

Ayrshire and Arran NHS Board
Minutes of a public meeting on Monday 28 March 2022
MS Teams meeting

- Present:
- Non-Executive Members:
- Mr Bob Martin (Board Vice Chair)
 - Mrs Margaret Anderson
 - Mr Michael Breen
 - Cllr Laura Brennan-Whitefield
 - Mr Adrian Carragher
 - Ms Sheila Cowan
 - Cllr Joe Cullinane – attended part of meeting
 - Dr Sukhomoy Das
 - Mrs Jean Ford
 - Mr Ewing Hope
 - Mr Marc Mazzucco
 - Cllr Douglas Reid – attended part of meeting
 - Ms Linda Semple
- Executive Members:
- Ms Claire Burden (Chief Executive)
 - Ms Jennifer Wilson (Interim Deputy Nurse Director)
 - Mr Derek Lindsay (Director of Finance)
- In attendance:
- Mr Fraser Bell (Assistant Director Programmes, Property and Capital Planning) Item 10.3
 - Ms Caroline Cameron (Director of Health and Social Care, North Ayrshire)
 - Mrs Kirstin Dickson (Director of Transformation and Sustainability)
 - Ms Laura Doherty (Public Health Project Manager) Item 6.6
 - Mrs Joanne Edwards (Director of Acute Services)
 - Mr Tim Eltringham (Director of Health and Social Care, South Ayrshire)
 - Mr Darren Fullarton (Associate Nurse Director, Lead Nurse, NAHSCP) Item 6.1
 - Mr Craig McArthur (Director of Health and Social Care, East Ayrshire)
 - Ms Nicola Graham (Director of Infrastructure and Support Services)
 - Mrs Shona McCulloch (Head of Corporate Governance)
 - Mrs Lynne McNiven (Director of Public Health)
 - Ms Attica Wheeler (Associate Nurse Director, Ayrshire Maternity Unit) Item 6.5
 - Mrs Angela O'Mahony (Committee Secretary) minutes

The Board Vice Chair bid farewell to Prof Hazel Borland who was unable to join the meeting. Prof Borland would retire as NHS Ayrshire & Arran's (NHSAA) Nurse Director on 31 March 2022 having been in the role since January 2016. The Board Vice Chair gave sincere thanks to Prof Borland for her contribution and input as Nurse Director, and as interim Chief Executive from August 2021 to January 2022, and wished her a long and happy retirement.

The Board Vice Chair congratulated Ms Jennifer Wilson on her appointment as Nurse Director and noted she would formally take up post on 1 April 2022. Ms Wilson was

currently interim Deputy Nurse Director, having held the role of interim Nurse Director from August 2021 to January 2022, and prior to that the Assistant Nurse Director role.

1. Apologies

Apologies were noted from Mrs Lesley Bowie, Mrs Vicki Campbell, Ms Sarah Leslie and Dr Crawford McGuffie.

2. Declaration of interests (019/2022)

There were no declarations noted.

3. Minute of the meeting of the NHS Board held on 31 January 2022 (020/2022)

The minute was approved as an accurate record of the discussion.

4. Matters arising (021/2022)

Paper 2 - Action Log

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

Board Members were advised that item 6.1 (164/2021), Improving communication with patients with sensory impairment, had been deferred and an update would be provided at the Board meeting on 23 May 2022.

5. Chief Executive and Board Vice Chair report

5.1 Chief Executive's report (022/2022)

- The Chief Executive reported that our health and care system remains under considerable pressure. The new COVID variants continue to put pressure on all services from Primary Care to the community based services, social care and our acute and community hospital sites.

Activity within A&E Departments and long patient waits to be seen remain a core concern for the Board. The Board acknowledges that this sustained high pressure will be being felt everyday by our patient and client facing teams and by our services users. The Chief Executive assured, Board Members that considerable effort and resource is being directed from across the system to support the decongestion of our acute hospitals.

Moving into Spring, it was hoped that new COVID variants will slow down and the pace and impact of COVID-19 will lessen. This will not only help reduce the need for COVID compliant admission and discharge pathways but will hopefully improve staff attendance. Staff absence relating to COVID-19 self-isolation has been higher since January 2022 than during any other period of the pandemic.

