

Minutes of a meeting of the **Strategy & Performance Committee** held on Thursday 6 February 2020 at 10.00am in the Board Room, Newstead

**Present:**

- Mrs K Hamilton, Chair
- Dr S Mather, Non Executive
- Mrs F Sandford, Non Executive
- Mr M Dickson, Non Executive
- Mr T Taylor, Non Executive
- Ms S Lam, Non Executive
- Mr J McLaren, Non Executive
- Mrs A Wilson, Non Executive
- Cllr D Parker, Non Executive
- Mr R Roberts, 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 Robert McCulloch-Graham, Chief Officer Health and Social Care
- Mr J Cowie, Director of Workforce
- Dr A Cotton, Associate Medical Director
- Mr G Clinkscale, Hospital Manager
- Mr S Whiting, Deputy Hospital Manager
- Mr C Faldon, Nurse Consultant
- Mr K Allan, Public Health Consultant
- Mrs L Pringle, Risk Manager
- Ms S Laurie, Communications Officer
- Mr A Bone, Director of Finance Designate
- Ms S Thompson, Family Nurse
- Ms G, service user

**1. Apologies and Announcements**

Apologies had been received from Mrs Yvonne Smith, Partnership Representative, Dr Annabel Howell, Associate Medical Director, Dr Nicola Lowdon, Associate Medical Director and Dr Janet Bennison, Associate Medical Director.

The Chair welcome Mrs Sonya Lam to the meeting. Mrs Lam had been appointed as a Non Executive of the Board with responsibility for whistleblowing within her portfolio.

The Chair welcomed Mr Andrew Bone, Director of Finance Designate to the meeting. It was anticipated that Mr Bone would take up his formal appointment to the Board in April.

The Chair welcomed a range of other attendees to the meeting who would arrive at various times throughout the meeting and contribute to the discussions of relevant items on the agenda.

## **2. Patient and Carer Stories**

Mr John McLaren introduced, Ms Sharon Thompson, Family Nurse within the Family Nurse Partnership and Ms G the user of the service.

The Family Nurse Partnership (FNP) had been set up in partnership with NHS Lothian and a hybrid model had been tested in Borders with 2 nurses in 2015. The service was successful and there were now 4 nurses involved. The teenage pregnancy rate was now reducing the service was looking to up skill further. The service was a change programme looking at different areas from health, parenting, life course, and future goals for young mums and provided support to young mums until the babies were due.

Ms G spoke openly to the Board advising that she had always wanted to be a mum and the service had given her advice and reassurance. She commented that lots of young mums needed the support that was provided to understand that they were doing ok or where they might need help. It had been a positive experience for her and she suggested lots of new mums could benefit from the support not just young mums.

The Chair acknowledged Ms G's comments in regard to the service being of benefit to all mums, as a first time pregnancy would always be a challenge to any mum at whatever age. The Chair further commented that whilst some young mums might glean support from their immediate family, this was not always the case and it was helpful to have such a programme available to all.

Mrs Fiona Sandford enquired about the set up of the service. Ms Thompson provided background to the service and advised that the programme was delivered across Scotland and based on the attachment theory. The programme consisted of weekly visits to for the first 4 weeks and then twice weekly visits until the birth. After the birth visits were weekly for 6 weeks and then fortnightly for 14 months and then monthly until the baby was 21 months old. For the service to be provided the Health Board required 50 teenage pregnancies a year and as Borders did not have that number of pregnancies the hybrid model had been worked up and put in place in partnership with NHS Lothian.

Mr Tris Taylor enquired about the differences between the programme and support from the Health Visitor service. Ms G commented that the FNP was a pure 1 to 1 service with more in-depth chat with mums as individuals and they really got to know new mums and were able to spend time with them. Ms Thompson commented that the Health Visiting service remained a valuable resource, but provided a different level of support with a larger case load of 300 clients per health visitor on average. The FNP was a very different programme of support.

Mrs Alison Wilson enquired if the service was open to all young mums and how they would access it. Mrs Thompson confirmed that the service was open to all young mums under the age of 20 as long it was their first baby. The service worked closely with midwives and she also commented that any young mum who lost a baby was also referred into the service.

The Chair enquired if there was anything that the service could have done better. Ms G commented that it was a very caring and welcoming service. Ms Thompson advised that at the end of the 2 year programme each individual graduated and had a chance to share their experiences with other young mums. Links were also provided to other forms of peer support and health visitors to ensure individuals did not feel abandoned.

Mr Ralph Roberts enquired if some young mums declined to engage with the programme. Ms Thompson confirmed that the programme was voluntary with a high uptake and in Borders there had been very few drop outs.

Mr Rob McCulloch-Graham enquired about any support made available to the programme given it was a national licensed programme. Ms Thompson commented that the Scottish Government held the license for the programme and approval was required for any changes to the programme. She further commented that there were close links to social services.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the 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 7 November 2019 were approved.

### **5. Matters Arising**

**5.1 Performance Scorecard:** Dr Stephen Mather enquired if the data mentioned at page 8, paragraph 5, was now available for the Committee. Mrs June Smyth advised that it had taken longer than anticipated to review the data and confirmed that she would circulate it to the Committee via email.

