

Minutes of a meeting of the **Strategy & Performance Committee** held on Thursday 4 October 2018 at 10.00am in the Board Room, Newstead

**Present:**

- 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
- Mrs J Davidson, Chief Executive
- Dr C Sharp, Medical Director
- Mrs C Gillie, Director of Finance, Procurement, Estates & Facilities

**In Attendance:**

- Miss I Bishop, Board Secretary
- Mr R McCulloch-Graham, Chief Officer, Health & Social Care
- Mrs J Smyth, Director of Strategic Change & Performance
- Mr J Cowie, Director of Workforce
- Mrs N Berry, Interim Director of Nursing, Midwifery & Acute Services
- Mr K Allan, Public Health Consultant
- Dr A Cotton, Associate Medical Director
- Mrs E Cockburn, Head of Clinical Governance & Quality
- Mrs C Oliver, Communications Manager
- Mrs A
- Mr A

## **1. Apologies and Announcements**

Apologies had been received from Mr John Raine, Chairman, Cllr David Parker, Non Executive, Mrs Claire Pearce, Director of Nursing, Midwifery & Acute Services, Dr Tim Patterson, Joint Director of Public Health and Dr Janet Bennison, Associate Medical Director.

The Chair confirmed the meeting was quorate.

The Chair welcomed Mrs Nicky Berry, Interim Director of Nursing, Midwifery & Acute Services to the meeting who was deputising for Mrs Claire Pearce.

The Chair welcomed Mr Keith Allan, Public Health Consultant to the meeting who was deputising for Dr Tim Patterson.

The Chair welcomed Mrs A and Mr A.

## **2. Patient and Carers Stories**

Mrs A shared her patient story with the Committee and spoke of her frustrations with a poor attitude from a consultant who appeared dismissive in regard to seeing her husband who was in much pain and had only a short time left to live. It had been a traumatic experience for her and her son who wished the Committee to be aware of their experience. They spoke of the care and compassion afforded her husband by the nursing staff and the junior doctor who had attended them and the stark contrast with the attitude they received from a consultant which had heightened their anxieties and frustrations. Mrs A was concerned that such an attitude should not be felt by other families who were concerned to see their loved ones in pain and what appeared to be a delay in being seen by a consultant due to non prioritisation of patients needs. Mr A further shared with the Committee a private discussion regarding his father that had taken place with the Consultant in an open corridor with people walking past, which he later realized was an inappropriate venue for such a discussion.

Both Mrs A and her son were keen for the Committee to recognise the positive aspects of their experience in that the nursing care had been superb and the young junior doctor who had seen them had explained things in full and been very attentive and it was shame that the whole experience had been marred by the attitude of the consultant involved.

A discussion took place which recognised: the delay in being seen by a consultant; the good care provided by nursing staff and the junior doctor; the poor attitude of the consultant; reminding all doctors of manners, attitude and treating people and conversations with dignity and respect; the tremendous personal emotional effort to take forward a complaint; quite often legitimate concerns only surface after the event; the annual appraisal process for all staff and systems in place to address any constant complaints about individuals; and the role of family and friends and ensuring they are heard.

Mrs Jane Davidson thanked Mrs A and her son for attending the Committee and sharing their experience. She apologised for the experience they had encountered and assured them that work was ongoing throughout the organisation in regard to how we communicate with patients, families, carers and each other and she would ensure the experience and how it felt was fed into that work. She commented that the Junior Doctors and Nursing staff were the future of the organisation and working with families and carers was critical to ensuring good patient care and experiences. She advised that there was a growing momentum to make things better and again she both thanked and apologised Mrs A and her son.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the patient's story and acknowledged that working in partnership with service users in an innovative and creative way could lead to positive outcomes.

## **3. Declarations of Interest**

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

There were none.

## **4. Minutes of Previous Meeting**

The minutes of the previous meeting of the Strategy & Performance Committee held on 3 May 2018 were approved.

## **5. Matters Arising**

**5.1 Minute 13: Performance Scorecard:** Dr Stephen Mather sought sight of the Ann Hendry report into Community Hospitals. Mr Robert McCulloch-Graham advised that he would ensure the report was shared with Dr Mather.

**5.2 Action 13: Patient & Carers Stories:** Dr Cliff Sharp advised that information had been gathered to ensure the follow up report to K's story would be available for the December meeting.

