AYRSHIRE AND ARRAN NHS BOARD
MINUTES OF A PUBLIC MEETING ON 11 AUGUST 2010
AT AYR HOSPITAL

Present:
Prof Bill Stevely (Chair)

Non-Executive members:
Mr John Callaghan (Employee Director)
Mr Martin Cheyne
Mr Colin Duncan
Cllr Drew Filson (East Ayrshire Council)
Cllr Hugh Hunter (South Ayrshire Council)
Mrs Rita Miller (Vice Chair)
Ms Elaine O’Connell
Cllr David O’Neill (North Ayrshire Council)
Dr David Price
Ms Gillian Watson

Executive members:
Dr Carol Davidson (Executive Director of Public Health)
Dr Allan Gunning (Executive Director of Policy, Planning and Performance)
Dr Wai-yin Hatton (Chief Executive)
Mr Derek Lindsay (Executive Director of Finance)

In Attendance
Mrs Denise Brown (Assistant Director of eHealth & Infrastructure Services) - for item 5.5
Mrs Shona McCulloch (Corporate Administrator)
Mr Andrew Moore (Assistant Director of Nursing-Patient Focus & Public Involvement) for items 5.3 & 5.4
Dr Crawford McGuffie (Associate Medical Director for ICES) for Bob Masterton (Executive Medical Director)
Mrs Janet McKay (Chair, Area Nursing & Midwifery Professional Committee) for Area Clinical Forum
Mr Hugh Currie (Head of Occupational Health and Safety) for item 10.3

1. APOLOGIES FOR ABSENCE (88/2010)

Apologies for absence were received from Mrs Kirsty Darwent, Dr Bob Masterton, Mrs Fiona McQueen, Mr D Mochrie, Mrs M Yule.


Subject to the following amendments, the Board approved the minutes as an accurate record of the meetings.
9 June 2010: List of those present
Addition of Mr Colin Duncan who was present at the meeting

3. MATTERS ARISING

Item /2010: Your Health: we’re in it together

Ms Watson, as co-Chair of the Delivery Monitoring Group (DMG), gave Board members an update on progress with Your Health.

- A DMG meeting was held on 9 August 2010.
- The DMG were satisfied that there was consistency and alignment with other groups/initiatives such as Good To Great.
- The group had discussed the recent NHS England White Paper “Equity and excellence: Liberating the NHS”, although it was not clear what implications there would be for Scotland.
- Workforce planning work would be updated following the workshop on 30 September 2010.
- Capital Planning – was at early stages and ongoing initiatives would be taken into account e.g. possibility of joint working with local authorities. Progress would be reported in March 2011.
- Benefits realisation workshop – group were reviewing what this would involve and what the objectives would be.

The Board noted the progress reported.

Item 52/2010: GE Healthcare Strategic Diagnostics

Mrs Moore gave an update on progress from the orthopaedics Kaizen event. Work had continued on embedding good practice targeted on four key areas:

- Increased operating procedures for NHS Ayrshire & Arran services and consultants.
- Optimised theatre utilisation. This had been tested at Ayr and shown to be achievable. Tests at Crosshouse were not so successful and a further test was planned for week commencing 23 August.
- Reduction in length of in-patient stay.
- All processes that led to 18 weeks referral to treatment.

Good progress had been made in all areas and continued to develop.

Item 58/2010: Quality Strategy

Dr Hatton informed members of a change to the timeframe due to the holiday period for submission of the Board response to the Mid-Staffordshire Independent Inquiry. Professional Committees were in the process of providing comments, the Area Partnership Forum would discuss the report at their meeting on 23 August and Directors Team would discuss on 24 August with all comments available by 27 August. All comments would be available for members to review and consolidate at the Board Development Day on 8 September. The final response would be submitted to the 13 October Board meeting. Dr Kevin Woods, Director-General Health and Chief Executive NHS Scotland had been informed.
The Chairman reported on the following items:

- Over the next few months into early 2011 and in 2012, a number of non-executive members would retire from the Board as their term of office would end. The process to appoint new members would begin soon and adverts would be published in November. He noted that it was intended to hold a single recruitment round to cover the two years. Any current member reaching the end of their second term of office in 2011 or 2012 and who wished to continue in membership would have to apply and would be considered along with all other applicants. Any individual reaching the end of their first term can be re-appointed. This is subject to the Cabinet Secretary’s approval following consideration of any recommendation made to her.

