

Borders NHS Board



Minutes of a meeting of the **Strategy & Performance Committee** held on Thursday 7 November 2019 at 10.00am in the Board Room, Newstead

Present:

- Dr S Mather, Vice Chair
- Mrs F Sandford, Non Executive
- Mr M Dickson, Non Executive
- Mr T Taylor, Non Executive
- Mr J McLaren, Non Executive
- Mrs A Wilson, Non Executive
- Mr R Roberts, Chief Executive
- Dr C Sharp, Medical Director
- Mrs C Gillie, Director of Finance, Procurement, Estates & Facilities
- Mrs N Berry, Director of Nursing, Midwifery & Acute Services
- Mrs Y Smith, Partnership Representative

In Attendance:

- Miss I Bishop, Board Secretary
- Mrs J Smyth, Director of Strategic Change & Performance
- Mr R McCulloch-Graham, Chief Officer Health and Social Care
- Mr J Cowie, Director of Workforce
- Dr A Cotton, Associate Medical Director
- Mrs K Smith, Professional Development
- Mrs L Paterson, Resilience Manager
- Mrs H Fairburn, Head of Capital Planning
- Mr B Douglas, Head of Estates
- Mr K Allan, Consultant in Public Health Medicine
- Ms C Oliver, Communications Manager

1. Apologies and Announcements

Apologies had been received from Mrs Karen Hamilton, Chair, Cllr David Parker, Non Executive, Dr Tim Patterson, Director of Public Health, Dr Janet Bennison, Associate Medical Director, Dr Annabel Howell, Associate Medical Director and Dr Nicola Lowdon, Associate Medical Director.

The Chair confirmed the meeting was quorate.

The Chair welcomed Mr Keith Allan who was deputising for Dr Tim Patterson.

The Chair welcomed a range of attendees to the meeting including Mrs Lorna Paterson, Resilience Manger, Mrs Kim Smith, Professional Development, Mrs Hannah Fairburn, Capital Planning Manager, Mr Brian Douglas, Head of Estates.

2. Patient and Carer Stories

The Committee received three videos of patient and carer stories covering a range of learning for the organisation.

Discussion focused on both the negative and the positive learning from each story and how the organisation and staff were learning and capturing more person centred care moments to enable the learning to become second nature. It was recognised that the root cause of failure was often a failure to connect with the patient and/or carers and that although patients could be quite difficult and challenging to deal with, it was a symptom of their illness and the professionalism of staff to address difficult patients with care and compassion was their role.

A piece of work had been commissioned with the Queen Margaret University on person centred culture involving the Senior Charge Nurses to provide the right culture and leadership to ward teams given ward staff delivered the majority of the fundamentals of care for patients. An example was the intention to breakdown historical limits such as closing wards to visitors during certain periods of the day.

It was also suggested that there was a significant variance in the quality of care across the various care homes in the Scottish Borders.

During the conversation Dr Amanda Cotton advised of a publication called “Intelligent Kindness” and suggested Board members might find it a helpful read.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the stories.

3. Declarations of Interest

The Chair sought any verbal declarations of interest pertaining to items on the agenda.

The **STRATEGY & PERFORMANCE COMMITTEE** noted there were none.

4. Minutes of Previous Meeting

The minutes of the previous meeting of the Strategy & Performance Committee held on 1 August 2019 were approved.

5. Matters Arising

5.1 Minute 17: MRI Scanner: Mr Malcolm Dickson enquired of the status of the new MRI scanner that was to be built for NHS Borders by the end of September. Mrs Carol Gillie confirmed that the new MRI scanner had been built and would be installed in the next financial year.

5.2 Action 6: The Committee agreed that the action was closed as it had been superseded by the formulation of draft Statements of Intent.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the action tracker.

6. Winter Plan 2019/20 Update

Mr Rob McCulloch-Graham gave an overview of the content of the report.

Mr John McLaren commented that it would be helpful to include all community staff in the measurements of objectives as set out on page 3 of the winter plan. Mr McCulloch-Graham advised he would include all primary care staff.

Mr Tris Taylor enquired, if the winter plan was based on the previous years plan, had the self assessment checklist been used. Mrs Nicky Berry advised that it had not been rigidly used. She explained that a focus had been placed on the successes of the previous year to enable the document to be succinct and prepare for the winter ahead whilst learning further lessons for the following year.

Mr Taylor sought assurance that next years plan would use community assets to mitigate risk. The Chair suggested the Integration Joint Board should pick up that point. Mr McCulloch Graham acknowledged the need to review the actions from the self assessment and assured the Committee that a lot of things had been agreed with the Third sector that were not in the plan as they were ongoing year round support mechanisms. However he committed that the next iteration of the plan would include that information.

