



Ayrshire and Arran NHS Board
Minutes of a public meeting on Tuesday 21 May 2024
Hybrid meeting – Room 1, Eglinton House and MS Teams

Present: Non-Executive Members:
Ms Sheila Cowan, Vice Chair – chaired meeting
Cllr Marie Burns
Dr Sukhomoy Das
Mrs Jean Ford
Mr Liam Gallacher
Mr Ewing Hope
Dr Tom Hopkins
Mr Marc Mazzucco
Mr Neil McAleese
Cllr Douglas Reid – attended part of meeting
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)

In attendance: Ms Caroline Cameron (Director of Health and Social Care, North Ayrshire)
Mrs Vicki Campbell (Head of Primary Care and Urgent Care Services)
Mrs Kirstin Dickson (Director for Transformation and Sustainability)
Mr Tim Eltringham (Director of Health and Social Care, South Ayrshire)
Mrs Nicola Graham (Director of Infrastructure and Support Services)
Mrs Shona McCulloch (Head of Corporate Governance)
Mrs Angela O'Mahony (Committee Secretary) minutes

1. Apologies

Apologies were noted from Mrs Lesley Bowie, Cllr Lee Lyons, Ms Linda Semple, Ms Jennifer Wilson, Mr Craig McArthur and Ms Sarah Leslie.

2. Declaration of interests (062/2024)

There were no declarations noted.

3. Minute of the meeting of the NHS Board held on 26 March 2024 (063/2024)

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

The Director of Finance, Mr Derek Lindsay, clarified in reply to a query from a member about item 9.2, financial management report (second paragraph), that the figures provided in sentences one and two referred to the same funding, with the latter figure rounded up to £11 million.

4. Matters arising (064/2024)

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. There was one action in progress related to the Blueprint for Good Governance improvement plan. The first element of the action was ongoing and the second element complete, as detailed in the action log. All other actions were complete.

5. Chief Executive and Board Chair report

5.1 Chief Executive's report (065/2024)

- The Chief Executive, Ms Claire Burden, advised that over the last month there had been focused work on revenue planning, financial recovery planning and service delivery planning in alignment with Scottish Government targets. She recognised and thanked colleagues for their contribution across the board to ensure delivery of these plans. The revenue plan was on the agenda for discussion later in the meeting. Discussion was ongoing with the Scottish Government in relation to the Board's annual delivery plan (ADP) and a meeting was planned with Scottish Government later in the month, following which the ADP would be presented at a future Board meeting.
- The Chief Executive had undertaken several visits this month, including a ground-breaking event for the new Ayrshire Cancer Support building in Ayr which was attended by the Cabinet Secretary. This important development will enhance cancer care and support for the population of Ayrshire, with a suite of resources being developed, including psychological and welfare support for adults and children with cancer.
- The Chief Executive and members of the senior leadership team had visited the Lady Margaret Hospital at Millport and met the team who had designed and implemented an integrated approach to delivering care to the community. There had been considerable learning with respect to caring for an island community and the specific challenges faced, alongside wider resource issues, similar to other localities.
- The Chief Executive had visited the Mary Urquhart ward, a rehabilitation site at Biggart Hospital, on 20 May 2024. Whilst under pressure, the dedication of the team to ensure that every patient on the ward was being given the best opportunity to go home was their shared mission.
- The Chief Executive provided reassurance in reply to a question from a Member that there was an outcome reporting and action plan process in place to capture the learning from all leadership walk rounds. The action plan developed following the leadership walk rounds is delivered by named directors and reported on through the Quality Improvement team.

5.2 Board Chair's report (066/2024)

- The Vice Chair reported that the Board Chair had held an informal engagement session with the Patient Experience Complaints team on 4 April 2024 and this had been a useful discussion.

- A Board workshop was held on 16 April 2024 when the Public Health Child Health team had facilitated a session on the UN Convention on the Rights of the Child (UNCRC) and Corporate Parenting to raise awareness of implementation of the UNCRC being incorporated into Scots Law. This had been an engaging session with good outputs which had demonstrated the inspirational partnership work taking place on behalf of children and young people, and good feedback had been received from Board Members who had joined the session.

