

**Ayrshire and Arran NHS Board**  
**Minutes of a public meeting on Monday 7 October 2024**  
**Hybrid meeting - Room 1 Eglinton House and MSTeams**

- Present:
- Non-Executive Members:  
 Ms Linda Semple, interim Board Chair  
 Ms Sheila Cowan, Vice Chair  
 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)  
 Ms Jennifer Wilson (Nurse Director)
- In attendance:
- Mrs Vicki Campbell (Director of Acute Services)  
 Mrs Kirstin Dickson (Director of Transformation and Sustainability)  
 Mr Paul Doak (Head of Service, Finance and Transformation, North Ayrshire Health and Social Care Partnership)  
 Mr Tim Eltringham (Director of Health and Social Care, South Ayrshire)  
 Mr Andy Gillies (Head of Spiritual Care, Staff Care and Person-Centred Care) item 7.3  
 Mrs Nicola Graham (Director Infrastructure and Support Services)  
 Ms Rachael Graham (Planning and Performance Coordinator, South Ayrshire Health and Social Care Partnership) item 9.5  
 Ms Lorna Kenmuir (Deputy HR Director)  
 Mr Craig McArthur (Director of Health and Social Care, East Ayrshire)  
 Mrs Shona McCulloch (Head of Corporate Governance)  
 Ms Dalene Steele (Associate Nurse Director, East Ayrshire Health and Social Care Partnership) item 5  
 Ms Sarah McLatchie (Senior Advanced Nurse Practitioner, East Ayrshire Health and Social Care Partnership) item 5
- Mrs Angela O'Mahony (Committee Secretary) minutes

The interim Chair, Ms Linda Semple, welcomed everyone to the meeting, in particular, Ms Lorna Kenmuir, Deputy HR Director, attending on behalf of the HR Director and

Mr Paul Doak, Head of Service, Finance and Transformation, joining on behalf of the Director of North Ayrshire Health and Social Care Partnership (HSCP), as well as other colleagues joining to present papers.

## **1. Apologies**

Apologies were noted from Mrs Lesley Bowie, Cllr Marie Burns, Ms Caroline Cameron, Ms Sarah Leslie and Cllr Lee Lyons.

## **2. Declaration of interests (116/2024)**

To ensure transparency Mrs Jean Ford declared a connection in relation to item 9.2, Medical Education Governance annual report, as a Non-Executive Director at NHS Education for Scotland. Mr Neil McAleese declared a connection in relation to item 7.2, Performance report, as his partner was currently working in ED at University Hospital Ayr. In applying the objective test, neither considered that there was an interest to declare in regard to the respective agenda items.

## **3. Minute of the meeting of the NHS Board held on 12 August 2024 (117/2024)**

The minute was approved as an accurate record of the discussion subject to the following addition and amendment under item 7.1, financial management report:

- Paragraph four – to add the following sentence – 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.
- Paragraph six - change “zero” to “about half of the planned savings”.

Mrs Jean Ford, Non-Executive Board Member, provided an update in relation to item 9.7, Whistleblowing annual report. She had discussed data reporting with Mrs Karen Callaghan, Corporate Governance Coordinator, who planned to improve how action plan completion would be captured in future reports to ensure clarity around action plan timings.

## **4. Matters arising (118/2024)**

### 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.

## **5. Patient Story (119/2024)**

### **5.1** Board Members listened to the story about the positive impact of the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) project which had enabled Ann to make plans for any healthcare emergency that might arise as a result of her life limiting condition.

Ann’s story highlighted the significant positive impact that could be made involving patients in decisions about their healthcare.

The Nurse Director, Ms Jennifer Wilson, advised that following a local pilot earlier this year, feedback was being evaluated by the ReSPECT Team to enable the smooth rollout of ReSPECT to additional areas across the organisation on a gradual basis during 2024. One of the areas of focus would be to demonstrate the effectiveness of this planning approach in relation to the health of the prison population. Ms Wilson clarified that following diagnosis, individuals were signposted to third sector support networks who worked alongside them as part of their healthcare journey.

