



Ayrshire and Arran NHS Board
Minutes of a public meeting on Monday 3 October 2022
9.30am, Hybrid meeting

Present:

Non-Executive Members:
 Mrs Lesley Bowie, Board Chair
 Mrs Margaret Anderson
 Mr Michael Breen
 Cllr Marie Burns
 Mr Adrian Carragher
 Ms Sheila Cowan
 Dr Sukhomoy Das
 Miss Christie Fisher
 Mrs Jean Ford
 Mr Ewing Hope
 Cllr Lee Lyons
 Mr Bob Martin, Vice Chair
 Mr Marc Mazzucco
 Cllr Douglas Reid
 Ms Linda Semple

Executive Members:
 Ms Claire Burden (Chief Executive)
 Mr Derek Lindsay (Director of Finance)
 Dr Crawford McGuffie (Medical Director/Deputy Chief Executive)

In attendance:

Mrs Kirstin Dickson (Director for Transformation and Sustainability)
 Mr Tim Eltringham (Director of Health and Social Care, South Ayrshire)
 Ms Nicola Graham (Director Infrastructure and Support Services)
 Ms Sarah Leslie (Human Resources Director)
 Dr Ruth Mellor (Consultant in Public Health) Item 9.1
 Ms Karen McCormick (Chief Nurse, University Hospital Ayr) Items 6.1 and 6.4
 Mrs Shona McCulloch (Head of Corporate Governance)

Mrs Angela O'Mahony (Committee Secretary) minutes

The Board Chair welcomed all to the meeting and highlighted that this was the first Ayrshire and Arran NHS Board meeting for Cllr Lee Lyons following his appointment as a Non-Executive. The Board Chair noted that this was the last meeting for Mr Michael Breen as he was stepping down on 30 October 2022 following appointment as Director of Finance at the Golden Jubilee University National Hospital (GJUNH). The Board Chair thanked Mr Breen for his contribution and input during his time as a Non-Executive and wished him well in his new role.

1. Apologies

Apologies were noted from Ms Caroline Cameron, Mrs Vicki Campbell, Mrs Joanne Edwards, Mr Craig McArthur, Mrs Lynne McNiven and Ms Jennifer Wilson.

2. Declaration of interests (117/2022)

Ms Linda Semple declared an interest in relation to item 10.1, NHSAA Workforce Plan 2022-2025, as a Non-Executive Director at GJUNH, in relation to the workforce development activity taking place through Youth Academies to promote careers in health and care, led by GJUNH and NHS Education for Scotland.

3. Minute of the meeting of the NHS Board held on 15 August 2022 (118/2022)

The minute was approved as an accurate record of the discussion.

4. Matters arising (119/2022)

Paper 2 - Action Log

The Board action log was circulated to Board Members in advance of the meeting. There were no actions from the Board meeting held on 15 August 2022.

5. Chief Executive and Board Chair report

5.1 Chief Executive's report (120/2022)

- The Chief Executive reported that August and September 2022 had been challenging months for the health and care system and support continued to be put in place to improve access and reduce waiting times. Long waits continued for the Emergency Department (ED) and specialist services, with a focused approach being taken to support staff as they supported the wider community. Similar pressures were being seen across the NHS.
- In August 2022, NHS Ayrshire & Arran (NHSAA) teams had to manage a significant UK-wide cyber incident with an e-health provider. Whilst the provider hosted many services across the UK, for NHSAA, the Adastra service had been taken off line. Local plans were put in place as the national response was coordinated. Following considerable support work from Digital Services, the system was restored in September 2022. The Cabinet Secretary for Health and Wellbeing, Humza Yousaf, had written to acknowledge the commitment by teams to ensure access to Primary Care services was maintained throughout the incident. The Chief Executive advised that senior management had been kept apprised of the collaborative and creative response put in place by our local out of hours doctors' service. This was a significant event and the senior leadership team recognised and commended colleagues for the work completed in response to the incident.
- Throughout September the Board had taken the opportunity to promote its commitment to the Caring for Ayrshire (CFA) strategy. The Chief Executive and Board Chair had attended each of the three Ayrshire Community Planning Partnerships to relaunch CFA and this was positively received, with partners having already committed to the CFA programme. The Chief Executive had attended the launch event of the Diabetes in Dalmellington project at Dalmellington Community Centre on 21 September 2022. The event provided members of the public with an opportunity to meet service providers and find out more about diabetes prevention and management. There were plans to roll out similar events across Ayrshire and Arran.

