

**Ayrshire and Arran NHS Board**  
**Minutes of a public meeting on Monday 12 August 2024**  
**Hybrid meeting – Room 1 Eglinton House and MSTeams**

- Present:
- Non-Executive Members:  
Ms Linda Semple, interim Board Chair  
Cllr Marie Burns  
Ms Sheila Cowan, Vice Chair  
Mrs Jean Ford  
Mr Liam Gallacher  
Mr Ewing Hope  
Cllr Lee Lyons  
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)  
Ms Jennifer Wilson (Nurse Director)
- In attendance:
- Ms Caroline Cameron (Director of Health and Social Care, North Ayrshire)  
Mrs Vicki Campbell (Director of Acute Services)  
Ms Rachel Cloke (Consultant in Public Health) item 7.4  
Ms Tracey Cooper (interim Director of Infection Prevention and Control) item 8.3  
Mrs Kirstin Dickson (Director of Transformation and Sustainability)  
Ms Lisa Duncan (Chief Finance Officer, SA HSCP)  
Ms Alyson Morrow (Deputy Charge Nurse/Discharge Facilitator, Woodland View Hospital) item 5  
Ms Lynne Murray (Clinical Nurse Manager, Mental Health, NA HSCP) item 5  
Ms Lisa McAlpine (Senior Manager, Troon/Prestwick Locality, SA HSCP)  
Mr Craig McArthur (Director of Health and Social Care, East Ayrshire)  
Ms Karen McCormick (Chief Nurse, University Hospital Ayr) item 8.6  
Mrs Nicola Graham (Director of Infrastructure and Support Services)  
Mrs Shona McCulloch (Head of Corporate Governance)  
Ms Attica Wheeler (Associate Nurse Director, Head of Midwifery, Women and Children's Services) item 8.5
- Mrs Angela O'Mahony (Committee Secretary) minutes

The Interim Board Chair, Ms Linda Semple, welcomed everyone to the meeting, in particular the new Director of Acute Services, Mrs Vicki Campbell and the new Director of Infection Prevention and Control (IPC), Ms Jincy Jerry, who had joined the meeting as an observer. Ms Semple thanked the previous interim Director of IPC, Ms Tracey Cooper, for her contribution and input during her time in the role and wished her well for the future.

## 1. Apologies

Apologies were noted from Dr Sukhomoy Das, Mr Marc Mazzucco, Dr Tom Hopkins, Mrs Lynne McNiven, Mr Tim Eltringham and Ms Sarah Leslie.

## 2. Declaration of interests (087/2024)

There were no declarations noted.

## 3. Minute of the meeting of the NHS Board held on 21 May 2024 (088/2024)

The minute was approved as an accurate record of the discussion subject to the following change:

### Item 10.1 (082/2024), Revenue Plan 2024/25

Members agreed to review the wording for this item to ensure the discussion on Scottish Government policy driven pressures was captured. Board agreed that the wording would be updated outside the meeting to capture this point. Updated wording was agreed with Jean Ford, Non-Executive, the Chief Executive and interim Board Chair as below:

To delete paragraph 7 of the draft minute and add the following final paragraph. 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.

## 4. Matters arising (089/2024)

### Paper 2 - Action Log

The Board action log was circulated to Board Members in advance of the meeting and progress against actions was noted. The following updates were provided:

**Item 6.1 (067/24), Patient Story – Heart Failure with preserved Ejection Fraction service (HFpEF)** - Mrs Vicki Campbell, Director of Acute Services, previously Head of Primary and Urgent Care Services, advised that national funding had been received at the end of 2023 for a range of services which included a pilot service for HFpEF. There had been challenges with funding for 2024/25 and the pilot for HFpEF was stepped down. She reported that considerable work had taken place across Primary Care and Acute Services in early 2024 to look at different strands of funding for HFpEF and other services in the community, recognising the positive impact and benefits of these workstreams. A paper was discussed at the Strategic Planning Operational Group (SPOG) and following agreement with services, it was planned to present a further report to SPOG in October 2024, with a proposal to fund a range of services that could be delivered in the community to maximise spread, capacity and skills mix in terms of generic community capacity. Action complete.

**Item 7.1 (033/24), Blueprint for Good Governance improvement plan** – The Head of Corporate Governance, Mrs Shona McCulloch, reassured Members that progress was being made with the plan. Integrated Governance Committee had received an information update at meeting on 25 July 2024 and in accordance with the agreed governance route, progress on delivery of actions would be presented to Audit and Risk Committee (ARC) in September 2024. ARC would provide an update to Board in October 2024 via the ARC Chair's report and a further report would be submitted to the Board in March 2024. Mrs Ford, Chair of ARC, would discuss evidence of progress with Mrs McCulloch outwith the meeting. Action complete.

## **5. Patient Story (090/2024)**

- 5.1** The Director of Health and Social Care for North Ayrshire, Ms Caroline Cameron, presented the patient story about a patient's experience of discharge from service. She introduced Ms Alyson Morrow (Deputy Charge Nurse/Discharge Facilitator, Woodland View Hospital) and Ms Lynne Murray (Clinical Nurse Manager, Mental Health, NA HSCP) who had supported the family in their journey.

This story showcased the work of the Discharge Support Facilitator, based within Ward 4 at Woodland View, and the positive impact this role has had not only on the patient but also their loved one. The story was told by Eddie and Gill, who wished to highlight the difference this support had made to them as a family.

