Community Forum Meeting 21 May 2009

NHS Grampian – Vision and Values

Speaker – Richard Carey, Chief Executive

Welcome

Laura Gray, Director Corporate Communications chaired the meeting and welcomed new members to the Forum. Invitations to this meeting had been extended to patient groups from the Community Health Partnerships and Managed Clinical Networks. New members attending were invited to register with the Forum.

NHS Grampian Vision and Values

NHS Grampian works as a team to deliver the best possible services for a healthier Grampian population. A set of Vision and Values statements have been developed by the NHS Grampian Board to clearly set out the purpose of NHS Grampian and establish a sense of common purpose for the delivery of health services. Members of the Board have been going out to meet and talk to staff groups about the vision and values. This was the first presentation given to members of the public.

The organisation faces a number of significant challenges and has to work within a set of finite resources (both finance and staff) which forces us to make difficult choices about what can and cannot be achieved. The number one priority is to provide safe services. The main purpose is to help people to live healthily and to provide people with the support they need to be healthier. Helping people to access services as locally as possible and in as fair a way as possible was also a priority.

He welcomed views on the “strap line” - “Taking Pride in caring, listening, improving” which aims to capture the vision.

Copy of the presentation is attached to this report.

Question and Answer session

Questions were invited before members spent time in table discussions.

What impact will the recession have on the NHS? Has the Arbuthnott formula been looked into?

NHS Grampian remains the lowest funded NHS Board in Scotland. The funding formula is complex and is based on indices of the health of the population. Funding is targeted at areas where people are less healthy. As people in the North East are generally healthier than in the rest of Scotland, NHS Grampian receives a proportionately reduced allocation compared to other Boards. People do question whether this is a valid argument, as healthier people generally live longer and may therefore have additional health needs related to an ageing population. The Arbuthnott formula has been
reviewed and NHS Grampian has received minor increases in funding and over time will receive an additional £12 million. However, NHS Grampian will still remain the lowest funded Board.

**Q** Single status rooms – will there sufficient staff to provide nursing cover?

Many patients do not welcome being in a single room.

Public feedback tells us that many people do not want to be in a single room and gain a lot of support from being with fellow patients. Government policy is to move towards 100% single rooms, one of the main reasons for this is to help with infection prevention and control. The Emergency Care Centre will have 75% single rooms. Single rooms do present problems; feelings of isolation for patients and the need for increased numbers of nursing staff.

**Can patients express a preference for single rooms on admission?** It may be possible, but at the moment we do not have many single rooms in some wards. There may be clinical reasons, but choice is important.

**Q** What provision is there for end of life care for people who do not have cancer?

A great deal is spoken about palliative care for people with cancer. We are developing a new strategy which will look at all palliative care needs not just for people with cancer. Richard encouraged members to contribute to these discussions.

**Q** What is happening for people who are waiting to be assessed for care packages?

There is an increased emphasis on planning for discharge arrangements at the time of being admitted to hospital. We have been successful in reducing the number of people whose discharge is delayed due to waiting for care packages or nursing home places. Six weeks is now the maximum delay for patients waiting to be discharged. It is in nobody’s interest to be in hospital longer than necessary, but some people may wait for home adaptations, a nursing home place or for a place at the home of their choice.

**Q** The vision and values are very impressive, how can you ensure all staff are signed up?

We are engaging with all staff about the vision and values. We are taking this presentation to staff and the response has been very positive so far. Staff are getting a sense of where they fit in and this is very important. For example, cleaning staff will see their role in helping to keep wards clean and reducing the risk of infection. When we don’t live up to the values, we must be held to account. They represent an important template for all in terms of behaviour and how we deliver services – treat everyone with dignity and respect. Staff will need to consider – what does this mean for me? How do I fit in?

We will make sure that all staff have a copy of this and are signed up. It will serve as a daily reminder and contribute towards what the organisation wants to achieve.
Q We live in exciting times in the NHS. “Taking pride in caring” – deeply concerned about the standard of nursing care. Unless nursing staff have the right attitude minute by minute we will not be proud of the standard of nursing care. Heard of many incidents about nursing care. Many years ago, it was the medical profession who acted like “Gods” but with new approaches to medical training this has been transformed. We need to do something about nursing standards and attitudes.

This was very well expressed and there are lots of examples of where we don’t measure up. Vision and values is precisely for that reason. We do have to get the basics right. Senior nurses are spending time “back to the floor” in uniforms, ensuring standards are being met and staff are getting the basics right.

It starts with training and works through – we have seen this problem coming with changes to nurse training. Caring must come first.

Patient Experience is a national initiative building on what we are doing. Listening to all those who use services everyday – it’s the only way to improve. Caring – is what the NHS is here to do.

Q The values are full of warm, fuzzy, politically correct words. Are the values quantifiable – how will you know that they are being met?

We acknowledge this is a challenge but we can collect information from public and staff via patient and staff surveys and the feedback comments we receive. These will be useful indicators of how well we are doing.

We aim to publish this information. The Annual Review reports have to be written in accessible jargon-free language and will contain lots of statistics and numbers to help measure our progress. Some targets are measurable, but we will need to find ways of making some of the information more meaningful to the public.

Q Targets can be very de-motivating for staff. Please be careful as they can have a negative influence, and you cannot always measure what is important.

There are mixed views about targets, some politicians will argue that they produce results, for example reduced waiting times for people needing surgery. There is a place for them but in the right way and they should not be the be-all and end-all.

