

Minutes of a meeting of the **Strategy & Performance Committee** held on Thursday 1 February 2018 at 10.00am in the Board Room, Newstead

Present:

Mr D Davidson	Mrs J Davidson
Mr M Dickson	Mrs C Gillie
Dr S Mather	Mrs C Pearce
Mrs K Hamilton	Dr C Sharp
Mr T Taylor	Dr T Patterson
Mrs A Wilson	Mrs J Smyth
Cllr D Parker	Mr R McCulloch-Graham
	Mr J Cowie
	Mr W Shaw

In Attendance:

Miss I Bishop	Dr A Cotton
Mr P Lunts	Ms L McIntyre

1. Apologies and Announcements

Apologies had been received from Mr John Raine, Mr John McLaren, Dr Janet Bennison, Dr Annabel Howell and Dr Nicola Lowden.

The Vice Chair, Mr David Davidson, chaired the meeting.

The Chair advised that a revised agenda for the meeting had been circulated.

The Chair welcomed Mr Philip Lunts to the meeting who spoke to the festive report item on the agenda.

2. 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.

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Strategy & Performance Committee held on 2 November 2017 were approved.

4. Matters Arising

4.1 Action 1: Dr Cliff Sharp advised that he would circulate an SBAR update to close off the action.

4.1 Action 29: Mr Tris Taylor enquired about the consultation process to change services. Mr Robert McCulloch-Graham advised that he would provide an update on the situation and clarified that patients had been advised that the service was currently not being provided.

4.2 Action 30: Mr John Cowie advised that he had now received a legal opinion in regard to mandatory vaccination of staff. In brief he explained that the advice provided suggested it would be difficult to justify mandatory vaccination although there was nothing in employment law to prevent it. The Chair suggested that the Board Chief Executives should discuss a common approach to vaccination of staff across the whole health and care sector. Mrs Jane Davidson advised that she would raise the matter with Board Chief Executive colleagues, Mr John Cowie would raise the matter with Board Human Resources Directors, Dr Cliff Sharp would raise with Board Medical Directors and Mrs Claire Pearce would raise with Board Nursing Directors.

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

5. Festive Period 2017/18 Summary Report

Mr Philip Lunts advised that it had been the most challenging winter period since 2014/15. He explained that the main challenges were a culmination of more acutely ill patients within the Borders General Hospital and a 13% increase in attendances at Accident & Emergency. There had been a high number of respiratory ill patients admitted through the Borders Emergency Care service (BECs) and the Emergency Department (ED) had seen an increase in the number of patients admitted with flu. Discharge rates over the festive period had been low compared to previous years with delayed discharge figures higher than anticipated over the Christmas period. In terms of what had worked well during the period, he advised that there had been a reduction in vacancies with additional beds opened and staffed. The extra beds that were planned and the contingency bed plans had been utilised earlier than anticipated including social care provision and beds in the community. There had been better social work support over the New Year period compared to the previous year and the Mental Health service delayed discharges had reduced by half as the system moved into the Christmas period.

Mr Malcolm Dickson enquired about scheduling elective procedures during the winter period and the impact of cancellations at short notice on patients who would be psychologically ready for their operations. Mr Lunts commented that the service deliberated on whether it should or should not run electives during the winter period and had planned to increase its day case surgery during that period. He advised that he would feed into the service Mr Dickson's suggestion that elective patients be advised when their appointment was scheduled for the winter period that their operation might have to be cancelled at short notice to accommodate winter planning pressures.

Mrs Karen Hamilton noted that morning discharges during the festive period had improved compared to the previous year however they remained lower on the weekend periods. Mr Lunts advised that further scrutiny of that performance would take place.

Dr Stephen Mather noted that overall whilst there had been less admissions, as a result of the flu and more acutely ill patients, length of stay had increased and discharges had been slower and he enquired about the bed occupancy rate. Mr Lunts advised that it had been into the high 90% and over 100% on occasion. Mrs Jane Davidson commented that when you factored in the contingency plans and surge

beds occupancy had reached 120% which had culminated in people being bedded in the Emergency Department and a series of 12 hour breaches.

