

Minutes of a meeting of the **Strategy & Performance Committee** held on Thursday 2 March 2017 at 10.00am in the Board Room, Newstead

Present:

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| Mr J Raine | Mrs J Davidson |
| Mrs K Hamilton | Dr T Patterson |
| Cllr C Bhatia | Mrs J Smyth |
| Mr J McLaren | Dr C Sharp |
| Dr D Steele | Mrs C Gillie |
| Mrs P Alexander | Mrs E Torrance |
| Dr S Mather | Mr W Shaw |

In Attendance:

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| Miss I Bishop | Mrs R Gray |
| Mr P Lunts | Mrs F Doig |
| Mrs C Oliver | |

1. Apologies and Announcements

Apologies had been received from Mr David Davidson, Mrs Alison Wilson, Mrs Evelyn Rodger, Dr Annabel Howell and Dr Amanda Cotton.

The Chair welcomed Mr Peter Lerpiniere who was deputising for Mrs Evelyn Rodger.

The Chair welcomed Dr Cliff Sharp newly appointed Medical Director to his first meeting of the Strategy & Performance Committee.

The Chair welcomed a range of attendees to the meeting including Mr Philip Lunts, Mrs Ros Gray and Mrs Fiona Doig.

The Chair recorded the thanks of the Board to Mrs Pat Alexander who was concluding her Non Executive Director appointment at the end of March. The Chair spoke of Mrs Alexander's excellent support to the work of NHS Borders over the previous seven years.

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 19 January 2017 were amended at page 7 paragraph 2 to include "The STRATEGY & PERFORMANCE

COMMITTEE agreed that the Board Executive Team and Chief Executive review the various options in light of the reduced capital situation” and at page 10 to replace the second outcome with “The STRATEGY & PERFORMANCE COMMITTEE confirmed the action taken by the Chairman due to the timescales involved” and with those amendments the minutes were approved.

4. Matters Arising

4.1 Patient & Carer Stories: The Chair asked that the Committee hear about how the individual had got one when the update was provided to a future meeting.

4.2 Ehealth IM&T: Copies of the correspondence referred to were tabled for the Committee to note.

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

5. Winter Plan 2016/17 Update

Mr Philip Lunts presented the winter plan update to the end of January 2017 and highlighted several elements including: Emergency Department (ED) performance; patient flow; length of stay in community hospitals; norovirus and closure of beds; and an increase in surgical admissions.

Dr Stephen Mather enquired about the data behind the increase in surgical admissions. Mr Lunts advised that periodically there were high spikes in ED attendances for surgery, he was not aware if it was a natural variation and advised the data would be reviewed to identify the reasons behind it.

Dr Mather enquired if performance would have been better and financial balance achieved if the delayed discharges issue was removed from the whole calculation? Mrs Jane Davidson suggested it would have eased the financial position given the 50% increase in delayed discharges and surge beds having been open since April 2016 due to a loss of capacity. Mrs Carol Gillie reminded the Committee that whilst delayed discharges were a major contributor to the financial position there were also other pressures involved such as drug costs.

Dr Mather suggested the Integration Joint Board (IJB) focus on delayed discharges as if that could be solved it would make a huge difference to patients, the Health Board and the Integration Joint Board. Mrs Davidson concurred with Dr Mather, however she reminded the Committee that delayed discharges actually involved a number of different elements within that health and care pathway and suggested the IJB might wish to focus attention on the pathway and elements within it in order to unlock the blockages to discharge.

Mrs Elaine Torrance commented that delayed discharge was a critical issue for the IJB and that there was already joint work being undertaken on the elements of the pathway as well as the work of Professor John Bolton. She suggested delayed discharges were a symptom of the system and a more strategic approach across the whole system would be the focus of the IJB over the coming year.

The Chair enquired about the commissioning plan of the IJB. Mrs Torrance confirmed that work was underway on the commissioning plan to identify the key priority areas for the coming year.

Mrs Pat Alexander enquired if the discharge lounge was being used to its maximum effect? Mr Lunts commented that there had been a change in process to move to an open policy approach to the discharge lounge and there had subsequently been an increase in its use.