Q Local services – agree this is important, but how will you deliver this as it will cost more?

NHS Grampian benefits from a network of 19 community hospitals where we are developing new locally accessible services – for example ultra-sound scanning. It is not necessarily more expensive to deliver services locally and care in a community hospital is less expensive than in a high-tech acute hospital. Funding is moving to support community services – money has moved to Aberdeenshire to support diagnostic and
treatment services in community settings. Telemedicine is an important development too.

**Q** Patient safety – example of an accident to a patient caused by faulty bed.

We need to know about these cases, own up to mistakes and investigate. We have millions of patient contacts every year and must learn from any mistakes that are made. To do this we need an honest, open culture.

**Q** The Diabetes Managed Clinical Network in Grampian is held up as a model of service provision – so congratulations are due. Thinking about self-care and self-management – if we educate patients to take more control of their condition patients will become more expert. Conflict can occur if patient is in hospital where there is more of an attitude of “we will do this for you”. We need staff to recognise the expertise that patients have in managing their conditions.

“Doctor knows best” attitude has existed in the past. Culture has changed and the education regime is so much better now. Health care professionals are trained to understand the importance of teamwork. A culture shift is in process which includes being respectful and responsive to the needs of individuals. We must listen to the patients and those closest to the patient as they often know them the best.

**Q** Enjoyable evening- thank you. The success of this initiative relies on a good interface with the GP practices which are independent practitioners. The critical time of patient discharge and transfer to community teams can be an abyss – how ensure you are connecting with GPs to play along with the vision and values?

We engage on a daily basis with GPs. The Managed Clinical Networks for example look at the whole patient journey. In the past we had different management systems and NHS Trusts – we now have a single system which has helped communication and team working. The GP contract includes a Quality Framework and they must meet certain standards to get paid. This helps to ensure GPs play a full part in the overall health system.

**Q** Dignity and respect, patients don’t always get this.

We have over 16,000 staff with many patient interactions and we are not always as good as we should be.

**Q** When the new building are finished, what will happen to the old buildings at Forresterhill? Will part of the hospital be closed down?

Many buildings in the east end are no longer fit for ward accommodation but some areas will be refurbished to house other services. Some parts may be demolished.

Laura Gray thanked everyone for their questions and invited people to discuss questions about the Vision and Values in the table top discussions.
Views from Community Forum on the Vision and Values

Do you think it is important to for NHS Grampian to have a vision and Values? Why?

- The general view was that a set of Vision and Values was important, were positive and provide a framework and a set of standards for everyone to work towards.
- The organisation needs to have a vision to improve things. Without a vision there would be nothing to work towards, plan towards or motivate staff.
- Everyone should be involved and it is important that the vision and values are seen by all.
- People agreed that standards could be better in the NHS but were not sure how the vision and values would help to drive up standards.
- How can vision become a reality – a long way to go.
- Public should have been involved in developing the vision and values

What did you like/not like about the vision and values?

Wording
- Many members expressed reservations about how the vision and values would help?
- Words are a bit waffly and woolly – but what do they really mean in practice?
- Some expressing a view that they were jargon and others felt the words were simple to understand.
- Flesh out each point more and explain what it would mean in practical terms.
- Must be understandable and a fear that they may not be generally understood.
- All clear but may be difficult for people with learning disabilities

Young people
- the vision and values statements would not mean anything for children and young people. Need something that is meaningful to them.

Staff
- Low morale is felt to have an impact on standards of care – will vision and values address this?
- Nurses attitudes were important and should be considered
- Staff need to own them and then they can translate them into practice
More information
- Needs to be more mention about cost efficiencies
- More emphasis needed on community hospital and community services
- Need to tell people how we compare with other areas – ie less funding

Monitoring
- How measure environment responsibility?

What are the best ways to communicate the vision and values?

Dialogue with the public
- Community forum members may be able to understand because they have some knowledge of NHS but not sure the public will relate to these as well.
- Presentations and discussions with people will be the best approach – Open days/roadshows out to all areas.
- Involve voluntary groups and they can put out information to their members
- Involve community councils
- Small group discussion with special interest groups e.g. learning disability, dementia

Resources
- NHS Grampian should commit resources to raising awareness and communicating the vision and values

Booklets and information
- people wont read booklets will need to use CDs for people who have reading difficulties/sight impairment
- literature in GP practices
- posters in wards and hospitals to serve as a reminder – patients would be able to challenge staff about standards
- Patients given leaflets on admission

TV – media - technology
- coverage of Swine flu has been good
- Make use of TV/local radio with announcements, interviews
- This is a good news story – adverts in newspapers
- Use comedy – doing the opposite of what is correct gets the message across
- Use websites and communicate electronically
Staff

- Will staff actually sign a bit of paper to sign up to values?
- Communicate to all staff on shifts
- Staff need to be fully aware
- If there were more staff on wards – they would have more time to communicate with patients
- Concern that we do have communicate well between departments in NHS.

Feedback

- Important to gather feedback to monitor and measure standards
- Discharge questionnaires to get feedback from patients
- Promote feedback forms more
- Students could do surveys of patients
- Feedback sheets so people can score services 1 to 10
- People with dementia cannot speak for themselves, need to ensure we uphold their dignity and rights
- Staff are not all trained in meeting the needs of people with learning disabilities will need to make sure their needs and rights are respected
- Make use of personal stories

Further comments welcome

Due to shortage of time, it was agreed to send the Vision and Values information to Forum members with the questionnaire to give people more time to reflect and comment.