**Outcome: Board Members discussed Ann’s story and commended the pan-Ayrshire, person-centred and timely end of life planning approach adopted through ReSPECT plans.**

## 6. Board Chair and Chief Executive’s report

### 6.1 Board Chair’s report (120/2024)

- The interim Board Chair, Linda Semple, reported on a Board workshop which took place on 20 August 2024 at which members had an opportunity to discuss our risk management processes and the Board’s risk appetite. Feedback indicated that this was a positive session with commitments for further work.
- Board Chairs’ meetings are held regularly at national and regional West of Scotland level and the interim Chair had recently attended a two-day workshop involving all Board Chairs across Scotland. The Cabinet Secretary had attended briefly to give an update on Scottish Government’s views on how Boards are performing and there had been detailed discussion about the significant pressures being experienced across Scotland. The interim chair added that these meetings provided a good opportunity to discuss specific issues, share good practice and for peer support in relation to issues being managed by Health Boards.
- The interim Board Chair reported on the 2024 Graduation ceremony at Ayrshire College, which took place at Ayr Racecourse. This had been a good event and it had been encouraging to see students from health, sport and fitness graduating. Other Directors from NHS Ayrshire & Arran had attended to support the event which reflected the Board’s strong partnership with Ayrshire College.
- The Board’s Annual Review took place on 3 October 2024. This year was a non-Ministerial annual review with the public invited to raise questions and attend the session. The review discussed the Board’s performance in the past year. The annual reviews are key in enabling public scrutiny as a key component in how NHS Boards are held to account.
- The interim Board Chair attended the North Ayrshire Community Planning Partnership meeting on 4 October 2024. There had been interesting workshops held covering a number of areas, such as prioritisation, child poverty, cost of living and its impact on people. This work tied in well with the Anchor Community Wealth Building programme, with this annual report to be discussed later in the Board meeting.

## 6.2 Chief Executive's report

(121/2024)

- The Chief Executive advised that as previously reported to Board, we are working with an independent company, Viridian Associates, to support the Board in its cash releasing efficiency savings (CRES) programme. The Chief Executive highlighted that the Board's financial forecast continued to be £53.5 million deficit budget, despite the month five deficit figure being higher than anticipated. The Chief Executive reassured Members that the executive team remain committed to delivering its CRES programme and that she would keep the Board apprised as this work progressed. As highlighted at previous meetings, she reiterated that no staff were at risk of redundancy in relation to the CRES work being progressed. The focus of the CRES programme remains the sustainable reduction of agency use and the planned closing of any additionality that has remained in place since the pandemic. The Board would be updated on the work of Viridian Associates as it progresses.
- In August 2024, several events were held through the system, including an evening with international recruits to hear their stories about moving to Ayrshire. This event provided an opportunity to discuss our commitment to anti-racism and the Board's vision and commitments in terms of inclusion, diversity and respect for all staff and the public we serve throughout NHSAA. The Chief Executive advised that the organisation would continue to put together the foundations for its anti-racism commitment during the year. This work will inform the revision of our Culture Plan and People Strategy as they are in the process of being reviewed.
- The Chief Executive advised that the Board continued to deliver on the non-pay deal for staff. This is a significant piece of work to ensure the implementation of the reduced working week, provision of study time and the Band 5 nursing staff review to planned timescales. The Chief Executive thanked all colleagues and system partners for their work in this space. While there was still much work to do, with the support of HR and Executive sponsorship, there was a programme of work in place to ensure the Board could deliver this work to plan.

## 7. Whole system governance

### 7.1 Financial Management report

(122/2024)

The Director of Finance, Mr Derek Lindsay, presented the Board's Financial Management Report (FMR) to 31 August 2024.

Mr Lindsay advised that after five months the Board had a £26.6 million deficit which was higher than the level anticipated. The planned deficit budget was £53.5 million. The Board would have to reduce unfunded beds and use of agency staff in order to achieve or improve on the planned deficit budget. NHSAA was facing a number of financial risks this year. The Scottish Government expected the Board to improve its financial position and move closer to the £27.7 million brokerage available this year which would be a significant challenge.

Acute services were £13.7 million overspent after five months, with detailed analysis by cost category provided at section 2.1, with explanatory narrative on major factors provided. The report highlighted the position related to unfunded additional capacity. Members were advised that while some progress had been made in closing unfunded beds in April and May 2024, the position had reversed from June to August 2024, partly due to COVID-19 outbreaks. Annex C of the report provided graphical

information showing the phased and planned reduction in length of stay for all patients this year. Acute Care Services are not on trajectory but progress is being made.