**5.2 Winter Plan 2019/20 Update:** Mr Tris Taylor referred to page 3, paragraphs 3 and 4 and sought further information on engagement with the third sector on winter planning. Mr Rob McCulloch-Graham advised that when the review of the winter plan was undertaken he would invite the third sector, carers, GPs and members of the public to that session.

Mr Ralph Roberts commented that he would expect the lessons learned to be brought to the October Borders NHS Board meeting.

Dr Stephen Mather enquired who owned the winter plan and whether it should appear on the Integration Joint Board (IJB) Action Tracker. Mr Roberts commented that Mrs Nicky Berry and Mr McCulloch-Graham were the owners of the Winter Plan as it straddled both primary care and secondary care services. A review process had been put in place which would capture any learning for the following year. It was further suggested the output of the review might also be shared with the Public Governance Committee.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed to put the Winter Plan review output on its action tracker with a deadline of October 2020.

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

## **6. Winter Plan 2019/20 Update**

Mr Gareth Clinkscale provided an update on the winter plan. He highlighted several areas including: learning from the debrief the previous year; increasing the Emergency Department (ED) capacity across 7 days when there was a peak in attendances; reducing in-patient electives; protecting GP assessment capacity; looked to enhance hospital to home; developed more resilient weekend services; and worked with colleagues to look at discharges.

Mr Clinkscale further advised that the flu season had commenced earlier in the year than anticipated and where resources were normally pushed to cover January to March, pressures were apparent throughout November to December. Those early pressures were mainly older patients and those with mental health and complex needs. ED performance and Delayed Discharges performance had been impacted as well as social work capacity and the number of beds required to maintain steady patient flow. He further highlighted the welcome efforts of Waverley Care Home managers to flex their criteria in order to accept patients from the Borders General Hospital (BGH) to aid with the pressures being experienced.

Dr Stephen Mather commented that the IJB had debated whether to continue funding the Waverley and Garden View facilities and enquired what the impact would be on the BGH if those facilities were withdrawn. Mr Clinkscale advised that the position would deteriorate further. He recognised that whilst Garden View was not the right facility, it was a symptom of not having the right capacity in the right areas. He suggested a different model that allowed the bed base to flex would be a better outcome for the patients as well as the BGH.

Further discussion focused on: the provision of Allied Health Professions services (AHPs) and the shortages of AHPs nationally across the UK; appointment of an Associate Director of AHPs; enabling AHP services to be more creative; increased resources in the Home First function; increase in Garden View beds from 15 to 24; movement away from social work assessments towards trusted assessors; working with SBCares on the provision of step down facilities at Garden View and Waverley; improvements in flow of data between organisations; and increases in attendances at ED and strengthening the medical team during the out of hours period.

Mrs Alison Wilson commented that she had noticed that when the system was under crisis the staff reacted differently and enabled discharges to happen during the day so that there were empty beds in the morning. However when staff didn't see a pressure building up they were less reactive in ensuring discharges occurred during the day and the outcome was no empty beds in the mornings. She wondered what learning could be taken to enable the system to continue to flow with discharges during the day as the norm. Mr Clinkscale acknowledged the comments and advised that much work had been undertaken to enable staff to take ownership at a ward level to enable discharges to be timely.

Cllr David Parker enquired if there was any data on the number of people that went to ED who did not need to go to ED and what could be done to stem that flow of attendances. Dr Cliff Sharp commented that on average 25%-30% of ED attendances were inappropriate attendances due to people trying to

engage with their GP as the first port of call and then due to whatever reason deciding to go to the ED. Unfortunately the system was designed that way and it was an issue across the country. He advised that NHS24 undertook telephone triage to match up care for enquiries and reduced GP attendances by up to 25%. Discussions were taking place with consultants in ED and BECs on how to engage with the public who arrived at the ED, so that they could be pointed in the right direction, such a system worked well in NHS Tayside.

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

## **7. Wuhan novel Coronavirus Update**

Dr Tim Patterson gave a brief presentation on the Wuhan novel Coronavirus situation. He highlighted several key points including: on 30 January 2020 the World Health Organisation declared a global public health emergency but not a pandemic; UK assessment raised from low to moderate risk; 2 cases were diagnosed in England on 31 January 2020; symptoms and infection rates; severity of illness; vaccines and treatments; and national and local preparations.

The Chair enquired how prepared the organisation was to address the emergency locally. Mr Sam Whiting assured the Committee that preparations for the emergency remained ongoing and he advised that work undertaken in regard to the Ebola emergency had been used as a starting point to revise for the COVID-19 incident, with walk-throughs of what a patient journey would look like from someone coming in to the BGH with COVID-19. Other infection control precautions were being updated and training was being provided for, monitoring patients through glass doors, wearing PPE, face fit testing of masks. To date 6 staff had been trained on face fit testing and there were a further 4 days of training organised to train another 24 staff members in face fit testing. Processes were also being worked up for multiple attendances of COVID-19 in ED and appropriate ward facilities.

