



**Ayrshire and Arran NHS Board**  
**Minutes of a public meeting on Tuesday 26 March 2024**  
**Hybrid meeting – Room 1 Eglinton House and MSTeams**

- Present:
- Non-Executive Members:  
 Mrs Lesley Bowie, Board Chair  
 Cllr Marie Burns  
 Ms Sheila Cowan, Vice Chair  
 Dr Sukhomoy Das  
 Mr Liam Gallacher  
 Dr Tom Hopkins  
 Cllr Lee Lyons  
 Mr Marc Mazzucco  
 Mr Neil McAleese  
 Cllr Douglas Reid  
 Ms Linda Semple  
 Mrs Joyce White
- Executive Members:  
 Ms Claire Burden (Chief Executive)  
 Mr Derek Lindsay (Director of Finance)  
 Dr Crawford McGuffie (Medical Director/Deputy Chief Executive)  
 Mrs Lynne McNiven (Director of Public Health)  
 Ms Jennifer Wilson (Nurse Director)
- In attendance:
- Ms Caroline Cameron (Director of Health and Social Care, North Ayrshire)  
 Mrs Vicki Campbell (Head of Primary Care and Urgent Care Services)  
 Ms Tracey Cooper (interim Associate Director of Infection Prevention and Control) item 6.4  
 Mrs Kirstin Dickson (Director for Transformation and Sustainability)  
 Dr John Freestone (Deputy Medical Director, Primary Care) items 8.1 to 8.3  
 Mrs Nicola Graham (Director of Infrastructure and Support Services)  
 Ms Sarah Leslie (Human Resources Director)  
 Mrs Shona McCulloch (Head of Corporate Governance)  
 Mrs Angela O'Mahony (Committee Secretary) minutes

The Board Chair welcomed everyone to the meeting. The Board Chair bid farewell to Miss Christie Fisher, who stepped down as a Non-Executive Board Member on 29 February 2024. She thanked Miss Fisher for her contribution during her time with the Board and wished her well for the future.

The agenda was re-ordered slightly, with item 6.4, Healthcare Associated Infection report, discussed after matters arising, to allow the colleague presenting to join the meeting.

## 1. Apologies

Apologies were noted from Mrs Jean Ford, Mr Ewing Hope, Mr Tim Eltringham and Mr Craig McArthur.

## 2. Declaration of interests (024/2024)

There were no declarations noted.

## 3. Minute of the meeting of the NHS Board held on 5 February 2024 (025/2024)

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

## 4. Matters arising (026/2024)

### Paper 2 - Action Log

The Board action log was circulated to Board Members in advance of the meeting and all progress against actions was noted. The action raised at the last meeting under the Financial Management Report was complete. The Board Chair highlighted that the Board had held a number of Board workshops to discuss the financial position, as well as updates provided at the Performance Governance Committee (PGC). There would be further updates provided later in the meeting.

## 5. Chief Executive and Board Chair report

### 5.1 Chief Executive's report (027/2024)

- The Chief Executive reported that March 2024 had been a busy month as the Board reached the year-end position. The system continued to face significant pressure as a result of service demands. The Chief Executive was grateful for the whole health and care system work being done to address these pressures and in planning for the Easter weekend.
- The Chief Executive had undertaken several positive visits in recent weeks as highlighted below.
  - On 2 March 2024, she had spent an afternoon with the General Practice Development Group looking ahead at future Primary Care services. She emphasised the important role of Primary Care services in the provision of healthcare services, with over a million patient contacts made in 2023. Primary Care colleagues were keen to do more, including prioritisation of chronic disease management in the community, to build on the successful improvement work already being done.
  - She had also met the Community Mental Health Crisis Team to find out more about the innovative work they do to improve patient access following a Caring for Ayrshire approach and future work planned.
  - On 18 March 2024, the Chief Executive joined a quality and safety walk round to Day Surgery at University Hospital Ayr (UHA). 200 patients per week were being seen through this facility, with capacity at pre-pandemic levels despite congestion issues faced. The Eye Surgery was located in the facility. The service was fully recruited to and the operational model working well which was positive.

- On 25 March 2024, the Chief Executive joined a quality and safety walk round to Station 1 UHA. The team had shared the work being done to support patients waiting for care in the community. The Chief Executive had shared the Board's commitment, along with the Health and Social Care Partnerships, to continue to reduce waits throughout the health and care system.

## 5.2 Board Chair's report

(028/2024)

- The Board Chair attended national Board Chairs' meetings on 28 February and 25 March 2024, with the Chief Executive for NHS Scotland and Director General for Health and Social Care, Ms Caroline Lamb, joining an open session on 28 February. This had provided the opportunity for good discussion, with a similar approach to be adopted at future meetings. Ms Lamb and the Chief Operating Officer at NHS Scotland, Mr John Burns, had joined the meeting on 25 March 2024 when there had been discussion about future plans. Board Chairs welcomed this engagement and the opportunity to have open dialogue with the Director General.
- Board Chairs had met on 26 February 2024 when there had been discussion with the Community Engagement team at Healthcare Improvement Scotland (HIS) which had underlined the importance of community engagement when looking at future reform and service change in NHS Scotland. The Board's engagement process related to the interim (now permanent) changes made to systemic anti-cancer therapy delivery in Ayrshire and Arran was recognised by HIS as an example of good practice.
- Two Board workshops had been held to enable 2024-2025 budget discussions. The Board Chair advised that the budget setting process had not yet concluded. She thanked Board Members for their efforts in engaging with these two workshop sessions, particularly given the difficult financial challenges facing the organisation.
- The Board Chair continued to meet informally with staff teams and had recently met the Staff Wellbeing team at Lister Street, with positive discussion about some of the work taking place. The Board Chair added that she found these meetings valuable. The next meeting planned is with the Complaints team. The Board Chair encouraged Directors to get in touch if their staff team would welcome a visit, particularly if the team did not have regular leadership walkrounds.
- The Board Chair recently visited the Community Health Nursing team and Community Treatment and Care (CTAC) team at Whitletts Health Centre with the Director of Pharmacy. This visit had provided the opportunity for interesting discussion. The Board Chair welcomed the positive team ethos, with the team working together to address challenges. She would visit the team again in the future to receive a further update.
- The Minister for Public Health and Women's Health, Ms Jenni Minto, had visited the Lister Centre at University Hospital Crosshouse on 11 March 2024, accompanied by the Board Chair and Director for Allied Health Professionals (AHPs). Ms Minto had spent some time engaging with staff. There had been

