

**Lauder Health Centre:** Discussions remain on going with Scottish Borders Council on the finalisation of the preferred site. The Chief Executive has met with the Lauder Community Council and also written to the Protect Our Greenfield Site group. NHS Borders has now consulted extensively with legal advisers and is satisfied, that once there is a replacement for the play/recreational park, that the play/recreational park site could be purchased from the Common Good with the intention of developing a health centre.

**Excellence in Health - Leadership in Tough Times:** The Forums is for Chief Executives and Medical Directors to provide them with an opportunity to get together to explore issues and exchange experiences. It took the form of a half day meeting that featured a series of interactive discussions providing fresh ideas and new approaches to leadership and innovation in the NHS.

**Open Forum:** An Open Forum was held on 28 October in the Galashiels Health Centre where a walkabout was also undertaken. A visit to the Roxburgh St Practice to meet staff, GPs and tour the premises was also undertaken. The next Open Forum will be held in Newstead on Wednesday 14 December.

**Action 100:** The session held on 31 October was an afternoon session that focused on reporting back on project outcomes and achievements. The session also demonstrated; Ideas to Actions; Efficiencies and Improvements, Acknowledgement of initiative and Leadership behaviours; and Organisational Learning.

**Launch of Veterans Handbook - Civilian life in the Scottish Borders:** The handbook has been produced by the Scottish Borders Community Planning Partnership, led by Scottish Borders Council, to support veterans and their families resettle or return to live and work in the Scottish Borders. The handbook provides useful and practical information that may help and support service veterans and their families to become part of the Scottish Borders community. Details about services that are specifically available for veterans and their dependants, as well as general information are detailed in the sections which include housing, employment, health, education, welfare, community involvement and useful contact numbers.

**Joint Meeting of New Ways Partners:** Members of this committee are seeking to develop and strengthen community planning arrangements and partnerships. Consideration is being given to how best this work can be aligned with that of the Community Health and Care Partnership (CH&CP).

**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>
27.09.11	PCA (M) (2011) 13	The Primary Medical Services (Directed Enhanced Services) (Scotland) (No 2) Directions 2011
27.09.11	PCA (M) (2011) 14	Influenza And Pneumococcal Directed Enhanced Service – Amended
30.09.11	CEL (2011) 23	Guidance On Reimbursement Of 'Out Of Pocket Expenses For Volunteers Within NHS Scotland
05.10.11	PCA (P) (2011) 12	Pharmaceutical Services: Amendment To Annex A: Discount Clawback Scale For Proprietary Drugs
05.10.11	PCA (P) (2011) 11	Pharmaceutical Services: Drug Tariff Amendments - Transitional & Shadow Fee Payment Restructuring - 2011-12 Electronic Claim Training Payment
20.10.11	PCA (P) (2011) 13	Pharmaceutical Services: Amendment To Annex A: Discount Clawback Scale For Proprietary Drugs
20.10.11	PCA (D) (2011) 7	Scottish Dental Practice Board – Vacancy
27.10.11	CEL (2011) 24	General Dental Services Primary Medical Services General Ophthalmic Services Pharmaceutical Services Payment Verification Procedures
01.11.11	PCA (M) (2011) 15	Health Board Primary Medical Services Contracts (Scotland) Directions 2011
01.11.11	PCA (M) (2011) 16	General Medical Services Statement Of Financial Entitlements For 2011/12

10.11.11	CEL (2011) 25	Safeguarding The Confidentiality Of Personal Data Processed By Third Party Contractors
11.11.11	SPPA (2011) 8	Premature Retirement On Redundancy, Organisational Change Or In The Efficiency Of The Service – Payment Of Employer Costs
16.11.11	CEL (2011) 26	NHS Scotland Information Assurance Strategy
23.11.11	CEL (2011) 27	Up-Dated Adult Exceptional Aesthetics Referral Protocol

### **Director of Nursing & Midwifery**

**Healthcare Governance:** Karen McNicoll has now taken up post as Head of Clinical Governance and Quality and the Public Involvement team have now moved to Borders General Hospital to join the Clinical Governance team. It is intended that Patient Safety will also be located in the Clinical Governance offices in the near future.

