

Minutes of a meeting of the **Strategy & Performance Committee** held on Thursday 1 August 2019 at 10.00am in the Board Room, Newstead

**Present:**

- Mrs K Hamilton, Chair
- Dr S Mather, Non Executive
- Mrs F Sandford, Non Executive
- Mr M Dickson, Non Executive
- Mr J McLaren, Non Executive
- Mrs A Wilson, Non Executive
- Cllr D Parker, Non Executive
- Dr C Sharp, Medical Director
- Mrs C Gillie, Director of Finance, Procurement, Estates & Facilities
- Mr T Patterson, Joint Director of Public Health
- Mrs N Berry, Director of Nursing, Midwifery & Acute Services

**In Attendance:**

- Miss I Bishop, Board Secretary
- Mr R McCulloch-Graham, Chief Officer Health and Social Care
- Mr J Cowie, Director of Workforce
- Dr A Cotton, Associate Medical Director
- Mrs S Errington, Head of Planning & Performance
- Mrs D Moss, Nurse Consultant Vulnerable Children & Young People
- Mr C Faldon, Health Protection Nurse Specialist

**1. Apologies and Announcements**

Apologies had been received from Mr Tris Taylor, Non Executive, Mr Ralph Roberts, Chief Executive, Mrs June Smyth, Director of Strategic Change & Performance, Dr Janet Bennison, Associate Medical Director, Dr Nicola Lowdon, Associate Medical Director, and Dr Annabel Howell, Associate Medical Director.

The Chair advised that the meeting was quorate.

The Chair welcomed Mrs Stephanie Errington to the meeting who was deputising for Mrs June Smyth.

The Chair welcome Mrs Dawn Moss and Mr Chris Faldon to the meeting who were presenting items later on the agenda.

The Chair advised that she had been formally appointed as Chair of NHS Borders by the Cabinet Secretary for a 4 year term.

**2. Patient and Carer Stories**

The **STRATEGY & PERFORMANCE COMMITTEE** noted that the item had been deferred until the next meeting.

**3. Declarations of Interest**

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

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

**4. Minutes of Previous Meeting**

The minutes of the previous meeting of the Strategy & Performance Committee held on 2 May 2019 were approved.

**5. Matters Arising**

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

**6. Strategy & Performance Committee Terms of Reference**

The Chair advised that she and Miss Iris Bishop were in the process of beginning to take forward an assurance map for NHS Borders.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the current Terms of Reference for the Committee.

**7. Vice Chair**

The **STRATEGY & PERFORMANCE COMMITTEE** endorsed the appointment of Dr Stephen Mather as Vice Chair, subject to formal approval by the Cabinet Secretary.

**8. Finance Report for the three month period to 30<sup>th</sup> June 2019**

Mrs Carol Gillie drew the attention of the Committee to the revised format following feedback received from Board members and welcomed any further feedback so that the format could be finalised for the financial year by the next Board meeting in September.

Mrs Gillie presented the finance report for the first 3 months of the new financial year 2019/20 and reported the actual position of £0.5m overspend on revenue and break even on capital as at the end of June. That was an improved position from the £1.9m overspend reported at the end of May, however the main reason for that improvement was the confirmed brokerage of £9.3m made available to NHS Borders for 2019/20 which had been factored into the financial position.

She further advised that the brokerage funding of £9.3m and the £6.6m of non recurring measures agreed in the financial plan had been allocated non recurrently to business units on the same basis as their share of the £12.7m recurring savings target. That was fair and equitable and meant business units were clear what was expected of them in terms of delivery of in year savings.

The key points to note from the report were that: the organisation was behind trajectory on the delivery of savings; at the end of June there was a £400k overspend; there was an overspend of £100k due to the surge beds remaining open in the Borders General Hospital at a cost of approximately £10k a week.

Dr Stephen Mather commented that he welcomed the new format of the report as it appeared easier to read. He then enquired if the current savings target of £12.7m allocated across workstreams and the £5.4m for the year, meant the target was now undeliverable.