Board Members discussed the patient story and thanked Eddie and Gill for sharing their positive experience. Members acknowledged and thanked the team involved for the intensive and holistic support provided and the positive outcome achieved for Eddie and Gill in a relatively short period of time. Members also recognised the important support provided for veterans through Combat Stress, the Royal Air Force Association and other third sector organisations.

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

## **6. Board Chair and Chief Executive report**

### **6.1 Interim Board Chair's report (091/2024)**

- The interim Board Chair, Ms Linda Semple, reported that one of her first activities in her new interim role was to attend the Volunteers Evening at University Hospital Crosshouse on 25 June 2024. The Board were reminded of the amazing work that NHS Ayrshire & Arran volunteers do, with over 220 volunteers across the system, for example, at hospital front doors, in wards, carrying out patient surveys and within hospital shops and cafés. The interim Board Chair had very much enjoyed this excellent event and the opportunity to speak to volunteers.
- The interim Chair advised Board that this year's whistleblowing Speak Up week was taking place from 30 September to 4 October 2024. The theme for this year's Speak Up week is Enabling Speaking Up and the Independent National Whistleblowing Office (INWO) is challenging NHS leaders from across Scotland to make and share Speak Up pledges to demonstrate their commitment by saying how they will support speaking up over the next 12 months. Our Directors are being asked to do individual pledges and to support this our Board Members were asked To Pledge "To support a culture where staff feel safe to Speak Up and are confident their concerns will be acted upon". Board supported the

pledge, with a photo taken, which will be communicated across the organisation as part of Speak Up week.

- The interim Chair took the opportunity to remind Members of the importance of supporting a culture where our staff feel safe to Speak Up and raise concerns they have, whether this be through whistleblowing or other routes.

## **6.2 Chief Executive's report**

**(092/2024)**

- The Chief Executive, Ms Claire Burden, welcomed newly qualified doctors who have just joined NHS Ayrshire & Arran to start their post-graduate careers. She thanked the Medical Director, Dr Crawford McGuffie, and medical teams for the significant work involved in getting the new medical students into post and wished the newly qualified doctors well as they worked through their first placements.
- The Chief Executive recalled discussions at the previous Board meeting on the Revenue Plan. In May 2024 Board Members were asked to support a Revenue Plan that included a year end deficit budget for 2024/25. This was in response to a reduction in national brokerage combined with historic and new cost pressures that needed to be accommodated. As a result the Board has an unbrokered financial gap of £26 million in addition to the 3% cash releasing efficiency savings (CRES) target, another £26million. In May 2024, the Chief Executive had assured the Board that she was working with the support of the Scottish Government about how the Board would work to close the gap sustainably. Since May 2024, the Scottish Government had funded the support of an independent company, Viridian, to work with the Board on our financial recovery. Viridian have now completed a 10-week analytical review of the Board's financial position, and this work has produced a wide range of cost reduction opportunities for the Board that will run alongside and work to mitigate slippage in the current in-year CRES programme.
- Following this analytical review, the Scottish Government have provided further funding for Viridian to support the Board for the remainder of the financial year. This support includes the fixed term appointment of a Recovery Director, reporting directly to the Chief Executive, working with a team of up to eight colleagues, all of whom will be aligned to NHSAA services to ensure delivery of CRES plans.
- The Chief Executive reassured Members that the Board would be kept informed of progress made by the commission of Viridian and that the Board's ambition remains unchanged in terms of delivery of in-year 3% CRES. The Interim Board Chair provided her reassurance that Board Members would be kept apprised of this significant work through regular individual meetings and performance review updates.
- The Chief Executive advised that further discussion would take place later in the meeting on the Board's financial position which remains difficult.
- Board Members welcomed the funding and support provided by Scottish Government and the excellent opportunity this provided. The Chief Executive confirmed in reply to a query from a Member that the Corporate Management Team had engaged well with Viridian during the deep dive work.

## **7. Whole system governance**

### **7.1 Financial management report**

**(093/2024)**

The Director of Finance, Mr Derek Lindsay, presented the Board's Financial Management Report (FMR) to 30 June 2024.

Mr Lindsay highlighted that the FMR was presented in a revised format following recommendations from a short life working group set up for this purpose. The short life working group had been chaired by the Board Vice Chair, Ms Sheila Cowan, with input from executive and non-executive colleagues and Scottish Government and the Chief Executive and Chair had agreed the recommendations. Annex A of the FMR set out CRES targets for the current year, Annex B provided Workforce data and Annex C focused on length of hospital stay.

The Board had approved the Revenue Plan for 2024/25 with a £53.5 million deficit at the Board meeting on 21 May 2024. Mr Lindsay reported that at quarter 1, the overspend was £16.6 million, running slightly ahead compared to the deficit budget agreed. Within that £16.6 million overspend, £8.2 million related to Acute services, with a Supplies overspend of £2.9 million.

The largest area of overspend related to Pay costs being £5.2 million in excess of budget, including £1.4 million additional staffing costs in Emergency and Clinical Assessment units at both University Hospital Crosshouse (UHC) and University Hospital Ayr (UHA). Nursing overspend accounted for £3.4 million of the Acute Pay overspend, with £2 million pay overspend related to additional unfunded beds to support unscheduled care. The report highlighted areas of significant nursing agency overspend due to vacancies, sickness absence and pressures on areas with additional beds above funded levels. A Board Member suggested that additional trend information on bed usage/numbers would be useful alongside delayed discharge performance, length of stay and agency spend information to enable monitoring of all elements. This will be considered for inclusion in future reports.

