

Ayrshire and Arran NHS Board
Minutes of a public meeting on Monday 15 August 2022
9.30am, Hybrid meeting

Present: Non-Executive Members:
 Mrs Lesley Bowie, Board Chair
 Mrs Margaret Anderson
 Mr Michael Breen
 Cllr Marie Burns
 Mr Adrian Carragher
 Ms Sheila Cowan
 Dr Sukhomoy Das
 Miss Christie Fisher
 Mrs Jean Ford
 Mr Ewing Hope
 Mr Bob Martin, Vice Chair
 Mr Marc Mazzucco
 Cllr Douglas Reid
 Ms Linda Semple

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: Dr Karen Bell (Head of Research, Development and Innovation)
 Item 9.2
 Ms Thelma Bowers (Head of Mental Health Services, North Ayrshire
 Health and Social Care Partnership) Item 9.3
 Ms Caroline Cameron (Director of Health and Social Care, North Ayrshire)
 Mrs Joanne Edwards (Director for Acute Services)
 Mr Tim Eltringham (Director of Health and Social Care, South Ayrshire)
 Dr Elvira Garcia (Consultant in Public Health Medicine and Health
 Protection Lead) Item 10.1
 Ms Nicola Graham (Director Infrastructure and Support Services)
 Ms Sarah Leslie (Human Resources Director)
 Dr Ruth Mellor (Consultant in Public Health) Item 9.4
 Mrs Shona McCulloch (Head of Corporate Governance)

Mrs Angela O'Mahony (Committee Secretary) minutes

The Board Chair welcomed Cllr Marie Burns and Miss Christie Fisher who were attending their first Board meeting since their appointment as Non-Executive Board Members, and Cllr Douglas Reid following his re-appointment as a Non-Executive Board Member. Cllr Lee Lyons had also been appointed as a Non-Executive Board Member but was unable to attend the meeting.

1. Apologies

Apologies were noted from Cllr Lee Lyons, Mrs Vicki Campbell, Mrs Kirstin Dickson and Mr Craig McArthur.

2. Declaration of interests (086/2022)

Ms Linda Semple declared an interest in relation to item 9.2, Innovation in Ayrshire and Arran, as a Non-Executive Director at the Golden Jubilee University National Hospital, the base of the National Innovation Hub.

3. Minute of the meeting of the NHS Board held on 23 May 2022 (087/2022)

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

Item 9.3, Financial Management Report, paragraph two - the surplus should have read £0.5 million.

4. Matters arising (088/2022)

Paper 2 - Action Log

The Board action log was circulated to Board Members in advance of the meeting. There were no outstanding actions.

5. Chief Executive and Board Chair report

5.1 Chief Executive's report (089/2022)

- The Chief Executive reported that there continued to be significant pressures across the health and care system. Both community and acute services continued to take forward service recovery plans. While COVID-19 prevalence had reduced since June 2022 and the situation was steadily improving, the impact of COVID-19 cases in the community was still being felt across the entire health and care system.
- The Chief Executive reported that Healthcare Improvement Scotland (HIS) had made an unannounced visit to University Hospital Crosshouse on 3-5 May 2022. The visit report, published on 27 July 2022, had highlighted several areas where improvement was required and some areas of good practice. The Chief Executive gave assurance that issues related to fire safety and infection prevention and control had been actioned immediately and before publication of the report. NHS Ayrshire & Arran (NHSAA) will work in partnership with HIS to take forward other outstanding recommendations as quickly as possible.
- There had been several visits to NHSAA. The Chief Operating Officer at the Scottish Government, Mr John Burns, had visited on 28 June 2022. This had provided the opportunity to update on key areas of focus and to seek national support to deliver the Board's ambitions related to Digital, the Board's reform programme and Caring for Ayrshire strategy. The Deputy National Clinical Director, Dr John Harden, had visited on 5 July 2022 and the Deputy Chief Medical Officer, Prof Graham Ellis, had visited on 12 August 2022. The Board welcomed these visits which had given the opportunity to meet people across the system and raise the profile of work being done across Ayrshire and Arran.

