

Minutes of a meeting of the **Strategy & Performance Committee** held on Thursday 3 May 2018 at 10.00am in the Board Room, Newstead

Present:

- Mr J Raine, Chairman
- Mrs K Hamilton, Vice Chair
- Dr S Mather, Non Executive
- Mrs F Sandford, Non Executive
- Mr M Dickson, Non Executive
- Mr T Taylor, Non Executive
- Mr J McLaren, Non Executive
- Mrs A Wilson, Non Executive
- Cllr D Parker, Non Executive
- Mrs J Davidson, Chief Executive
- Mrs C Pearce, Director of Nursing, Midwifery & Acute Services
- Dr C Sharp, Medical Director

In Attendance:

- Miss I Bishop, Board Secretary
- Mrs J Smyth, Director of Strategic Change & Performance
- Dr A Cotton, Associate Medical Director
- Mrs A McCollam, Associate Director of Public Health & Child Health Commissioner
- Mrs E Cockburn, Head of Clinical Governance & Quality
- Mr W Shaw, Head of Delivery Support
- Mrs S Cowe, Complaints Officer
- Ms K Maitland,
- Mr K Lakie, Senior Finance Manager
- Mr B Magowan
- Ms A Erskine
- Mrs C Oliver, Communications Manager
- D

1. Apologies and Announcements

Apologies had been received from Mrs Carol Gillie, Director of Finance, Procurement, Estates & Facilities, Dr Tim Patterson, Joint Director of Public Health, Mr Robert McCulloch-Graham, Chief Officer Health & Social Care, Mr John Cowie, Director of Workforce, Dr Janet Bennison, Associate Medical Director, Dr Nicola Lowdon, Associate Medical Director and Dr Annabel Howell, Associate Medical Director.

The Chair confirmed the meeting was quorate.

The Chair announced that Mrs Karen Hamilton had been formally appointed by the Cabinet Secretary as the Vice Chair of NHS Borders.

The Chair welcomed a range of attendees to the meeting.

2. Patient and Carer Stories

D shared her patient story with the Committee and spoke about her journey through the health care system. She spoke of her frustrations with inconsistent communication, inconsistent approaches to her care, traumatic experiences whilst in our care, mental health manifesting in physical ill health, drugs, World Health Organisation trials and her recovery journey and work with Survivors Unite.

Dr Amanda Cotton commended D for presenting her story to the Committee and accepted that there was learning to be provided to staff within the Accident & Emergency (A&E) service on how to understand how to approach people with complex trauma.

Discussion focused on: the interplay of mental health and physical health and how mental health patients are often treated differently in physical health front line services; more education and knowledge required in the field of mental and physical complex trauma; communication before presentation to health services; communication between shift staff; training for staff on how to handle a traumatic response; primary care interactions; provision of ACT cards; and supporting Survivors Unite.

The Chair thanked D on behalf of the Committee for sharing her story. He suggested she may like to consider speaking to health colleagues in the Mental Health service about the interplay of physical health and mental health and to speak at one of the Borders General Hospital Grand Round events where junior doctors and clinicians were present. He was also keen that she consider speaking to A&E staff to help them understand the person behind the label and remind them of basic humanity and not to judge based on a label. He recognised it would be a challenge to change behaviours in primary care but suggested the TiME sessions might be a useful avenue into that discussion.

Mr Malcolm Dickson commented that there were various fragmented elements to D's care and he enquired how a complex patient record of that sort would move between professionals. The Chair commented that D was a victim and a powerful resource for the organisation to learn from and improve the way it worked. He suggested kindness and understanding did not require resource as they were an attitude and NHS Borders should not employ people who could not demonstrate care, compassion and kindness.

Mr Tris Taylor commented that there was possibly an assumption by clinicians that before a patient presented in A&E they would have been adequately dealt with in the primary care setting and they therefore followed a pattern of desire to diagnose by excluding things. He further suggested there was a lack of quality GP performance data available which could inform a change in process.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the patient's story and considered the opportunities and positive outcomes which could be delivered by working in partnership with service users in an innovative and creative way.

3. Declarations of Interest

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

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

4. Minutes of Previous Meeting

The minutes of the previous meeting of the Strategy & Performance Committee held on 1 February 2018 were approved.