Board Members received a detailed update on unfunded additional bed capacity. Plans to close unfunded beds had been impacted in June 2024 due to COVID-19 and other respiratory outbreaks and the resulting system pressures.

As part of the Revenue Plan for 2024/25 the Board had agreed a CRES target of £24.1 million which remains the annual target figure. The FMR set out achievements in quarter 1, with red, amber, green (RAG) ratings for these areas. Mr Lindsay highlighted that the highest area of risk related to unfunded beds, given the difficulty of closing these wards. As a result, anticipated savings forecasts were currently sitting at about half of the planned savings which had led to slippage in the CRES plan. The detailed review work done by Viridian would cover how the Board can bridge the gap between the CRES plan and the current forecast.

Board Members discussed the report and supported the new format, including the detailed appendices provided.

The Chief Executive clarified in reply to a question from a Member that regular updates on the work being completed with Viridian would be reported through the Financial Improvement and Scrutiny Group and then to Performance Governance Committee, which reports directly to the Board.

The Board Vice Chair and Performance Governance Committee Chair (PGC), Ms Sheila Cowan, advised that the FMR had been discussed in detail at the PGC light meeting on 5 August 2024 and members had felt assured that despite the £16.6 million overspend, this would not affect the year end deficit plan. Ms Cowan reassured Members that papers to PGC provided more detailed reporting against indicators, including benchmarking data. Focused work was planned to allow the Committee to consider improvement actions in detail related to areas of overspend, including non-pay related overspend.

The Director of Transformation and Sustainability, Ms Kirstin Dickson, added that in line with the Scottish Government request to broaden performance indicators, the Annual Delivery Plan (ADP) set trajectories for unscheduled care and sickness absence, including trends, and this information would be reported in detail through future performance reports to PGC, and assurance reports to Board. The Interim Board Chair gave her reassurance that she would meet Non-Executives routinely and would provide regular updates to keep Non-Executive Members informed of progress.

**Outcome: Board Members discussed the financial position to 30 June 2024 and performance reported against key Scottish Government targets. Members recognised the difficult financial challenges facing the Board, as well as focused work taking place to mitigate the risks in meeting our financial targets.**

## 7.2 Performance report

(094/2024)

The Director of Transformation and Sustainability, Mrs Kirstin Dickson, introduced the report which focused on performance across key service areas and now included workforce absence. The report covered the period up to June 2024, with some data for May 2024 due to reporting timescales.

Ms Dickson reiterated that the Performance report had been updated in response to Scottish Government ADP guidance and the introduction of a suite of delivery framework indicators against which Boards had been asked to set performance trajectories to align with the plan. Regular progress updates on delivering the ADP would also be provided to Scottish Government

The Chief Executive provided an update on key performance areas in Acute services. Directors and Chief Officers reported on services they lead, as appropriate:

### **Acute services:**

#### New Outpatients

- Performance against the 12 week target was on a gradual decreasing trend. Work was ongoing with the Centre for Sustainable Delivery (CFSD) and the Board was sitting at around 95% in the provision of outpatient appointments compared to pre-COVID-19 rates. Overall, the number of people waiting for outpatient appointments continued to increase, reaching a new high of 53,118 at June 2024. However, this was below the expected increase and less than the delivery plan trajectory of 55,589. Scottish Government had provided support in

working with clinical colleagues to try to address the growing gap through working differently and smarter. A surgical summit had recently taken place led by Site Directors and Surgical teams. It was agreed to review appropriate application of active clinical referral triage and referral guidance protocol with the intention to introduce triage tools in the coming months to enable a recovery trajectory. It was also planned to make greater use of digital technology for appointments and referrals to optimise performance delivery.

#### Inpatients/Daycases

- Compliance against the 12 week target for inpatients/day cases was on a decreasing trend at 47.8% at June 2024 which was below the ADP trajectory of 56%. COVID-19 and other respiratory outbreaks had impacted on performance, with 11 wards affected at the peak, as well as an infection outbreak in surgical teams which had impacted on activity.
- There had been a decrease in day case capacity at UHC and mitigations had been put in place through waiting list initiatives and investment in insourcing for some services. Each of these services held significant workforce gaps. Performance varied across services, with several specialities delivering positive improvements in achieving waiting times. Services would continue to work through surgical summits to try to arrest further growth in waiting times.
- The Medical Director, Dr Crawford McGuffie, reiterated that clinicians were working hard and seeing more patients. Clinical teams were committed to working differently. CFSD data was being used to pilot new ways of working to enable improvement towards national targets. There had been changes at leadership level and further changes as a result of people retiring or moving role, providing opportunities to work differently and support redesign of services. Dr McGuffie highlighted that a small number of community treatment days had taken place, for example, for podiatry when a number of people had been invited to community sessions which had impacted positively on waiting lists, with a further day planned for physiotherapy.

#### Imaging

- The Chief Executive reported a modest improvement trend despite growing demand. The elective care team had made a successful bid for additional capacity, including two mobile scanners and two additional trainees in ultrasound which were having a positive impact.
- The position related to endoscopy was complex. There had been a reduction in compliance due to a change in capacity at UHC, which had resulted in some recovery facilities being lost. Additional capacity had been sought at Golden Jubilee University National Hospital, however this was not sufficient to cover the gap. Work was ongoing with clinical teams to increase capacity through additional weekend lists to mitigate the gap. The team was also looking at clinical advances and changes, as well as working with GP colleagues in regard to direct referrals to Diagnostics.