Mrs Gillie advised that the £12.7m was given on the advice of the Turnaround experts who had advised that it was normal when going into an organisation in turnaround to set a target of 4% savings in year. The plans that were pulled together equated to £12.7m, however some schemes would not come on stream until later in the year so delivery would not be in year. In the financial plan approved in April delivery in year for 2019/20 was anticipated to be £5.8m recurring savings.

Dr Mather enquired if the surge beds were being used due to risk averse behaviour or insufficient capacity. Mrs Nicky Berry advised that both were contributing factors. She highlighted the risks being encountered by the service such as the 4 hour A&E target of 95% not being achieved, the increase in emergency department attendances, and the lack of delayed discharges infrastructure to deliver the onward journey for patients. She further advised that there was an event being held that day with clinicians to understand risk averse behaviours.

Mr Robert McCulloch-Graham advised that there were several reasons as to why the surge beds were required and that delayed discharges were a part of that need. He focused on the success in reducing delays in the Borders General Hospital (BGH) and using the capacity that was available at Garden View and Waverley. He commented that he believed the right facilities were in place but were not being used to their full capacity to reduce the number of delayed discharges.

Mrs Berry commented that a weekly delayed discharges dashboard was now formulated and shared and she suggested it be included in the weekly Board Round Up.

Mr Malcolm Dickson commented that in regard to paragraph 2.7 it was likely the spend would be up to £9.3m. Mrs Gillie advised that the message to services was to keep pushing for recurring savings to get the £9.3m down by focusing on savings.

The Chair suggested Committee member's feedback to Mrs Gillie by Friday 9 August on the format of the report. Mrs Fiona Sandford commented that the format was much easier to read, however she felt it was still text heavy and repetitive.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the report and considered the current financial position.

The **STRATEGY & PERFORMANCE COMMITTEE** recommended to ensure the continued use of the unfunded surge beds be addressed and the pace of delivery of recurring savings be increased.

## **9. Annual Operational Plan 2019/20**

Mrs Stephanie Errington presented the Annual Operational Plan and reminded the Committee that they had seen various iterations of it in recent months as it had developed. She reminded the Committee

that in order to achieve the waiting times targets as set out in the plan, it had been calculated that an additional £3.8m of funding would be required. Confirmation had been received that a further £2.3m (excluding funding for cancer and diagnostics) would be made available to NHS Borders. The impact of the reduced funding on the waiting times projected position for 2019/20 had been recognised and the narrative updated accordingly. Those were the only changes to the plan from the version Board members saw at the development session in June.

Mrs Errington confirmed that the plan had been submitted to the Scottish Government as NHS Borders' final Annual Operational Plan and confirmation was awaited from the Scottish Government in regard to when it could be released into the public domain.

The Chair enquired if the Board wished to make any adjustments to the Plan how they would be addressed. Mrs Errington advised that any amendments to the plan would require to be negotiated at the NHS Borders Mid Year Review meeting with the Scottish Government.

Mrs Carol Gillie emphasised that there would be less funding for waiting times than expected and as a result performance would suffer. Cllr David Parker reminded the Committee that nationally the money seemed to follow the performance so he was relatively comfortable with the anticipated situation.

Dr Stephen Mather commented that in accepting the position the performance report suggested about 100 orthopaedic operations would be affected and he suggested there should be a spread across all the specialties and it not be limited to orthopaedics.

Mr John McLaren sought clarity on the message to staff in regard to performance targets. Dr Cliff Sharp clarified that staff would be expected to continue to work as efficiently and effectively as possible within existing resources limits.

Cllr David Parker commented that the organisation should remain committed to attaining stretched targets but within the financial envelope available and if they were not met there would not be any additional funding applied.

Dr Tim Patterson updated the Committee on the revision to the section on the Vaccination Transformation Programme on page 23. He advised that the intention had been that over 3 years the organisation would take on all of the primary care immunization programmes, however GPs had indicated a different model that they would prefer to support, which would involve them retaining the immunisation of the under 5s and flu vaccinations. Discussions were to take place with Scottish Government colleagues in regard to the GP proposals for inclusion in the plan and also as the proposals were contrary to the nationally agreed GP contract.

