

Ayrshire and Arran NHS Board
Minutes of a public meeting on Monday 2 December 2024
Hybrid meeting – Room 1, Eglinton House and MS Teams

- Present:
- Non-Executive Members:
- Ms Linda Semple, interim Board Chair
 - Cllr Marie Burns
 - Ms Sheila Cowan, Vice Chair
 - Dr Sukhomoy Das
 - Mrs Jean Ford – left meeting after item 9.2
 - Mr Liam Gallacher
 - Mr Ewing Hope
 - Dr Tom Hopkins
 - Cllr Lee Lyons
 - Cllr Douglas Reid – left meeting after item 7.2
 - Mr Marc Mazzucco
 - Mr Neil McAleese
 - 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:
- Mr Fraser Bell (Assistant Director of Programmes, Infrastructure and Support Services) item 7.4
 - Ms Caroline Cameron (Director of Health and Social Care, North Ayrshire)
 - Mrs Vicki Campbell (Director of Acute Services)
 - Mrs Kirstin Dickson (Director for Transformation and Sustainability)
 - Ms Gillian Carroll (Children's Services Planning and Performance Lead Officer, SA HSCP) item 9.4
 - Mr Tim Eltringham (Director of Health and Social Care, South Ayrshire)
 - Mr Darren Fullarton (Associate Nurse Director and Lead Nurse, NA HSCP) item 8.2
 - Ms Gillian Hart (Attending to share patient story item 5)
 - Mr Mark Inglis (Head of Children's Health, Care and Justice Services, SA HSCP) item 9.4
 - Ms Jincy Jerry (Director Infection Prevention and Control) item 8.1
 - Mr Craig Lean (Head of Workforce Resourcing & Planning, HRD)
 - Mr Jim Murdoch (Senior Manager, East Ayrshire HSCP)
 - Ms Lindsey Murphy (Health Improvement Lead, Public Health) item 9.5
 - Mrs Shona McCulloch (Head of Corporate Governance)
 - Mr Alistair Reid (Director of Allied Health Professions) item 9.2
 - Ms Karen Wilson (Clinical Nurse Manager, Biggart Hospital) item 5
- Mrs Angela O'Mahony (Committee Secretary) minutes

The interim Chair, Ms Linda Semple, welcomed everyone to the meeting. The agenda was re-ordered slightly to allow members presenting papers to join the meeting.

Ms Semple advised that this would be her last meeting as interim Chair, with the Chair, Mrs Lesley Bowie, returning to work on 3 December 2024. Ms Semple thanked the Executive team and Non-Executive colleagues for their support during her time as interim Chair.

1. Apologies

Apologies were noted from Mrs Lesley Bowie, Mrs Nicola Graham, Ms Sarah Leslie and Mr Craig McArthur.

2. Declaration of interests (143/2024)

There were no declarations noted.

3. Minute of the meeting of the NHS Board held on 7 October 2024 (144/2024)

The Interim Chair reported that a small number of changes had been indicated in advance of the meeting and that these would be discussed and the minute updated outside the meeting. The updated minute would be presented to the next Board meeting for approval.

4. Matters arising (145/2024)

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 (146/2024)

- 5.1 The Nurse Director, Ms Jennifer Wilson, introduced the paper and welcomed Ms Gillian Hart, a staff member who wished to share her story and express gratitude to staff at McMillan Ward, Biggart Hospital for the compassionate and person centred end of life care and support that her late mum received during her six months stay at the Biggart, as well as the support provided to the family in the most challenging of times.

Gillian's story demonstrated the significant difference that staff can make for families whilst caring for their loves ones during the last months, weeks or days of life.

Board Members thanked Gillian for sharing her story in person and wished the family well at a difficult time. Whilst Board Members recognised that things could go wrong and staff may not always achieve the care they aspire to provide, Members were encouraged by the compassionate and person-centred care and support provided to Gillian, her late mum and family.

Ms Karen Wilson, Clinical Nurse Manager at Biggart Hospital, confirmed that Gillian's story had been shared with staff on McMillan Ward. Gillian's dad had been

encouraged to keep in touch with the ward given the strong connection he had developed with the team during his late wife's stay.

Outcome: Board Members discussed Gillian's story and extended their thanks to every member of staff working in hospitals and across health and social care settings making a positive difference to the lives of patients and their families. The Chief Executive and Interim Board Chair indicated they would write to Ms Hart to formally pass on the Board's thanks for sharing her story.