good round table discussion and a service user joined the Minister for a small group discussion. The Minister was encouraged by the multi-disciplinary work being done and how teams were learning from and supporting each other.

- On 14 March 2024, the Board Chair had chaired the East Ayrshire Community Planning Partnership Board which was broken into smaller work groups to enable discussion about future priorities.

## 6. Quality

### 6.1 Patient story

(029/2024)

The Chief Executive, Ms Claire Burden, introduced the patient story told by Katrina on behalf of her husband who encountered problems when trying to use the Hospedia multimedia unit whilst an inpatient at University Hospital Crosshouse (UHC).

Board Members recognised the positive work being done through “what matters to you” to understand what matters to patients and improve patient experience. Members emphasised the need to take every opportunity to engage with and listen to patients. In reply to a query from a Board Member, the Nurse Director, Ms Jennifer Wilson, agreed that it was important for people providing feedback to see that changes have been made as a result of their experience. She reassured Members that the Patient Experience team would feed back to the individual involved. Ms Wilson reassured Members that detailed reporting on changes made as a result of feedback received from Patient Stories was discussed at the Healthcare Governance Committee.

**Outcome: Board Members noted the patient story.**

### 6.2 Patient experience

(030/2024)

The Nurse Director, Ms Jennifer Wilson, presented the patient experience feedback and complaints information for quarter 3. The report was discussed in detail at the Healthcare Governance Committee meeting on 4 March 2024.

Board Members were informed that there had been a continued reduction in Stage 1 complaints, although this was expected to rise in the next quarter. Performance in responding to Stage 1 complaints was above 85%. Stage 2 complaints had been on an increasing trend over the last 12 months. As previously reported to the Board, an Acute services complaint handling recovery project was ongoing and associated improvement in responding to Stage 2 complaints was shown in chart 4 of the report. For out of time complaints, the majority sat within Acute service and significant improvement work was ongoing to close off these complaints.

Ms Wilson highlighted that the Board had started to see a rise in Scottish Public Services Ombudsman (SPSO) enquiries which could be attributed to complaints performance over the last year. The number of cases progressing to investigation remained low. As SPSO was experiencing a backlog in responding to complaints, this may change in future quarters.

Complaint themes reported were similar to previous quarters. The report set out the various feedback and engagement mechanisms in place, with 75% of overall

feedback received considered to be positive. The report provided a summary of complainant feedback from a total of 60 complainants. Improved complainant satisfaction could be attributed to the Acute complaint handling recovery project which had been extended to cover all complaints over 20 working days. Data from 5 February 2024 showed a further decrease in out of time complaints. Stage 2 performance had been maintained above 75% which was a marked improvement and reflected the importance of the targeted work taking place.

**Outcome: Board Members considered and noted the patient experience feedback and complaints information for quarter 3 welcoming the improved performance in responding to stage 2 complaints.**

### 6.3 Patient experience

(031/2024)

The Nurse Director, Ms Jennifer Wilson, presented a report summarising a collection of themed papers presented to the Healthcare Governance Committee between February 2023 and March 2024.

Ms Wilson advised that the report covered themes related to clinical treatment; communication/attitudes and behaviours; waiting times and appointments; and learning and improvement. The paper summarised the analysis undertaken and how it was used to progress positive change. Clinical treatment areas considered for deep dive work included Prison, Mental Health and Primary Care, however, the majority of activity was in Acute services.

Ms Wilson highlighted some of the improvement work being done within Acute, including the introduction of open visiting across the organisation which had led to a considerable reduction in complaints related to visiting times. The Head of Health Records was working with the Scottish Government around new ways of communicating the treatment and waiting time guarantee which would hopefully address complaints related to waiting times. There were over 200 volunteers working in clinical areas. Most recently, there had been a growth in volunteers through students at Ayrshire College taking on volunteer roles which would not only enhance patient experience but also build their expectation for future careers in the organisation. There was investment in coaching for wellbeing approaches and quality improvement training to give staff time for reflection, to build skills and enhance patient care.

The Board Chair gave reassurance, in reply to a comment from a Member that the Board continued to look at broadening the volunteering opportunities available. Ms Wilson highlighted the work being done specifically with Ayrshire College and other areas, for example, through the Board's role as a corporate parent, to provide opportunities for people of all ages across the organisation.

Ms Wilson advised in reply to a query from a Member that information was available in wards and clinical areas about how to make a complaint. She would discuss with the Patient Experience team the possibility of including feedback and complaints information as part of the patient discharge process to improve access to complaints information. She advised that due to system pressures there had been challenges in managing complaint activity, however, as part of focused work to improve the complaints process, complainants were now being advised of when they could expect a response, with regular contact being made to keep them updated. As

progress continued to be made with out of time complaints and numbers reduced, this should become easier.