The successful COVID-19 vaccination programme meant that fewer patients were now being admitted to critical care, with less than 10% of critical care beds occupied being COVID related.

Care in the community is under similar pressures due to workforce constraints and access to nursing homes and community hospitals have been limited at times, to ensure patient safety. All Partners across the health and care system

were working together to do their very best to care for patients in whatever setting needed.

- The Chief Executive reported that colleagues from NHS Scotland, including the Director General Health and Social Care and Chief Executive of NHS Scotland, Ms Caroline Lamb, the Chief Operating Officer, Mr John Burns, the Chief People Officer, Mr David Miller, and the Head of Office (NHS Scotland) Mr Robert Kirkwood had visited the Board on 4 March 2022. The visit had provided the opportunity to update NHS Scotland on Caring for Ayrshire (CFA) activity. This included the integrated care approach on Arran, the CFA ambition for Doon Valley and the Board's future plans to engage with the community on the CFA delivery programme. Ms Lamb had since written to thank NHSAA for the visit and that she had been inspired and enthused by CFA plans. NHSAA have since been invited to many other events to raise the profile of the system work taking place.
- The Chief Executive had been asked to become a member of the Sustainable Delivery Group, led by the Chief Operating Officer at the Scottish Government. This will provide a good opportunity for NHSAA to work through CFA ambitions into the sustainability agenda, particularly as the Board has recently approved the NHSAA Climate Change and Sustainability Strategy.
- The Chief Executive reported that the NHSAA Digital Health Team had been nominated for a technology enabled independent living award. A hybrid virtual and face to face event was held at Holyrood where NearMe technology was celebrated. There were three nominations within each area and the Board had done well to be shortlisted. On behalf of the Chief Executive, the Director Infrastructure and Support Services had represented NHSAA on the live streaming panel. This had provided a further opportunity to share the Board's CFA ambitions and successes and, linked to sustainability, the Board remains determined to retain and develop the digital agenda as a core commitment in providing the best care possible for Ayrshire citizens.
- The Chief Executive advised that NHS Scotland was keeping the Board apprised of contributions to Ukraine. Staff wellbeing hubs were working with colleagues to ensure that anyone with family associations with Ukraine were being supported through Health Boards. The Scottish Government was trying to coordinate a NHS Scotland response in terms of medicine supplies to support Ukraine's population. The Board would play any part required in terms of evacuations and looking after Ukrainian people.
- The Chief Executive reported that NHSAA was now a member of the Redress Scheme for Survivors of Historic Child Abuse in Residential Care in Scotland. The Board will publish a statement on the public website to confirm participation in the Redress Scheme and to acknowledge the wrongfulness of past harm.

5.2 Board Vice Chair's report

(023/2022)

- There was nothing additional to report in the absence of the Board Chair.

6. Quality

6.1 Patient story

(024/2022)

The Director of Health and Social Care for North Ayrshire, Ms Caroline Cameron, introduced the report and invited Mr Darren Fullarton, Associate Nurse Director and Lead Nurse for NAHSCP to present the patient story.

This story reflected on a family's experience of their mum's care in June 2020, initially at Ward 4B, University Hospital Crosshouse (UHC) and then her transfer to Ward 2, Woodland View Hospital (WVH) in October 2020 for palliative/end of life care. The family's experience while their mum was in Ward 4B was positive, with staff taking a person-centred approach and communicating well with the family. Sadly, their experience once their mum was transferred to Ward 2, WVH was not as positive. The family wanted to share their experience in the hope that learning and improvement could take place to prevent any future patients and their families encountering the same issues.

Mr Fullarton reassured Members that following engagement with the family an action plan had been developed, with associated timescales, to support learning and improvement around the areas of concern that had been raised. This had been shared with the family who were regularly updated on progress against the action plan and areas of challenge.

Board Members acknowledged that while this had not been a positive patient story, it was important for the Board to be aware when things did not go well and to understand what was being done to support learning and improvement.

Outcome: Board Members noted the patient story.

6.2 Patient Experience overview report

(025/2022)

The Interim Deputy Nurse Director, Ms Jennifer Wilson, presented the overview report on Complaint themes.

