

Ayrshire and Arran NHS Board
Minutes of a public meeting on Monday 11 December 2017
Greenwood Conference Centre, Dreghorn

- Present:
- Dr Martin Cheyne (Chair)
 - Non-Executive Members:
 - Mrs Margaret Anderson
 - Mrs Lesley Bowie (Vice Chair)
 - Cllr Laura Brennan-Whitefield
 - Mr Stewart Donnelly
 - Ms Claire Gilmore
 - Mr Bob Martin
 - Dr Janet McKay
 - Mr Stephen McKenzie
 - Mr Alistair McKie
 - Cllr Douglas Reid
 - Mr Ian Welsh
- Executive Members:
- Mr John Burns (Chief Executive)
 - Dr Alison Graham (Medical Director)
 - Mr Derek Lindsay (Director of Finance)
- Board Advisors/Ex-Officios:
- Mrs Kirstin Dickson (Director for Transformation and Sustainability)
 - Mr Tim Eltringham (Director of Health and Social Care, South Ayrshire)
 - Ms Patricia Leiser (Human Resources Director)
 - Mrs Liz Moore (Director for Acute Services)
 - Mrs Lynne McNiven (interim Director of Public Health)
- In attendance:
- Mr Andrew Moore (Assistant Nurse Director) – sorry leave as was
 - Ms Regina McDevitt (Public Health Specialist)
 - Ms Marlene McMillan (Lead Public Health Practitioner)
 - Mrs Shona McCulloch (Corporate Business Manager)
 - Mrs Miriam Porte (Communications Manager)
 - Mr Bob Wilson (Infection Control Manager)
 - Mrs Angela O'Mahony (Committee Secretary) minutes

1. Apologies

Apologies were noted from Prof Hazel Borland, Mr Stephen Brown, Cllr Joe Cullinane, Mr Eddie Fraser, Miss Lisa Tennant, Dr Joy Tomlinson and Mr John Wright.

2. Declaration of interests (156/2017)

There were no declarations noted.

3. Minute of the meeting of the NHS Board held on 9 October 2017 (157/2017)

The minute was approved as an accurate record of discussions, subject to the following amendment:

Item 128/2017 – Chairman’s report

First bullet point, second line – should read “improvement”.

4. Matters arising (158/2017)

Paper 2 - Action Log

The Board action log was circulated to Board Members in advance of the meeting and progress noted.

5. Chairman and Chief Executive’s report

5.1 Chief Executive’s report (159/2017)

- The Chief Executive reported that the second West of Scotland event for NHS Boards and Integration Joint Boards had taken place on 14 November 2017. This had provided the opportunity to update on regional work and receive feedback from Boards across the West of Scotland. The Chief Executive had attended the Regional Chairs Group to give an update on the work being done in the West of Scotland and this had been well received. Further events would take place during 2018 as work progressed to develop the first regional delivery plan.
- The Scottish Government (SG) Director for Workforce and Change had hosted an event on national work being done to support leadership and talent management 15 November 2017. Further information would follow in the months ahead. The event had highlighted the need to think differently about the future workforce, their expectations and aspirations.
- The Chief Executive and Chairman had attended the Health and Sport Committee at the Scottish Parliament on 5 December. The Clerk of the Committee would request further detail on areas discussed and also topics that there had not been an opportunity to discuss during the session. The board would respond as required.
- The Chief Executive and colleagues had attended a meeting with the Cabinet Secretary on 7 December to discuss winter planning in Ayrshire and Arran. The Cabinet Secretary was interested in work being done locally to manage delayed discharges and support citizens back to the community at the earliest stage possible. This had been a positive, constructive discussion and SG would be kept updated on the work being taken forward locally over the winter period.

5.2 Chairman’s report (160/2017)

- The Chairman reiterated the Chief Executive comments on the Health and Sport Committee session. He added that NHS Ayrshire & Arran was one of a number of NHS Boards invited to attend the Health and Sport Committee.

- The Chairman provided feedback from recent Community Planning Partnership Board meetings (CPPB) he attended in East Ayrshire (EA) and North Ayrshire (NA).
- The Chairman thanked Board Members for their attendance at the three Volunteer evening events held recently. He highlighted that these events provided an opportunity to thank volunteers for the support they give and he strongly encouraged Members to attend these events in 2018.

6. Quality

6.1 Patient story

(161/2017)

The Director for Acute Services introduced the patient story which described Lindsay's journey as an inpatient in one of our acute hospital wards following an amputation. Lindsay described the psychological impact and reflected on how the care he received contributed to his recovery.