In response to a question from a Member Ms Wilson reported that significant work was being done through the prison healthcare team to support prisoners' mental health. She advised that an in-depth assurance report would be provided at a future Healthcare Governance Committee on Prisoner complaints which would be reported through the Committee Chair's report to Board. Ms Semple reported that the Healthcare Governance Committee meeting on 15 January 2024 had considered a report on public health screening for prisoners at HMP Kilmarnock and suggested it may be useful to share with Board Members for awareness. Ms Semple highlighted the work being done through Community Justice Scotland and the Integration Joint Boards to support prisoners at transition and through the care system in linking prisoners to services.

**Outcome: Board Members considered and noted the report on complaint themes. The report on public health screening for prisoners would be shared with Board.**

#### **6.4 Healthcare Associated Infection (HCAI) report (032/2024)**

The Nurse Director, Ms Jennifer Wilson, invited the interim Director for Infection Prevention and Control, Ms Tracey Cooper, to present the report which was discussed in detail at the Healthcare Governance Committee on 4 March 2024.

Members received a summary of the current position against the national HCAI Standards for quarter 2. Quarter 3 data would be available in early April 2024 and presented at the next Board meeting on 21 May 2024.

Ms Cooper highlighted that Escherichia coli bacteraemia (ECB) remained above the year-end target at quarter 2 and the Board may not achieve the target. In quarter 3, the Board had received exception reports for community acquired Staphylococcus aureus bacteraemia (SAB) and ECB. Members were advised that these bacteraemia occur unrelated to any healthcare and it was often difficult to understand the causes, and to put actions in place to reduce rates. The Public Health team was leading focused work on SAB in people who inject drugs as some of those infections were in that group of people. It was hoped to be able to identify factors which could be implemented to reduce risk in this group. There were detailed action plans in place for which the Prevention and Control of Infection Committee had oversight.

The report provided a summary of outbreaks and healthcare infection incident assessment tool (HIAT) reports submitted for quarter 3. Ms Cooper highlighted that respiratory outbreaks continued to have a significant impact, particularly COVID-19, with 51 outbreaks during quarter 3, ranging from two patients in a bay to a larger number of patients. Although these outbreaks often involved a small number of patients, they were managed and reported in line with guidance at the time.

**Outcome: Board Members considered and noted the HCAI data as well as the ongoing work within the organisation to reduce HAI rates.**

## 7. Corporate Governance

### 7.1 Blueprint for Good Governance improvement plan (033/2024)

The Head of Corporate Governance, Mrs Shona McCulloch, presented the Board's draft improvement plan for approval prior to submission to Scottish Government. The plan included six high level improvement actions identified at the Board development session held on 11 January 2024, arising from the Blueprint for Good Governance self-assessment survey circulated to members in November 2023. Executive and Non-Executive leads for each action had been identified, with a timeline for overall completion of end March 2025.

The first draft of the improvement plan had been discussed at the Integrated Governance Committee meeting on 12 February 2024 and Committee had agreed that a small group of Non-Executives and the Head of Corporate Governance would develop the plan into a final draft, for the NHS Board. Mrs McCulloch reassured Board Members that detailed actions would be developed for each high level action with timescales identified to support delivery. Future scrutiny and reporting arrangements would be through Audit and Risk Committee (ARC), with frequency of reporting to be agreed.

Members discussed and supported the high level action plan and the future governance reporting through ARC. The Board Chair advised in reply to a query from a Member that the Scottish Government had asked for a high level plan by 31 March 2024 and the deadline had since been extended to 30 April 2024 to allow all Boards to respond. She reassured Members that once approved by Board, the high level plan would be submitted to Scottish Government by 31 March 2024.

**Outcome:** Board Members approved the Board improvement plan for submission to Scottish Government. Members noted that detailed actions and timelines would be developed and supported reporting through ARC to evidence delivery.

### 7.2 Governance Committee and IJB Membership (034/2024)

The Head of Corporate Governance, Mrs Shona McCulloch, presented proposed changes to membership. The matrix had been updated to reflect Miss Christie Fisher's resignation from the Board on 29 February 2024. The paper set out proposals for the Committees of which she was a member.

Interim Members had been nominated: Jean Ford to join North Ayrshire Integration Joint Board; and Sukhomoy Das to join the Endowment Committee, pending appointment of a new Non-Executive. It was proposed that the Healthcare Governance Committee and Information Governance Committee would both carry a vacancy meantime and the position would be monitored closely to ensure meetings have a quorum present.

The Board Chair advised that the Board was engaging with the national Public Appointments Team to progress the ministerial process to fill the Non-Executive vacancy. As this was unplanned and outwith the normal planning cycle, it was expected to take several months to complete the process.

**Outcome:** Board Members approved proposed changes to membership and for the named governance committees to hold vacancies.

### **7.3 Annual Review of Governance Committee Terms of Reference (035/2024)**

The Head of Corporate Governance, Mrs Shona McCulloch, presented Governance Committee draft Terms of Reference (ToR) for approval. For the 2024 review, each Governance Committee had reviewed its ToR as detailed in the report, with any changes highlighted in red.

**Outcome: Board Members approved Governance Committees' ToR.**

### **7.4 Board annual cycle of business/workplan (036/2024)**

The Head of Corporate Governance, Mrs Shona McCulloch, presented the Board's annual cycle of business for 2024-2025, detailing proposed topics and dates for each. The work plan also built on the individual governance committee work plans, each of which had been considered and approved by the respective committees.

Mrs McCulloch highlighted that this was a dynamic process and items would be added or moved to suit business needs. The plan would be shared with Directors and be available on the Board's MS Teams site.

