

Ayrshire and Arran NHS Board
Minutes of a public meeting on Monday 3 February 2020
Rooms 2A-C, Education Centre, University Hospital
Crosshouse

- Present:
- Non-Executive Members:
- Mrs Lesley Bowie, Interim Chair
 - Mrs Margaret Anderson
 - Mr Michael Breen
 - Cllr Laura Brennan-Whitefield
 - Mr Adrian Carragher
 - Cllr Joe Cullinane
 - Mrs Jean Ford
 - Mr Ewing Hope
 - Mr Bob Martin
 - Mr John Rainey
 - Ms Linda Semple
 - Miss Lisa Tennant
- Executive Members:
- Mr John Burns (Chief Executive)
 - Prof Hazel Borland (Nurse Director)
 - Mr Derek Lindsay (Director of Finance)
- In attendance:
- Mr Stephen Brown (Director of Health and Social Care, North Ayrshire)
 - Mrs Kirstin Dickson (Director for Transformation and Sustainability)
 - Mr Tim Eltringham (Director of Health and Social Care, South Ayrshire)
 - Mr Eddie Fraser (Director of Health and Social Care, East Ayrshire)
 - Ms Patricia Leiser (Human Resources Director)
 - Mrs Shona McCulloch (Head of Corporate Governance)
 - Dr Crawford McGuffie (Joint Medical Director)
 - Dr Joy Tomlinson (interim Director of Public Health)
 - Mr John Wright (Director for Corporate Support Services)
 - Mrs Miriam Porte (Communications Manager)
 - Mrs Angela O'Mahony (Committee Secretary) minutes

1. Apologies

Apologies were noted from Mrs Joanne Edwards, Dr Alison Graham, Mrs Lynne McNiven and Cllr Douglas Reid.

2. Declaration of interests (001/2020)

There were no declarations noted.

3. Minute of the meeting of the NHS Board held on 2 December 2019 (002/2020)

The minute was approved as an accurate record of discussions.

4. Matters arising

(003/2020)

Paper 2 - Action Log

The Board action log was circulated to Board Members in advance of the meeting and all actions were noted.

5. Chairman and Chief Executive's report

5.1 Chief Executive's report

(004/2020)

- The Chief Executive and Board Chair had attended the mid-year review with the Minister for Public Health, the Director General, the Director Performance and the interim Director of Finance at Scottish Government. The Chief Executive had briefly set out NHS Ayrshire & Arran's reform programme and the work Board would like to take forward across the health and care system, recognising that a reform approach was integral to the work being done on a daily basis to address the challenges faced.

Board Members were advised that the mid-year review had then focused on key areas of Board's waiting time performance. Scottish Government had been very interested in the ongoing work in Mental Health services and Board had been able to provide evidence of the approach being taken by the Health and Social Care Partnerships (HSCPs) and the use of Action 15 funding.

The Chief Executive had provided an update on work planned as part of the reform of local care, building on good work being done through the Primary Care Improvement Plan, previously reported to Board Members.

The Chief Executive advised that there had been focused discussion on Board's financial position and Scottish Government had expressed a clear desire for Board to move beyond the current position and return to financial balance, a desire shared by NHS Ayrshire & Arran. The Chief Executive had set out some of the financial challenges experienced during 2019-20, for example, in delivering the efficiency programme within Acute services, and had given assurance to Scottish Government that focused work was ongoing in this area and Board continued to work towards the planned £14.75 million deficit budget.

The Minister had recognised the hard work being done by NHS Ayrshire & Arran and the reform approach Board would like to progress and was keen that Board remain in close contact with Scottish Government in taking this forward, which the Chief Executive had affirmed. The Board would receive a letter from Scottish Government based on the mid-year review discussions in due course.

- The Chief Executive had written to the Director-General for Health and Social Care and Chief Executive of NHS Scotland, Mr Malcolm Wright, outlining Board's reform programme and would meet Mr Wright on 6 February to outline Board's reform approach and discuss performance and future plans in more detail. The Chief Executive advised, in response to a question from the Area Clinical Forum Chair, that while the waiting times improvement plan was clearly focused on improving key areas of access performance, there was a need to ensure locally that for areas with longer waiting times, those services were reformed in collaboration with service users and consideration given to different ways of working.