**Visits to Community and Mental Health Units:** A series of planned visits by the Director of Nursing and Midwifery along with the Associate Directors of Nursing for Primary and Community Services and Mental Health and Learning Disabilities has been established. To date we have visited the Knoll Hospital and Health Centre, Kelso Community Hospital and Kelso Health Centre, Hawick Community Hospital and Crumhaugh House in Hawick. These visits are planned annually.

**Older People in Acute Care:** A pilot inspection was carried out by the Healthcare Environment Inspectorate on 17<sup>th</sup> October and the feedback received was positive. The pilot inspection enabled the Inspectors to test their methodology and review the reliability of their observational techniques. The next iteration of the tools will be piloted in NHSGGC on 26<sup>th</sup> October and thereafter the formal inspections will commence across NHS Scotland.

**Learning Disabilities:** Linda Allan, Nurse Consultant in Learning Disability NHS Greater Glasgow & Clyde, was commissioned to undertake a review of Learning Disability Nursing. The final draft of this report is now out for comment and once the final report is published an Action Plan will be developed to address the recommendations made.

We have recently re-established good working links with **Napier University**, and **Jayne Donaldson, Head of School for Nursing**, will be shadowing the Director of Nursing and Midwifery at the Nursing Directorate meeting as well as the local Healthcare Environment Inspectorate Task and Improvement Group. Opportunities will be explored for joint initiatives.

**Associate Director for Allied Health Professionals:** Following the appointment of Alasdair Pattinson as General Manager for Primary and Community Services, we are now looking to recruit to the position of Associate Director for Allied Health Professionals. This is a 0.2WTE post reporting to the Director of Nursing and Midwifery. Interviews are scheduled to take place early December.

**Patient Safety Walkrounds:** As you know the Board Executive Team under take regular walk rounds as part of the leadership work stream of the above programme. It has been suggested that it would be helpful if we occasionally undertook these walk rounds out of hours to include night duty staff. These visits would take place within BGH and I am suggesting a maximum of two visits per BET member per year to allow us to cover all in patient areas.

Discussions are ongoing regarding the involvement of Non Executive Directors in the programme of Scottish Patient Safety Programme walk rounds.

### **Medical Director**

**Delayed Discharge Death:** As part of the continuing surveillance of deaths occurring whilst awaiting discharge, I can confirm that an 80 year old patient died in October, after having been on the Delayed Discharge list.

The case has been reviewed by the consultant and there are no circumstances suggesting that a delay in discharge contributed to the death. A complication arose which caused a sudden deterioration in the patient's condition and which required hospital treatment. In the opinion of the consultant, the complication would have occurred had the patient been at home.

I am satisfied that the delay in discharge did not contribute significantly to the clinical events in this case.

**Palliative Care Specialist Unit & Stroke Refurbishment Project:** The detailed design for all rooms in the Specialist Unit and Stroke area have been finalised and signed off. Following further minor amendments, the overall plan has also been finalised and signed off. These plans are now being used by the Principal Supply Chain Partner (PSCP) to calculate the guaranteed maximum price for the build and this is expected to be available by the 28<sup>th</sup> of November.

Fundraising has been focused on a further phase of targeted approaches to charitable trusts and a plan has been developed to raise the remaining £1 million from the public fundraising appeal. Local groups and organisations are to be contacted to raise awareness of the appeal and ask for support and there has been further coverage in the local press.

A short life working group has been established to take forward work to develop an art strategy for the project. This will make recommendations on the type of artwork to be displayed in the new unit and this is being supported by an Art Co-ordinator who is part of the PSCP team.

The development of the Full Business Case has been commenced with the aim of presenting this to the Board in early 2012.

**Privacy Detection System - Fairwarning:** In August 2010, NHS Borders was commissioned by the eHealth Leads to lead a national project to give Health Boards more assurance about privacy of electronic health information systems. The product FairWarning (already used by NHS Lothian and NHS Fife) was chosen and a national 4 year contract awarded in April 2011.

The principle purpose is to identify when patients' electronic health records were being accessed by individuals inappropriately. This includes staff who have access rights to view electronic records as part of their job, but who had no legitimate reason to view a specific record.

Fair Warning facilitates existing processes to identify misuse or abuse of clinical systems.