**Outcome: Board Members endorsed the Board's annual cycle of business.**

### **7.5 Medical Education Governance six monthly update (037/2024)**

The Medical Director, Dr Crawford McGuffie, presented the six monthly update which described medical education governance activity and performance against the standards required by the General Medical Council (GMC) and NHS Education for Scotland (NES). The following areas were highlighted:

- Postgraduate Medical Teaching – there were challenges related to capacity, staffing and workload due to pressures on the health and social care system across the UK. The Clinical Development Fellows programme meant that Board had been largely able to maintain trainee rotas and work patterns. The report set out progress with GMC Enhanced Monitoring requirements.
- Undergraduate Medical Teaching – student feedback continued to be very positive. Expansion of medical school placements had been delivered through reinvestment of Medical Associated Cost of Teaching (ACT) funding to grow capacity to host students. There had been a recent successful bid to NES for £685,000 to fund further medical student residential accommodation.
- Clinical Teaching and Development Programme – the programme had sustained its success, with over 110 doctors, including 55 International Medical Graduate doctors, recruited over the last year.

In reply to a query from a Member, Dr McGuffie advised that the Best Medical Workforce programme had started in 2018 with the ambition to attract people in their post-foundation year and invest in them through values based recruitment, to provide training and bring back as a senior trainee, and ultimately as a fully trained Consultant or GP. While the Board had successfully seen senior trainees come back, there had only been a small number of Consultants to date. It was hoped that this would increase in the future to address the Board's Consultant and GP shortfall.

**Outcome: Board Members noted the six monthly update.**



## **7.6 Audit and Risk Committee (038/2024)**

On behalf of the Committee Chair, the Vice Chair, Dr Sukhomoy Das, provided a report on key areas of focus and scrutiny at the meeting on 20 March 2024. The Vice Chair presented the minute of the meeting held on 24 January 2024.

**Outcome: Board Members noted the Chair's report and minute.**

## **7.7 Healthcare Governance Committee Minutes (039/2024)**

The Committee Chair, Ms Linda Semple, provided a report on key areas of focus and scrutiny at the meeting on 4 March 2024. The Chair presented the minute of the meeting held on 15 January 2024.

**Outcome: Board Members noted the Chair's report and minute.**

## **7.8 Information Governance Committee (040/2024)**

The Committee Chair, Mr Marc Mazzucco, provided a report on key areas of focus and scrutiny at the meeting on 26 February 2024. The Chair presented the minute of the meeting held on 13 November 2024.

**Outcome: Board Members noted the Chair's report and minute.**

## **7.9 Integrated Governance Committee (041/2024)**

The Board Chair provided a report on key areas of focus and scrutiny at the meeting on 12 February 2024. The Chair presented the minute of the meeting held on 9 November 2024. The minute would be updated to reflect that Mrs Joyce White is IJB Vice Chair.

**Outcome: Board Members noted the Chair's report and minute.**

## **7.10 Performance Governance Committee (042/2024)**

The Committee Chair, Ms Sheila Cowan, provided a report on key areas of focus and scrutiny at the meeting on 7 March 2024. The Chair presented the minute of the meeting held on 18 January 2024.

**Outcome: Board Members noted the Chair's report and minute**

## **7.11 Staff Governance Committee (043/2024)**

The Board Chair, Mrs Lesley Bowie, had chaired the Staff Governance Committee on 12 February and reported on key areas of focus and scrutiny from the meeting. She also presented the minute of the meeting held on 7 November 2023.

In response to a query from a Member regarding iMatter and Non-Executive focus, Mrs Bowie advised that visibility of Board Members had been a theme from the iMatter survey and that leadership walkrounds offered an opportunity for Board Members to be visible in the organisation and to engage with staff. As noted in her update the Board Chair had been carrying out informal visits to teams which had been useful in promoting engagement and increasing board visibility. Mrs Bowie reassured Members that increasing Board visibility was an ongoing area of focus.

**Outcome: Board Members noted the Chair's report and minute.**

## 8. Service

### 8.1 Primary Care General Medical Services update

(044/2024)

The Head of Primary and Urgent Care, Mrs Vicki Campbell, provided an update on the provision of General Medical Services (GMS) across Ayrshire and Arran.

Mrs Campbell advised that demand for general practice continued to increase across the board, with much of this demand related to patients awaiting appointments across the wider system, as well as additional workload due to additional testing and monitoring, which took up considerable clinical capacity. Patients were presenting with more complex conditions than before the pandemic and there was a need for General Practitioners (GPs) to focus on supporting the most complex patients.

Work continued to promote general practice sustainability, successful recruitment and a whole system health and care model.

Mrs Campbell reassured Members that progress continued to be made to implement the 2018 GMS Contract. The Board had successfully extended multi-disciplinary team roles. Elements of the GMS Contract related to Pharmacotherapy and Community Treatment and Care (CTAC) had not yet been fully delivered. Health and Care Social Partnerships across Scotland had been invited to participate as part of a demonstrator site and NHSAA was one of the four successful sites chosen. £3.5 million funding was available to allow work to take place over the next 18 months to try to fully understand how to work to sustain general practice.

Mrs Campbell highlighted the risk related to GP premises. Work had taken place over the last six months to survey practices and understand the scope for small improvements to improve assets following a cluster led approach. A prioritised plan was being worked through including small as well as larger improvements should the opportunity arise.

For GP IT re-provisioning and the new national system, NHSAA had progressed with a single award to one provider in January 2024, with a transition plan currently scheduled to happen across all GP Practices from February to December 2025.

