

**Ayrshire and Arran NHS Board**  
**Minutes of a public meeting on Monday 24 May 2021**  
**9.30am, MS Teams meeting**

Present: Non-Executive Members:  
Mr Bob Martin, Acting Chair  
Mrs Margaret Anderson  
Mr Michael Breen  
Cllr Laura Brennan-Whitefield  
Mr Adrian Carragher  
Ms Sheila Cowan  
Cllr Joe Cullinane  
Dr Sukhomoy Das  
Mrs Jean Ford  
Mr Ewing Hope  
Ms Mhairi Kennedy  
Cllr Douglas Reid  
Ms Linda Semple

Executive Members:  
Mr John Burns (Chief Executive) – attended part of meeting  
Prof Hazel Borland (Nurse Director/Deputy Chief Executive)  
Dr Crawford McGuffie (Medical Director)  
Mr Derek Lindsay (Director of Finance)

In attendance: Ms Alison Sutherland (Head of Service, Children, Families and Criminal Justice, North Ayrshire, North Ayrshire)  
Mrs Vicki Campbell (Head of Primary Care and Urgent Care Services) – attended part of meeting  
Mrs Kirstin Dickson (Director for Transformation and Sustainability)  
Mrs Joanne Edwards (Director for Acute Services)  
Mr Tim Eltringham (Director of Health and Social Care, South Ayrshire)  
Mr Craig McArthur (Director of Health and Social Care, East Ayrshire)  
Ms Nicola Graham (Director Infrastructure and Support Services)  
Ms Sarah Leslie (Human Resources Director)  
Mrs Shona McCulloch (Head of Corporate Governance)  
Mrs Lynne McNiven (Director of Public Health)  
  
Mr Alistair Reid (Lead Allied Health Professional and Senior Manager, North Ayrshire Health and Social Care Partnership – item 6.1)  
Mrs Angela O'Mahony (Committee Secretary) minutes

The Acting Chair welcomed Board Members and colleagues attending to provide updates. Board Members were advised that this was Mr John Burns' final public Board meeting before leaving NHS Ayrshire & Arran (NHSA&A) to take up his new role at the Scottish Government. On behalf of the Board Chair and Board Members, the Acting Chair thanked Mr Burns for his strong leadership over the past nine years and achievements in taking

forward transformation work within NHS A&A, and wished him well in his future national role.

The Acting Chair advised that as some members had to leave the meeting early, agenda item 9.1, Performance Report, item 9.2, Financial Management Report and item 10.4, Revenue Plan, would be taken earlier in the agenda, immediately following the Quality section of the agenda.

## **1. Apologies**

Apologies were noted from Mrs Lesley Bowie, Ms Caroline Cameron and Mr John Rainey.

## **2. Declaration of interests (065/2021)**

Ms Linda Semple declared an interest in relation to agenda item 10.3, Remobilisation Plan 3, specifically work taking place with the Golden Jubilee National Hospital (GJNH), as a Non-Executive Director of GJNH.

Mrs Jean Ford declared an interest in relation to agenda item 8.4, Medical Education Governance annual report, specifically relating to Deanery visits, as a Non-Executive Director of NHS Education for Scotland.

## **3. Minutes of the meeting of the NHS Board held on 29 March 2021 (066/2021)**

The minutes were approved as an accurate record of the discussion.

## **4. Matters arising (067/2021)**

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

### **5.1 Chief Executive's report (068/2021)**

- The Chief Executive provided an overview of key areas of focus relating to NHS A&A's Delivery Plan and Revenue Plan, which will be presented for approval later in the meeting. The Chief Executive underlined that it would be critical to maintain this focus throughout the year in progressing further areas for redesign and improvement to ensure that NHS A&A was positioned in the best place possible. The Chief Executive advised that he, the Director for Transformation and Sustainability and the Director of Finance had a useful meeting with Scottish Government colleagues on 21 May 2021 to discuss the Delivery Plan and agree areas of focus during the year. All areas had already been identified in discussion with the Board, including workforce costs, as well as improvements to unscheduled and urgent care, and the opportunities this could bring to delivering services differently in the future.

Board Members were advised that notwithstanding the focus on the above areas, the Board was looking to bring forward Caring for Ayrshire (CFA) activity in moving towards recovery and remobilisation. The first CFA Strategic Advisory

Group meeting would take place later this week to set out a range of ongoing work and agree next steps in setting CFA priorities. The Chief Executive underlined that re-engagement and building participation will be important elements of this work.