It works by interrogating the system logs that each electronic clinical system produces. It runs queries against these logs to automatically identify unusual or inappropriate activity. This could include a person accessing their own medical records, or those of a family member, a work colleague or a neighbour. Checks can be done on individual high profile patients to identify staff members who have viewed those medical records without proper reasons.

NHS Borders has continued to lead the national project to set a standard of use for Fair Warning so that each Health Board in Scotland uses it in a broadly consistent way. The outcome of this work was an Implementation Pack that has now been sent to all eHealth Leads in NHS Scotland.

NHS Borders is now implementing Fair Warning. The server has been installed and Fair Warning Inc. have been given remote access to configure it to accept data from the clinical systems. Working with our developers they have confirmed that the data that has currently been made available is in the correct format and of a high enough quality to provide meaningful reports to managers.

There has been an ongoing series of communications to staff and managers since April 2011 to highlight that this product was going to be deployed.

Any instances of suspected inappropriate behaviour will be investigated and managed in accordance with the Board's existing staff policies.

It is anticipated that Fair Warning will go into productive use by January 2012.

**GP IT Replacement:** This programme of work to replace the GPASS system is now almost complete. The last practice, Greenlaw went live with EMIS on 21<sup>st</sup> November almost exactly 12 months after the first practice, Jedburgh on 22<sup>nd</sup> November 2010.

This is 3 months less than the original plan and a major achievement for the team involved. A dedicated Project team has worked tirelessly with practices to ensure that the migration was safe and efficient causing minimum disruption to patients and staff in General Practices. The programme has been delivered within the cost envelope of funds available through the GMS and Primacy & Community Care budgets.

All practices in Borders are on the same system EMIS and the board will achieve savings as a result of the nationally contracted process offered in the Framework over the cost of GPASS.

The programme has gone very well and practices are generally pleased with the new product. As with all products each has its merits and downsides and so some aspects are less functional than GPASS.

We are now exploring the EMIS Web product which allows extraction and amalgamation of data and may also offer functionality for patients to order prescriptions on line.

We are also exploring Electronic Document Transfer software available to us through a national contract. This allows documentation e.g letters results etc to be transmitted directly to the Docman Queue in practices for them to review, action and file.

**Trakcare PMS:** The day to day position regarding Core functionality has not changed significantly since last reported although some further risks to Order Comms delivery have been identified.

As indicated last month the Chief Executive wrote to Intersystems Country Manager outlining our concerns regarding issue resolution progress and stability of the systems. A response had been received and we have been assigned a Client Executive to take ownership of the problems and work with us to resolve the outstanding items. This is a welcome development which we hope will expedite things.

The Order Comms plan is yet to be finalised and signed off by the local PMS Programme Board. A recent risk to delivery has surfaced in relation to technical constraints of building the OCS functionality concurrently with other new functionality. This requires further exploration with Intersystems and the local team to determine exactly what this means for us. We have aspirations to move forward with 18 weeks RTT functionality, Patient Focused booking and improved Medical Records tracking over the period leading up to March 2012. It seems that during Order Comms build we are advised to minimise any other changes to the system.

If we are unable to progress these activities concurrently we may need to make some prioritisation choices over new functionality or order comms. The team will work closely with Intersystems over coming days to do a full impact assessment of the options and report on what can be delivered and the choices open to us.

Frustratingly our window between core and Order Comms to implement other things has shrunk while we have focused efforts on stabilising the core. We had hoped to be able to make progress over the next 4 months by increasing effort but this new technical constrain may prevent that or force us to shift our emphasis away from Order Comms.

### **Director of Workforce & Planning**

**Industrial Action 30 November 2011:** A number of Trade Unions have balloted members testing support for Industrial Action in relation to the UK Government's plans for changes to the NHS Pension Scheme. It is planned that the first day of Industrial Action will take place on 30<sup>th</sup> November 2011.

Preparatory work is underway across services to ensure appropriate steps are taken in respect of staff cover, staff safety, patient safety and risk management, utilising existing Business Continuity plans.

Management and Trade Unions representatives have been meeting on a weekly basis, and guidance to managers has been issued across the service.

**UK Border Agency:** NHS Borders received an unannounced visit from the UK Border on 16 November 2011. The visit was to check the immigration status and records of all non-EEA employees and to review the organisation's policies and procedures for non-EEA employees. Early feedback from the visit was positive. A formal report from the inspection will be received in due course.