- The mid-year Ministerial Review with the Cabinet Secretary for Health and Wellbeing, Humza Yousaf, and the Director General, Ms Caroline Lamb, took place on 26 September 2022. The review covered NHSAA's full working agenda and priorities related to Our People, Restoring our Services, and Investing in Digital. The Chief Executive had highlighted that eHealth continued to be at the heart of the Board's reform agenda.
- The Chief Executive and Board Chair officially opened the new Staff Wellbeing Centre at Ayrshire Central Hospital on 29 September 2022. This was an excellent facility and there were plans to open two further centres. Feedback from staff had been positive, with those present on the day commenting on the welcoming environment the centre provided.
- Speak Up Week was taking place from 3 to 7 October 2022. Events were planned across the organisation to raise awareness about the Whistleblowing Standards and our local processes, how people can raise queries or concerns on a range of matters and to promote the role of Speak Up Advocates and Confidential Contacts in NHS Ayrshire & Arran.

5.2 Board Chair's report

(121/2022)

- The Board Chair acknowledged and thanked the Vice Chair, Mr Bob Martin, for the support provided in recent weeks while she had been unwell. The Board Chair also thanked Ms Linda Semple for stepping in to support the visit of the Minister for Public Health, Women's Health and Sport, Ms Maree Todd, to The Willows Sexual Assault Response Coordination Service on 21 September 2022.
- The NHS Chairs' Away Day was held on 15 and 16 September 2022. While the Board Chair had been involved in preparatory work, she had been unable to join the event. The Board Chair thanked Cllr Joe Cullinane, North Ayrshire Council, and Mrs Kirstin Dickson, Director for Transformation and Sustainability, who had attended on 15 September to update on Community Wealth Building and NHSAA's role as an Anchor organisation. Boards had commended the work being done in Ayrshire and expressed interest in the approach being taken. Sir Harry Burns had attended to speak about the economic impact of adverse childhood experience and the importance of early intervention. On 16 September, the focus had been on staff wellbeing and organisational culture, and a number of actions were agreed in relation to culture and leadership. Feedback from the event had been positive.

6. Quality

6.1 Patient story

(122/2022)

The Medical Director, Dr Crawford McGuffie, presented the patient story from one of our Hospital Volunteers, Phyllis, in which she talked about her healthcare journey from initial contact with Primary Care through Acute care and discharge.

Phyllis' story highlighted the importance of prompt and effective team working across Primary and Acute Care and how this can have a significant positive outcome on the patient's journey.

Board Members were encouraged to hear this positive patient story and the high quality care received, and thanked Phyllis for sharing her experience.

Outcome: Board Members noted the patient story which will be shared across Acute services to highlight this patient's positive experience.

6.2 Patient Experience

(123/2022)

The Medical Director, Dr Crawford McGuffie, presented the report on organisational activity in relation to patient, carer and family feedback and complaints in Quarter 1, and compliance with the complaint handling process. The report had been discussed at the Healthcare Governance Committee (HGC) meeting on 20 September 2022.

Dr McGuffie advised that while urgent workforce, workload and service delivery pressures were impacting on complaint handling performance, fundamentally, learning, feedback and complaints activity continued to improve. The Board continued to review feedback and the Complaints team was working with Investigation Leads and the Quality Improvement Lead to progress improvement activity. Complaint themes were detailed in the report. There continued to be an increase in the number of Care Opinion responders across services. Appendix 2 of the report provided detailed complaint handling performance data.

The HGC Chair, Ms Linda Semple, reassured Board that HGC had discussed the report in detail at the meeting on 20 September 2022. The Complaints team will provide a further series of deep dive reports to HGC on key themes identified from complaints.

Outcome: Board members noted the patient experience feedback and complaints information for Quarter 1.

6.3 Healthcare Associated Infection (HCAI) report

(124/2022)

The Medical Director, Dr Crawford McGuffie, reported on the current position against the national HCAI Standards.

