

**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**

**Lauder Health Centre Development:** The proposed development of a new health centre on a green field site just off Crofts Road within the centre of Lauder; this noted within the three health centre business case considered by the Board at its March 2010 meeting, as the preferred option; has made significant progress over recent months. The issue of land ownership of the site comprising of children's play area, football pitches and sports changing facilities, was thought to be common good land, however through considerable research by SBC Legal team it has been established that the land was transferred to the Burgh Council during middle of 20<sup>th</sup> Century, and therefore the title transferred onto the present Local Authority. This issue is currently with the Keeper of Records in Edinburgh who it is hoped will confirm shortly the ownership and title, following which work on the Heads of Terms for the onward sale of the parcel of land required to construct the proposed Health Centre and adjacent car park will be concluded.

The design team have agreed project brief and floor plans and are presently preparing the documents essential for the submission of Planning Application. This work is being undertaken in conjunction with the SBC plans for relocated children's play area, the replacement of the changing facility and the formation of an all weather football pitch, such a co-ordinated approach will allow the Planners to consider the proposed developments as one package. It is hoped that the applications will be submitted during mid to late August 2010.

During the evening of 18<sup>th</sup> May, representative of SBC, Community Council, NHS Borders and Eildon Housing Association, met with the local community, this to advise on plans not only for the development of a new Health Centre but also on the plan to redevelop the former Primary School site for affordable housing. Subsequent to this meeting the Board Chief Executive, on 4<sup>th</sup> July, received a letter from the chair of a newly formed action group, "Protect Our Greenfield Site", (POGS), whose aim is to seek the relocation of the proposed Health Centre from the green filed site to the former School site. This group have written to Michael Moore, MP, and it is understood that they intend to write also to Jeremy Purvis MSP. The group have discussed matters directly with SBC and they do understand that SBC have agreed to sell the former School site to Eildon Housing. NHS Borders has advised the group in writing on the consideration of alternative sites within the town, through its Project Board, which incorporates representation of NHS Borders, GP Practices, SBC, Community Council and the Public. The group are also aware of previous community consultation during a community infobition day during 2008, this

incorporating early proposals for use of the Crofts Road site. A date has yet to be confirmed for a meeting between the Action Group and NHS Borders, hopefully this will take place during the next few weeks.

**Open Forums Programme:** A series of monthly Open Forums have been organized for the Chief Executive to meet and discuss key issues with NHS Borders staff across localities and locations. The first of these will be held in Duns on 26 August.

**Clinical Strategy Progression:** In light of the continued challenges facing NHS Borders, there is a need to further progress service change and improvement work already underway, considering and developing new and different models of care. We will be working with NHS Borders Area Clinical Forum and other advisory committees into the autumn (2010) to capture views and ideas from our clinicians to identify innovative service solutions and appraise options which arise from this exercise. A key event will be held towards the end of the to discuss year these in more detail, with outcomes being written up as a formal action plan/series of service changes to create NHS Borders Clinical Strategy in Spring 2011. It is envisaged that the outcomes identified in the Clinical Strategy will be considered and thereafter tested and implemented across our services.

**Audit of Critical Care in Scotland:** The Scottish Intensive Care Society Audit Group published their report of 2009 data for Critical Care in Scotland on 27 July. The Audit Report is a report of activity and outcomes in Scottish Intensive Care Units (ICU) and High Dependency Units (HDU). The Scottish Intensive Care Society Audit Group is a national audit funded through the Information Services Division and exists to improve the quality of care delivered to critical care patients by monitoring and comparing activities and outcomes across Scottish Critical Care. The report places the Borders General Hospital (BGH) within the top performing Hospitals in Scotland in this respect and it should be noted that the BGH is a mixed ICU/HDU unit. The Board are asked to read the report and congratulate the staff involved in this achievement.

**HEI Update:** The HEI Inspectors undertook an unannounced visit on Thursday 24 June 2010 to the Borders General Hospital. The Report following that visit is due to be published on Monday 2 August 2010. Sheena Wright, Director of Nursing & Midwifery will be providing a formal report to the Board on this matter.