This patient story demonstrated that even when the clinical outcome was difficult, the right approach by staff could have a huge effect on a patient's recovery. Social aspects of care were important, as were other forms of medical and nursing treatment, and a multidisciplinary approach was essential to provide holistic, person centred care.

The Director highlighted that in future patient stories would be used throughout the organisation to enable staff to reflect on the care provided, to share any learning and spread good practice.

Outcome: Board Members thanked Lindsay for sharing his story and they were heartened to hear about his experience and the person centred care he had received, which the Board strives to provide for every patient.

6.2 Healthcare Associated Infection (HAI) report

(162/2017)

The Medical Director introduced this report which provided a detailed update on HAI, with particular reference to performance against the Local Delivery Plan HAI targets for 2017-18, together with other infection prevention and control monitoring data.

The Infection Control Manager reported that there were 64 Staphylococcus aureus bacteraemia (SAB) cases during the reporting period, 15 cases above the numerical trajectory. He advised that the rate of community acquired SABs had doubled in 2016 and this increase had persisted and was having an impact on delivering the target. He outlined the ongoing improvement activity to further reduce the already low number of PVC related infections.

The Infection Control Manager reported that there were 77 Clostridium difficile infection (CDI) cases during the reporting period, seven cases above the numerical trajectory. Although there had been a slight rise in cases, CDIs were traditionally higher during the July to September period and should reduce thereafter. He anticipated that the Board would meet the CDI target for the year ending March 2018.

The Board was advised that performance against the national Meticillin Resistant Staphylococcus Aureus clinical assessment key performance indicator was 92% in quarter two, a 6% improvement compared to the previous quarter.

The Infection Control Manager reported that there had been an outbreak of Sapovirus at Biggart Hospital in October 2017 which had affected six patients and five staff and the ward was closed for five days. There was an outbreak of Group A Streptococcal Infection at the Ayrshire Maternity Unit in May/June 2017 which had affected three women and one baby with links to the unit. The unit did not require to be closed during the outbreak. He outlined the approach adopted in managing this outbreak, following national guidance and stated that Health Protection Scotland was assured by the approach taken.

Board Members recognised the good work being done to reduce SAB infection rates within the acute hospital setting and asked what initiatives were being taken to tackle the increasing number of community acquired SAB infections. The Infection Control Manager advised that there were challenges in tackling community acquired SABs as these was often no healthcare involvement. The interim Director of Public Health advised that wider public health initiatives to tackle community acquired SABs were being considered at national level.

Outcome: Board Members considered and noted the HAI data as well as the ongoing work within the organisation to reduce HAI rates across NHS Ayrshire & Arran.

6.3 Patient Experience

(163/2017)

The Assistant Nurse Director provided an update on organisational activity in relation to patient, carer and family feedback and complaints for the period July to September 2017. He highlighted the considerable drop in the number of concerns and an increase in the number of complaints in the last two quarters, which was due to a change of classification in the new complaints process. There were ongoing challenges to meet the 20 working day target, although performance was improving. He explained that whilst performance for written responses was meeting the target, face-to-face meetings with complainants could take longer to arrange.

The Assistant Director reported on Scottish Public Services Ombudsman (SPSO) referrals and advised that the number of referrals that had proceeded to investigation by SPSO had reduced to the lowest level with only one case from eight proceeding to investigation.

Board Members were advised that there had been a slight reduction in stories posted on Care Opinion but an increase in the number of stories viewed. He advised that 60% of stories posted were positive. A programme was in place to increase activity by service managers in response to stories posted.

The Assistant Director outlined the top five complaint issues raised and highlighted work taking place to theme improvement activity resulting from complaints.

Board Members were advised that a review of the local complaints process was ongoing and this would be supported by Healthcare Improvement Scotland.

Members discussed the information presented and sought additional data for future reports to provide assurance on performance. Members also sought assurance that Quality Improvement Plans were being used to drive forward improvements in services and complaint performance.

Outcome: The Board noted the report on organisational activity in relation to patient, carer and family feedback and complaints during the reporting period, and compliance with the new complaints handling process.

Members requested that future reports provide details of the percentage of complaints resolved at stage one and the top five complaint issues from previous quarters so that this could be monitored going forward. Assurance on the use of QIP to deliver improvements would be included.