Mr Taylor further commented that the Third sector had provided feedback on a lack of inclusion in the process. Dr Cliff Sharp suggested that every winter the organisation learnt more and flexed to meet demand, however it was not able to mitigate every risk.

Mr Ralph Roberts commented that next years winter plan would be included in the Annual Operational Plan (AOP) as it was seen as part of that overall plan and not just a winter period plan. Future funding would be confirmed as part of that AOP process and a different approach would be undertaken that would be helpful in planning for variations in activity across the year.

The Chair recalled that part of the winter plan previously had been to flex elective work in the winter period, however a letter received from the Director General Health & Social Care and Chief Executive NHS Scotland had made it clear that reducing elective work in the winter period was no longer acceptable. Dr Sharp commented that the matter had not yet been discussed in detail, but he reminded the Committee that there was a difference between cancelling elective activity and forward planning a limited amount of elective activity.

Mr Roberts confirmed that the Scottish Government had already signed off the trajectories for delivery of waiting times across the year which had included a reduction in elective activity over the winter months and he would therefore be abiding by that agreement.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the report.

7. Property and Asset Management Strategy (PAMS)

Ms Hannah Fairburn and Mr Brian Douglas provided an overview of the content of the PAMS process and highlighted: proformas submitted to Scottish Government which included medical equipment and fleet management; smarter offices; property and backlog maintenance; change and developments in the last 12 months; the impact on the development of the capital plan; and next steps.

Mr John McLaren recalled that previously the Board had agreed to reprioritise Road to Digital ahead of Theatre Ventilation. Mrs Carol Gillie confirmed that mitigations had been put in place to address Theatre Ventilation issues, however given the focus on ventilation issues in other Health Boards across Scotland the assessment of NHS Borders Theatre Ventilation had been revised which

saw NHS Borders Theatre Ventilation risk move from Significant to High Risk. Mr Douglas assured the Committee that further mitigating steps were being put in place to try to address the revised risk status.

Mr Douglas further confirmed that a full audit by independent authorised engineers of all critical plant was being undertaken in order for an action plan to be produced to enable the further mitigation of risks.

Mrs Fiona Sandford noted the quantum of the backlog maintenance and the potential for the estimated costings to increase three-fold. She enquired if the full economic costings could be provided. Mrs Gillie commented that whilst the standard methodology across NHS Scotland was used to calculate estimated costings, she appreciated the Committee may have found it helpful to have been given the full economic costings as a clear comparison.

Mrs Sandford enquired about the community premises bid being unsuccessful. Mr Douglas confirmed that 20% of the organisations' estate was surveyed each year on a rolling 5 year schedule. He had been keen for the whole of the community premises to be surveyed over the coming 12 months however the bid for that had been unsuccessful.

Mr Malcolm Dickson commented that the more that could be done to improve performance on fire safety with the proper equipment would assist the fire and rescue service given their increased role in front line healthcare. Mr Douglas advised that he met regularly with the local and national fire service and the current focused area for improvement was communication.

Mr Dickson enquired about assurance in regard to asset disposal. Mrs Gillie confirmed that asset disposal in terms of property was in line with the NHS Scotland Transaction Handbook requirements. In terms of asset disposal for equipment there was a local policy that was followed. She further commented that there was also a liability issue with selling equipment on.

Mr Tris Taylor enquired if there was any sense of minimising the total exposure in backlog maintenance of £13.4m. He further enquired how many years the organisation had transferred £1m of capital to revenue. Mrs Gillie advised that a total of £4m had been transferred from capital to revenue over 3 years.

Mr Taylor enquired if the increase in risk and mitigation compounded the end cost. Mr Douglas commented that there was a recognition that equipment required replacement and the mitigation factors were in place to purely mitigate the risk to the organisation. Mrs Gillie commented that she was keen for the independent review of all community property to take place so that she could present the full picture to the Board in terms of backlog maintenance. She further advised that all Health Boards across NHS Scotland were in the same position of having backlog maintenance and a lack of funding to address all the issues.

Mr Roberts commented that he recognised that a significant amount of spend would be required to address the backlog maintenance, which was impacted by the change in risk appetite and he was keen that the turnaround programme and statements of intent should enable strategic clarity to be provided around the need for buildings, which would impact on the decisions the Board would need to take.

Dr Cliff Sharp enquired about the compliance of electrical installations. Ms Fairburn commented that as regulations changed there were areas of the estate that required upgrading in order to comply with the revised regulations.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the presentation.