## **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 details of this are currently being worked through and it is planned to review the impact of this on NHS Borders at a development session in January.

In anticipation of the financial challenge the Finance Directorate is working with clinical services and support service departments to agree an Efficiency Programme for 2012/13 onwards. This will be outlined at the development session in January

**Capital:** Due to the limited capital resources the Directorate has been working on finding alternative solutions for potential capital projects. SGHD have been advised on the work NHS Borders has undertaken, which has been supported by hub and other key groups. It has become clear that traditional capital remains the most cost effective solution for small projects.

**Other:** The external auditors Scott Moncrieff were on site week beginning 21<sup>st</sup> November 2011 for their preliminary visit. NHS Borders interim audit for financial year 2011/12 has been scheduled for early January. The audit committee will be updated on the outcome in due course.

Over the last few months work has on ongoing on reviewing and updating endowment policies and guidelines. Good progress has been made on this and it is planned to present any outstanding documents to the Endowment trustees for consideration early in the new calendar year.

The Directorate continues to work to improve efficiency internally. The Finance micro-site is in operation and the Directorate continues to develop this valuable tool. A development session was held on at the beginning of November to take forward three key areas that will move the Directorate forward. The Payroll Helpdesk has also been extended to take in other areas, such as expenses and car leasing, and will eventually be rolled out for all areas within the Finance Department. Work is also being taken forward within the Directorate as part of the support services efficiency challenge for 2012/13.

## **Chief Operating Officer**

**Hay Lodge Hub:** The tender to carry out phase one building works in Hay Lodge Hospital was awarded in late October 2011. Building work in the empty 'ward two' area of the hospital will commence in late November 2011 and is expected to be complete by the end of March 2012.

Staff and members of the local community have been briefed around progress with the building work and a press release outlining this development was issued a number of weeks ago, as well as an update to Peebles Community Council.

Preparation is underway to finalise plans for phase two of the building work, which will create additional GP consulting rooms and Podiatry treatment rooms, as well as to enable the re-location of mental health services from Priorsford Day Unit. Recent joint planning between frontline health and social work staff has identified practical opportunities for teams to provide improved, joined up care to patients in the Tweeddale area. Further joint planning will take place to maximise the benefits from co-location prior to the building work being complete and services moving into their new facilities.

**Teviot Project:** Primary & Community Services are at the early stages of a project which extends the approach to modernise services in Cheviot and Tweeddale localities, into the Teviot locality.

The project builds on the work of the IHS and is focused around improving patient safety and providing models of care which promote confidence and independent living.

A project group has recently been established which includes representation from nursing, general practice, social work and a public member. The next stage of the project will be to consider a number of options to extend the approach to in-patient provision as undertaken within Cheviot & Tweeddale, before seeking support for a preferred option early in the New Year.

Plans for proactive public engagement have been drafted and shared with the Scottish Health Council and include proactive communication with local press and elected members.

**Change Fund:** The Change Fund has launched the application process for submissions for 2012/13, with a closing date of 6<sup>th</sup> January 2012. In order to maximise the effectiveness of the Fund, next year's applications will be focused around initiatives that will directly reduce admissions to institutional care. A subsidiary priority area is Transport for Health and Social Care. Focusing submissions will allow the development of a set of measurable overall Programme Objectives.

Performance Management and Financial Frameworks have been developed and are being taken forward for approval.

A stakeholder event was held on 17<sup>th</sup> November 2011 and brought together organisations and partners with a potential interest in submitting project ideas. The day emphasised the need for robust project management, the clear identification of measurable deliverables and the requirement to link projects outcomes directly to their impact on institutional care. Although organisations are struggling with the challenges of doing this, there appears to be clearer recognition across the agencies of the need to coordinate work and demonstrate practical impact.

The 22 current projects are being reviewed to monitor progress and identify likely impact at year end. This information will be reviewed in January 2012 to allow the Reshaping Care Board to determine which projects should be maintained and which projects have not delivered against objectives.

