

**Ayrshire and Arran NHS Board**  
**Minutes of a public meeting on Monday 29 March 2021**  
**9.30am, MS Teams meeting**

- Present:
- Non-Executive Members:
- Mrs Lesley Bowie, Board Chair
  - Mrs Margaret Anderson
  - Cllr Laura Brennan-Whitefield – attended part of meeting
  - Mr Adrian Carragher
  - Cllr Joe Cullinane
  - Dr Sukhomoy Das
  - Mrs Jean Ford
  - Ms Mhairi Kennedy
  - Mr Bob Martin, Vice Chair
  - Mr John Rainey
  - Cllr Douglas Reid
  - Ms Linda Semple
  - Miss Lisa Tennant
- Executive Members:
- Mr John Burns (Chief Executive)
  - Prof Hazel Borland (Nurse Director/Deputy Chief Executive)
  - Mr Derek Lindsay (Director of Finance)
- In attendance:
- Ms Caroline Cameron (Director of Health and Social Care, North Ayrshire)
  - Mrs Vicki Campbell (Head of Primary Care and Urgent Care Services)
  - Mrs Kirsti 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 Iain Fairley (Senior Project Manager, Property and Capital Planning)-item 10.3
  - Mr Darren Fullarton (Senior Nurse, Community Mental Health)-item 6.4
  - Ms Nicola Graham (Director Infrastructure and Support Services)
  - Mr David Kimmett (Chief Nurse, University Hospital Crosshouse)-item 6.1
  - Ms Sarah Leslie (Human Resources Director)
  - Mr Craig McArthur (Director, East Ayrshire Health and Social Care Partnership)
  - Mrs Shona McCulloch (Head of Corporate Governance)
  - Mrs Lynne McNiven (interim Director of Public Health (joint))
  - Dr Joy Tomlinson (interim Director of Public Health (joint))
  - Mrs Angela O'Mahony (Committee Secretary) minutes

The Board Chair welcomed Board Members and colleagues attending to provide updates. The Board Chair congratulated Mr Craig McArthur, who had formally taken on the role of Director for East Ayrshire Health and Social Care Partnership and Dr Joy Tomlinson, on her appointment as Director of Public Health at NHS Fife, although she would remain with NHS Ayrshire & Arran until June 2021. The Board Chair bid farewell to Miss Lisa Tennant, who would be stepping down as a Non-Executive Board Member on 31 March 2021, and thanked her for her contribution and input to the Board.

## 1. Apologies

Apologies were noted from Mr Michael Breen, Mr Ewing Hope and Dr Crawford McGuffie.

## 2. Declaration of interests (030/2021)

There were no declarations noted.

## 3. Minutes of the meeting of the NHS Board held on 1 February 2021 (031/2021)

The minutes were approved as an accurate record of the discussion subject to the following amendment:

Item 9.3, Financial Management Report, paragraph 4, second sentence – should have read “Financial planning discussions in relation to COVID-19..”.

## 4. Matters arising (032/2021)

### 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 (033/2021)

- The Chief Executive advised that following the briefings recently provided for Board Members there was nothing further to report.

### 5.2 Board Chair's report (034/2021)

- The Board Chair advised that the national Board Chairs' meeting had taken place on 22 March 2021. There had been an update provided on the new national Whistleblowing Standards to take effect from 1 April 2021.
- The second meeting of Board Chairs and Chief Executives had taken place on 22 March 2021. This had been a productive meeting, focusing on looking ahead and recovery plans for NHS Scotland Boards.

## 6. Quality

### 6.1 Patient story (035/2021)

The Director for Acute Services, Mrs Joanne Edwards, introduced the patient story and invited Mr David Kimmett, Chief Nurse at University Hospital Crosshouse (UHC) to present the story.

Mr Kimmett described a patient, Beverley's, experience as an inpatient at UHC when she became acutely unwell in January 2020 due to stress, significant weight loss and a background of food allergies. Beverley had initially been very anxious about going into hospital and her fears had been quickly allayed due to the excellent care she had received from clinical and other staff involved. The kitchen staff in particular had

been very interested and understanding of Beverley's food allergies and had ensured that she was offered food she was able to eat.