Mr Robert McCulloch-Graham commented that performance on vaccinations was good compared to other Health Boards. Given the GP practice performance on immunization and the geography of the Borders he was keen for GPs to retain the programmes and discussions were taking place locally on the matter with the GP Executive, Primary Care Strategy Group, GP Sub and the Integration Joint Board.

The **STRATEGY & PERFORMANCE COMMITTEE** recommended approval of the final draft NHS Borders Annual Operational Plan 2019/20 to the Board.

## **10. Effective and Quality Interventions Guidelines**

Dr Cliff Sharp provided an overview of the content of the report and advised of the intention to develop a strategy of demand management to exert influence and control over the demand.

Dr Stephen Mather enquired if there would be an exceptions criteria. Dr Sharp confirmed that there would be a qualification clause that would ensure an openness to exceptions and they would be taken through the extra contractual review (ECR) panel system.

Mrs Fiona Sandford enquired of the buy in from clinical colleagues and how many operations would be outwith the guidelines. Dr Sharp confirmed that clinical colleagues were supportive of the guidelines and had been the driving force behind their content. He further commented that an audit of operations was about to be undertaken which would flush out the number of operations that would fall outwith the guidelines.

The Chair clarified that the Committee were content with the guidelines and to support clinicians to make difficult decisions.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the proposed guidelines and the involvement of NHS Borders in the Scottish Access Collaborative EQuIP programme.

## **11. Borders Macmillan Cancer Centre Development Project Update**

Mrs Carol Gillie advised that the paper was a summary of the issues discussed at the Board Development session on 27 June 2019.

Dr Stephen Mather enquired, if Option 4 were pursued, in terms of future proofing, would the charity fundraisers receive the donations to cover the shortfall and might it be helpful to have the detailed costings of those at a later date for Options 3 and 4 to see the total projected costs. Mrs Gillie advised that she could not confirm that detail and proposed bringing back a further paper containing all the information once discussions had taken place.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed to explore Option 3 (development of an extension to maximise the ground floor space) and Option 4 (the development of a two story extension) as detailed in the paper with a view to identifying a preferred option.

The **STRATEGY & PERFORMANCE COMMITTEE** supported the creation of a new delivery timeframe.

The **STRATEGY & PERFORMANCE COMMITTEE** supported a communication plan being developed in conjunction with the Project Board to update all stakeholders.

The **STRATEGY & PERFORMANCE COMMITTEE** supported further discussions with the Endowment Board of Trustees, Fundraising and Macmillan Cancer Support linked to this project.

## **12. Thoughtful Decision Making and Prescribing**

Mrs Alison Wilson provided a presentation on prescribing decisions.

Dr Cliff Sharp commented on the mutually incompatible drivers faced by the organisation such as the national policy to open up access to medicines, ensure their availability and prescription and control costs and minimise unnecessary spend. He confirmed that despite the challenges good progress had been made on prescribing spend.

Dr Tim Patterson commended Mrs Wilson and her pharmacy team for their hard work on prescribing savings. He commented that in some other Health Boards larger savings had been achieved however they had been predicated on their hospital clinician's non compliance with their hospital formulary, whereas NHS Borders clinicians were very compliant with the hospital formulary.

Dr Patterson enquired if there was scope to make savings as part of an East of Scotland initiative for drug procurement. Mrs Wilson commented that such an initiative had been looked at many years ago as there was an east region procurement hub, however national procurement contracts had been formulated for all of NHS Scotland.

Mr John McLaren sought assurance that GPs were being consulted and Mrs Wilson confirmed that the next phase was to discuss the proposals with the GP Sub Committee.

Mr McLaren enquired if consultants were challenged on the use of expensive drugs. Mrs Wilson confirmed that they were challenged through the formulary review process and the pharmacotherapy service would be rolled out which would enable further feedback to be provided to consultants.