6. Board Chair and Chief Executive report

6.1 Board Chair's report (147/2024)

- The interim Board Chair, Linda Semple advised that the Board Chair, Mrs Lesley Bowie, would return to her role on 3 December 2024 following a period of absence and welcomed Mrs Bowie's return to good health and the Board.
- She highlighted that two Board workshops had recently taken place to enable discussion of the whole system plan, which is our long term plan to deliver our Caring for Ayrshire strategic ambition, as well as the work being done by Viridian Associates to support the Board in its cash releasing efficiency savings (CRES) programme. These useful workshops had provided Board Members with assurance in regard to the detail and links for these areas of work with timelines for submission of draft plans to Scottish Government.
- The interim Chair had attended national Board Chair meetings and reported that NHS Boards across Scotland were facing similar challenges and pressures to NHS Ayrshire & Arran (NHSAA) and all were working hard to contain the situation. Board Chairs discussed the new Population Health Framework which would be a significant area of focus for Boards in the future.
- Interviews had recently taken place for the Non-Executive Board Member vacancy, with a good number of applications received. A recommendation for appointment had been made to the Cabinet Secretary and approval was awaited.
- The interim Chair had attended a positive meeting with the Area Partnership Forum (APF) on 14 October 2024 which had provided the opportunity to hear about their issues and concerns. The Employee Director, Mr Ewing Hope, commented that APF had welcomed the opportunity to meet and discuss shared concerns and he hoped that engagement with the Chair would continue. On 15 November 2024, the interim Chair had an opportunity to attend the Area Clinical Forum (ACF) when there had been good discussion and engagement on the advisory role of the ACF and Professional Committees.
- The interim Chair, Chief Executive and Medical Director held one of their regular meetings with MPs and MSPs on 22 November 2024 to update them on key areas of work. This had been a positive meeting and elected members were supportive of the work being done by the Board.
- As part of our work with partners, the interim Chair, Chief Executive and Director of Public Health had attended an East Ayrshire Community Planning Partnership workshop on 28 November 2024. This interesting workshop was held in the context of the current challenges and pressures facing the public sector and how to take a shared planning approach in progressing priority work to make best use of the resources available.
- The Compassion to Action Awards for Volunteers event took place on 27 November 2024 and the interim Chair and a number of Board colleagues had

attended. This was an excellent event and enjoyable evening with awards presented to volunteers for their significant contribution as well as staff who enable volunteering across the organisation. On behalf of the Board, the interim Chair formally thanked volunteers for the excellent work they do in support of the organisation which can often go unseen, but has a hugely positive impact.

6.2 Chief Executive's report

(148/2024)

- The Chief Executive, Ms Claire Burden, on behalf of herself and the Board thanked Ms Semple for the work she had done as interim chair and her strong leadership over the last six months. The Chief Executive also thanked non-executive members for their support in delivering interim portfolios on behalf of the Board.
- The Chief Executive advised that the Board continued to work hard to address financial challenges and the Director of Finance would provide a detailed update on the current position in the financial management report agenda item. The Board's financial plan remains the same and the need to deliver on the full cash reduction efficiency savings programme (CRES) is essential. Scottish Government had advised that the Board should continue to progress and deliver on the current revenue plan. Work continued to establish a sustainable financial recovery plan for the Board, with ongoing support from Viridian Associates. The Board is required to submit its month 8 financial position and draft financial plans for the next one to three years to Scottish Government by 27 January 2025 and updates on this financial plan would be provided through the Performance Governance Committee with approval through the NHS Board in due course.
- The Chief Executive congratulated North Ayrshire Community Planning Partnership on their successful application to be one of three Collaboration for Health Equity for Scotland sites. This would provide the opportunity to work with Public Health Scotland and the Institute for Health Equity to accelerate actions to improve health and wellbeing and reduce health inequalities following a Caring for Ayrshire approach. Whilst this work would be rooted in North Ayrshire, learning would be spread across the system.
- The Cabinet Secretary, Mr Neil Gray MSP, had visited the Board on 4 November 2024 when he met with the Acute leadership team and walked through the Combined Assessment Unit at University Hospital Ayr into the Frailty unit. The primary aim of the unit was to provide assessment and interventions at the earliest opportunity for those patients assessed to be frail. The pathway had been operational for six weeks, with some positive outcomes to date. It is a piece of work gaining national attention at this time and is a credit to the teams and system wide support being put in and throughout our emergency and urgent care system.