Mr Lindsay highlighted that detailed information was provided in section 2.18 of the report related to delivery of the 2024/25 CRES target for the first five months of the year, with more narrative provided at Annex A. Viridian continued to work with executive sponsors to identify alternative CRES schemes to mitigate the current and forecast shortfalls. At month 5 these mitigations are being finalised and are not included in the current forecast.

Appendices B to D of the report provided links to financial reports discussed at the three Ayrshire Integration Joint Boards (IJBs). Overspend areas in the IJBs mainly related to social care services commissioned by the Council, amounting to £10 million in East Ayrshire (EA) IJB and £6 million in North Ayrshire (NA) IJB. IJB Health budgets were projecting breakeven, with small under or overspends. However, NA IJB had identified £3.7 million CRES to offset the projected £6 million deficit which had reduced their deficit, with some of the CRES against Health budgets.

Mr Lindsay highlighted areas of risk related to the non-pay deal which the Chief Executive had described in her earlier update. There were likely to be financial implications from these national reforms and NHSAA had received £14.6 million non-recurring funding from Scottish Government in the current year although it was not yet known what costs would be involved given the number of variables.

Another area of potential risk related to primary care prescribing which was overspent by £229,000 after three months, with initial volume estimates for July 2024 being high although this information was still to be confirmed. There was potential future risk in the context of projected deficits in NA IJB and EA IJB and the Board's further financial contribution towards those deficits. This risk was mitigated by the fact that there was little overspend in the Health part of the IJB budget. Other areas of risk were as set out in the report.

Board Members discussed the organisation's financial position at month 5 and the areas of financial risk identified. Members recognised the considerable work being done by Executive colleagues and wider teams to deliver CRES but shared concerns for the shortfall. Members sought assurance on the work being done by Viridian and the forecast financial outturn for the year. Members discussed the need for the Board to adopt a realistic approach in relation to achievement of financial targets.

Mr Lindsay reassured Members that while the Board was behind the planned financial trajectory at month 5, there was a period of time to recover the position. The Board would undertake a detailed mid-year assessment of its financial position and meetings were planned with Scottish Government to discuss the quarter 2 position. This would provide an opportunity for further discussion regarding the agreed deficit budget. Mr Lindsay assured Members of the work being done throughout Acute Care services, with the support of Viridian team members, and that once the scale of what they could achieve was known, this would be factored into future financial plans. The Director of Acute Services, Mrs Vicki Campbell, reiterated that a number of new in-year CRES plans were being considered and discussion

was ongoing with the Acute senior leadership team to ensure that things were being done in the most efficient way.

A Board member commented and had questions on the IJB CRES financial position, how this was reported through the FMR and if this was appropriately monitored by the health board. Mr Lindsay responded to advise that the IJB financial position did not directly impact on the Board's financial outturn and hence this was not reported in detail at Appendix A. Mr Lindsay explained that Scottish Government had asked NHSAA to deliver 3% CRES on our total baseline allocation of £883 million, which included £250 million passed through to the Health and Social Care Partnerships (HSCPs). The IJB financial position was included to demonstrate to Scottish Government that the Board was delivering 3% CRES against the total baseline budget. IJB Chief Finance Officers had confirmed that they were content for this detail to be provided as a memo line at the bottom of the table, however, this would not directly impact on the Board's financial outturn.

Mr Lindsay highlighted ongoing work related to the Supplies overspend, specifically the work taking place to identify savings in theatre supplies, outsourcing in radiology and diagnostics, as well as drugs overspend and use of taxis and private ambulances, as outlined in the report.

The Employee Director, Mr Ewing Hope, reiterated that staff, Directors and the Executive team were working hard to achieve CRES. He added that the Board had been asked to deliver 3% CRES savings for a number of years which made the challenges faced much greater. Members acknowledged that ongoing reductions to core budgets impacted on what the Board was able to deliver. Mr Lindsay advised that he had discussed the FMR with the Area Partnership Forum, Area Clinical Forum and Hospital Sub Committee. This had provided the opportunity to make staff aware of the financial challenges faced and for useful discussion on areas being taken forward.

**Outcome:** Board Members discussed the financial position to 31 August 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 financial targets. Board Members looked forward to receiving updates on the Viridian work and the impact expected to improve our financial position.