#### Cancer

- There was little variation in the Board's performance against the 31 days and 62 days Standards, with both slightly below trajectory but working within normal limits. There were challenges in diagnostic capacity and variations across specialty, with additional capacity being provided in some areas and a new colonoscopy care pathway introduced. The Chief Executive reassured Members that Cancer remains an area of high vigilance.

## **Mental Health services**

- The Director of Health and Social Care for North Ayrshire, Ms Caroline Cameron, reported that Child and Adolescent Mental Health Services (CAMHS) performance was 100% at June 2024 which continued to exceed the national target. New premises were being refurbished in Irvine which should be completed next month and this would house Neuro CAMHS and the community eating disorder service. There continued to be significant demand for Neuro CAMHS and two external providers were being used to ensure children and young people, who met the criteria in the national specification, could be seen as quickly as possible.
- For drug and alcohol services, the Board continued to exceed the 90% target at 100% performance in June 2024.
- Although there had been some fluctuation, performance for Psychological Therapy (PT) waiting times showed a general increasing trend in compliance to 87.9% in June 2024. This was slightly below the national target although consistently higher than the national average. The new Director of Psychological Services had created a new clinical governance structure for PT, with new standards to be implemented from April 2025. One of the main challenges related to workforce recruitment and retention to specialist roles. Activity was taking place to try to address this through staff job planning to maximise available resources and improve performance.

## **Urgent Care**

- Dr McGuffie reported that the Board continued to see strong performance in relation to Primary and Urgent Care. 90% of patients contacting Ayrshire Urgent Care Service (AUCS)/Flow Navigation Centre had consistently not been referred onwards to hospital over a number of months. The rapid respiratory response service had increased the volume of patients being seen. In June 2024, there were 725 calls from Care Homes into AUCS, with only 8% of these patients requiring to attend an acute hospital. This was positive in terms of hospital capacity and in preventing unnecessary hospital admissions from care home residents.

## **Unscheduled Care**

- The Chief Executive reported that during Quarter 1 there had been high levels of COVID-19 and other respiratory infections with a slight increase in Emergency Department (ED) attendances. Continued service demands with infection levels in hospitals meant that slow progress had been made in sustaining and reduction in bed occupancy levels and confirmed that there had been a gradual deterioration in performance throughout June 2024. However, the average length of stay had reduced from 9.4 days in May 2024 to 8.4 days in June 2024 which was moving in the right direction.
- ED performance against the 4 hour national target had been impacted by hospital occupancy levels and was 61.6% in June 2024, an increase compared to May 2024. Dr McGuffie highlighted the ED improvement plans in place and that there had been some positive changes seen in ED in recent weeks which was encouraging.



## Delayed Discharges

- The Chief Executive advised that all three Health and Social Care Partnerships (HSCPs) had seen a spike in delayed discharges and each system partners performance was above forecast plans, with the greatest variation in South Ayrshire, as detailed in the report.
- Ms Caroline Cameron, North Ayrshire HSCP Director, Craig McArthur, East Ayrshire HSCP Director and Ms Lisa McAlpine, Senior Manager, South Ayrshire HSCP provided detailed updates on the position related to delayed discharges in their respective partnerships, including areas of challenge and the range of mitigating work to maintain and improve performance.

## Workforce Sickness Absence

- The Chief Executive highlighted that staff absence due to COVID-19 and flu outbreaks had impacted on the sickness absence rate. While the Board was not an outlier nationally, it was hoped that the position would gradually improve.

Board Members discussed the report and recognised the significant challenges faced in relation to population health, with people having more complex conditions and increasing complexities around hospital discharge. Members were encouraged by the improvement actions described to mitigate these challenges and thanked colleagues for the positive and collaborative, pan-Ayrshire work being done related to discharge planning policy and shared learning taking place across the three HSCPs.

In reply to a question from a Member about the profile of those presenting at ED, Dr McGuffie advised that Ayrshire had an ageing population and high levels of deprivation which were associated with higher ED attendances. He highlighted the redirection pathways in place locally, with 90% of people receiving care outwith an acute hospital setting. The Chief Executive reassured Members that NHSAA was not an outlier nationally in terms of ED attendances which were lower than pre-COVID-19 rates. She reiterated that there were a range of Primary Care and community redirection pathways in place to avoid unnecessary hospital admissions. The Chief Executive reassured Members that performance in relation to ED attendances was kept under constant review.

**Outcome:** Board Members noted the position reported and welcomed the detailed updates on the key performance risk areas from the report which had provided assurance that mitigating actions were being taken forward with the aim to improve performance in these key areas.

## 7.3 NHS Ayrshire & Arran (NHSAA) Annual Delivery plan 2024/25 (095/2024)

The Director of Transformation and Sustainability, Mrs Kirstin Dickson, presented the Annual Delivery Plan 2024/25 for Board approval. The plan had been developed in collaboration with partners to provide Scottish Government with confirmation that the Board had realistic plans in place which reflected the extremely challenging financial situation faced and demonstrated ongoing improvement and resilience in the local health and care system.

The plan followed Scottish Government guidance, including new delivery framework indicators and associated trajectories. The draft plan was submitted to Scottish Government on 22 March 2024. On 9 July 2024, Scottish Government had written to recommend that the plan be presented to the NHS Board for approval. The Board would report to Scottish Government quarterly on progress against delivery and implementation of the plan over the coming year.