**5.3 Action 33: Laundering of Staff Uniforms:** Mrs Carol Gillie advised that a small operational group had been set up and a report would be submitted to the Area Partnership Forum in due course.

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

## **6. Efficiency Update for period ended 31 July 2018**

Mrs Carol Gillie provided the Board with an update on the efficiency programme as at the end of July. She advised of the plans that were in place to deliver £15.5m of savings which had been a significant achievement however there had been slippage in a number of areas including: within the Integration Joint Board (IJB) directed services where some of the schemes put forward by the business units had not been implemented; for example the decommissioning of the incinerator; and the implementation of revisions to the leased car scheme and the business as usual savings in the Planning & Performance and Information Management & Technology Departments.

Mrs Gillie further advised that in addition, linked to the ring fenced funding of £2.1m allocated to the IJB (equivalent to the old Integrated Care Fund (ICF)) there had been no corresponding cost reduction in the NHS which was one of the conditions that the Board had agreed in providing the resource to the IJB.

Mrs Alison Wilson enquired if the Leased Car Scheme had been suspended. Mrs Gillie advised that the issue had been in regard to the new national contract being negotiated and in the meantime all lease car users had had their leases extended.

Mr Robert McCulloch-Graham commented on the slippage in the primary and community services savings and the other areas being considered. In regard to the £2.1m transferred to the IJB to direct, he advised that there was a balance of £700k left to be allocated. He was unclear on the requirement for the IJB to provide savings back to the NHS in the sum of £2.1m.

Mrs Gillie acknowledged that savings from the IJB would not be achieved in full, however she expected to see a reduction in costs this financial year. It was suggested that both Mrs Gillie and Mr McCulloch-Graham pick up the finer details outwith the meeting.

Mr Tris Taylor challenged the adequacy of the savings plan as it was uncomfortable reading and he enquired if it was time to produce a reconfiguration plan. Mrs Gillie commented that some of the plan had been high risk, and whilst there was slippage, delivery against the initial plan had been positive.

Excluding the £2.1m to the IJB, there had been slippage in only a couple of areas, which she expected to deliver once further scrutiny had taken place.

Mr McCulloch-Graham outlined to the Committee the progress made to date with savings in the Mental Health and Primary and Community Services and the longer term plan of making services more efficient to drive down delayed discharges, length of stay and ultimately costs in the future.

Mrs June Smyth commented that it was challenging to make further recurring savings within small departments that hosted things centrally such as the costs of legal services, as well as looking at individual roles that are required. She advised that staffing costs within departments and invest to save initiatives were also being explored.

Mrs Jane Davidson advised that it was anticipated that the financial year end would be with a circa £10m overspend. The forecast had been a £13m overspend. Such a figure would then fall to brokerage arrangements with the Scottish Government.

Mrs Fiona Sandford commented that it was clear that the organisation would need brokerage and she enquired if there should be a refocus of discussions from finance to resources in order to not lose sight of quality. The organisations resources were in effect its staff. She accepted that finance was the measureable for the Committee but reiterated that quality should not be forgotten.

Dr Stephen Mather was reassured that the Committee had an understanding that there were no more significant savings to be achieved. He wished to see a business plan for recovery and echoed Mrs Sandford's comment that the plan was not just about money it needed to be about quality as well, as once the quality was lost, various elements would disappear, such as teaching facilities and clinical rota cover, which in turn would lead to an unsustainable organisation.

Mrs Gillie advised the Committee that at the next Development session there would be a further discussion on the implications of the financial plan, recovery plan and discussions with the Scottish Government.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the efficiency update as at 31 July 2018.

## **7. NHS Borders Performance Scorecard**

Mrs June Smyth gave an overview of the Performance Scorecard to the end of June. She drew the attention of the Committee to the change in reporting methodology and consideration of how future reports might look against the new outcome measures being published.

Mr John McLaren enquired about the EMIS system not providing the data that was required in regard to waiting times. Mrs Smyth advised that there was always going to be a time lag in the data available given the main issue was about the quality of the input data from the service. She commented that there had only been a small resource team available to support EMIS however that had now been expanded to support the staff with data entry and she expected performance to improve.