## 7.2 Performance report

(123/2024)

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 August 2024, with some measures for July 2024 due to reporting timescales. Directors and Chief Officers reported on key areas of performance in services they lead, as appropriate, with detailed information provided in the report:

## **Planned Care:**

### **New Outpatients**

- This area continued to experience challenges with demand exceeding capacity. New outpatient activity was sitting at around pre-pandemic levels. 10% of this activity had previously been delivered through waiting time initiatives but the Board was not currently in the position to do this.
- Significant work was taking place within Diabetes services which had a number of Consultant vacancies. A range of different initiatives were being taken forward, including recruitment and service redesign working alongside community partners.

### **Inpatients/Daycases**

- There were ongoing challenges for teams to meet the 12 week target whilst prioritising urgent care and performance was below the 53% Delivery Plan trajectory. Work continued with clinical teams and progress was being monitored closely.
- Due to increased activity the Board was ahead of the Delivery Plan trajectory for the number of patients waiting for inpatient/day case treatment.
- There were seven specialties which had eliminated over 12 month waits for inpatient/day case patients and a further three had less than five patients waiting. Trauma and Orthopaedics and ENT continued to report the highest recorded waits. Work was ongoing to look at theatre times and use of a new scheduling tool. There were workforce gaps in Anaesthetics and Theatre Nursing and work was ongoing to mitigate the impact.

### **Musculoskeletal**

- There was sustained improvement in compliance with the national 4 week target for musculoskeletal (MSK) waiting times MSK waiting times. An improvement plan had been implemented, including several community appointment days delivered by Podiatry and MSK Physiotherapy, and these were being assessed for their effectiveness and to identify further opportunities. While good progress had been made further work was required to improve performance.

### **Imaging**

- Performance was on an improving trend and progress continued to be made following the additional non-recurring investment in MRI and Ultrasound imaging secured until the end of this year.

### **Endoscopy**

- Performance showed an improved position and increased capacity had been agreed through the Golden Jubilee University National Hospital. The Board's purchase of Transnasal endoscopes had seen positive impact.

### **Cancer**

- There had been positive improvement in performance for colorectal cancer in particular. There had been a dip in performance for the Urology pathway, with similar issues being experienced at regional and national level. Wider national discussion was taking place on how to support this areas across all other Boards.

## Mental Health services

- There were continued high levels of compliance in relation to Child and Adolescent Mental Health Services (CAMHS), with local performance at 98.7% in July 2024, which continued to exceed the national target. The waiting list was on a decreasing trend and had reached a two year low of 78 in July 2024.
- Performance for Psychological Therapies was on an increasing trend, with compliance at 91.0% in July 2024, which exceeded the national target. There had been a small reduction in waiting lists at 356 which was slightly above the Delivery Plan trajectory.
- Drug and Alcohol Treatment services continued to exceed the national target and Delivery Plan trajectory, with compliance at 99.3%.

## Urgent Care

- There continued to be strong performance in compliance, with all targets currently being met. The report outlined the strong work being done through Ayrshire Urgent Care Services/Flow Navigation Centre to reduce pressure at hospital front doors and provide alternative pathways of care in a community setting.

## Unscheduled Care

### ED waiting times

- Focused work had been taking place to reduce 4-Hour and 12-Hour waits and length of stay. Review teams had been working with the Board in recent months to look at data on the end-to-end patient journey. There had been a slight improvement month-on-month for 12 hour waits and delays in the system. In July 2024, compliance against the ED 4-Hour target was 66.6% although this had reduced slightly in August 2024. Further action was planned on how to improve the patient journey and reach the Delivery Plan target. Scottish Ambulance Service (SAS) turnaround times had seen significant improvement since the last Board meeting. Considerable work had been taking place at front doors in partnership with SAS over the last few months and a number of interventions were in place.

### Delayed Discharges

- In South Ayrshire, delayed discharge performance showed a deteriorating position compared to the last report, largely due to increased demand and reduced capacity, particularly for care at home. There had been successful recruitment of an additional number of staff in August and September 2024 which had resulted in improved performance, with 54 people delayed in the middle of last week which was a significant improvement. Investment in Allied Health Professionals at front doors was beginning to have a positive impact in avoiding unnecessary hospital admissions. A review of rehabilitation services was ongoing covering the patient journey from the community to hospital and then to community hospital. The work being done by Viridian presented good opportunities to work collaboratively with Acute hospital colleagues to address patient flow issues and a number of positive areas were being explored.
- In East Ayrshire, good progress was being made with continued focus on hospital discharge and performance against the trajectory remained strong. The financial climate was presenting some significant challenges, particularly for care homes and care at home, and was expected to impact across all services



in the coming months. In July 2024, the number of delays across all sites was 31, 25% less than the challenging trajectory set.