Mrs Karen Hamilton enquired what the target was for morning discharge. Mr Lunts advised that the national aspirational target was 40% discharge by midday. Mrs Hamilton enquired what the effect would be on patient flow if the target were achieved. Mr Lunts suggested it would impact on patient flow, stop boarding of patients, in turn reduce length of stay and potentially ensure surge beds remained closed. He advised that it was a high priority, Scottish Government had reviewed local processes and were content, and now a more structured and scientific approach to morning discharges was being explored.

The Chair enquired how the Day of Care Audit equated to morning discharges. Mr Lunts spoke of the process and identification of delays in the system.

Mr Lunts advised that there were various different strands of work (morning discharges, community hospital length of stay, Prof John Bolton work) that would be brought together in preparation of the winter plan for 2017/18 and the first meeting of the winter plan group had already been held earlier in the week.

Mrs Davidson advised that the Winter Plan for 2017/18 would be shared with the Board throughout the year through its various iterations and she suggested sharing with the Board in the first instance the plan around 11am to 12 midday discharges and community hospital length of stay.

Mrs Torrance also advised that work was underway in regard to the provision of social care and the number of assessments carried out by social work. The data for the Waverley unit would be scrutinised as well as the data for flow across the system to compliment the acute sector data and ultimately show the complete whole system picture.

Cllr Catriona Bhatia enquired how feedback from patients was captured? Mrs Ros Gray advised that there was already a process in place to secure patient experience feedback. The important point she suggested was how that information was used to aid learning and lead to more effective communication between staff, patients, families and carers.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the winter plan 2016/17 presentation.

6. Local Delivery Plan 2017/18

Mrs June Smyth gave an overview of the content of the paper and sought feedback from the Committee on the draft. She further advised that guidance was awaited in regard to the regional collaborative section to be included within the Local Delivery Plan.

The Committee members advised of a range of suggested amendments including: contact with groups of a different nature; provision of a seven day service; leadership walkrounds; paediatric provision at the Knoll; staffing and workforce; optometry service; editing errors; delivery of physiotherapy services; inclusion of medical education; inclusion of equality outcomes; housing provision; remote diagnostics in IT; boarding; admin support systems; patient person centred care and development of written communication.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the work in progress and agreed to provide further feedback and comments on the working draft Local Delivery Plan 2017/18 to June Smyth, Director of Workforce & Planning by 8th March 2017.

7. NHS Scotland Model Complaints Handling Procedure

Dr Cliff Sharp introduced the procedure and spoke of building on the local work that had already been done. He suggested the new model would evolve the complaints procedure to something more responsive at a front line level.

Dr Doreen Steele raised several points that she suggested be reported back to the Board in full at the April Board meeting. The key points raised were: the 9 new key performance indicator's and their reporting; the content of complaint reports which should be internally quarterly and externally annually, should include the learning and changes made as a result of the complaints; the implications of the primary care contractor requirements, medical, dental, ophthalmic and community pharmacy – the NHS Board is required by law to ensure primary contractors have adequate arrangements in place, that they have self assessed and they have reported their compliance to the Board – Primary contractors should report to the Board quarterly; the Board has to self assess and confirm compliance to the Scottish Government by 7 April; Boards in reporting are required to differentiate between themselves and primary contractors; specific requirements are outlined for medical education as part of elearning and change; there will be a requirement to review leaflets on complaints to ensure everyone is aware and receives in the form needed – this has already been raised in regard to the Borders Sign Language (BSL) requirement coming in 2018 so this should be addressed as part of the efficiencies of print runs; anonymous complaints must be addressed they cannot be ignored although the usual vexatious or malicious elements should be taken into account; there is a significant staff training element which will need review; and we should gain public views given the human rights requirements.

Dr Sharp agreed that whatever was required to be put in place in terms of communication would be done. He advised that given it was a new system the assurance, feedback and quality indicators would be generated over the first 6-9 months and he was concerned the less complex complaints could be inadvertently sidelined to concentrate on the more complex matters.

Mrs Ros Gray highlighted that the Feedback and Complaints team had already, under the guidance of the Chief Executive, improved their systems, processes, learning and engagement with patients, families, staff and carers. She further advised the Committee that the Duty of Candour requirements would be implemented in 2018.

Mrs Karen Hamilton enquired if there was a mechanism for teasing out complaints from concerns and vice versa? Dr Sharp advised that whilst there was a definition for complaints there was not for concerns, so it would be a matter of subjective judgement.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the NHS Scotland model complaints handling procedure, and determined that a full report on the implications be brought to a future meeting of the Board, including the implications for primary care providers and for the Board in respect of the statutory duty of candour.