6. Quality

6.1 Patient story

(067/2024)

The Chief Executive, Ms Claire Burden, introduced the patient story about a patient's positive experience and cardiac rehabilitation journey following a referral to the Heart Failure with preserved Ejection Fraction (HFpEF) service. The pathway follows the individual from primary care, through diagnosis, treatment, education and back to management in primary care, while promoting self-care.

Board Members listened to the patient tell his story which talked about the excellent, person-centred care received from the HFpEF service and he was very grateful for the support provided by the whole team.

In reply to a question from a Member about future funding of the HFpEF service, the Vice Chair advised that this would be looked into and an update provided outwith the meeting.

Board Members welcomed this uplifting story and commended the team involved for the excellent patient care provided.

Outcome: Board Members noted the patient story and that an update on funding for the HFpEF service would follow.

6.2 Healthcare Associated Infection (HCAI) report

(068/2024)

The Nurse Consultant for Infection Prevention and Control, Ms Tracey Cooper, provided the latest verified HCAI performance data for quarter 3 of 2023-2024. The report had been discussed in detail at the Healthcare Governance Committee meeting on 22 April 2024.

Ms Cooper highlighted that the Board's Clostridium difficile infection (CDI) infection rate had reduced in quarter 3 and it was possible that by the end of quarter 4 when data has been verified that the Board could meet the year-end target.

Performance against the Staphylococcus aureus bacteraemia (SAB), target had improved following focused improvement work, particularly within the Renal service and in relation to the use of peripheral vascular cannulas. While data had reverted to the mean, there was still further improvement work to do to continue to improve performance.

Ms Cooper advised that, as previously reported, the Board had been identified as a high outlier in relation to community acquired Escherichia coli bacteraemia (ECB). She explained that it was particularly difficult to determine the cause in the community. The Board had continued to be a high outlier in quarter 3 and detailed

work was ongoing to understand and focus on issues, however, this was particularly complex.

Board Members received an update on standard infection prevention and control precautions. Ms Cooper highlighted differences in relation to the Infection Prevention and Control team and ward monitoring related to hand hygiene. However, she reassured that this should not provoke undue concern and should be viewed as healthy assurance that there was a transparent view of practice on different days in different locations. The Nurse Director as Lead Executive and the Prevention and Control of Infection Committee had regular scrutiny and oversight of hand hygiene performance.

Ms Cooper reported that there had been a decrease in the number of respiratory outbreaks in quarter 4 which was positive. There were three outbreaks which met red Healthcare Infection Incident Assessment Tool (HIIAT) status and these were reported to Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland as required. Each outbreak was subject to investigation to understand and respond to issues identified. Key learning from non-respiratory outbreaks was detailed in the report.

Ms Cooper provided assurance in reply to a query from a Member that the main causes of ECB were understood nationally following work done across England, Scotland and Wales several years ago. These included hepatobiliary issues and patients with cholecystitis being managed on a pathway awaiting surgery who went on to develop bloodstream infection, with the majority developing ECB from their own gut, which contains significant levels of E-coli. Actions including review of pathways for treatment of patients presenting with primary cholecystitis could make a difference to rates. Locally, a surgeon was looking at a patient cohort to see if anything could be done in the pathway to reduce ECB. This work also linked to urinary catheterisation, with a urinary catheter improvement group working across Acute and the Partnerships to improve urinary catheter management.

In reply to a question from a Member, Ms Cooper advised that national data was calculated using real bed days and she did not believe that a patient's length of stay impacted on HCAI data.

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

6.3 Quality and Safety Report – Mental Health (069/2024)

The Director of Health and Social Care for North Ayrshire, Ms Caroline Cameron, introduced the report and invited Mr Darren Fullarton to present. The report had been discussed in detail at the Healthcare Governance Committee meeting on 22 April 2024.

Mr Fullarton outlined the background to this work and provided an update on performance with core measures of the Scottish Patient Safety Programme (SPSP) and Excellence in Care (EiC), as detailed in the report.

