

Minutes of a meeting of the **Strategy & Performance Committee** held on Thursday 19 January 2017 at 10.00 in the Board Room, Newstead

Present:

Mr J Raine	
Mrs K Hamilton	
Mr D Davidson	Mrs J Davidson
Cllr C Bhatia	Mrs J Smyth
Mr J McLaren	Mr A Murray
Dr D Steele	Mrs C Gillie
Mrs A Wilson	Mrs E Torrance
Mrs P Alexander	Mr T Patterson
Dr S Mather	Mrs E Rodger

In Attendance:

Miss I Bishop	Dr C Sharp
Dr A Cotton	Mr C Sinclair
Mrs R Gray	Ms N Amos
K	Mrs C Oliver
Mrs M Norris	Mr P Lunts

1. Apologies and Announcements

Apologies had been received from Mr Warwick Shaw and Dr Annabel Howell.

The Chair welcomed a range of attendees to the meeting.

The Chair confirmed the meeting was quorate.

2. Patient and Carers Stories

K shared his patient story with the Committee and spoke about his frustration at the lack of sensitivity experienced by someone with gender dysphoria.

Discussion focused on several issues including: being left to wait for 4 hours without explanation; not being approached to understand what mattered to the patient and what was needed: being left in pain; staff attitudes; staffing levels; feeling invisible; seeking exemplars of good practice; connecting to the Lesbian, Gay, Bisexual and Transgender (LGBT) Youth Group in Selkirk for support and advice; changing the mindset of society; meet and greet procedures by clinicians on first arrival; single room provision; transgender to be factored into induction training; and transgender to be the theme of the 2017 NHS Borders Annual Workforce Conference.

Mr John McLaren commented that there had been a commitment from the Scottish Government to work with Stonewall in regard to gender dysphoria. Ms Nic Amos advised that a meeting was being arranged between Stonewall, her and Mr Warwick Shaw.

Mrs Karen Hamilton thanked K for being so open in the discussion. She stated that there was no excuse for the treatment received by K especially in regard to the handling of an examination.

Cllr Catriona Bhatia noted that as a society it was a challenge to understand the needs of the transgender community, however there was a need for all health organisations to protect the rights and interests of all within their care, no matter what denomination.

Mrs Pat Alexander enquired about training for staff and Dr Andrew Murray advised that there was mandatory training as part of the equality and diversity training, however he was aware that it needed to be more than just elearning. Mrs June Smyth commented that part of the discussions with Stonewall would be about how to complement the current elearning training. Mrs Amos commented that NHS National Education Scotland (NES) had produced a “virtual passport” which she was seeking to access and share as part of staff training.

The Chair on behalf of the Board thanked K for coming along to the meeting and sharing his story. He apologised on behalf of the Board for the treatment that K had received and noted that lessons had to be learnt and changes had to be made.

The Chair echoed the sentiments that had been expressed during the discussion and concluded that the organisation would progress with its learning in regard to transgender patient experience, and would seek support and advice from the LGBT Youth Group.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the patient story and sought a report back in 6-12 months time to report on what had changed to support transgender patients as a result of K’s experience.

3. Declarations of Interest

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

The **STRATEGY & PERFORMANCE COMMITTEE** noted that there were none.

4. Minutes of Previous Meeting

The minutes of the previous meeting of the Strategy & Performance Committee held on 3 November 2016 were approved.

5. Matters Arising

5.1 Action 1: Patient Story: Dr Cliff Sharp gave an update to the Committee advising that whilst the John Muir Trust funding had ceased, the Mental Health Rehabilitation Team were providing alternative activities through Harestanes and the Forestry Commission which included various elements of woodland work and walking activities. He agreed to provide a fuller update at a future meeting.

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

6. Update on the Transitional Quality Arrangements for the GP Contract 2016/17

Mr Andrew Murray outlined the content of the report. He advised that NHS Borders were not out of kilter with the rest of NHS Scotland and highlighted to the Board the current position of there being 4 Clusters identified and the requirement to have Cluster Quality Leads.