7. Whole system governance

7.1 Financial Management report

(149/2024)

The Director of Finance, Mr Derek Lindsay, presented the Board's financial position to 31 October 2024. The report was provided in a new format and included links to the three Integration Joint Board (IJB) month 6 financial reports for information. These had been considered at the IJB meetings. In addition, there was a detailed annex reporting cash releasing efficiency savings.

The Board had approved a deficit budget of £53.5 million for 2024/25. The deficit at month 7 was £37.6 million, with a monthly deficit run rate of £5.37 million. To deliver the planned deficit budget the Board could not exceed a deficit of £15.9 million in the last five months of the financial year, a run rate of £3.18 million.

Members received a detailed breakdown of areas of overspend for the year to date in Acute Services, with a £20.4 million overspend, £11.9 million of that being on pay and £6.4 million on supplies costs, as outlined in the report. The report provided detailed analysis of overspend by department. The Board also had legacy deficits sitting in reserves of £13.8 million at month 7 but the full year projection was £23.6 million.

Mr Lindsay outlined the position related to unfunded additional capacity, progress made and ongoing challenges. He reported around £1 million spend each month on unfunded beds, adding that some progress had been made in the closure of unfunded beds, including Ward 3F at University Hospital Crosshouse and the majority of full capacity protocol beds, which had resulted in reduced agency nursing spend in November 2024. More detail would be included in the month 8 financial report. It was recognised that whilst the intention was to continue to build on progress, this would be challenging through the winter period.

Board Members received a detailed update on delivery of the Board's £24.1 million CRES programme for 2024/25. The Health and Social Care Partnership (HSCP) savings were included. Mr Lindsay confirmed that they did not contribute to the Board's year-end deficit however, did count towards the 3% CRES target set by Scottish Government. Mr Lindsay highlighted potential areas of risk related to delivery of the CRES programme as set out in the report.

Mr Lindsay highlighted projected savings as a result of work being done by Viridian in relation to theatre supplies, discretionary spend controls and workforce controls which had been built into the forecast for the year. There were further areas of work that Viridian planned to carry out, however, it was likely to be next year before the impact of this work would be seen.

Mr Lindsay provided an overview of Annex A of the report which outlined CRES savings plans in detail for 2024/25 and CRES achieved to date, with £11.1 million CRES achieved compared to £14.9 million planned at month 7. The CRES forecast for 2024/25 was £23.6 million, which showed variation of £4.7 million against the £28.3 million annual plan after bringing in £828,000 of Viridian savings. This was mostly due to the inability to close unfunded beds as planned. The Board would have to look at non-recurring measures to meet this gap.

The report provided blue, red, amber and green (BRAG) status for CRES plans being progressed, with a large proportion of these showing as green. High risk schemes included reducing medical agency doctors and procurement. Details of progress of the workstream subgroups was also provided at Annex A.

Members were advised that medical agency costs had increased significantly in October 2024 due to £380,000 of invoices held by Litmus not accrued in September 2024 being included in October 2024 payments. Taking the two months together, the average cost was £750,000 per month.

Mr Lindsay highlighted length of stay details at Annex C of the report. While length of stay had not reduced as quickly as planned for the first half of the year, the SAFER project was now helping to reduce length of stay. It was hoped that introduction of the Frailty ward and other areas of work would also support length of stay reductions.

Mr Lindsay reported that month 8 figures should show an improved position as a result of unfunded bed closures and reduced nursing agency spend. Board acknowledged the need to accelerate CRES savings over the last five months and for other non-recurring measures to meet the £53.5 million deficit at year end. The Director of Finance reassured members that the Corporate Management Team remained committed to achieving this agreed financial outcome.

In response to questions from Members, Mr Lindsay advised that the month 8 financial report was due to be submitted to Scottish Government on 19 December 2024. The report would be discussed at Corporate Management Team (CMT) later in December 2024 and at Performance Governance Committee (PGC) on 16 January 2025. If possible, highlights would be shared with PGC members in advance of the meeting.

Mr Lindsay added that PGC had received a detailed update on supplies expenditure in discussion of the month 6 financial report at the meeting 6 November 2024 although this did not particularly highlight equipment revenue spend which was subject to variation and ongoing spend, for example, for bed replacements. He advised that Acute prescribing expenditure had seen an increase in month 7. This was currently being looked into and further detail would be provided to PGC at meeting on 16 January 2025.

Board Members discussed the report and welcomed the new format, including details of CRES plans and delivery to enable strong focus in dealing with financial challenges going forward. Members commended everyone across the Board and the HSCPs, for their hard work and commitment led by the Executive Team to deliver CRES. The interim Chair added that this work, alongside the development of new ways of working, gave greater assurance to Members and the public of the Board's duty to protect the public purse and bring the organisation back to financial balance. Members committed to support the Executive team in the work to achieve financial targets.