Board Members were advised that as previously reported, there was no requirement for the Board to report nationally on SPSP core measures. As a result it was not

possible to benchmark performance against other areas. This has been highlighted as an opportunity to Healthcare Improvement Scotland (HIS). Locally, data continued to be gathered in relation to core measures and improvement targets were being identified. Mr Fullarton explained that any spikes in data were often due to a challenging individual or group of individuals with complex needs on the ward and overall, the system appeared to be working well.

Mr Fullarton highlighted that reliable and accurate information was challenging to extract from Business Objects and quality improvement work was ongoing to improve data. The report also provided an indication of changes being made to provide broader information in future assurance reports and include other areas of improvement activity, for example, as a result of complaints or significant adverse event reviews, to demonstrate the impact on quality of care.

Mr Fullarton reported that as part of EiC the core mental health assurance tool was being revised to describe performance more accurately within Mental Health services. He highlighted the quality improvement capacity and capability work ongoing within Mental Health services. He updated on the work being done in ward 10 at Woodland View Hospital as a pilot site for national guidance related to observation to intervention, as well as test of change work in Wards 7a and 8 to support individuals and reduce seclusion.

Board Members discussed the report and were encouraged by the strong leadership and range of improvement work taking place within Mental Health services. Members commented on the lack of national benchmarking data available and that they would welcome development of national indicators. Mr Fullarton reiterated that this had been repeatedly raised as an issue with HIS and he highlighted challenges due to the different ways that Boards collect and report data. He reassured Members that locally the Board was seeing low incidence of restraint, violence and self-harm and Mental Welfare Commission visits resulted in positive feedback on how complex and challenging situations were being managed. Considerable activity was taking place to prevent these incidents in the first place or avoid recurrence and it was important to capture this work. Future updates on this work would be provided to Healthcare Governance Committee.

Outcome: Board Members noted the overview report of quality improvement activity in Mental Health services.

7. Corporate Governance

7.1 Audit and Risk Committee (070/2024)

The Committee Chair, Mrs Jean Ford, provided a report on key areas of focus and scrutiny at the meeting on 16 May 2024. The Chair presented the minute of the meeting held on 20 March 2024.

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

7.2 Healthcare Governance Committee Minutes (071/2024)

On behalf of the Committee Chair, the Medical Director, Dr Crawford McGuffie, provided a report on key areas of focus and scrutiny at the meeting on 22 April 2024. The Chair presented the minute of the meeting held on 4 March 2024.

Outcome: Board Members considered and noted the minute.

7.3 Information Governance Committee (072/2024)

The Committee Chair, Mr Marc Mazzucco, provided a report on key areas of focus and scrutiny at the meeting on 29 April 2024. The Chair presented the minute of the meeting held on 26 February 2024.

The Chief Executive commended the Digital team for the positive feedback received following the Network and Information Systems (NIS) audit. The Board had previously requested and supported the Digital programme as part of wider reform work. The auditor had recognised the Digital team's leadership and breadth of work being done by the team. While the audit had shown good compliance, there was still considerable work to be done. The Chief Executive commended the Digital team for work done to date.

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

7.4 Integrated Governance Committee (073/2024)

On behalf of the Board Chair, the Vice Chair provided a report on key areas of focus and scrutiny at the meeting on 2 May 2024. The Chair presented the minute of the meeting held on 12 February 2024.

Outcome: Board Members considered and noted the minute.

7.5 Performance Governance Committee (074/2024)

The Committee Chair, Ms Sheila Cowan, provided a report on key areas of focus and scrutiny at the meeting on 17 May 2024. The Chair presented the minute of the meeting held on 7 March 2024.

Outcome: Board Members considered and noted the minute.

7.6 Staff Governance Committee (075/2024)

The Committee Chair, Mr Liam Gallacher, provided a report on key areas of focus and scrutiny at the meeting on 13 May 2024. The Chair presented the minute of the meeting held on 12 February 2024. Board Members commended the effective joint work taking place, for example, with North Ayrshire Council, in relation to employability. This was particularly important given poverty levels in some areas, with child poverty a particular issue, and this joint work set out an employability pathway for some of the families impacted.