5.2 Chairman's report

(005/2020)

- The Interim Board Chair, Mrs Lesley Bowie, advised that the mid-year review meeting had been very informative and Scottish Government colleagues were very aware of the work being done by Board and challenges faced. Following the mid-year review, Mrs Bowie had met the Cabinet Secretary and Mr Malcolm Wright and this had reinforced earlier discussion on Board's performance and areas requiring progress. Mrs Bowie had not been able to attend most of the NHS Chairs' meeting. The main topic of discussion was the new Whistleblowing Standards, which would also be discussed at the Board Workshop taking place on 10 February.

6. Quality

6.1 Patient story

(006/2020)

In the absence of the Director for Acute Services, the Nurse Director, Prof Hazel Borland, introduced the patient story which reported on the excellent customer care received by a husband and wife using NHS Ayrshire & Arran facilities. The family had previously encountered a poor experience of care which eventually resulted in attendance at a tribunal about the episode, not with regard to NHS Ayrshire & Arran.

This patient story demonstrated the lasting impact of good customer care, irrespective of grade or role, and the positive impact that could have on patient experience. The story will be used in staff training to promote positive customer care behaviours and to update the Learnpro customer care module.

Board Members were encouraged to hear about this family's positive experience and recognised the contribution of staff at all levels across the organisation, including grounds staff and hospital receptionists, and their positive impact on patient experience.

The interim Director of Public Health (joint), Dr Joy Tomlinson, advised in response to a question from a Board Member on an unrelated topic, that new legislation was being introduced in relation to smoking/vaping and further details would be available once the Bill had been passed. Dr Tomlinson gave assurance that NHS Ayrshire & Arran's ambition was to have smoke free grounds and all complaints relating to smoking on hospital grounds were followed up and people actively encouraged to respectfully challenge people smoking where possible. Board Members recognised that this could be challenging and new legislation, alongside ongoing efforts to offer smoking cessation and nicotine replacement therapy, may help improve the situation.

Outcome: Board Members listened to the patient story and discussed points of interest.

Board Members requested that the workforce section of the report be updated to emphasise the positive benefits and learning for staff from this patient story in providing improved patient experience.

6.2 Patient Experience – Complaint Handling Improvement Project (007/2020)

The Nurse Director, Prof Hazel Borland, presented a report on the Complaint Handling Improvement Project undertaken at University Hospital Crosshouse (UHC). The project focused on ensuring best practice in complaint handling and assuring that organisational learning and improvement was being evidenced and sustained. The report was discussed in detail at Healthcare Governance Committee (HGC) on 6 January.

Prof Borland gave assurance to Board Members that significant improvements had been delivered at UHC in responding to stage one and stage two patient complaints, with improved complainant experience reported. During this phase there were no stage one complaints transferred to stage two and improved patient satisfaction with the complaints process. Two complaints were referred to the Scottish Public Services Ombudsman (SPPO) with neither proceeding to investigation. The active role played by the Complaint Manager had reduced the amount of time spent by management and clinical teams at UHC in handling complaints and would free up time to progress learning and improvement, supported by the Quality Improvement Lead. As a result of the significant improvements made, there were plans to spread the approach to University Hospital Ayr (UHA), with precise timescales still to be agreed.

The Chief Executive gave assurance to Board Members that the improvement project had been well received and brought structure to improving patient experience. Prof Borland confirmed that she was working with the Director for Acute Services and wider team to bring rigour to the complaints handling learning and improvement process and to ensure this was fully embedded across the organisation, with progress being reported through HGC. Prof Borland gave assurance to Board Members that complaint handling learning and improvement, including the benefits of receiving complainant feedback, was shared through the Complaint Manager network across Scottish Boards.

Outcome: Board Members discussed and received assurance on improvements made to deliver a more effective complaint handling process from the positive outcomes of the Complaint Handling Improvement Project.

6.3 Healthcare Associated Infection (HAI) exception report (008/2020)

The Nurse Director, Prof Hazel Borland, presented the HAI report detailing the current position against the national Healthcare Associated Infection (HCAI) Standards, the meticillin resistant *Staphylococcus aureus* (MRSA) admission clinical risk assessment (CRA) key performance indicator and significant outbreaks during Quarter 3 of 2019-20. The report was considered in detail at HGC on 6 January.