Mr Ralph Roberts enquired if there was any further guidance in regard to the potential for each hospital to identify pods. Mr Whiting commented that he was awaiting further national guidance in that regard.

The Chair recognised that the situation was a moveable feast and she was reassured that there were clearly systems and processes in place to keep staff and patients as safe as possible and the Board informed of any significant changes.

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

## **8. Strategic Risk Management**

Dr Tim Patterson commented that the strategic risk register would be shared with the Board twice a year and he highlighted the content of the Executive Summary provided. Dr Patterson suggested that as the Coronavirus was kept under review, it would be added to the risk register and a Risk Management Board had been re-established with a focus specifically on risk. He further commented that an Internal Audit of risk management had taken place. The current risk strategy required updating given the Board Sub Committees would now have oversight of strategic risks relevant to their remits.

Dr Stephen Mather welcomed the report and commented that it was a clear way of showing what the high risks were. He enquired about the inequalities risk. Dr Patterson advised that the Board had signed up to addressing health inequalities. It was known that vulnerable groups had a significant poor

experience of health and unless those risks were mitigated inequalities would widen and the health needs of the local population would not be met.

Dr Mather enquired on the status of medical workforce planning. Dr Cliff Sharp commented that medical workforce recruitment was an issue across Scotland however locally NHS Borders appeared successful with consultant recruitment. Discussions were taking place nationally in regard to the new contract negotiations for specialty and middle grade doctors and the GMC had produced recommendations to make the lives of trainee doctors more manageable.

Dr Mather enquired about the strategic risk in regard to statutory and mandatory training. Mr John Cowie advised that the risk was being managed and monitored and line managers had been encouraged to plan for the release of their staff to attend statutory and mandatory training.

Mr Tris Taylor also welcomed the format of the report and commented that it appeared to be inconsistent in its approach to describing the impact and mitigations of some risks such as Brexit and Financial Targets.

Mr Ralph Roberts commented that the report also highlighted that strategic risks would be submitted to the Board Sub Committees to keep an oversight of, as well as the disbanding of the Strategy & Performance Committee and Finance & Resources Committee and formation of a new Resources & Performance Committee.

Mr Taylor enquired if there should be a risk on the health and wellbeing of the population who were recipients of our care. Dr Sharp echoed Mr Taylor's comment and suggested there was a need to get the balance right with the quality and safety of clinical services and the funding and it would be worthwhile noting that on the risk register.

Mr Malcolm Dickson welcomed the report and commented that it was out of sync with the normal route to the Board as the Audit Committee had not yet received and scrutinised the report.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the update and supported the Board Executive Team to ensure all risk owners and executive leads had received training in using the electronic risk register and undertaken support sessions as required.

## **9. Draft Annual Operational Plan**

Mrs June Smyth introduced the new format of the Annual Operational Plan (AOP). She commented that all health boards had been asked to move to a 3 year approach for their AOPs. Timescales had been tight which had led to challenges around engagement with services. The final draft was due for submission to the Scottish Government by 28 February.

Mr Tris Taylor enquired about the achievability of the percentage reduction in delayed discharges forecast for 2020/21. He recalled that the IJB had provided extra funding and Strata was to be introduced. Mr Rob McCulloch-Graham advised that work was being undertaken to look at the impact.

Mrs Fiona Sandford noted that the Scottish Government had asked for further details of how the Board would achieve a balanced financial position and she enquired if the Board should take the view that if the allocation scenario was less than 3% it would not be achievable. Mrs Carol Gillie advised that the position would become clearer after the budget announcement due later that day.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the draft NHS Borders Annual Operational Plan 2019/20 and the draft feedback received from Scottish Government.

**10. Performance Scorecard**

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

Mr Gareth Clinkscale highlighted that TTG of 12 weeks had been delivered for September and December and he was predicting the trajectory would be met by the end of March. In regard to cancer performance he commented that 100% had been achieved for the 31 day target and 95% had been achieved for the 62 day target. The key challenge was diagnostics performance which was below trajectory and had been impacted by the MRI scanner being out of action the week before Christmas as well as CT capacity issues.

Dr Stephen Mather enquired in regard to delayed discharges, if there was a significant issue with patients refusing to transfer from hospital. Mrs Nicky Berry advised that a Choices Policy had been introduced and staff were being supported to adhere to the implementation of the policy. Mr Rob McCulloch-Graham advised that it was not a significant issue.

Mrs Alison Wilson enquired if the ASDU contingency plan had an impact on targets. Mr Clinkscale commented that there were 2 weeks remaining and to date there had been no impact on targets.

Mr John Cowie commented that in regard to sickness absence the figures the latest ISD figures for December rated NHS Borders at 5.04% which was below the scottish average.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the November 2019 Performance Scorecard.

**11. Any Other Business**

There was none.

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

The Chair confirmed that the next meeting of Strategy & Performance Committee would take place on Thursday 7 May 2020 at 10.00am in the Board Room, Newstead.

*The meeting concluded at 12.05.*



Signed: .....  
Chair