- Measures would be taken to ensure as much public interest as possible and it was hoped to hold public sessions to educate interested parties on what being a member of the Board entailed.

- eHealth was investigating and setting up a secure site area of the extranet to give Board members access to relevant information, including email.

- Board dates for 2011 had been published; however, a revised version would be issued shortly to take account of school holidays.

- The Chairman proposed, in the light of recent problems with inquorate meetings that he be included in the membership of the Staff, Clinical, and Health and Performance Governance Committees; this would be discussed under Any Other Business.

The Chief Executive reported on the following items:

- She would be visiting GP Practices throughout NHS Ayrshire & Arran. 37 visits have been arranged with practices who had expressed an interest.

- The recent launch of the Health Information Card had been very successful with several Board members in attendance. The card could be used by patients to overcome language barriers both spoken and hearing. The Chairman noted that this was a very positive initiative and a first in NHS Scotland.

- NHS Ayrshire & Arran’s ‘Your health – we’re in it together’, has been selected as an example of best practice by the Board of Consumer Focus Scotland. The initiative – which saw members of the public teaming up with health professionals to identify NHS Ayrshire & Arran’s priorities for future services in the community – was selected as an example of successful consumer engagement in decision-making about local services.

- Two days of Investors in Volunteers Assessment interviews had been held early in August 2010 in order for NHS Ayrshire & Arran to be accredited by March 2011. Feedback had been good and Dr Hatton wished to pass her congratulations to all staff and volunteers involved with the process.

- The adoption of the values based mental health 10 essential shared capabilities approach as part of the Board Development sessions in 2009 had been featured in NHS Education for Scotland publication as very pioneering.
5. IMPROVING HEALTH AND HEALTHCARE

5.1 Health Improvement – Organisation & Human Resource Development (O&HRD) (92/2010)

Mr Adderley delivered a presentation outlining ways in which the Organisation & Human Resource Team had an impact on the health of staff and patients. This highlighted that patient care was directly affected by people in the organisation meeting staff governance objectives.

Prof Stevely commented on the importance of this support and highlighted that without this, front line services would not be able to function. It was important that all functions within NHS Ayrshire & Arran were aware of their contribution to patient care.

Mr Callaghan highlighted the point that “front line” referred to the services, not the staff.

Dr Davidson emphasised the positive effect on families if staff were given the right messages about health and were looked after at work.

The links between the Occupational Health Service, and Staff Care and Support were explained by Dr Hatton as both teams worked closely together.

In 2009 NHS Ayrshire & Arran achieved a Healthy Working Lives programme bronze award and was 1st in Scotland for the whole health system.

Mrs Watson commented on similar work which was undertaken in the community and asked if similar “lifestyle advisers” were available to staff at work. Dr Davidson explained that support available to staff was dependent on the subject and that the availability of lifestyle advisers in the community was a Your Health pilot. Support to staff was about getting the balance right and targeting areas of benefit.

In response to a query from Mr Duncan, a summary of support services available to staff would be provided to members.

Mrs McKay commented that there were many services available but some organising and co-ordinating was required so that staff were aware of the range of support.

5.2 NHS Ayrshire & Arran Performs (93/2010)

Mrs Semple, Assistant Director - Performance, Policy, Planning and Performance, delivered a presentation and updated members on progress with the Performance Development System. This now incorporated performance data from all areas of the organisation and discussions were ongoing with local authorities to develop mutually relevant reporting.

