

Minutes of a meeting of the **Strategy & Performance Committee** held on Thursday 4 May 2017 at 2.00pm in the Board Room, Newstead

Present:

Mr J Raine	Mrs J Davidson
Mrs K Hamilton	Mrs C Pearce
Mr D Davidson	Mrs C Gillie
Dr S Mather	Mrs J Smyth
Mr J McLaren	Dr C Sharp
Mrs A Wilson	Mr T Patterson

In Attendance:

Miss I Bishop	Mrs J Bennison
Mr P Lunts	Mr M Leys
Mrs A McCollam	Mrs J Stephen
Mrs L Prophet	Mr K Messer
Mr M Entwistle	Mrs R Gray
Ms S Yates	

1. Apologies and Announcements

Apologies had been received from Mrs Elaine Torrance and Mr Warwick Shaw.

The Chair confirmed the meeting was quorate and noted that there were currently 3 Non Executive vacancies, including the Local Authority stakeholder vacancy. A recruitment campaign was due to commence the following week.

The Chair formally welcomed Mrs Claire Pearce, Director of Nursing, Midwifery & Acute Services to her first meeting of the Board in its Strategy & Performance Committee capacity.

The Chair welcomed a range of attendees to the meeting.

2. Patient and Carers Stories

Dr Cliff Sharp presented an update on progress with patient stories and highlighted the ongoing work in relation to the transsexual patient story. He further discussed the potential for a future story on sexual abuse and input from a representative from Survivors Unite.

Discussion focused on the role of Scottish Borders Community Planning Partnership in corporate parenting and child sexual exploitation, as well as patient journeys and experiences.

The **STRATEGY & PERFORMANCE COMMITTEE** considered and agreed to receive a different presentation for the meeting in September, in order to give the team and the group time to prepare.

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 2 March 2017 were approved.

5. Matters Arising

5.1 Action 14: The action was agreed as complete.

5.2 Action 15: The action was agreed as complete.

5.3 Action 16: The action was agreed as complete.

5.4 Action 17: The action was agreed as complete.

5.5 Action 20: Mrs Jane Davidson advised that a meeting was being held the following week to look at initiatives to reduce obesity through partnership working with Local Authority and LIVE Borders colleagues.

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

6. Laundering of Uniforms

Mrs Carol Gillie gave an overview of the content of the paper and highlighted the current arrangements in regard to laundering uniforms, the detailed revised arrangements, financial implications and engagement that had been undertaken with staff. She confirmed that NHS Borders was considered to be an outlier as it continued to wash hospital based staff uniforms.

Discussion focused on: the examination of responses received; potential of infection risks of laundering at home; infection prevention and control team recommendation that the organisation continue to launder staff uniforms; pharmacy technicians excluded from engagement in error; managers had been supportive of ensuring engagement with staff; issues over quality control; disadvantageous to lower paid staff; reputational issue; adequate changing space for staff; testing of cleanliness procedures in the home; staff in the community travel to appointments dressed in their uniforms; uniforms are national uniforms and cost of replacement is not significant; the provision of the sewing room within the laundry facilities; solid reasons not to progress; and a review of how the survey was carried out - did we ask the right questions? - did we ask all the staff?; allow staff who want to launder their uniforms at home; pursue income generation; and engage Health Protection Scotland to work to the Infection Control Team on the matter.

Mrs Jane Davidson suggested deferring a decision until the national position on the provision of laundry services across NHS Scotland was known.

The **STRATEGY & PERFORMANCE COMMITTEE** considered the report and agreed the next steps, which were to defer any decision pending a further review involving HPS with NHS Borders Infection Control Team taking the lead role.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed to refer the matter to the Board Executive Team to deal with and report back to the Committee in 6-12 months time.

7. Winter Plan 2017/18 Action Plan Update

Mr Philip Lunts presented an update on the winter plan 2017/18 action plan. He highlighted several areas including an analysis of workshops and the evaluation of recommendations and actions from the 2016/17 action plan.

Mrs Jane Davidson commented that the Committee would wish to understand why elective surgery in January was not available and she suggested it would tie into the Institute of Healthcare Optimisation (IHO) work for the future. The plan itself needed to talk of the actions and the data from 2016/17 to drive the plan forward for 2017/18.

