

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

Present:

- Dr S Mather, 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
- Mrs J Davidson, Chief Executive
- Dr C Sharp, Medical Director
- Mrs C Gillie, Director of Finance, Procurement, Estates & Facilities
- Mr T Patterson, Joint Director of Public Health

In Attendance:

- Miss I Bishop, Board Secretary
- Mrs J Smyth, Director of Strategic Change & Performance
- Mr Robert McCulloch-Graham, Chief Officer Health and Social Care
- Mr J Cowie, Director of Workforce
- Dr A Cotton, Associate Medical Director
- Dr N Lowdon, Associate Medical Director
- Ms K Maitland, Quality Improvement Facilitator

1. Apologies and Announcements

Apologies had been received from Mr John Raine, Chair, Mrs Karen Hamilton, Vice Chair, Mrs Fiona Sandford, Non Executive, Mrs Nicky Berry, Director of Nursing, Midwifery and Acute Services, Dr Janet Bennison, Associate Medical Director, Dr Annabel Howell, Associate Medical Director.

The Chair advised the Committee that Mr Ralph Roberts had been made an offer in relation to the NHS Borders, Chief Executive position and had provided his verbal acceptance of that offer.

The Chair welcomed Karen Maitland to the meeting.

2. Patient and Carers Stories

Ms Karen Maitland introduced two videos to the Committee that highlighted the experience of both volunteers and staff across the organisation. Ms Maitland gave an overview of the accompanying report and highlighted the impact of volunteering on staff and patients especially during mealtimes. She further commented on the associated savings as a consequence of the patient transport initiative.

Mr John McLaren welcomed the videos and how they had captured the views of staff. He then raised a concern in regard to ongoing discussions about the use of Therapets in NHS Borders and sought assurance that NHS Borders would have a policy in place by the time of the next Board meeting.

The Chair declared an interest in Therapets.

Mrs Jane Davidson advised that the matter was in hand and would be resolved by the time of the next Board meeting. By way of background she advised that she had been asked to sign a letter to Canine Scotland to advise that NHS Borders would no longer allow dogs to visit the Elderly Care wards due to an inconsistency with infection control rules being applied. She had refrained from sending such a letter and had launched an investigation into what happened in other Health Boards and similar organisations. She had engaged with infection control and was mindful that people and patients experiences were a major part of pet therapy in hospitals. The policy had been revised and was currently with infection control for a final review.

Ms Maitland commented that she had revised the standard operating procedure that would accompany the revised policy. Therapets were currently operating within the organisation in non clinical areas.

The Chair enquired about the age demographic of volunteers and Ms Maitland advised that whilst the majority were in the higher age bracket, an initiative of running programmes with High Schools had resulted in some high school age volunteers being accepted. She further commented that there were 279 volunteers within the organisation, the majority of which were based in the Borders General Hospital, although there were some in the Community Hospitals.

Mrs Davidson advised that an advertisement was due to be released shortly seeking volunteers for particular areas within the organisation.

Mr Tris Taylor suggested the organisation should take an asset based approach to what was available in the community as there were many volunteers in local communities who volunteered in various different areas and organisations as well as the NHS. He further commented that the organisations' strategy could make a better assessment of community assets and the contribution they made in health economic terms to health and wellbeing across the local communities.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the volunteer stories and the positive outcome those roles were having on patients and staff.

3. Declarations of Interest

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

The Chair declared at interest in Therapets.

Mr Tris Taylor declared as interest in Breastfeeding.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the interests declared.

4. Minutes of Previous Meeting

The minutes of the previous meeting of the Strategy & Performance Committee held on 6 December 2018 were approved.

5. Matters Arising

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

6. Strategy & Performance Committee Terms of Reference

Mr John McLaren suggested a partnership representative be including in the Committee membership given the recent partnership review that had taken place and the commitment of the Board to take forward the findings of the review.