- The Chief Executive advised that since COVID-19 restrictions had eased she had visited several teams to discuss recovery plans, including a recent visit to Arran, accompanied by the Board Chair, to hear their experience of COVID-19 and their recovery.
- The Chief Executive highlighted that Child and Adolescent Mental Health Services had won the integrated award for their poster at this year's NHS Scotland event in July 2022. The People's Choice award had gone to the Perinatal Mental Health Service, the Maternity and Neonatal Psychology Interventions Service and the Maternity Liaison Service. The Chief Executive congratulated the teams on their achievements.

5.2 Board Chair's report

(090/2022)

- Board Chairs and Chief Executives continued to meet on a monthly basis with the Cabinet Secretary to discuss system pressures.
- The Board Chair had attended East Ayrshire Community Planning Partnership (EA CPP) meeting on 9 June 2022 when there had been discussion on Caring for Ayrshire and the Ayrshire Growth Deal. The Board Chair had also attended the North Ayrshire CPP meeting on 23 June 2022 when there had been discussion on Wellbeing and Spatial Planning. There had been a presentation from KA Leisure on their ambitions for the future. The Board Chair was encouraged to see partnership working in action and the strong focus and engagement from everyone involved.
- The Board Chair had attended the national Improving Population Health Group on 11 August 2022. There had been discussion on Public Health priorities across NHS Scotland and how Public Health strategy may need to change to meet future ambitions

6. Quality

6.1 Patient story

(091/2022)

The Director for Acute Services, Mrs Joanne Edwards, introduced the patient story from a member of staff, Kirsty, and her experience following a stroke whilst at work. Kirsty had reflected on how small things matter to patients and her experience had changed how she would practice in her professional role as a doctor in the future.

Board Members welcomed this positive story, the care and support Kirsty had received in her recovery, and the adaptations that had been made to enable her to continue to deliver her key role. Board Members were encouraged that Kirsty's experience would have an impact on her own professional practice.

The Nurse Director, Ms Jennifer Wilson, highlighted that this story was a good example of "What Matters to You", to identify what matters to a person and bring that into their and other people's recovery.

Outcome: Board Members noted the story on a patient's experience following a stroke whilst at work.

6.2 Patient Experience Quarter 4 report

(092/2022)

The Nurse Director, Ms Jennifer Wilson, presented the Patient Experience Quarter 4 report. A version of the report was discussed in detail at the Healthcare Governance Committee (HGC) meeting on 6 June 2022.

Ms Wilson outlined the updated process for reporting complaint performance to ensure the correct information was being shared to inform learning and improvement and support robust governance of all aspects of the complaint handling process at all levels of the organisation.

Board Members received a detailed update on complaint handling performance. There had been a slight drop in concerns and Stage 1 complaints during Q4. There had been a slight drop in performance in responding to these complaints due to the team taking on the additional role to assist with more complex Stage 2 complaints.

Ms Wilson reported that Stage 2 complaints continued to rise and these complaints tended to be more complex and required further investigation. Performance in responding to Stage 2 complaints within the 20 working day timescale continued to improve and additional work was planned to try to achieve the target.

The report detailed the current position relating to performance against the 20 working day target. Board Members received assurance that Acute services colleagues were prioritising responding to those complaints that were significantly out of time. Regular contact was being made with complainants and the Complaints Team continued to support services to provide high quality responses. There was a continued reduction in Scottish Public Services Ombudsman (SPSO) referrals.

Ms Wilson highlighted themes identified from complaints and improvement projects ongoing to address themes and ensure that any learning and improvement was being captured. An Extreme Team had been set up to look at improvement activity and a report would be presented at a future HGC meeting.

Board Members acknowledged the significant improvements made to the Board's complaint handling process in recent years. Board Members thanked the Complaints Team for the support being provided to services to manage complaints.

Outcome: Board Members noted the Patient Experience Q4 report and acknowledged the improvements made to the Board's complaint handling process.

6.3 Patient experience annual report 2021-2022

(093/2022)

The Nurse Director, Ms Jennifer Wilson, presented the Patient experience annual report 2021-22 to give assurance that the Board had complied with the complaint handling process. The report had been discussed in detail at the HGC meeting on 1 August 2022. Following presentation to the Board, the report would be submitted to the Scottish Government and published on NHSAA's website.

