

Minutes of a meeting of the **Strategy & Performance Committee** held on Thursday 7 September 2017 at 10.00am in the Board Room, Newstead

Present:

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| Mr J Raine | Mrs J Davidson |
| Mrs K Hamilton | Mrs C Pearce |
| Cllr D Parker | Mrs J Smyth |
| Mr T Taylor | Mrs E Torrance |
| Mr M Dickson | Mr T Patterson |
| Dr S Mather | Mr J Cowie |

In Attendance:

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| Miss I Bishop | Dr J Bennison |
| Dr A Cotton | Ms S Henderson |
| Mr C MacDonald | Mr N Willis |
| Mr K Lakie | Mr P Lunts |
| Mrs C Oliver | |

1. Patient and Carers Stories

The Chair welcomed Ms Susan Henderson, Mr Callum MacDonald and Mr Neil Willis to the meeting.

Mrs Henderson introduced Neil and Callum who were Chairs of their Local Citizens Panels in the Scottish Borders. She explained that the Charter had been written for and by people with Learning Disabilities and of the 12 statements it contained, Neil and Callum would be speaking to Statement 8.

Mr Callum MacDonald spoke about collaborative working; gaining skills; your voice as an individual and as part of a collaborative; formulation of local citizens panels in 2013 in 5 localities; development of roles and a generic welcome pack; easy read documents; cutting out jargon; Borders Buzz to reduce isolation and create friendships; access panels; access guide to buildings and premises in Peebles; and checking whether hearing loop systems were working in premises they were advertised as being installed in. Mr Neil Willis spoke about access to buildings in the Hawick area; charter of involvement; link workers and working with local area coordinators; confidence building for members of the panels; re-launch of keep safe; how to help decision making; cross party action; getting involved in local community projects such clearing paths and building bird hides; film making skills; volunteer roadshow on what people think and what they want for those with Learning Disabilities; formulation of Project Search and NHS Borders involvement in the project with 5 of 8 interns now having jobs with NHS Borders; and helping to write the Learning Disabilities Service Commissioning Strategy and Structure and supporting Susan Henderson to turn them into easy read versions.

Mr Neil Willis commented that he had been asked to pass on to the Board the thanks from the Local Citizens Panel on the work carried out by NHS Borders to assist people using health services across the Borders and gave the example of assistance by Mr Alan Lawson at the Borders General Hospital, and

good patient care from surgeons and anaesthetists to calm and support anxious patients. Mr Willis invited NHS Borders to sign up to the Charter of Involvement.

Mrs Susan Henderson commented that those with more profound learning disabilities did not always feel that they were listened to, so there were still challenges to make sure the right structures, accessibility and support were in place and when there had been an issue NHS Borders had been very responsive to managing that, and there had been some significant changes made with NHS Borders seen as a responsible service.

A discussion ensued which focused on: learning within the charter for all people in all walks of life; organisational structure of the learning disabilities service; improved quality of life and growth in individuals confidence levels; production of main documents and easy read versions in tandem; supporting the Health & Social Care Integration Joint Board priorities of early intervention; success of the healthy eating project; and links to the equality agenda.

The Chair thanked Neil Willis and Callum MacDonald for their presentation and commented that it had been an inspiration for the Committee to hear from them and their confidence in delivering the presentation

The **STRATEGY & PERFORMANCE COMMITTEE** noted the involvement of the Local Citizens Panels and the Chair and Chief Executive signed up to the Charter for Involvement on behalf of the Board.

2. Apologies and Announcements

Apologies had been received from Mr David Davidson, Mr John McLaren, Mrs Alison Wilson, Dr Cliff Sharp, Mr Warwick Shaw and Mrs Carol Gillie.

The Chair confirmed the meeting was quorate.

The Chair formally welcomed, Cllr David Parker, Mr Tris Taylor and Mr Malcolm Dickson to their first meeting of the Board in its Strategy & Performance Committee capacity.

The Chair welcomed Dr Amanda Cotton, Associate Medical Director who was deputising for Dr Cliff Sharp.