This patient story underscored the impact that all staff have on a patient's care journey and how acts of kindness can have a significant positive impact on the patient's experience.

**Outcome: Board Members noted the patient story and were encouraged by the excellent care provided by all staff and the positive impact this had on Beverley's experience.**

## 6.2 Patient experience

(036/2021)

The Nurse Director, Prof Hazel Borland, presented the Patient Experience report for Quarter 3, October to December 2020. The report had been scrutinised in detail at the Healthcare Governance Committee (HGC) meeting on 1 March 2021.

Prof Borland provided a detailed report on complaint handling performance. Stage 1 complaint numbers were reasonably steady and there had been a sustained reduction in Stage 2 complaints. Prof Borland reported reduced compliance in responding to Stage 2 complaints during Quarter 3 which reflected the increased level of COVID-19 activity and the impact on managers and clinical staff in complaint handling, with the position expected to improve as COVID-19 prevalence reduced.

Board Members were advised that the number of complaints over 25 days had dropped significantly, with six out of date complaints in January 2021, as detailed in the report. Complaint outcomes were also provided. Prof Borland advised that a new standard operating procedure had been introduced to ensure compliance with Scottish Public Services Ombudsman (SPSO) definitions and criteria. The Board had one active SPSO investigation in process and three active referrals.

Prof Borland highlighted improvement activity to provide more accurate information in relation to complaint themes and ensure that all opportunities were being taken to learn or improve from complaints.

Board Members were advised that local feedback had increased during Quarter 3, with the majority of feedback positive. In terms of national feedback, Care Opinion posts had risen slightly, with an increase in positive posts.

Prof Borland advised, in response to a suggestion from a Board Member, that HGC would consider the opportunity to share a patient story that had been through the complaints process, seeking appropriate permissions, to identify organisational learning and improvement made as a result of the complaint. The Chief Executive highlighted that Board Members had previously requested that a report on complaint themes be provided to HGC to promote understanding of learning and improvements made across the system. The Chief Executive highlighted data on complainant experience and requested that a report be submitted to a future HGC meeting to identify areas for learning and improvement based on complainant feedback.

**Outcome: Board Members discussed the Patient Experience Quarter 3 report and noted compliance with the complaint handling process.**

### 6.3 Healthcare Associated Infection (HAI) report

(037/2021)

The Nurse Director, Prof Hazel Borland, presented the current position against national HCAI Standards for the year ending September 2020. A version of the report had been scrutinised in detail at HGC on 1 March 2021. Prof Borland advised that data for the period October to December 2020 will be published in April 2021 and presented at a future Board meeting.

Board Members were informed that there had been an increase in *Clostridium difficile* infections (CDI) during Quarter 2, July to September 2020 which had impacted on the annual rate. Prof Borland advised that following the rise in *Staphylococcus aureus* Bacteraemias (SAB) infections in Quarter 1 previously reported to the Board, the number of cases had reduced and reverted back to baseline levels.

Board Members were advised that there had been a sharp rise in healthcare associated *Escherichia coli* Bacteraemias (ECB) during Quarter 2. The rise in ECB cases and lower occupied bed day data had magnified the rate increase. The Board had received an Exception Report from Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland and a response was submitted by the Board in line with national reporting requirements. Prof Borland explained that the primary focus of improvement activity to reduce urinary catheter associated ECB infections had to be paused as resources had been redirected to the pandemic response.

Prof Borland advised that the Board had implemented national COVID-19 guidance throughout the pandemic. In October 2020, this guidance was incorporated into the National Infection Prevention and Control Manual, which was mandatory for Boards in Scotland.

Prof Borland highlighted the significant challenges that the Infection Prevention and Control Team (IPCT) had experienced in managing COVID-19 outbreaks due to the number and complexity of these outbreaks. In order to manage outbreaks effectively a twice weekly COVID-19 Outbreak Management Oversight Group was established, chaired by the Infection Control Doctor. In addition, a Director-level Infection Prevention and Control COVID Oversight Group was put in place. Prof Borland updated that as at 26 March 2021 there were three COVID-19 hospital outbreaks which was a significantly improved position.