Outcome: Board Members considered and noted the minute.

8. Corporate Governance – annual reports for 2023-2024

8.1 Board Governance Committees

(076/2024)

Board Members considered the 2023-2024 Annual Reports for the Audit and Risk Healthcare Governance, Information Governance, Integrated Governance, Performance Governance and Staff Governance Committees.

Board Members were reassured that the annual reports demonstrated that the Committees had fulfilled their remit, with issues clearly identified, as well as processes being followed and actions taken in response. Members recognised the level of work required to produce the annual reports and thanked everyone involved for their efforts.

Outcome: Board Members noted the progress of the Governance Committees in 2023-2024 and were assured that committees had delivered their remit.

8.2 Pharmacy Practices Committee annual report

(077/2024)

The Head of Primary and Urgent Care, Mrs Vicki Campbell, presented the Pharmacy Practices Committee (PPC) annual report for 2023-2024.

Mrs Campbell provided an overview of the PPC's activities undertaken over the last year in relation to new pharmacy applications across Ayrshire and Arran. Extensive work had been taking place with a number of new members on the Committee and a process put in place to enable members to be shared with other Board areas, as well as shadowing and training provided.

Members were advised that there was a significant backlog of applications which had been delayed as a result of the COVID-19 pandemic. The PPC had met on two occasions during the year. Mrs Campbell explained that the process for managing applications was complex and there had been extended pressure on the team, including a judicial review due to an appeal in early 2023 which took some time to work through, in liaison with the Central Legal Office. The judicial review had found in favour of the Board which was proceeding with the initial outcome agreed by the Committee.

Mrs Campbell commended the Primary Care team for the work done over the last year, recognising that this was an extensive process involving significant work and legal process which took some time to work through.

Outcome: Board Members noted the annual report and were assured by the progress of the Committee in 2023-2024.

8.3 Corporate Equalities Committee annual report

(078/2024)

The Committee Chair, Dr Sukhomoy Das, presented the Corporate Equalities Committee annual report for 2023-2024.

Dr Das outlined the background to establishment of the Committee set up to enable the Board to meet its statutory obligations. The report provided assurance of the work done to embed equality across the organisation and outlined key actions taken.

As detailed in the report, these included sharing of the British Sign Language Local Plan 2024-2030; achievement of Equally Safe at Work accreditation; development and approval of the Equalities work plan; and targeted work taking place through staff networks. Priorities for the year ahead included providing assurance to Board that the organisation is compliant with duties outlined in legislation, particularly development and publication of a new set of Equality Outcomes.

Outcome: Board Members noted the annual report and were assured of progress of the Corporate Equalities Structure in 2023-2024.

9. Performance

9.1 Performance report (079/2024)

The Director of Transformation and Sustainability, Mrs Kirstin Dickson, provided an update on the Board's position on the management and provision of unscheduled and planned care for the period March 2024, with some data from February 2024. The report was discussed in detail at the Performance Governance Committee meeting on 17 May 2024.

New Outpatients

- Performance against 12 week national target remained below 95% and continued on a gradual increasing trend at 35.5% in March 2024. The total overall number of patients waiting increased to a new high of 52,401 in March 2024.
- NHSAA had remobilised 94% of outpatient activity in March 2024, slightly below the annual delivery plan (ADP) target of 95%.
- The number of outpatients waiting longer than 12 months continued to show an increasing trend with 8,710 at mid-April 2024. The number waiting over 18 months also continued to increase at 2,522. The number of patients waiting over two years had gradually increased to 522 at mid-April 2024.

Inpatients/Daycases

- Compliance against the 12 week national target of 100% continued to show an improving trend at 56.2% in March 2024. The overall waiting list showed an increasing trend at 8,227 in March 2024 which was lower than the ADP target of 8,500.
- NHSAA had remobilised around 73% of inpatient and daycase activity, just below the 75% ADP target.
- The number of patients waiting longer than 12 months was on a reducing trend at 1,458 at mid-April 2024. In NHSAA, 12 month waits had been eliminated in seven specialties, with a further three showing less than five patients waiting. The longest waits were for trauma and orthopaedics, ENT and general surgery, as detailed in the report.