Dr Mather enquired if there was anything that would be done differently in planning for the following year. Mr Lunts advised that there would be no assumptions in regard to Christmas being a quiet period and consideration would again be given to whether any elective operations should be scheduled. Mrs Davidson advised that the challenges were a result of patient flow issues and she was hopeful that as the Craw wood facility, hospital to home initiative and community teams began to make an impact, patient flow would streamline to smooth out the pressures during the winter period.

Mr Tris Taylor enquired if there was a formal mechanism to ask the Integration Joint Board to support capacity for discharge given that a lack of capacity appeared to be a recurrent difficulty for services. Dr Cliff Sharp clarified that the flow of patients into the hospital setting and the rate of admissions were higher than the national average and in order to address that, investment was required into community services and the Integration Joint Board was already alive to and assisting with that.

Mrs Davidson advised that in terms of admissions the data required further scrutiny and in terms of reducing admissions the Acute Ambulatory Unit (AAU) was maturing and impacting on those figures. She commented that the Strategic Commissioning Plan would encompass the outcomes to prevent admissions and keep people in their home or a homely setting instead of an acute bed if there was no medical requirement.

Mrs Davidson further highlighted the work that the community services teams and the Mental Health service had done to keep their services on the road during periods of sickness and adverse weather over the festive and wider winter periods.

The Chair recorded the congratulations of the Committee to staff for their efforts over the festive period working under extreme pressures, both internal and external to the organisation.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the 2017/18 Festive Period Report, the performance of the system during this period and the outline recommendations for future winter planning.

The **STRATEGY & PERFORMANCE COMMITTEE** noted that a full Winter Period Report would be brought to a future meeting of the Board.

6. Management of Occupational Health & Safety

Mr John Cowie gave an overview of the content of the report and advised that the purpose of the paper was to ensure that the Board was sighted on what the Staff Governance Committee had identified as a governance issue for the Board.

Mrs Karen Hamilton advised that the issue had been identified by an internal audit report initially. An extra ordinary meeting of the Committee had been held in November to scrutinise the matter and an open and free flowing discussion had taken place. The outcome had been the formulation of an action plan in relation to compliance, perceived lack of understanding, sign off of risks at a junior management level, mitigation of risks and making the whole subject matter more acceptable and meaningful to people's every day work.

Mr Warwick Shaw advised that he was involved in changing the culture associated with managers who were responsible for accepting risks on to the risk register. He advised that some managers were reluctant to accept risks without trying to improve them, but as long as there was nothing wrong with the assessments made then the risk had to be accepted on to the risk register and mitigating actions taken forward.

Mr Tris Taylor enquired what the findings would be if an unannounced audit were to take place. Mr Shaw commented that the findings would show that not all the risks carried by the organisation were audited and it could be a significant issue in terms of public perception. Mr John Cowie advised that the audit report referred to had been undertaken some 4-5 years ago and annual reports had continued to flag up the risk. Unfortunately other pressures such as clinical, financial and targets were upper most in managers minds compared to completing the risk register.

Mr Tris Taylor suggested the culture of the organisation had ignored exposure to risks around health and safety and made the staff who had not been able to escalate those risks very uneasy.

Further discussion focused on: responsibility for organisational risk; actions to reach resolution; operational creep into governance committees; risk reports to the Audit Committee; how assured was the Board: presentation to a future Board Development session on governance; occupational health and safety framework and forum; support to staff to be able to understand and address risk; leadership; whilst the training is good if the system is not used regularly then the knowledge learned in training becomes weak; and looking at the system being used and how it can be more user friendly as it seems to be perceived as too difficult.

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

The **STRATEGY & PERFORMANCE COMMITTEE** endorsed the approach being taken by the Staff Governance Committee.

The **STRATEGY & PERFORMANCE COMMITTEE** indicated further information or progress reports it would wish to receive.

7. Efficiency Update as at 31 December 2017

Mrs Carol Gillie reported that the paper provided an update on the delivery of the 2017/18 efficiency programme against the target as at 31st December 2017. She was forecasting that £8.3m of savings would be delivered this year, which was a reduction from the last report to the committee of £0.4m and related to slippage on the efficiency prescribing savings programme and the clinical productivity workstream. The report provided a lot of detail about target and delivery by clinical board and she highlighted that only £4.1m was forecast to be delivered recurrently leaving a shortfall of £8.8m which would be carried forward into 2018/19. She was concerned that it was a further increase from the recurring deficit of £4.9m at the start of the financial year.