The Chair enquired about resource and staffing implications. Mr Murray confirmed that there was an expectation that the Health Board would resource the Cluster Quality Leads (CQL). He suggested the time commitment would be 2 days per month for each CQL.

Mrs Elaine Torrance advised that the Executive Management Team had supported the Integrated Care Fund supporting the transitional phase with the expectation that the cluster arrangements would link to the integration arrangements and further dialogue would now take place with the GP community in terms of roles and linkages. She further advised that a review would take place after 6 months.

During discussion several comments were made including: inclusion of QOF funding into GP practice global sum; on-going dialogue with the Local Medical Committee (LMC); potential interim measure of moving the current 2 GP Leads into the CQL roles; working across regional boundaries; localities being about planning and improvement; timescales and the requirement to have CQLs in place by 1 April 2017.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the progress with the local Transitional Quality Arrangements for the new General Medical Services (GMS) Contract 2016/17; the proposed cluster model and implementation process in line with the Scottish Government Circular PCA(M)(2016)(5).

7. Consultant Job Planning

Mr Andrew Murray provided a brief update to the Committee and advised that the current job planning cycle would cease at the end of March. He commented that work was on going to ensure the medical community were aware of the changes required following the adoption of circular DL (2016) 14.

The Chair enquired if job planning had to be done. Mr Murray confirmed that job planning was a requirement of the revalidation process which looked for both job planning and appraisal documentation. Job planning was not required for the discretionary points or pay progression processes.

Dr Cliff Sharp advised that there were a handful of areas that currently did not have job plans, which was due to either being unable to arrive at an agreement on job plans or losing sight of the requirement. He commented that the Heads of Service were well sighted on the need for job plans and were addressing the shortfall areas.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the adoption of NHS Circular DL (2016) 14 in local job plan guidance.

8. General Practice Specialty Training

Mr Andrew Murray gave an overview of the content of the paper and advised that the intention was to encourage a supportive workplan environment.

Mr David Davidson enquired in regard to non medical reliance how the alternate model would be established in a safe manner. Mr Murray advised that it would be established through training processes and an estimated time line of 18 months was expected. He advised that Associate Nurse Practitioners (ANPs) took about 18 months to achieve the technical competencies required, with the Physician Associates currently being trained elsewhere.

Further discussion focused on: issues with Orthopaedics and need to plan for a different service model; requirement to retain individuals with certain specialty skills; enhanced skills mix encompassing prescribing and discharges; current level of staff with advanced skills; redesign of service models; financial constraints and the impact of junior doctors working out of hours; creativity in moving away from a position of being unable to fill the gaps in medical rotas due to vacancies; allocation of trainees depends on the quality of the training provided; NES is the employer of GP Speciality Trainees and will take over as the employer of Hospital STPs; the effect of changes in Health Education England;

Dr Stephen Mather suggested there was a further opportunity to look at the way healthcare was delivered across the Scottish Borders and suggested the formulation of a blue print for the Borders. He suggested starting from a blank position, forgetting about current structures, so that there were no obstacles to free thinking to design the right service for the population for future generations.

Mrs Jane Davidson commented that the Senior Medical Staff Committee were support of Mr Bob Salmond's proposals and had thanked him for his endeavours in moving the situation to a more positive position. She further advised that the potential for different roles would be played into the forthcoming Medical Workforce Plan which would enable the movement away from historic medically lead service models.

The Chair echoed the comments that had been expressed during the discussion and noted the seriousness of the issue and the creative work that had been undertaken. The Chair on behalf of the Board recorded the thanks of the Board to Mr Salmond and the SMSC in achieving a better position and suggested that the Chief Executive formally write to Mr Salmond on behalf the Board.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed that the Board Executive Team should consider the formulation of a blue print for health services for the Borders (taking into consideration the clinical strategy, health and social care delivery plan and medical education) and bring a paper back to a future meeting.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the measures taken to secure services in February 2017 in light of the GPST vacancies/gaps.