Outcome: Board Members discussed the Board's financial position to 31 October 2024 and performance reported against key Scottish Government targets. Members recognised the difficult financial challenges faced and supported the Executive team in the work to achieve financial targets.

7.2 Performance report

(150/2024)

The Director of Transformation and Sustainability, Mrs Kirstin Dickson, introduced the performance report for the period to September 2024 for most indicators. The appendices provided trend charts and updates on improvement plans related to the Delivery Plan.

Mrs Dickson reported a mixed position overall, with some areas of ongoing challenge, areas which had seen improved performance for some time and other areas maintaining their performance. Operational leads for each indicator provided an update on performance and key areas of focus in their areas.

Planned Care

- Outpatients - some specialties continued to deteriorate and actions were being taken to improve the position. Significant work was being done in Diabetes and Endocrinology Services, with a multi-disciplinary team working to support reduced waiting times alongside activity in the community so that most patients were not having to wait for an outpatient appointment. Significant progress was being made in Diabetes Services. Further actions were required to improve the position in Endocrinology.
- Slow progress was being made in relation to the 12 week target for day case and inpatient activity but the position was improving month on month. The Board had previously been advised of constraints related to theatre nurse and anaesthetics capacity, however, following recent recruitment, it was expected that the position would improve. Workforce absence within general surgery was impacting on waiting times.
- Diagnostics – Performance data indicated that significant progress was being made in Imaging, with 590 patients waiting over six weeks, compared to 883 reported previously. Compliance for those waiting over eight weeks was up at 84.5% from 79.2%. Endoscopy Services were behind target and mitigations continued to improve performance.
- Cancer Services – there had been a slight improvement in targets, with the 62 day target at 72.4% and 31 day target at 76.9%, and this was still on trajectory.
- MSK – while compliance against the referral to treatment target was well below the 90% target, this was showing an improving trend, at 33% in September 2024 compared to 20% at the same time last year. Waiting times were improving across Physiotherapy, Podiatry and Occupational Therapy. There was a small decline in Orthotics and a range of actions were being taken to improve compliance with the target.

Mental Health

- Child and Adolescent Mental Health Services (CAMHS) – CAMHS continued to deliver above the 90% referral to treatment target, with 100% performance in September 2024. Trakcare and the Benson demand and capacity model were being used to enable the workforce to be agile and successful in meeting targets for young people. A new CAMHS facility had opened at West Road, Irvine, as a centre of excellence for Neuro CAMHS and eating disorders which was positive for the workforce and families coming for assessment. Neuro CAMHS continued to see people with a co-existing mental health conditions. While progress had been made to reduce waiting times from three years to two and a half years, there were over 2,000 young people on the Neuro CAMHS waiting list. In addition to the internal team, an external provider had been brought in to increase assessment capacity and reduce waiting times.
- Psychological Therapies (PT) – PT Performance had dipped to 82.3% in August 2024 due to gaps in the Psychology workforce, however, this was consistently higher than other parts of Scotland. Focused work would take place over the next few months to address workforce issues and improve performance. The Director had created a new clinical governance structure and was working towards implementation of PT Standards by April 2026. An assessment tool was

being piloted nationally and the Psychological Therapies and Interventions Clinical Governance Group was preparing a paper for implementation by next year.

- Drug and Alcohol Treatment services continued to exceed the national target and delivery plan trajectory of 90% in July 2024, with compliance at 98.7% at August 2024.

Urgent Care

- Ayrshire Urgent Care Service (AUCS)/Flow Navigation Centre (FNC) – There had been over 9,600 clinical contacts to AUCS/FNC in September 2024. 90% of these patients were not referred to hospital, with alternative pathways of care provided which was above the local 85% target.
- During September, there were 280 calls before convey, with only 21 of these resulting in conveyancing to hospital. This pathway ensured that 259 ambulances avoided attendance at ED during the month, with patients receiving alternative pathways of care in a community setting.
- In September 2024, there were 654 calls from Care Homes into the AUCS service, with only 73 of these patients requiring to attend an acute hospital. A total of 184 patients were navigated through the Emergency Services Mental Health pathway in September 2024. Improvement actions were being taken through AUCS/FNC, including engagement with Scottish Ambulance Service and Police Scotland, to provide appropriate care pathways. The rapid respiratory response pathway was being extended across the HSCPs.