Ms Wilson advised that a series of themed Patient Experience reports had been presented to the Healthcare Governance Committee (HGC) which had provided the opportunity to have a deep dive into some complaint themes and understand where learning and improvements could be made. The reports had covered themes around communication, waiting times and appointments, complainant satisfaction and clinical treatment.

Ms Wilson highlighted that the final report to HGC had focused on learning and improvement, and provided an example of a sub-theme identified related to communication at time of discharge. This had led to the introduction of new Volunteer roles to support patients in discharge lounges to be ready for discharge with their belongings, discharge summaries and medication. A Volunteer would also make contact with the patient after discharge to discuss any outstanding questions they might have.

Ms Wilson confirmed in response to a question from a Board Member that feedback would be sought from patients post-discharge on their experience to highlight areas

of good practice and promote learning and improvement when the organisation did not get things right.

The Director of Health and Social Care for North Ayrshire, Ms Caroline Cameron, gave assurance in response to a question from a Board Member that significant investment was being rolled out to Child and Adolescent Mental Health Services (CAMHS) to increase capacity. Ms Cameron outlined the significant work being done to support assessment and reduce waiting times for treatment. Board Members will receive a report on the work being done to address issues and challenges around CAMHS at a future Board meeting.

Outcome: Board Members discussed the overview report on Complaint themes and were assured of the learning and improvements being taken forward.

6.3 Patient Experience (026/2022)

The Interim Deputy Nurse Director, Ms Jennifer Wilson, presented the Patient Experience Q3 report. A version of the report was discussed at the Healthcare Governance Committee meeting on 28 February 2022.

Ms Wilson advised that there had been a slight drop in Stage 1 complaints. Stage 2 complaints remained steady during Q3, however, the number was significantly lower than in previous years. The Board had met the target for resolving Stage 1 complaints. Performance against Stage 2 was below the target, however, it was acknowledged that these complaints were complex and response times had been impacted by COVID-19 pressures across the system. Focused improvement work was taking place through Quality Improvement and the Complaints Team to support service managers to resolve complaints as quickly as possible.

Board Members were advised that there had been a drop in Scottish Public Services Ombudsman referrals which was a clear indication of complainant satisfaction. There was currently one investigation underway. Care Opinion (CO) posts remained mainly positive or mildly critical and there had been an increase in CO responders which was encouraging.

Outcome: Board Members discussed the Patient Experience feedback and complaints information for Quarter 3.

6.4 Healthcare Associated Infection (HCAI) report (027/2022)

The Interim Deputy Nurse Director, Ms Jennifer Wilson, presented an assurance report on the current activity to manage HCAI across NHSAA. A version of the report had been discussed at the Healthcare Governance Committee on 28 February 2022.

Ms Wilson reported that the Board's verified healthcare associated Clostridium difficile infection (CDI) rate for the period July to September 2021 had increased compared to the previous quarter. This had resulted in the Board receiving an Exception Report from Antimicrobial Resistance Scotland and Healthcare Associated Infection (ARHAI) Scotland. It was extremely unlikely that the Board would meet the National Standard by the year end March 2022. Ms Wilson reassured Members that these CDI cases were not linked to any outbreaks and that planned improvement

activity will focus on prevention activity related to antimicrobial use in primary and secondary care.

Board Members were advised that the Board's verified rate for Staphylococcus aureus Bacteraemia (SAB) had dropped in the quarter July to September 2021. The verified annual rate for year ending June 2021 had also dropped. It was unclear whether the Board would meet the National Standard by the year end March 2022.

Ms Wilson reported that for Escherichia Coli Bacteraemias (ECB), the Board's verified quarterly rate for the July to September quarter had increased slightly. As previously reported to the Board, much of the prevention work was focused on urinary catheter associated infection. The Urinary Catheter Improvement Group had met recently and was aiming to restart this important improvement activity. The Board had received an Exception Report based on community acquired ECB during the July to September 2021 quarter. As previously reported to the Board, there was no national target for community acquired ECB, and no identified healthcare interventions to reduce rates. The Board will continue to work with RHA Scotland in these areas recognising the limitations.