5. Matters Arising

5.1 Minute 8: Performance Scorecard: The Chair enquired if the Sir Harry Burns report had been received. Dr Cliff Sharp confirmed that it had been received and shared.

5.2 Action 29: Hawick Mobile Dental Unit: Mrs June Smyth was tasked with finding out from the Scottish Health Council if the Integration Joint Board was required to consult on service change in the same way as Health Boards were required to.

5.3 Action 30: Draft Winter Plan 2017/18: Mrs Fiona Sandford noted the target for staff vaccination was 50% and the staff sickness absence percentage for the winter period was quite high. She suggested the target for vaccination should be reviewed. Mrs Clare Pearce commented that the Occupational Health Lead was looking at a new campaign for flu vaccination and highlighted that it was not a mandatory requirement that staff undertook the vaccination. The Chair suggested, if the Board wished it, the Director of Workforce could write to the Scottish Government to ask them to consider a change in national policy to make flu vaccination for all health care staff mandatory each year.

5.4 Action 1: Patient & Carer Stories: Wilderness Therapy: The Chair noted the Wilderness Therapy Report attached to the action tracker sought formal Board support and ongoing funding arrangements for the programme. Dr Cliff Sharp commented that the service could continue to fund the programme which was a crucial element of the rehabilitation and support of young men with mental health issues. Dr Amanda Cotton commented that from a clinical perspective the programme was valued by staff and patients but was seen as low hanging fruit in terms of financial constraints. Mr Tris Taylor sought clarification that it would be for the Department to manage its budget. The **STRATEGY & PERFORMANCE COMMITTEE** noted the update.

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

6. Winter Plan 2018/19 Update

Mrs Claire Pearce gave an update on the winter plan and highlighted the intention to have a number of improvements in the Borders General Hospital to sharpen up on internal processes, especially in regard to delayed discharges and to appoint a team to ensure there was a consistent approach to both the site and capacity.

Discussion focused on: having the right number of beds; direction from the Integration Joint Board in regard to resources to address stranded people; finalising plans for 2018/19 winter period; creating a protected space for electives; reviewing the footprint; recommissioning a ward; avoiding readmissions; on-going work on respiratory and diagnostics with GPs; early decision making to aid early discharge; acute bed modeling exercise underway; evolving community capacity bath tub model; working with

the local authority on the provision of beds of care homes; and the relaunch of dynamic discharge from June.

Mr Tris Taylor enquired about using the previous year's data to model for the coming winter period. Mrs June Smyth confirmed that a number of previous year's data was used to inform the winter plan model for the coming winter period.

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

7. Logie Legacy

Dr Brian Magowan gave an informative presentation on the Logie Legacy and twinning partnership between NHS Borders and St Francis Hospital in Zambia.

Mr Malcolm Dickson enquired about the main advantages of the twinning partnership for NHS Borders staff. Dr Magowan advised that they were mainly personal development and learning for nurses, pharmacists, consultants and other groups of clinical staff.

Mrs Fiona Sandford commented on the learning that had been brought back in terms of systems and processes. Dr Magowan advised that the system for elective patients within NHS Borders was very complicated with a range of stages to it and those stages had been reduced to lead to a smoother system for both the patient and the staff, which had been learning brought back from watching how the system was managed in Zambia.

The Chair thanked Dr Magowan for his presentation and advised that he had been keen for the Board to hear of the Logie Legacy and the twinning arrangements between NHS Borders and St Francis Hospital.

Dr Cliff Sharp drew the Committee's attention to the Award recently won by the Obstetrics and Gynaecology Team as the Number 1 place in the UK to work in Obstetrics and Gynaecology.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the presentation and update on the NHS Borders Twinning and expressed their thanks and congratulations to Dr Magowan and his team.

8. Laundering of Staff Uniforms – Infection Control Considerations

Mrs Claire Pearce reminded the Committee of the previous discussion that had taken place in regard to laundering of staff uniforms and gave an overview of the content of the paper. She highlighted the advice received from Health Protection Scotland and the potential recurring savings and initial set up costs.

Several points were raised during discussion including: potential unintended consequences for local laundry services; cost of uniform replacement; staff turnover; infection control advice; patient safety; income generation through the laundry service; small savings achieved against potential reputational risk; restate the principles of washing at a high temperature; operational decision; engagement with staff; Staff Governance Committee ownership; comparison to other Health Boards; difficult decisions to be made; balancing risk; and good engagement and communications on why, when and the consequences.