The position remained unchanged since the last report to the Board on 15 August 2022 and work continued in all areas. Verified data for Quarter 1 will be presented to HGC and the Board as soon as this is available.

Dr McGuffie highlighted that as previously described to the Board, the Infection Prevention and Control Team's (IPCT) activity had primarily been focused on supporting the organisational response to COVID-19 and its remobilisation programme. An interim Annual Planned Programme had been developed and approved by HGC.

Dr McGuffie provided an update on the management of an incidental finding of Pseudomonas in a Neonatal Unit (NNU) water sample at University Hospital Crosshouse in June 2022. The report set out the work undertaken through the Water Safety Group, IPCT, Laboratories and clinical teams, recommendations were made and control measures put in place. Following thorough investigation all water samples tested were negative for Pseudomonas.

The Board Chair reassured members that HGC had received a detailed description of the event at the Committee meeting on 20 September 2022. HGC members had been impressed by the speed and depth of reaction and commended the IPCT for their rapid and thorough response.

Outcome: Board Members noted the Board's current position against the national HCAI Standards and the management of an incidental finding of Pseudomonas in a Neonatal Unit (NNU) water sample.

6.4 Quality and Safety Report - Acute

(125/2022)

The Chief Nurse at University Hospital Ayr (UHA), Ms Karen McCormick presented a report on progress of the Scottish Patient Safety Programme (SPSP) Acute Adult in alignment with Excellence in Care (EiC), in relation to the following core measures:

- Falls and falls with harm – Falls at both acute sites had continued to reduce over the last seven months and were below the national median. Falls with harm were more difficult to benchmark as there was no agreed Scottish definition in terms of what accounts for harm. The report detailed improvement actions being taken forward by the Falls Coordinator focusing on teams requiring immediate support.
- Cardiac arrest – cardiac arrests at both acute sites were above the national median and there was focused improvement work ongoing to reduce the median rate.
- Pressure Ulcers – improvement work continued to be a key priority for NHSAA. As no Boards were submitting PU data to HIS, there was no current Scottish median rate, with data benchmarked against the last national PU median recorded in October 2019. There had been a sustained increase in PUs at UHC and there was variable performance at UHA. An action plan had been developed and targeted Improvement actions were being progressed through the PU Improvement Group.

Ms McCormick emphasised that behind every data point there was a person and the absolute desire of nurses and the wider team to improve care and reduce and limit harm. She commented that due to the current significant service pressures there was reduced time for staff to train and learn to deliver the care they wanted to provide. Ms McCormick reassured Board that considerable work was being done and there was a strong determination to do better by working collaboratively, adhering to professional standards and ensuring that the Board's values of Safe, Caring and Respectful remain at the core in delivering services.

Ms McCormick confirmed in response to a question from a Board Member that lengthy waits for hospital treatment care and extended length of stay would have an impact in terms of PUs. Ms Semple highlighted that HGC had been advised that PU reporting was not currently required nationally, however, local data would continue to be collated and the position would continue to be monitored locally. Board Members acknowledged the improvement activity ongoing to reduce length of hospital stay and emphasised the importance of this work given the impact of increased length of stay on patient outcomes.

Outcome: Board Members noted the report on performance and activity in terms of SPSP in alignment with the EiC programme within NHSAA.

7. Corporate Governance

7.1 Corporate Governance – Board committees (126/2022)

The Head of Corporate Governance, Mrs Shona McCulloch, presented proposals for updated Board committee responsibilities for agreement in accordance with the Board's standing orders.

As Mr Michael Breen had resigned from the Board with effect from 30 October 2022, the paper set out proposals for the committees that Mr Breen was a member of, plus any additional responsibilities. An interim derogation was proposed for the Healthcare Governance Committee and Information Governance Committee to carry a vacancy until a new Non-Executive appointment has been made. Proposed changes were highlighted in red within Appendix 1 and Appendix 2 of the report.

Outcome: Board Members approved the updated Non-Executive Member responsibilities and agreed the interim derogation to Governance Committee Terms of Reference in regard to required membership.

