

Minutes of a meeting of the **Strategy & Performance Committee** held on Thursday 6 December 2018 at 10.00am in the Board Room, Newstead

Present:

- Mr J Raine, Chair
- 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
- Dr C Sharp, Medical Director
- Mrs C Gillie, Director of Finance, Procurement, Estates & Facilities
- Mr T Patterson, Joint Director of Public Health
- Mrs N Berry, Director of Nursing, Midwifery & Acute Services

In Attendance:

- Miss I Bishop, Board Secretary
- Mrs J Smyth, Director of Strategic Change & Performance
- Mr J Cowie, Director of Workforce
- Dr J Bennison, Associate Medical Director
- Mrs J Stephen, Head of IM&T
- Ms K Maitland, Quality Improvement Facilitator – Person Centred Care
- Mr M Porteous, Chief Financial Officer, Health & Social Care
- K

1. Apologies and Announcements

Apologies had been received from Mr Robert McCulloch-Graham, Chief Officer Health & Social Care, Dr Annabel Howell, Associate Medical Director, Dr Amanda Cotton, Associate Medical Director, Mrs Sheila MacDougall, Risk and Safety Manager.

The Chair welcomed Mrs Jackie Stephen, to the meeting.

The Chair welcomed Mrs Nicky Berry, Director of Nursing, Midwifery and Acute Services to her first meeting of the Committee.

The Chair welcomed K to the meeting.

The Chair advised that he was awaiting the draft feedback letter from the Scottish Government following the Annual Review held on Friday 16 November and that he had updated the Non Executive

members on the recruitment process for the Chief Executive. He was also awaiting confirmation of who would succeed him as Chair of the Board when he stood down at the end of March 2019.

2. Patient and Carers Stories

K spoke about the case history of her son, the services that were coordinated to care for him and saw him as a person and both of their experiences of the services provided by NHS Borders.

A discussion took place which encompassed several views and points including: both experts and parents being listened to by each other; thoughts around bespoke services for those with continence needs; being mindful of person centred care when providing factual information; managing expectation differently would be helpful ie if the service advised the parent/patient that the budget had a cut off at a certain point then they could be better prepared for that; challenges for NHS Borders in that young people with complexities do have life limiting disorders, however, given the progress made in medicine and the interventions available these young people are surviving longer and now presenting as adults; public services struggle with the idea of equality particularly for vulnerable groups and we must listen to individuals; tailoring services as one size does not fit all and improve at recognising parents' concerns and ensuring correspondence is more person centred; the transition from child to adult had an impact on the availability of the provision of physiotherapy services and how they could be accessed.

Cllr David Parker enquired if the complaint was resolved. K advised she had received a response from Mrs Claire Pearce which had suggested she raise the matter with the Scottish Public Services Ombudsman (SPSO) if she remained dissatisfied. Mrs Jane Davidson commented that the matter should have been picked up at the complaints stage and she was surprised by the content of the letter. She committed to relooking at the matter and if the conclusion remained the same then that would be stated and the next option would be for K to approach the SPSO.

The Chair commented that hearing the story and others that came to the Committee kept the Board grounded and able to recognise the valuable contribution of carers to the NHS. He was encouraged to hear that M was now 21 and had a happy and full life; largely credited to the care he received from his parents.

He further thanked K for attending the Committee and commented that there was a proposal for an adult changing space within the Borders General Hospital that had been in the planning stage for some time and he committed to seeing if that could be accelerated. He further advised that as previously stated Mrs Davidson would relook at the formal complaint that had been made.

K left the meeting.

The Committee reflected on the discussion and made several observations including: potential of undermining the complaints process which had not concluded by hearing the story at the Committee; factual response and responsibility of clinicians to raise matters of concern with patients and carers; potential for skin breakdown and clinicians not being allowed to examine the patient; recommendation of alternative products and pads; supply of specific pads requested; assessment of continence products were scrutinized and nationally 4-5 products should cater for everyone's needs; colonic irrigation and toilet training being offered but refused; we should consider the expertise that parents and carers have; and it was important to hear people but not to be used as a forum to change decisions.

Mrs Davidson advised that she would look into what additional support was required, whether that be funding or team capacity, to progress the adult changing facility at Borders General Hospital.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the patient story.