Unscheduled Care

- Significant improvement work had commenced at University Hospital Crosshouse (UHC), with plans to start improvement work at University Hospital Ayr (UHA) in December 2024. These plans had been discussed in detail at a recent Board workshop.
- Overall, compliance with the ED 4 hour Standard had improved over the last six weeks. The daily average number of patients waiting over 12 hours had reduced at both sites. UHC was seeing 73.6% of patients within four hours, compared to 68.9% in October 2024, however, this could be higher on some individual days reaching over 80%.
- Scottish Ambulance Service turnaround times had gone up to 63.9% and this could be much higher on a daily basis.
- At UHC there were 175 patients with a stay over 14 days and significant progress had been made overall to reduce these delayed patients. Current number of patients in this category is 115. For UHA, the position was being maintained and it was hoped that with focused work commencing mid-December this would see significant improvement. Despite ongoing improvement work, unscheduled care performance remained challenged, particularly at weekends which impacted on the overall average position. Focused work continued to maintain and improve ways of working.

Delayed discharges:

- East Ayrshire (EA) – Good progress was being made to reduce delays, with a decrease from 23 in August 2023 to 17 in August 2024. The number of occupied bed days due to delayed discharge had decreased from 840 to 734 this year which was in line with the national target. In August 2024, the average occupied bed days was below 40 working days. Delayed discharge improvement actions

included ensuring a home first approach across all pathways and service wide implementation of re-enablement and increased community hospital capacity.

- North Ayrshire (NA) – Occupied bed days had reduced from 2,481 in August 2023 to 2,269 in August 2024. Delayed discharges had increased in recent months, with 75 on average for August 2024 against the delivery plan trajectory of 56 due to increased demands and the position was challenging to manage. There had been increased demand for support and more complex care packages which was proving difficult in terms of capacity in the community. The level of demand for care home beds had seen a 5% increase compared to the last three years and this was impacting on the availability of homes and capacity. There were challenges related to adults with incapacity (AWI) and power of attorney and ensuring that these cases were progressed in a timely way. The home first strategy approach was being followed to discharge patients to home and to assess in a home care environment. Financial pressures were having an impact on the ability to identify additional financial resource and create additional capacity and support care at home services, with a £3 million overspend in care homes, and the position was difficult to manage.
- South Ayrshire (SA) – Delayed discharge numbers had deteriorated over the summer, largely due to a reduction in care at home staff. However, this was on an improved trajectory since September 2024. AWI cases remained low in SA which reflected system improvements and investment in Mental Health Officer capacity. A significant number of delays were at Biggart Hospital and additional beds had been opened to manage delayed transfers of care. SA HSCP was working closely with the Director of Acute Services in taking forward improvement work at the front door and the new Frailty ward to ensure there was Allied Health Professional capacity available and to explore flexible capacity for care at home closer to the front door to allow more immediate discharge, reduce length of stay and avoid more care and support being needed at the end of a patient stay. This improvement work should have an impact on delayed discharge and length of stay in the future.

Workforce sickness absence

- Sickness absence rates varied over the year. The latest information for October 2024 indicated a sickness absence rate of 6.01%, due to an increase in colds, Flu and gastrointestinal issues and the position was being monitored closely moving towards the winter period. An internal audit of absence was scheduled to commence in early 2025.

The interim Chair advised that while performance was not where the Board would like it to be, given the pressures facing all Boards across NHS Scotland, NHSAA was not an outlier and had achieved above the Scottish average for some performance areas.

Board Members commended the work being done at the front door and to improve waiting times performance. Members were encouraged by the good results to date, whilst recognising that the Board was moving towards winter challenges and pressures. The PGC Chair, Mrs Sheila Cowan, added that PGC had requested deep dive reports on key areas of focus, with the next report due covering waiting times. Members acknowledged the complex and multi-faceted challenges related to delayed discharge and thanked everyone involved for the good work being done in difficult circumstances.

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

7.3 Risk Appetite (151/2024)

The Medical Director, Dr Crawford McGuffie, presented a proposal to extend the risk appetite statement review period to October 2025, following support for this approach at a recent Board workshop on Risk Management. The proposal had been discussed and recommended to the Board by the Audit and Risk Committee on 18 November 2024.

Dr McGuffie outlined the background to this work and advised that the risk appetite statement was due for review in October 2024. Following discussion at the Board workshop, various areas were highlighted where some focus was required in order to further develop the current risk appetite statement. The extension would allow time for review, comprehensive consultation and to develop the next version of the statement which would inform the Risk Strategy due for review in 2026.