Prof Borland explained that Board was slightly above the maximum permitted trajectory to achieve the target for *Clostridium difficile* infection (CDI) by the end of March 2020. Prof Borland highlighted that it would be challenging to achieve a 10% reduction in *Staphylococcus aureus* bacteraemia (SAB) by the end of March 2022 and a number of interventions were in place to improve performance. Prof Borland highlighted in relation to point of entry, that there had been one blood borne contaminant during the reporting period, which demonstrated the significant work done by the Infection Control Team and Infection Control Doctor working with

Phlebotomy staff and junior medical staff to ensure good technique and that staff were comfortable with the equipment being used.

Prof Borland explained that graduated *Escherichia coli* bacteraemias (ECB) targets had been set and key milestones agreed by the Control of Infection Committee up to March 2024 with progress being reported and monitored through HGC.

Prof Borland reported improved compliance with MRSA CRA completion at 87% during Quarter 2.

Professor Borland provided details of two outbreaks during the reporting period, one *Klebsiella* and the other Influenza, both of which had been reported to Health Protection Scotland (HPS) and Scottish Government, in line with national policy requirements.

Prof Borland advised, in response to a question from a Board Member, that there were already a number of recognised interventions for CDI and SAB. She highlighted the challenge in identifying point of entry for SAB as it was not always possible to provide the exact cause. Prof Borland highlighted improvement actions being taken to reduce SAB cases, including work to effectively manage and reduce urinary catheter use.

Prof Borland explained that there were currently no recognised interventions nationally for E-coli and Board was using its own data to highlight areas requiring interventions. Prof Borland gave assurance that Board was part of the national Infection Control network and once interventions had been identified, they would be taken on board. Prof Borland gave assurance, in response to a question from a Board Member, that HPS gathered and shared evidence in relation to improvement interventions at national and international level on behalf of Scottish Boards.

Prof Borland highlighted that further to discussion on HAI at the last Board meeting, the Infection Control Manager had met with the Addictions Team to review cases from the last two years and a number of themes and improvements had been identified to support this vulnerable group of people.

Board Members discussed hand hygiene and the need for hand gel to be prominently positioned at ward entrances to encourage good hygiene by families and visitors. Prof Borland will discuss with the Director of Corporate Support Services out with the meeting. Prof Borland gave assurance that for immune compromised patients, hand hygiene and hand washing was encouraged as a matter of course through hand hygiene signs and communication with patients' families and visitors.

Outcome: Board Members discussed Board's current performance against the national HCAI Standards and received assurance that significant infection outbreaks and incidents were being managed appropriately and Board was compliant in reporting these to Health Protection Scotland, in line with national policy requirements.

6.4 Scottish Patient Safety Programme- Acute

(009/2020)

In the absence of the Director for Acute Services, the Nurse Director, Prof Hazel Borland, presented a progress report on the Scottish Patient Safety Programme

(SPSP) Acute Adult measures including falls, falls with harm and pressure ulcer (PU) prevention.

Board Members were made aware that UHC was below and UHA above the Scottish median rate for falls. Prof Borland highlighted that significant progress had previously been made to reduce falls at UHC and UHA but this had not been sustained and it was important to understand the reasons for this. A Standard Operating Procedure had been drafted to activate QI support in clinical areas with a high falls rate and this awaited approval. A Falls Coordinator was in post and actively working with clinical teams at both Acute hospital sites.

Prof Borland advised that Datix had been implemented as the platform of choice for real time recording of falls, falls with harm and PUs, to reduce duplication of workload and the data collection burden for staff. Falls with harm had only been collected on Datix since June 2019 and did not yet provide reliable baseline data.

Prof Borland advised that both UHC and UHA were above the Scottish median rate for PU. The Board's aim was to reduce the number of PUs by 25% and increase the number of days between grade 2-4 acquired PUs. The Acute Services QI Team analysed PU data on a monthly basis to highlight areas of good practice and those with high rates. A PU Improvement Group was formed in January 2020 with representation from the Tissue Viability team, the appropriate Clinical Lead and Quality Improvement (QI) support which would report six monthly to HGC. Prof Borland confirmed that the group would take on board learning and good practice from other Scottish Boards and there would be representation from Podiatry. Communication was ongoing with clinical teams to support improvement efforts.