Musculoskeletal (MSK)

- Compliance in relation to the national 4 week target for MSK reached 29.4% in March 2024 and was on a slowly improving trend over the last few months, with increased compliance across all professions captured under MSK.

Diagnostics

- Performance against the 6 week national target of 100% decreased to 59.8% in March 2024. The overall waiting list increased to 6,551 in March 2024 and did not meet the ADP target of 2,000 patients.
- Compliance against the 6 week Endoscopy target decreased to 57.5% in March 2024. The overall waiting list was on an increasing trend at 1,642 in March 2024 which met the ADP target of 1,662. NHSAA had remobilised 63% of Endoscopy activity which was lower than the ADP target of 100%.

Cancer

- The Board continued to meet the 31 day cancer target of 95% national target with 98.1% in February 2024. Performance against the 62 day cancer target of 95% had been on a decreasing trend at 76.9% in February 2024 which did not meet the ADP target.

Mental Health

- In March 2024, compliance in relation to Child and Adolescent Mental Health Services was 98.0% and continued to exceed the national target of 90%, however, it was lower than the ADP target of 98.5%. Performance for Psychological Therapies waiting times showed a decrease in compliance to 83.7% in March 2024, below the 90% national target and lower than the ADP target of 91.2%. Drug and alcohol treatment services continued to exceed the national target of 90% in March 2024, with compliance at 100%.

Urgent Care

- Urgent care continued to see good performance in each of the pathways. Ayrshire Urgent Care Service (AUCS) received 10,967 contacts, with 91% of these patients not referred onwards to hospital and did not self-present to Emergency Departments (EDs). In March 2024, there were 350 Call Before Convey calls received by AUCS, with 8% of these calls resulting in onward conveyance to hospital. This pathway ensured that ambulances avoided attendances at EDs during the month, with patients receiving alternative pathways of care within a community setting.
- A total of 179 patients were navigated through the Emergency Services Mental Health pathway in March 2024 and avoided attendance at EDs. The Rapid Respiratory Response (RRR) service within the Virtual Capacity Programme had seen over 650 patients access the service so far.

Unscheduled Care

- The number of attendances at ED had increased marginally by 2.6% in 2023-2024 compared to 2022-2023. However, between January and March 2024, there had been a rise of 12.3%, equating to almost 2,500 additional ED presentations compared to the previous year.
- Compliance against the 95% ED 4 hour national standard had been at a similar level for several months, at 63.6% in March 2024. In March 2024, there were 914 breaches of the local 2023-2024 ADP target for no patients to wait over 12 hours to be seen, treated or discharged within EDs. The turnaround time for Scottish Ambulance Service vehicles was 60 minutes for University Hospital Ayr (UHA) and 48 minutes for University Hospital Crosshouse (UHC) which was above the national median turnaround time of 44 minutes.

Delayed Transfers of Care

- At February 2024, there were 178 delays reported. The national target is for no delays over 2 weeks. However, in February 2024, there were 45 such delays within NHSAA. The reduction in the number of delayed transfers of care resulted in a corresponding reduction in occupied bed days.

Further detail was provided in the report's appendices, including actions being taken in service areas to improve performance. In reply to a query from a Member, Mrs Dickson would review the report's format and resolution to ensure that data charts could be read clearly.

Mrs Dickson explained in response to a question from a Member that while there was no national target, information on average length of stay for patients who were delayed and not delayed across the system was recorded and monitored as part of internal performance monitoring for operational use.

Mrs Dickson clarified in reply to a query from a Member that reduced capacity in Endoscopy was as a result of planned work to allow critical care beds to be moved from UHA to UHC. Unfortunately, some knock-on effects meant that the space was out of use for longer than planned.