Mrs Campbell advised in response to a question from a Member that the new digital telephone system provided numerous telephone lines to the practice, filtered urgent and non-urgent calls and had a call queuing system. The Deputy Medical Director for Primary Care, Dr John Freestone, reiterated that the multiple lines to practices would ensure that everyone had equitable access and the call queuing system would be a significant improvement.

Board Members commended the significant work undertaken over the last five years led by the Primary Care leadership team and the positive transformation through multi-factorial input to support Primary Care and the Ayrshire Urgent Care Service. Members recognised the increased demands in general practice and were encouraged that general practice recruitment was going well.

**Outcome:** Board Members noted the current position of Primary Care GMS and welcomed progress with implementation of the 2018 GMS Contract, as well as wider areas of development work across General Practice.

## 8.2 Primary Care Urgent Care update

(045/2024)

The Head of Primary and Urgent Care, Mrs Vicki Campbell, provided an update on Primary Care Urgent Care services delivered through the Ayrshire Urgent Care Service (AUCS) which operated on a 24/7 basis.

Mrs Campbell reported on the AUCS and activity across the range of services which sit beneath. She highlighted, in particular, the work being done through the call handling service; GP out of hours service; out of hours District Nursing and Social Work services; Emergency Mental Health pathway; COVID-19 therapeutic service; the Care and Nursing Home pathway; and the Scottish Ambulance Service Call Before Convey pathway. The data presented demonstrated the effectiveness of the service in avoiding hospital attendances or avoidable admission to hospital which had better outcomes for patients.

Mrs Campbell highlighted the risks related to the Board's financial challenges and reassured Members that the service continued to operate within its financial envelope. There was no significant risk to report related to workforce challenges. Dr Freestone reiterated that significant work had been done within out of hours services to build a more stable position through the Flow Navigation Centre and development of various pathways, working closely with Scottish Ambulance Service, Care Homes and Pharmacy colleagues. The service would continue to grow as areas were identified where help and support was needed to add value for patients.

Board Members were encouraged by the positive and innovative work being done within the Urgent Care service, the agile and flexible approach adopted in putting new pathways and support in place, and the benefits for patients and staff delivering the service. Members looked forward to seeing the outputs from this work in terms of improved patient outcomes and cost effectiveness to evidence their impact.

Mrs Campbell confirmed, in response to a question from a Member, that while palliative care services involved healthcare professionals, the service could also navigate through the District Nursing team to third sector organisations, such as No-one Dies Alone and Ayrshire Cancer Support. Members welcomed the improvement project for a new call handling service for palliative end of life support which would provide the opportunity to look at patient experience and other positive work that could be done, aligned to dying well and realistic medicine, to give the best end to life possible.

The Director of Health and Social Care for North Ayrshire, Ms Caroline Cameron, advised Members that in support of the Emergency Mental Health Pathway a 72-hour mental health assessment hub for adults at Woodland View Hospital (WVH) had a soft launch in February 2024. Two beds had been opened with 15 individuals passing through and 11 people successfully discharged to the community without requiring an adult mental health inpatient bed. This early work demonstrated the pathway's positive operational impact and improved patient experience.

**Outcome:** Board Members noted the progress of the Urgent Care agenda across Ayrshire and Arran. Members noted the increased activity within AUCS as a result of the new pathways introduced to ensure patient care is delivered as close to home as possible.

### 8.3 Primary Care Dental Services update

(046/2024)

The Head of Primary and Urgent Care, Mrs Vicki Campbell, provided an update on the current position of Dental services.

Mrs Campbell advised that previous updates to the IJBs and NHS Board had highlighted the risks associated with dental access and the wider impact on general health, especially for those in vulnerable groups and those in deprived areas. While this was still an area of risk, there had not been a significant shift since the last report to Board in October 2023.

Board Members were advised that initial feedback from the new Dental payment structure in place since November 2023 had been positive although it would take until around May 2024 to measure the impact of this. An update would be provided in a future report to Board.

There were workforce challenges within the Public Dental Service (PDS) which continued to be a safety net for those patients unable to access their General Dental Practitioner (GDP) in an emergency or who were not registered.

Mrs Campbell provided a detailed update on actions and measures taken forward in the last six months to further sustain service delivery. She highlighted in particular the interventions taking place within the Paediatric Service, Sedation Service and prevention work being done through the Childsmile Programme targeted at areas of highest dental decay and deprivation.

Members received a detailed update on the current status of the ongoing review for the vision of dentistry across Ayrshire and Arran.

Board Members discussed the report and commented on the challenges related to prison waiting times for dental treatment. Whilst this showed an improved position compared to the last report, members underlined the need to ensure that prisoners had similar access to dental services as the wider public.

The Deputy Medical Director for Primary Care, Dr John Freestone, advised in reply to a comment from a Member that the Area Dental Professional Committee (ADPC) had discussed the new dental payment structure and it was felt that the simpler claims process would be of significant benefit. Dr Freestone advised that he had attended the Area Clinical Forum (ACF) to update on unscheduled and urgent care improvement work. Discussion was planned with the ACF Chair and ADPC Chair to consider if there were elements of out of hours dental services that could be supported through the Flow Navigation Centre to improve current arrangements and/or address any gaps.

**Outcome:** Board Members noted the current position of access to dental services across Ayrshire and Arran. Members noted the ongoing review work to establish clear aims and objectives for the vision of dentistry across Ayrshire and Arran.

## 8.4 National COVID Inquiries

(047/2024)

The Medical Director, Dr Crawford McGuffie, provided an update on the progress of the UK and Scottish COVID-19 Inquiries.