The Chief Executive, Ms Claire Burden, thanked Board colleagues who had attended the Board workshop for their contribution and input. She supported the proposal to review the risk appetite statement over the coming year and to look at developing tools that would be fit for purpose for NHSAA, building on changes already made to enable assessment of all aspects of risk in a more consistent way.

Outcome: Board Members approved the extension to the risk appetite statement review period to October 2025 and approved the process of the review.

7.4 Purchase of Galston surgery (152/2024)

The Assistant Director of Programmes, Infrastructure and Support Services, Mr Fraser Bell, presented a proposal for the Board to approve the purchase of Galston surgery premises. The paper had gone through operational governance and was recommended by CMT for the Board's approval.

Mr Bell advised that the GP Partners of Galston Medical Practice had terminated their General Medical Services contract on 31 March 2024. From that time Ballochmyle Practice hold the GMS contract and occupy the property under a Licence to Occupy from the owners, the former Partners of Galston Medical Practice, as an interim measure. The former Partners of Galston Medical Practice, as the property owners, have notified their intention to sell the premises. The Ballochmyle Practice was not in a position to purchase the property.

Primary Care Services, Property Services and Strategy and Partnerships had developed the proposal following the recommendation from CMT to seek approval to purchase the practice through the Board's capital investment plan, with funding for immediate remedial work required approved by the Infrastructure Programme Board, subject to the Board approving the purchase of the property.

The Chief Executive, Ms Claire Burden, acknowledged and thanked colleagues involved for the significant and fast paced work that had taken place to enable this purchase and ensure the stability of the Ballochmyle Medical practice.

Outcome: Board Members approved the purchase of the Galston surgery premises.

8. Quality

8.1 Healthcare Associated Infection (HCAI) report (153/2024)

The Nurse Director, Ms Jennifer Wilson, invited Ms Jincy Jerry, Director of Infection Prevention and Control to present the HAI information for quarter 1 and assurance of activity to manage HCAI across NHSAA. The targets detailed in the paper referred to 2023/24 as ARHAI Scotland had not yet confirmed HCAI Standards for 2024/25. The report was discussed in detail at the HGC meeting on 4 November 2024.

The rate of Clostridioides difficile infection (CDI) had increased compared to the last quarter. The rate was within the 95% confidence interval upper limit but above the Scottish rate. No CDI outbreaks had been identified.

For Staphylococcus aureus bacteraemias (SAB), the rate remained above the local target but within the 95% confidence interval upper limit and close to the national average. There were a number of improvement projects ongoing to reduce the rate.

The rate of Escherichia coli bacteraemias (ECB) was above the local target rate. The rate was within the 95% confidence interval upper limit but above the Scottish rate. The Board was an outlier in relation to community acquired ECB and collaborative work was ongoing with involvement from Public Health and Primary Care to understand the reasons for this.

The report also provided details of HIIAT reports submitted to Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland, respiratory and non-respiratory infection outbreaks and incidents, with no specific areas of concern highlighted.

Board Members commended staff for the high quality services being delivered and continued achievement of cleaning standards despite system pressures and patient flow issues as the organisation continued to operate under full capacity protocol.

Outcome: Board Members discussed 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.

8.2 Quality and Safety in Mental Health Services (154/2024)

The Director of North Ayrshire HSCP, Ms Caroline Cameron, invited the Associate Nurse Director and Lead Nurse, NA HSCP, Mr Darren Fullarton, to provide an overview of quality improvement activity in Mental Health Services (MHS) through the MH Improvement Programme and Excellence in Care. The report had been discussed in detail at the HGC meeting on 4 November 2024.

MH Improvement Programme

- Seclusion
- Rates of incidents of physical violence
- Rates of incidents of restraint
- Rates of incidents of self-harm
- The MH Unscheduled Care Assessment Hub
- Mental Health Unscheduled Care Assessment Hub
- Psychiatric Emergency Plan
- Remote Monitoring Mental Health Pathway

Excellence in Care

- In-Patient Falls Rate
- Food, Fluid and Nutrition
- Stress and Distress
- Quality Management Practice Learning Environment (QMPL)

Board Members recognised and commended the team for the significant work being progressed in MHS through these work programmes, as well as wider QI work. The Nurse Director, Ms Jennifer Wilson, advised that MHS were working with HIS to support the inspection of MH over the next year based on the new Mental Health Standards. This work would ensure that the Board is in a good place for any future inspections.