The Chief Executive gave assurance that in taking forward remobilisation there will be a continued strong focus on important areas of work, such as Planned Care activity which will be reported to the Board throughout the year. NHS A&A continued to respond to COVID-19 through the very successful vaccination programme being rolled out across Ayrshire and Arran, as well as the Public Health focus on delivery of Test & Protect.

## **5.2 Board Chair's report (069/2021)**

- As the Board Chair was unable to attend the meeting, there was no update available.

## **6. Quality**

### **6.1 Patient story (070/2021)**

In the absence of the Director of Health and Social Care for North Ayrshire, Ms Alison Sutherland, Head of Service, Children, Families and Criminal Justice for North Ayrshire introduced the report and invited Mr Alistair Reid, Lead AHP and Senior Manager within North Ayrshire Health and Social Care Partnership, to present the patient story.

Mr Reid shared a patient, Gerald's, experience of the Intermediate Care Team (ICT) following a relapse of Multiple Sclerosis and the positive impact that the support provided had not only on Gerald's physical condition but also on his mental health. The Nurse Director, Prof Hazel Borland, highlighted the positive impact of the team working together to support Gerald's recovery and how seemingly small actions from a professional perspective could improve a patient's experience and encourage them to engage and make the most of the treatment and therapies being provided.

**Outcome: Board Members noted the patient story and were encouraged by Gerald's positive experience of the Intermediate Care Team.**

### **6.2 Patient experience (071/2021)**

The Nurse Director, Prof Hazel Borland, presented the new Standard Operating Procedure (SOP) for Complaint Handling 2021-2024. The SOP had previously been considered and endorsed at the Healthcare Governance Committee (HGC) meeting on 26 April 2021, and would also flow to site based governance groups.

Prof Borland highlighted the focused approach and improvements to complaint handling processes to ensure that the Board was responding to complaints in a timely manner and that any lessons were being learned. The SOP reflected improvements made and guidance from the Scottish Public Services Ombudsman (SPSO), including new approaches such as stage 1 complaints and concerns being handled by Complaint Managers; letter writing being centralised with the Complaint team; a new process to identify adverse event reviews; and a new role for Complaint Officers as Family Contacts. Prof Borland explained that all of these approaches

should ensure that families are contacted and any queries dealt with in a timely manner.

Board Members were advised that the SOP described new roles and responsibilities, clear new processes in progressing improvement and a new checklist of all stage 2 complaints to monitor progress and ensure the Board was adhering to and complying with the 20 working day target.

The HGC Chair, Ms Linda Semple highlighted that the Complaint Managers in place at both acute hospital sites had already resulted in improved complaint handling performance. The SOP should enable the Board to continue this positive improvement work, with progress scrutinised and monitored through HGC and reported to the Board through HGC minutes and updates.

**Outcome: Board Members welcomed and supported the new SOP for Complaint Handling 2021-2024 and thanked the team involved for their efforts in developing the SOP.**

### **6.3 Healthcare Associated Infection (HCAI) report (072/2021)**

The Nurse Director, Prof Hazel Borland, presented the HCAI report. Members were assured that this had been considered in detail at HGC on 26 April 2021.

Board Members were advised that while some of the Infection Prevention and Control Team's (IPCT) activity had been paused during the pandemic, there was a mandatory requirement to maintain surveillance of alert organisms, including *Escherichia coli* Bacteraemias (ECB). Before the pandemic, it had been agreed to undertake improvements to ECB rates in a phased way.

Prof Borland reported that following a sharp rise in the Board's ECB rates for Q2, July to September 2020, the Board received two Exception Reports for the Healthcare associated and Community associated rates. The Board's responses were provided as appendices to the report. Prof Borland advised that verified data published for the quarter ending December 2020 showed that the rate had fallen, and while higher than the Board would like, this was moving in a downward direction and returning to usual levels.

Prof Borland explained that for healthcare associated cases, lower occupied bed day data during this period had magnified the rate. The Board had previously agreed to take forward focused urinary catheter improvement activity as these accounted for a high number of ECBs. Unfortunately this work had to be paused to focus on the pandemic response. Prof Borland updated that there were plans to re-commence this improvement activity, with the first meeting of the Urinary Catheter Improvement Group taking place on 21 June 2021. This work will form part of the Board's remobilisation plan.