7.2 Healthcare Governance Committee Minutes (127/2022)

The Committee Chair, Mrs Linda Semple, advised that the meeting scheduled to take place on 12 September 2022 was cancelled following the death of Her Majesty The Queen. Due to diary constraints two short meetings were arranged to consider key business items, with a number of other papers circulated virtually to ensure business continuity. The Chair presented key issues from the meetings held on 20 September and 22 September 2022 and the minute of the meeting held on 1 August 2022.

Outcome: Board Members considered and noted the minute and update.

7.3 Information Governance Committee (128/2022)

The Committee Chair, Mrs Jean Ford, provided a report on key areas of focus and scrutiny at the meeting on 29 August 2022. The Chair presented the minute of the meeting held on 9 May 2022.

Outcome: Board Members considered and noted the minute and update.

7.4 Performance Governance Committee (129/2022)

The Committee Chair, Mr Bob Martin, provided a report on key areas of focus and scrutiny at the meeting on 1 September 2022. The Chair presented the minute of the meeting held on 26 May 2022.

Outcome: Board Members considered and noted the minute and update.

8. Performance

8.1 Performance Report

(130/2022)

The Director of Transformation and Sustainability, Mrs Kirstin Dickson, provided an assurance report on the management and provision of unscheduled and planned care for the period to July 2022, with some data for August 2022. COVID-19 prevalence continued to cause disruption across the system. Performance across various parts of the service continued to be impacted due to workforce and capacity issues.

Mrs Dickson reported progress with the newly announced waiting times target for Planned Care. Areas of particular challenge were highlighted in the report, with improvement work ongoing in these areas. The report also provided an update on progress with existing national waiting time targets. Benchmarking data demonstrated the pressures being experienced in those service areas where the pandemic had a direct impact on capacity over the last couple of years, and the challenges in recovering service and performance in these areas.

Board Members received a detailed update on performance related to Diagnostics and Cancer. The report highlighted the impact of the pandemic in terms of social distancing and capacity challenges. This had particularly impacted on Cancer performance for the 62 day target. Performance was good throughout for the 31 day Cancer target.

Mrs Dickson highlighted that within Mental Health Services, the Child and Adolescent Mental Health Services (CAMHS) target had fallen below 90% for the first time since July 2020 due to COVID-19 staff absence and the impact on service provision, as well as an increase in referrals prior to the summer break. Psychological Therapies had seen an improved position since the start of the COVID-19 pandemic, with compliance levels exceeding 90%. Drug and Alcohol services continued to exceed the target, however, performance in July 2022 had reduced to its lowest position since January 2020.

There were continued challenges related to Unscheduled Care, high levels of acuity, occupancy rates and extended length of stay which continued to have a significant impact across the system. Overall, ED attendances were lower than before the pandemic but had increased compared to 2021. There was variable performance in relation to the ED four hour waiting time target and breaches over 12 hours had increased again in July 2022.

For delayed transfers of care, all three Health and Social Care Partnerships (HSCPs) had experienced significant complex demand for care at home and there were significant workforce challenges due to staff absence, vacancies and challenges to recruit and sustain capacity across services. There had been an increase in guardianship cases for adults with incapacity which also contributed to increased delays in transfer of care.

Board Members discussed the report and commended staff for the significant work they were doing on a daily basis to improve performance. However, there was concern that as winter approached service pressures would increase and there was a need to continue with improvement activity.

Mrs Dickson advised in response to a question from a Board Member that she would provide details of bed days lost as a proportion of total bed days outwith the meeting.

Outcome: Board Members noted the assurance provided on management and provision of unscheduled and planned care.

8.2 Financial Management Report for Month 5

(131/2022)

The Director of Finance, Mr Derek Lindsay, presented a report on the Board's financial position at Month 5 to 31 August 2022. The Board's Revenue Plan for 2022-2023 was a deficit of £26.4 million. The position after five months was an overspend of £13.1 million, a higher run rate than previously planned.

Mr Lindsay provided a detailed update on COVID-19 spend. In setting this year's budget the planning assumption had been that COVID-19 would be fully funded from the Scottish Government. The position at Month 5 was that most but not all COVID-19 expenditure would be funded by the Scottish Government. Appendix 2 of the report set out the COVID-19 spend for Month 5 which amounted to £10 million. It was expected that COVID-19 funding from the Scottish Government would be around £18.5 million. The Board's spend profile was therefore higher than the proportionate spend over 12 months.