Ms Wilson highlighted that SPSO activity had reduced significantly since 2018, a positive measure of complainant satisfaction with the complaint handling process. The report highlighted examples of feedback as well as learning and improvement being taken forward and future plans. To promote equality and diversity, the Board

had introduced remote interpretation services and quarterly meetings had been introduced with deaf people. Staff networks had been set up as detailed in the report. Volunteering activity continued to grow from strength to strength and individuals had shared their experience of volunteering within the report.

Board Members commended the Patient Experience team for the measures put in place and the good progress being made to improve complaint handling performance.

Outcome: Board Members noted the Patient Experience Annual Report and were assured of compliance with the complaint handling process.

6.4 Healthcare Associated Infection (HCAI) report (094/2022)

The Nurse Director, Ms Jennifer Wilson, presented a report on performance against HCAI Standards using the latest verified national data for year ending March 2022. A version of the report had been presented at the Healthcare Governance Committee meeting on 1 August 2022.

Ms Wilson reported that verified data for the quarter ending March 2022 demonstrated a significant reduction in Clostridium difficile infection (CDI) cases compared to the previous quarter although the reason for this was not clear. Unverified data for the quarter ending June 2022 suggested that this reduction had not been sustained. The Antimicrobial Management Group was currently carrying out work to improve prescribing, in particular cephalosporins, and it was anticipated that this work would impact on this quarter's cases. While the rolling CDI rate had reduced during the year, the Board did not meet the target previously set.

Board Members were advised that verified data for healthcare associated (HCA) Staphylococcus aureus bacteraemias (SAB) for the quarter ending March 2022 had increased compared to the previous quarter. While the Board's verified annual rate for HCA SAB had decreased for the year ending March 2022 compared to the previous year, the Board did not meet the National Standard for year ending March 2022. The Infection Prevention and Control Team (IPCT) would continue to carry out enhanced surveillance and twice monthly meetings with the Consultant Microbiologist to discuss the position. The Antimicrobial Team was looking to reinstate weekly reviews to aid improvement and learning.

Ms Wilson advised that for HCA Escherichia coli bacteraemia (ECB), the Board's verified rate for quarter ending March 2022 had reduced. While the verified annual rate for year ending March 2022 had reduced, it was well above the target. Improvement work to reduce urinary catheter related infection remained a priority. While this work had been impacted by COVID-19, the Deputy Nurse Director (Interim) had been tasked with re-establishment of the Urinary Catheter Improvement Group and initial contact had been made with key stakeholders to ensure appropriate membership.

The Board Chair welcomed the focused approach being taken to address HCAs and suggested that it would be useful to understand the reason for the reduction in CDIs in the quarter ending March 2022 so that this could be replicated. Board Chairs across NHS Scotland were considering HCAI targets and it was not clear how these

would be achieved given the challenges being faced. The Board Chair understood that there were plans for a national review of HCAI Standards.

Ms Wilson highlighted the impact of COVID-19 on the work of the IPCT, particularly in relation to outbreaks, and recognised the significant work done by the team in challenging circumstances. The Board had seen a reduction in outbreaks which had allowed the team to focus on the HCAI Standards and improvements had been made. However, any further peaks over the next year will impact on this work. Ms Wilson outlined actions being taken to further develop the team, including recruitment of business manager support to enable the team to focus on areas of clinical expertise.

Outcome: Board Members discussed the HCAI data and were assured by the ongoing work within the organisation to reduce HCAI rates.

6.5 Scottish Patient Safety Programme (SPSP) – Maternity and Children’s Quality Improvement Collaborative (MCQIC) Paediatrics (095/2022)

The Director for Acute Services, Mrs Joanne Edwards, provided an update on the progress of the SPSP MCQIC Paediatric work stream. A version of the paper was discussed in detail at the HGC on 6 June 2022.

Mrs Edwards advised that the national SPSP Programme had been paused during the COVID-19 pandemic and there were plans to re-launch the programme in summer/autumn 2022. In the meantime, NHSAA had continued to measure compliance on existing measures and implement improvement where possible. This included development of a more robust and consistent data recording process.