8. West Linton Health Centre Refurbishment Project

Mrs Carol Gillie introduced the paper and advised that she had sought £880k for refurbishment of the West Linton Health Centre through the Primary Care Modernisation Programme. If agreement was forthcoming, capital resource would be provided by Scottish Government, as some had been set aside for the project. However it would mean that there was less funding for the 2 outstanding projects of Earlston and Melrose. She advised that further business cases for Earlston and Melrose would be required to be drawn up and submitted to Scottish Government to compete with all the other business cases from across NHS Scotland.

Mr Malcolm Dickson enquired when the situation with the Eildon Medical Practice would be resolved. Mrs Gillie commented that it had been a complicated matter with the Practice wishing to sell the premises they owned in Newtown St Boswells. Mr Rob McCulloch-Graham advised that the Practice remained open and colleagues had worked through a number of scenarios with the GPs, however none had been taken forward. Scottish Borders Council had also granted permission for building in the area which would potentially lead to an increase in demand for medical services in the area. There was however potential to access development contributions for the Eildon Medical Practice once developers were on site in Newtown.

Mr Ralph Roberts emphasised to the Committee the recognition that there remained a priority around Earlston although it had been delayed for specific reasons. The impact of progressing with West Linton meant both Earlston and Melrose would need to be submitted to Scottish Government to consider alongside all other bids across NHS Scotland.

The **STRATEGY & PERFORMANCE COMMITTEE** approved the award of tender to a maximum cost of £0.88M to allow progression of the project to construction at West Linton Health Centre.

The **STRATEGY & PERFORMANCE COMMITTEE** approved funding from within the Primary Care Premises Modernisation Programme to cover the cost of the West Linton HC project noting that this funding had been previously earmarked for Earlston and Melrose Health Centres.

9. Draft Corporate Objectives 2019-2022

Mrs June Smyth advised that the current set of corporate objectives were due to be refreshed at the end of the calendar year. They were usually reviewed by the Board on a three year cycle. Given the work under way around implementation of the Clinical Strategy and the development of Statements of Intent the Board Executive Team proposed postponement of the review and incorporation of the development of new objectives into that exercise.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the verbal update.

10. EU Withdrawal Readiness

Mr John Cowie updated the Committee in regard to the current situation with withdrawal from the EU and the potential impact on workforce, food supplies and pharmaceuticals for NHS Borders.

Mr Tris Taylor enquired about the position in regard to the independent contracting workforce. Mr Cowie advised that independent contractors were not covered directly by the NHS nationality survey. However, in terms of EU nationals there were a group who tended to come to the UK for

around a year and then others who were settled in the Borders, raising families and pursuing a career. He commented that the biggest single group of EU nationals was in agency nurses working in the community and identified through the KPMG survey commissioned by Scottish Government.

Mr Taylor enquired about Scottish Borders Council exposure in terms of social care workers and the potential for an increase in admissions or delayed discharges. Mr Rob McCulloch-Graham advised that the issue was not as serious as previously estimated. The care market in the Borders was a small percentage of EU nationals, with the majority of EU nationals, as identified by Scottish Borders Council, being above middle age and resident in Scottish Borders.

Mr Cowie reminded the Committee that the Settled Status Scheme had been introduced and would have mitigated much of the anxiety associated with EU nationals leaving the UK with the finalisation of Brexit. The risk had now moved from EU nationals leaving the UK to attracting quality EU nationals to the UK to take up vacant posts in healthcare.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the presentation.

11. Scottish Borders Adult Protection Committee Annual Report 2017/2018

Mrs Nicky Berry introduced the report.

Mr Malcolm Dickson enquired if the training for NHS Borders staff included GPs. Dr Cliff Sharp commented that all GPs were expected to undertake Adult and Child Protection training and it was noted at their Annual Appraisal.

Mrs June Smyth advised that GP practice staff undertook their own suite of training provided by their GP Practice.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the report.

12. Performance Scorecard

Mrs June Smyth introduced the scorecard and advised that the awaited Annual Operational Plan (AOP) guidance for the next round of AOPs for 3 years had now been received.

Mrs Nicky Berry advised the Committee that as of September the 31 day cancer target had been achieved, however the 62 day cancer target had not been achieved due to 3 patients waiting over 62 days. All 3 breaches had been related to a clinicians illness and external support to address the breaches had not been achieved.

Mrs Berry further advised that in regard to the AOP In-patient trajectory which had been agreed at 208, as of 1 November the figure was 49. For the Out-patient trajectory which was agreed at 200, as of 1 November the figure was 347. The position was being addressed and she was confident the Out-patient trajectory would be achieved.