Board Members were advised that for community acquired ECB, local rates were higher than the Scottish level. Prof Borland explained that it was difficult to identify healthcare interventions to impact on these cases as they were not connected to healthcare. Prof Borland highlighted discussions ongoing at national and regional West of Scotland level about how Boards could have maximum impact in trying to reduce community acquired ECB rates.

Committee members discussed the report and considered possible reasons for the steep rise in healthcare and community acquired cases in Q2 of 2020-21. Prof Borland assured Board Members that acute sites had appropriate urinary catheter management and infection prevention and control arrangements in place, with plans to restart urinary catheter improvement activity. Prof Borland advised that it was not clear why there had been a rise in community acquired ECB rates and she reiterated the challenges from a healthcare perspective in reducing these rates.

Prof Borland gave assurance that HCAI data and improvement activity will continue to be discussed at the Control of Infection Committee and reported to HGC to enable monitoring and scrutiny of progress.

**Outcome: Board Members considered and noted the HCAI report on the Board's Escherichia coli Bacteraemias rates and the two Exception Reports for the Healthcare Associated and Community Associated rates for Q2, July to September 2020.**

#### **6.4 Scottish Patient Safety Programme-Maternity and Children Quality Improvement Collaborative (MCQIC)-Paediatric Programme (073/2021)**

The Nurse Director, Prof Hazel Borland, presented a report of the ongoing work of improvement within the MCQIC Paediatric programme. A version of the report had been considered at HGC on 26 April 2021.

Prof Borland reported that a number of priority areas had been agreed before the COVID-19 pandemic. However, due to COVID-19, the MCQIC programme was suspended nationally to allow staff to be deployed where necessary which had impacted on improvement work and data collection. Local work was taking place to re-focus on prioritising measures within the Unit and local quality improvement meetings had recently re-commenced.

Prof Borland provided an update on progress against the priority areas of care identified. There had been one unplanned admission to the Paediatric intensive care unit (PICU) in April 2020. The Board continued to demonstrate improvements with the Paediatric Early Warning System (PEWS), with average compliance of 91% over the past 12 months. The Watchers Bundle, for patients breaching PEWS or for whom there was increased concern, was currently being implemented within the unit. Prof Borland highlighted that this bundle had recently been updated to include children whose family was worried about them and more data points should be available in future reports to describe feedback and learning.

Prof Borland highlighted challenges relating to compliance with the Sepsis Six bundle and the feasibility of some elements, such as consideration of inotropes, as usually by the time inotropes were being considered, the child had been transferred to PICU. Discussion was ongoing at national level with MCQIC to identify if the Board required to do something differently with the bundle. Prof Borland gave assurance that children with sepsis were being cared for appropriately and by using the model for improvement, the Board was carrying out PDSA cycles to review and improve local arrangements as necessary. There had been considerable work carried out in the unit around staff psychological safety and the QI educational programme to help build that skill and expertise within the team.

Board Members discussed the report and were encouraged by the positive improvements taking place, in particular the work to implement the Watchers Bundle taking on board family concerns. The Director for Acute Services, Mrs Joanne Edwards, advised that the positive work on staff psychological safety will be rolled out across the Acute Directorate.

**Outcome: Committee members noted and were assured of the ongoing work of clinical improvement within the MCQIC Paediatric Programme.**

## **6.5 Benchmark of NHS Ayrshire & Arran Maternity services against the (074/2021) Ockenden report**

The Nurse Director, Prof Hazel Borland, provided a report on benchmarking of local Maternity services against the Ockenden Report, published in December 2020 following an external review of Maternity Services by NHS Improvement at the Shrewsbury and Telford Hospital NHS Trust.

Prof Borland gave assurance that NHSA&A compared favourably with the Immediate and Essential Action points and the Local Actions for Learning contained in the Ockenden Report. In total, the Board was 90% compliant with all recommendations which would be relevant in the Maternity Unit. Prof Borland reminded Board Members that the Board had a fully comprehensive programme for investigation of significant adverse event reviews.

Mrs Jean Ford, Acting Chair of the HGC meeting on 26 April 2021, reported that HGC members had appreciated the proactive approach in carrying out this detailed benchmarking of local Maternity services against the Ockenden report.