Mrs Edwards highlighted performance data related to the following areas:

- Unplanned Admissions to Paediatric Intensive Care Unit – while numbers were generally low, there had been an increase in respiratory illness for children over the last 12 months, with some patients reporting that they had been unable to access their GP practice for first line treatment, although this was not always the case in practice.
- Paediatric Early Warning Score (PEWS) – overall compliance with the PEWS Bundle had improved.
- Watchers Bundle – work continued to develop the Watcher’s Bundle and compliance had improved.
- Sepsis Bundle – compliance had been challenging as there were certain elements of the bundle that were often not undertaken, in particular, consideration of Inotropes. Discussion was taking place with the national MCQIC team in terms of the feasibility of this element of the bundle and to ascertain current practice in other Boards.

The report detailed the collaborative approach being adopted to take forward all aspects of quality improvement activity within Women and Children’s services going forward.

Outcome: Board Members discussed the report, acknowledged the positive progress and improvements being made locally and commended the team for their continued work over a challenging period.

6.6 Hospital Standardised Mortality Ratio (HSMR)

(096/2022)

The Medical Director, Dr Crawford McGuffie, presented the Board's HSMR performance report for the period January to December 2021.

Dr McGuffie outlined the background and context to the HSMR process launched in NHS Scotland in 2009. HSMR was a statistical model which predicted the number of deaths in hospital every year compared to actual deaths in that year.

Dr McGuffie advised that during the reporting period 82 case notes of patients who had died within NHSAA Acute Hospitals were fully reviewed by a multi-professional group. The aim of the reviews was to assess the quality and safety of care delivered to patients through a standardised review process and to identify and implement any learning. The report provided the most recent outcome data related to these reviews and outlined key themes identified.

Dr McGuffie advised in response to a question from a Board Member that while crude mortality rates had increased during the COVID-19 pandemic, there had been a fall in hospital admissions at the start of the pandemic, with sicker patients being admitted, which had impacted on HSMR data. Care reviews carried out gave assurance that the quality of care being provided had not changed. Dr McGuffie explained that while comparison of HSMR data at national level may be useful, it was mainly used to drive improvement at individual hospital level. Dr McGuffie explained in response to a question from a Board Member that the HSMR statistical modelling process was complex and it was difficult to predict future crude mortality rates.

Dr McGuffie reassured Members that the global trigger tool provided the opportunity for a deep dive into the system, for example, triggers related to accurate diagnosis and impaired kidney function, to identify any areas for learning and improvement.

The Chief Executive commended the team for the robust and comprehensive approach adopted in taking forward this work.

Outcome: Board Members discussed and noted the report on HSMR performance. Board Members remitted to Healthcare Governance Committee to monitor progress against delivery of the recommendations, with any major risks or changes to be reported back to the Board if required.

7. Corporate Governance

7.1 Corporate Governance – Board committees

(097/2022)

The Head of Corporate Governance, Mrs Shona McCulloch, presented proposed updates to Board committee responsibilities for approval in line with the Board's Standing Orders. These changes reflected the appointment of several new Non-Executives who had joined the Board over the summer. Details of the changes proposed were provided in Appendix 1 of the report, with IJB membership and terms of office shown in Appendix 2.

The Board Chair acknowledged and thanked Mr Adrian Carragher and Mrs Jean Ford who had taken on interim positions on the Performance Governance

Committee and North Ayrshire IJB respectively pending recruitment of a new Non-Executive member, and who would now be stepping down from these Committees.

Ms Semple highlighted that she had stood down as Chair of the South Ayrshire Integration Joint Board (SA IJB) Performance and Audit Committee as she had taken on the role of SA IJB Chair in June 2022.

Outcome: Board Members approved the updated Board committee responsibilities and approved Linda Semple's appointment as Sustainability Champion.

7.2 Whistleblowing Quarter 1 report

(098/2022)

The Nurse Director, Ms Jennifer Wilson, presented the Whistleblowing Quarter 1 report. The report had been discussed in detail at Staff Governance Committee (SGC) on 8 August 2022.

Ms Wilson reported that there were no whistleblowing concerns in Quarter 1 and a detailed report was not possible. Ms Wilson emphasised the importance for all staff to feel able to raise a concern and that they will be listened to, and their concerns investigated and appropriate action taken. Ms Wilson provided assurance that there had been wide communication of the Standards across the organisation. The first Whistleblowing newsletter had been produced as well as a video raising awareness of the Whistleblowing Standards.