Mr McLaren enquired when real time data would be seen by the Committee and Mrs Smyth advised that it was unlikely real time data would be available to the Committee as part of the performance reporting framework, but anticipated more timely data becoming available in due course.

Mr McLaren enquired if there was something missing from the charts in regard to supplementary spend as it looked like there were consistent staffing gaps. Mrs Nicky Berry commented that she would be happy to be involved in updating the narrative as she was aware that 88% of shifts on the nurse bank were filled and staff were planning and rostering well in advance in anticipation of enhanced requirements for patients. She further commented that there had been a £50k reduction in agency spend for the first quarter of the financial year.

Dr Stephen Mather enquired about several elements of the report including: oral surgery and capacity issues; Orthopaedics capacity; Allied Health Professionals (AHP) waiting times performance; Diagnostic waiting times; and community hospitals length of stay and high levels of occupancy during the winter period.

Mrs Smyth advised that in regard to the AHP services they had undertaken the clinical productivity programme and were currently within a leadership review. Once the leadership review was concluded the service would be on a firmer footing to take forward further improvements.

Mrs Jane Davidson advised that in regard to diagnostic waiting times, given the lack of radiologists nationally, artificial intelligence was being tested in order to interpret scan images. She reminded the Committee that NHS Borders had been successful in recruiting to a vacant radiologist post from New Zealand and that NHS Borders supported NHS Western Isle with radiology requirements.

Mr Robert McCulloch-Graham assured the Committee that the Hospital to Home initiative would assist in reducing length of stay in community hospitals over the winter period, as well as a further initiative being undertaken at the Knoll Community Hospital in regard to discharge decision making and admissions and the intention to roll it out across the other Community Hospitals.

Mr Malcolm Dickson noted there were many time lags within the report as well as a volatility of sickness absence rates. Mr John Cowie advised that significant volatility in sickness absence rates would be seen in a single department and he advised that where departments were small, percentages of sickness absence would be high.

The Chair noted that whilst there were time lags within the report, she was aware that a lots of work had taken place over the summer period. Mrs Smyth suggested revisiting the timeline and reminded the Committee that the validation of data to the report was an intensive manual process.

Mrs Sandford suggested it might be more useful for the Committee to have a more high level, short and punchy report of the top critical things to consider in a more timely fashion. Mrs Smyth advised that she would relook at the possibilities of redesigning the report, however it would require resource.

Mrs Davidson enquired if the Committee would like the report to be reworked to list only the top 10 issues. Mrs Sandford asked that the Committee receive a full granularity report twice a year, with a more frequent focused top 10 issues report being made available at other times.

Mr Tris Taylor commented on several points including the contextualisation of information for the Committee for the purposes of assurance and meeting the staff governance standard in regard to sickness absence and supporting staff. Mrs Berry advised that Return to Work forms for nursing had been scrutinised to ensure staff were being supported appropriately. The main factor in nursing sickness absence appeared to be stress and Musculoskeletal issues. She further advised that many

Boards were introducing pet therapy for their staff and she had commissioned a piece of work to look into that for the whole organisation.

Mr Taylor enquired in regard to waiting times if there were incidents of delays in treatment caused by managerial not clinical issues. Dr Cliff Sharp advised that any mishandling of waiting times was a serious matter and he assured the Committee that there was no manipulation of waiting times. He further assured the Committee that there were no managerial priorities given precedence over clinical urgency. Dr Amanda Cotton also commented that the mental health and learning disability managers would never ask clinicians to put managerial priorities above clinical priorities.

Mrs Berry further confirmed that in the Borders General Hospital clinicians and managers worked together and would not compromise each other's integrity.

Mr Taylor was assured of NHS Borders approach to the achievement of waiting times.

Mrs Davidson commented that NHS Borders worked in line with the rules and followed a treat in turn process. She did think however that the organisation might consider giving more notice of cancellations, however, she was aware of the huge effort that went in to ensuring as many elected operations went ahead as possible and they were only cancelled when absolutely necessary.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the June 2018 Performance Scorecard.

**8. Any Other Business**

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

**9. Date and Time of next meeting**

The Chair confirmed that the next meeting of Strategy & Performance Committee would take place on Thursday 6 December 2018 at 10.00am in the Board Room, Newstead.

*The meeting concluded at 11.51am*



Signature: .....  
Chair