Mr Malcolm Dickson suggested more rigour be input to the risk assessment and a pre written criteria be submitted to the Area Drugs and Therapeutics Committee (ADTC) so that they could make the assessment. He further suggested the process be agreed by the Clinical Governance Committee to ensure it was followed and that each drug had been assessed.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the principles outlined in the paper and presentation which would be implemented by NHS Borders to better control prescribing budgets.

### **13. Delayed Discharges Occupied Bed Days**

Mr Robert McCulloch-Graham provided a presentation on delayed discharges occupied bed days and highlighted the strategic plan objectives for 2018-2021; what had been achieved to date; and future actions.

Mrs Alison Wilson enquired the Community Hospitals and Borders General Hospital (BGH) had kept patients who should have been transferred to the Garden View and Waverley facilities given they had availability.

Mrs Nicky Berry commented that input from the managers at those facilities had resulted in all the beds being utilised with NHS Borders patients. She further commented that part of the remit of the Integrated Delayed Discharge Programme Board was to address the problems across the partnership.

Mrs Wilson noted the work achieved to date and enquired if it would be progressed through a recurrent or non recurrent financial envelope. Mr McCulloch-Graham advised that it was all on the basis of non recurrent finance, however certain aspects such as the Start Team and Matching Unit were financed recurrently. A paper would be taken to the Integration Joint Board in September to seek further funding in order to ensure the mainstreaming of services and shifting the balance of care was achieved.

He further commented that when acute beds were closed, and capacity was available to do that, the funding would be required to be transferred to community services.

Mr McCulloch-Graham further suggested that Garden View may be required for the coming winter period with a view to its disbandment after that once all the systems were streamlined and mainstreamed.

Dr Tim Patterson briefed the Committee on the increased use of technologies such as Attend Anywhere, Strata, Florence and Armour and suggested the Joint IT Board might be asked to present at a future Board Development session.

Further discussion focused on: broadband technology in rural communities; wifi available in all care homes; movement of the social care assessment out of the hospital to a more appropriate environment; evident of risk averse culture; complex interdependencies in multiple pathways; and interpretation of the choices policy.

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

**14. Child Protection Committee Annual Report 2017/18 Update Re Joint Inspection of Services for Children and Young People**

Mrs Dawn Moss presented the Child Protection Committee (CPC) Annual Report and updated the Committee on the anticipated forthcoming inspection in the next 12-24 months. In terms of the annual report she highlighted: the number of child protection referrals on page 6 and the increased trend over the last 7 years of child protection referrals, not just for the Borders but for the country as a whole; NHS Borders members of the CPC; the neglect toolkit; and work with young people on child sexual exploitation and child abuse. She further advised Committee members to view the you-tube video that had been produced.

In terms of the inspection she advised that it would focus on child protection and looked after children and would be a joint inspection covering all agencies. She further advised on the format of the inspection and that the CPC were keen to offer training to any members of the Committee to better understand the responsibilities around child protection.

The Chair suggested that Child Protection training might be added to the Board Development schedule for consideration.

Mr Malcolm Dickson commented that there appeared to be a lack of GP colleagues on the CPC membership. Mrs Moss advised that GPs were not core members of any CPCs across Scotland, and she recognised that engagement with GPs in regard to child protection could always be improved.

Mr Dickson further commented that historically the constant theme with child abuse cases was about communication between agencies and he welcomed the “neglect toolkit” and enquired if it was shared with GPs. Mrs Moss advised that the “neglect toolkit” was a toolkit to be worked through with the family so not necessarily a tool for GPs. She advised that awareness raising was on going with GPs and some would be undergoing the child protection training.

Mr John McLaren enquired if data on the number of contacts with the child protection team was collected. Mrs Moss advised that an audit of the referrals made that did not meet the threshold had

been undertaken. Referrals to the duty team were taken forward as a single agency response and she assured the Committee that when a referral was made it was always taken forward and there was an escalation policy in place that was used by staff. Her main observation was the changing complexities of families in the 21<sup>st</sup> century.

Mr McLaren recalled that at the last Inspection it had been agreed to input additional resources to certain services and he enquired if those resources had made a difference. Mrs Moss confirmed that additional investment had been made in leadership for Health Visitors, School Nurses and Immunisation and those posts remained in place.