### **Chief Operating Officer**

**NHS Borders Strategy Group:** The strategy group have progressed the following issues in the past 2 months:-

- **BGH – Reconfiguration of Surgical Beds** – proposals for reconfiguring Surgical beds as a result of the HEI inspection and ongoing improvements in performance on length of stay and day case rates
- **Mental Health Rehab** – discussed updated timeline / options for ongoing redesign of Mental Health Rehabilitation services
- **Older People’s Campus** – Agreed outline proposal for progressing project
- **Dental Strategy** - considered and commented on revised draft strategy
- **NHS Borders Draft Maternity Strategy** - agreed actions for further develop strategy (as a result of comments from Board Development session)
- **Integrated Patient Transport Strategy** - considered & commented on draft strategy

**Clinical Executive:** As the **Operational Group** for the Organisation the Clinical Executive has considered the following issues:-

- **Non-recurring support for Oncology** – provision of additional short term support to the Regional Oncology service to sustain the service during 2010/11 (provided through NHS Lothian as part of the South East of Scotland Cancer Network (SCAN)) until a review of the service is complete and signed off by SEAT.
- **Voice Recognition Business Case** – agreed a business case for the extension of Voice recognition within the Borders general hospital (supported through the Invest to Save scheme and NHS Capital plan)
- **Library Services** – received update on the ongoing work on the Library services at the Borders General Hospital provided in conjunction with Napier University
- **NHS Borders Bed Model** – received updated and detailed breakdown of bed model
- **Efficiency Board** – Agreed Terms of Reference for revised Efficiency Board
- **Final Report** – Received update of annual Human Resources information (Staff Records, Recruitment and Appraisals)

### Medical Director

**PMS:** Call Off contract – Due to be concluded and signed by 31<sup>st</sup> July.

Scottish Foundation System – the basis of Intersystems bid was a foundation / base system standardised as far as possible across all consortium Boards. The work to agree, build, and test this has been ongoing since February with a new release of the software due to go to user validation by the Boards end July. This work has consumed more resource from local Boards than first anticipated. This has had an impact on local implementation planning and activities where we have fielded staff to this work.

Implementation: *Resources* – Both Intersystems and NHS Boards have faced difficulties in having sufficient staff available. Intersystems recruitment to key posts has been slower than is desirable and there has been an impact on planning and monitoring activities. NHS Borders local resources are small in the first instance and have been stretched during this period. We have now recruited to the short term posts in our plan but slightly later than we'd have liked. This is in part due the requirement to drive cost out of the program. We will be seeking to secure resources from other consortium boards to assist during implementation. Consortium Boards have demonstrated a willingness to assist us and will gain key skills and learning from being part of Borders implementation. Having sufficient resource of the right skill set when needed is a key risk. Final implementation planning during July will identify any outstanding gaps. An assessment of impact will be made in early August against the plan.

*Hardware* – This was an area of risk to the program. The hardware is now on-site and the being finalised. The key date for test and sign off is 26<sup>th</sup> July. If this is not completed successfully the go live date of November is at risk. As of Wed 21<sup>st</sup>, we believe this will be completed successfully by the deadline.

*Data Migration* – We must decide how much information to migrate and recommendations will be made to the Clinical Boards & Programme Board. Work to clean up our data is progressing to reduce the likelihood of exceptions and duplicates.

*Testing & training* – Plans are being refined. Timescales within the overall plan are very aggressive for this work. The newly appointed Training Lead will be working on this to develop creative and flexible learning suited to job roles and minimise disruption to services.

*Reporting* – Operational & performance reports available as standard parts of the system are being reviewed. There is still a lot of work to complete to build and test external reports in Business Objects. The plan is being refined and progress continues to be monitored.

*18 Weeks RTT Functionality* – This has been developed as part of the SFS build. Good progress has been made but is subject to final validation during late July early August to assess readiness for go live.

Summary: The work program is progressing but there remain key challenges if we are to meet our target go live date. This is a very aggressive and tight timescale we are undertaking very close monitoring of progress to ensure we maintain sufficient momentum to ensure successful delivery.

**New Medical Staff- August 2010:** I am pleased to report that our overall position with regard to Medical Staff starting in August this year is reasonably positive compared to recent years with relatively few gaps anticipated. In particular, and somewhat ironically, we are expecting a full complement of paediatric trainees in August. However, within the overall good news story there remain a few key gaps in cover and in some competencies which will continue to be addressed by a range of solutions similar to recent years: locums, non-medical alternatives, trained medical staff substitution etc. Solutions are in hand to ensure that there are no significant clinical risks.