The Chair announced that it was the last meeting of the Board for Mrs Elaine Torrance who had decided to retire. He thanked her for stepping into the role of Interim Chief Officer for Health & Social Care and being a fundamental influence in providing a new impetus to the work of the Integration Joint Board.

3. Charter for Involvement

The Committee discussed its reflections on the charter for involvement presentation and highlighted: the need to involve various groups in formulating easy read versions of documents to ensure they did not become patronising to different sections of society; Public Governance Committee to formulate thoughts, actions and progress on the requirements of the charter; support from the Communications Team and Planning and Performance Department to assist the Public Governance Committee with the requirements of the charter; it was evident that genuine involvement was powerful in capacity building

and transformation; links to the Chief Medical Officer's conversation on Realistic Medicine; being open to hearing good feedback and poor feedback to aid improvements; and Project Search assisted people with Learning Disabilities to find work and 5 of the 8 interns at NHS Borders had been employed and the organisation continued to work with the other 3 people in regard to suitable placements.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed to add the Charter for Involvement actions to its Action Tracker.

4. Declarations of Interest

The Chair sought any verbal declarations of interest pertaining to items on the agenda. There were none.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the declarations of interest for Mr Malcolm Dickson and Mr Tris Taylor.

5. Minutes of Previous Meeting

The minutes of the previous meeting of the Strategy & Performance Committee held on 4 May 2017 were amended at page 4, item 9, paragraph 2, line 1, replace "depravation" with "deprivation" and with that amendment the minutes were approved.

6. Matters Arising

6.1 Action 1: The Committee requested that the update be provided to the next meeting.

6.2 Actions 21 and 22: The Committee agreed to roll both actions together.

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

7. Scottish Borders Health & Social Care Partnership Draft Winter Plan 2017/18

Mr Philip Lunts introduced the draft winter plan and highlighted several key elements including: detail on the areas of activity and actions being taken to address increased demand over the winter period; specific actions in regard to prevention of admissions in the plan; emphasis on alternatives to hospital beds for those no longer requiring to be in hospital; seeking to ensure additional beds will be out of the acute hospital and where possible out of the community hospitals; monitoring mechanisms; equating the major actions to the number of beds used last year; data on expected length of stay in each service; inclusion of high level project plan with detailed sub plan; risk assessment and costings of initiatives; developing whole systems performance scorecard to show performance in each area of the pathway; major risks in the plan are timescales to deliver on key actions and surge capacity, management capacity and financial support; and contingency plans on delivery difficulties.

Dr Stephen Mather enquired about the consequences of a severe winter or substantial outbreak of norovirus impact on the winter plan. Mr Lunts commented that a substantial outbreak of norovirus would equate to a maximum of 20 beds and that had been built into the plan and it was currently being stress tested. Mrs Jane Davidson commented that a harsh winter would lead to an increase in admissions and Mr Lunts further commented that a number of actions were included in the plan in

regard to severe weather resilience plans for services and the provision of self management plans for patients.

Mrs Jane Davidson advised that the organisation had already exceeded occupied bed days for the whole of the previous year and the quandary was as an acute system there were now no winter surge beds to go to. Previously surge bed areas would have been opened but they were open already. There was a need to rapidly establish something that was different, such as discharge to assess more rapidly through discharging to different areas out of the acute hospital where assessment could then take place.

Further discussion included: Borders Emergency Care service (BECs) capacity and recruitment of advance nurse practitioners; resilience in BECs; challenging risk averse behaviour; availability of care home places; provision of assessment beds in Waverley as well as a move to rapid access home care to move people to their home environment and continue their social work assessment in their home; provision of out of hours emergency social care duty team during the festive period and access to local authority services; difficulty with home carers provision during the festive period; access to housing services for the mental health service; anticipated increase in respiratory admissions by 30% over the winter period; intention for 40% of patients ready for discharge to be out of bed by midday on the day of discharge; and shortage of dementia nurses and development of outreach team to care homes to assist patients with challenging behaviours.