The Medical Director, Dr Crawford McGuffie, provided reassurance in reply to a question from a Member that the Board's ambition was to eliminate 12 hour waits in EDs as this was a definite marker in terms of quality of care. He would consider offline future progress reporting to Performance Governance Committee (PGC) in terms of trajectories and timescales for this standard to enable the Committee to effectively monitor performance. Mrs Dickson highlighted that discussion had taken place at PGC in relation to work ongoing in urgent and unscheduled care services which should have a positive impact on performance against the 12 hour national target.

Board Members discussed the variable performance across the system and were reassured that extensive improvement work was ongoing to try to improve performance.

The Vice Chair advised in reply to a query from a member that the wording provided in the executive data summary related to Urgent Care would be reviewed to clearly reflect that these patients were treated in the community and not necessarily via general practice.

Outcome: Board Members noted the update on the Board's position on the management and provision of unscheduled and planned care. Members were assured that actions were in place to deliver improvements and that delivery was monitored in detail through Performance Governance Committee

9.2 Financial Management report for Month 12

(080/2024)

The Director of Finance, Mr Derek Lindsay, provided a report on the Board's financial position to 31 March 2024. The report was discussed in detail at the Performance Governance Committee meeting on 17 May 2024.

Mr Lindsay advised that the Board had set a deficit budget of £56.4 million in March 2023. However, during the year there had been two significant additional allocations received from Scottish Government, with £5.6 million of sustainability funding and further non-recurring funding of £10.965 million in February 2024. Overall, this was about £16.6 million additional funding in-year. This positively impacted the deficit for 2023/24 which was £38 million at year end, £36.1 million of the deficit was from Acute services.

Members were advised of the main areas of overspend within the Acute division, with the largest being pay overspend. Of the £23.5 million pay overspend, £9.9 million was for the cost of staffing unfunded beds. However, there were other staffing overspends for areas such as medical and nursing agency costs. Mr Lindsay reassured Board that focused work was taking place to reduce these cost pressures.

Mr Lindsay highlighted the supplies overspend in Acute of £12.8 million, with specific areas of overspend detailed in the report. Some of these were being addressed by additional funding in the Revenue plan for 2024/25.

Members were advised that the Health and Social Care Partnership health budgets were underspent by about £5 million, with underspends for each Partnership area detailed in the report.

Mr Lindsay reported that in relation to workforce, Acute nursing was 558 whole time equivalent (WTE) over on the funded establishment in month 12. The Board had been over the establishment every month during the year but this was particularly high at month 12. This was due to staff taking leave before the year end and due to the early Easter. The report detailed the hours worked by Nursing staff, including bank staff, overtime and agency. Mr Lindsay emphasised that closure of unfunded beds would significantly reduce supplementary staffing and enable the Board to return to funded establishment in those areas without impacting on contracted hours. For Medical agency spend, while the graph provided did not show a significant WTE above funded establishment, the high cost of some medical agency staff was a driver for the overspend against the medical staff budget.

Board Members received a summary of the final outturn for capital expenditure. The biggest capital expenditure in the year was for the new national secure adolescent unit, Foxgrove, with £7.7 million spend in the year, taking the cumulative spend on Foxgrove to £19.5 million. Appendix 3 of the report detailed capital allocations and spend for 2023/24 which totalled just over £19 million.

Mr Lindsay reported that the Board had received £38.4 million brokerage from the Scottish Government in 2023/24 and subject to the audit of annual accounts, this would show a £400,000 surplus for the year. The annual accounts would be presented at the Board Private meeting on 25 June 2024.

Mr Lindsay advised in reply to a query from a Member that the Board was able to carry forward a small amount of the Additional Cost of Teaching funding provided by NHS Education for Scotland for the purchase of Fardalehill medical student accommodation, and this will be used for the furnishing costs.