Prof Borland gave assurance, in response to a question from a Board Member, that there were robust arrangements in place to monitor antibiotic use through the Antimicrobial Management Team, and that there had not been an increase in antibiotic use during the course of the pandemic. Prof Borland explained that the ongoing work with GPs to reduce the long term use of cephalosporin antibiotic was to ensure that the Board was adhering to good prescribing practice and that patients were being managed appropriately. It was also important to highlight any issues with antibiotic resistance.

Prof Borland advised, in response to a question from a Board Member, that a wide range of IPC practices were in place to reduce HCAI, including cleaning and decontamination, device management and use of personal protective equipment (PPE). Prof Borland advised that the ICPT will put in place an annual work plan from

April 2021. Prof Borland gave assurance that focused discussion on IPC activity was taking place through the Prevention and Control of Infection Committee and HGC.

Prof Borland advised, in response to a suggestion from a Board Member, that she would consider with IPC colleagues future HAI reporting arrangements in relation to COVID-19 infection for assurance and scrutiny purposes.

**Outcome: Board Members considered and noted the HAI data as well as the enhanced governance arrangements put in place for the management of COVID-19 outbreaks.**

#### **6.4 Scottish Patient Safety Programme- Mental Health (SPSP MH) (038/2021)**

The Director for North Ayrshire Health and Social Care Partnership (HSCP), Ms Caroline Cameron, introduced the SPSP MH report and invited Mr Darren Fullarton, Senior Nurse, Community Mental Health, to present the report.

Mr Fullarton provided an overview of the progress of the SPSP MH, focusing on the re-mobilisation of the programme and improvement actions in progress. Mr Fullarton highlighted ongoing Improving Observation Practice (IOP) activity following the Healthcare Improvement Scotland (HIS) framework. While some of this work had been paused due to the pandemic response, much of this had now re-started and some additional actions had been undertaken. HIS had acknowledged the impact of IOP in NHS Ayrshire & Arran, which had been highlighted as an exemplar of good practice.

Mr Fullarton reported that Ward-based Therapeutic Groups had continued during the pandemic. The Floor Nurse role had been key to safe ward visiting practice, with plans to extend to all wards. Performance data for core SPSP MH wards had been positive. The number of violence and restraint incidents remained low. Mr Fullarton explained that the spike in self harm data for October and December was associated with two distressed individuals. Ward 11 had been designated as the sole acute receiving ward from March to May 2020 and more acutely unwell patients being admitted could be seen in spiked data points for that period.

**Outcome: Board Members noted and were assured of the positive work of clinical improvement within Mental Health Services. Board Members were encouraged that the Board's IOP activity had been recognised as exemplar by Healthcare Improvement Scotland, particularly in view of current COVID-19 challenges.**

### **7. Corporate Governance**

#### **7.1 Audit Committee (039/2021)**

In the absence of the Committee Chair, the Vice Chair, Mr Bob Martin, presented the minutes of the meeting held on 20 January 2021 and reported key areas of focus and scrutiny at the meeting held on 17 March 2021.

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

## **7.2 Healthcare Governance Committee Minutes (040/2021)**

The Committee Chair, Ms Linda Semple, presented the minutes of the meeting held on 11 January 2021 and reported key areas of focus and scrutiny at the meeting held on 1 March 2021.

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

## **7.3 Information Governance Committee (041/2021)**

The Committee Chair, Miss Lisa Tennant, presented the minutes of the meeting held on 9 November 2020 and reported key areas of focus and scrutiny at the meeting held on 8 February 2021.

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

## **7.4 Integrated Governance Committee (042/2021)**

The Board Chair presented the minutes of the meeting held on 12 November 2020 and reported key areas of focus and scrutiny at the meeting held on 1 March 2021.

Board Members welcomed the discussion about the role of the NHS in anchoring a Healthy Economy in Ayrshire, working with the three Ayrshire Local Authorities to deliver a Community Wealth Building approach.

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

## **7.5 Performance Governance Committee (043/2021)**

The Committee Chair, Mr Bob Martin, presented the minutes of the meeting held on 12 January 2021 and reported key areas of focus and scrutiny at the meeting held on 2 March 2021.

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

## **7.6 Staff Governance Committee (044/2021)**

The Committee Chair, Mrs Margaret Anderson, presented the minutes of the meeting held on 10 December 2020 and reported key areas of focus and scrutiny at the meeting held on 15 February 2021.