**Physiotherapy:** The Physiotherapy service has been working over the past few weeks collating data for Demand & Capacity models. The Musculoskeletal service has been the initial focus to date as this is where the majority of the waiting times pressures are. Some data is still being sourced however it is anticipated this will be available in the next couple of days

The Head of Physiotherapy through this work has identified differences in how clinics are managed in terms of new and review slots and significant variances in the number of review appointments offered to patients, part of the work plan over the next few months will be to standardise the approach across the service where possible.

**Delayed Discharges:** The number of delayed discharges has decreased significantly since the beginning of September 2011 – from 28 as at 1<sup>st</sup> September, including 12 patients delayed over six weeks, to 15 as at 17<sup>th</sup> November, including 1 patient delayed over six weeks.

The one remaining patient delayed over six weeks has now been discharged and there are therefore 0 patients delayed over 6 weeks for discharge as at 22<sup>nd</sup> November 2011.

The key factors that lead to this improved performance are as follows:

- Increased focus and attention by senior staff in both SBC and NHS
- Changes to approaches/management of funding for care home placements – prompt decision making has eliminated otherwise protracted delays
- Improved focus of DD Operational Group meetings – more structured agenda and outcome/action planning
- Dedicated administrative support to follow up actions and update EDISON allowing for more accurate reporting and status of delays

Key actions to ensure this position remains positive are to prepare systems for the introduction of new targets (maximum of x 4 weeks delay by April 2012 reducing to x2 weeks delay by April 2015), commence recording of bed-days lost from April 2012 and improve the arrangements for communication between services and patients/carers. A 'best-practice' event is being planned for February 2012 and a JIT expert has been invited to visit NHS Borders to support with the management of complex adults with capacity related issues.

**Operational Manager - Unscheduled Care:** Erica Reid, Operational Manager for Unscheduled Care left NHS Borders on Friday 11<sup>th</sup> November 2011 to take up a secondment opportunity with the Scottish Government.

Kirk Lakie, previously Operational Manager for Planned Care, took over as Operational Manager for Unscheduled Care with effect from Monday 14<sup>th</sup> November 2011.

Angela Moody was granted secondment from Planning & Performance to take over from Kirk as Operational Manager for Planned Care with effect from Monday 14<sup>th</sup> November 2011.

### **Director of Estates & Facilities**

**Renal Unit:** Rectification of the defective vinyl floor coverings was action during the week end 29 – 31 October. Inspection has shown that there remains one area of concern. The condition of the floor covering will be monitored until mid December at which time Morrison Construction, Main Contractor, will arrange to make good the area of concern

and any other defects which may become evident during the monitoring period. The Unit remains within a guarantee, under a defects liability period, until June 2013.

**Tweeddale and Cheviot Projects:** Contractors are on site within Haylodge and Kelso Community Hospitals, work is progressing within agreed programmes of work. A joint Property Agreement which will govern the joint use of both sites by NHSB and SBC will be established in advance of enabling works completion.

**Lauder and Galashiels Community Health Centre Projects:** As noted above discussions remain ongoing with SBC re a suitable site for Lauder. Scottish Government have verbally advised that Capital funds will be available for the construction of both Health Centres plus a new SAS Ambulance Station within the BGH site, all to be managed within the South East Scotland Hub Territory Partnering Agreement. A Project Board has been established to take these works forward during financial years 2012 – 2014.

**Alteration to BGH main entrance:** Alteration works are ongoing at the road junction between BGH and A6091. The work will improve safety at this junction through directing all exiting traffic to the West, which in turn will reduce the back log of traffic at peak periods within BGH. As the junction lies out with our boundary, this work has been funded by Transport Scotland and undertaken by BEAR Scotland. The work is scheduled to be complete by 12<sup>th</sup> December 2011.

**Property Disposals:** Properties identified at previous Strategy and Performance Committees, and approved as surplus to operational requirements, have been advertised for sale for some time. Interest has been shown by a number of prospective purchasers for the Former Health Clinic in Broughton and Eildonburn Cottage in Melrose. A closing date has been set for 12<sup>th</sup> December for both these properties.

### **Director of Public Health**

**Health Protection:** New NHS Borders Guidance on Management of Communicable Disease Outbreaks produced. Local joint NHS Borders/SBC exercise held on the management of a communicable disease incident to test plan.

New NHS Borders TB Action Plan produced in response to national TB Action Plan.

