The Chairman advised the Board that Cllr Robin Reid would be resigning from his role, following recent changes within South Ayrshire Council. The Chairman had written to thank him for his contribution. The process for nominating a replacement was underway.
1. APOLOGIES FOR ABSENCE (1/2010)

Apologies for absence were received from Mr John Callaghan, Mr John Dever, Mr Darren Mochrie and Cllr Robin Reid.

MEETING HELD ON 9 DECEMBER 2009

Subject to the following amendments, the Board approved the minutes as an accurate record of the meeting:

Item 156/2009: Your Health: We’re in it together

In the first paragraph, third sentence, the last word was changed to read “…engagement process.”

Item 162/2009: Reducing Health and Social Harm linked to Alcohol Use

The first paragraph of this item was changed to read as follows “…regarding the proposed Parliamentary Bill on Alcohol.”

3. MATTERS ARISING (3/2010)

Item 156/2009: You’re Health: We’re in it together

The Board noted that Gillian Watson and Colin Duncan had been nominated for the working group to take forward the Strategy implementation.

4. CHAIRMAN’S AND CHIEF EXECUTIVE’S REPORT

4.1 New Girvan Community Hospital (4/2010)

Prof Stevely advised members that visits to the New Girvan Community Hospital would be arranged and dates would be circulated shortly.

4.2 Quality Improvement Scotland (QIS) Assessment (5/2010)

Following the recent Clinical Governance and Risk Management (CGRM) Review, the Board noted that performance was improving. Prof Stevely thanked members for their support.

4.3 Healthcare Environment Inspection (HEI) (6/2010)

Dr Hatton updated members on the outcome of two mock inspections at Ayr Hospital, prior to the HEI taking place on 24 and 25 February 2010.

4.4 Arbuthnott Report (7/2010)

Dr Hatton updated members on work of the three Local Authority Shared Services Boards in progressing areas of greater benefit in working together. The NHS Greater Glasgow & Clyde review (Arbuthnott report) was referred to and members
agreed that it would be helpful to meet with Sir John Arbuthnott to get his views. This will be arranged for a future Board Development Session.

4.5 Mid-Year Review by Scottish Government Health Directorate (SGHD) (8/2010)

Prof Stevely reported that he had attended this and found it very helpful to hear the discussions at that level. Allan Gunning provided members with an update on the range of items discussed. It was noted that:

- Dr Kevin Woods (Director-General Health and Chief Executive NHS Scotland) would like to thank staff for their support during the H1N1 and recent severe weather situations.
- The review outcome letter from Dr Woods was awaited.

4.6 Area Partnership Forum Development Day (9/2010)

Mr Donnelly advised members that all those who participated on 5 February 2010 found the day beneficial with some tangible actions identified.

(Dr Huntly McCallum left the meeting at this point)

5. IMPROVING HEALTH & HEALTHCARE

5.1 Community Health Partnership (CHP) – One Year On (10/2010)

Cllr Filson, Chair of East Ayrshire Community Health Partnership (EACHP) Committee highlighted the strong partnership working in EACHP over the last year which has involved a number of new initiatives and approaches. He introduced Ms Katy Kelly, EACHP Facilitator.

Mr Cheyne, Chair of South Ayrshire Community Health Partnership (SACHP) Forum introduced Mr Phil White, SACHP Facilitator. He extended thanks to Cllr Reid for his effective chairmanship of the CHP Committee and the good work carried out. Good feedback has been received on the CHP as an exemplar of the partnership working that CHPs are trying to achieve and good progress is being made.

Cllr O’Neill, Chair of North Ayrshire Community Health Partnership (NACHP) Committee reported that NACHP is making progress, but there is still much more to be done. There has been improved working between NHS and local authority staff and good contacts are being made. He introduced Ms Michelle Sutherland, NACHP Facilitator.

Ms Sutherland, Mr White and Ms Kelly gave a detailed presentation outlining the milestones and achievements of the past year and future priorities for the three CHPs.