The Chief Executive, Ms Claire Burden, welcomed the approach being taken to create compassionate partnerships between patients, their families and those delivering health and care services in what can be difficult circumstances. The improvement work being done in relation to violence and aggression put the Board in a good place for the future.

The interim Chair suggested that specific updates reports on the implementation of innovative work, for example, development of the MH unscheduled care assessment hub could be reported through HGC.

Outcome: Board members noted the report on quality improvement activity in Mental Health Services.

9. Governance and assurance

9.1 Board Meeting dates 2025/26 (154/2024)

The Head of Corporate Governance, Mrs Shona McCulloch, presented proposed Board meeting dates for 2025/26. Meetings were arranged to avoid national meetings and busy periods of leave, such as school holiday, where possible. Planning for Governance Committee meetings was now underway.

Outcome: Board members approved Board meeting dates for 2025/26.

9.2 Health and Care (Staffing) (Scotland) Act (HCSA) 2019 (154/2024)

The Nurse Director, Ms Jennifer Wilson, invited the Director of AHPs, Mr Alistair Reid, to present the HCSA quarter 2 performance report for assurance. The report was discussed in detail at the Staff Governance Committee (SGC) meeting on 14 November 2024.

Mr Reid reported that there continued to be a varied position across professional groups in terms of availability of workforce tools and implementation status against each duty. The position was being mitigated through strong multi-professional engagement with the local HCSA Programme Board and the use of existing workload measurement and workforce planning methodologies. Overall, based on discussion to date a status of reasonable assurance continued to be judged as appropriate.

Board Members recognised the opportunity that the HCSA gave to highlight issues related to the Board's statutory duty in relation to safe staffing and the improvement opportunities it could bring, for example through investment in particular areas to reduce high cost agency use and support the Board's financial plans. Members acknowledged variation for areas of the workforce which did not currently have robust workforce planning tools to identify issues.

Mr Reid advised in reply to questions from Members that NHSAA was well engaged with national groups in relation to HCSA and the Board was in a similar position to other Board areas in terms of compliance with the Act. A number of actions were ongoing to support time to lead, for example linking to protected learning time. In working through issues identified, there was a need to triangulate to understand the impact across performance pillars. The interim Chair advised that HCSA was being discussed at national level through Board Chairs and other national meetings in terms of the impact in delivering these national requirements. Locally, routine reporting would be through the SGC and any issues identified would be highlighted through the SGC Chair's report to Board.

Outcome: Board members noted the HCSA Quarter 2 assurance report.

9.3 Whistleblowing report

(154/2024)

The Nurse Director, Ms Jennifer Wilson, presented the whistleblowing quarter 2 performance report. The report's format had been changed to align with Independent National Whistleblower's Office (INWO) key performance indicators (KPIs). The report was discussed in detail at the SGC meeting on 14 November 2024.

The report provided an update on recent whistleblowing activity to support the Standards. There had been one whistleblowing concern received in quarter 2 which was being investigated through the whistleblowing process. No immediate risk to patient safety was identified in the concern raised, with no immediate action required. There had been no concerns reported to the INWO.

Ms Wilson highlighted that as previously reported some whistleblowing concerns were complex and it could take some time to complete investigations and improvement plans. She gave assurance that improvement plans were monitored through the appropriate governance route and were Director led, with oversight through the Whistleblowing Oversight Group (WBOG)

A further area of focus related to the experience of individuals raising a concern, with a single point of contact provided and individuals kept regularly updated. Feedback was requested from those involved in a whistleblowing case, with any suggestions for improvement reviewed through WBOG.

There were two questions on whistleblowing in the latest iMatter survey, with 88% of correspondents confident in raising a concern and 81% confident their concern would be followed up. While further improvements were still to be made, this reflected a strong whistleblowing process.

Speak Up week was held from 30 September to 4 October 2024 and this had involved a considerable programme of work with significant staff engagement. It was noted that following Speak Up week there had been an increase in communication with Speak Up Advocates and Confidential Contacts.

The Whistleblowing Champion, Dr Sukhomoy Das, welcomed the new reporting format and highlighted one aspect which may require some improvement related to the training of managers to identify and deal with whistleblowing concerns. This had been discussed through WBOG and SGC. Dr Das advised that during this year's Speak Up week there had been a focus on being able to listen as well as to act on concerns raised and work would continue to improve staff confidence that their concerns have been heard and acted upon following due process. The interim Chair added that the Whistleblowing Turas module was mandatory for line managers and completion of the module would be discussed as part of their annual appraisal process.

Outcome: Board members noted the quarter 2 performance report.