The **STRATEGY & PERFORMANCE COMMITTEE** noted some of the potential initiatives to modernise GPST training in NHS Borders with the purpose of securing the longer term future.

9. Winter Plan 2016/17 Update

Mr Philip Lunts gave an update presentation to the Board and advised that a full Festive Period Report would be submitted to the Board at its' meeting in February.

Dr Stephen Mather enquired about the lessons learnt from the current winter period and how they would be utilised for the following years winter period. Mr Lunts advised that lessons were already being learnt in regard to early morning discharges. He advised he would be planning now for next year in order to drive down length of stay and delayed discharges and make it sustainable throughout the year and not just during the winter period.

During discussion various matters were highlighted including: capacity; prevention of admissions; inclusion of private care in future planning; robust unscheduled care plans; delays due to non availability of social work and AHP assessments due to planned annual leave; feedback from NHS 24; analysis of primary care provision over the festive period; multi disciplinary teams planning discharge at admission to ensure what will be required to get the patient home is available; the role of minor injury units in preventing attendance at Accident & Emergency (A&E); progress with morning discharges and flexibility of medical staffing to allow early decisions on discharges; discussions with the GP community about supplementing the A&E; alternative roles for consultants and anaesthetists if elective surgeries are cancelled.

Dr Doreen Steele enquired about progress with the "Step Up/Step Down" facility. Mrs Elaine Torrance advised that there were 11 beds, all of which were currently occupied. She confirmed that it was performing with people moving through it. She suggested a broader dialogue was required now to start to plan for next year to ensure social work availability to provide home carers, etc.

The Chair commented that there was a commitment to joint working that had come to the fore during the present winter period and he suggested the stress test against the eventuality of norovirus showed that contingency beds would have saved the day. He suggested that it was encouraging to be in such a position and that generally the system had come through the festive period better than most and he recorded the credit of the Board to those running the system 24 hours a day under pressure.

Mr David Davidson suggested the Chair put a message to all staff on the intranet regarding the winter period performance and the commitment of staff.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the presentation and agreed a message to all staff be released.

10. Progress Report on NHS Borders Improvement Action Plan following Care of Older People in the Scottish Borders

Mr Charlie Sinclair gave an overview of the content of the report.

Mr David Davidson enquired if the action for the Medical Director to write to all Doctors included the GPs. Mr Andrew Murray advised that it did not include GPs as the action was in relation to the acute hospital only. However he advised that discussions were taking place with GPs in regard to capacity.

Mrs Evelyn Rodger recorded her thanks to Mr Sinclair for leading on the Improvement Action Plan and advised the Committee that Mr Sinclair had secured a promotion to NHS Tayside and would be leaving NHS Borders in February.

Mrs Jane Davidson commented that the Borders General Hospital Participation Group had said that whilst they were happy for Mr Sinclair securing a promotion, they were disappointed for themselves that he would no longer be with NHS Borders.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the content of the progress report.

11. Joint Inspection of Social Care and Health Services for Older People in the Scottish Borders

Mrs Elaine Torrance advised that the staff survey had been completed and detailed feedback was awaited. The Inspectors were on site undertaking 100 case audits which were due for completion later that day. Formal feedback on the staff survey and case file audit was due on 9 February. The Inspectors would return on 6 February for 2 weeks to select cases and speak to individuals who had received services or, carers and staff groups who had provided support and care to the individuals.

Mrs Torrance further commented that initial feedback had identified areas of good practice and areas for improvement including: anticipatory care plans; pathways and access to services; bed days; delayed discharges; and partnership working.

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

12. Borders General Hospital Theatre Ventilation Replacement Project – Update

Mrs Carol Gillie gave an overview of the content of the paper.

Mr David Davidson enquired if monies would be pulled from the future in order to fund the project. Mrs Gillie confirmed that the capital plan would have to be reviewed to accommodate the project.

