

Minutes of a meeting of the **Strategy & Performance Committee** held on Thursday 2 May 2019 at 10.00am in the Board Room, Newstead

Present:

- Mrs K Hamilton, Interim Chair
- Dr S Mather, Non Executive
- 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
- Cllr D Parker, Non Executive
- Mr R Roberts, Chief 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
- Mrs J Smyth, Director of Strategic Change & Performance
- Mr Robert McCulloch-Graham, Chief Officer Health and Social Care
- Mr J Cowie, Director of Workforce
- Ms Vikki MacPherson, Partnership Representative

In Attendance:

- Miss I Bishop, Board Secretary
- Dr J Bennison, Associate Medical Director
- Dr A Cotton, Associate Medical Director
- Dr A Howell, Associate Medical Director
- Mrs J Stephen, Head of IM&T
- Mr K Messer, IM&T
- Mr K Bryce, IM&T

1. Apologies and Announcements

Apologies had been received from Dr Nicola Lowdon.

The Chair welcomed Mr Ralph Roberts, Chief Executive to his first meeting of the Committee.

The Chair welcomed Ms Vikki MacPherson, Partnership Representative to the Committee.

The Chair welcomed Mrs Jackie Stephen, Head of IM&T to the meeting who spoke to the Road to Digital and Trakcare items on the agenda.

The Chair confirmed the meeting was quorate.

2. Declarations of Interest

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

There were none.

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Strategy & Performance Committee held on 7 February 2019 were approved.

4. Matters Arising

4.1 Action 6 Strategic Plan: Mr Malcolm Dickson sought assurance that the Board would be involved before a final draft was submitted for approval. Mrs June Smyth clarified that the intention was to recommence the work on the Strategic Plan in the autumn with the full engagement of the Board throughout the life of the plan.

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

5. NHS Borders Draft Annual Operational Plan 2019/20

Mrs June Smyth provided an overview of the content of the paper and highlighted waiting times target funding, a review meeting with the Scottish Government the following week and the feedback received to date.

Dr Stephen Mather sought assurance in regard to job planning and capacity. Dr Cliff Sharp assured the Committee that there was a full programme of work with Bold and Transformation Leads to ensure the best possible capacity was provided from job planning.

Dr Mather commented on page 6 in regard to additional capacity provided by the private sector, and asked if wording could include that the use of other NHS facilities with capacity was sought in the first instance and then provision of the private sector was utilised as necessary.

Mrs Smyth advised that all Health Boards were looking to the private sector for capacity and Dr Sharp commented that in areas where demand outstripped capacity the organisation looked to other NHS facilities to accommodate that demand. Where there remained a gap then provision was sought via the private sector as necessary.

Dr Mather enquired about longer term planning in regard to the use of expensive Locum appointments. Dr Sharp explained that the longer term plan was to invest in the recruitment of people and posts to accommodate the demand and increase capacity. Where recruitment was unsuccessful the demand was met by engagement of NHS Locums and where demand remained and NHS Locums were not available then premium rate agency locums had to be engaged to ensure both patient safety and performance target requirements were met.

Mr Ralph Roberts commented that he would raise with the Scottish Government the following week the issue of requirements for additional waiting times capacity and resource on a one year basis, as well as indicative recurrent allocations in order to be able to make longer term decisions.

Mr Tris Taylor commented that in regard to integration the document spoke of capacity in the community and he enquired what the baseline was. Mr Robert McCulloch-Graham commented that whilst he did not know what the current baseline was he did know that the number of carers was below expectation and he remained committed to increasing capacity, initially through investment

from the Integration Joint Board, on-going work with link workers and work on long term conditions. He also suggested work would be progressed on joining localities to community hospitals and practice rooms.

Mr Taylor enquired about using the assets within the community. Mr McCulloch-Graham advised that work was underway to identify what assets there were within communities, mapping them and understanding how and when they could be utilised.

Further discussion highlighted several elements of the document including: page 31, second set of bullet points, items 3 and 4; page 35 reducing health inequalities and explicit role of Public Health; page 56 waiting times trajectories and be more explicit in the description assuming there is no change in referral numbers; engagement with third sector, voluntary and carers centre; review of the Child and Adolescent Mental Health Service (CAMHS) as part of the mental health transformational programme; within the Primary Care Improvement Plan the changing role of GPs to become Expert Medical Generalists and the work required to look at referral routes to other services; and realistic medicine approach to long term referral lists.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the draft NHS Borders Annual Operational Plan 2019/20 and requirement to provide feedback to June Smyth by close of business on 6 May 2019.