Mr Lindsay set out plans to pull back spend in the second half of the year, including closure of 98 of 160 unfunded beds by the end of November 2022, and to reduce the spend profile related to additional medical and nursing agency staff, as the most significant costs related to additional COVID-19 expenditure. Mr Lindsay highlighted the overspend in Acute services, partly due to unfunded beds being open and unachieved efficiency savings.

The Chief Executive and Medical Director reassured Members that the Executive Team was committed to the ambition to close these unfunded beds and ensure that patients were being seen in the right place at the right time. A Director-led work programme was in place to prioritise this project which is fully aligned to supporting our workforce capacity and staff wellbeing and improving the quality of care being provided for patients. While the work programme had been given an amber risk rating, Board Members were assured that the team held this programme as a priority.

Board Members were advised that the Scottish Government had reviewed the Board's Quarter 1 financial return and wrote to the Board on 12 September 2022 to advise that they expected the Board to deliver the £26.4 million deficit budget as a minimum, or an improved position. All Scottish Boards were projecting a deficit budget this year. The Board had responded to the Scottish Government on 30 September 2022 to outline plans to deliver the planned deficit by the year end.

Mr Lindsay highlighted anticipated allocations as detailed in Appendix 3 of the report. While the Board had requested £13.5 million additional access funding, it was anticipated that it would receive around £7.8 million from the Scottish Government due to a central funding gap. Board Members expressed concern at the reduction in access funding and the impact this would have on waiting times.

Mr Lindsay explained in response to a question from a Board Member in relation to the Board's use of COVID-19 funding issued in 2021-2022 and held in IJB reserves, that he expected the Scottish Government would base funding on Quarter 2 financial returns. It was understood that funding related to national services, such as personal protective equipment, would be clawed back by the Scottish Government.

Board Members sought clarity in regard to financial planning for inflationary pressures such as the public sector pay award and the increase in energy costs. Mr Lindsay advised that there was discussion ongoing about how the pay offer would be funded should it exceed 5% and this was an area of risk in the Board's financial planning. Mr Lindsay reassured Members that in budget setting for this year the Board had increased the funding allocated for energy costs and there were pan-public sector procurement arrangements in place to purchase energy in advance. Non-recurring funding had been identified to cover the increase in food costs this year. However, there would be further inflationary cost pressures in budget setting for 2023-2024.

Outcome: Board Members noted the Board's financial position to 31 August 2022.

9. Service

9.1 Investing in the future – Tackling child poverty (132/2022)

Dr Ruth Mellor, Consultant in Public Health, presented a report on child poverty issues across Ayrshire and Arran.

Dr Mellor reported that over a quarter of children across Ayrshire and Arran were living in households experiencing relative poverty. Data for 2019-2020 indicated that East, North and South Ayrshire were all in excess of the Scottish average, with East and North Ayrshire having the second and fourth highest and South Ayrshire having the eleventh highest percentage of children living in poverty. There were known variations across Local Authority areas. Data for 2017-2020 indicated that in Scotland the majority of people living in relative poverty were in working households and this impacted on 160,000 children across Scotland. The Scottish Government's target is to have less than 10% of children living in relative poverty by 1 April 2030.

Dr Mellor advised that NHSAA's Child Poverty Action Plan for 2022-2023 was a live document which fed into the three HSCPs. The Board had a statutory duty to contribute to joint reports with the Local Authorities. The action plan was in the process of being refreshed and the next iteration is due to be presented to the Board in May 2023.

The report focused on poverty prevention and mitigation work being done by NHSAA. Dr Mellor provided examples of recent work undertaken, including child poverty and financial inclusion workshops for staff to help them to signpost patients and other staff to financial inclusion services. Work was also taking place to consider how to increase uptake of the Young Patient Family Fund which provides subsistence to families visiting children and neonates.

Dr Mellor advised in response to a question from a Board Member that the Scottish Government had a number of measures and specific definitions and calculations

used to describe poverty. Relative poverty looked at median income after housing costs were taken off.