Dr McGuffie set out the background to this work and the co-ordinated approach being adopted, working closely with the Central Legal Office (CLO) with regard to national requirements and deadlines, as well as locally across Ayrshire and Arran to co-ordinate information requests, witness statements, witness attendances, appropriate governance scrutiny for information being shared, and other elements which will arise during the course of the Inquiries.

NHSAA had formed a small COVID-19 Inquiries team to ensure the organisation responded as required, with monthly progress updates being provided to the Corporate Management Team (CMT). All deadlines for information thus far had been met. Dr McGuffie reassured Members that the local team was linking in with Staff Care and Occupational Health around provision of wellbeing support for staff required to give statements and evidence at Inquiries. A successful COVID-19 Inquiries session had been held to update the Area Partnership Forum and a session was planned with the Area Clinical Forum.

Board Members discussed the report and emphasised the importance of the wellbeing support being provided for staff required to give statements and evidence at Inquiries. The Nurse Director, Ms Jennifer Wilson, gave further reassurance that the Board worked closely with the CLO and Wellbeing teams to put a package of support around individuals called as witnesses, often starting with line manager support. She underlined that it was critical to support everyone involved, recognising that the process would impact on individuals differently.

There was a question from a Member about the associated resources and costs for the Board to support the Inquiries. It was advised that there were some modest costs to support the Local Team. The litigation Manager had been able to manage workload within existing allocated hours to date.

Mr Lindsay advised that CLO related costs for attending enquiries was shared across NHS Boards on an equitable basis.

The Director of Public Health advised that Public Health was already doing work to provide evidence for the Inquiries within the current financial envelope.

The Chief Executive thanked the local team, as well as wider CMT colleagues, for the significant work done and progress made to date to enable the Board to respond to Inquiries as required, particularly given the modest resources available for this work.

**Outcome: Board Members were assured of the systems in place to respond to and comply with both COVID-19 Inquiries. Members approved delegation of future reporting and oversight to the Healthcare Governance Committee.**

## 9. Performance

### 9.1 Performance Report

(048/2024)

The Director of Transformation and Sustainability, Mrs Kirsti Dickson, presented the Board's position on the management and provision of unscheduled and planned care for the period up to January 2024 and highlighted the following areas:

**New outpatients** – performance against 12 week national target remained below 95% and continued on a gradual reducing trend from 42% in March 2023 to 32.5% at January 2024. Overall total number of patients waiting had reduced slightly to 51,739. In January 2024, the Board had remobilised 102% of all new outpatient activity compared to January 2020, above the local ADP target of 95%. The number of new outpatient waiting longer than 12 months was on an increasing trend, from 3,271 at the end of March 2023 to 7,733 at mid-February 2024. The number of patients waiting over 18 months was also gradually rising, from 1,024 at end-August 2023 to 2,007 at mid-February 2024. There had been a slight decrease in patients waiting more than two years to 432 at mid-February 2024.

**Inpatient day cases** – in January 2024, compliance against the 12 week national target was 55.6%, similar to December 2023, with performance at its highest since April 2023. Overall waiting list increased to 8,149 in January 2024. In January 2024, the Board had remobilised 84% of inpatient and day case activity compared to the pre-pandemic period, ahead of local ADP target of 75%. The next waiting times target to eliminate waits was for no inpatient/day case patients to be waiting longer than 12 months in majority of specialties by September 2024. The number continued to show a reducing trend to 1,426 at mid-February 2024. 12 month waits had been eliminated in eight specialties, with a further two showing less than five patients waiting. However, challenges remained in a number of areas, as detailed in the report. The Chief Executive reminded members that day case shortfall related to a loss of day case capacity as a result of COVID-19 reconfiguration. She reassured Members that teams continued to work creatively to improve capacity.

**Musculoskeletal (MSK)** - Compliance in relation to the national 4 week target for MSK increased from 19.6% at December 2023 to 28.5% at January 2024. There had been increased compliance across specialties in January 2024, however, this remained below the Scottish average. The Chief Executive updated that work was ongoing with the Director of AHPs and system partners to review MSK provision, with plans to develop interventions over the next year to make a difference.

**Diagnostics** - performance against the six week national target of 100% decreased from 58.4% in December 2023 to 55.7% in January 2024. As previously discussed, the overall target was challenged in terms of individual areas of performance, particularly MRI and non-obstetric ultrasound. Workforce challenges impacted on the ability to create capacity to improve performance. The overall waiting list increased from 5,722 to 6,025 in January 2024, below the ADP target. Compliance against the six week national target for Endoscopy increased slightly to 64.3% in January 2024. Overall, the Endoscopy waiting list had been on a decreasing trend from December 2022, was below pandemic levels and ahead of the ADP target.

**Cancer** – The Board continued to meet the 31 day national target. However, there were challenges in delivering the 62 day target, with performance dropping to 80%

and not meeting the ADP target. To some extent this related to diagnostic capacity challenges.

**Mental Health - Child and Adolescent Mental Health Services (CAMHS)** – compliance was 99.3% in January 2024, exceeding the national target of 90% and above the local ADP target trajectory.

**Mental Health - Drug and alcohol treatment service** – performance continued to exceed the national target of 90% in December 2023, with compliance at 99.4%.

**Urgent Care** – the report highlighted the positive outcomes of the urgent care programme of work led by the Ayrshire Urgent Care Services. Noting the continued increase in demand yet maintaining high operating standards and increasing out-reach liaison and support for avoidable hospital admissions by the Scottish Ambulance Service and for Care Homes.