8. Transitioning Midwives

Mr Peter Lerpiniere gave an overview of the content of the paper advising the Committee that the learning from the Morecambe Bay Inquiry had been the main driver for change.

Dr Doreen Steele suggested the title of the paper could be viewed as misleading and Mr John McLaren commented that the actual document referred to the Regulated Model and Statutory Supervision of Midwives, and that it may have been a more appropriate title for the paper.

The Chair enquired about the implications for the organisation. Mr Lerpiniere clarified that the purpose was to ensure there were suitably qualified midwives offering supervision to their colleagues and he assured the Committee that NHS Borders had a robust model of supervision in place.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the progress in moving to a new model of supervision for Midwives in NHS Borders.

9. Family Nurse Partnership

Mr Peter Lerpiniere updated the Committee on the introduction of a third family nurse to the hybrid family nurse partnership model.

Mr John McLaren advised that at the outset he had been critical of the hybrid model, however having been part of the project group and seeing the benefits it provided at first hand, he was now a strong advocate of the model.

Cllr Catriona Bhatia enquired if the model linked into other childrens services. Mrs Elaine Torrance confirmed that the model had been discussed at the Children & Young Peoples Leadership Group and offered an enhancement to current services. Mrs Jane Davidson clarified that the model touched on all childrens services but did not bypass any, and gave the example that if there were a child protection issue it would be dealt with as a child protection issue.

Dr Cliff Sharp enquired about the funding stream into the future. Mrs Carol Gillie advised that there had been short term funding available and the current resourcing was through the secondment route.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the implementation of the third Family Nurse.

10. Progress Report on the challenges in the 2015 Director of Public Health's Report

Dr Tim Patterson introduced Mrs Fiona Doig, Strategic Lead for Health Improvement. He advised the Committee that following the Director of Public Health's report in December 2015 it had been agreed that a full report would be given every 2 years with a progress report in between. He highlighted both areas of significant progress and areas of limited progress.

Dr Cliff Sharp enquired if the Committee could be sighted on the weight management and dietitian services as he suggested they were key services in combating obesity and reducing the need for surgery for obese patients.

Further discussion included: physical activity data; rejuvenation of the managed clinical networks; loneliness across all age groups; mental health of young people; psychological input to dietetics service; national programme of public health in regard to food production, promoting a healthy diet in communities, education, exercise, changing habits and lifestyles.

Mrs Elaine Torrance advised that there had been discussion with the Executive Management Team and the Health & Social Care Integration Joint Board about health and care pathways and it had been recognised that diabetes was an issue that was not specific to any single group. She commented that it would be included in the pathway work and where it was becoming an issue discussions would take place on how to address it in those areas.

Dr Doreen Steele highlighted the need for representation from Public Health and Childrens Services on the Public Governance Committee. Dr Patterson advised he would address the matter outwith the meeting.

Mrs Jane Davidson spoke of an initiative in a town in the west of Scotland where Public Health, GPs and Schools had joined together to promote physical activity for children. Early outcomes indicated there were no obese children in the area where it had been piloted. She suggested bringing back thoughts and a proposal to the Committee to consider rolling the same initiative out in Scottish Borders.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the actions being taken forward in response to the challenges in the 2015 Director of Public Health's Report and agreed to consider further the initiative referred to in the West of Scotland town.

11. Health In Your Hands – Clinical Strategy

Mrs June Smyth presented the progress to date in concluding the Clinical Strategy Programme – Health In Your Hands. She reminded the Committee of the background to the programme and the requirement for a stock take in August 2016 due to several developments including the publication of the national clinical strategy, diagnostic and treatment centres announcement and development of the strategic plan. Work had been focused on childrens services and urgent care as well as the wider context. In regard to next steps there would be a continuation to progress work that was already underway and resultant projects would be fully embedded in NHS Borders or the Health and Social Care Integration Transformational Change Programme. An update would be provided to the Board meeting on 6 April with formal approval being sought for a refreshed Clinical Strategy at the Board meeting on 29 June.

Mr John McLaren enquired about meeting the needs of children in regard to mental health services. Dr Patterson advised that a GP survey on childrens services and urgent care would be undertaken to ensure primary care and regional partners were engaged.