Mr David Davidson suggested including information on what had happened with surge beds and delayed discharges and Mrs Davidson advised that such detail was contained within the outturn report.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the Winter Plan 2017/18 Action Plan update.

8. Delayed Discharges

Mr Philip Lunts provided a brief snapshot to the Committee of the significant changes that had taken place in the way delayed discharges had been presenting over the past year and how the transitional care facility, Waverley Care Home, had been delivering over that 12 month period.

Mr Murray Leys commented on the Waverley Care Home facility and its current average throughput of 29 days per person. He spoke of the successful integrated joint approach to the operation and management of the facility and the intention to review more of the data with a view to rolling out the principles in other areas.

The Chair commented that delays in awaiting assessment appeared to peak during the holiday period and Mr Leys confirmed that where areas of need arose the approach to managing those over the holiday periods would be reviewed.

Mrs Jane Davidson refocused the discussion to occupied bed days as opposed to delayed discharges and commented that there had been an increase of 40% in terms of occupied bed days with a reduced admission rate to the Borders General Hospital (BGH) of 10%. She suggested bringing together the investment in acute assessment, overlaid with the impact of Waverley, to understand the improvement methodology and see what the actual successes were before any roll out was progressed.

Dr Stephen Mather suggested changing the term “Delayed Discharges” to “Stranded Patients” to emphasis that they were real people.

Mrs Claire Pearce commented that from an elderly patient point of view any stay in hospital when the individual wished to be at home was too long and she enquired what was being done to look at patient experience and potential harm to those who were stranded in the BGH? Mr Lunts advised that nothing was being focused on patient experience and he was aware that stranded patients were an issue as the majority of those who moved off the list were due to becoming further unwell or dying.

Mrs Karen Hamilton commented that it would be helpful to have outcomes of what actually happened to people when they were no longer a stranded patient. She further commented that the upper floor at the Grove had commenced life as a Rehabilitation Unit however that was no longer the case and she sought assurance that the same scenario would not happen at Waverley.

Mr Leys advised that a protocol and criteria had been worked up for short term transitional care as provided at Waverley and both Saltgreens and the Grove were keen to operate using those. He recognised that there was a need to remodel the space for transitional care, support efficiencies in the service and review how the Allied Health Professionals (AHPs) were managed and worked.

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

9. Refresh of Scottish Borders Integrated Children & Young People's Plan 2017-2020

Mrs Allyson McCollam and Miss Susan Yates presented the revised Children & Young People's Plan for 2017/2020. Mrs McCollam advised that the refreshed plan incorporated a clear summary of the achievements made over the past few years and a smarter set of objectives which were being worked towards.

Further discussion focused on: deprivation and interface with inequalities work; national strategy for child poverty which would contain duties for Health Boards and Local Authorities; development of a performance framework with a particular focus on outcomes for children and young people; and closing the attainment gap.

Dr Cliff Sharp commented that the paper was laudable in its aspirations, however he struggled with the reality of it against a backdrop of austerity and savings being made against the speech and language therapy service for children and school mental health workers. Mrs McCollam recognised Dr Sharp's concerns and confirmed that in reality there was less resource available. She commented that in regard to the mental health resource she understood that there was a process of redesign being undertaken to look at different ways of delivering services without reducing the resources within them and she did not think a whole system approach of attaching additional resources to the plan was being considered.

The **STRATEGY & PERFORMANCE COMMITTEE** approved the Scottish Borders Integrated Children & Young People's Plan 2017 – 2020.

10. The Road to Digital – IM&T Investment Plan

Mrs Jackie Stephen introduced the paper and gave an overview of the content. She advised that there were two key systems for the organisation being, the laboratories system and Trakcare, which covered diagnostic tests and results. Mrs Stephen spoke of the financial assumptions, capital and revenue, affordability and risk appetite.

Dr Janet Bennison highlighted that information technology (IT) was the biggest clinical risk carried by the organisation. Heads of service had discussed the consequences of the Trakcare system going off line and had concluded that it would be about 2 hours before all elective and emergency work would be stopped, as it was used for obtaining investigations, diagnostics and results. She suggested in terms of safety it was precarious and in terms of efficiency it was frustrating.