Cllr Marie Burns highlighted the collaborative “No Wrong Door” work being done by North Ayrshire Council and the NHS which is looking at access points where people come into contact with services and how to ensure that staff are trained and have the appropriate information to assist people in accessing a range of services they may need. A further workshop was being held involving NHS, Local Authority and Third Sector colleagues to move this work forward.

Cllr Douglas Reid reported that East Ayrshire Council was undertaking similar activity to mitigate the impact of poverty, for example, looking at young people excluded from education and how to get them into employment.

Board Members noted that this work supported delivery and outcomes in terms of the Public Sector Duty under Fairer Scotland.

Board Members noted with concern the local position in relation to child poverty, including for working households, and the impact on mental health and adverse childhood experience. Board Members underlined the importance of the collaborative work being done with partners and through Community Wealth Building which would make a difference to people and facilities in their area. Dr Mellor reassured Members that Health Improvement Leads for each Local Authority area were linked in to this work and their contribution and shared perspective was very welcome. In addition, Public Health was linked to cost of living groups across the HSCPs and Local Authorities.

Outcome: Board Members noted the update on child poverty issues and were assured that the Board was meeting its statutory duty.

10. Decision/Approval

10.1 NHS Ayrshire & Arran Workforce Plan 2022-2025 (133/2022)

The HR Director, Ms Sarah Leslie, presented the NHSAA Workforce Plan 2022-2025 for consideration and to endorse for publication in accordance with national direction from the Scottish Government. Within Ayrshire there was a suite of four workforce plans, with one for NHSAA and one for each of the three HSCPs. Themes and outcomes from all plans had been developed collaboratively.

Ms Leslie advised that the NHSAA Workforce Plan was framed on COSLA and NHS Scotland plans in terms of Attract, Develop, Support and Retain. The report was provided in the context of the significant financial, performance, service and capacity issues facing the organisation. It was important to have a supply of workforce to stabilise current services, progress planned care activity and reduce long waits as a result of the COVID-19 pandemic, while returning to pre-pandemic funded establishment.

The report set out areas of risk related to corporate workforce and actions which will assist in mitigation. Ms Leslie highlighted that funding had been received from the Scottish Government to allow international recruitment of 53 health and care staff and work was ongoing to look at issues such as staff accommodation. Workforce

was also a wider risk for NHS Scotland due to national and international shortages of health and care staff.

Members were advised of detailed plans to deliver strategic reform in the medium to long term and clinically led service reform and redesign work to be taken forward through the Board's Caring For Ayrshire ambition. Ms Leslie outlined work to develop complementary roles such as Physician Associates, Medical Associate Practitioners and Band 4 roles within the Nursing workforce. However, it would take several years to develop these roles. A progress update on this work would be provided to a future meeting.

Ms Leslie provided a high level overview of key features of the workforce employed by NHSAA with further drilldown and complementary detail in relation to job families. The workforce had an older age profile with an average age of 55 years and high attrition rate in terms of retirement. It would be critical for the Board to build in succession planning to attract younger people to work in NHSAA, for example, through modern apprenticeships within key professional areas. Staff wellbeing support was a key priority and the opening of new Wellbeing Centres was welcomed. NHS staff may also be impacted by in-work poverty and it would be important to have a robust financial inclusion strategy. A driver diagram was provided outlining priority workforce actions in 2022-2023.

Ms Leslie advised in response to a question from a Board Member that in the current situation with rising poverty levels, a review of staff working 16 hours or less would be timely to identify opportunities to extend hours and signpost to financial inclusion advice or options for more secure employment. Ms Leslie would take this action forward through Directorates and provide an update at a future meeting.

Ms Leslie agreed in response to a question from a Board Member that it was important to take a flexible approach to remove barriers and support staff, for example those with caring responsibilities, to be at work. However, Board Members recognised that the position would require to be monitored to ensure sufficient workforce capacity to meet clinical pressures and priorities. Ms Leslie would provide a position report for the Corporate Management Team and Directorates on Once for Scotland options for flexible working to enable colleagues to continue to work and contribute to household incomes.