**Outcome: Board Members approved the Annual Delivery Plan 2024/25.**

#### **7.4 Joint Health Protection Plan (JHPP) 2024/26 (096/2024)**

Ms Rachel Cloke, Consultant in Health Protection, presented the JHPP 2024/26. In accordance with Public Health legislation the two-year plan had been prepared jointly with NHSAA Health Protection and Resilience teams, the three Ayrshire and Arran Local Authorities and the Ayrshire Civil Contingencies team. Once approved by the Board, the plan would be published on NHSAA website.

Ms Cloke outlined the approach taken in preparing the plan which had been written in a way to make it accessible for stakeholders and members of the public. A new template had been used setting out lead areas with key priorities to focus activity. These sections and related priorities would be reviewed against the Health Protection work plan. Agreed priorities across the system would be used to generate engagement with the wider public to highlight key Health Protection messages depending on local epidemiology, using infographic posters.

**Outcome: Board Members approved the JHPP plan 2024/26 and welcomed the report's new format and plans for public engagement.**

### **8. Quality**

#### **8.1 Patient Experience quarter 4 report (097/2024)**

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

Ms Wilson reported a slight increase in stage 1 complaints this quarter, which followed a reducing trend in recent quarterly reports, with most of the increase related to waiting times concerns. Complaint handling performance was over 85%.

There had been an increase in Stage 2 complaints compared to quarter 4 of 2023 and complaint handling performance had dropped slightly to 54% compared to recent quarters when performance had peaked at 78% as a result of the Acute Recovery Project.

Ms Wilson reassured Members that a comprehensive improvement plan was in place which would be monitored through HGC. This would include a review of closed or paused complaints, for example, should patients not be ready to continue with their complaint and Ms Wilson underlined the importance of being able to understand this to ensure complaints were closed appropriately. The overall aim was to improve complaint handling performance to 60% next quarter.

Ms Wilson advised that she had commissioned an end-to-end review of the Board's Complaints process which would be reported through the HGC. She highlighted that often when complaints increased there was also an increase in Scottish Public Services Ombudsman (SPSO) referrals. While there had been an increase in referrals to SPSO during the last three quarters, there had been no rise in SPSO investigations. Ms Wilson suggested that this reflected that the Board was ensuring that complaint responses remained of the highest standard, despite reducing performance.

Members were advised that the majority of feedback received through Care Opinion (CO) posts showed that 73% of posts were not critical and there had been an increase in CO response rates to 88%, with responses to posts within 72 hours of receiving these on CO which was commendable given the current system pressures.

Ms Wilson advised that complainant satisfaction had also increased in the last quarter.

**Outcome: Board Members noted the patient experience feedback and complaints information for Quarter 4 and were assured by the plan in place to improve complaint handling performance and the focused scrutiny from Healthcare Governance Committee.**

## **8.2 Patient Experience annual report 2023/24**

**(098/2024)**

The Nurse Director, Ms Jennifer Wilson, presented the patient experience annual report 2023/24 to provide assurance that the Committee and Board discharged their role as set out in the Complaint Handling Process. The report was discussed and supported at HGC on 29 July 2024.

Ms Wilson advised that in terms of local feedback gathered and shared during 2023/24, this demonstrated an increase of almost 50% on feedback activity from the previous year. There were a range of feedback mechanisms in place, with feedback being used positively to frame improvements in the system.

In terms of equality and diversity, the Shared British Sign Language (BSL) Local Plan 2024/30 was published on 6 November 2023, in collaboration with the three Ayrshire local authorities. The Board had a variety of staff networks which remained active. The organisation had achieved Equally Safe at Work accreditation in October 2023. Ms Wilson thanked the team involved for supporting this achievement.

Ms Wilson highlighted the positive work being done by volunteers across the organisation, as outlined in the report. She advised that the Board had changed the profile of Volunteering, starting with younger people, with the aim to support people at all stages of life to be volunteers in the system. There had been positive feedback received from staff and volunteers.

Mrs Joyce White, interim HGC Chair, advised that the report had been discussed in detail at the Committee meeting on 29 July 2024. The Committee had acknowledged the importance of Volunteering and work being done to expand this across the organisation, recognising the potential employability opportunities this created for people to gain experience of working in a healthcare environment. HGC had been assured of the work being done in relation to Patient Experience.

The Chief Executive commended the Patient Experience team for the breadth and complexity of work being done in collaboration with colleagues across the organisation. She highlighted progress made, including improved quality of complaint responses and noted plans to achieve further improvements. She emphasised the importance of Equality and Diversity work and reassured Members that the organisation was looking critically at health inequalities through its corporate standards and objectives this year. This work provided a positive foundation in terms of workforce and demographics which would benefit both patients and staff.

**Outcome: Board Members endorsed the Patient Experience annual report 2023/24 for publication and commended the work of the Patient Experience Team**

### **8.3 Healthcare Associated Infection (HCAI) report (099/2024)**

The Nurse Director, Ms Jennifer Wilson, introduced Ms Tracey Cooper, interim Director of Infection Prevention and Control, who presented key HAI information for Quarter 4 and assurance of activity to manage HCAI across NHSAA. A version of the report was discussed at HGC on 29 July 2024.