Prof Borland gave assurance that the organisation was working hard to make the required improvements within the SPSP Acute programme. The Nurse Director clarified, in response to a question from a Board Member, that while the organisation was currently experiencing a higher level of falls, this did not appear to correlate directly to increased bed occupancy and quality data suggested that it may be linked to the level of cognitive impairment in patients experiencing falls.

Prof Borland advised that falls and PU prevention activity in the community were reported through the Health and Social Care Partnerships (HSCPs). The HGC Chair, Ms Linda Semple, assured Board Members that this report had been discussed in detail at HGC on 6 January. Committee members had requested that data and analysis be provided through routine clinical governance reports from HSCPs and consideration given to future reporting to the NHS Board.

Outcome: Board Members discussed the update on the Scottish Patient Safety Programme for Acute adult in relation to falls, falls with harm and pressure ulcer prevention across both University Hospital Crosshouse and University Hospital Ayr. Board Members were assured of measures being taken to understand and identify areas for improvement and support effective improvement planning.

7. Corporate Governance

7.1 Audit Committee

(010/2020)

The Committee Chair, Mr Michael Breen, reported key areas of focus and scrutiny at the meeting on 24 January 2020.

Mr Breen highlighted that Committee members had approved the update to the Committee's title to Audit and Risk Committee to better reflect its remit. Committee had received a number of reports providing assurance on internal audits that had been conducted. Mr Breen highlighted that the Auditor General for Scotland's report on the NHS in Scotland 2019 was very interesting and he recommended that Board Members read the report.

Outcome: Board Members noted the update.

7.2 Healthcare Governance Committee Minutes

(011/2020)

The Committee Chair, Ms Linda Semple, presented the approved minute of the meeting held on 12 November 2019. Ms Semple highlighted discussion on the reporting of community acquired HAIs to Integration Joint Boards. Prof Borland gave assurance that the Infection Control Team would ensure that this data was available for the HSCPs. Prof Borland would ask the Infection Control Manager to attend a future Strategic Planning Operational Group to discuss reporting arrangements, with the aim to ensure a consistent approach across the HSCPs. Ms Semple advised that HGC will receive formal clinical governance reports from the three HSCPs at the next meeting on 9 March.

Ms Semple reported key areas of focus and scrutiny at the meeting on 6 January 2020. Ms Semple highlighted the significant work done locally to deliver the Maternity Services Being Open closure report and gave assurance to Board Members that ongoing reporting and learning and improvement will be reported through HGC.

Ms Semple reported that Committee had discussed the Healthcare Improvement Scotland (HIS) Adverse Event Self-Assessment Report piloted by NHS Ayrshire & Arran and rolled out across Scotland. HIS had carried out an analysis of self-assessments from across Scotland and NHS Ayrshire & Arran was the only Board to get a positive report against each element of the self-assessment. Ms Semple advised that while this was encouraging, Board was not complacent and there would be ongoing reporting of adverse events through HGC and the NHS Board.

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

7.3 Integrated Governance Committee

(012/2020)

The Committee Chair, Mrs Lesley Bowie, reported key areas of focus and scrutiny at the meeting on 29 January 2020.

Mrs Bowie highlighted that Committee members had discussed the formal launch of the Caring for Ayrshire (CfA) programme and members had been assured by the

pre-engagement to date and plans to engage more formally with staff and citizens to raise awareness of the CfA programme.

Committee members had also considered the Internal Audit plan and timings for two areas in particular. Members were assured that these areas had been discussed at Corporate Management Team and Directors were content with the timings proposed.

Mrs Bowie reported that Committee had received an update on the Corporate Governance improvement plan and members had been assured by the significant progress made and had commended the Head of Corporate Governance, Mrs Shona McCulloch, for the work done to date.

Outcome: Board Members noted the update.

7.4 Performance Governance Committee (013/2020)

The Committee Chair, Mr Bob Martin, reported key areas of focus and scrutiny at the meeting on 17 January 2020.

Mr Martin highlighted that Committee had considered the Acute Improvement and Reform Plan 2020 and received an update from the Director for Acute Services on the reforms planned and new site directors appointed. Committee members had been assured by progress made and suggested some presentational issues.