Discussion focused on several elements including: clinical productivity in the Allied Health Professionals (AHPs) service and past difficulties in being able to realise the savings identified due to leadership and behavioural challenges; leadership, culture and capacity to drive a reduction in physiotherapy waiting times; potential for a CNORIS type scheme for new higher price drug treatments; transformational change in conjunction with clinicians; increased access to end of life treatments that a not cost effective and ultra orphan medicines; lack of plans to deliver efficiency

targets; previous schemes that were expected to deliver failed to deliver; and robust interrogation of savings plans.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the forecast delivery of efficiency savings as at 31st December 2017 is £8.3m in year giving an estimated shortfall of £7.4m against NHS Borders overall savings target of £15.7m.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the reduction in the level of anticipated savings by net £0.4m since the last report to 31st October 2017.

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 the current information.

8. Performance Scorecard

Mrs June Smyth gave an overview of the content of the report. She advised that there was a correction to page 32 and the access figures for October which should have been 71 and 45.2%.

The Chair sought an update in regard to mental health services waiting times. Dr Amanda Cotton advised that appointments to vacancies had been made however there was a time delay between appointments being made and people commencing in post. She advised that work had been done in regard to assessment and triage of those on the waiting list. The service had used Local Delivery Plan funding to increase capacity by utilising existing staff and to work extra hours and weekends and using 3 locum psychologists, over 200 patients had been assessed and triaged over the previous 2 week period. That had enabled patients to be identified who were ready for a psychology therapy referral. Further work had been undertaken in regard to demand and capacity and it had concluded that there was a higher demand than resource was available within clinical psychology.

Mrs June Smyth clarified that staff that were in post were working both productively and efficiently and above the original face to face targets to address the capacity issues within the service.

Mrs Smyth reminded the Committee that the mental health service had been the first area to undertake the clinical productivity programme which was now in year 2 of the programme.

Mrs Jane Davidson advised that she had met with NHS National Services Scotland (NSS) to pursue a number of initiatives including clinical productivity documentation with the intention of NSS taking it forward for roll out across NHS Scotland.

Dr Stephen Mather enquired how successful the initiative of using health care assistants to support discharge to home in Berwickshire had been. Mr Robert McCulloch-Graham advised that it was too early in the process to provide evidence of the impact on delayed discharges, however, he reminded the Committee that the Integration Joint Board had agreed to fund 15 health care support workers for 4 months to pursue reablement and work as part of a multi-disciplinary team in Berwickshire, central Borders and Hawick. Work continued with SB Cares to enable those who undertook the 6 week programme for reablement to move back to their home with a home care package and it was anticipated that packages of care should reduce by 50% over that 6 week period to enable capacity to be put back into the system.

Further discussion focused on: revising the risk assessment narrative on the cover paper; the outcome of Sir Harry Burns external review of national targets; potential for financial savings to equate to a slippage in performance; forecast slippage on waiting times targets by end of March; texting appointment reminders to patients to reduce Did Not Attend (DNA) rates; local annual campaign on DNAs; looking at NHS Borders performance in the round; clinical productivity enables appropriate resources to be redirected; and decisions remain yet to be made in regard to the potential of not achieving waiting times and other standards and targets given the financial environment.

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

9. Any Other Business

9.1 Financial Performance Group Minutes

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

9.2 Regional Issues: The Chair enquired about any updates in regard to regional matters. Mrs Jane Davidson commented that an East Region event had been held with Non Executives, Health and Local Authority Chief Executives and Local Authority Councillors who were members of Integration Joint Boards. The session had focused on the first step in bringing regional leaders together to set out the health perspective on regionalisation and the health and care delivery plan, work to date and challenges to be addressed. Scottish Borders were focused on a “Type 2 Diabetes” collaborative project and the audience had welcomed the ambition and drive behind the project that when eloquently presented by Cllr David Parker.

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

10. Date and Time of next meeting

The Chair confirmed that the next meeting of Strategy & Performance Committee would take place on Thursday 3 May 2018 at 10.00am in the Board Room, Newstead.

The meeting concluded at 12.00



Signature:
Chair