Mrs Alison Wilson commented that whilst the Area Clinical Forum (ACF) were initially supportive of the proposal they were curious about how much income was generated by the service. Mrs June Smyth advised that the change would not impact on income generation and there was a plan in place to income generate further. Mrs Wilson advised that if income generation could still be achieved the ACF would be supportive of the proposal.

Mr Tris Taylor suggesting engaging with staff over what potentially would have to cease in order to achieve the full £15m savings target.

Cllr David Parker echoed Mr Taylor's comments and noted that the Board would be required to make unwelcome decisions for the greater good of the service in order to address the financial challenge.

Mr Warwick Shaw advised the Committee that the auto valet system was likely to come to its end of life in 2-5 years time and if not replaced, would provide an opportunity to utilise 75 sq metres of floor space within the Borders General Hospital site.

The **STRATEGY & PERFORMANCE COMMITTEE** delegated the matter to Operational Directors with a request that fuller engagement take place through the Area Partnership Forum who would be responsible for presenting the case to staff as operationally it was the most appropriate way forward.

9. Pharmaceutical Service cover on Public Holidays

Mrs Alison Wilson advised that at present NHS Borders did not have a provision to direct pharmacies to open on specific public holidays, and whilst it was generally not an issue, there were occasions when public holidays fell on weekends and pharmacies if open could alleviate pressures in the system. She was keen to have the provision to instruct some pharmacies to open on a rotational basis so that people could be encouraged to seek assistance from their pharmacy in the first instance for minor ailments or repeat prescriptions instead of presenting at their GP or the Borders Emergency Care service (BECs).

The **STRATEGY & PERFORMANCE COMMITTEE** agreed to recommend the clarification of public holiday requirements on pharmaceutical services for approval by the Board.

10. Joint Older People's Services Inspection Action Plan Update

Mrs Karen Hamilton noted that some of the completion dates within the Action Plan had passed. Mr Warwick Shaw advised that progress continued and several actions had been completed.

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

11. NHS Borders Complaints Journey

Dr Cliff Sharp advised that there had been a complete overhaul of the complaints process on the back of Scottish Public Services Ombudsman (SPSO) advice. Improvements had been made in terms of more human contact, the quality of responses and moving away from the perception of being viewed as faceless bureaucracy.

Ms Karen Maitland commented that the change in process was contributing to the culture change in the organisation through service ownership and further learning from the nature of the complaints received.

Mrs Susan Cowe highlighted that it had not been an easy journey especially in regard to challenging people and coping with difficult reactions, however positive progress was being made.

Mr John McLaren enquired about communicating the changes to staff. Mrs Elaine Cockburn advised that work was on-going with Dorothy Armstrong of the SPSO and the senior team and Band 7s on duty of candour complaints and feedback and getting people to understand how to respond with compassion. Ms Maitland also advised that an action learning set was being undertaken with Directors to also support them through the process.

Mr Malcolm Dickson congratulated the team on the progress made and welcomed the openness in regard to redesign and challenging services to ensure change was made and sustained.

Mr Tris Taylor welcomed the report, highlighted the connection to governance processes and how collaboration between staff, patients and service users had lead to such a positive change for both complainants and staff. He suggested the use of improvement plan action trackers be used more widely as they were an essential performance management tool given data was vital to the improvement of services throughout the organisation. He enquired if the data within the report was inclusive of primary care. Dr Sharp advised that the data for GP practices was not included; however that data was expected to become available as the new General Medical Services contract was introduced.

The Chair commended the Team on the report and their work to date.

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

12. Efficiency Update for the year ended 31 March 2018

Mr Kirk Lakie presented the efficiency end of year report and summary. He advised that £8.3m of efficiencies had been delivered against a target of £15.7m. He drew the attention of the Committee to the recurring savings target of £12.9m of which £4.1m had been delivered recurrently; there was therefore an £8.8m deficit to be carried forward into 2018/19. That was an increase on the £4.9m carried forward for 2016/17 into 2017/18 and the third consecutive year the recurring savings target had not been fully achieved.

Mr Lakie further advised that progress was being made in planning for the current financial year with the exceptional savings target of £24.8m. Mrs Jane Davidson reminded the Committee that the targets were in the context of the balanced year end outturn for 2017/18, which was currently being audited.