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 4 October 2018 were amended at page 6, paragraph 4 to read “NHS Borders approach to achievement ..”approved.

5. Matters Arising

5.1 Action 13: Patient & Carers Stories: Dr Cliff Sharp assured the Committee that care would be tailored to the needs of the individual in terms of bedroom setting, etc. The action was agreed as complete.

5.2 Action 33: Laundering of Staff Uniforms: Mrs Carol Gillie advised that the matter had been discussed at the Area Partnership Forum on 29 November 2018 and was therefore now complete for the action tracker.

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

6. Food Fluid and Nutrition

Mrs Nicky Berry provided the Committee with an update of the outstanding points on the action plan, commenting that the following had been completed:

- Action 1.2 Deliver training on MUST – training had been rolled out to the BGH, Community and Mental Health. That action was now complete.
- Action 1.3 Prepare a plan for on-going update training – FFN Training was now included in induction and update training commenced. That was now complete.
- Action 1.7 Audit of compliance with FFN standards – develop a Person Centred Coaching Tool. The PCCT had been rolled out to areas in the BGH and community and a weekly update was sent to CNM, ADON and GM’s. That was complete.
- Action 2.1a Person Centred nutritional care plans – Training commenced in October 2017 and nutritional care planning was covered in MUST training. That was now complete
- Action 6.2 Oral nutritional supplements. Process implemented and that was now complete.
- Action 11.3 Policies and pathways – that was now complete
- Action 12.3 Add space for date/time in daily living section in the new AUPR – That had been added. The document had been sent to procurement for quotes for printing. It was expected to commence printing in January and then be rolled out.

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

7. Financial Recovery

Mrs Carol Gillie and Mrs Jane Davidson gave a presentation on the draft recovery plan that had been issued the previous day. They provided a recap on the discussions held at the 4 October Board Development session and then focused on the key points of the financial plan and timeline of events. The key issues highlighted included: pay, Barnett consequential, capital and revenue, contingency, support for transformation and next steps.

Discussion focused on: calculations for fully funding the pay award; provision of extra funding from the centre to those Boards who had let their waiting times slip; plans in place for demand management; continued investment in waiting times to keep the patient care focus over the years; capital to revenue; MRI scanner funding; recovery plan savings; workforce costs and models; business as usual savings; drugs benchmarking levels; reduction in drugs investments; clinical developments; improving position moving forward; 2018/19 £10.1m brokerage agreed for this year; an expectation that Boards will manage to the positions they have declared; and engagement and communications plan to support staff as the key messages are released.

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

8. Strategic Risk Register

Dr Tim Patterson gave an overview of the content of the report.

Discussion focused on several elements including: whether the escalation of the organisation from level 3 to 4 on the NHS Board performance escalation framework should be included on the strategic risk register and the consequences of the change in leadership; page 4, item 18 “use of the integrated care fund and social care fund”, revisit whether the item should be recorded on the NHS Borders strategic risk register given it was outwith the control of the Health Board; request for further information on page 8, risk 6, item 7 “improve training facilities in place in the Borders” to link post graduate education to that risk, to assist in attracting and keeping staff; and queries in regard to how risks were defined and included on the strategic risk register.

Dr Patterson advised that the risk management policy had been released for review and updating and the Board would undertake a development session on risk management in the new year. Mrs June Smyth reminded the Committee that the strategic risk register and its content had been formulated by the Board with facilitation from an external risk firm a few years previously.

Mrs Jane Davidson suggested that another facilitated workshop should be undertaken when the new members of the Board were appointed.

The **STRATEGY & PERFORMANCE COMMITTEE** requested that the Board Executive Team consider: inclusion of the risk implications of the organisation being elevated to level 4; expanding the commentary on Risk 6, Item 7 “Improve training facilities in place in the Borders”; and whether Risk 2, Item 18 “Use of the integrated care fund and social care fund” should be removed.

9. Road to Digital Progress Report

Mrs Jackie Stephen gave an overview of the content of the report.

Mr Malcolm Dickson sought assurance that the £1m of capital monies that were not used were still available. Mrs Carol Gillie advised that the £1m was being assumed to be available as a planning assumption, however that was not confirmed.