Further discussion focused on: size of agenda and effectiveness of the Committee; setting the strategy, culture and direction of the organisation; ensuring a focused agenda enabled debate and decision making; mechanism to allow discussion ahead of formal decision making by the Board; Non Executive input and influence on the agenda; remit too wide to do it well; GP representation on the Committee through the attendance of Nicola Lowdon; and the refocusing of the Committee given the formation of the Finance & Resources Committee.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed to include a Partnership Representative in the membership of the Committee.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed to demit all references to finance topics to the newly formed Finance & Resources Committee.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed to revisit the Terms of Reference in six months time.

7. NHS Borders Financial Turnaround Programme

Mrs Jane Davidson introduced the report and advised that the paper captured the decisions and work undertaken since the last Board meeting.

A robust discussion took place that encompassed several points of view including:

- Links with the Redpoll report and the last Board meeting discussion.
- The Board focusing on turnaround and how to manage the current financial situation.
- Central controls and the responsibility of middle managers and clinicians to run departments.
- No mention of the Integration Joint Board (IJB) in the governance arrangements.
- Focus on the apparatus to develop a financial strategy and resolve the financial issues.
- The need to resource the turnaround programme.
- The need to improve our systems and decision making processes.
- A need to look at the organisation in a different way and bring in something different.

- Issue with resourcing and to an extent a lack of focus with people doing busy jobs and taking on other priorities.
- The need for input of the IJB.
- Ultimately the Board is responsible in terms of governance.
- IJB decision making processes and governance and issue of directions from the IJB to drive forward savings.
- Consideration of the transformational programmes in the NHS and the IJB being included in the scrutiny under the Programme Management Office (PMO) to ensure consistency.
- The organisation is in turnaround and is working closely with the Board Recovery Team to get a new mechanism of infrastructure in place to deliver savings.
- Previous confusion on decision making between the Board and the IJB will be refined as the PMO and governance moves forward.
- Robust plan required by end of March and turnover issue is imperative and must be signaled to the rest of the organisation.
- NHS Scotland Board Recovery Team have advised the proposal is a proven way of working and recommended the Board adopt it.
- Partnership forum and clinicians crucial part of the approach.
- Concern was expressed about not enough resources being available.
- Business case and direction from the IJB for Hospital to Home (how to mainstream that) and bring forward other projects in a quicker timescale around Dementia and Older People's Services.
- Current governance and processes have not been effective to move forward the financial position.
- Support for Clinical Alliance and Clinical Advisory Team input as the people delivering the health service provision are most likely to know areas for savings.
- Identifying senior medical clinicians with protected time to provide input to the PMO.
- Senior nursing leadership also identifying input into the PMO.
- Clinical Alliance to ensure clinical involvement at the beginning of any proposals.
- Clinical Advisory Team core part of the PMO.
- Good to see clinicians intertwined at all levels of the PMO structure.
- Assurance to the Board that primary care clinicians are keen to be involved.
- IJB should be resourced to take an active role in the PMO given 52% of the Board funding goes to the IJB to direct.
- Duplication of effort continues to happen and needs to stop.
- IJB fundamental to the success of the turnaround.
- Concerns were raised if we have the capacity and capability to fulfill the proposed new structures
- PMO will be the engine for driving cultural change.
- PMO will provide formal background to the programme to ensure the Board had a formal audit trail of information.
- Focus on short term financial grip, shifting the balance of care and data analytics in PMO which will support turnaround.
- The Finance & Resources Committee is to seek assurance reports on turnaround activity.
- Part of the turnaround is the Boards ability to adequately execute its duty.
- Recognised an issue in terms of capacity and capability and have therefore refocused existing roles and jobs in the PMO to ensure the right people are involved and we continue to work on how best to fill the remaining gaps identified.