6.4 Scottish Patient Safety Programme (SPSP) – Acute Services (164/2017)

The Director for Acute Services presented this report which described the progress of the SPSP acute adult programme. She highlighted current activity in relation to the programme's core measures: falls and harm; pressure ulcers; and catheter acquired urinary tract infections (UTIs). The report also focused on current activity and progress made in the management of acute delirium, which had been identified as a local priority.

The Director advised that good progress was being made in terms of prevention of falls and pressure ulcers acquired in acute settings. Good progress was also being made in implementing the catheter acquired UTI bundle and delirium care.

The Board commended colleagues in acute services for the focused and important falls prevention activity taking place which it was anticipated would significantly reduce the risk of patient falls while in hospital.

In response to Members questions on falls prevention activity in the community, the Director of Health and Social Care South Ayrshire advised that SA HSCP was leading on community falls prevention activity, working closely with colleagues in EA HSCP. The Director of SA HSCP would provide a report on this improvement activity at a future Board meeting.

Outcome: Board Members acknowledged the ongoing work of clinical improvement within acute services and the subsequent positive impact on patients.

Members noted that a report on community falls prevention improvements would be provided at a future meeting.

6.5 State of Child Health: Spotlight on Child Poverty and Welfare Reform (165/2017)

The interim Director of Public Health, Mrs McNiven, introduced this report which highlighted the consequences of living in poverty for children and the adverse effect this had on children's outcomes. She emphasised that mitigating child poverty and

improving outcomes for children was essential and it would also improve outcomes for older people.

Ms Regina McDevitt, Public Health Specialist, provided a detailed report on child poverty across Ayrshire and explained the profound impact on children's outcomes in terms of health and wellbeing, educational progress, employment prospects and mental health in adulthood, as well as reduced life expectancy. She highlighted the Board's proposed approach to mitigate the effects of child poverty and reduce adverse childhood experience (ACE), working with the Local Authorities and other key partners, adopting proven interventions and considering all services strategically from a "child poverty sensitive" perspective.

Ms Marlene McMillan, Lead Public Health Practitioner, discussed the substantial impact of welfare reform on child poverty and explained that NHS Ayrshire & Arran could support patients through increasing staff awareness and encouraging front line staff to provide advice and signposting to struggling families.

The Public Health Specialist advised that the Child Poverty Bill (Scotland) would come into effect in early 2018 under which NHS Boards and Local Authorities would have a statutory obligation to produce child poverty plans. This would provide an opportunity to develop work being done locally. The Chairman advised Members that a Board workshop was planned on Children's services to enable detailed discussions in terms of local planning and timescales.

The interim Director of Public Health highlighted the work done locally to develop ACE profiles, a major part of the children and young people's programme, and advised of a planned report to Board on diabetes prevention. Members agreed that the timing of this report should be planned around the workshop.

Outcome: The Board received the report and fully endorsed each of the report's recommendations to mitigate the impact of child poverty and welfare reform.

Members noted the planned children's services workshop and proposed diabetes paper

7. Service

7.1 Winter Planning 2017/18

(166/2017)

The Chief Executive advised of a delay in producing this report. Due to ongoing system pressures in unscheduled care winter planning arrangements were being revisited and the Chief Executive, Director for Acute Services and HSCP Directors would work together to agree interventions to support winter planning.

The Chief Executive reported that £371,000 had been allocated from SG to support winter planning to end March 2018. This would be used to support older people in acute care, to prevent unnecessary hospital admissions and support early discharge. The Director for Acute Services outlined the proposed model which would be delivered on a pan-Ayrshire basis, led by the recently appointed Clinical Director for Older People. The model would utilise a 12-bedded area at University Hospital Crosshouse to manage patients and support early discharge.

The Chief Executive sought the Board's delegated authority to progress winter planning arrangements. Updates on key actions would be provided as part of the Unscheduled Care report to future Board meetings.

Outcome: The Board was supportive of the proposed approach to winter planning and delegated authority to the Chief Executive and operational Directors to progress the Winter Plan 2017-18. Board Members endorsed the proposed model to support older people in acute care, to prevent unnecessary hospital admissions and support early discharge. Members noted that updates on key actions would be provided through the Unscheduled Care paper at future meetings

8. Performance

8.1 Unscheduled Care

(167/2017)

The Director for Acute Services provided an updated position on unscheduled care performance. She reported a continued rise in the total number of patients being admitted as an emergency at University Hospital Ayr (UHA) and University Hospital Crosshouse (UHC) since January 2015, particularly at UHC, with a steady rise at both hospitals from June 2017. The Board's compliance with the four hour waiting time at ED was below the 95% target at October 2017 with deteriorating performance for delayed discharges in the last few months.