**Unscheduled Care** - compliance against the ED 4-hour standard had fallen marginally since December 2023 to 65.5% in January 2024. There was an increase in the number of 12 hour breaches in EDs in January 2024, with 485 at University Hospital Crosshouse and 378 at University Hospital Ayr. The turnaround time for Scottish Ambulance Service was higher than the Scottish median and at the end of February 2024, it was 55 minutes higher than the national rate. The Chief Executive highlighted that 12-hour breaches reflected congestion across the hospital and longer patient length of stay for all patients in NHSAA. There is a constant challenge for hospital sites to balance admission and discharges daily, despite weekend discharges being disproportionately low. She highlighted the system wide improvement work being done to reduce average length of stay, improve patient flow and reduce congestion.

**Delayed transfers of care** - The total number of delayed transfers of care was 177 in January 2024 which had reduced from 215 in January 2023. The national target was for no delays over two weeks, however, in January 2024 there were 56 delays in Ayrshire and Arran.

Board Members discussed the mixed performance across specialties, and noted that similar challenges face other Scottish Boards. Members recognised the deep dive work that had taken place to review some areas of performance and progress of improvement action. There was concern at the drop in compliance against the 62 day Cancer target as NHSAA had previously performed well in this area, although it was highlighted that performance was above benchmark data compared to other Scottish Boards. The Chief Executive highlighted the national and local improvement work being done in Diagnostics to increase capacity in the system.

Board Members acknowledged the performance of Urgent Care which reflected the whole system improvement approaches outlined at item 8.2 above. The Chief Executive confirmed in reply to a query from a Member that hospital congestion impacted on Scottish Ambulance Service (SAS) turnaround times which, as previously noted, were higher than the national average. She reassured Members that the Board was working closely with SAS to manage direct access for the most ill patients but this had been compromised for many months due to capacity issues.

The Board Chair advised in reply to a query from a Member on performance and reporting of specific improvement actions, that detailed discussion would take place through PGC and the PGC Chair, Ms Sheila Cowan, reassured Members that performance was discussed in detail at the PGC with deep dives agreed to review performance and improvement actions. She advised that additional infographics had recently been added to the performance report discussed at PGC and commented that these had been beneficial for improved PGC scrutiny.

**Outcome:** Board Members considered and noted the Board's position on the management and provision of unscheduled and planned care.

## **9.2 Financial Management Report for Month 11 (049/2024)**

The Director of Finance, Mr Derek Lindsay, provided an update on the Board's financial position to 29 February 2024.

Mr Lindsay reported that further non-recurring funding of £10,965 million had been provided by HM Treasury in February 2024. The NHSAA allocated share of the funding was £11 million, which along with a notified reduction in the CNORIS negligence settlement, had improved the Board's financial position. The current projected deficit was £37.7 million. The overspend at month 11 was £34.9 million and £28.7 million of that was in Acute services. A detailed summary of areas of Acute overspend was provided in the report, with the main components related to £19.7 million for pay and £8.5 million for supplies. There was further detail provided in the report related to Nursing agency spend. Mr Lindsay reassured Members that focused work was ongoing to reduce spend or fund areas for next year to avoid overspend.

Board Members discussed the financial position and welcomed the detailed analysis of supplies spend in order to achieve efficiencies and reduce costs. In reply to a query from a Board Member about improvement work to reduce supplies costs related to use of taxis and ambulances, Mr Lindsay would share more detail on this work stream outwith the meeting. Mr Lindsay clarified that CNORIS funding for negligence cases was difficult to predict and while next year's budget was expected to increase, the following year may decrease, and this was funded on a non-recurring basis.

**Outcome:** Board Members considered and noted the Board's financial position to 29 February 2024.

## **9.3 Whistleblowing performance (050/2024)**

The Nurse Director, Ms Jennifer Wilson, provided the whistleblowing Quarter 3 (Q3) performance report.

Ms Wilson advised that in Q3 there had been no whistleblowing concerns received. There had been three contacts from staff to the Speak Up mailbox seeking advice and support on how to progress issues or concerns, not raised as whistleblowing. On all occasions the individuals were provided with guidance and directed to the most appropriate route to raise their concerns and also information on who to contact to seek support. Of these three contacts, none related to patient safety and they



were able to be progressed through the appropriate route for these individuals, some of which were HR Once for Scotland Policies.

The report provided an update on whistleblowing cases to date and progress with improvement plans. Ms Wilson advised that all improvement plans for 2021-2022 had been completed.

Ms Wilson highlighted that in Q3 there had been an increase of 8% in the number of managers completing the Turas Whistleblowing e-Learning modules.

Board Members were encouraged that the new Confidential Contacts, appointed in August 2023 were being supported by the whistleblowing team and HR colleagues, to ensure these individuals were both visible and supported to enable them to support individuals raising a concern.

**Outcome: Board Members noted the whistleblowing Q3 performance.**

## **10. Decision**

### **10.1 Revenue and delivery plans (051/2024)**

The Chief Executive, Ms Claire Burden, provided a verbal update on the Board's revenue and delivery plans and sought Board Members' approval for pass through of funding for budgets delegated to Integration Joint Boards (IJBs).

The Chief Executive advised that the Board's Annual Delivery Plan was currently in draft form and had recently been submitted to the Scottish Government, with feedback awaited.

In regards to the Revenue Plan 2024/25 discussions were ongoing locally and with Scottish Government following Board workshops in February and March. The Revenue Plan would be submitted to a future meeting of the NHS Board for approval. As IJBs needed clarity around their funding, Members were asked to approve a continuation of baseline funding at the same level as 2023/2024 in relation to recurring budgets delegated to Integration Joint Boards.