Mr Tris Taylor enquired about the lack of improvement in the 72 hours target for delayed discharges for 2019. The Chair commented that the matter had been discussed with Scottish Borders Council colleagues earlier in the week and Mr Rob McCulloch-Graham explained the data to the end of August and the improvements that had been made since September with a clear reduction in delayed occupied bed days from 300 to 150. He commented that the main success had been a significant sustained drop in complex cases.

Mrs Berry reminded the Committee that the weekly snapshot and dashboard provided to Board members via the weekly Board Round Up provided real time up to date data on delayed discharges and would in future encompass out-patient and in-patient real time data.

Mr Taylor enquired as of November what did the snapshot look like for over 72 hours, at what point did that improvement affect the status, what was the target being aspired to and were the initiatives working or not.

Mr Ralph Roberts suggested there might be short term fluctuations up and down and there was some improvement although it was not shifting dramatically. He emphasised that the target was 0 patients delayed and there was work to be done on decision making in the acute sector and capacity in community care. Fundamentally the organisation still needed to shift care into the community and that direction of travel needed to be facilitated.

Mr Taylor commented that he was keen to support initiatives that delivered. For those initiatives that failed he enquired how much had been invested in them proportionately and what were the things that the Board could influence. Mr McCulloch-Graham advised he assumed the Choices Policy accounted for about 40% of delays, however that data was not available.

Mr Roberts suggested the Integration Joint Board should have the discussion considering they controlled the resources in both health and social care, in order to understand the drivers within. He commented that health had invested in various areas to support the delayed discharges process.

Mr McCulloch-Graham highlighted the investment in Hospital to Home, Garden View and Waverley as being significant steps forward to reduce delayed discharges as well as occupied bed days. He further commented that the Integration Joint Board would receive a presentation at a future Development session in regard to the re-commissioning of residential and home care, and reviewing progress against the strategic implementation plan. He explained the matrix used was based on the number of people delayed over 3 days, their length of stay and number of occupied bed days. Mr Taylor commented that the real return on investment was not being identified.

Mrs Fiona Sandford welcomed factual evidence and the ability to measure against it. She suggested if the same picture was spread across NHS Scotland, either the targets were incorrect, demand had increased massively or interventions were incorrect and she suggested it be unpicked and clarified.

Mr Roberts suggested that at the end of the day that a delayed discharge was not a target but was a measure of the impact on the patient. Every single patient that was delayed was not being cared for the right place, therefore it had to be a target of 0. It was about the right patient in the right place with the right outcomes and if in the wrong place their long term outcomes were potentially diversely affected. When Scottish Government was asked for examples of good delayed discharge performance they highlighted Inverclyde, however it was noted that Inverclyde had the highest number of readmissions to hospital.

Mrs Smyth reminded the Committee that the data within the scorecard was the national definition which Boards were required to publicly report at a Board level and that there was more data available through the weekly dashboard. She further advised that the winter plan dashboard would include particular trajectories around delayed discharges.

The Chair enquired about colonoscopy and endoscopy based on the points system. Mrs Smyth advised she would explore the matter outwith the meeting and respond with an update via email to the Committee.

Mrs Berry highlighted that in regard to colonoscopy, NHS Borders had the highest uptake of bowel screening for September.

The Chair enquired why the MRI Imaging and Diagnostic Radiographer appointment was fixed term position. Mrs Berry advised that given the financial turnaround position, the post had been designated as fixed term until work on demand and capacity and productivity and efficiency had been completed.

The Chair enquired about the up to date position for trauma, orthopaedics and general surgery trajectories. Mrs Smyth commented that she would break them down into specialty by specialty and provide the up to date position via email to the Committee.

The Chair congratulated colleagues on the improved performance for the Child and Adolescent Mental Health Service (CAMHS).

Mr Malcolm Dickson welcomed the discussion that had taken place and suggested thought be put into a matrix for demand. He also highlighted the Audit General's Report which had stated that NHS Borders was one of only 4 Boards to have achieved 4 of the targets last year. He wished to remind the Committee that whilst there was no room for complacency the organisation was performing relatively well against the scottish average.

Mrs Smyth advised that as part of the turnaround programme, new matrix were being identified, new dashboards were being built, new key performance indicators were being developed based on demand and capacity, which would all in time inform the monthly information and national data that Board members received.

Mr McCulloch-Graham reminded the Committee that over the past 12 months, 42 beds had been closed which had released capacity into the system.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the August 2019 Performance Scorecard.

13. Any Other Business

The **STRATEGY & PERFORMANCE COMMITTEE** noted there was none.

14. Date and Time of next meeting

The Chair confirmed that the next meeting of Strategy & Performance Committee would take place on Thursday 6 February 2020 at 10.00am in the Board Room, Newstead.

The meeting concluded at 12.51.

Signature:

Chair