Board Members were advised that an Internal Audit into Compliance with Whistleblowing Policies and Procedures took place in April 2022. Feedback from the review was positive, with one advisory action noted related to the uptake of Turas Whistleblowing training modules within the organisation. The audit report and progress against recommendations will be monitored via the SGC.

The Chief Executive reiterated the importance of the Whistleblowing process and for staff to feel able to raise concerns. The Chief Executive was leading a number of "Ask Me Anything" sessions for staff and she was taking the opportunity to encourage staff to report concerns, for example, through Whistleblowing and other processes.

Ms Wilson advised that Whistleblowing concerns had increased since the Standards were introduced and whilst the number of concerns raised had reduced recently, this could indicate that staff were being supported at an earlier stage. The HR Director, Ms Sarah Leslie, advised that within NHS Scotland there were a number of policies and processes in place to support staff to raise concerns. Line managers were also encouraged to be open and approachable and proactively engage with staff should there be any issues.

The Whistleblowing Champion, Dr Sukhomoy Das, advised that consideration was being given to a survey to give assurance in relation to the Whistleblowing arrangements in place. Work was ongoing to improve uptake of Turas mandatory Whistleblowing training for managers and senior leaders. It was noted that the Board's Confidential Contacts were being reviewed to ensure that the right arrangements were in place to empower staff to report concerns.

Outcome: Board Members discussed and noted the Whistleblowing Q1 report.

7.3 Whistleblowing annual report 2021-2022 (099/2022)

The Nurse Director, Ms Jennifer Wilson, presented the Whistleblowing annual report 2021-2022. The report had been scrutinised at SGC on 8 August 2022.

Ms Wilson advised that NHSAA had successfully implemented the new Standards from 1 April 2021. As reported earlier, the number of Whistleblowing concerns had increased since the new Standards came into place.

The report highlighted that there had been difficulties in meeting the 20 day response time for stage 2 concerns due to the complexity of stage 2 investigations, and to ensure that these were thorough and proportionate. The INWO had advised the importance of ensuring that thorough investigations were undertaken, with the 20 day timeline as an ambition not a target.

Ms Wilson advised that the Speak Up model had been implemented with Speak Up Advocates in place from across all areas of the organisation to support Confidential Contacts and provide those who have concerns or questions wider access to support and advice. The HR team was working with Speak Up advocates to ensure that they continued to be developed and to raise awareness of their role across the organisation. As reported above, the whistleblowing team would be looking at Confidential Contacts over the coming months to ensure that appropriate individuals are in place throughout the organisation and easily approachable.

Board Members were advised that future plans for 2022-2023 included a review of current processes to ensure best practice and good governance in relation to Whistleblowing arrangements, as well as promotion of the Standards through a variety of communications, including for colleagues with limited access to email.

Ms Wilson advised in response to a question from a Board Member that engagement will take place with Primary Care colleagues in relation to whistleblowing reporting arrangements and to support learning from the first year of the new Standards.

Outcome: Board Members discussed the report on organisational activity in relation to whistleblowing for 2021-2022 and approved for submission to the INWO. The report will then be published on the NHSAA external web.

7.4 Audit and Risk Committee (100/2022)

The Committee Chair, Mr Michael Breen, provided reports on key areas of focus and scrutiny at the Committee meetings on 23 June and 27 June 2022. The Committee Vice Chair, Mr Bob Martin presented the approved minute of the meeting on 11 May 2022.

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

7.5 Healthcare Governance Committee Minutes (101/2022)

The Committee Chair, Ms Linda Semple, provided a report on key areas of focus and scrutiny at the meeting on 1 August 2022. The Chair presented the minutes of the meetings held on 25 April and 6 June 2022.

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

7.6 Integrated Governance Committee (102/2022)

The Committee Chair, Mrs Lesley Bowie, provided a report on key areas of focus and scrutiny at the meeting on 8 August 2022. The Chair presented the minute of the meeting held on 9 May 2022.

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

7.7 Performance Governance Committee (103/2022)

The Committee Chair, Mr Bob Martin, provided an update on key areas of focus and scrutiny at the meeting on 26 May 2022. The Chair presented the minute of the meeting held on 3 March 2022.