The Committee had also considered the November Financial Management Report and there was concern about how Board will deliver the planned outturn.

Mr Martin reported that the Committee had also considered 2020/21 cost pressures and the Director of Pharmacy had provided a very informative presentation and answered questions around the increased volume of Primary Care drugs prescribing in the current year and projections of 2020/21 cost pressures, including those out with local control as they were national decisions. Committee members had been encouraged by progress in tackling long-standing difficult issues.

Committee members had considered the draft Annual Operating plan submitted to Scottish Government in December 2020 and to be discussed at a Board workshop on 25 February.

Mr Martin gave assurance to Board Members that the Committee discussed these important issues in great detail and he encouraged Non-Executive Board Members to come along to a future meeting to find out more about the Committee's work.

Outcome: Board Members noted the update.

7.5 Membership of Board Committees (014/2020)

The Head of Corporate Governance, Mrs Shona McCulloch, presented a report detailing changes to appointments to Board committees.

Mrs McCulloch explained that Board had previously agreed to receive an update on changes to Board committee responsibilities and any changes to membership of Ayrshire Integration Joint Boards either annually or as these occurred, in line with

agreed Terms of Office. Following publication of the NHS Boards – Model Standing Orders – DL(2019)24 in December 2019, Model Standing Orders were devised nationally for all Health Boards which stated that the appointment of committee members was a matter reserved for the Board, which should approve the terms of reference and membership of the committees.

Mrs McCulloch gave assurance that the above process had been followed and clarified that following the departure of the Chairman in December 2019, the Interim Chair, Mrs Lesley Bowie, would retain her Non-Executive Board Member committee responsibilities alongside her Chair commitments for an interim period. Following the appointment of the Chair, there would be an annual review of committee responsibilities to ensure Non-Executives were being deployed effectively across committees.

Outcome: Board Members approved the interim position for Board committee responsibilities.

7.6 Corporate Calendar (015/2020)

The Head of Corporate Governance, Mrs Shona McCulloch, presented the calendar of meeting dates for Board committees and Integration Joint Board meeting dates. The report provided assurance of the process taken to deliver the 2020/21 meeting schedule.

Outcome: Board Members received assurance that Board committees had established meeting dates for 2020-21 and there was a robust planning process in place.

8. Service

8.1 Preventing Drug related Deaths (016/2020)

The interim Director of Public Health (joint), Dr Joy Tomlinson, presented a report to highlight an emerging threat relating to the continuing upward trend in drug related deaths across Scotland. Board Members were advised that during 2018, 1,187 people had died as a direct result of drugs, the highest number of deaths directly caused by illegal drugs ever recorded in Scotland. This included 82 deaths among people from Ayrshire and Arran, which had the third highest death rate from drugs in Scotland in 2018. Dr Tomlinson highlighted changing patterns and trends relating to drug related deaths. The largest increase was in the older age group with problem drug use from age 35 onwards and there had been a significant increase in the number of women dying in recent years.

Dr Tomlinson outlined the national public health approach being adopted through the new Drug Deaths Taskforce to deliver Scotland's alcohol and drug strategy "Rights, Respect and Recovery", and measures designed to reduce harm and death. The Taskforce had recently written to Integration Authorities and ADPs with first recommendations and early discussions were taking place with partners across Ayrshire to agree the best approach for local implementation.

Dr Tomlinson provided an update on progress to implement the local Strategic Framework: Preventing Drug related Deaths, endorsed by Board in August 2018. A partnership approach was being adopted to support individuals with drug issues and

the three ADPs were working collaboratively in taking forward a range of actions and drug prevention approaches across Ayrshire. ADPs were also considering the recommendations from a report by the Dundee Commission in response to concerns about drug related deaths in that area. Board Members emphasised the important role of peers, families and the local population in promoting drug prevention approaches and raising hope and aspiration in the community.

Board Members discussed drug related hospitalisation rates and received assurance that waiting times for specialist services in Ayrshire compared well to other Board areas. The Director, NA HSCP, Mr Stephen Brown clarified that individuals received support from the point of contact with services. Board Members emphasised that every contact with individuals with problem drug use should be used as an opportunity to signpost to Addictions Services. Dr Tomlinson advised that navigators were in place at UHC and actively visited wards to provide advice and signposting.