- In North Ayrshire, there were similar challenges related to care homes and care at home and the Partnership had overspent significantly in this area last year, with a similar projection expected this year. The number of care home admissions had increased this year which contributed to the financial challenges, with plans being developed to address the position, whilst being able to support delayed discharges from Acute hospitals.

#### **Workforce Sickness Absence**

- In July 2024, the sickness absence rate was 5.83%. In August 2024, this had reduced to 5.57%, with a rolling rate of 5.45%. There was continued focus on sickness absence to ensure this was being managed appropriately and to support staff health and wellbeing.

Board Members discussed the report in detail. A range of comments were provided on how information was reported, time periods covered and the level of detail on improvement actions being taken. Mrs Dickson advised that Board Members received a summary report which provided the most up-to-date information available on progress against Delivery Plan targets, with more detailed performance reporting provided through the Performance Governance Committee. In regard to the report content, Mrs Dickson explained that the Board Chair had convened a short life working group involving Non-Executives and Executives to consider the report content and that the outcome from the group had informed the updated report content, in agreement with the Board Chair.

The Director of Infrastructure and Support Services, Ms Nicola Graham, advised in reply to a question from a Member that progress with digital and technological developments was reported through the Integrated Governance Committee, with local priorities related to the Digital strategy to be reviewed over the next 12 to 18 months. The Board's Digital Strategy had initially focused on network and infrastructure. Moving forward there would be more focus on areas for innovation. She added that the Board was held to account from a digital perspective through national programmes of work.

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

### **7.3 NHS Ayrshire & Arran Framework for Spiritual Wellbeing 2024-2029 (124/2024)**

Mr Andy Gillies, Head of Spiritual Care, Staff Care and Person-Centred Care, presented the NHSAA Framework for Spiritual Wellbeing 2024-2029.

The framework had primarily been developed in response to the Scottish Government Spiritual Care Framework published in 2023, with a number of deliverables aimed at Boards but also included social care and professional leadership for spiritual care in Scotland.

The local framework had been developed in collaboration with a number of colleagues from across a range of services, as well as patients who access services. The framework focused on seven domains of spiritual wellbeing, namely intelligent kindness; hospital; bereavement; caring for staff; environment; community; and education.

The Nurse Director, Ms Jennifer Wilson, commended Mr Gillies for his leadership in taking forward this programme of work in collaboration with wider colleagues and patients. The HGC Chair, Mrs Joyce White, advised that the draft framework had been discussed in detail and supported at the HGC meeting on 9 September 2024. Members had acknowledged the wide consultation and communication that had taken place to develop the framework.

Board Members commended the spiritual wellbeing approach adopted and recognised the concept of intelligent kindness as a strong core value in interactions with patients and the public.

**Outcome: Board Members approved the Framework for Spiritual Wellbeing 2024-2029. Members looked forward to receiving updates on progress with actions to measure impact which would be reported through Governance Committees**

#### **7.4 Anchor/Community Wealth Building (CWB) (125/2024)**

The Director of Transformation and Sustainability, Mrs Kirstin Dickson, presented the Anchor/CWB year 2 annual assurance report for the period August 2023 to August 2024, in line with requirements of the NHS Scotland Annual Delivery Plan 2024. The report shared progress to date on building NHSAA's Anchor/CWB programme and demonstrated the breadth and scope of the work carried out during year 2 of the programme and positive outcomes achieved,

Mrs Dickson highlighted that Anchor/CWB work should not be seen as additional or one-off and was integral to how the Board considered and used its assets and worked in support of staff and local communities to improve engagement and maximise the resources available through, for example, recruitment, procurement, land management, care of the environment and how and where partnerships are formed, particularly Caring for Ayrshire and links across Community Planning Partnerships.

The Chief Executive, Ms Claire Burden, added that this had been another positive year and she commended teams across Directorates for the breadth of work done with the resource available. The interim Board Chair, Ms Linda Semple, underlined that this work was significant for the local population in keeping people in work and out of hospital which would help address whole system challenges. She commended everyone involved in progressing this whole system work.

Mrs Dickson advised in reply to a question from a Member that there had been positive feedback from Scottish Government on the comprehensive nature of the Board's Anchor/CWB strategy submitted in October 2023 and that feedback had continued during ongoing interactions with the national team. The work being done locally had been recognised locally and nationally through events and reports which was positive.