The Director highlighted the annual report from the British Red Cross which outlined the work being done through the Ayrshire Home from Hospital service which was funded by the HSCPs.

Board Members discussed numbers of emergency attendances and admissions at both UHA and UHC and the impact from the combined assessment units (CAUs) on both sites. The Chief Executive advised that the Board was facing increasing demands due to the ageing population, rising levels of deprivation and more complex healthcare needs across Ayrshire. He confirmed that both CAUs were performing well and more than 50% of patients were discharged within 72 hours.

During discussions, a number of points were raised by Members seeking, where possible, further information to enhance future papers. Members discussed the need to understand the sociological context of those attending ED so that consideration could be given to the appropriate interventions and the Chief Executive referred to discussion at the recent Board workshop on this issue.

With regard to delayed discharges the Director of SA HSCP advised that following a successful jobs fair in SA for care at home staff a recruitment process was underway.

Outcome: The Board noted the performance of the Unscheduled Care pathway indicators and commended the good work being done by the British Red Cross to support patients which extended the person centred care and support provided in hospital.

The Chief Executive and Director colleagues would consider the inclusion of additional data within future Unscheduled Care reports to provide assurance to Members.

8.2 Planned Care

(168/2017)

The Director for Acute Services provided a detailed report of the Board's progress towards achieving the national waiting times and access targets.

The Director advised that at the end of October 2017, 605 patients had waited over 84 days for treatment, mainly for Orthopaedics services. The Board had not met the targets set for 18 week Referral to Treatment target with performance affected by medical workforce vacancies and recruitment challenges. Performance against the 12 week Stage of Treatment standard was improving and the number of patients who had waited in excess of 12 weeks had reduced from 4,927 at the end of September to 3,966 in early December 2017, which was well within the projected performance agreed with SG. The Director highlighted the specialities with the highest number of patients awaiting treatment and the actions being taken to improve performance.

In relation to cancer targets, the Board had met the 31 day target in September 2017 although the 62 day Cancer target was not achieved. This situation had improved by the end of November 2017.

The Director highlighted the numbers of patients who had waited in excess of 6 weeks for diagnostic tests in Endoscopy and Radiology at the end of September 2017. Members were advised that the Board now had a PET scanner which was increasingly being used for diagnostic tests. Members asked if there were plans to increase this capacity and the Chief Executive advised that future consideration could be given to sharing capacity on a regional basis if required.

The Director highlighted improvements in access to mental health services and reported steady improvements in the waiting times for the musculoskeletal pathway.

Outcome: Board Members noted the Board's performance against the national waiting times and access targets.

8.3 Financial Management Report

(169/2017)

The Director of Finance presented the Financial Management Report for the period to 31 October 2017. He stated that the Board had agreed a financial plan for 2017-18 which was not balanced by £13.2 million. He reported an overspend against the budget of £16.6 million and advised that the projected outturn at the year-end was therefore likely to exceed £20 million deficit. The main issues related to unfunded unscheduled care beds remaining open in acute hospitals and efficiency savings not yet identified. The Chief Executive assured the Board that all possible steps were being taken to manage the overspend at £20 million but he emphasised that this would be very challenging to deliver.

The Chair of Performance Governance Committee (PGC), advised that PGC had considered the report in detail at its meeting on 4 December 2017, specifically bed remodelling activity ongoing at both acute hospital sites and the £3.1 million

additional investment in nursing. Further discussion would take place at the next PGC meeting.

Members sought information on agency spend and the additional cost of extra admissions and the Director of Finance advised that following a reduction in the first six months of the year nursing agency cost had risen more recently, however Medical agency costs were now beginning to reduce due to a number of initiatives, although management of consultant vacancies remained challenging.

The Chief Executive commented on assumptions about cost if demand was increasing and the role of IJBs in developing and strengthening strategic planning to manage future demand for unscheduled care and the need for patient support to discharge from hospital.

Outcome: Board Members considered the report and noted the Board's financial position for the period to 31 October 2017.