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

7.8 Staff Governance Committee (104/2022)

The Committee Vice Chair, Mr Ewing Hope, provided an update on key areas of focus and scrutiny at the meeting on 8 August 2022. The Vice Chair presented the minute of the meeting held on 3 May 2022.

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

8. Performance

8.1 Performance Report (105/2022)

On behalf of the Director for Transformation and Sustainability, the Chief Executive provided an assurance report on management and provision of unscheduled and planned care for the period June 2022. COVID-19 prevalence continued to cause disruption throughout the system. Performance across various parts of the service had been impacted due to workforce issues.

Board Members were advised that all Boards had been asked to provide an Annual Delivery Plan (ADP) for 2022-2023 in place of Remobilisation Plan 5.

The Chief Executive highlighted Planned Care performance and areas of concern related to new outpatient appointment waiting times; the 18 week referral to treatment target; inpatient/day cases; diagnostics; cancer services; and mental health services. The report provided details of actions being taken to improve performance. Patient referrals continued to be prioritised in line with clinical priorities.

The Chief Executive highlighted that for inpatient/day cases, activity levels had reached 306% in Urgent categories in June 2022 compared to June 2019. Mental Health Services continued to perform positively in all areas despite the significant increase in activity.

The Chief Executive advised that following the recent announcement by the Cabinet Secretary for Health in relation to the ambitious new targets to eliminate long waits for planned care, work was ongoing to produce an action plan. The Chief Executive had highlighted to the Scottish Government that the Board would require additional resources to meet these ambitious targets.

Board Members received a detailed update on Unscheduled Care activity related to ED attendance and waiting times; Combined Assessment Unit presentations; emergency admissions; average length of hospital stay; and delayed discharges/transfers of care. Details of improvement actions being taken to improve performance were provided in the report.

The Chief Executive reported that ED activity had remained steady. Partnership work was taking place with the three Ayrshire HSCPs through the Discharge without Delay programme to reduce length of hospital stay and ensure positive outcomes for patients. This work had shown some positive signs of improvement and it was hoped that the downward trend would continue. All three Ayrshire HSCPs had experienced an increase in delayed transfers of care, mainly due to workforce constraints, COVID-19 outbreaks in the community and guardianship issues.

Board Members discussed the report and welcomed the return to annual planning arrangements. The Chief Executive advised in response to a question from a Board Member that, in terms of recovery, the Board was working at between 75%-85% capacity compared to pre-pandemic performance levels, with capacity issues mainly due to workforce limitations. Board Members received assurance that significant work was ongoing at national, regional and Board level to tackle the workforce, capacity and demand challenges currently being faced. Board Members acknowledged the challenges being experienced and the range of actions being taken to improve the position.

Outcome: Board Members discussed and noted the Performance report.

8.2 Financial Management Report to 30 June 2022 (106/2022)

The Director of Finance, Mr Derek Lindsay, provided an update on the Board's financial position to 30 June 2022. The Board's Revenue Plan for 2022/2023 was a deficit of £26.4 million. The position after 3 months was an overspend of £7.4 million.

Mr Lindsay advised that while the Board's uplift for this year was £20 million, cost pressures amounted to £40 million. The Board had identified £8.2 million efficiency savings which had resulted in the deficit being higher in the current year.

Mr Lindsay highlighted cost pressures related to the increase in employer National Insurance contributions and the staff pay award. A further area of risk related to the planning assumption that COVID-19 would be funded during 2022-2023. However this would rely on the use of IJB funds brought forward for COVID-19 costs and discussions were ongoing at national and local level. In addition, there was national discussion taking place related to access and waiting times funding. Mr Lindsay

would meet Scottish Government colleagues in the near future to discuss financial planning and to try to reduce the planned deficit.

Mr Lindsay outlined areas of deficit related to the New Medicines Fund (NMF), the historical deficit in Reserves and the Acute services overspend. Mr Lindsay advised in response to a question from a Board Member that as a result of Acute bed pressures, it was unlikely that some of the identified CRES savings would be delivered this year. Board Members were advised of discussions at national Director of Finance level about the increasing expenditure related to NMF and it was suggested that this should be an area of focus at national Chief Executive and Chair level.