Mrs Semple showed screenshot examples from the system and explained the next steps. It was planned to make some of this information publicly available via the Board extranet. A further update on progress would be given in six months.
Following the presentation, a number of points of clarification and questions were discussed:

- 50 licences for the software were available and 12 people have been trained to use the system to date.
- Costs incurred were very reasonable and would be borne by Policy, Planning and Performance within the current budget.
- Health and Performance Governance Committee (H&PGC) had been involved with work on developing the system and commended its use. As a management information tool, it provided real-time data to allow informed management decisions.
- Members were encouraged with progress made and queried whether other NHS board were using similar systems. NHS Ayrshire & Arran were the only board using this particular system. No direction had been received from Scottish Government Health Directorates (SGHD) although Policy, Planning and Performance had liaised closely with SGHD in developing the system.
- Clinical Governance Committee would be interested in having easier access to information and data and discussions were ongoing with the Medical Executive to enable this development.
- Mr Callaghan expressed his delight that the Board would move to publishing this information on the public facing extranet and queried why only a ‘cut’ of the data would be available. Mrs Semple explained that discussions were ongoing with SGHD regarding publishing of performance data. Once direction had been received from SGHD, H&PGC would discuss and make the final decision. She advised that discussions were ongoing nationally regarding availability of NHS data. Mr Callaghan re-emphasised his view that as much data as possible should be made available externally and Dr Hatton added that Directors were also keen to move in this direction.

Prof Stevely added his thanks for the presentation and was please to note the progress that had been made.

5.3 Continuous Clinical Improvement (94/2010)

Dr McGuffie presented the report and advised members on progress to develop and deliver capacity and capability to measure and lead clinical improvements. It was agreed that wording for future reports should be less technical, easier to read and more straightforward.

The Continuous Clinical Improvement Board (CCIB) was welcoming of support being provided to enable progress on priorities to move forward.

Dr McGuffie confirmed that all available resources were utilised regarding pressure ulcers and use of the national tissue viability programme.

Following further discussion on the Scottish Patient Safety Programme (SPSP), Prof Stevely proposed that it would be useful to have a session on the SPSP at the Board Development session on 8 September to review the national picture, where NHS Ayrshire & Arran sits within this and progress being made.
In response to a query from Cllr Hunter regarding the relationship between the SPSP and Community Health Partnerships (CHPs) it was confirmed that nationally SPSP was moving into the Primary Care area and were at the early stages of developing links with CHPs.

5.4 Better Together Programme – In-patient Survey 2009/10 (95/2010)

Mr Moore presented the provisional results of the In-patient Survey 2009/10 which highlighted a mainly positive experience for patients across the key areas explored in the survey.

In response to a query regarding how the top five and bottom five rated questions were picked by the Information Services Division (ISD), Mr Moore explained that ISD considered the number of responses received and then reviewed the number of positives and negatives. Mrs Watson raised a concern about some of the percentages for example a 75% positive response meant that 25% of respondents had a negative experience. Assurance was given that poorer responses would be reviewed.

Mr Moore commented that these results were provisional and the final report was due for publication in September.

Prof Stevely requested an update and benchmarking information to be provided for discussion at a future Board Meeting/Development Session.

5.5 eHealth and Information Services Strategy 2010-2013 (96/2010)

Mrs McKay reported that the strategy had been discussed fully by the Area Clinical Forum and some concerns had been raised:

- Strategically, there was not enough focus on Primary Care
- Concerns around access to IT and that full consideration should be given to access in any implementation.

Mrs Brown responded that within the Primary Care area the impact of security measures on access and operational aspects was being reviewed. She advised that additional funds received from SGHD would allow implementation of infrastructure improvements.

Members approved the strategy subject to the two points raised by the Area Clinical Forum.

5.6 Service Delivery (97/2010)

5.6.1 Executive Medical Directorate

Dr McGuffie updated members on the latest national round of junior doctor recruitment and of the ongoing risks with regard to medical staffing. The risk remained moderate and the Board position was slightly better than for the same period in 2009. There were currently eight vacancies, seven late starts and 262 trainees. Locums were being used to fill the gaps where necessary which incurred significant additional costs. An immense amount of work by medical staffing
department had been undertaken to get to this point which should be recognised by the Board.