The Joint Medical Director, Dr Crawford McGuffie, highlighted that health inequalities were a significant problem for health and care and drug related deaths mirrored deprivation, inequality and disconnection, with individuals only connecting with services once a problem had arisen. Dr McGuffie advised that Board's Caring for Ayrshire programme would have a key role in addressing health inequalities and providing care closer to the community. He reiterated the important role of navigators and community connectors in supporting individuals and signposting to appropriate services. Dr Tomlinson advised, in response to a question from a Board Member, that there was a pan-Ayrshire strategy to support Mental Health and Wellbeing to which each Community Planning Partnership in Ayrshire had signed up. Consideration was being given to input to schools on drug prevention and positive ways to promote mental health and wellbeing.

The Area Clinical Forum (ACF) Chair, Mr Adrian Carragher, advised that the report was discussed at the ACF meeting on 31 January. The Area Pharmaceutical Professional Committee had highlighted that they were keen to be engaged in the rollout of Naloxone kits, which were not currently available in all community pharmacies. The Director for EA HSCP, Mr Eddie Fraser, suggested that these kits could be rolled out alongside new arrangements for needle exchange provision. Mr Carragher will discuss with Mr Fraser out with the meeting.

Outcome: Board Members noted and were assured of progress towards implementing the local Strategic Framework: Preventing Drug related Deaths. Board Members looked forward to receiving regular updates on the prevention activities being undertaken by the Alcohol and Drug Partnerships in Ayrshire to reduce health inequalities and support the most vulnerable individuals in the community.

9. Performance

9.1 Performance Report

(017/2020)

The Director for Transformation and Sustainability, Ms Kirstin Dickson, provided an update on Board's performance based on key measures of Unscheduled and Planned Care.

Mrs Dickson provided a report on Unscheduled Care performance and highlighted challenges relating to presentations associated with winter. As previously reported, there were increased Emergency Department (ED) presentations at UHC and UHA and an increased number of patients waiting more than 12 hours in ED at UHC. Delayed discharge performance was broadly similar to the position for October 2019, with a slight reduction reported in SA HSCP. Mrs Dickson highlighted the improvement actions being taken forward by HSCPs and Acute, in particular, the work being done by the Unscheduled Care Leadership Group to deliver interventions and mitigations to address the challenges being faced.

The Chief Executive informed Board Members that in light of the Unscheduled Care challenges being faced and following Board's mid-year review with Scottish Government, he had made the decision to convene an Emergency Management Team (EMT) on 30 January. EMT would continue to meet to support clinical teams and provide a more immediate, strategic focus to improve Unscheduled Care performance. The Chief Executive advised that Scottish Government had been briefed on the Unscheduled Care challenges and was receiving regular updates.

Board Members were advised that feedback from staff indicated that they positively welcomed Board's recognition of the challenges and pressures being faced, despite the enormous efforts being made by teams to maintain safety and deliver good practice, and valued the positive support being provided by EMT.

The Chief Executive recognised that health and social care teams were working tirelessly to deliver services in what were often difficult circumstances and he emphasised the need to understand what was causing the system to not work in the best way possible for citizens and staff and find sustainable ways to manage patient flow in Unscheduled Care and deliver improved patient experience.

Boards Members welcomed this update on the supportive actions being taken by EMT to support Unscheduled Care and requested regular progress updates, which the Chief Executive affirmed would be provided through Unscheduled Care and Delayed Discharge performance reporting.

Board Members discussed Unscheduled Care and inappropriate attendance at ED. Dr McGuffie gave assurance that Board had a positive Redirection campaign, using social media and the NHS Board's website, to provide guidance on when people should attend ED or see another healthcare professional if appropriate. The Chief Executive advised that there was also a need to consider services offered in the community, for example, there were no minor injuries facilities available in the community. Board Members suggested that NHS24 data should also be considered to give assurance that Unscheduled Care patient flow is being managed appropriately across all services and that the right care is being provided safely at the right time in the right place.

Mrs Dickson provided a detailed report on Planned Care performance and improvement actions being taken forward. Mrs Dickson reported improved performance for CAMHS which had met the Mental Health waiting times target, achieving 91.7% at November 2019. There had been a slight improvement in the 62 day Cancer waiting times target and improvement actions were planned to further improve the position.