Members discussed the report and were encouraged by the underspends by corporate directorates detailed at Appendix 1. In response to a question from a Member, Mr Lindsay advised that Appendix 2 of the report outlined cash releasing efficiency savings (CRES), with a target of £9.65 million and under-delivery of £766,000 against the target. In relation to Pharmacy, over-delivery against the Acute prescribing overspend savings target offset the under-delivery against their 3% target. In reply to a query from a Member, Mr Lindsay confirmed that unachieved CRES in 2023/24 would be carried forward into 2024/25 which would result in cost pressures for those services involved. Baseline budgets within the Revenue plan had been adjusted to reflect unachieved CRES.

Outcome: Board Members noted the update on the Board's financial position to 31 March 2024.

9.3 Whistleblowing performance (081/2024)

The Whistleblowing Champion, Dr Sukhomoy Das, presented the quarter 4 performance report.

Dr Das reported that there were four contacts received by the whistleblowing team in quarter 4. Three enquiry contacts to the Speak Up mailbox were seeking advice and support in regard to concerns related to bullying and harassment of an individual, alleged fraud and staff conduct, and concerns on behalf of patient care received. The Confidential Contacts had provided the individuals with support and information on the most appropriate route to raise their concern.

There was one whistleblowing contact to a Speak Up Advocate. The individual was provided with guidance and put in touch with a Confidential Contact. On review, these concerns related to a local authority care facility and not a service provided by the NHS and this had been passed to the appropriate Health and Social Care Partnership for review. Assurance had been provided that there were no immediate patient safety concerns.

The report provided details of communication plans and improvement actions as a result of whistleblowing cases raised in 2022-2023. Dr Das highlighted that the quarter 4 issue of the Independent National Whistleblowing Officer (INWO) monthly bulletin had identified learning related to the final stage 2 outcome letter issued to complainants with regard to the level of explanation and detail that should be provided. This would inform stage 2 letters issued by NHSAA to ensure the Board meets INWO requirements.

Outcome: Board Members noted the quarter 4 performance report.

10. Decision/Approval

10.1 Revenue plan 2024-2025 (082/2024)

The Director of Finance, Mr Derek Lindsay, presented the Board's Revenue Plan for 2024/2025 for approval. The Performance Governance Committee had previously discussed various iterations of the plan, as well as correspondence with Scottish Government on the plan. Revenue planning discussions had also taken place at two Board workshops. The plan being presented was supported by members at the Performance Governance Committee meeting on 17 May 2024.

Mr Lindsay advised that the plan forecast a deficit budget of £53.5 million, an improved position of around £3 million compared to last year, but the deficit equates to about 6% of baseline recurring revenue. The Board had submitted draft financial plans to the Scottish Government on 29 January and 22 March 2024 and there had been ongoing dialogue with Scottish Government over the last few months about the plan.

Mr Lindsay explained that while the plan met Scottish Government requirements to have an improved position on last year and to achieve 3% recurring CRES, the Board was not able to contain the deficit to the £27.7 million brokerage cap which Scottish Government had applied as this would have involved major service impact. There had been correspondence with Scottish Government colleagues who had confirmed that they were comfortable that the Revenue plan be brought to the Board for approval.

Mr Lindsay highlighted that all Territorial Boards had set deficit revenue plans for 2024/25 and the majority had not had their financial plans approved by Scottish Government at this time.

Mr Lindsay informed Members that CRES plans for 2024-2025 were very ambitious totalling £24.1 million, compared to £9.65 million last year. The plan relied on reducing length of stay in our hospitals, closing unfunded beds and achieving significant CRES. As previously noted, Scottish Government had advised that they would be able to provide £27.7 million brokerage in 2024/25 and should the deficit exceed this amount, this would show as a deficit in the annual accounts. Boards had a statutory responsibility to reach a balanced financial position and there was potential that if the Board ends year 2024/25 with a deficit in the accounts that the external auditor could raise a Section 22 report to the Scottish Parliament. The Board had previously had a Section 22 raised following the 2017/18 financial year in relation to financial sustainability. There was also the potential risk of further escalation from level 3 in the intervention framework, bearing in mind that all other Territorial Boards had also set deficit budgets.

Mr Lindsay advised that the Board would require to repay brokerage when it returned to financial breakeven. He reassured that the Scottish Government had confirmed that there was no risk to the Board of not having enough funds to pay staff and creditors and that the deficit would not impinge on the Board's operational requirements.