6. Financial Turnaround Programme Update

Mrs June Smyth provided an overview of the content of the paper and highlighted several elements including: status as a process update paper with more succinct reporting in future; new programme governance arrangements; new programme workstreams introduced; continuing clinical engagement; and introduction of a mandate process.

Dr Stephen Mather enquired how figures were determined in regard to the mandate approval route. Mrs Carol Gillie commented that with the support of Bold there had been a revisit of what had been in the financial plan in April by taking it through the gateway process to ensure robustness and either an increase or decrease in the associated risk.

Cllr David Parker enquired when the Board would see the outputs and the trajectory. Mr Ralph Roberts commented that assurance and monitoring would be through the Finance & Resources Committee (F&RC) with updates to the Board. Mrs Gillie advised that the F&RC would receive a full update and monitoring report at its meeting on 3 June, and then provide the Board at its next meeting with assurance on progress.

The Chair suggested the F&RC also keep the Strategy & Performance Committee up to speed on progress given it was a committee focused on performance.

Mr Malcolm Dickson commented that given the size of the deficit it was important for budget holders to continue to find savings even when their targets had been achieved. Mr John McLaren reminded the Committee that for those budget holders who struggled to achieve their targets the organisation had a range of supportive mechanisms in place such as the Capability Policy.

Mrs Fiona Sandford suggested given the complexity of some of the financial reporting, it would be helpful to receive short, clear reports on the status of finance.

The **STRATEGY & PERFORMANCE COMMITTEE** noted progress to date and the next planned activities.

7. Corporate Governance Blueprint Self-Assessment & Improvement Plan

Mr John Cowie introduced the corporate governance blueprint self-assessment improvement plan. He provided background to the item and the next steps to be taken nationally. In terms of NHS Borders improvement plan he advised that the plan would be submitted in the context of where the organisation was on the Performance Escalation Framework given the Scottish Government had made it clear that escalation was not limited to the financial situation as it recognized the changes in leadership at Chair and Chief Executive level. He advised that in order to address those leadership concerns the improvement plan was focused on the key elements which related to leadership, setting direction, engaging stakeholders and influencing culture.

During discussion a range of comments were gathered including: hinder or increase organisational ability to change; improvement in performance mechanisms; engagement of stakeholders not specific enough to drive change; influencing culture should be more specific to seek out and promote the characteristics we want to promote; implementing a system to track actions; substitute genuine listening for active listening in order to evidence to staff what they said made a difference to what we do and how we do it; continue to strengthen engagement with the Community Planning Partnership and continue the development of community and locality plans; and utilise existing Integration Joint Board development sessions.

Mr Cowie welcomed the feedback and advised that he would revise the improvement plan to reflect the comments received.

Mr Cowie further reminded the Committee that the improvement plan was about corporate governance with the Scottish Government looking to establish a view across NHS Scotland as to how well Boards were sighted on their over all corporate governance responsibilities. It would be an on-going process with a self-assessment being undertaken every January with an external review on progress every 3 years.

Mr Ralph Roberts reiterated to the Committee that the improvement plan was about corporate governance and the Board would need to be clear and focus on what other key areas around corporate governance it would wish to work on.

The **STRATEGY & PERFORMANCE COMMITTEE** considered and identified amendments to the attached Corporate Governance Improvement Plan.

The **STRATEGY & PERFORMANCE COMMITTEE** delegated approval of the final plan to the Chair and Chief Executive to enable submission to the Cabinet Secretary.

8. Road to Digital Update and 19/20 Plan

Mrs Jackie Stephen gave an overview of the content of the report and highlighted the current risk levels, progress against the schemes, outcomes and the proposed way forward.

Mr John McLaren enquired why there was improvement in the community in regard to applications and not in the Borders General Hospital. Mrs Stephen advised that the improvement in primary care had been in relation to the community information system which had already been replaced in the Borders General Hospital. She further advised of a significant risk with Trakcare.

Mr McLaren enquired what would happen if the funding was not forthcoming. Mrs Stephen advised that it would be a deviation from the plan and therefore a new plan would have to be formulated and brought before the Board.

Mr Tim Patterson commented that Scottish Borders Council were progressing with digital transformation throughout their public services and he enquired if the NHS Borders programme Attend Anywhere was robustly resourced. Mrs Stephen advised that there was not enough capacity to provide assurance around robustness for that additionality and she was keen that digital transformation was seen as a more holistic view of technology to see what schemes could be progressed for the benefit of the patient and that would lead to further service redesign and efficiencies.

Mr Malcolm Dickson enquired about the status of the resilience facility as it remained a high risk. Mrs Stephen advised that given the capacity and time constraints on the team it was anticipated that the resilience facility matter would be resolved by late Autumn.