Prof Borland advised, in response to a question from a Board Member, that Heads of Midwifery across Scotland were considering the Ockenden report to identify common themes.

**Outcome: Board Members noted and were encouraged by the work undertaken to benchmark activity within Maternity Services against the local actions for learning and immediate and essential actions as outlined in the Ockenden Report.**

## **7. Corporate Governance**

### **7.1 Audit and Risk Committee (075/2021)**

The Committee Chair, Mr Michael Breen, presented the minutes of the meeting held on 17 March 2021 and reported key issues from the meeting held on 13 May 2021.

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

### **7.2 Healthcare Governance Committee (076/2021)**

The Committee Chair, Ms Linda Semple, presented the minutes of the meeting held on 11 March 2021. As the Committee Chair and Vice Chair were unable to attend,

the Acting Chair, Mrs Jean Ford, reported key issues from the meeting held on 26 April 2021.

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

### **7.3 Information Governance Committee (077/2021)**

The Committee Chair, Mrs Jean Ford, advised that as the meeting planned for 10 May 2021 was inquorate, it had been abandoned in line with corporate governance requirements and a new meeting date arranged for 9 June 2021.

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

### **7.4 Integrated Governance Committee (078/2021)**

The Board Acting Chair, Mr Bob Martin, presented the minutes of the meeting held on 1 March 2021 and reported key issues from the meeting held on 19 April 2021.

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

### **7.5 Performance Governance Committee (079/2021)**

The Committee Chair, Mr Bob Martin, presented the minutes of the meeting held on 2 March 2021 and reported key issues from the meeting held on 20 May 2021.

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

### **7.6 Staff Governance Committee (080/2021)**

The Committee Chair, Mrs Margaret Anderson, presented the minutes of the meeting held on 15 February 2021 and reported key issues from the meeting held on 6 May 2021.

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

## **8. Corporate Governance – annual reports 2020-2021**

### **8.1 Board Governance Committees (081/2021)**

Board Members considered the 2020-21 Annual Reports for the Audit and Risk Governance, Healthcare Governance, Information Governance, Integrated Governance, Performance Governance and Staff Governance Committees.

**Outcome: Board Members noted the progress of the Governance Committees.**

### **8.2 Area Professional Committees annual report (082/2021)**

The Area Clinical Forum Chair, Mr Adrian Carragher, presented the Area Professional Committees' annual report setting out key achievements during 2020-21. The annual reports had been approved by the relevant Professional Committee either at a meeting or by e-mail due to the meeting schedule.

Mr Carragher highlighted that Professional Committee meetings had been paused from March 2020 to enable clinicians to focus on the COVID-19 pandemic response. Area Clinical Forum meetings had recommenced in June 2020 and Professional Committee meetings in July 2020. Mr Carragher advised in response to a question from a Board Member that meetings and attendance levels had been particularly impacted during the year due to the pandemic.

Mr Carragher sought Board Members' approval for the Professional Committees' Constitutions and Terms of Reference which had been reviewed at the recent Professional Committee meetings.

**Outcome: Board Members noted the progress of the Professional Committees during 2020-21 and approved the Terms of Reference.**

### **8.3 Pharmacy Practices Committee annual report (083/2021)**

The Chair of the Pharmacy Practices Committee (PPC), Ms Linda Semple, presented the PPC annual report for 2020-21.

Ms Semple highlighted that due to the COVID-19 pandemic and social distancing guidelines, it had not been possible to meet to consider applications and expressions of interest for proposed new community pharmacies in NHSA&A during the year. The Board had been working with other Board areas and the Scottish Government to discuss and agree a way forward. Due to lack of progress with this work a decision was taken to focus on the possible resumption of activity in early 2021. Ms Semple reported that a successful "meet and greet" session was held via MS Teams for the PPC Chair and Vice Chair to meet PPC members.

**Outcome: Board Members noted the progress of the Pharmacy Practices Committee during 2020-21.**

### **8.4 Medical Education Governance annual report (084/2021)**

The Medical Director, Dr Crawford McGuffie, presented the Medical Education Governance group (MEGG) annual report for 2020-21. The report provided an update on activity in relation to medical education and training, including performance against the standards required by the regulator, the General Medical Council (GMC) and by NES.