**Outcome:** Board Members noted the Anchor/CWB Year 2 report and were assured by the progress reported through the programme

## 8. Quality

### 8.1 Patient Experience quarter 1 report (126/2024)

The Nurse Director, Ms Jennifer Wilson, presented the Patient Experience quarter 1 report. The report had been discussed in detail at the HGC meeting on 9 September 2024.

Stage 1 complaints were similar to the last quarter, with a significant number of concerns related to waiting times. Stage 2 complaint numbers were also stable over the reporting period. There had been a slight decrease in stage 1 performance which now sat at 80%. Stage 2 performance remained at 58% which was below the target.

The report detailed progress with the ongoing complaints improvement project. In addition, an end-to-end review of the patient complaint process was underway to look at how things could be done differently, for example, through different processes and using digital resources. Ms Wilson explained that for out of time complaints, these could be complex and required a multi-disciplinary approach with the Complaints team to bring to a conclusion. Ms Wilson reassured Members that there was continued focus in responding to complaints over 50 working days.

Scottish Public Services Ombudsman (SPSO) referral rates continued to drop, with none being investigated during this quarter. Complaint themes remained largely unchanged. The complaint area related to attitude and behaviour would be addressed by professional leadership through internal professional governance groups.

The report outlined feedback received through local and national feedback sources. Feedback was being sought in real time through inpatient surveys supported by a number of feedback champions across the organisation and via healthcare support workers. The majority of feedback from Care Opinion was not critical and there was an 85% response rate, with NHSAA being one of the top responders in NHS Scotland. In terms of complainant satisfaction, there had been a drop in the number of complainants happy with the outcome of their complaint. The position would be closely monitored and a detailed report would be presented to a future HGC meeting to discuss the reasons behind this.

In response to a question on reports to the NHS Board, which are discussed at Healthcare Governance, the Head of Corporate Governance, Mrs Shona McCulloch, advised that a review of Board reporting was ongoing and Board Members would be updated on the outcome of this review work in due course.

**Outcome:** Board Members note the Patient Experience quarter 1 report and compliance with the complaint handling process.

## 8.2 Healthcare Associated Infection (HCAI) report

(127/2024)

The Nurse Director, Ms Jennifer Wilson, introduced and invited the Director of Infection Prevention and Control, Ms Jincy Jerry, to present the current information against the national HCAI Standards and details of infection outbreaks and incidents. The report was discussed in detail at HGC on 9 September 2024.

The Board's current verified position against HCAI Standards was reported in detail at the last Board meeting and remained unchanged. The quarter 2 report was published on 1 October 2024 and was currently going through internal governance processes and would be presented at the next Board meeting.

Ms Jerry reported that the Board's infection rates were all higher than the national HCAI target but were in the upper confidence level and the Board was not an outlier. Work continued to explore systems and processes that could be implemented to lower infection rates in NHSAA. In terms of national benchmarking, while some Boards had achieved some of the HCAI targets, there was no Board that had achieved all three targets. Work was ongoing to understand the most effective strategies to achieve targets, taking on board learning from other areas.

Members received a detailed update on respiratory and non-respiratory outbreaks and incidents during quarter 1, including examples of key learning. Outbreaks of COVID continued to occur across Scotland and within NHSAA, with 25 COVID-19 outbreaks locally in quarter 1. The report provided details of Healthcare Infection Incident Assessment Tool (HIIAT) reporting in quarter 1, with one red, three amber and 23 green outbreaks/incidents reported.

The Nurse Director, Ms Jennifer Wilson, reiterated that HCAI rates within NHSAA were within confidence levels. She highlighted that targeted interventions were taking place in relation to Staphylococcus aureus bacteraemias and in other areas which would make a difference in reducing infection rates.

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

## 8.3 Quality and Safety Paediatric work stream

(128/2024)

The Nurse Director, Ms Jennifer Wilson, provided an overview report of quality improvement activity in Paediatrics. The report outlined progress in relation to the Scottish Patient Safety Programme (SPSP) measures and also Excellence in Care measures which apply to Paediatric services. The report was discussed in detail at the HGC meeting on 9 September 2024.

Members were advised that the Board had excellent compliance with the Paediatric Early Warning Score (PEWS) bundle measure. The report provided details of improvement activity being progressed in this area. Members received an update on progress with additional measures which did not require to be reported nationally, specifically related to the Watcher's bundle and to improve compliance with the Sepsis Six bundle, and improvements being progressed to increase compliance

Board Members acknowledged the breadth and depth of detail provided and quality improvement work being progressed to mitigate issues identified and improve performance. Members commended the team for the local work being done to monitor areas that did not require to be reported on at national level.