The Chair believed the target rate for the vaccination of staff leading in to the winter period was insufficiently rigorous. Dr Tim Patterson advised that the Scottish Government encouraged a 60% target rate. The Board Executive Team would be discussing the vaccination programme and clinical leadership to encourage take up by ward staff and all those working in clinical environments.

The Chair enquired if there were any contractual arrangements in regard to vaccination uptake and Mr John Cowie commented that he would look into it.

The **STRATEGY & PERFORMANCE COMMITTEE** approved the 2017/18 Winter Plan.

8. Medical Education Update

Dr Amanda Cotton provided an overview of the content of the paper and referred to the triggered visit by the Deanery in 2016, formulation of an action plan following that visit and the return visit by the Deanery in March 2017. She confirmed that the Deanery would not undertake a further follow up and that the majority of items in the action plan had been addressed following the initial visit. There were however two matters currently be reconciled which related to the provision of wifi for junior doctors and dedicated training space.

Dr Janet Bennison confirmed that the Deanery, on their follow up visit, had welcomed the progress made against the action plan.

The Chair enquired about the provision of simulation training. Dr Bennison advised that “sim man” and “sim baby” were taken into the hospital for simulation training; however the recommendation from the Deanery was for dedicated simulation ward space to be set aside for all simulation training for junior doctors. She advised that currently a small area was set aside however a large area was required to provide a proper ward simulation environment.

Mrs Jane Davidson confirmed that the recommendation in regard to the provision of wifi for junior doctors had been resolved and indeed wifi would shortly be available for the public across the Borders General Hospital. There was also an intention to provide wifi across the community hospital sites as well as Huntlyburn. In terms of space Mrs Davidson advised the Committee that options had been identified for consideration.

Mr Malcolm Dickson enquired if the simulated ward area was a recommendation of the Deanery or an identified need from the service. Mrs Davidson advised that it was an identified need from the service.

Mrs Karen Hamilton enquired of the training provision for the future. Dr Bennison confirmed that all of the “sim” mannequins and other equipment were used for training purposes and as training and education evolved it was moving in the direction of simulated environments and equipment being the main training focus.

Further discussion focused on learning and feedback from adverse events; protecting the continuity of work for junior doctors through their rotas and annual leave provision.

The Chair commented that it had been a helpful concise report and he recorded his thanks to Dr Jane Montgomery on its production.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the progress made against the visit requirements.

The **STRATEGY & PERFORMANCE COMMITTEE** supported the identification of further accommodation for simulation training.

The **STRATEGY & PERFORMANCE COMMITTEE** considered the impact of better IT provision on the Education of both undergraduate and postgraduate medical education and noted that it had been addressed in the residences and the Borders General Hospital with further access across other sites to become available in due course.

9. Strategic Risk Register 2017/18

Mrs Claire Pearce gave overview of the content of the report and the process followed. She spoke of the increased risk of non achievement of the financial targets and the additional controls that had been put in place. She also spoke of the partnership working with the Integration Joint Board risk which had been refreshed and mitigated as far as possible.

The Chair enquired why the partnership risk had been increased. Mrs Elaine Torrance commented that she had reviewed it in terms of changes in key personnel given the areas of progress that were required to be made by the Integration Joint Board.

Dr Stephen Mather commented that risks were made on the assessment of information at that point in time. He was keen to emphasise that the health and social care partnership was making great strides forwards in how it worked and how the Integration Joint Board related to it. He suggested that whilst there was still more to do the partnership was in a far better place than it had been 12 months previously.

Further discussion focused on: expanding the narrative on the development of an action plan for medical cover; GP cover for community hospital; discussions with Scottish Government to mitigate financial risks in the current financial year; role of the Board Executive Team in managing and mitigating the risks; the role of the Board in owning the strategic risk register.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the revised Strategic Risk Register and the ongoing actions to identify additional strategic risk.

The **STRATEGY & PERFORMANCE COMMITTEE** recommended the Strategic Risk Register to the Board for formal approval.