Dr McGuffie highlighted the success of the Clinical Teaching and Development Fellow programme, which had expanded to over 80 doctors in the last year. This cohort of junior doctors had ensured that rotas were well supported to enable Doctors in Training to maximise their learning and they had been invaluable in helping provide safe and effective care to meet the additional demands of the pandemic. There was high satisfaction reported from trainees and Fellows, with strong interest shown in recruitment to these posts.

Board Members were advised that general and acute medicine at University Hospital Ayr continued to be scrutinised through the process of GMC enhanced monitoring. Dr McGuffie reported that a further GMC/Deanery Training Quality Management visit took place in April 2021 with generally very positive feedback, and some areas recognised as excellent.



Dr McGuffie reported that Undergraduate medical education was in a healthy state and despite the ongoing challenges of the pandemic and the impact on access to teaching and learning opportunities, student feedback remained highly positive. The annual GMC trainee survey had been suspended and was replaced by a survey looking at the impact of the pandemic on training, workload and wellbeing. The scores for NHS A&A trainee doctors were within the benchmark scores for all trainees across the UK, with the Board's scores for health and wellbeing a positive outlier and rated above average for culture of learning lessons and concerns raised.

Dr McGuffie highlighted areas of challenge relating to unscheduled care which were shared by other regional West of Scotland Boards and more widely. A NES survey of trainees had shown that the majority of specialties continued to perform satisfactorily across the five themes identified, with some specialties significantly above average for some domains. The training environment in general medicine at UHC had been flagged as an area of concern based on feedback themes across a number of areas. Dr McGuffie advised that training had been significantly impacted by the COVID-19 pandemic. A NES Training Quality Management Visit was planned for general and acute medicine at UHC in June 2021. Dr McGuffie gave assurance that the Board was doing everything possible to listen and respond to the issues raised by medical trainees.

Board Members discussed the report and were encouraged by the positive progress being made in medical education and training. Dr McGuffie advised, in response to a question from a Board Member, that GMC changes to medical education were ongoing and expected to be completed by August 2021. The Board was sighted on potential financial implications and discussion was taking place with the Director of Finance and his team on future financial planning. Dr McGuffie explained, in response to a question from a Board Member, that trainees were allocated to Boards on a pro-rata basis based on the local population. The Board was meeting monthly with the Deanery to keep them updated of local progress in medical education and training.

**Outcome: Board Members noted the progress of the Medical Education Governance Group in 2020-21.**

## **9. Performance**

### **9.1 Performance Report**

**(085/2021)**

The Director for Transformation and Sustainability, Mrs Kirsti Dickson, provided an overview of key Unscheduled and Planned Care performance and mitigating actions underway across teams to improve the performance position. The report provided infographics for unscheduled and planned care data at March 2021, and described the impact of the second wave of COVID-19 across the system as a whole.

Mrs Dickson explained that the challenging activity levels experienced during the reporting period had impacted on key Unscheduled and Planned Care performance and reduced the capacity for elective care. Similar issues were being experienced by Boards across NHS Scotland, with benchmarking data provided in the report, where possible. At mid-April 2021 there has been significant decline in COVID-19 cases, hospitalisation and patients in ICU.

Mrs Dickson advised that the Remobilisation Plan 3 (RMP3), approved by the Scottish Government in April 2021 and also on the agenda for approval at this meeting, set out plans to safely prioritise resumption of some paused services, while maintaining COVID-19 capacity and resilience.

Mrs Dickson explained, in response to a question from a Board Member, that waiting time data was part of the analysis being used to understand current challenges and plan for recovery of services over the coming years. The Director for Acute Services, Mrs Joanne Edwards, gave assurance that while adopting a clinical prioritisation approach, there was also considerable focus on waiting times, as it was possible that a patient's clinical position could change or deteriorate.

Mrs Edwards assured Board Members that for the 62 day Cancer target the Board had achieved 82.3% compliance, an improved position from February 2021. Mrs Edwards outlined focused improvement activity to increase Diagnostic capacity within Breast and Colorectal Cancer services. Mrs Edwards advised, in response to a question from a Board Member, that she believed there was pent up demand for services due to the pandemic. This was being highlighted by some specialties and in discussion with Primary Care, and would be captured through remobilisation plans. The Chief Executive gave assurance that the Board would continue to monitor the position closely.