Local incidents led to development of joint NHS Borders/SBC policy for dealing with lead contamination in private water supplies.

Resilience Committee has reviewed local severe weather plan in preparation for coming winter period.

Recent outage of BT lines to BGH tested local communications business continuity plans. A group has been established to review the response to incident and to ensure that plans are able to deal appropriately with similar incidents in the future.

New five year Sexual Health Strategy produced by NHS Borders Sexual Health Strategy Coordination Group.

**Screening Services:** Recent audit in a Scottish Health Board highlighted the need to have consistent approach to training for cytology screening in Scotland. Agreement reached with local practices on package of training opportunities for local smear takers.

Agreement reached with NHS Lothian on the introduction of haemoglobinopathy screening in Lothian and Borders area early in 2012.

Agreement reached with NHS Lothian on the introduction of abdominal aortic aneurysm (AAA) screening in the Lothian and Borders area mid 2012.

Agreement reached with local Borders optometrists for an optometrist-led slit lamp screening service as apart of the diabetes retinopathy screening programme.

**Alcohol & Drugs:** At its last meeting, the Alcohol and Drugs Partnership (ADP) signed off its Delivery Plan for 2011/12, and 3-year Strategy and Commissioning Strategy documents for 2012-2015. These will now go to the CH&CP Planning & Delivery Group for approval.

The Delivery Plan sets out the strategic priorities to be delivered by the Partnership over 2011/12, reflecting those in the longer term strategy, so that everyone involved is clear about their role and what contribution they are making. It also provides the basis on which the ADP will measure success over the year and be accountable to stakeholders for the progress made towards reaching collective goals. The plan includes tasks designed to reduce consumption of alcohol, work with young people and adults to change attitudes, and to ensure that services adopt a recovery model to support individuals out of treatment with improved health, well-being and life-chances. It also focuses on identifying families at risk or in need as a result of parents' substance misuse and on ensuring that they receive the necessary care and support at the earliest opportunity.

The plan also sets out an intention to review current delivery of services to ensure that they meet identified needs, are more integrated, accessible, and make best use of resources.

The strategy sets out the strategic priorities to be delivered by the Partnership over the next three years, including the adoption of a 'whole population approach' to increase emphasis on prevention and early intervention, and a strengthening of recovery orientated care for those already experiencing problems. This will be driven by strengthening the link between the ADP and the wider community planning framework which is tackling broader issues such as inequality, poverty, unemployment, and ensure that the strategies impact directly on those most in need.

The Commissioning Strategy is a first for the ADP, and sets out the Partnership's commissioning aims for the period 2012 - 2015. These aims are designed to ensure the necessary services are in place across the Scottish Borders to prevent alcohol and drug problems developing, address the needs of those who already have problems, and promote recovery. It describes the framework within which these services will be commissioned, how decisions will be made, and how the impact of that investment will be monitored.

**Health Improvement:** The Healthy Living Network is delivering a further phase of the "My Main Man" programme, supported by Fairer Borders funding, to engage fathers, male carers and their children in a programme of outdoor activities. This is proving an effective route to engage with men and support the development of family relationships as well as promote physical activity.

With funding from ADP, the Children and Young People's Health Improvement Group, is developing a 12 month programme on substance misuse education in schools. This will involve close partnership working with the Safer Communities Team, with schools and the

school health service, young people, parents, and voluntary sector to test out a model in one area that can be rolled out to other parts of the Borders.

As part of the implementation of the Maternal and Infant Nutrition Framework, peer support for breastfeeding mothers will be piloted through the Healthy Living Network. This will supplement the support that new mothers receive with breastfeeding from midwives and public health nurses and make an important contribution to the Baby Friendly Initiative.

Suicide prevention is being progressed through direct engagement with each of the Clinical Boards to identify priorities for staff training and development in line with national policy. Since Jan 2011, 20 NHS staff have undertaken ASIST training (out of a total of 132 participants from across the Borders) and 7 NHS staff have completed Scottish Mental Health First Aid training (55 people in all were trained in SMFHA across the Borders).

### 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

Name	Designation	Name	Designation
Calum Campbell	Chief Executive		

### Author(s)

Name	Designation	Name	Designation
Board Executive Team			