Mrs Lynne Prophet continued that staff were very concerned and frustrated that their contingency plans were not right. She highlighted that there had been three incidents within the previous month when Trakcare had gone off line and commented that the PACs Radiology system had failed earlier that week and staff had been worried that they had not treated patients either safely or appropriately and continued to use the outdated windows xp system.

Mrs Carol Gillie commented that she had found it to be an excellent paper and reminded the Committee of the limited resources available. She advised that she would be meeting with the Scottish Government the following day with both Mrs June Smyth and Mrs Jackie Stephen to discuss investment in IT and she was keen to get a clear steer from the Committee in that regard.

Dr Stephen Mather commented that the Committee were being asked to approve the IM&T Roadmap which he was fully supportive of, especially given the concerns raised by Dr Bennison and bearing in mind that Patient Safety was the organisations' number one priority. He further commented that IM&T underpinned everything that happened in the organisation and if it failed the whole organisation would fail.

Mr David Davidson enquired of clinical colleagues what in their opinion should be done immediately to keep the patient safe? Dr Bennison suggested: improving resilience to failure if one system went off line; the ability to recover and protect against failure in the first place; and the ability to have access to be able to treat patients effectively and having a back up server. Mrs Prophet echoed Dr Bennison's comments that the single most important area was resilience of clinical systems, backroom resilience and upgrading systems as part of the efficiency agenda.

Mr Davidson enquired if a refresh of desktops would speed up downloading? Mrs Stephen confirmed that it would allow performance improvements and they had been identified as a high risk area.

Dr Cliff Sharp commented that the reality was that the organisation had become reliant on technology and it was likely to increase and become more expensive. He suggested the benefit to the entire organisation including patient experience was likely to be immense.

Mrs Jane Davidson commented that it was a good paper and one of the best that had been put before the Committee and she welcomed the support that the clinical community had provided. She suggested a decision be deferred until the Theatre Ventilation paper had been discussed as the crux of the matter was in regard to resource.

The **STRATEGY & PERFORMANCE COMMITTEE** approved the Roadmap.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed that delivery of the Roadmap required additional resources to be secured.

The **STRATEGY & PERFORMANCE COMMITTEE** acknowledged that if funding could not be found the plan would be re-phased.

The **STRATEGY & PERFORMANCE COMMITTEE** formally agreed to shift the funding to IM&T from the East West Brigs project and to instruct Mrs Carol Gillie to seek support from the Scottish Government for that change.

11. Borders General Hospital Theatre Ventilation Replacement Project

Mrs Carol Gillie gave an overview of the content of the paper and focused on the main areas of clinical and business continuity risk. In summary, based on the current information there was no evidence to replace the system. She proposed an annual inspection with the collation of performance data to monitor the situation and highlight any change so that appropriate action would be taken.

Mrs Gillie then drew the attention of the Committee to the risk associated with being able to identify resources for the project at some point in the future should the Committee decide to use the resources identified for the project for something else.

Dr Stephen Mather commented that the clinical risk identified was of cross contamination and this had been mitigated each year. A bigger risk would be if the system were to breakdown and could not be fixed. He suggested working up a tender position for a replacement system and then parking it until it was required. Dr Mather was fully supportive of an annual inspection of the current system.

Mrs Karen Hamilton enquired of the current inspection regime? Mrs Gillie responded that the ventilation system on the roof was checked regularly and discussions were taking place about engaging an external person to do a more rigorous check. She assured the Committee that due to the age of the system there was already a rigorous inspection process in place but she did intend to go further.

Dr Cliff Sharp enquired if the Borders General Hospital Clinical Board had been asked for their views on a replacement of the theatre ventilation system or a refurbishment of IM&T? Dr Janet Bennison commented that the Consultant Committee had been asked that question and were clear the priority was IM&T given that it affected all services and theatre ventilation was only one part of a service. All were prepared to wait longer for a replacement theatre ventilation system. Mrs Lynne Prophet commented that IM&T impacted on the care provided to patients and the theatre system did not.