Ms Cooper advised that the Board did not meet the HCAI year-end targets last year. However, there had been a positive reduction in *Clostridioides difficile* infection (CDI) cases from 17.1 cases per 100,000 total occupied bed days (TOBD) last year to 15.1 cases for year ending March 2024.

*Staphylococcus aureus* bacteraemia (SAB) rates remained virtually unchanged. Members were advised that the Board understood the reasons for these cases and targeted work had taken place in-year to address key areas which had led to a reduced rate over the last two quarters. It was hoped this improvement would continue into next year.

For *Escherichia coli* bacteraemia (ECB), NHSAA had received an exception report as the organisation had been a high outlier in Quarter 3, with the year-end rate at 45.2 cases per 100,000 TOBDs compared to 35.0 in year ending March 2023. Ms Cooper explained that the cause of ECB was much less well understood which made it more difficult to address. An ECB improvement group had been established, in addition to the existing Urinary Catheter Improvement Group, and these groups were focused on a range of issues identified through data in terms of likely causes and mitigating actions to reduce rates. The Nurse Director, Ms Jennifer Wilson, reiterated the challenge related to ECB and highlighted the collaborative work being done by the Infection Prevention and Control Team and the Health Protection Team to try to understand the root causes.

Ms Cooper reported that in Quarter 1 there had been one red Healthcare Infection Incident Assessment Tool (HIIAT) outbreak or incident reported to Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland. Members were advised that there continued to be challenges with COVID-19 outbreaks through the summer which reflected the position nationally. The report provided a summary of key learning from outbreaks. Ms Cooper reassured Members that Board-wide learning identified was being shared through the Prevention and Control of Infection Committee and other routes.

**Outcome: Board Members considered and noted the HCAI data as well as the ongoing work within the organisation to reduce HAI rates. Members noted the summary of learning in relation to outbreaks of infection and continued challenge to patient safety posed by COVID-19.**

#### **8.4 Health and Care (Staffing) (Scotland) Act (HCSA) 2019 (100/2024)**

The Nurse Director, Ms Jennifer Wilson, presented the HCSA Quarter 1 report. This was the first report to Board since the Act came into effect on 1 April 2024. A version of the report had been discussed at the Staff Governance Committee meeting on 1 August 2024.

Ms Wilson set out the background and aims of the Act which applies to all clinical professional groups. She outlined future reporting requirements, including reporting on the use of high cost agency staff, quarterly reporting on compliance against the legislation across a range of professional groups and steps being taken to improve compliance, and an annual report from Board to Scottish Ministers, with the first annual report due in April 2025.

The report outlined NHSAA progress in discharging its duties under the Act, including local risks, mitigations and future reporting plans. Members were advised that overall there was some variance across the different staff groups, which was to be expected. For example, nursing and midwifery professions have had healthcare staffing tools in place for some considerable time, while many other clinical groups were at different stages in developing workforce tools. National colleagues were aware of the position. Differences in health and care workforce reporting were being worked out at national level and through local systems.

In response to questions from Members, Ms Wilson advised that e-rostering was now live in Mental Health services and at Biggart Hospital, with plans in place for Acute services and Nursing and Midwifery and it was planned to have e-rostering fully in place by March 2025. Ms Wilson reassured Members that everything possible was being done to achieve the requirements of the Act, including providing adequate time to clinical leaders for job planning.

The Medical Director, Dr Crawford McGuffie, highlighted that while there were challenges for medical staff related to workforce tools and conflicts with reporting requirements and Caldicott requirements, the profession was committed to making progress with this work. Ms Wilson reiterated that as part of reporting requirements there would be an annual report to Scottish Government and this would enable any ongoing issues and learning to be addressed across Scotland.

The Chief Executive reiterated the challenges in meeting the requirements of this legislation in terms of workforce supply and to ensure the right skills mix, as well as changes required in response to the new Non-Pay Reform Bill, including the reduced working week, study time requirements and the national rollout of e-rostering to which the Board was currently responding to. The Employee Director, Mr Ewing Hope, added that Staff Side was working through these issues and had regular meetings with Scottish Government to discuss the position.

**Outcome:** Board Members noted the local progress being made and the identified risks and mitigations reported. Board were assured by the progress being made to comply with the Act.

## **8.5 Quality and Safety Report – Maternity services (101/2024)**

The Nurse Director, Ms Jennifer Wilson, introduced Ms Attica Wheeler, Director of Midwifery and Associate Nurse Director for Women and Children’s Services. Ms Wheeler presented an overview of quality improvement activity in Maternity services under the auspices of the Scottish Patient Safety Programme (SPSP) Perinatal (previously the Maternity and Children Quality Improvement Collaborative) and Excellence in Care. A version of the report was discussed at the HGC meeting on 3 June 2024.

Ms Wheeler advised that a partnership agreement between SPSP and NHSAA in relation to the way forward with new measurements had been signed off and sent to all relevant parties on 29 January 2024.

Board Members received an update on progress against core measures which demonstrated sustained and continuous improvement and planned future reporting. Core measures reported: Reduce stillbirth rates; Maternal deterioration (MEWS); Postpartum Haemorrhage rates (PPH); Caesarean Birth (not on reporting toolkit but for local discussion).

Ms Wilson highlighted that the latest Mothers and Babies: Reducing Risk through Audit and Confidential Enquiries (MBRRACE) data for 2022 demonstrated sustained reduction in perinatal mortality in NHSAA since 2017. In 2022, NHSAA had two stillbirths and no neonatal deaths, which had given the Board the second lowest rate of neonatal deaths across the UK.