Ms Wilson advised in response to a question from a Board Member that much of the Infection Prevention and Control team's resources during this period had been focused on responding to the increasing number of COVID-19 cases. Ms Wilson gave assurance that there were plans to progress the Infection Prevention and Control Team's Annual Plan although it was necessary to deviate where there were COVID peaks. There was a planned programme of support and training for staff related to these Standards.

Outcome: Board Members noted and were assured of current activity to manage HCAI across NHSAA.

6.5 Scottish Patient Safety Programme (SPSP) Maternity and Children's Quality Improvement Collaborative (MCQIC) Maternity workstream (028/2022)

The Director of Acute Services, Mrs Joanne Edwards, introduced the report and invited the Associate Nurse Director and Head of Women and Children's Services, Ms Attica Wheeler, to present.

Ms Wheeler provided an overview of progress in relation to core SPSP measures within the Maternity programme, to reduce stillbirth rates and the rate of severe post-partum haemorrhage (PPH).

Board Members were advised that NHSAA continued to demonstrate sustained improvement in relation to stillbirth rates. Ms Wheeler highlighted that the stillbirth rate was measured against any loss after the age of 24 weeks gestation. Discussion was ongoing with MCQIC to see if it would be possible to change the parameters so that stillbirth data would not include planned losses over 24 weeks gestation.

Board Members were advised that although still statistically demonstrating sustained improvement with PPH, data was variable. All PPHs were reviewed and findings would indicate if appropriate management of all cases has been delivered. There

was a high compliance rate with the administration of Tranexamic Acid, a medicine to control blood loss.

Ms Wheeler updated in relation to the role of MCQIC Champions that the quality improvement (QI) element was now following a team, rather than individual dependent approach. A number of staff had expressed an interest or had been accepted onto the MCQIC Faculty and would begin data collection. There were plans to improve and streamline all QI projects to ensure they were being completed and having a direct impact on patient care.

Ms Wheeler advised in response to a question from a Board Member that she would discuss at the next national MCQIC meeting how stillbirth data could be presented more clearly to promote understanding.

Outcome: Board Members discussed and were assured of the ongoing work of clinical improvement within Maternity Service

6.6 Corporate Parenting

(029/2022)

The Interim Deputy Nurse Director, Ms Jennifer Wilson, introduced the report and invited the Public Health Project Manager, Ms Laura Doherty, to provide details of the arrangements in place to ensure that NHSAA fulfilled its Corporate Parenting responsibilities. A version of the report had been presented to the Healthcare Governance Committee on 28 February 2022.

Ms Doherty outlined the Board's duties as a Corporate Parent as required by the Children and Young People (Scotland) Act 2014. Health Board responsibilities to meet the emotional, physical and mental health needs of children were set out in the Chief Executive Letter (CEL16) on Looked after Children (2009).

Ms Doherty advised that following the Care Review completed in 2020 and publication of The Promise, work to keep The Promise between 2021 and 2030 would be shaped by a series of three year plans. Ms Doherty highlighted the five priority areas in the 2021-2024 Plan. The Board had revitalised the Corporate Parenting Strategic Group and developed its own Promise. A strategic plan was in development which would feed into plans across Ayrshire. A taskforce had recently been established to drive forward transformational change, with nine workstreams taking forward activity to meet the recommendations of CEL16 and The Promise.

Board Members received assurance that the Board continued to meet its duties to collaborate with partners in planning and reporting on Corporate Parenting despite COVID-19. There was strong NHS and Public Health representation on each of the local Health and Social Care Partnership Corporate Planning Strategic Groups, and close working links with regard to champions' boards and work around participation.

Outcome: Board Members were assured of the work ongoing to ensure that the Board is meeting its Corporate Parenting responsibilities.

7. Corporate Governance

7.1 Whistleblowing update report (030/2022)

The Interim Deputy Nurse Director, Ms Jennifer Wilson, presented the Whistleblowing Q3 report detailing performance against the national key indicators as required by the Independent National Whistleblowing Officer. The report included key areas of Whistleblowing handling, outcomes and detail in relation to themes.

Ms Wilson reported that there were two concerns in Q3. One of these concerns was not considered as appropriate for the Whistleblowing process and was being managed through the appropriate HR policy. While the second concern was initially received anonymously, the whistleblower was supported to come forward. This whistleblowing concern was being managed at Stage 2 of the process and the investigation was ongoing.