Cllr David Parker advised that he was keen to understand where the difficulties lay with transformational change and what the barriers were. Mr Lakie commented that over the past 3 years there had been substantial and significant change in service delivery models and associated savings targets, and whilst some had delivered some savings, not all had been successful. Conversations were continuing with services to look at the tangible benefits and ability to release cash, as historically some schemes had improved services through efficiencies and quality but did not always release cash.

Mrs Davidson offered to meet with Cllr Parker outwith the meeting to discuss transformational change further.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the efficiency update as at 31 March 2018 and that £8.3m of savings had been delivered against a target of £15.7m.

13. Key Performance Indicator Scorecard

Mrs June Smyth gave a brief overview of the content of the report.

Dr Stephen Mather enquired about the increase in waiting times for Outpatients and Orthopaedics. Mrs Laura Jones advised that the increase had been a result of the changes to the Musculoskeletal (MSK) pathway and the sickness absence of one specialist, however to address the matter an additional locum had been appointed and an additional MSK post was due to commence later in May.

Dr Mather enquired given the difficulties of recruitment for the Ophthalmology service if it should be progressed on a regional basis. Mrs Smyth commented that it was within Phase 1 of the Better Borders programme and conversations were on-going in regard to how the region would work collectively, which services would be retained by Boards and which would be regionalised. Mrs Smyth advised that a Plan B for the Ophthalmology service would also be drawn up.

Dr Cliff Sharp commented that the difficulties with recruitment to the service had allowed for a creative solution whereby Associate Nurse Practitioners (ANPs) undertook a fuller role and Optometrists did follow up appointments. Mrs Jones also advised the Committee that NHS Lothian had agreed to partner NHS Borders on the On Call arrangements to make the roles more attractive. Mrs Davidson clarified that previously the On Call arrangements had been 1 in 2 but had moved to 1 in 4.

Dr Mather enquired about the plans to deal with the increase in MRI scans. Mrs Jones advised that a review of the MRI service was being undertaken along with evening slots for scans and the potential to outsource reporting. She further advised that the MRI equipment would come to its end of life in 2 years time and access to a second MRI was being pursued along with work around MRI modeling in other Health Boards.

Dr Mather enquired given the continued poor performance with length of stay in community hospitals, if control of those beds should be solely through the Care of the Elderly clinicians. Mrs Davidson suggested that community hospitals, home care provision and social care staff would all be looked at to inform a community model for the Scottish Borders.

Dr Mather sought sight of the Ann Hendry report into Community Hospitals and Mrs Davidson commented that she was happy to share the report and advised the Committee that it would not be looked at in isolation.

Mr John McLaren enquired how assured the Committee should be in regard to the Child Adolescent Mental Health service (CAMHS) waiting times data. Mrs Smyth advised that the delay in providing more recent data from the service was due to the Road to Digital programme of work that was being rolled out through the Mental Health service, who were the first tranche of services in that roll out programme. She assured the Committee that work was underway to support staff to capture and report data and reports were expected to be available shortly.

The Chair enquired if the performance reports were reviewed by the Clinical Executive Operational Group and what actions they took. Mrs Claire Pearce advised that a similar debate took place at the Group meetings with certain measures brought under the spotlight for future debate. Issues generally

tended to be in regard to staffing shortages and she assured the Committee that the Group were focused on bringing performance back into line as soon as possible.

The Chair enquired if the Clinical Executive Operational Group were looking at the Physiotherapy service. Mrs Davidson commented that the Physiotherapy service was scrutinised separately given the clinical productivity work that was undertaken in that service in addition to being reviewed by the Clinical Executive Operational Group.

The Chair recalled that previously the Physiotherapy service team had presented to the Board on improvements in the service, however that improvement did not appear to have been sustained. Mrs Smyth commented that several actions had been taken on the back of the clinical productivity programme including in terms of ensuring the MSK hub, which had recently been established, was functioning efficiently and effectively.

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

14. Any Other Business

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

15. Date and Time of next meeting

The Chair confirmed that the next meeting of Strategy & Performance Committee would take place on Thursday 4 October 2018 at 10am in the Board Room, Newstead.

The meeting concluded at 1.23pm.



Signature:
Chair