There remain some financial pressures and longer term staffing concerns which are included in our medical workforce planning process and which will require significant service redesign over the medium term. In particular, the anaesthetics service is causing some concern and a review of the various contributory factors is underway.

**Chronic Medication service (CMS):** The chronic medication service (CMS) aims to improve the care of patients by formalising the contribution of pharmacists to the management of patients with long term conditions. It has been developed over a number of years as one strand of our collective efforts to assist in improving patients' understanding of their medicines, address problems with compliance and side effects and optimise the clinical benefits from their therapy.

CMS offers a number of benefits to patients, GP practices and community pharmacists. For example, one element of CMS will be serial prescribing and dispensing which enables a GP to write a single serial prescription for 24- or 48-weeks which is then dispensed by the pharmacist at regular intervals. Evidence from a pilot scheme in NHS Grampian - as have pilots from other parts of the UK - has demonstrated that this can improve appropriate access to repeat prescriptions and reduce the administrative burden of repeat prescribing workload in the GP practice. In addition, a generic protocol will underpin CMS serial prescriptions which will support consistency of practice and reinforcement of key messages to aid the safe and effective use of prescribed medicines.

As a precursor to national roll out of CMS, and, in order to ensure that the guiding principles outlined in Professor Ritchie's report, *Establishing Effective Therapeutic Partnerships*, are addressed, we are starting with a CMS implementation phase. This

phase will allow community pharmacists to initially register and provide CMS to 50 patients per pharmacy. From September, it is envisaged that GP practices will start to receive electronic CMS notification messages for their patients who have registered for CMS which will trigger a flag in the patient's record indicating that the patient is CMS registered and detailing the contact details of the pharmacy where they have registered.

The Pharmacy Development manager and Pharmacy champion will be visiting all pharmacies over the coming weeks to support them implement CMS and collect feedback on other areas of the pharmacy contract.

### **Director of Finance**

**The summer focus of the Directorate** - in all areas of its reach - is on building its capacity around forecasting and planning with complementary improvement to local financial management. This work will be reported to the Audit Committee in due course and shared, together with future improvement plans, with a workshop with Non Executive Directors to be held in August 2010.

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

**Implementation of National Nursing Indicators of Quality:** *Leading Better Care: the report of the Senior Charge Nurse (SCN) Review and Clinical Quality Indicator Project*, (SGHD, 2008), is a national framework for refocusing the SCN role to support NHS organisations to deliver corporate objectives and strengthen organisational approaches to improving patients' experiences of care. The overall aims of the framework are:-

- For all SCNs working in hospital across NHSScotland to be working in the context of the revised national role by 2010
- To have Clinical Quality Indicators in place in the majority of in-patient areas by the end of 2010

Three Clinical Quality Indicators (CQIs) were developed to demonstrate the nursing and midwifery contribution to care. They are:-

- Food, Fluid & Nutrition
- Falls
- Pressure Area Care

An electronic data-capture and analysis system known as eQIPS (electronic quality improvement system) has been developed by ISD to support national co-ordination of the nursing quality measures. eQIPS will be available to Boards in a phased approach from June, 2010. To help prepare the 24 in-patient setting Ward teams to develop the required skills for this data collection and implementation of quality improvement methodologies locally, the CQIs are being introduced in a phased approach. Food, Fluid & Nutrition process compliance commenced in May. Concurrent introduction of the Pressure Area Care CQI will commence in June with the addition of Falls process compliance commencing in July. The Clinical Governance team have developed and are populating a local database for preliminary co-ordination of the organisations data.

For further information contact Kim Smith, Practice Development Lead or visit:

[www.leadingbettercare.scot.nhs.uk](http://www.leadingbettercare.scot.nhs.uk)

**Chief Nursing Officer:** Ros Moore was appointed as Chief Nursing Officer for Scotland in January 2010.

As part of her remit Ros will be regularly meeting individually with all Directors of Nursing and she visited NHS Borders in February.

During this visit she met all Lead Nurses and visited the Borders General Hospital and Cauldshiels. She recently returned to Borders for a second visit and this time visited Poynder View, Huntlyburn House and the Child Protection Unit.

It is anticipated that she will come back in the Spring and during this visit we hope to concentrate on HAI as Ros leads this group nationally.