9.4 South Ayrshire Children and Young People's Services Plan (154/2024) annual report 2023/24

The Director of South Ayrshire HSCP, Mr Tim Eltringham, invited Mr Mark Inglis, Head of Justice and Families and Children's Services and Ms Gillian Carroll, Children's Services Planning and Performance Lead Officer, to present the annual report. This reported is required by legislation.

Ms Carroll presented the highlights of the CSP annual report which updated on progress and achievements against the six thematic workstreams and priority actions being taken forward with partners. A new governance structure had been set up to ensure a robust framework to support delivery of quality assurance and continuous improvement in taking forward priority actions within the plan. A prevention and early intervention approach was being taken which considered the holistic needs of the whole family. The Belmont model had laid the foundations for the Family First model implemented across eight school clusters in South Ayrshire, with ongoing evaluation of this work and in future planning for children and families in South Ayrshire.

The Nurse Director, Ms Jennifer Wilson, welcomed the strong correlation between areas set out in the report and incorporation of the UN Convention on the Rights of the Child into Scots' law.

Members recognised the strong engagement with families through the Family First model and positive support available to children and families who may be struggling, including identification and support for young carers.

Outcome: Board Members commended the report and thanked everyone involved for the good work being done to address challenges and make a difference to local communities.

9.5 Investing in the future: tackling child poverty (154/2024)

The Director of Public Health, Mrs Lynne McNiven, invited Ms Lindsey Murphy, Health Improvement Lead, to present the annual report on tackling child poverty and assurance that the Board is meeting its statutory duty.

Ms Murphy advised that child poverty had a significant impact on children and families, shaping growth and development from conception and across life, laying down risk factors for adult disease. Compelling evidence demonstrated that children living in the most deprived areas are also more likely to experience inequalities in health outcomes and access to health services.

Members received an update on the most recent data and information in relation to child poverty in Ayrshire and Arran and a report on end of financial year progress against NHSAA local actions, working with partners to mitigate the impact of child poverty, with actions being progressed focused on vulnerable families.

Board Members acknowledged the scale and challenge of child poverty in NHSAA and commended the pan-Ayrshire role of Public Health and strong partnership approach working with the three local authority areas and other key partners to mitigate the impact.

Outcome: Board members noted the annual assurance report and progress with NHSAA actions.

10. Governance Committee updates

10.1 Audit and Risk Committee (155/2024)

The Committee Chair, Mrs Jean Ford, provided a report on key areas of focus and scrutiny at the meeting on 18 November 2024.

Outcome: Board Members considered and noted the update.

10.2 Healthcare Governance Committee Minutes (156/2024)

The interim Committee Chair, Mrs Joyce White, provided a report on key areas of focus and scrutiny at the meeting on 4 November 2024. She thanked the Nurse Director and Medical Director for the significant support provided in her interim role as HGC Chair.

Outcome: Board Members considered and noted the update.

10.3 Information Governance Committee (157/2024)

The Committee Vice Chair, Mrs Sheila Cowan, provided a report on key areas of focus and scrutiny at the meeting on 11 November 2024.

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

10.4 Integrated Governance Committee (158/2024)

The Board Vice Chair provided a report on key areas of focus and scrutiny at the meeting on 7 November 2024.

Outcome: Board Members considered and noted the update.

10.5 Performance Governance Committee (159/2024)

The Committee Chair, Mrs Sheila Cowan, provided a report on key areas of focus and scrutiny at the meeting on 6 November 2024.

Outcome: Board Members considered and noted the update.

10.6 Staff Governance Committee (160/2024)

The Committee Chair, Mr Liam Gallacher, provided a report on key areas of focus and scrutiny at the meeting on 14 November 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 (161/2024)

11.2 Governance Committee approved minutes (162/2024)

Audit and Risk Committee, 27 September 2024
Healthcare Governance Committee, 9 September 2024
Information Governance Committee, 2 September 2024
Integrated Governance Committee, 25 July 2024
Performance Governance Committee, 3 September 2024
Staff Governance Committee, 1 August 2024

11.3 Integration Joint Board approved minutes (163/2024)

East Ayrshire Integration Joint Board, 28 August 2024
North Ayrshire Integration Joint Board, 19 September 2024
South Ayrshire Integration Joint Board, 11 September 2024

12. Any other competent business (164/2024)

There was no other business.

Outcome:

13. Date of Next Meeting

The next public meeting of the NHS Ayrshire & Arran Board will take place at 9.30 am on Monday 3 February 2025

In Committee

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

DRAFT