8.4 Transformation and Sustainability (170/2017)

The Chief Executive provided an update to Members on work done from the recent engagement with PricewaterhouseCoopers (PwC). This had been discussed in detail at the PGC on 5 December 2017 and PGC feedback had been included in the Board's Transformational Change Proposition document to Scottish Government. The Chief Executive advised that the Board's approach would focus on invest to save and transformational change to drive forward change, in line with discussions at a recent board workshop. The Chief Executive advised Members that he would meet with SG to discuss this submission further and that a copy of the proposition document would be provided Members for information.

The Chief Executive reported that the Director of Health Finance was keen to support Scottish Boards to progress transformational change and SG had provided funding for a temporary post of Board Improvement Director. This role would support change within NHS Ayrshire & Arran and also support SG to ensure any learning would be shared across NHS Scotland. A recruitment process was underway.

Outcome: The Board noted that the Transformational Change proposition had been submitted to SG and that they would receive a copy. Members welcomed SG support with the appointment of an Improvement Director and emphasised that this new role should be in addition to the change management capacity already agreed.

8.5 Annual Review 2016/17 (171/2017)

The Director of Transformation and Sustainability presented the SG letter in response to the Annual Review 2016-17.

Outcome Board Members noted the SG response to the Annual Review 2016- 17.

9. Decision/Approval

9.1 Professional Committee Constitutions (172/2017)

Dr Janet McKay presented the updated Constitutions for the Area Healthcare Science Professional Committee and the Area Nursing and Midwifery Professional Committee and sought the Board's approval for the proposed changes.

Outcome: Board Members approved the proposed changes to the Area Healthcare Science Professional Committee and Area Nursing and Midwifery Professional Committee Constitutions.

10. Corporate Governance

10.1 Audit Committee (173/2017)

Mr Alistair McKie presented the minute of the meeting held on 22 November 2017. He stated that Audit Scotland had provided a good presentation on the role of public audit in Scotland. He highlighted the recent internal audit report on gifts, gratuities and hospitality and cyber security and reminded Members of the need to report any gifts and hospitality received. The Corporate Business Manager advised that recommendations from the internal audit of gifts, gratuities and hospitality were being progressed. The Committee had also received an update on external audit planning for 2017-18.

Outcome: Board Members considered and noted the minute.

10.2 Healthcare Governance Committee (174/2017)

Ms Claire Gilmore presented the minute of the meeting held on 20 November 2017. She advised that Healthcare Governance Committee (HGC) had discussed the new employer led model of supervision for midwives and future training requirements. An update had been received on the Healthcare Improvement Scotland Maternity Review and HGC had scrutinised and sought assurance in terms of the actions being progressed. HGC had considered an internal audit report by PwC on public engagement.

Outcome: Board Members considered and noted the minute.

10.3 Information Governance Committee (175/2017)

The Medical Director presented the minute of the meeting held on 6 November 2017. She advised that there had been a presentation on the requirements of the Public Records (Scotland) Act and workshops were taking place for staff. She extended an invitation to Non-Executives to attend if they wished

Outcome: Board Members considered and noted the minute. The Corporate Business Manager would advise dates of Public Records workshops.

10.4 Staff Governance Committee

(176/2017)

Mr Ian Welsh presented the minute of the meeting held on 25 October 2017. He advised that updates had been received on the Corporate People Plan, specifically the ongoing activity to support people to be effective managers. The Committee had discussed the new Scotland-wide Dignity at Work survey which commenced on 6 November 2017 which would be adopted by the EA and SA HSCPs. NA HSCP would have a local survey. He advised that the Director for Acute Services had attended the meeting to discuss the Improvement Plan relating to Acute Services. He had highlighted an issue raised at the Annual Review by a member of the public relating to Chemotherapy Services at University Hospital Ayr and staff morale. The Director had assured that an engagement process had been set up to enable staff to be kept aware of decisions being made and raise any issues.

Outcome: Board Members considered and noted the minute.

11. For information

11.1 Board briefing

(177/2017)

Board Members noted the content of the briefing.

11.2 East Ayrshire Integration Joint Board

(178/2017)

Board Members noted the minute of the meeting held on 12 October 2017.

10.3 North Ayrshire Integration Joint Board

(179/2017)

Board Members noted the minute of the meeting held on 16 November 2017.

10.4 South Ayrshire Integration Joint Board

(180/2017)

Board Members noted the minute of the meeting held on 18 October 2017.

11. Any Other Competent Business

(181/2017)

There was no other business.

12. Date of Next Meeting

The next meeting of the NHS Ayrshire and Arran Board would take place at 9.15 am on Monday 29 January 2018 at Greenwood Conference Centre, Dreghorn