Mrs Edwards confirmed that communication was ongoing through social media to encourage people to access healthcare services at an earlier stage and she would link in with Communications and Public Health to identify if more could be done in this area. Mrs Edwards advised that a national early detection campaign for lung cancer would launch on 31 May 2021 and she would arrange for details to be circulated to Board Members.

Dr McGuffie advised, in response to a question from a Board Member, that the pattern of presentations at Combined Assessment Units showed that sick patients were presenting later in the clinical course. For the over 70s population, there had been an increase in frailty presentations. Dr McGuffie gave assurance that steps were being taken to address both of these issues.

The Chief Executive emphasised that in taking forward remobilisation and recovery, it was important to consider areas for improvement. The Scottish Access Collaborative had made significant progress. There were plans to progress improvement activity through the Centre for Sustainable Delivery. The Chief Executive highlighted that the PGC will have an important role to consider in detail the improvements being embedded and their impact, particularly in managing Planned Care. Board Members received an update on the whole system local redesign work commissioned in relation to Unscheduled and Urgent care to improve patient care and staff experience.

**Outcome:** Board Members noted and were assured of the systems and processes in place to continue to monitor and manage the impact of COVID-19 and the remobilisation of services in the provision of Unscheduled and Planned Care for the citizens of Ayrshire and Arran.

## 9.2 Financial Management Report

(086/2021)

The Director of Finance, Mr Derek Lindsay, presented the Financial Management Report for 2020-21. Mr Lindsay explained that the financial position had been dominated by the COVID-19 response. Additional COVID-19 related costs had been incurred in 2020-21, as outlined in the report and at Appendix 2.

Board Members were advised that the Board had set a deficit budget of £13.5 million for 2020-21. Mr Lindsay reported that the Board had an underspend of £0.6 million, which was materially ahead of the financial plan. This was due to areas of underspend within the Acute Directorate, largely due to lower activity levels and reduced supplies costs, and underspends in the Pharmacy and Corporate Directorates, as detailed in the report.

Mr Lindsay highlighted that there had been an increase in Nursing excess part-time hours, bank use and overtime. In addition, over the past six months there had been a significant increase in agency nurse spend, driven by COVID-19 requirements. Mr Lindsay reported spending on Capital Schemes as detailed at Appendix 6 of the report.

**Outcome: Board Members noted the Board's financial position for 2020-21.**

## 10. Decision/Approval

### 10.1 Corporate Governance arrangements

(087/2021)

The Board Acting Chair, Mr Bob Martin, presented plans to step down the interim corporate governance arrangements and flexibility temporarily put in place on 25 May 2020 and return to normal governance arrangements. This will enable the organisation to move forward with RMP3 and regain the path of reform of future health and care through "Caring for Ayrshire". It was recognised that the Board may require to respond to future COVID-19 outbreaks and, if required, revisit governance committee arrangements. At the present time meetings would continue to be through MSTeams.

**Outcome: Board Members approved the return to normal governance arrangements.**

### 10.2 Code of Corporate Governance

(088/2021)

The Head of Corporate Governance, Mrs Shona McCulloch, presented the Code of Corporate Governance (the Code) which had been reviewed to meet the requirements of good corporate governance and to ensure it remains relevant and current detailing the governance framework for NHSA&A.

Mrs McCulloch advised that due to the impact of COVID-19, the Board had agreed a temporary pause to corporate governance arrangements. Review of the Code resumed in June 2020. In agreement with the Chief Executive, an interim publication of the Code was issued on 8 December 2020. Integrated Governance Committee had agreed that the full review would be concluded and submitted to the NHS Board in May 2021.

Mrs McCulloch highlighted changes made in the review of the Code and updated that following discussion at the Audit and Risk Committee (ARC) meeting on 13 May 2021, and to meet an internal audit (IA) recommendation, one further change was required. This related to annual reporting of NHSA&A registers of gifts, hospitality and interests to ARC. Mrs McCulloch had agreed with the Chief Internal Auditor that she would provide an annual assurance report summarising this activity and any concerns or outliers would be raised with Directors as required.