Orthopaedics was now fully staffed and benefits from development work were starting to come through.

In 2011, work would be undertaken nationally to plan for changes including a drop in trainee numbers. Dr Masterton would update members on developments.

Locum provision was discussed and there was a sense that there was slightly more availability of locums than 12 months ago. The cost incurred in 2009/10 was approximately £4.6M. Prof Stevely advised that SGHD had issued a cap on numbers of non-EU locums for each Board, which was set at four for NHS Ayrshire & Arran.

Mr Adderley reported that continuing use of locums was a pressure area with regard to safety and cost as NHS Boards move to a nationally agreed contract.

Prof Stevely added that although risks had appeared to lessen this was still a moderately fragile service. Dr Hatton asked what type of measures had been taken with regards to fragility of the service, to ensure that services were maintained. She was interested in the impact in terms of extra costs incurred and requested this information to be reported at a future meeting.

Dr McGuffie advised members that Modernising Medical Careers (MMC) was in a state of flux with uncertainty regarding the number of trainees that would be available in 2011. Prof Stevely advised that he was aware that SGHD were collating information and had some understanding of the pressures.

5.6.2 Integrated Health and Emergency Services

Mrs Moore advised that provision of locums for Accident and Emergency had incurred extra costs of just under £150K in the first quarter. Mrs McKay added that this was discussed at the Area Clinical Forum and highlighted that processes require reviewing, e.g. use of bank nursing, amid a feeling that it was the processes that had caused the overspend. There was further discussion on whether MMC had caused these problems, but there was no clear view on this.

5.6.3 Mental Health Services

Mr Crichton reported that there were no service delivery issues within Mental Health Services. The second gateway review for the new development at Ayrshire Central Hospital would take place week commencing 16 August 2010 and the Board would be updated on the outcome in due course.

With regard to Dementia in Scotland, Mrs I Marr, Service Manager - Elderly Services, has been working with CHPs towards improving services. Mr Crichton would present an update on this at a future Board meeting.

Members were reassured to learn that the Ayrshire Central Hospital development has taken on board the lessons learned from the Girvan Community Hospital development. The process and governance for projects had changed with scrutiny
levels now in place including the gateway review process which would challenge the clinical brief and design.

5.7 Annual Review 2010 (98/2010)

Dr Gunning confirmed that all preparations had been made for the Annual Review on 1 September at the Menzies Hotel, Irvine. The format would be similar to that in previous years with meetings and visits held in the morning with various groups, e.g. Area Clinical Forum, Area Partnership Forum, Healthy North Ayrshire Street Nurse service, followed by the formal Annual Review in the afternoon.

The Chairman’s internal assessment had been submitted to SGHD prior to the deadline and feedback would be received prior to the event.

6. COMMUNITY HEALTH PARTNERSHIPS (CHPs)

6.1 North Ayrshire CHP Committee (99/2010)

Cllr O’Neill covered the topics from the June meeting. Discussions had highlighted frustrations with the pace of change and possible duplication and overlap between the NHS and the local authority. Dr Hatton added that with expansion of shared working with the three local authorities, possible areas of duplication required review with a view to reducing this wherever possible.

Mr Duncan referred to Item 7 in relation to information that was treated as “medical in confidence”. It was agreed a protocol was required for this and other similar information so that CHP members who are not employees of NHS Ayrshire and Arran are bound by the same confidentiality requirements.

Members noted the minutes.

6.2 East Ayrshire CHP Committee (100/2010)

With regard to work on the Integrated Resource Framework (IRF), Mrs Miller sought assurance that decisions and implementation in the next steps would be evidence based, for example, linking with work being carried out by Prof White regarding outcomes. She noted that where NHS Ayrshire & Arran had research expertise available it should be used to support CHP activity wherever appropriate.

Dr Gunning explained that due process would be followed. There was a process in place via the steering group and four workstreams.

Members noted the minutes.

6.3 South Ayrshire CHP Committee (101/2010)

Members noted the minutes.