Ms Wilson provided details of concerns closed and gave assurance that each concern was being investigated appropriately. Ms Wilson explained that as many of these concerns were complex and involved different parts of the system, this could impact on the length of time taken to close the concern. The Whistleblowing Champion, Dr Sukhomoy Das, gave assurance that any risk to patients would be addressed as a priority and would not have to wait until the investigation had been completed.

Board Members were advised that while the number of Whistleblowing cases received under the new Standards was currently small, over time it should be possible to identify themes to support organisational learning across the system.

Outcome: Board Members discussed performance in relation to Whistleblowing concerns raised in Quarter 3.

7.2 Governance Committee Terms of Reference (031/2022)

The Head of Corporate Governance, Mrs Shona McCulloch, presented the Governance Committee Terms of Reference for approval.

Mrs McCulloch advised that there had been no changes to the Terms of Reference, with the exception of the Integrated Governance Committee, as highlighted in the paper.

Outcome: Board Members approved the Governance Committee Terms of Reference.

7.3 Board Committee membership (032/2022)

The Head of Corporate Governance, Mrs Shona McCulloch outlined proposed changes to NHS member nominations on East Ayrshire IJB.

Outcome: Board Members supported the proposed changes to NHS member nominations on East Ayrshire IJB.

7.4 Audit and Risk Committee (033/2022)

The Committee Chair, Mr Michael Breen, reported key issues from the meeting held on 17 March 2022. The Chair presented the minute of the meeting held on 18 November 2021.

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

7.5 Healthcare Governance Committee (034/2022)

The Committee Chair, Ms Linda Semple, reported key issues from the meeting held on 28 February 2022. The Chair presented the minute of the meeting held on 10 January 2022.

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

7.6 Information Governance Committee (035/2022)

The Committee Chair, Mrs Jean Ford, reported key areas of focus and scrutiny at the meeting held on 7 February 2022. The Chair presented the minute of the meeting held on 8 November 2021.

Whilst not directly related to the IGC minute, the Director of Infrastructure and Support Services, Ms Nicola Graham, advised in response to a question from a Board Member, that discussion was ongoing at national level about Digital work programmes. Ms Graham explained that individual NHS Boards were legally responsible for information sharing which made it difficult to develop a Once for Scotland approach. Ms Graham gave assurance that progress was being made locally to develop information sharing arrangements.

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

7.7 Integrated Governance Committee (036/2022)

On behalf of the Board Chair, the Head of Corporate Governance, Mrs Shona McCulloch, reported key areas of focus and scrutiny at the meeting held on 7 February 2022. Mrs McCulloch presented the minute of the meeting held on 1 November 2021.

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

7.8 Performance Governance Committee (037/2022)

The Committee Chair, Mr Bob Martin, reported key areas of focus and scrutiny at the meeting held on 3 March 2022. The Chair presented the minute of the meeting held on 20 January 2022.

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

7.9 Staff Governance Committee

(038/2022)

The Committee Chair, Mrs Margaret Anderson, reported key areas of focus and scrutiny at the meeting held on 14 February 2022. The Chair presented the minute of the meeting held on 15 November 2021.

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

8. Service

8.1 Ayrshire Health and Social Care Partnership (HSCP) Winter Funding Plans

(039/2022)

Board Members received a suite of papers to give assurance on how each of the three Ayrshire HSCPs had invested funding from the Scottish Government to tackle winter pressures on health and social care, in line with Scottish Government guidance and Key Performance Indicators. This recurring, whole system investment supported a range of measures to maximise hospital and primary care capacity, reduce delayed discharges, improve pay for social care staff and ensure individuals in the community who need support receive effective and responsive care.

Board Members discussed and were encouraged by these positive investment plans to tackle winter pressures. The Interim Deputy Nurse Director, Ms Jennifer Wilson, acknowledged the risk related to workforce and advised that a key area for the Board will be to promote Ayrshire as an attractive place for people to work and live, and support delivery of the Board's Caring for Ayrshire ambitions. Ms Wilson highlighted the proactive work taking place to attract newly qualified Nurses and Allied Health Professionals to NHSAA. Board Members received assurance that the Board and HSCPs were working closely together and taking a balanced approach in recruiting to professional roles across sectors to avoid workforce gaps.