Members were advised that nationally some of these SPSP measures were being tested in terms of how they were reported and added to the portal. NHSAA was working with other Boards and the SPSP team to trial these areas. Future reports would provide information about local work being done and approaches taken.

Board Members discussed the report and noted the link between SPSP and health improvement work in terms of comorbidities in mothers, for example diabetes, and other issues which may impact on pregnant women, such as smoking during pregnancy.

**Outcome:** Board Members noted the overview report of quality improvement activity in Maternity services and commended the team for the good work being delivered.

## **8.6 Quality and Safety Report – Acute services (102/2024)**

The Nurse Director, Ms Jennifer Wilson, introduced the report and invited Ms Karen McCormick Chief Nurse at University Hospital Ayr, to provide an overview of quality improvement activity in Acute services. A version of the report was discussed in detail at the HGC meeting on 29 July 2024.

Ms McCormick reported on progress against the following core measures:

- Falls and Falls with harm.
- Pressure Ulcers (PU)
- Cardiac arrest
- National Early Warning Score (NEWS)
- Food Fluid and Nutrition (FFN)

Progress had in the main been positive with sustained reduction in falls and falls with harm. Pressure ulcers remained a challenge due to system pressures but had shown a reduction in numbers at UHA and collaborative work continued to identify avoidable cases. In respect of cardiac arrest, the rate in Acute services was higher than the national median and improvement work continued with a pilot of Emergency Response Team relaunch work in three pilot wards and multidisciplinary review of cardiac arrest and escalation to the Adverse Event Review Group to ensure shared learning and improvement. Ms McCormick reassured Members that quality and safety remained a key focus and Acute services continued to work collaboratively to progress quality improvement.

Ms Wilson highlighted the quality and safety work introduced across Acute services around data collection, focusing on areas where improvements could be made, to make the best use of staff resource. This focused work had improved data collection and highlighted areas where specific improvements could be made, such as FFN and PU. Following this approach, a detailed PU report would be presented for scrutiny at the Healthcare Governance Committee meeting in November 2024.

**Outcome: Board Members noted the overview report of quality improvement activity in Acute services and welcomed the approach for detailed scrutiny and reporting on improvement areas to HGC**

## 9. Corporate Governance

### 9.1 Governance Committee and IJB membership (103/2024)

The Head of Corporate Governance, Mrs Shona McCulloch, presented proposals for Board Committee membership. The proposals set out a number of interim arrangements for Board Committees and South Ayrshire IJB which were required as the Board Chair was on an agreed six month period of absence. A second Vice Chair and Interim Board Chair had been appointed from the Non-Executive Member cohort, which impacted Committee membership. To ensure there were no delays in making these changes, the interim proposals had been agreed with Board Members via e-mail in early July 2024. Board Members were asked to homologate the decision to approve the proposed changes.

Mrs McCulloch thanked Board Members who had stepped up and agreed to take on additional duties. She highlighted the derogation proposed to enable the Vice Chair, Mrs Sheila Cowan, to chair the Integrated Governance Committee. The appointment process was ongoing for a new Non-Executive Board Member to fill the existing Non-Executive vacancy.

The Interim Board Chair, Ms Linda Semple, added her thanks to Board colleagues who had stepped up to take on other committees and commitments.

**Outcome: Board Members approved the updated Board Committee membership and agreed the derogation to the Terms of Reference of Integrated Governance Committee**

**9.2 Audit and Risk Committee (104/2024)**

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

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

**9.3 Healthcare Governance Committee (105/2024)**

The Committee Chair, Mrs Joyce White, provided a report on key areas of focus and scrutiny at the meeting on 29 July 2024. The interim Board Chair and previous Committee Chair, Ms Linda Semple, presented the minutes of the meetings held on 22 April 2024 and 3 June 2024.

**Outcome: Board Members noted the Chair's update and meeting minutes.**

**9.4 Integrated Governance Committee (106/2024)**

The Board Vice Chair, Mrs Sheila Cowan, provided a report on key areas of focus and scrutiny at the meeting on 25 July 2024. The Board Vice Chair presented the minute of the meeting held on 2 May 2024.

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

**9.5 Staff Governance Committee (107/2024)**

The Committee Chair, Mr Liam Gallacher, provided a report on key areas of focus and scrutiny at the meeting on 1 August 2024. The Chair presented the minute of the meeting held on 13 May 2024.

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

**9.6 Whistleblowing performance (108/2024)**

The Nurse Director, Ms Jennifer Wilson, presented the Quarter 1 performance report. The report was discussed in detail at the Staff Governance Committee meeting on 1 August 2024.

Ms Wilson advised that during Quarter 1 there was one concern received via the Speak Up Mailbox related to Primary Care. At this time, the complainant wished to remain anonymous and work was ongoing through Confidential Contacts and Speak Up Advocates to support the individual. Ms Wilson explained that should a concern not be appropriate for the Whistleblowing process, the information provided would be progressed and investigated by the responsible Director.

The report provided an update on the progress of Whistleblowing improvement plans and a training update. Ms Wilson highlighted that there had been discussion at the



recent Whistleblowing Oversight Group and Staff Governance Committee meetings on how to increase line manager and senior manager compliance in the completion of training, currently at 66%, and it had been agreed to take forward a number of actions.