Further discussion included: progress in the community space in regard to mobile working for staff and the devices required; gateway reviews for large projects to provide assurance on progress; and the planning and preparation underway for the implementation of windows 10.

The **STRATEGY & PERFORMANCE COMMITTEE** recommended that the NHS Board approve the Plan and requested the Director of Finance and Director of Strategic Change to work with Scottish Government to secure the funding to deliver the plan.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed that the content, timing and costs of the plan reflected the priority order and was appropriate to meet the outstanding risks and challenges faced by NHS Borders as well as delivering additional functionality to improve service delivery and to approve its implementation.

The **STRATEGY & PERFORMANCE COMMITTEE** recommended that the NHS Board delegated authority to commit expenditure against the plan to the Director of Finance, Chief Executive and Chair where Standing Financial Instructions required Board level approval, otherwise normal SFIs would apply. Any significant deviation from the plan would be referred back to the Board.

The **STRATEGY & PERFORMANCE COMMITTEE** acknowledged that if additional Capital funding and adequate revenue funding was not secured as outlined in the financial plan, the delivery plan would be re-phased.

The **STRATEGY & PERFORMANCE COMMITTEE** noted that this would impact on delivery and therefore the risk profile and benefits that could be delivered over the duration of the roadmap. If the plan was significantly re-phased it would be brought back to the Board for consideration and approval.

9. Trakcare Upgrade 2018

Mrs Jackie Stephen provided an overview of the content of the paper.

Dr Stephen Mather sought assurance in regard to holding data on the “Cloud”. Mrs Stephen advised that a privacy impact assessment was required, however Intersystems had provided assurance on privacy and she was confident they had sufficient security arrangements in place.

Dr Cliff Sharp enquired about a potential increase in price after the 5 year contract had concluded. Mrs Stephen confirmed that the licensing and support arrangements were part of a national deal.

Dr Janet Bennison reminded the Committee that if the Trakcare system failed then the only option was to revert to paper systems and they could not be guaranteed to be safe.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the very high risk to operational services in Borders General Hospital of the current hardware & software for the Trakcare system.

The **STRATEGY & PERFORMANCE COMMITTEE** recommended approval to the Board of the Trakcare upgrade from version T2010 to version T2018 as a 24/7 managed service as described in the business case.

The **STRATEGY & PERFORMANCE COMMITTEE** recommended approval to the Board of the use of DEL and non-recurring eHealth funding to support the implementation costs.

The **STRATEGY & PERFORMANCE COMMITTEE** recommended approval to the Board of commitment of additional recurring costs for the fully hosted service and this being added to the financial plan on the basis that operational services are committed to deliver efficiencies to offset the recurring costs.

10. Scottish Parliament Scrutiny of NHS Health Boards

The Chair introduced the item and highlighted that the discussion had focused on questioning in regard to the Integration Joint Board financial situation, performance, and engagement with staff.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the content of both the letter from the Health and Sports Committee and the response.

11. Primary Care Improvement Plan

Mr Rob McCulloch-Graham gave an overview of the content of the report and reminded the Committee of the background to date. He highlighted that the report was a draft for the Committee to note and for the Integration Joint Board to approve. At the present time there were still some areas that the GP Sub Committee were uncomfortable with and they were being progressed.

Mrs Alison Wilson enquired in light of the recruitment funding if there was likely to be any risk around staff, the turnaround programme and the vacancy freeze. Mr McCulloch-Graham advised that funding was allocated through the Primary Care Improvement Plan (PCIP) and was not additional funding and he did expect some difficulties however they were not yet quantifiable.

Dr Annabel Howell enquired in regard to Realistic Medicine and anticipatory care planning. Mr McCulloch-Graham confirmed that the Cluster Leads would be utilised more moving forward in order to assist with the whole realistic medicine approach.

Mrs Wilson enquired if staff working under the PCIP would still be covered by CNORIS. Mrs Carol Gillie confirmed that all staff who worked for NHS Borders were covered by CNORIS.

Further discussion included: recruitment of staff and where to accommodate them; support and training for those leading multi-disciplinary teams as it will be a change culturally for many; governance and decision making; and ensuring a consistency of management cultures and behaviours.

Mr Ralph Roberts suggested that in general all items of business should be linked back to how they supported or impacted on the turnaround programme.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the draft 2019/20 update of the Primary Care Improvement Plan.

12. Delayed Discharges Occupied Bed Days

Mr Rob McCulloch-Graham provided a presentation to the Committee focused on reducing admissions to the acute sector, improving the flow of patients through the acute sector and improving capacity in the community. He commented that the 30% reduction in delayed discharges bed days by 1 June 2019 was a conservative estimate.