Outcome: Board Members noted the plans developed by the HSCPs for the deployment of the new investment in line with Scottish Government guidance and Key Performance Indicators.

9. Performance

9.1 Performance Report

(040/2022)

The Director for Transformation and Sustainability, Mrs Kirstin Dickson, presented the Performance report for the period ending 31 January 2022.

Mrs Dickson advised that the report covered the peak of the COVID-19 Omicron wave and data reflected the impact of community transmission and case numbers in hospital at that time.

Board Members were advised that, as discussed at previous Board meetings, the increased prevalence of COVID-19 had a wider impact in terms of staff absence across health and social care, and presented challenges in providing safe services. Infection prevention and control measures had an impact on availability and access to hospital beds, and in returning people to Care Homes at discharge. The impact of the necessary previous reductions in outpatient and elective appointments during the

pandemic had a direct impact on key compliance targets and waiting lists. Diagnostic services had also been impacted by social distancing requirements and reduced patient throughput due to national infection control protocols.

Mrs Dickson provided an update on Unscheduled Care performance and highlighted challenges related to the four hour ED waiting time target, and the number of patients waiting over 12 hours for treatment. More patients were reaching crisis point and accessing unscheduled care; these patients could often be acutely unwell requiring hospital admission and longer lengths of stay due to their complexity. There were pressures across the system due to COVID-19 activity, the impact on staffing and the level of unscheduled care activity. The report set out the range of measures being taken to improve Unscheduled Care performance.

Mrs Dickson advised in response to a question from a Board Member that the Board would produce an annual delivery plan in the summer of 2022 setting out its ambitions over the coming years.

The Director for Acute Services, Mrs Joanne Edwards, advised in response to a question from a Board Member that the position related to 12 hour ED waits remained challenging and whole system work was taking place to try to increase capacity across the system, reduce delayed discharges and improve patient flow. However it would take some time to see the benefit of these interventions. Similar challenges were being experienced across NHS Scotland Boards.

Outcome: Board Members noted the assurance report on the management and provision of unscheduled and planned care.

9.2 Financial Management Report for Month 11 (041/2022)

The Director of Finance, Mr Derek Lindsay, provided an update on the Board's financial position for the 11 months to 28 February 2022.

The Board's Revenue Plan was a deficit of £12.0 million. The position after 11 months was breakeven. The Scottish Government was funding all Boards to breakeven in 2021/2022.

Mr Lindsay set out the allocations received from the Scottish Government in Month 11. It included funding of £57.2 million for Health Board and Council COVID-19 costs in 2021/2022 and 2022/2023. This incorporated £3.5 million of non-recurring financial support for the Health Board, all outstanding COVID-19 costs included in the Quarter 3 Financial Performance Return and an additional £38.6 million to be passed to IJBs for use in 2022/2023.

Board Members were advised that the three largest areas of expenditure related to additional hospital bed capacity and cost, staffing related to the COVID-19 vaccination programme and contact tracing arrangements. Mr Lindsay advised that while contact tracing would be scaled down from the end of April 2022, the Board would have to retain some capacity to deal with outbreaks and ongoing surveillance.

Outcome: Board Members noted the update on the Board's financial position for the period ending 28 February 2022.

10. Decision/Approval

10.1 Revenue Plan 2022-2023

(042/2022)

The Director of Finance, Mr Derek Lindsay, presented the Revenue Plan 2022-2023 for approval. The Performance Governance Committee and Corporate Management Team had monitored progress in developing the Revenue Plan.

Mr Lindsay reported that NHSAA had been notified of a 2.6% general allocation funding uplift for 2022/2023 which equated to £20.3 million. NHSAA received baseline recurring funding of £786.4 million. In addition, earmarked funding (some indicative) for specific purposes was detailed in Annex 1 of the report.

Board Members were advised that cost pressures for 2022-2023 amounted to £40 million. There were planned CRES savings of £8.2 million. Mr Lindsay explained that the Board had a historic deficit position dating back to 2016-2017 and had set a deficit budget in the current year, although breakeven was forecast due to non-recurring Scottish Government funding. The Board was projecting a £26.4 million deficit for 2022-2023.