Mr Lindsay advised in reply to query from a Member that baseline funding excluded allocated funding for improvement plans, for example, for Mental Health. He explained that the Board would expect to receive some additional funding in year to meet pay awards for example, and he reassured Members that once details were known this would be advised through financial management reporting to Performance Governance Committee and Board.

**Outcome: Board Members approved the continuation of baseline funding to the Integration Joint Boards for 2024-2025. Members noted that work continued on the Health Board revenue plan for 2024/2025 and this will be submitted to a future Board meeting for approval.**

## 10.2 Capital Investment Plan 2024-2029

(052/2024)

The Director of Infrastructure and Support Services, Mrs Nicola Graham, presented the Capital Investment Plan 2024-2029 for approval. The report was discussed in detail at the Performance Governance Committee meeting on 26 March 2024.

Mrs Graham advised that the plan was heavily dependent on Scottish Government funding and developed around limited core capital funding allocation. Scottish Government had asked the Board to focus on maintaining the current estate and equipment. £10.97 million funding was expected and a prioritised list of projects had been developed based on comprehensive methodology, considering factors such as patient care, workforce improvements, financial sustainability and risk assessment. Details of the proposed programme of work were outlined in the report.

The Chief Executive thanked teams for the work done to prioritise projects with available funding, recognising that in developing the plan compromises had to be made across the system. Members were advised that in discussion with Scottish Government the Board had highlighted areas of risk related to infrastructure and investment limitations.

**Outcome: Board Members approved the Capital Investment Plan 2024-2029.**

## 10.3 New accommodation – Fardalehill, Kilmarnock

(053/2024)

The Director of Infrastructure and Support Services, Mrs Nicola Graham, presented a proposal for the purchase of new accommodation for use by medical students through the use of Associated Cost of Teaching (ACT) funding, as noted earlier in the meeting related to medical education. She explained that ACT funding covered the cost of the property as well as operational running costs.

In reply to a query from a Member, Mrs Graham reassured Members that a detailed option appraisal process had taken place prior to purchase of other properties for use by medical students and this had identified that it would have been significantly more expensive to use and modify/upgrade the existing estate.

**Outcome: Board Members approved the purchase of new accommodation for use by medical students.**

## 10.4 Internal Audit Plan 2024-2025

(054/2024)

The Director of Finance, Mr Derek Lindsay, presented the Internal Audit Plan 2024-2025 for approval. The report had been discussed at various committees, including the Corporate Management Team, Audit and Risk Committee (ARC) and Integrated Governance Committee.

Mr Lindsay highlighted the areas to undergo audit review in 2024-2025, as well as Lead Directors and Governance Committees, as detailed in the report. All internal audit reports were received by ARC which then passed them to the relevant governance committee to monitor implementation.

**Outcome: Board Members approved the Internal Audit Plan 2024-2025.**

## 10.5 Interim change to Critical Care services

(055/2024)

The Chief Executive, Ms Claire Burden, reported on interim changes to critical care provision, setting out the background to the interim changes made to provision of Intensive Care Unit beds at UHA. This was primarily the inability to recruit to workforce gaps and ensure that the Board was compliant with national Critical Care guidelines. The option to move the three, level three, Intensive Care Unit beds from University Hospital Ayr to University Hospital Crosshouse was part of a clinically led options appraisal over the last year, with the interim changes implemented on 11 March 2024, including movement of budgets to support additional workforce costs.

The Chief Executive reassured Members that these interim clinical changes were under constant review, currently daily with operational teams, and this would continue for some time. She was very grateful to staff involved for putting these interim changes in place as an important safety measure in provision of critical care. A change management process had been applied for staff working in critical care and the Board had been able to uphold all of the preferred locations for staff across UHA and UHC. The Chief Executive reassured Members that the ambition remained for required recruitment at UHA and she reiterated that the position would be under constant review.

The Chief Executive explained, in reply to a query from a Member, that developments over the next year in terms of recruitment and models of care would drive discussion around the timeline for this interim change. The Medical Director, Dr Crawford McGuffie, reiterated that this interim change had been made for patient safety. He added that restructure of the operational model had been ongoing over the last 18 months based on clinically led, managerially enabled reform. Through implementing these interim changes, the Board was unequivocally following the clinical voice in terms of what was safe and not safe.

**Outcome:** Board Members endorsed the interim changes to critical care provision and noted this would be reviewed formally on an annual basis.

## 10.6 British Sign Language (BSL) local plan

(056/2024)

The Nurse Director, Ms Jennifer Wilson, presented the new BSL local plan for 2024-2030.

Ms Wilson advised that the Scottish Government had published the second BSL National Plan 2023-2029 on 6 November 2023. The BSL (Scotland) Act 2015 required listed authorities to publish their plan within six months of publication of the national plan. The report presented the Ayrshire Shared BSL local plan 2024-2030 for Members' approval.

**Outcome:** Board Members approved the new plan for 2024-2030.

## 11. For information

### 11.1 Board briefing

(057/2024)

Board Members noted the content of the briefing.

**11.2 East Ayrshire Integration Joint Board (058/2024)**

Board Members noted the minute of the meeting held on 13 December 2023.

**11.3 North Ayrshire Integration Joint Board (059/2024)**

Board Members noted the minute of the meeting held on 14 December 2023.

**11.4 South Ayrshire Integration Joint Board (060/2024)**

Board Members noted the minute of the meeting held on 6 December 2023.

**12. Any Other Competent Business (061/2024)**

There was no other business.

**13. Date of Next Meeting**

The next public meeting of the NHS Ayrshire & Arran Board will take place at 9.30 am on Tuesday 21 May 2024.

As per section 5.22 of the Board's Standing Orders, the Board met in Private session after the main Board meeting, to consider certain items of business.