Dr Amanda Cotton enquired about progress in regard to increasing community services capacity in order to enable a potential reduction in acute beds. Mr McCulloch-Graham advised that the bed base in Melburn and Cauldshiels had reduced from 16 to 10 but had fluctuated until resource was placed on the wards to ensure patient flow. He advised it was the responsibility of the Steering Group to ensure services were in place to enable any bed reduction and he anticipated a need to increase the number of beds required at Queens House.

Mr John McLaren enquired in regard to the education of staff who had to advise patients that they would have a journey through the system. Mr McCulloch-Graham commented that the organisation had implemented both an Options Policy and a Choices Policy that had both failed due to their complexity. Rewrites had been commissioned in order to assist all staff to have the conversation with patients about moving on from hospital.

Mr McLaren enquired if re-admissions were being checked in terms of measuring the quality. Mr McCulloch-Graham advised that the organisation was slightly above the average for re-admissions. Dr Annabel Howell advised that a weekly report was received and monitored. Mr McCulloch-Graham commented that Hospital to Home had seen a reduction in packages of care with some patients not requiring packages of care. He further commented that the direction of travel was to undertake assessments at home where possible.

Mrs June Smyth reflected on the linkages to the Turnaround programme and commented that good progress had been made with Hospital to Home and it was clear that it has impacted on occupied bed days however cash had not been released and the initiative had been progressed through the Integration Joint Board using pump priming funding.

Dr Janet Bennison commented that although there had been no cash released, it had been a positive effect in that neither the Acute Assessment Unit (AAU), Surgical Admissions or Pre Surgery Assessment Unit (PSAU) had had to be staffed over the winter period and into the summer as had been the case the previous year.

Further discussion focused on: Scottish Government were keen to see results in terms of cost reduction and not cost containment; Integrated Care Funding of £2.1m to enable change to take place; what could be pulled from later years to be invested in now to yield a return; and clarification of 30% reduction in delayed discharge bed days and associated progress.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the presentation and that Mrs Nicky Berry and Mr Robert McCulloch-Graham would double check the figures quoted in the presentation and report back on progress.

13. Borders Director of Public Health Report 2018

Dr Tim Patterson gave an overview of the content of the report and advised that the last report had been in 2015 and the expectation moving forward was that a report would be generated every 2-3 years. He further advised that he would bring the final report back to the Board at the meeting on 27 June with an accompanying presentation.

Dr Patterson highlighted within the report: that public health in Scotland was improving with increased life expectancy; there were some big causes of illness; early years; improved mental health; diabetes prevention initiative; healthy weight and healthy exercise and the diabetes prevention initiative.

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

14. Performance Scorecard

Mrs June Smyth gave an overview of the content of the report.

Mrs Nicky Berry advised that at the previous meeting she had advised that there had been 1 in-patient waiting over 12 weeks, however it appeared that 6 dental patients in the community had been incorrectly coded and the final figure had been 7 patients waiting over 12 weeks.

Dr Stephen Mather enquired about the final position at the end of March and Mrs Berry advised there had been 0 waits over 12 weeks for Out-patients, 7 waits over 12 weeks for In-patients and the final position for CT scans had been good and for MRI disappointing. She further advised that a local Waiting Times Access Board was being set up for Mental Health & Learning Disabilities services by the end of May which would enable regular updates with real time information to be available to the Board.

Mr John McLaren commented that he remained concerned in regard to waiting times performance in the Child & Adolescent Mental Health Service (CAMHS) and wished to be provided with assurance around future performance and sustainability. Dr Cliff Sharp advised that he could provide an illustration of the multi factors that had affected CAMHS at a future Board Development session to provide assurance to the Board on progress being made.

Mr Ralph Roberts commented that the Committee had an opportunity to reflect on the reporting cycle, amount of information and level of detail it received and suggested it may wish to identify trends and learning instead of reviewing deep detailed reports. Mr Tris Taylor suggested that he would prefer to receive exception reports with a clear protocol drawn up to establish what should be included in the exception report.

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

The **STRATEGY & PERFORMANCE COMMITTEE** agreed to receive a presentation on CAMHS at a future Board Development session.

15. Any Other Business

16. Date and Time of next meeting

The Chair confirmed that the next meeting of Strategy & Performance Committee would take place on Thursday 1 August 2019 at 10.00am in the Board Room, Newstead.

The meeting concluded at 12.51.

A handwritten signature in black ink, appearing to read 'K. Stewart', with a long horizontal stroke extending to the right.

Signature:

Chair