Mrs Dickson advised that in addition to national targets for service access for 18 week Referral to Treatment and Inpatient and Day Cases, Board has been taking forward the Scottish Government Waiting Times Improvement Plan. Mrs Dickson reported that NHS Ayrshire & Arran had met and exceeded the targets set out in the Plan for October 2019 for Inpatient/Day Cases and Outpatients and work continued to further improve performance.

Board discussed Planned Care performance and whilst Board Members recognised that further improvement was required, they were assured by the level of improvement actions in place. The Chief Executive clarified, in response to a question from a Board Member, that details of completed action plans, including Acute Services, would be captured in Board's Annual Operational Plan which would be presented to Board in due course. Completed action plans would be available for Board Members to read should they wish.

The Director for EA HSCP, Mr Eddie Fraser, provided details of actions being taken to address recruitment issues to improve MSK performance. Prof Borland advised that the Workforce Scrutiny Group would meet in the near future to discuss AHP workforce, succession planning challenges and opportunities for AHPs to work differently.

Outcome: Board Members noted Board's unscheduled and planned care performance and were assured of actions being taken to deliver improvements.

9.2 Financial Management Report for Month 9

(018/2020)

The Director of Finance, Mr Derek Lindsay, presented the Financial Management Report (FMR) for Month 9 to 31 December 2019. The report was discussed in detail at PGC on 17 January.

Mr Lindsay reported that Board's Annual Operating Plan had a financial outturn of £14.7 million deficit. At month nine of the year to date the cumulative deficit was £12.8 million.

Board Members were advised that to achieve the planned year end position Board was focusing on a number of non-recurring areas, for example, capital to revenue transfer, to offset recurring challenges relating to non-delivery of the cash releasing efficiency savings target. Mr Lindsay highlighted that demand pressures and delayed discharges had led to a projected Acute overspend of over £11 million due to additional beds being opened and associated staffing costs. In addition, primary care prescribing volumes had increased by more than expected resulting in a £3.6 million overspend. Mr Lindsay reported that sickness absence rates had significantly improved compared to previous years which had a positive financial impact as fewer additional staff were needed.

The PGC Chair, Mr Bob Martin, advised that PGC had a detailed discussion on the November FMR at the meeting on 17 January and there remained concern about the assurance given around delivering the planned outturn. Mr Martin highlighted the mitigating actions agreed by PGC on 5 November 2019, mainly relating to non-recurring funding, and work being done with Scottish Government to deliver the planned outturn.

Board Members considered the financial report and while they were assured by the mitigating actions being taken to deliver the planned outturn for 2019/20, there was concern that much of this was being achieved on a non-recurring basis and there would be further challenges next year. Mr Lindsay emphasised the need to reform the system, build capacity and deliver services differently in the future and he outlined reform initiatives that were already taking place to enable Board to deliver the same quality services for less expenditure.

The Chief Executive recognised the significant challenges facing NHS Ayrshire & Arran in continuing to deliver quality of care at the right level to the population and maximise the opportunities provided by integration whilst delivering cash releasing efficiency savings. The Chief Executive gave assurance that there was a particular focus on Acute Services, with detailed reports and analysis reported through PGC. Board's financial position had been challenged at the mid-year review and Scottish Government expected Board to achieve the planned outturn of £14.75 million, or better, and deliver further improvements in 2020/21. The Chief Executive advised that the financial model would be considered in more detail at a budget and delivery plan workshop later in the month.

Outcome: Board Members noted Board's financial position to 31 December 2019 and were assured of actions being taken to deliver the agreed budget.

10. Decision/Approval

10.1 Caring for Ayrshire

(019/2020)

The Director for Transformation and Sustainability, Mrs Kirstin Dickson, presented a report setting out plans for the formal launch of the Caring for Ayrshire (CfA) programme, Board's strategic vision of Ayrshire and Arran's future health, care and wellbeing services. The report set out plans to involve and engage a range of stakeholders in taking forward this major transformational programme following a collaborative approach. A number of pre-engagement activities and awareness events had already taken place in support of the CfA programme.

Mrs Dickson recalled that Board Members had previously agreed the CfA Project Initiation Document and Board Workshops had also taken place to consider Board's strategic vision and a further workshop would take place in the near future.