Board Members acknowledged the risks related to financial planning assumptions that had been made in regard to the staff pay award and COVID-19 funding. Mr Lindsay confirmed that West of Scotland Boards had been advised to assume that the balance of the final pay award would be funded in quarter one returns for this year, and that COVID-19 would be funded from one year to another. The Employee Director, Mr Ewing Hope, reiterated that the Cabinet Secretary had assured that any balance in the final pay award would be centrally funded.

Outcome: Board Members discussed and noted the update on the Board's financial position to 30 June 2022.

9. Service

9.1 Vascular services (107/2022)

The Director for Acute Services, Mrs Joanne Edwards, outlined the background and context to the reconfiguration of NHSAA's Vascular Surgery Services in line with the West of Scotland regional network hub and spoke model.

Mrs Edwards advised that NHSAA would continue to provide all Outpatient and Day Case activity for the citizens of Ayrshire and Arran. The hub and spoke model went live on 1 August 2022. In line with this approach, NHS Ayrshire & Arran's Tier 3 vascular services (complex inpatient care) would be provided at University Hospital Hairmyres, on a 24/7 basis. All non-arterial day case activity and outpatient services would continue to be delivered within Ayrshire and Arran. Mrs Edwards advised that it was intended to use the Vascular Ward at Station 2 to increase elective activity however this was not currently possible due to workforce issues. Discussion was ongoing with HR and staff side colleagues in regard to the future use of Station 2.

Outcome: Board Members discussed and noted the update on Vascular Service reconfiguration in line with the Regional West of Scotland Vascular Service.

9.2 Innovation in Ayrshire and Arran (108/2022)

The Medical Director, Dr Crawford McGuffie, invited the Head of Research, Development and Innovation, Dr Karen Bell, to provide an update on COVID-related innovation in Ayrshire and Arran.

Dr Bell outlined the breadth of innovation activity ongoing across a number of clinical and non-clinical areas within NHSAA, as well as regional innovation activity. There was robust support for innovation activity across West of Scotland Boards.

Dr Bell highlighted key innovation projects being taken forward, in particular, the use of the vCreate video platform rolled out by Neurology during COVID. A new bid had been submitted to support service delivery to children and young people. It was hoped that this work would have an impact on waiting times, and to improve service efficiency and the way that Neurodevelopment services could undertake assessment using this technology.

Dr Bell gave assurance that the Board will continue to try and identify resources to drive forward new innovation activity. The Nurse Director, Ms Jennifer Wilson, commended the team for the range of work taking place and emphasised the importance of innovation activity being aligned to every aspect of the Board's work, to support clinicians and delivery of safe services within the organisation.

Dr Bell advised in response to a question from a Board Member that clinicians were keen to support and be involved with innovation projects. Work was ongoing to set up a new public facing website to highlight key innovation activity, linked to an internal website for staff with signposting to more detailed information about the breadth of clinical activity taking place.

The HR Director advised in response to a question from a Board Member that opportunities to be involved in innovation work would be included in the Board's workforce recruitment strategy to try to encourage staff to work in NHSAA.

Outcome: Board Members discussed the report and were encouraged by the innovation work taking place and good progress being made across the areas identified in the report. It was noted that detailed reports would be provided to HGC going forward.

9.3 Child and Adolescent Mental Health services (CAMHS) (109/2022)

The Director of Health and Social Care for North Ayrshire, Ms Caroline Cameron, introduced the Head of Mental Health Services, Ms Thelma Bowers, and invited her to provide an update on CAMHS service improvements.

Ms Bowers outlined the background and strategic context to the CAMHS reform and service redesign programme in line with the CAMHS Specification, February 2020; the Neurodevelopmental Specification, September 2021; and Community mental health and wellbeing supports and services: framework, February 2021. NHSAA had recognised that in order to meet service demand, there would need to be distinct CAMHS teams; a specialised CAMHS community team; CAMHS urgent assessment intensive team and CAMHS neuro-developmental team, with the new model as set out in the report.

The Scottish Government had provided significant recovery and renewal funding for Mental Health services to enable a whole system response to meet the challenges of rising demand. Ms Bowers advised that locally significant organisation development and recruitment was underway to ensure development of workforce capacity and capability across the health and social care system, including administrative support.