Mrs Jane Davidson commented that whilst the timescales for the programme had slipped, given the challenges around significant staff changes and challenges over the past 12 months, a considerable amount of progress had been made. She further commented on the input from Public Health to date, that the new Medical Director would be integral to progressing the programme further, as well as Elaine Torrance who would be able to influence some of the content and also act as a critical friend given her professional background.

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

12. Finance Report for the 10 month period to 31 January 2017

Mrs Carol Gillie presented the finance report to the end of January advising that the Board had an overspend of £1.4m on revenue and break even on capital. She highlighted several key points within the report including: additional £400k from the Scottish Government in relation to exceptional pressures in out of area spends; exceptional patient flow pressures and additional surge beds and increased agency nurse spend; increase in prescribing volumes in November; additional capital linked to energy efficiency projects sourced nationally by the Head of Estates; funding received from Scottish Government for Gamma Camera delivery this year and to support the overall national programme; agreement from the Health & Social Care Integration Joint Board to provide £677k of resource to the Board to support the pressures on the delegated budget. She concluded that she now had an increased level of confidence and forecast deliver of the financial target for 2016/17.

The Chair suggested the Committee may wish to consider the efficiency measures and how they had impacted on services across the organisation.

The Chair recognised the significant amount of work undertaken by the Finance Team in reaching a more favourable outlook and enquired about further strengthening the team at a senior level. Mrs Gillie advised that additional resources had been agreed and an advert would be released shortly. She further commented that a secondment opportunity from partner organisations would also be considered.

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

The **STRATEGY & PERFORMANCE COMMITTEE** noted the current projection that there remained a risk the Board would not achieve financial targets although the risk of non delivery had reduced.

13. Efficiency Update as at 31 January 2017

Mrs Carol Gillie provided an update on the 2016/17 efficiency programme. She highlighted that at the end of the January £5.8m of savings had been delivered. A forecast shortfall of £3.3m against the target of £11.4m remained. The forecast deficit that would be carried into 2017/18 was £4.9m.

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

14. Provision of 2017/18 Resource to the Health and Social Care Integration Joint Board

Mrs Carol Gillie gave an overview of the content of the paper, highlighting the initial outline of the provision of resources to the Health and Social Care Integration Joint Board for 2017/18. She further advised that the detail of the paper was consistent with the information supplied to the Board members previously.

Mrs Elaine Torrance commented that the letters issued by the Scottish Government unwittingly created confusion for partner organisations when they spoke of protected spend to the Integration Joint Board, for mental health services and other areas. She commented that the Integration Joint Board would in future need to agree its total budget and the requirement to work with partners to ensure it achieved breakeven at the end of the financial year.

The **STRATEGY & PERFORMANCE COMMITTEE** considered and agreed in principle the outline provision of 2017/18 resource to the Health and Social Care Integration Joint Board, for it to undertake the functions delegated to it by the Health Board, as set out in the Health and Social Care Integration Scheme for the Scottish Borders.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed in principle the provisional amount of £120.5m including £19.9m of resource set aside for the large hospitals element.

The **STRATEGY & PERFORMANCE COMMITTEE** noted it remained a work in progress.

15. NHS Borders Performance Scorecard

Mrs June Smyth gave an overview of the content of the paper and advised that she would pull in more timely data for next year. She had been unable to include the actions and comments received at the Board the previous week but would make appropriate adjustments for the next report.

Dr Stephen Mather commented that he was reassured by Mrs Smyth in regard to scheduling various deep dives and particularly one on colonoscopy. He further commented that there was a lot of good performance contained within the report such as cancer treatment within 31 days and achievement of the 18 week target by the child and adolescent mental health service.

Dr Mather enquired about performance with psychological therapies waiting times as recruitment to a consultant post had been successful. Dr Cliff Sharp commented that performance had improved; however when waiting times reduced referrals increased. Further work had also been undertaken on the referral criteria.

The Chair commented on the Treatment Time Guarantee performance and the recent press coverage.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the Performance Report as at end of December 2016.

16. Any Other Business

16.1 Financial Performance Group Minutes

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

17. Date and Time of next meeting

The Chair confirmed that the next meeting of the Strategy & Performance Committee would take place on Thursday 4 May at 10.00am in the Board Room, Newstead.

The meeting concluded at 12.45.



Signature:

Chair