### **Director of Public Health**

**Health Improvement:** A proposal was progressed through the BET and approved at a recent meeting of the Strategy Group to re-design anticipatory care services in Borders. This will involve the integration of the Lifestyle Adviser Support Service (LASS) and Keep Well, and the development of a new Counterweight service providing intensive support to adults wanting to lose weight (through dietary and physical activity interventions). The implementation of this re-design has started and it is expected to be complete by April 2011. It will provide stability and sustainability for LASS and Keep Well (which deliver the H8 cardiovascular health checks), deliver additional benefits through Counterweight (which will support the local approach to obesity), and it will also generate savings in 2010/11 and beyond.

**Fire at Eyemouth Golf Club:** At about 8 am on 7 July 2010, Public Health were notified of a fire in outbuildings at Eyemouth Golf Club which began about 4:30 am. The building contained a mix of diesel, petrol, liquid fertiliser, fungicide, wetting agent, nitrogen fertiliser and other unidentified chemicals. An explosion scattered debris, including fragments of the corrugated cement roof over a distance of 100metres and onto one of the fairways. The fire was quickly extinguished. However, the roof was suspected to contain asbestos. A Public Health incident control meeting was convened in collaboration with Scottish Borders Council and involving relevant partner agencies. It was established that the roof contained white asbestos. An assessment showed no real risk to public health given the location and contained nature of the incident. At the time of the fire, the prevailing wind had been blowing offshore rather than towards housing on the landward side of the building and there was only a small amount of white asbestos found in the roofing material. However as a precautionary measure, specialist advice was sought to ensure appropriate decontamination of the affected area.

### **Director of Workforce**

**Learning & Development and Patient Safety & Quality Consultation:** In order to further recognize the essential importance of Patient Safety it was agreed that a senior member of staff with the appropriate skills would be identified to lead on this agenda. The Head of Training & Professional Development was approached as a suitable candidate who satisfied the necessary criteria.

Re-alignment of the Learning & Development structure together with clear objectives across these services will enable responsive delivery against key objectives in the next 12

months subject to future review. Consultation around the change is taking place during August and the document is available on the intranet.

**Some key points relating to current Learning & Development activity include:** HEI-eLearning for Infection Control (IC) Standard Procedures has been developed on learnPro NHS using content acquired from NHS Greater Glasgow & Clyde. The roll out plan is that other Clinical Boards will follow the BGH.

A short-life working group has been established to address the Organisational Statutory & Mandatory training requirements.

A working group has been established to address the Health Care Support Workers Standards & Codes which will become Mandatory as of December 2010.

Relationships with NHS Education for Scotland, Universities & Colleges continue to flourish. Examples include our input to the SEAT educational agenda & our joint bid to the Scottish Funding Council to support HCSW development.

NHS Borders are working with NHS Education for Scotland to produce 'Working with Older People in Scotland', the framework for Mental Health Nursing & the educational resource to support early interventions for people with a diagnosis of Dementia. This has been disseminated across the Organisation. 2 Staff are undertaking a module at Stirling University for People with an early diagnosis of Dementia. Locally with SBC & in support of The Dementia Strategy we are planning to support a Train the Trainers Model of raising awareness of the needs of People who have Dementia. All of which support the Dementia HEAT Target.

HEAT 5 -Suicide prevention-.We are on track to attain the requirement of 50% of key frontline staff to be trained by December 2010. NHS Health Scotland have given a green self assessment status.

Joint Development Review Training - over 600 reviewers are now trained across the service in support of the current HEAT target around KSF reviews.

PA Development Programme – funding was secured in January from NES to commence with a joint development with Borders College to run a PDA in Office Admin. 12 students from NHS Borders are currently underway & due to complete Feb 2011.

The Borders Knowledge Management Project involves NHS Borders, NES, and links to SEAT Long Term Conditions & NES knowledge services. The report is being finalised by NHS Borders about widening the scope of the Borders Health In Hand (BHIH) website to cover additional long term conditions (LTCs). The website is at: [www.bordershealthinhand.scot.nhs.uk](http://www.bordershealthinhand.scot.nhs.uk)

**Equality & Diversity:** Following the change to the previous service model, mainstreaming of key work continues around the E&D action plan. The translation and interpretation service will now be transitioned to a new model with leadership support from Warwick Shaw.