Board Members were informed that the Revenue Plan did not include provision for additional COVID-19 costs as the Scottish Government had asked Boards to assume separate funding streams for these additional costs.

Mr Lindsay advised in response to a question from a Board Member that separate discussion was ongoing with the Scottish Government in relation to access funding to try to reduce the backlog of elective patients waiting to be seen.

Outcome: Board Members approved the Revenue Plan for 2022-2023.

10.2 Internal Audit Programme 2022-2023

(043/2022)

The Director of Finance, Mr Derek Lindsay, presented the Internal Audit Plan 2022-2023 for approval. The Internal Audit Programme had been shaped by discussion at the Integrated Governance Committee on 7 February 2022 and the Audit and Risk Committee on 17 March 2022.

Mr Lindsay reported that there were 12 reviews planned for the coming year. Lead Directors had been identified to agree scope and timings. Once internal audit reports had been finalised they would be presented to the Audit and Risk Committee and then to the relevant Governance Committee for scrutiny and monitoring.

Outcome: Board Members approved the Internal Audit Programme 2022-2023.

10.3 Capital Investment Plan (CIP) 2022-2023

(044/2022)

The Director Infrastructure and Support Service, Ms Nicola Graham, introduced the CIP 2022-2023 and invited the Assistant Director, Programmes, Mr Fraser Bell, to present.

Mr Bell advised that the CIP 2022-2023 was being presented to the Board for approval to issue a draft submission to the Scottish Government for the coming

financial year. The Plan had been considered by the Performance Governance Committee virtually.

Mr Bell outlined expected CIP funding for 2022-2023. The total allocation including all Funding Sources was £34.4 million, of which £8.7 million was not earmarked to specific projects. Funding sources included the Core Capital Allocation, Whole System Estates Plan, Caring for Ayrshire, the National Secure Adolescent Inpatient Service and the National Treatment Centre (dependent on completion and approval of Full Business Case). The Core Capital Allocation, including the 5% increase, totalled £8.7 million. Earmarked funding totalled £25.7 million.

Board Members received details of proposed expenditure broken down into different groupings. Mr Bell explained that over the last couple of years, the CIP required to have greater flexibility due to the impact of COVID-19 which had affected the timing of works and to align with clinical pressures and priorities. During 2022-2023 the Board will try to re-activate work related to change management and long term strategic issues, such as the estate, distributed working and the demolition plan, to move to a financially sustainable estate. Mr Bell advised that the CIP involved large areas of expenditure and gave assurance that every effort was made to try to achieve best value and efficiencies through the supply chain, and to try to maximise community wealth building considerations and economic expenditure in Ayrshire.

Outcome: Board Members approved the Capital Plan 2022-2023.

10.4 University Hospital Crosshouse medical student accommodation (045/2022)

The Director Infrastructure and Support Services, Ms Nicola Graham, presented a proposal to purchase a third town house for student accommodation following the Board's approval to purchase two properties at the Board meeting on 31 January 2022. The property was in the same location as the other two properties and the purchase was made possible through additional funding from NHS Education for Scotland.

Outcome: Board Members approved the purchase of new student accommodation.

11. For information

11.1 Board briefing (046/2022)

Board Members noted the content of the briefing.

11.2 East Ayrshire Integration Joint Board (047/2022)

Board Members noted the minute of the meeting held on 1 December 2021.

11.3 North Ayrshire Integration Joint Board (048/2022)

Board Members noted the minute of the meeting held on 16 December 2021.

11.4 South Ayrshire Integration Joint Board (049/2022)

Board Members noted the minute of the meeting held on 24 November 2021.

12. Any Other Competent Business

(050/2022)

There was no other business.

13. Date of Next Meeting

The next meeting of the NHS Ayrshire & Arran Board will take place at 9.30 am on Monday 23 May 2022, MS Teams

Signed by the Vice Chair:

A handwritten signature in black ink, appearing to read 'R. Martin', is enclosed in a thin black rectangular border.

23 May 2022

Bob Martin
Vice Chair – Ayrshire and Arran NHS Board