10. Strategy & Performance Committee: Terms of Reference

The Chair opened a discussion in regard to the role and purpose of the Strategy & Performance Committee and the difference between it and the Board. He was mindful of decision making processes and that the Committee's role was to review strategy and performance and make recommendations but, not to take decisions that, for reasons of accountability and transparency, required to be taken by the full Board.

Dr Stephen Mather commented that the Committee was formulated to interrogate the organisations' strategy and not to create it. He suggested public involvement was normally encouraged at the outset through the Public Governance Committee and then publicity and engagement sessions with the public and other stakeholders.

Mrs June Smyth reassured the Committee that the Clinical Strategy was being widely engaged on with the general public through a range of different settings and community groups. She suggested there would be more that could be done to build on the progress to date and to feedback to the different services and strategies encompassed within the whole Clinical Strategy.

The **STRATEGY & PERFORMANCE COMMITTEE** approved its revised Terms of Reference.

11. Board Committees

The Chair commented that he had reviewed and reduced the number of groups that Non Executive members had been involved with in order to concentrate on placing Non Executive members where they could add the most value and where their scrutiny would be most needed. He suggested he would again review committee memberships when another new Non Executive member commenced in post in April 2018.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed the current membership and attendance of Non Executive members on the Board and other Committees as appended and noted the current level of vacant places.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed to recommend the current membership of Board and other Committees to the Board for formal approval.

12. Hawick Mobile Dental Unit

Mrs Elaine Torrance advised the Committee of the current position with regard to the Hawick mobile dental unit and confirmed that it would cost in the region of £300k to replace the unit. Letters had been issued to interested parties to advise that the service was currently unavailable.

Dr Stephen Mather enquired if those children affected would attend an alternative dental surgery and if there would be any savings achieved as a consequence of decommissioning. Mrs Torrance advised that the unit only operated in certain parts of the Scottish Borders and she was confident that alternative arrangements would work if the unit was decommissioned.

Cllr David Parker noted that the unit visited several remote and rural communities and some within areas of deprivation. He suggested a public consultation exercise be carried out ahead of any decision being made. Mrs Torrance advised that an engagement and communication plan had been produced which included a consultation element.

Mrs Jane Davidson welcomed that alternative arrangements had been put in place as the mobile dental unit was unavailable. She suggested that as the dental service was a function delegated to the Health & Social Care Integration Joint Board (IJB), a paper on the matter setting out the options available, should be taken to the IJB to ask them if they wished to decommission or carry on with the service as they were the commissioning body.

Mr Tris Taylor enquired about the current transport arrangements for children requiring dental services who lived in remote and rural communities. Mrs Torrance commented that families were asked to consider what was available in their areas and if there was an impediment to accessing services then the service would look at what support it could offer. The information she had been provided with to date was that there were more services available and more opportunities to access services than when the mobile unit had been first operated.

Mr Taylor enquired about transport issues to accessing services for the young as well as older people. Mr Torrance advised that the service would explore what assistance it could provide.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the current position and supported a public consultation exercise be carried out on the proposed decommissioning of the service.

The **STRATEGY & PERFROMANCE COMMITTEE** recommended that an options appraisal paper be submitted to the Health & Social Care Integration Joint Board for a formal decision on the future commissioning of the service.

13. Efficiency Update as at 31 July 2017

Mr Kirk Lakie gave an overview of the key points within the paper including: the revenue plan included a requirement to achieve savings of £15.7m; at the end of July the delivery forecast is £8.6m with £4m being delivery recurrently; and the projected underlying recurring deficit at the year end of £8.8m.

Cllr David Parker enquired about the next steps in regard to the savings targets that would not be met in full at the year end. Mr Lakie advised that he continued to work with General Managers and Senior

Managers to achieve full delivery of the identified savings schemes, however where the savings target may not be met in full at the year end the commitment to savings would change.