Board members were very impressed by the energy and enthusiasm of the Facilitators and the fast pace of change over a one year period. The presentation was extremely powerful and helpful in illustrating this.
It was highlighted that breastfeeding had not been mentioned and the Board asked for information on what is being done in this area. A formal Annual CHP Report would be welcomed, focusing on outcomes, with a proposal to submit this to the June Board Meeting.

Prof Stevely thanked the CHP Facilitators, recognising the huge amount of work carried out. A copy of the presentation slides will be issued to members.

(The CHP Facilitators left the meeting at this point).

5.2 Continuous Clinical Improvement Priorities (11/2010)

Mrs McQueen advised the Board that progress continues to be made with clinical improvement priorities with metrics being available for the next Continuous Clinical Improvement Board meeting later in February.


Dr Gunning informed the Board of the process required to complete the Local Delivery Plan (LDP) in line with guidance, and timescales for delivery, provided by the Scottish Government. He outlined the structure of the LDP and the lead responsibility for each of the Annexes therein.

He added that work is continuing to plan to deliver a first draft of the LDP by 18 February and this will be circulated to the Board for information once it is available.

The Board endorsed the proposed process for completion of the LDP 2010/11, including the responsible Director for each HEAT trajectory and arrangements to ensure adherence with the timetable.


Dr Davidson informed the Board of a new Population Health Work Programme for NHS Ayrshire & Arran. The programme describes the NHS contribution to improving health, by concentrating on the public health priorities of alcohol, tobacco, obesity and mental health and wellbeing. It has been developed to be outward focused and identify links between activities and the 15 national outcomes. A wide range of engagement methods was used to develop the work programme. It has been approved for implementation by the Integrated Care Modernisation Board.

Dr Davidson referred to the local example given – “result chain for tobacco – contributions from directorates”. The chart provided a high level overview, giving a lot of information in a very visual, clear format. The Board agreed this was a very good and useful diagram.

There was some discussion regarding the risks associated with the programme and how likely these were to occur. Dr Davidson confirmed that she is confident that this programme will deliver value for money and funding has been ring-fenced to take this forward. The Board agreed it was right to identify potential risks but it would be necessary to take account of measures in place to minimise these and identify the level of risk, e.g. high, medium or low.
The Board endorsed the report adding that there is a need to focus on deprived groups.

5.5 Public Health (Scotland) Act 2008 and Ayrshire & Arran (14/2010)
Joint Health Protection Plan (2010-2012)

Dr Davidson gave a short summary of the Public Health (Scotland) Act 2008 advising the Board of the new duty on NHS Boards to produce a Joint Health Protection Plan. Work is ongoing for development and approval of this plan to the proposed timetable for publishing of 1 April 2010.

The Board accepted this proposal.

5.6 Neurology Services (15/2010)

Dr Ferguson updated the Board on the work of the Neurology Service Development Group and the current integrated pathway work for patients with neurological conditions. He advised that there has been a significant reduction in waiting times and work on waiting time guarantees is a month ahead of schedule. The group is changing its name to “Neurology Services Improvement Group” to focus on the purpose of the group and the work being progressed.

Dr Ferguson confirmed that the ‘Centre of Excellence’ for Neurology services was not in one place; enhancement and improvement of local services means that more services can be provided locally, with Glasgow focusing on providing some highly specialised services.

He advised that the group has endeavoured to be as inclusive as possible, with all care groups represented. The group discussed specific issues that were raised, for example, Ayrshire Central Hospital issues were discussed at the last meeting. However, the group cannot give a 100% guarantee that all care and clinical network groups will always be covered. With regard to psychiatric care and support for families, representatives from these areas are part of the group and this is something that will be planned to be incorporated into the integrated care pathways.

Prof Stevely thanked Dr Ferguson for the update on progress, adding that it would be useful to get a further update later in the year.