Cllr Hunter gave an update on his first five months as a Board Member and South Ayrshire CHP Committee Chair. He highlighted a number of areas for discussion:

- Understanding within the Committee of the role of the CHP within South Ayrshire.
- Limited involvement from the professions in the forum.
• Remit of the CHP Forum
• Content of meeting in relation of interest to professional staff.
• A CHP development session was organised for 10 September to involve committee and forum members, chairs and vice-chairs of the Officer Locality Groups (OLG) and members of the professional committees.
• Progress from pan-Ayrshire event held in 2009.
• Funding to progress CHP developments.
• CHP Chair attendance at Community Planning Partnership (CPP) meetings.

Members fully discussed the areas highlighted, summarised below:

• In general there was a common understanding of CHPs and the role that the committee holds within this. Progress has been made since 2009 when the new CHP model came into force and Mr P Ardin, Director of Primary Care Development, would attend the South Ayrshire CHP development day to present the original vision for CHPs.

• Mrs McKay advised that attendees from the professional committees on the CHP Forum were identified via the Area Clinical Forum. Finding time to attend was a continuing challenge if meeting content was not directly relevant and she suggested that it may be time to review professional representation.

• It was confirmed that the role of the CHP Forum included decision making as part of its remit; therefore a quorum was important to ensure robust decisions could be made and forwarded for discussion and approval by the CHP Committee.

• Cllr O'Neill advised that the North Ayrs hire CHP identified problems when the committee first met. A development day had been held, similar to that planned by SACHP, which proved successful in moving the committee forward.

• It was affirmed that CHP developments must be aligned to the approved strategies of the respective organisation. OLG officers held the budgets and controlled the funding for developments approved by CHPs. Any development identified by the CHP that required funding, which was turned down by the OLG, would be submitted to the respective member organisation for approval.

• It was agreed to hold a further pan-Ayrshire event to explore progress and direction following the event in 2009.

• Dr Hatton agreed it would be useful to explore attendance of the CHP Chair at the Community Planning Partnership meeting, but there would have to be clarity on the role and responsibility of the attendee.

• Mr Crichton noted that service delivery units were working to the partnership agenda and he expressed concern about the statement that people do not understand their role within the CHP.

• With regard to a perception of lack of clarity on the purpose of the CHPs, Dr Gunning explained that this was principally delivering the health part of the Single Outcome Agreement objectives.

Prof Stevely advised that co-ordination was required in order to pull the strands of this work together in a coherent manner and it was agreed to hold a further pan-Ayrshire event to take this forward.
7. CLINICAL GOVERNANCE

7.1 Clinical Governance Committee (CGC) (102/2010)

Dr Price highlighted that information on key performance indicators was now available and trends could be identified. The final report from NHS Quality Improvement Scotland from the peer review visit in January 2010 has been seen by the committee and detailed action plans were in place and moving forward.

With regard to the minutes of the meeting held on 2 June, item 8, Mr Duncan queried the violence and aggression training and the action to carry out a spot survey. He was keen to ensure that duplication was not taking place regarding violence and aggression training and it was agreed this would be progressed with the Violence and Aggression unit outwith the meeting.

7.2 Healthcare Associated Infection (HAI) Board Report (103/2010)

Members accepted the report.

7.3 Medicines Resources Group Annual Report 2009/10 (104/2010)

Members commended the work carried out by this group and approved the annual report.

8. STAFF GOVERNANCE

8.1 Workforce Plan 2010/11 (105/2010)

Mr Adderley presented the Workplace Plan 2010/11 which complemented the workforce projections submitted to and published by SGHD in June 2010. The paper provided the narrative to the figures published and was the foundation of work to look to the future. The reduction in workforce of 112 whole time equivalent posts was small in relation to the total workforce and it was expected that this would be managed through natural turnover. Looking ahead, however, further challenges were expected.