Board Members discussed the CfA programme and the exciting opportunity it will provide for the people of Ayrshire. Board Members emphasised that information about the programme should be clearly communicated to the public. The Director for EA HSCP advised that it was essential for Board and the IJBs to work closely together in taking forward engagement and consultation plans with the local community.

Mrs Dickson outlined engagement and information sharing plans for the CfA programme and gave assurance to Board Members that there were plans to enhance the team's capacity to support this work. Mrs Dickson confirmed that the engagement process would be iterative and stakeholder feedback used to shape future plans.

Prof Borland advised that staff were keen to be involved in work to shape future services. Dr McGuffie stated that staff engagement had been very positive and encouraging and he and Mr Fraser had been engaging with the Professional Committees in developing plans. The Chief Executive confirmed, in response to a question from a Member, that there was ongoing engagement with local parliamentarians in taking forward the CfA programme and a further session was planned on 7 February. The Chief Executive was keen to present plans to the Community Planning Partnerships across Ayrshire once plans were further developed as the programme's ambitions extended beyond health and care.

Outcome: Board Members approved the Caring for Ayrshire launch. Board Members received assurance on development work to date and approved the health and care model for use in engagement. Board Members approved the Caring for Ayrshire Engagement and Communications Plan.

11. For information

11.1 Board briefing (020/2020)

Board Members noted the content of the briefing.

11.2 East Ayrshire Integration Joint Board (021/2020)

Board Members noted the approved minute of the meeting held on 27 November 2019.

11.3 North Ayrshire Integration Joint Board (022/2020)

Board Members noted the approved minute of the meeting held on 21 November 2019.

11.4 South Ayrshire Integration Joint Board (023/2020)

There were no approved minutes available.

12. Any Other Competent Business

12.1 Flooding in A&E at University Hospital Ayr (024/2020)

The Chief Executive reported that it had been necessary to close A&E at UHA for four hours on Sunday 2 February due to significant flooding caused by a burst pipe in the heating system. Teams had responded well on the ground in moving patients and ensuring safe care and the Estates team had attended to provide support. The Fire and Rescue Service had also been in attendance. Six ambulances had been diverted to UHC during the afternoon. A&E had re-opened at 5.45pm.

Scottish Government Resilience Unit had been informed of the impact on service delivery. The Chief Executive had written to the Assistant Director at UHA to pass on thanks to the teams that had responded, including on call medical and surgical

teams, to review and discharge patients. The Chief Executive commended all staff concerned for this response.

12.2 Preparations for coronavirus

(025/2020)

Dr Tomlinson gave assurance to Board Members that Board was engaged with Health Protection Scotland on coronavirus, taking advice and monitoring the situation closely. A preparedness meeting had taken place early on 3 February with Infection Control and ED Consultants to ensure that Board had appropriate plans in place. Dr Tomlinson explained that this was an evolving situation and current advice was that the risk level was moderate due to the expansion of the virus.

12.3 Medical Workforce at University Hospital Ayr

(026/2020)

Board Members sought assurance on actions being taken to mitigate the medical workforce challenges at UHA, following recent media reports.

The joint Medical Director, Dr Crawford McGuffie, highlighted that Board had experienced medical workforce challenges since 2012 and had adopted a number of improvement approaches. Dr McGuffie recalled that a Board workshop was held in March 2018 to discuss the 2018-19 budget, including medical workforce, and Board Members had supported Board's ambition to have the best medical workforce.

Dr McGuffie described the work positive done over the last two years to develop the junior medical workforce. Board had 70 Clinical Fellows in post who had scored Board highly in terms of job satisfaction and there was a waiting list for Clinical Fellow posts. There were plans to move to a Consultant network linking into the regional and national framework.

Dr McGuffie highlighted that while further progress was required in relation to medical workforce, the very positive work and developments to date have had a transformative effect and for the first time in 10 years, all GP training slots have been filled from August 2020. Dr McGuffie gave assurance to Board Members that the approach being adopted provided improved quality of care and improved use of financial resources.

13. Date of Next Meeting

The next meeting of the NHS Ayrshire & Arran Board will take place at 9.15 am on Monday 30 March 2020 at 9.15am, Rooms 2A-C, Education Centre, University Hospital Crosshouse