Dr Stephen Mather enquired if there had been a clinically lead risk assessment undertaken. Mrs Susan Swan confirmed that a risk assessment had been undertaken which had resulted in a non compliance rating against current legislation. Mrs Evelyn Rodger advised that the current mitigating action was a weekly enhanced cleaning programme of strip down and replacement, and Mrs Gillie confirmed that there had been no clinical incidents to date. Mrs Swan further clarified that the compliance issue was in relation to the joint theatre ventilation across 2 theatres and the potential for a clinical risk of cross contamination on level of ventilation.

Discussion focused on several matters including: the role of the cost adviser; capital plan pressures (IM&T, Crumhaugh, Theatres); mitigating actions in place; review of the capital plan; consequences of not replacing the ventilation system; keeping theatres operational as they age; and future proofing losing 2 theatres at one time.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the update on the BGH Theatre Ventilation Replacement Project.

The **STRATEGY & PERFORMANCE COMMITTEE** requested a review of the Capital Plan to identify £2.11m (an additional £650k) of resources for the 4 theatre ventilation replacement project in the BGH.

The **STRATEGY & PERFORMANCE COMMITTEE** also requested sight of the business and clinical risks associated with the project.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed that the Board Executive Team and Chief Executive review the various options in light of the reduced capital situation.

13. Relocation of Mental Health Rehabilitation Services currently based at East/West Brigs in Galashiels

Dr Cliff Sharp advised the Committee that it was with a heavy heart that he had been asked to decline the update of the facility for Mental Health, but as the Board was the custodian of public money it was the right thing to do. In essence 4 years previously the mental health service had commenced a journey as it perceived there were serious safety issues at the Brigs in Galavale. Whilst a new build option would have been the ideal solution, having undertaken an option appraisal the Crumhaugh House site had been identified as the most suitable option for refurbishment on the grounds of safety and space utilisation.

Dr Sharp advised that there had been an increased apprehension to the project given a change in regime and leadership within the mental health rehabilitation service. Discussions had taken place and the anxieties that had been raised in regard to the safety of the current unit had been mitigated. The view of the service had changed and the staff were of the view that the current Galavale site, which provided 2 facilities for the frail elderly, was a better option for that patient cohort and the safety of staff than the planned move to Crumhaugh House.

Mr David Davidson noted the change in direction from the service and welcomed their honesty with such a sensitive issue. He enquired if there were other plans that could be utilised for the Crumhaugh House property in terms of a facility to assist with the discharge of patients from the Borders General Hospital.

Dr Sharp commented that he would speak to the Hawick Community Council in regard to the withdrawal from the plan to move to Crumhaugh House and whilst he expected there to be disappointment from the community he reiterated that it was the right thing to do.

Mrs Jane Davidson clarified that the actual patient safety risks had been mitigated and minimized and remaining at Galavale was concluded to be a better option for the frail elderly inpatient cohort. Dr Sharp confirmed that was the case especially as the accommodation had been reconfigured between 2 buildings instead of 3, with slight adjustments that had made a big difference to staff and patients alike.

Dr Sharp confirmed that engagement had taken place with all staff on the Galavale site. He further highlighted that the Charge Nurse on the Brigs was in full agreement with the proposal and given the mitigating actions taken, viewed the risks as straightforward and manageable. Mrs Davidson sought assurance that the staff on site were content with the change. Dr Sharp assured her that they were.

The Chair reminded the Board that if the recommendation were agreed, it would be agreed in the knowledge of expenditure incurred to date in the region of £200k. Mrs Gillie commented that there

was a draw down facility available to cover the cost, however she reminded the Board that it was public sector funding that had been spent. She further suggested the building should be revalued as part of the technical accounting process.

Mrs Elaine Torrance suggested further exploration with Scottish Borders Council in regard to potential future use of the building.

Mrs Davidson wished to record that both the General Manager and the Associate Director of Nursing for mental health services had been supportive the paper.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the update on the planned move of the Mental Health Rehabilitation Inpatient Services from the current site in East/West Brig in Galashiels to Crumhaugh, Hawick.

The **STRATEGY & PERFORMANCE COMMITTEE** approved a request from the Mental Health Service not to progress the relocation.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the further actions which would be progressed following Board approval.