John Wright presented the Annual Report 2009 for Estates, Capital Planning and Clinical Support Services. He highlighted:

- Reduction in Healthcare Associated Infections (HAI)
- First announced Healthcare Environment Inspection (HEI) on 24/25 February for Ayr Hospital
- Less glamorous services but showing a significant improvement in the “patient experience”
- Good progress made on new structure moving to standard working practices; single system working and rationalisation
- Still some work to be done and changes to be realised
- Senior Management Team appointments confirmed giving reassurance that an effective team is in place

Mr Wright advised members that the Patna Resource Centre was due to open by the end of March.

Cllr Filson expressed concern that he had not received any information from Estates with regard to the opening of Patna Resource Centre and Prof Stevely undertook to discuss this with Cllr Filson outwith the meeting.

Prof Stevely emphasised the importance that the Scottish Government Health Directorate are placing on things such as the forthcoming HEI. This inspection covers issues not traditionally thought about or focused on within the NHS. It was noted that further planned HEIs will take place at Arran War Memorial and Crosshouse Hospital later this year, which will then be followed by unannounced inspections.

As noted in this earlier report Prof Stevely advised that dates in late March/early April will be identified for the Board to visit the new Girvan Community Hospital as construction is due for completion on 15 March. Easter school holiday periods will be avoided.

Members noted the good progress highlighted in the report.

6. COMMUNITY HEALTH PARTNERSHIPS (CHPs)

6.1 North Ayrshire CHP Committee (17/2010)

Members noted the minutes.

6.2 South Ayrshire CHP Committee (18/2010)

There was discussion around the item (4.1) on breastfeeding and concern was expressed regarding the wording around bottle feeding. Mums must be supported no matter what choice is made and the wording in the minutes should reflect this.

Dr Hatton referred to item 12.1 where Mr Cheyne raised concerns about lack of independent contractor involvement in the CHP Forum. Mr Ardin has investigated this but has repeatedly failed to get engagement from South Ayrshire GPs. It was agreed to discuss this at a separate meeting to look at how involvement for GPs can be made worthwhile, as it is important to have GPs engagement. Mr Cheyne agreed to take this action forward.

Dr Masterton added that this is not something the Board can “enforce” but the Board have to make GPs “want” to attend.

Members noted the minutes.
7. CLINICAL GOVERNANCE

7.1 Healthcare Associated Infection (HAI) Board Report (19/2010)

The HAI report for 2009 was presented and Dr Masterton highlighted that the HEAT target regarding acquired *Staphylococcus aureus* bacteraemias (SABs) will not be met. He reassured the Board that actions are being taken to reduce number of infections and although the target will not be met there has been a significant reduction in HAIs caused by SABs.

The Board was satisfied the figures are heading in the right direction and the report was accepted.

7.2 Clinical Governance Committee (20/2010)

Dr Price updated members on discussions at the November meeting of the Clinical Governance Committee. There had been good debate on the Healthcare Quality Strategy draft report and some succinct conclusions had been reached. This will be discussed further at the next meeting of the committee.

Mr Duncan highlighted that the wording on page 6, item 11 should read Health & Performance Governance Committee.

Members noted the minutes.

8. STAFF GOVERNANCE

8.1 Staff Governance Committee (21/2010)

Mr Duncan reported that discussions on efficiencies had prompted the Committee to review priorities and the Committee’s role within lean processes and strategic direction. The standards booklet is going to be revisited and progress will be reviewed over 12 to 24 months.

Figures from attendance monitoring showed that absence peaked in November 2009 then fell in December to 4.6%. This is 7% better than this time last year and shows that significant progress is being made towards the target of 4% sickness absence.

Regarding item 8.3 Remuneration Committee, Dr Hatton questioned whether the minutes were submitted in full or in summary form. Mr Adderley reported that the full minutes are not submitted and that no individuals are identified.

Members noted the minutes.