**Outcome: Board Members approved the Code of Corporate Governance.**

### **10.3 Remobilisation Plan 3 (RMP3)**

**(089/2021)**

The Director for Transformation and Sustainability, Mrs Kirsti Dickson, presented RMP3 which covered the period April 2021 to March 2022 and had been approved by the Scottish Government on 2 April 2021. RMP3 will also be presented to the three Ayrshire IJBs for approval at their next cycle of meetings.

Mrs Dickson advised that RMP3 was a whole system health and care plan detailing how the Board will deliver at a local level on ministerial commitments, meet the needs of the local population and provide services within the scope of the resources available. The overarching strategic vision of RMP3, through Caring for Ayrshire, will ensure that this and future plans have full engagement and consultation on the way forward for the local health and care system.

Board Members were advised that it was intended to review Remobilisation Plans later in the year once the position on COVID-19 and related matters became clearer. Mrs Dickson explained that a further iteration of the Remobilisation Plan may be commissioned later in the year.

**Outcome: Board Members approved the Remobilisation Plan 3.**

### **10.4 Revenue Plan 2021-2022**

**(090/2021)**

The Director of Finance, Mr Derek Lindsay, presented the Revenue Plan 2021-22 for approval. The Plan was discussed in detail at PGC and the Board workshop on 20 May 2021.

Mr Lindsay advised that the general allocation funding uplift for 2021-22 notified for NHSA&A was 1.7% uplift which equates to £12.7 million extra funding in 2021-22. Core funding received would cover Public Sector Pay Policy. A further allocation was anticipated later in the year once agreement had been reached on the 4% pay award.

Mr Lindsay reminded Board Members that the Board had approved on 29 March 2021 that £3.3 million be delegated to IJBs for 2021-22. Mr Lindsay explained that IJBs managed their own efficiency savings, therefore, the cash releasing efficiency savings (CRES) of £13.5 million identified in the Revenue Plan did not include IJBs. Mr Lindsay highlighted the Board's CRES savings plans for 2021-22, including risk ratings, as detailed in the report. Board Members received assurance that progress will be closely monitored throughout the year and reported through the financial management report, including any areas of slippage against CRES.

Board Members were advised that it was proposed that cost pressures of £20.3 million be recurringly funded in 2021-22. The projected deficit for 2021-22 was £12.1 million, an improved position compared to previous deficit budgets set. Mr Lindsay assured Board Members that the Board's objective was to set a breakeven budget, however, this would require whole system transformational change to remove the significant remaining deficit.

Mr Lindsay gave assurance, in response to a question from a Board Member, that a number of sessions had taken place with the Acute Directorate in setting a deliverable, stretching CRES target. Mr Lindsay will attend the Acute Leadership meeting later this week to discuss specific schemes to deliver CRES. The Chief Executive acknowledged that Acute CRES targets were challenging and significantly more savings will be required than those identified to date.

The Chief Executive reiterated that a number of discussions had taken place in setting the Plan, including with Scottish Government colleagues, and it was recognised that the Board needed to go further to set a breakeven budget. The Chief Executive emphasised the importance of redesign and to work differently across the system to achieve best value in the way services are delivered. Benchmarking data will be used to understand, compare and evidence the Board's position. The Chief Executive underlined that discussion with Directorates will continue throughout the year to look at opportunities to improve the position.

The Chief Executive advised that consideration was being given to revenue planning for 2022-23 and opportunities that may arise from work that had begun this year, prioritising the areas of biggest impact that will deliver the right quality of care whilst balancing other dimensions and delivering best value for the people of Ayrshire and Arran.

**Outcome: Board Members approved the Revenue Plan 2021-22.**

## **10.5 Our Vision and Corporate Objectives (091/2021)**

The Director for Transformation and Sustainability, Mrs Kirsti Dickson, presented the updated NHA&A Corporate Objectives for 2021 and beyond.

Mrs Dickson advised that in 2017, the Board had approved its Vision, Values and Objectives for 2017-20 as part of work to develop the Transformational Change Improvement Programme and these required to be reviewed and refreshed. Following discussion at PGC and CMT, it was proposed to reword the Corporate Objectives as set out in the report. Mrs Dickson explained, in response to a question from a Board Member, that it was felt that the revised objectives reflected pandemic challenges and covered elements of moving forward over the coming year, while adopting a business as usual approach in managing COVID-19.

**Outcome: Board Members approved the updated Corporate Objectives for 2021 and beyond.**

## **10.6 Engagement Strategy (092/2021)**

The Director for Transformation and Sustainability, Mrs Kirsti Dickson, presented the proposed NHA&A Engagement Strategy for approval.