Mr David Davidson enquired if there would be enough availability to reorganise operations if a theatre system failed. Mrs Gillie advised that she would advise the Committee of any issues with obtaining replacement parts and increased downtime before a theatre failed totally. Dr Mather advised that he had previously worked where two theatres had closed and it was possible to undertake three sessions a day in theatre and Mrs Prophet reminded the Committee that such a scenario had happened and worked well the last time the theatres had been refurbished.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the information provided in relation to Business Continuity and Clinical Risk on the BGH Theatre Ventilation Plant.

The **STRATEGY & PERFORMANCE COMMITTEE** postponed the replacement of the theatre ventilation plan.

The **STRATEGY & PERFORMANCE COMMITTEE** requested an annual inspection and performance data of the theatre ventilation system in the BGH to identify any significant deterioration of the plant and appropriate action taken.

12. Prescribing Proposals

Mrs Alison Wilson gave an overview of the content of the report and highlighted the potential to develop local prescribing policies in relation to nicotine replacement therapy; gluten-free foods; paracetamol and sip feeds.

Discussion focused on: generating sets of principles to encourage self reliance, self care and personal responsibility; withdrawal of gluten free foods as now widely available in supermarkets; withdrawal of paracetamol for short term conditions as available more cheaply at supermarkets; seek feedback from Care Homes on future provision of SIP feeds; provision of formula milk for premature babies prescribed by paediatricians; explore the criteria for nicotine replacement therapy for the vulnerable individuals in communities; transfer cost of gluten-free foods from the NHS into social support allowance for those who are needy; withdrawal from many minor ailments schemes that are not evidence based and reduced down to a couple of products.

Mrs Jane Davidson welcomed the discussion and suggested if changes were to be made beyond the national position then the Scottish Government would be required to be briefed and engaged with.

The **STRATEGY & PERFORMANCE COMMITTEE** discussed the proposed 4 areas for prescribing policy change and requested detailed policies and implementation plans be presented at a future Board meeting.

13. Safety and Protection of Patients, Staff and Volunteers

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

The **STRATEGY & PERFORMANCE COMMITTEE** noted the recommendations and actions required within the circular from the Scottish Government and the need to assess local practice and the timescales outlined for doing that.

14. Efficiency Update as at 31 March 2017

Mrs Carol Gillie advised the Committee that the aim of the paper was to report on the delivery of efficiency during 2016/17. £8.1m of efficiency was delivered during the financial year which was good but less than the target of £11.4. Of more concern was that of the recurring target of £8.8m only £3.9m had been delivered on a recurring basis meaning £4.9m of unmet savings had been carried forward into the new financial year, which had significantly added to the challenge faced in the new year. The report also gave an update on the plan for 2017/18 where there remained a significant shortfall on the target and a number of schemes were considered red risk and the work that was being taken forward linked to transformational change.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the efficiency update as at 31st March 2017.

15. Performance Scorecard

June Smyth gave an overview of the content of the paper.

Discussion focused on several key elements including: Consultant post declined by Dermatology Consultant; reducing performance in psychological therapies due to capacity issues; supplementary staffing and difficulties in recruiting general registered nurses; advanced practitioners support; put in place new model of care for in-patient wards; continued focus on eradicating agency spend; training up unregistered staff to provide them with a career pathway; good performance in audiology; pre-operative bed days; Child and Adolescent Mental Health Service and cancer care.

Dr Stephen Mather noted the persistent increase in the numbers of stranded people. Mrs Jane Davidson suggested the Health & Social Care Integration Joint Board might like to look at how the system had previously achieved very small levels of stranded people without the services in the community that it now had. She commented that there was a consequential impact of stranded people on most areas of the acute system.

Dr Mather noted that the length of stay in community hospitals was persistently poor and enquired if those beds were used for ill patients or social care? Mrs Davidson commented that community hospital length of stay was one of the key areas where stranded people had manifested and those stranded people were now blocking an overheated Borders General Hospital from being able to discharge patients to the community.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the Performance Report as at the end of February 2017.

16. Any Other Business

16.1 Financial Performance Group Minutes

The **STRATEGY & PERFORMANCE COMMITTEE** noted the Financial Performance Group Minutes (27.01.17).

17. Date and Time of next meeting

The Chair confirmed that the next meeting of Strategy & Performance Committee would take place on Thursday 7 September 2017 at 10.00am in the Board Room, Newstead.

The meeting concluded at 4.40pm.



Signature:
Chair