The Chair enquired about the status of the second resilience facility. Mrs Stephen advised that work had progressed and various locations had been considered, however that work had been inconclusive. The aim was now to undertake a stock-take, agree a baseline, and undertake a new option appraisal.

The Chair enquired about the level of risk. Mrs Stephen assured the Committee that the risk was low for a short period of time given improved air conditioning had been provided, and that would be reassessed as required.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the progress against the plan and improving position in relation to infrastructure risk.

The **STRATEGY & PERFORMANCE COMMITTEE** noted that Scottish Government capital would not be used this year.

The **STRATEGY & PERFORMANCE COMMITTEE** supported the proposed project approach to deliver a resilient facility.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the re-profiling of local capital this year to continue delivery of the plan as described.

10. Managing Our Performance 2018/19 Mid Year Report

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

Several points were raised during discussion including: potential to purchase capacity from other providers other than NHS Lothian; addressing the backlog in vasectomy operations; update on long term plan for ophthalmology services across the region; orthopaedics backlog is being addressed and will improve over time; aim by end of March 2019 to have 12 weeks for in patients and 12 weeks for out patients bar orthopaedics;

In regard to the Child and Adolescent Mental Health service (CAMHS), Dr Stephen Mather enquired if there was an opportunity to purchase services from other providers. Dr Cliff Sharp advised that services elsewhere tended to have longer waits than at present within NHS Borders and he explained the complexities around the assessments processes and subsequent data issues. He further advised that the waiting times of over 18 weeks were shortening.

Mrs Smyth commented that during the latest round of recruitment the mental health service had wished to over recruit by making savings elsewhere and had done a redesign of the service to create several training posts. Interviews were imminent and that additional staffing would help to address the capacity issues.

Mrs Jane Davidson assured the Committee that she had met with CAMHS to explore other options, such as commissioning Quarriers, further innovations around that and she was also in contact with the Scottish Government. She further advised that there was a workshop being led by Barnardos in February 2019 which would involve a range of stakeholders to look at how services for children might be provided in the future across a range of services and partners.

Dr Stephen Mather enquired the change in admissions to the Stroke Unit during May and June and suggested a small number of beds might be ring fenced to provide intensive treatment for a short period of time. Dr Janet Bennison advised that there were already beds ring fenced for the Stroke Unit to ensure patients with stroke were admitted to the unit and any boarding patients were be reallocated.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the 2018/19 Mid Year Managing Our Performance Report.

11. Performance Scorecard

Dr Stephen Mather enquired if the referral rates to oral surgery had increased. Mrs June Smyth advised that the data was be analysed at present.

Dr Mather enquired if the departure of the Respiratory Medicine Consultant lead had been anticipated. Dr Cliff Sharp assured the Committee that recruitment was being looked at on a regional basis for such important posts.

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

12. Any Other Business

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

12.2 Neurosurgeon: Dr Cliff Sharp updated the Committee in regard to the recent publicity concerning a Neurosurgeon in NHS Tayside. He commented that all Health Boards had been asked by the Scottish Government for assurance that such a situation could not occur. He had provided that assurance responding clearly in terms of our HR procedures, mechanisms for quality assurance, complaints process, SPSO responses, and surgical failure rates, etc. The Cabinet Secretary had requested that all Boards publish their responses. He further advised that Medical Directors across NHS Scotland had met to undertake a workshop around cultural issues of challenge.

12.3 Zholia Alemi: Dr Cliff Sharp updated the Committee in regard to the recent publicity concerning a bogus psychiatrist. He advised that NHS Borders had employed the Ms Alemi from September to October 2003. Dr Sharp advised that he had been concerned about her practice and had terminated her contract and written to her locum agency about his concerns. The General Medical Council (GMC) were aware as were the Mental Welfare Commission (MWC). Her patient notes were being reviewed to see if any patients she was involved with who may have been detained illegally and treated illegally. Dr Sharp assured the Committee that NHS Borders psychiatric services worked in a dual way so that no-one was treated in an individual way, there were other staff present and several checks and balances built into the service provided.

13. Date and Time of next meeting

The Chair confirmed that the next meeting of Strategy & Performance Committee would take place on Thursday 7 February 2019 at 10.00am in the Board Room, Newstead.

The meeting concluded at 1.10pm.



Signature:

Chair