Discussions progress with the remaining NHS Borders team who are currently in a transitional arrangement. Agreement has been reached in principle to actively pursue a fixed term 'Joint Equality & Diversity Adviser' post later in the year hosted by Scottish

Borders Council. If this proves possible, the job description will be agreed with the intention of this joint resource working across the 2 organisations, agreeing the key deliverables, reinforcing assurance frameworks, providing expert input, representing both organisations at key stakeholder groups and driving with others to deliver joint objectives.

The E&D intranet site is now up and running and accessible by all NHS Borders staff.

**Risk, Health and Safety Team:** The Risk Strategy and Policy are currently under review including all internal accountability structures, risk management tools and training needs. This is being undertaken by the Risk Management Team in partnership with General Managers. The high level risks recorded are considered at the Clinical Board performance reviews and a focus group, the Risk Action Group, is being developed to facilitate cross organisation sharing of solutions and good practice.

An Occupational Health and Safety Management Report and a General Incident Trend Report will be available to reflect the performance of the organisation to meet its legal and policy obligations.

A Claims Management Policy has been developed and is currently being consulted upon. This Policy describes the processes for managing common law clinical and safety claims and further clarifies the governance arrangements to assure the Health Board that claims are being managed effectively.

**Workplace Health:** We have been successful in a bid to host a visit by HRH the Princess Royal to the Working Health Services project in her role as patron of the British Association of Occupational Therapists. This will take place on the 6<sup>th</sup> October 2010.

The project's success over the past 18 months would not have been achieved without the ongoing support and co-operation of numerous local stakeholders including employers, business groups, community and voluntary organisations, NHS Borders, GPs and other health care practitioners. This event is an excellent opportunity to celebrate their work, hear from some of the individuals and companies who have benefited, and recognize the contribution of all those who have been involved, as well as providing an opportunity to look forward.

**Staff Survey:** The last NHS Scotland Staff Survey was conducted in Autumn 2008 and nationally almost 60,000 employees participated. NHS borders staff did really well with 53% of the total workforce completing the survey. The survey is conducted every 2 years and preparations are underway for the 2010 survey which is scheduled for October 2010.

**Local Workforce Plan:** NHS Borders for the past two years has applied a workforce planning cycle culminating with publication of the Local Workforce Plan (LWP) in October each year. This is in line with financial and service planning and the governance arrangements. Arrangements are in place for the LWP to be considered by Area Partnership Forum and Staff Governance Committee and approved by the Workforce Board. The next NHS Borders Local Workforce Plan is scheduled for publication in October 2010 and will be aligned with our financial plan to demonstrate affordability and sustainability of workforce projections for all staff groups. Our Workforce Plan concentrates on an action plan for achieving the Workforce elements of the Efficiency Delivery Programme, a workforce projection considering the 3 "A" test (Affordability, Adaptability and Availability) for 2010 - 2011. The draft LWP will shortly be distributed for local consultation.

**Consultant Job Plans:** The consultant job planning cycle has recently completed and a report will be made available to the Clinical Executive and Staff Governance Committee. Following an internal audit report published in April 2009, revised monitoring and review systems were implemented for the job planning regime in this past year.

**Training Grade Doctors:** The annual changeover of junior doctors will take place on 2 August and 4 August with 15 newly qualified doctors and 55 trainee doctors joining NHS Borders on these days. Longer term a consultation on draft of Medical Specialty Intake for 2011-2015 has been set out to agree establishment numbers for specialty training posts in programmes leading to CCT or equivalent in Scotland. The changes to trainee numbers, and consequent increases in the number of trained doctors will help to address the projected over-supply of doctors between now and 2014. SGHD modeling indicates that Scotland will produce surpluses of around 1500 hospital and community specialty doctors and 900 GPs over the period to 2014, based on expected retirement rates among existing staff and the numbers of junior doctors expected to complete their training programmes. It is open to any interested party to comment on the proposed establishment numbers. Head of Clinical Service will be asked to comment specifically on what the figures look like for their speciality and thereafter a joint Board and regional response will be prepared.

**Audit Scotland report “Using locum doctors in hospitals”:** The report, published in June, reveals that NHSiS spends £47 million a year on locum doctors and this spending has doubled in the past decade but, in many cases, health boards are not always clear about why locum doctors are being hired. The report also says the NHS needs to get better at managing the potential risks to patient safety of using locum doctors. NHS Borders was quoted in the report for good practice procedures for appointing, employing and performance assessment of locum doctors.

## 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>
Calum Campbell	Chief Executive		

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