9. HEALTH AND PERFORMANCE GOVERNANCE

9.1 Health and Performance Governance Committee (H&PG) (22/2010)

Mr Cheyne highlighted that breastfeeding is high on the agenda as is mental health. There have been recent improvements in the mental health area but challenges also lie ahead. Mr Cheyne referred to discussions at the 20 Jan H&PG meeting when
Mr Crichton provided in-depth updates on Psychology and Child and Adolescent Mental Health Service (CAMHS) waiting times and other mental health issues.

It was agreed that Mr Crichton would do a presentation to members to update them on the CAMHS in the context of the broader Mind Your Health implementation process.

Mr Duncan questioned that cataract waiting times was ‘red’. Dr Masterton reported that work is ongoing to improve the balance of care with optometrists in each CHP.

Members noted the minutes.

9.2 Health & Safety Committee (23/2010)

Mr Currie reported that a development session had been held to review the Terms of Reference (TOR) in accordance with legislation and the move to cover Health, Safety and Wellbeing, as the existing TOR did not cover this last area. Membership had also been reviewed which provided an opportunity for the Committee to move forward and streamline the membership to be fit for purpose.

Dr Price had provided some useful comments and Mrs Darwent added that the new TOR was more focused. Regarding the Violence and Aggression (V&A) incidents, she supported the work going on to reduce the numbers of such incidents but questioned the suggestion that NHS Ayrshire and Arran could “ensure elimination or similar incident recurrence”. She had seen reports suggesting that zero tolerance policies increase V&A incidents and questioned whether all research and thinking into this area had been encompassed.

Mr Currie reported that various levels of training are available for staff including awareness, de-escalation and control and restraint techniques. These courses take account of how people talk to others and this is very important. The number of incident reports regarding staff problems has decreased.

Mrs McQueen added that work remains to be done in some areas, for example, where staff have failed to recognise when a patient’s family are getting concerned and work on the aspect of communication with relatives must continue. Assistance is needed at Director level to remind all staff not to just accept violent and aggressive treatment from other staff or patients, irrespective of their level in the organisation.

With regard to the TOR, Mrs Darwent noted that the executive group should have authority to call extraordinary meetings as required.

The Board approved the revised TOR subject to minor amendments.

10. CORPORATE GOVERNANCE

Mr Lindsay updated members on the financial position for the nine months ended 31 December 2009. The Board was receiving less money for waiting times than initially expected and the expenditure needed to achieve waiting times targets for orthopaedics was £1.7 million higher than planned. However, it is still expected that the Board will achieve the planned £7 million carry forward at year end.

Good news was highlighted regarding capital expenditure with 73% of the capital resource limit spent up to the end of December; this is a big improvement on previous years.

Ms Watson questioned how the shortfall in waiting times funding would be met. Mr Lindsay responded that over £2 million will be released to non-recurring from Agenda for Change accrual to fill the gap this year.

10.2 Scotland’s Public Finance (25/2010)

Mr Duncan declared an interest as he is a member of the Accounts Commission. Mr Lindsay reported on the financial outlook for public finances presented by the Auditor General for Scotland. He highlighted the need for the Board to look at staff and estates costs to see how these can be rationalised.

The resource implications from the message that 2% efficiency savings will not be sufficient beyond 2011 to bridge the gap between public spending and the smaller budget available was recognised by the Board and the planning assumption for 4% efficiency savings in 2011/2012 and 2012/2013 was noted. This elicited much discussion and members agreed that work required to deliver this efficiency saving would involve the Board working in partnership with staff side.

10.3 Finance Committee

Members noted the minutes.

10.4 Audit Committee (26/2010)

Mrs Darwent advised members that the contract for new internal auditors was currently out to tender.

Members noted the minutes.

11. ANY OTHER BUSINESS (27/2010)

Prof Stevely highlighted that a presentation on GP Out-of-Hours Services will be added to the June agenda as a substantial item.

The next meeting of the NHS Board would take place at 9.15 am on Wednesday 7 April 2010 at Ayr Hospital.