- Need for an external Interim Turnaround Director and we are being supported by Scottish Government to bring that in.
- Review of existing structures (Clinical Executive Strategy Group/Clinical Executive Operational Group) will be taken forward.
- Potential to refresh or disband some groups.
- Mindful of the Brexit situation and potential that pharmacy staff may have to pull back on efficiencies to ensure medicines are available.
- Critical friend support for Communications from NHS24 has been put in place.
- Drive Communications out from the PMO.
- Need for clarity of the Governance framework.
- Need to improve budget management.
- There is a need for a clear narrative for clinicians.
- Acknowledgement and validation of individual's authority and responsibility.
- Credibility in moving messages.
- Need to ensure all clinical functions are involved such as pharmacists, optometrists and psychologists and not just doctors.
- Consideration of the impact of primary care improvement plan and enabling GPs to succeed as primary care generalists.
- Better engagement between secondary care and primary care.
- Appointment of clinical lead for primary care to be involved in the turnaround programme.
- Acknowledgement of the knock on effect of delaying the strategic plan on Borders General Hospital campus project.

The Chair thanked the Committee for the discussion with clarification of a number of points being provided. He also noted that the Committee had received assurance on the confidence level of the Executive Team for the proposed Financial Turnaround programme to deliver.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the discussions, engagement and input that had shaped the proposed approach and action already taken by the Executive Team.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed the new governance arrangements as set out in the paper with no amendment, linked to the development and implementation of the Financial Turnaround Programme be recommended to the Board for ratification.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed the implementation of the proposed revised Programme Management Office (PMO) structure be recommended to the Board for ratification.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the additional resource required and the on-going discussions with the Scottish Government's Board Recovery Team in relation to support for that.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed pausing work in relation to the development of the Strategic Plan for 6 months and that when it was relaunched it would be part of the remit of the Strategy Development Steering Group to take forward and be recommended to the Board for ratification.

8. Any Other Business

8.1 Appointment of Turnaround Director: Mrs Jane Davidson advised that the programme would require the appointment of an external Turnaround Director to work closely with both Mrs Carol Gillie and Mrs June Smyth. She advised that a potential individual had been identified who had experience of working in this role and had also worked recently in NHS Scotland. She further advised that funding for the Turnaround Director appointment had been agreed by the Scottish Government.

Mrs Gillie advised that under the rules of the Code of Corporate Governance to secure the Turnaround Director a tendering exercise should be undertaken. However, as there was a need to ensure the Board acted with pace and the potential candidate was supported and funded she suggested the Board waive the rule in that instance. Dr Stephen Mather enquired if the Scottish Government would be acceptable to NHS Borders waiving its regulations in that instance and Mrs Gillie confirmed that the Head of Board Recovery had suggested and was comfortable with the waiver in order to enable the Board to appoint quickly but ultimately it was a Board decision. Following further discussion the Board were alerted to the fact they may be requested to make a virtual decision on the appointment of a turnaround director.

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

8.2 Clinical Waste: Mrs Carol Gillie advised the Committee that the national contingency arrangements remained in place and were working well. Locally there had been a couple of minor procedural issues, however they were being resolved with clear processes put in place. Nationally work was progressing towards securing a new contract.

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

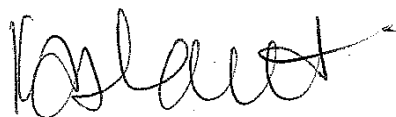
8.3 Health Infection: Mrs Carol Gillie advised the Committee of the recent infection control issues that had affected NHS Greater Glasgow & Clyde. All Boards had been asked to provide the Scottish Government with assurance on compliance against guidance which had been recently reissued, which NHS Borders had done. Mrs Gillie assured the Committee that there were no issues in NHS Borders as had been experienced to date by NHS Greater Glasgow & Clyde.

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

9. Date and Time of next meeting

The Chair confirmed that the next meeting of Strategy & Performance Committee would take place on Thursday 2 May 2019 at 10.00am in the Board Room, Newstead.

The meeting concluded at 12.45.



Signature:
Chair