**Outcome: Board Members noted the report on quality improvement activity in Paediatrics.**

## **9. Governance and assurance**

### **9.1 Code of Corporate Governance annual review (129/2024)**

The Head of Corporate Governance, Mrs Shona McCulloch, presented the Code of Corporate Governance for approval. The Code had been discussed at the Audit and Risk Committee meeting on 27 September 2024 and recommended for Board approval.

Mrs McCulloch advised that the annual review of the Code of Corporate Governance had involved operational subject matter experts with changes detailed under the Assessment section of the paper and captured in the revision history.

A member requested a change to appendix 7 in section C1 to take account of the new triumvirate management structure in place in Acute.

**Outcome: Board Members approved the Code of Corporate Governance subject to changes being made as agreed.**

### **9.2 Medical Education Governance Group (MEGG) Annual Report (130/2024)**

The Medical Director, Dr Crawford McGuffie, presented the MEGG annual report 2023/24 which provided assurance regarding the governance and activities related to medical education and training, including performance in meeting the standards set by the General Medical Council (GMC) and priorities for the coming year.

NHSAA had an excellent reputation for Undergraduate Medical Education, with outstanding feedback consistently received and reported to NHS Education for Scotland (NES). The Board had supported the Scottish Government's continued expansion of medical school places by investment of Additional Cost of Teaching (ACT) student funding in resources to increase capacity and quality of teaching.

NES had identified Urology and Anaesthesia as top performers in the GMC and/or Scottish trainee surveys 2023/24 for excellence in the training environment. Local improvement work to enhance NHSAA medical training had resulted in Paediatrics at UHC and Surgery at UHA being removed from enhanced monitoring. Medicine at UHA remained under GMC enhanced monitoring, however, progress had been recognised by NES and the site was moving towards meeting all requirements to exit this process.

Current pressures on Acute care services across the UK, such as overcrowding in A&E units and wards, were known to negatively impact training environments and trainee experiences. Despite these challenges, local feedback for Acute specialties, including Intensive Care Medicine, Acute Medicine and Obstetrics and Gynaecology was significantly above average in the GMC annual training survey.

The Clinical Teaching and Development Fellow programme continued to thrive, with significant contribution from international medical graduates to ensure full recruitment. Dr McGuffie advised in reply to a question from a Member that as part of the enhanced approach to Consultant recruitment, prospective candidates were invited to meet the Chief Executive, Medical Director and Director of Medical Education and the team to which they could potentially be recruited.

**Outcome:** Board Members noted the MEGG annual report and commended the Board for the training and support being provided and good feedback received from medical trainees despite the current challenges and system pressures.

### **9.3 East Ayrshire Health and Social Care Partnership (EA HSCP) (131/2024) Annual Performance Report 2023/24**

The Director of Health and Social Care for EA HSCP, Mr Craig McArthur, presented the EA HSCP annual performance report 2023/24 as required by legislation. The report provided an assessment of performance in planning and carrying out the integration functions for which the Partnership is responsible. The report had previously been endorsed by the IJB on 28 August 2024.

Mr McArthur provided a summary of performance against 15 national outcomes and priorities for health and wellbeing, children and young people and justice, aligned to local strategic priorities. The report set out progress made during the year, areas of challenge and priorities for next year, incorporating a range of relevant performance measures and delivery examples to illustrate personal stories and outcomes achieved for people. The Strategic Plan 2021-2030 outlined plans to meet the local needs of the community focusing on five key areas. The current financial environment would provide challenges in delivering against plans but the Partnership remained committed to making a difference across local communities.

**Outcome:** Board Members received the EA HSCP annual performance report 2023/24.

### **9.4 East Ayrshire Children's Services Plan (CSP) Annual Report (132/2024) 2023/24**

The Director of Health and Social Care for East Ayrshire, Mr Craig McArthur, presented the EA CSP 2023/24 annual report as required by legislation. The report would be discussed at a future Integration Joint Board meeting.

The annual report celebrated the strengths and talents of local children, young people and families which were fundamental to the vibrancy of local communities. The report showcased children and young people's views, experiences and achievements.