Mr Malcolm Dickson enquired in regard to national benchmarking systems, and whether unit cost comparisons within the organisation and other Health Boards were undertaken. Mr Lakie advised that performance was benchmarked based on capacity as a marker of relative performance and areas of poor performance tended to be areas of higher activity making it was difficult to compare performance against cost. He further commented that there were pieces of work commissioned regionally which looked specifically at specialties where there was a problem within the region and the national performance team had commissioned work nationally to look at relative performance and costings nationally in certain specialties.

Further discussion focused on: benchmarking service areas, productivity opportunity, productivity in theatres, ophthalmology, clinical productivity programme looking at reducing variation and maximising patient facing time; where there was clear variation reviewing pathway by pathway; aware of some unit costs and comparisons but dependent on if unit cost is in relation to the pathway or the surgery; and bottom out the scope of unit cost and use the same parameters for identification.

Mr John Cowie commented that in regard to unit labour costs, some 60-70% were employment costs. He advised that there was a tool available to calculate unit labour costs, however the differences were substantial between different employers and there were no like for like comparisons being undertaken across Scotland.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the current position at the end of July in relation to savings delivered, being £2.239m in the current year and £1.1m on a recurring basis.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the forecast delivery of £8.6m in year giving an estimated deficit of £7.089m against NHS Borders overall savings target of £15.703m by the end of the year.

The **STRATEGY & PERFORMANCE COMMITTEE** noted that the risk associated with the shortfall in efficiency plan delivery will be mitigated through the development of a recovery plan which will be presented to the Board in October.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the forecast that NHS Borders underlying recurring deficit will rise to £8.8m from £4.9m by the end of the year based on current proposals and plans.

14. Performance Scorecard

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

Dr Stephen Mather commented on the areas of good performance such as diagnostics waiting times, cancer waiting times and the Child & Adolescent Mental Health Service (CAMHS) and congratulated the staff concerned. However he also recognised there remained areas of poor performance such as out patients and enquired what corrective action had been taken? Mrs Smyth commented that in most cases consultant recruitment was an issue however, to date the organisation had a positive consultant recruitment record.

Dr Mather noted the improvement in psychological waiting times and reminded the Committee that Dr Cliff Sharp had advised at the last meeting that the service was often a victim of its own success. Dr Amanda Cotton commented that the service undertook weekly meetings to look at the situation and was looking at how it evaluated referrals and how it utilised capacity to ensure consistency across the service. Whilst progress was being made more effort was being placed on the beginning of the pathway in reviewing triage and assessment to ensure only those referrals that were absolutely appropriate were made.

The Chair asked for confirmation that there were no patients waiting over 18 months for psychological therapies. Dr Cotton confirmed there were none waiting that length of time.

Further discussion focused on: risk adverse behaviour for discharge; winter beds availability; anticipated achievement of Electronic, Knowledge and Skills Framework (eksf) and Personal Development Plans (PDPs) standard within the final quarter of the year; alcohol brief interventions performance and lower recording by General Practices and anticipated further reduction in recording when funding concludes in 2018; and deep dive into waiting times at a future Board Development session (scheduled for October).

The **STRATEGY & PERFORMANCE COMMITTEE** noted the Performance Report as at end of June 2017 and the redesign work in respect of out patients that was underway.

15. Financial Performance Group Minutes

The **STRATEGY & PERFORMANCE COMMITTEE** noted the Financial Performance Group minutes.

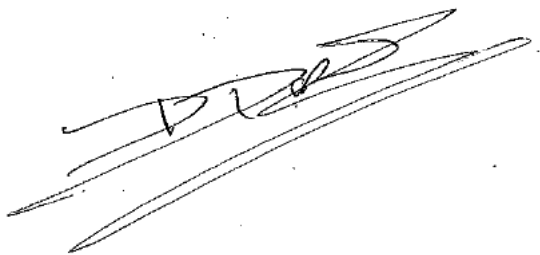
16. Any Other Business

There was no further competent business.

17. Date and Time of next meeting

The Chair confirmed that the next meeting of Strategy & Performance Committee would take place on Thursday 2 November 2017 at 10.00am in the Board Room, Newstead.

The meeting concluded at 1.15pm.



Signature:
Chair