In response to a question from a Member, Mr Lindsay explained that the Board had received £8.5 million waiting times funding last year, with around half of this invested recurrently in core staff within Endoscopy and other areas. The other half was spent on waiting list initiatives, insourcing private providers etc. The Board had put forward £4 million CRES around waiting times, with the plan to stop insourcing and waiting list initiatives, and this had been added to the plan as a non-recurring saving this year. Scottish Government have since funded £50 million extra nationally for waiting times, with NHSAA's share being £3.6 million which meant that the Board would have almost the same amount of waiting times funding as last year.

The Board Vice Chair and Performance Governance Committee Chair, Ms Sheila Cowan, reassured Members that CRES plans were discussed in detail at the

Performance Governance Committee meeting on 17 May 2024. Mr Lindsay highlighted plans in place to deliver CRES. The Financial Improvement Scrutiny Group would meet monthly to receive an update on progress with action plans. The Performance Governance Committee would receive monitoring reports for each of these areas to scrutinise and monitor progress in detail. Discussion would take place outwith the meeting around the level of detail required in future Board papers to give the appropriate level of assurance, for example, in relation to CRES. Detailed monitoring and scrutiny of performance against the revenue plan would be through the Performance Governance Committee.

Mr Lindsay clarified in reply to a query from a Member that it was likely that NHSAA would have one of the highest deficit budgets although the final position across Boards was not yet known. As a percentage of baseline funding, NHSAA were fifth highest.

The Chief Executive underlined that the financial position was impacted by the brokerage cap which had been significantly reduced, when compared to last year, and this combined with the increase in cost pressures, had contributed to the current plan, all of which had been documented for Board Members. She reassured Members that, as previously noted, the Scottish Government had agreed that the plan could be presented to Board Members. The Board had been very clear with Scottish Government that the deficit budget reflected the need to secure essential services whilst being clear through operational channels that the Board could no longer afford to run services that were no longer funded.

The Chief Executive confirmed that a letter was sent to the Scottish Government advising them that despite a substantial CRES plan there were, at this time, no credible plans to close the £26 million funding gap at this stage. The Board has been very clear about the risks related to delivery of CRES plans. The Board would continue to work with the Scottish Government to close the funding gap, for example, through longer term service reform, as this would require both regional and national sponsored initiatives. Locally, the plan will be monitored for delivery through the Finance Improvement and Scrutiny Group who will inform the Performance Governance Committee of progress as it is made. In response to a question from a Member, the Chief Executive reassured Board that the position in respect of the funding gap and the risks to CRES delivery, as explained above, had been set out clearly in the Chief Executive's letter to Scottish Government.

Board Members discussed the Revenue Plan 2024/25 in detail, and it was acknowledged that some of the in-year cost pressures are directed by Scottish Government policy. Policy driven cost pressures are unavoidable, and can include in-year 'unfunded' policy pressures that place an additional burden on spend. The Board cannot influence this spend. Following detailed discussion, Members approved the Plan on the understanding that the Scottish Government was aware of the expected overspend position for 2024/25 and that this would place the Chief Executive in an out of authority position, given the Chief Executive's statutory responsibility to deliver a balanced budget.

Outcome: Board Members approved the Board's Revenue Plan 2024/25 and noted that detailed monitoring and scrutiny of delivery would be through Performance Governance Committee.

11. For information

11.1 Board briefing (083/2024)

Board Members noted the content of the briefing.

11.2 East Ayrshire Integration Joint Board (084/2024)

Board Members noted the minute of the meeting held on 7 February 2024.

11.3 North Ayrshire Integration Joint Board (085/2024)

Board Members noted the minute of the meeting held on 14 March 2024.

11.4 South Ayrshire Integration Joint Board (086/2024)

Board Members noted the minute of the meeting held on 13 March 2024.

12. Any Other Competent Business (087/2024)

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 Monday 12 August 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.

Signed by the interim Board Chair: Linda Semple

Date: 22 August 2024