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

## **15. Performance Scorecard**

Mrs Stephanie Errington presented the performance scorecard and advised that it contained performance against the measures contained within the 2018/19 Annual Operational Plan and a small number of previous Local Delivery Plan standards, as at the end of May 2019. The cover paper highlighted areas of strong performance and those that were off trajectory were outlined. The narrative contained within the main report outlined the actions being taken by the service to improve performance. As highlighted in the cover paper, a more streamlined performance reporting approach for the Board would commence from September. Mrs Errington then highlighted the improved performance against the Child & Adolescent Mental Health Service (CAMHS) 18 week waiting times target advising that the June position was reporting 94.1% achievement which was above the target of 90% and was the first time since August 2017 that the standard had been achieved.

Dr Stephen Mather noted the issues of capacity for ophthalmology, gynaecology and orthopaedics and enquired if it could be addressed internally or if patients needed to be offered out of area services. Mrs Nicky Berry advised on the updated position for each service as at the end of July. She further commented that NHS Fife had achieved a 30% reduction in their ophthalmology referrals and she had adopted their process which was to be implemented over the coming months. In terms of gynaecology there was a plan for theatre utilisation and for orthopaedics the access collaborative process would be utilised.

Dr Mather enquired about delayed discharge patients refusing to transfer from the Borders General Hospital to step down facilities and how that was managed. Mrs Berry commented that the choices policy had been updated and was being used to enable patients to move on from the BGH. She advised that there were very small numbers of patients who refused to transfer.

Dr Mather congratulated Mrs Berry on the improvement in diagnostic waiting times.

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

## **16. The Logie Legacy: Annual Report 2018/19**

Mr Chris Faldon gave an overview of the content of the Annual Report and highlighted: the twinning arrangement from 2008; the progress made in terms of training and funding; and the independent charity status. The major achievements had been the water for life programme to deliver clean reliable water to the hospital, which was about the same size as the Borders General Hospital (BGH) and was partly funded by the Government and Anglican and Catholic Churches. He commented that Zambia



had a difficult economic situation and many of the staff had been without pay for several months and there appeared little prospect of that improving. The next challenge for sustainable development for St Francis Hospital was an overhaul of the sanitation programme.

Mr Faldon commented that the Scottish Government were keen for the NHS to be involved in the global citizenship programme and in 2018 the Logie Legacy were invited to meet with the First Minister for Scotland and Mr Bill Gates (Microsoft). As a result of that meeting £12k had been donated to the Logie Legacy for the sanitation programme at St Francis Hospital.

Mr Faldon commented that several members of staff continued to liaise and visit with the various departments at St Francis Hospital to share learning and experiences.

Mr Malcolm Dickson enquired about the benefit to staff of having such a twinning arrangement. Mr Faldon referred to the sharing of ideas, learning from each other, re-energising of staff and the findings from a report by the Royal College of Physicians in Glasgow which had looked at global health engagement and value to the NHS.

Dr Tim Patterson commented that in terms of the Boards' profile it was recognised nationally within the global citizenship programme. He advised that colleagues in Scottish Borders Council were keen to consider how to strengthen and re-energise the education programme locally through connecting with schools in Zambia.

The **STRATEGY & PERFORMANCE COMMITTEE** supported the ongoing twinning programme and efforts to strengthen the partnership.

**17. Any Other Business**

**MRI Scanner:** Mrs Carol Gillie advised the Committee that in the Board Round Up the previous week the Chair and Acting Chief Executive (June Smyth) had taken the decision to release the new MRI Scanner for NHS Borders from Siemens to an NHS Hospital in London who had urgent clinical need. Siemens had agreed to reimburse/waive any holding charges (£405 per week) linked to the machine, build a new MRI for NHS Borders by the end of September and provide a 1 year warranty from that date.

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

**18. Date and Time of next meeting**

The Chair confirmed that the next meeting of the Strategy & Performance Committee would take place on Thursday 7 November 2019 at 10.00am in the Board Room, Newstead.

*The meeting concluded at 12.45.*



Signature: .....

Chair