Board Members discussed workforce gaps and reiterated the need to attract younger people to roles across health and social care. Ms Leslie highlighted the excellent work done locally to raise awareness of careers within Medical and Nursing. However, there was further work to be done to promote the wide range of careers and progression opportunities available across health and social care, including support services. Ms Semple highlighted the work being done by NHS Education for Scotland and the National Academy at GJUNH in relation to Youth Academies to promote careers in health and care and grow the workforce. Ms Leslie would progress this work further via Employability Groups.

Board Members discussed Medical and Nursing Workforce training and it was recognised that fundamental discussion required to take place at national level on training numbers. Ms Leslie advised that the Board was lobbying for a return to two Nursing student intakes each calendar year.

Outcome: Board Members approved the NHSAA Workforce Plan 2022-2025 and noted the work planned by HR to strengthen the workforce.

10.2 Risk Appetite Statement

(134/2022)

The Medical Director, Dr Crawford McGuffie, presented the updated Board Risk appetite statement for approval.

Dr McGuffie advised that this was last approved by the Board at an in-committee meeting on 15 December 2016 and was due for review at the end of May 2021. The Risk and Resilience Scrutiny and Assurance Group had agreed a one year extension to the end of May 2022 due to the pandemic which had been supported by the Integrated Governance Committee.

The Risk Appetite Statement had been developed to reflect NHSAA's four pillars of performance; Service, Quality, People and Finance, with an underpinning Quality of Reputation spanning all four Pillars.

In the absence of a standard NHS Scotland Risk Appetite Framework / Matrix and in agreement with the Good Governance Institute (GGI), NHSAA had used the Institute's Matrix which supports "better risk sensitivity in decision taking" and enables a qualitative comparison.

Dr McGuffie advised that the review had been carried out with stakeholder engagement at its heart through the use of workshops and establishment of a short life working group (SLWG). The SLWG comprised Executive and Non-Executive Board Members, ensuring a breadth and depth of experience. The SLWG had unanimously agreed that the GGI's Matrix and the four Pillars remained appropriate, notwithstanding compliance with regulatory requirements and financial governance, and each domain had remained set at High.

Board Members were assured that there would be education of senior staff across NHSAA to ensure consistency in understanding the relevance of Risk/Risk Appetite in their roles and how the Statement could help the organisation achieve its objectives, make decisions and be used to assist with delivery of services.

Outcome: Board Members approved the Board Risk Appetite statement and noted the plans for education of senior staff.

10.3 NHS Ayrshire & Arran Annual Delivery Plan (ADP)

(135/2022)

The Director of Transformation and Sustainability, Mrs Kirstin Dickson, presented the ADP which was submitted to the Scottish Government on 12 August 2022 for consideration. The Board had received a letter from the Scottish Government on 22 September 2022 recommending that the plan be presented to the Board for approval. The Scottish Government's letter had included key points and feedback which will be picked up and incorporated in quarterly returns throughout the year.

Mrs Dickson advised that the ADP had been prepared collaboratively working with partners and provided the Scottish Government with confirmation that plans are in place to stabilise and improve services as the Board recovers from the pandemic. The report outlined actions for recovery and stabilisation of services aligned to the Board's 10-year Caring for Ayrshire strategic ambition.

Outcome: Board Members approved the Plan and were assured that the necessary systems are in place to scrutinise and monitor delivery of the plan. Board noted the Plan would be published on the Board's website once approved by the three Integration Joint Boards.

11. For information

11.1 Board briefing (136/2022)

Board Members noted the content of the briefing.

11.2 East Ayrshire Integration Joint Board (137/2022)

Board Members noted the minute of the meeting held on 22 June 2022.

11.3 North Ayrshire Integration Joint Board (138/2022)

Board Members noted the minutes of the meetings held on 16 June and 25 August 2022.

11.4 South Ayrshire Integration Joint Board (139/2022)

Board Members noted the minute of the meeting held on 15 June 2022.

12. Any Other Competent Business (140/2022)

12.1 NHS Board meeting dates 2023-2024

Board Members approved the NHS Board meeting dates for 2023-2024.

13. Date of Next Meeting

The next public meeting of the NHS Ayrshire & Arran Board will take place at 9.30am on Monday 28 November 2022.