Mrs Dickson advised that the Board did not currently have an overarching Engagement Strategy. The proposed strategy will develop and embed effective engagement approaches to ensure that the Board meets statutory requirements and can involve and enable influence of key stakeholders in shaping services moving forward. The strategy proposed a clear direction for engagement and associated work over the next 12 months to support delivery of RMP3 and Caring for Ayrshire activity which was integral to the Board's strategic direction.

Board Members commended the report, highlighting in particular the focused approach to take account of any potential adverse impact of proposed service change on different equality groups.

The HR Director, Ms Sarah Leslie, confirmed in response to a question from a Board Member that where there were changes to process or staff were required to work in different areas, there was a need to provide local support for staff affected and this would be included in workforce change plans. Mrs Dickson confirmed that in taking forward service change, there will be clear information sharing arrangements in place for members of the public, for example, through social media and the Board's website, so that people using services are confident and know what to expect.

Board Members suggested that a more deliberate approach be adopted to encourage public engagement at Board meetings to gain improved insight into the Board's business and decisions being made. The Acting Chair would discuss this further with the Board Chair outwith the meeting. Mrs Dickson highlighted plans to rejuvenate some of the processes to allow the Board to engage with the public around how services currently operate and future plans, including an engagement panel to seek feedback from the public across Ayrshire. Mrs Dickson confirmed that the Board worked very closely with colleagues across the Health and Social Care Partnerships to ensure a joined up approach to communication and engagement, with plans to build on existing networks in taking forward the Engagement Strategy.

**Outcome: Board Members approved the Board's Engagement Strategy.**

## **10.7 Ochiltree Clinic and Tarbolton Clinic surplus**

**(093/2021)**

The Director Infrastructure and Support Services, Ms Nicola Graham, presented a proposal that Ochiltree and Tarbolton Clinics be declared surplus to the requirements of NHSA&A.

Ms Graham advised that consultation had taken place with all relevant stakeholders and no alternative use had been identified. CMT recommended to the Board that both clinics should be declared as surplus.

Board Members discussed the report and sought assurance that consideration had been given to community wealth building opportunities. Ms Graham advised that the Local Authorities had been approached and they had not identified any use for these properties.

**Outcome: Board Members approved the proposal that Ochiltree and Tarbolton Clinics be declared surplus to the requirements of NHS Ayrshire & Arran, subject to confirmation that consideration had been given to potential community wealth building opportunities.**

## **11. For information**

### **11.1 Board briefing (094/2021)**

Board Members noted the content of the briefing.

The HR Director clarified, in response to a question from a Board Member, that the Board was planning to retain staff wellbeing hubs at UHC, UHA and Ayrshire Central Hospital sites and in the three Health and Social Care Partnerships. Sanctuaries, previously known as chapels, would continue to be available as a quiet, reflective space for staff and the public.

### **11.2 East Ayrshire Integration Joint Board (095/2021)**

Board Members noted the minutes of the meeting held on 3 February 2021.

### **11.3 North Ayrshire Integration Joint Board (096/2021)**

Board Members noted the minutes of the meeting held on 18 March 2021.

### **11.4 South Ayrshire Integration Joint Board (097/2021)**

Board Members noted the minutes of the meeting held on 24 March 2021.

## **12. Any Other Competent Business (098/2021)**

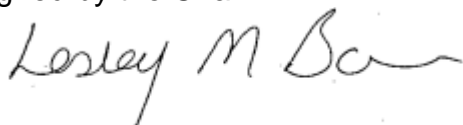
The Head of Corporate Governance, Mrs Shona McCulloch, reported that as the Nurse Director will be moving to the role of Interim Chief Executive, Ms Jenny Wilson, Interim Nurse Director, would become a member of East Ayrshire Integration Joint Board (EAIJB) on an interim basis. The EAIJB Chair, Mr Michael Breen, was supportive of this change to EAIJB's membership.

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

Private meeting on Tuesday 22 June 2021 at 11.15am to approve the Annual Accounts.

Public meeting on Monday 16 August 2021 at 9.30am.

Signed by the Chair:



16 August 2021

**Lesley Bowie**  
**Chair – Ayrshire and Arran NHS Board**