The EA CSP 2023/26 outlined priorities for the next three year period to improve services for children and young people. Mr McArthur highlighted some of the key areas of activity being progressed, as detailed in the report. He reiterated that the challenging financial situation would have an impact on maintaining this work.

Members acknowledged the breadth of work being progressed, commending in particular the income generation work being done with families. This was particularly important given the current system pressures and the need to balance financial challenges with the need to continue to invest in local communities to promote health and wellbeing.

**Outcome: Board Members received the EA CSP Annual Report 2023/24.**

#### **9.5 South Ayrshire Health and Social Care Partnership (SA HSCP) (133/2024) Annual Performance report 2023/24**

The Director of Health and Social Care for SA HSCP, Mr Tim Eltringham, invited Ms Rachel Graham, Planning and Performance Coordinator for SA HSCP, to present the SA HSCP annual performance report 2023/24, as required by legislation. The report provided an assessment of performance in planning and carrying out the integration functions for which the Partnership is responsible. The report had previously been approved by the IJB on 11 September 2024.

Ms Graham provided a summary of progress made during the year, key service highlights and examples of innovative work being progressed, as well as areas of challenge and priorities for next year. Despite service pressures the Partnership continued to make good progress and the report detailed priority work achieved during the year. Looking ahead, the Partnership was currently developing a refreshed Strategic Plan which would be presented to Board in early 2025.

Board Members discussed the report and commended the range of work being progressed, in particular, the work being done related to micro enterprise and the Racecourse Road Initiative.

**Outcome: Board Members received the SA HSCP annual performance report 2023/24.**

#### **9.6 North Ayrshire Health and Social Care Partnership (NA HSCP) (134/2024) Annual Performance report 2023/24**

On behalf of the Director of Health and Social Care for NA HSCP, Mr Paul Doak, Head of Service, Finance and Transformation, NA HSCP, presented the NA HSCP annual performance report 2023/24, as required by legislation. The report provided an assessment of performance in planning and carrying out the integration functions for which the Partnership is responsible. The report had previously been endorsed by the IJB on 22 August 2024.

Members received an update on progress made during the year structured around five strategic priorities, key achievements, areas of challenge and priorities for next year.

Board Members commended the range of work being progressed, highlighting in particular the important work being done via Alcohol and Drug services and income generation work through Money Matters.

**Outcome: Board Members received the NA HSCP annual performance report 2023/24.**

**Members acknowledged the breadth and complexity of work being delivered across the three Ayrshire HSCPs and positive progress to support the health and wellbeing of Ayrshire citizens despite current financial challenges and system pressures.**

**Members were encouraged that some of the work being delivered by the three HSCPs had been recognised nationally and could be adopted in other areas.**

## **10. Governance Committee updates**

### **10.1 Audit and Risk Committee (135/2024)**

The Committee Chair, Mrs Jean Ford, provided a report on key areas of focus and scrutiny at the meeting on 27 September 2024.

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

### **10.2 Healthcare Governance Committee Minutes (136/2024)**

The interim Committee Chair, Mrs Joyce White, provided a report on key areas of focus and scrutiny at the meeting on 9 September 2024.

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

### **10.3 Information Governance Committee (137/2024)**

The Committee Chair, Mr Marc Mazzucco, provided a report on key areas of focus and scrutiny at the meeting on 2 September 2024.

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

### **10.4 Performance Governance Committee (138/2024)**

The Committee Chair, Mrs Sheila Cowan, provided a report on key areas of focus and scrutiny at the meeting on 3 September 2024.

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

## **11. For information**

Members noted the papers below with no questions or points of discussion raised.

### **11.1 Board briefing (139/2024)**

### **11.2 Governance Committee approved minutes (140/2024)**

- Audit and Risk Committee, 20 June 2024
- Healthcare Governance Committee, 29 July 2024
- Information Governance Committee, 29 April 2024
- Performance Governance Committee, 9 May and 5 August 2024.



**11.3 Integration Joint Board approved minutes (141/2024)**

- East Ayrshire Integration Joint Board, 26 June 2024
- North Ayrshire Integration Joint Board, 13 June and 22 August 2024
- South Ayrshire Integration Joint Board, 27 March, 3 April and 12 June 2024.

**12. Any other competent business (142/2024)**

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 2 December 2024.

**In Committee**

A private meeting of the Ayrshire and Arran Health Board was held prior to the public board meeting to consider matters of a confidential nature in accordance with Board standing orders, section 5.22