NHSAA was contributing to the development of the National workforce strategy and associated work plans to be published at the end of 2022.

Board Members received details of CAMHS' compliance with the 18 week performance target. Data for quarter ending March 2022 indicated that compliance levels continued to remain substantially higher than the Scottish average. The Scottish Government had commended NHSAA on the progress made with CAMHS and Psychological Therapies recovery and renewal plans and recognised the strong position in terms of waiting times performance, governance and leadership capacity.

Ms Bowers provided an update on developments related to the CAMHS infrastructure which were embedded within the Caring for Ayrshire ambition to develop an integrated health and care service model, of which Mental Health services were a vital component. Whilst it was recognised that this was part of a longer term infrastructure development programme, a work programme had commenced to put in place interim solutions in terms of buildings and facilities to align with service transformation and the new national CAMHS specification.

Outcome: Board Members discussed the update and commended the team for the significant improvements being made within CAMHS services.

9.4 Director of Public Health (DPH) report on Child Health (110/2022)

The Director of Public Health, Mrs Lynne McNiven, introduced the paper and invited the Consultant in Public Health, Dr Ruth Mellor, to present. Mrs McNiven explained that the DPH report would be broken down into various elements this year, with the paper being presented focused on Child Health. The report will be published on NHSAA's external website following the meeting.

Dr Mellor provided an overview of the range of child health related work that Public Health had contributed to or was leading on. Dr Mellor highlighted that there was a decrease in the number of children aged 0-15 years in Ayrshire and Arran. COVID-19 had had a negative impact on children which was worse for those already experiencing disadvantage and poverty.

Dr Mellor highlighted statistical data related to women smoking during pregnancy; breastfeeding rates; Primary 1 child weight; and S3 girls that had received HPV vaccination, which were all below the Scottish average. The report detailed the wide range of activity taking place working with partners to try to improve the position.

Board Members discussed the challenges to increase local breastfeeding rates despite the focused approach taken over a number of years. Dr Mellor underlined the need to make it more culturally acceptable for women to breastfeed and to feel comfortable to do this in a public environment. Mrs McNiven gave assurance that Public Health was working to increase breastfeeding rates, and to support staff as well as parents to see this as a real opportunity to improve the health and wellbeing of mums, babies and toddlers.

Board Members were encouraged by the significant prevention and improvement work being done in relation to Foetal Alcohol Spectrum Disorder as well as the range of local partnership work taking place to tackle Child Poverty.

Outcome: Board Members noted the DPH report on Child Health.

10. Decision/Approval

10.1 Joint Health Protection Plan (JHPP) 2022-2024 (111/2022)

The Director of Public Health, Mrs Lynne McNiven, introduced the JHPP 2022-2024 and invited Dr Elvira Garcia, Consultant in Public Health Medicine and Health Protection Lead, to present the report. The JHPP will be published on the Board's external website following approval by the NHS Board.

Dr Garcia advised that NHS Boards were required to prepare plans related to the protection of public health in their area. The JHPP provided an overview of health protection responsibilities and priorities, provision and preparedness within Ayrshire and Arran, and described how the Board and the Local Authorities dealt with a range of health protection topics. The report set out priorities for action over the next two years related to climate change and sustainability; licensing of cosmetic procedures; e-cigarettes; high consequence diseases; and the food enforcement inspection programme. Dr Garcia explained that priorities may change depending on future developments.

Outcome: Board Members approved the JHPP 2022-2024.

11. For information

11.1 Board briefing (112/2022)

Board Members noted the content of the briefing.

11.2 East Ayrshire Integration Joint Board (113/2022)

Board Members noted the minute of the meeting held on 23 March 2022.

11.3 North Ayrshire Integration Joint Board (114/2022)

Board Members noted the minute of the meeting held on 17 March 2022.

11.4 South Ayrshire Integration Joint Board (115/2022)

Board Members noted the minute of the meeting held on 16 March 2022.

12. Any Other Competent Business (116/2022)

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 October 2022.

As per Section 5.22 of the Board's Standing Orders, the Board met in Private Session after the main Board meeting, to consider certain items of business.

Signed by the Chair



Lesley M Bowie

3 October 2022

Lesley Bowie
Chair – Ayrshire and Arran NHS Board