Dr Amanda Cotton left the meeting.

Mrs Elaine Torrance left the meeting.

Mrs Ros Gray left the meeting.

14. Finance Report for the 8 month period to 30 November 2016

Mrs Carol Gillie reported that at the end of November 2016 the Board was reporting an overspend position of £2.7m. The position included a small over recovery on income budgets and an overspend on expenditure budgets, comprising Acute Services (£4.2m), Integration Joint Board directed services (£0.9m), and external healthcare providers (£0.7m).

She further explained that a total of £5.3m had been withdrawn from operational budgets for required savings. There had been no change to the projected year end position on efficiency with an estimated shortfall of £3.3m forecast. The Board had previously approved a balanced financial plan for 2016/17 which assumed a breakeven outturn on revenue budgets and achievement of the challenging £11.4m efficiency savings target. NHS Borders was required to make savings of £8.7m recurrently and £2.7m on a non recurring basis. Based on the forecast year-end position on efficiency, and taking account of any part year implementation plans, there would be a recurring shortfall of £4.9m at the end of the financial year. Mrs Gillie highlighted that the shortfall would be carried forward into 2017/18 which would increase the level of the challenge to unprecedented and potentially unmanageable levels in terms of delivery within financial year 2017/18.

Whilst the achievement of financial targets remained a risk, Mrs Gillie confirmed that the position at the end of November was improving with the level of risk on non delivery reduced.

Mr David Davidson welcomed the recovery position, he enquired if given the staffing of surge beds cost £2.2m if they could be removed. Mrs Gillie advised that the medical overspend of £1.7m and nursing overspend of £1.1m were connected to the surge beds and other issues, such as medical vacancies, use of locums and junior doctor availability.

Further discussion focused on: use of surge beds in the winter; length of stay in community hospitals; delayed discharge target of 72 hours; contribution of £500k from the Integration Joint Board; a positive willingness in health and social care to work together to address delayed discharges in the system; contracts declined by private home care providers; provision of health care support workers through health to provide care at home; Integration Joint Board commissioning plan; and pursue a greater shift of resource and investment into the community.

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

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

15. Efficiency Update as at 30 November 2016

Mrs Carol Gillie introduced the report and emphasised that NHS Borders had achieved cash releasing savings of £5.3m to the end of November 2016. The forecast outturn for efficiency against the target for the year of £11.451m was £8.1m, leaving a shortfall of £3.3m. On a recurring basis the projected shortfall was £4.9m which would be carried forward into 2017/18.

Dr Stephen Mather suggested the projected efficiency savings target for 2017/18 of £17m-£20m was unachievable and he enquired if there was a provision for brokerage with the Scottish Government. Mrs Gillie commented that based on previous performance that level of savings had not been achieved. She suggested if the final figure was in the region of £17m-£20m then a plan would be formulated for delivery over a number of years. In terms of brokerage she confirmed that brokerage could be applied for provided there was a clear supporting plan on how that brokerage would be repaid.

Further discussion focused on: increased scrutiny; phased spending; and regional financial planning.

Mrs Gillie advised that in terms of regional planning, NHS Fife, NHS Lothian, NHS Tayside and NHS Borders were all contained within the regional boundary and of those both NHS Fife and NHS Tayside were in special measures. Regional financial plans were now being worked on to identify what could be delivered jointly in terms of quality and provision of care to address each other's financial pressures.

The Chair confirmed that the Financial Performance Group would scrutinise the efficiency programme, and had sought a review of the areas of non delivery over the past 12 months.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the efficiency update as at 30th November 2016.

16. Primary Care Premises

Carol Gillie gave overview of the content of the paper.

Mrs Susan Swan advised that the increased cost in regard to the Melrose project was due to the level of the feasibility study undertaken, in terms of adding a second storey. She suggested expanding the

scope of the project to explore options such as extending at ground level into the car park. Mrs Jane Davidson advised that she was supportive of the suggestion to expand the scope.