Members noted a number of key points/principles which would be discussed fully at the joint Board/Area Partnership Forum/Area Clinical Forum workshop on 30 September 2010:

- Workforce planning required a structures approach.
- Scenarios to be included for consideration at the joint workshop.
- Priorities to be considered for functions/posts which were business critical, not just added value.
- Workforce was subject to SGHD directions e.g. 18 weeks referral to treatment targets.
- Reduction in administration/clerical roles should not result in an adverse effect on the workload of clinical staff.


Members accepted the report and emphasised their continued support of the important work carried out by this forum.
8.3 **Staff Governance Committee** *(107/2010)*

Members noted the minutes.

8.4 **Health, Safety & Wellbeing Committee** *(108/2010)*

Members noted the minutes.

9. **HEALTH AND PERFORMANCE GOVERNANCE**

9.1 **Health and Performance Governance Committee (H&PG)** *(109/2010)*

The remarkable achievement regarding health improvement for dental registrations was highlighted. Ayrshire has achieved 70.4% of P7 children free of dental decay compared with a national figure of 63.6%.

The following amendment to the minutes was noted on page 8, item 13.3, bullet point 2 – should read “4 week diagnostics target” not 15 week.

Members noted the minutes.

9.2 **Civil Protection Steering Committee Annual Report 2009/10** *(110/2010)*

Members accepted the report.

10. **CORPORATE GOVERNANCE**


Mr Lindsay updated members on the financial position for the 3 months ended 30 June 2010.

He highlighted the challenges facing the Board in 2010/11 and advised that overspends reported within Integrated Care and Emergency Services, and Integrated Care and Partner Services were being addressed.

A shortfall of funding for waiting times targets has been identified. £4.2M non-recurring funding was required to achieve the 2010/11 waiting times targets agreed within the Local Delivery Plan. £3.5M had been identified to date which left £700K yet to be identified. Work continued to identify further savings and Mr Lindsay was confident the shortfall would be met. There was likely to be further financial pressure which would require further funds to be identified and this was being actively managed.

A correction was noted in page 3, item 6.5 of the report – this should be read “As from 4 January 2011, VAT will increase….”

In response to concerns regarding the cost pressure identified relating to orthopaedic services for spinal conditions as a consequence of the unexpected withdrawal of the service provided by NHS Greater Glasgow & Clyde (NHS GG&C), Mr Lindsay advised that meetings had been arranged to discuss this issue and the financial implications, which would involve other affected NHS Boards. Mrs Moore explained
the service delivery issues and the very difficult situation now faced by patients who were awaiting assessment for treatment, who would previously have been referred to NHS GG&C. It had been custom and practice to refer such patients to NHS GG&C and only six to eight weeks notice was given of the decision by NHS GG&C to stop accepting these referrals.

Members identified that all Boards were likely to be looking at the “appropriateness of referrals” in the future and although this currently appeared to be a West of Scotland problem, it was likely to affect the East of Scotland also. Prof Stevely advised he would raise the issue with the West of Scotland Chairs group.

The Board accepted the report.

10.2 Finance Committee (112/2010)

It was noted that West of Scotland might potentially benefit from coming out of the national risk arrangement around recombinant blood products.

Members noted the minutes.

10.3 Health, Safety & Wellbeing Committee Annual Report 2009/10 (113/2010)

Mr Currie highlighted that the format had changed to show not just the data on accidents and incidents but reported fully on the key priorities and activities of the Health, Safety and Wellbeing Committee.

He highlighted the re-launch of the zero tolerance policy for violence and aggression towards staff, adding that this was enabled by the move to the sole use of Datix to record incidents throughout the whole of NHS Ayrshire & Arran.

Prof Stevely thanked Mr Currie for a thorough report, which members accepted.

11. ANY OTHER BUSINESS

11.1 Governance Committees Membership

The Chairman proposed that he be added as a full member of the Staff, Clinical and Health and Performance Governance Committees, rather than an attendee. This would be helpful on occasions in ensuring a quorum. Board Members approved this change.

The next meeting of the NHS Board will take place at 9.30 am on Wednesday 13 October 2010 at Ayr Hospital.