Ms Wilson highlighted that as discussed earlier in the meeting, Speak Up Week would take place on week beginning 30 September 2024. To support this event, Ask Me Anything sessions would again be held for staff with the Whistleblowing Champion, Nurse Director and Employee Director.

Ms Wilson provided assurance that local benchmarking took place for all Independent National Whistleblowing Officer (INWO) stage 3 learning reports published on the INWO website to identify any opportunities for learning and improvement locally, as detailed in the report.

**Outcome: Board Members noted the Quarter 1 performance report**

## **9.7 Whistleblowing annual report 2023/24 (109/2024)**

The Nurse Director, Ms Jennifer Wilson, presented the whistleblowing annual report 2023/24, to provide assurance that the Board had discharged its role as set out in The National Whistleblowing Standards.

The report provided an at a glance summary of performance against the requirements of the Standards, Key Performance Indicators, issues raised and actions taken or planned to improve services as a result of concerns.

Ms Wilson advised that it was critical to whistleblowing that the organisation adopted learning and improvement as a result of Whistleblowing cases in individual areas as well as across the system. An area of focus for the team going forward would be how to share experience of individuals raising a concern, to identify learning and enable improvement of the process. Details of improvement plans were set out at section 3 of the report.

Ms Wilson highlighted the increase in concerns received in 2023/24 and underlined that this was positive and indicated that people felt able to raise concerns. She explained that while work was taking place to begin to identify themes, the number of concerns received was still low. As the team continued to collect data and the number of concerns increased, it should be possible to make targeted change as a result of themes identified. The report set out detailed plans for 2024/25.

Ms Wilson advised in response to a question from a member that Whistleblowing concerns could be complex and it could take some time for an investigation to be completed and improvement actions progressed. She reassured Members that WBOG scrutinised improvement plans regularly and the whistleblower was kept updated of progress.

**Outcome: Board Members approved the whistleblowing annual report for publication. Members were assured from the quarterly and annual reports that the organisation was in compliance with requirements of the Whistleblowing Standards.**

## 8. Service

### 8.1 East Ayrshire Health and Social Care Partnership (EA HSCP) (110/2024) Review of Strategic Plan 2024-2027

The Director of EAHSCP, Mr Craig McArthur, presented the strategic plan which set out the framework for East Ayrshire IJB's strategic commissioning intent and the HSCP's delivery activity for 2024/30, in six key strategic areas, as outlined in the report. The report also provided a suite of documents in support of the plan covering the finance framework, property and assets, workforce, participation and engagement, information and communication, partnerships with Housing and the Third Sector, Thinking Differently, Leadership and Innovation and Collaborative Commissioning. The report was presented to the EA IJB meeting on 26 June 2024.

Mr McArthur highlighted that the most significant area of risk for EA HSCP related to financial challenges, alongside demographic and healthcare challenges across the community. Currently, the IJB was reviewing its financial position with a view to bringing a financial recovery position to the IJB at end-August 2024 and this may impact on the Strategic Plan. Should the Plan's outcomes need to be reviewed, it would be brought back to the IJB, East Ayrshire Council and the NHS Board as required.

Board Members discussed the engagement process, noting that there had been a good level of engagement using an on-line model and suggesting that there could be potential learning from this model.

The Chief Executive highlighted the positive congruence between the IJB's Strategic Plan and the Board's Caring for Ayrshire ambitions, plans for 2025/26 and the work being done collectively on the Integration Scheme. The Chief Executive welcomed the detail provided in the report which would help with alignment of plans as the Board worked through a challenging period over the next 18 months.

**Outcome: Board Members endorsed the East Ayrshire Strategic Plan and accompanying suite of papers. Members noted the Directions for implementation in respect of commissioning services from East Ayrshire Council and NHS Ayrshire & Arran in line with the Strategic Plan, within the allocated budget for 2024/25.**

### 8.2 North Ayrshire (NA) Children's services (111/2024)

The Director of NA HSCP, Ms Caroline Cameron, provided an update on the Children's Service Plan for 2023/26 which was required by legislation. The annual report was discussed at the NA IJB meeting in June 2024.

The performance update report 2023/24 set out the Plan's continued vision and had been structured in line with the five priority areas set out in the plan, with a suite of actions identified to be delivered by Community Planning Partnership partners. An update on the progress of high level actions was included at Appendix 1 of the report. This included specific developments services were taking forward, with case studies provided. An initial set of Key Performance Indicators had been established to measure progress which was attached at Appendix 2 of the report.

The plan had been submitted to Scottish Government which had provided positive feedback. The IJB was currently working on an accessible and engaging version of the performance report for young people so that this could be published alongside the main report.

Board Members welcomed this comprehensive report, including the use of case studies to demonstrate impact.

**Outcome:** Board Members noted the performance reported and commended Ms Cameron and the team for the work being done and welcomed plans to provide a more user friendly version to communicate the report to young people.

## **11. For information**

**11.1 Board briefing** (112/2024)  
Board Members noted the content of the briefing.

**11.2 East Ayrshire Integration Joint Board** (113/2024)  
Board Members noted the minute of the meeting held on 20 March 2024.

**11.3 North Ayrshire Integration Joint Board** (114/2024)  
Board Members noted the minute of the meeting held on 9 May 2024.

**12. Any Other Competent Business** (115/2024)  
There was no other business.

## **13. Date of Next Meeting**

The next public meeting of the NHS Ayrshire & Arran Board will take place on Monday 7 October 2024.

Signed by interim Board Chair, Ms Linda Semple

Date: 7 October 2024