Further discussion highlighted: cost adviser engagement; tender specifications; levels of contingency; and delivery of project to time and price.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the update on the Melrose and Knoll Health Centre Projects.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the planned review of scope and works for Melrose Health Centre.

The **STRATEGY & PERFORMANCE COMMITTEE** awarded the tender for alterations to the Knoll Health Centre to T Graham and Sons.

17. Gamma Camera CT Replacement Equipment – Update

Carol Gillie gave an overview of the content of the paper.

The Chairman commented that technically as he had already approved the request for replacement the paper was placed before the Committee as confirmation of the action he had taken.

Mr Andrew Murray commented that the provision of the Gamma Camera would also act as a back up option for the CT Scanner when it was out of action.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the update on the procurement of the Gamma Camera CT and the planned delivery and installation during April 2017.

The **STRATEGY & PERFORMANCE COMMITTEE** confirmed the action taken by the Chairman due to the timescales involved.

18. Performance Scorecard

Mrs June Smyth gave an overview of the content of the report. She highlighted the review of the performance report at a six month point and receipt of Scottish Government guidance on the Local Delivery Plan.

Dr Stephen Mather noted the continuous red rag status areas, specifically, 18 week RTT and Diagnostics (Colonoscopy), and he enquired if there was likely to be any change in the rag status of those areas. He suggested they be focused on and the Committee be provided with an action plan to address them.

Mrs Evelyn Rodger agreed with the suggestion that the Committee hold the team to account and commented that the deep dive sessions within the Board Development sessions be used for that purpose.

Mr Andrew Murray advised that in terms of diagnostics, work had been taken forward in radiology with plans for consultant expansion although there were difficulties with recruitment and the service were now exploring other options. He was aware of the issue with colonoscopy numbers and he was

working with the teams to look at changes in job plans and looking for solutions for capacity. Dr Tim Patterson advised that a further impact had be increased productivity, staffing levels and a reduction in clinics. Plans were underway to increase capacity through the provision of an additional nurse colonoscopist and new innovative tests for symptomatic patients to reduce referrals by potentially up to 40%.

The Chair commented on the consistent positive performance in achieving the CAMHS 18 week target. Dr Cliff Sharp confirmed that people were now in post and more productive, managing an infinite demand.

The Chair noted that the Alcohol and Drug performance had reduced. Dr Patterson confirmed that there had been funding issues earlier in the year however the position was recovering. Dr Sharp advised that the Alcohol and Drug consultant had left the organisation and the post was being filled at a reduced cost by GPs with a special interest.

Several elements were raised during further discussion including: sharing of good practice; data collection in relation to breast feeding figure; delayed discharges and occupied bed days; 2 year extension to eksf system; improving position for eksf; Golden Jubilee real time system; medical revalidation; month on month supplementary staffing costs; staff dashboard; and time lag in qualified data received.

The Chair acknowledged the positive position in regard to cancellations. Mrs Smyth advised that there had been flow issues in December and January which had subsequently impacted on cancellations. Mrs Evelyn Rodger commented that cancellations were a particular area of focus.

The Chair suggested the AHP service be an area for a deep dive in future and Mrs Smyth commented that the AHP services had requested to participate in the Clinical Productivity Programme for 2017/18 which would inform any future review or scrutiny of the AHP services including Physiotherapy.

Mrs Pat Alexander suggested relating the financial impacts in terms of budget reductions and efficiencies to see how they impacted on performance.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the Performance Reports as at end of October 2016

The **STRATEGY & PERFORMANCE COMMITTEE** agreed to receive Deep Dive sessions on Diagnostics (Colonoscopy), Physiotherapy (AHPs), and Out Patients at future Board Development sessions.

19. Any Other Business

19.1 Financial Performance Group Minutes

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

19.2 Scottish Borders Adult Protection Committee Annual Report 2014-2016

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

20. Date and Time of next meeting

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

The meeting concluded at 2.35pm.

A handwritten signature in cursive script that reads "John Rame".

Signature:

Chair