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

## **7.7 Corporate Governance learning and improvement plan 2020-21 (045/2021)**

The Head of Corporate Governance, Mrs Shona McCulloch, provided an assurance update on the management of the learning and improvement plan. The plan had been discussed in detail at the Integrated Governance Committee meeting on 1 March 2021 and committee members had supported the revised dates proposed. Mrs McCulloch highlighted key areas from the detailed improvement plan. Board Members were advised that in agreement with the Chief Executive, an interim Code of Corporate Governance was published in December 2020, incorporating

documents previously approved by the NHS Board. The full review will include any additional guidance to support good corporate governance arrangements.

Board Members were advised that the short life working group established to consider the content of Board papers and quality of information and data provided had been paused awaiting progress with the national Active Governance programme, expected towards the end of April 2021.

Mrs McCulloch advised that a new action was added for 2020-21 to ensure a more robust Governance Committee Terms of Reference (ToR) annual review process. This had identified further improvements that could be made to standardise the format of ToR where appropriate, with a report on the agenda for approval later in the meeting. As Board Members had previously been advised, a date was not yet available for a national self-assessment survey due to the national COVID-19 emergency response.

**Outcome: Board Members noted and were assured of arrangements for the management of the Corporate Governance learning and improvement plan.**

#### **7.8 Annual Review of Governance Committee terms of reference (046/2021)**

The Head of Corporate Governance, Mrs Shona McCulloch, presented the Governance Committee ToR for annual review and approval. This followed the new process agreed by the Chief Executive and Board Chair to review ToR in January/February prior to submission to the NHS Board for approval in March each year. Mrs McCulloch advised that the ToR had been endorsed at recent Governance Committee meetings. Following review, the Integrated Governance Committee had approved a proposal at the meeting on 1 March 2021 to adopt a standardised approach to appropriate sections of the ToR, to deliver good corporate governance. Governance Committee Chairs and Executive Leads were supportive of this more standardised approach.

**Outcome: Board Members considered and approved the Governance Committee terms of reference.**

#### **7.9 Membership of Board committees (047/2021)**

The Head of Corporate Governance, Mrs Shona McCulloch, presented proposed changes to membership of Board committees and Integration Joint Boards (IJBs) to take effect from 1 April 2021, which included changes agreed by the Board on 1 February 2021.

Mrs McCulloch reported proposed nominations for East Ayrshire, North Ayrshire and South Ayrshire IJBs following a review of the current position by the Board Chair, as detailed in the report. It was recognised that these changes may impact on IJB commitments which are managed directly by each IJB. Mrs McCulloch updated that Ms Mhairi Kennedy had been appointed as Chair of the Corporate Equalities Committee which will report directly to the Board.

Board Members were advised that a report with further proposed changes to membership of Board Committees, taking account of Non-Executive Board Members

coming to the end of their term of office, will be presented to the Board meeting on 16 August 2021.

**Outcome: Board Members approved updated membership of Board Committees and IJBs.**

## **7.10 Corporate Calendar**

**(048/2021)**

The Head of Corporate Governance, Mrs Shona McCulloch, presented the Board's corporate calendar for 2021-22 for Board Members' awareness and assurance that Board Committees had established dates for 2021-22 and a robust planning process.

**Outcome: Board Members noted the Board's corporate calendar and were assured of the robust planning process to establish dates for 2021-22.**

## **8. Service**

### **8.1 National whistleblowing standards**

**(049/2021)**

The Nurse Director, Prof Hazel Borland, provided an update on progress to implement the new national Whistleblowing standards from 1 April 2021. Prof Borland advised that following approval of the proposed governance structure and the hybrid Speak Up model agreed at the Board meeting on 1 February 2021, work continued through the Oversight and Implementation Group to ensure that arrangements were in place for all to whom the new Standards will apply. Prof Borland gave assurance that no risks had been identified at this time and the Board was on track to implement the new Standards from 1 April 2021.

Prof Borland provided an updated on arrangements for education and training to raise awareness of the new Standards. This will also be included in the Board's corporate induction programme. The Board Chair advised that provisional dates had been circulated to Board Members for a Board workshop and whistleblowing training in April 2021.

Board Members were advised that discussion had taken place with Primary Care colleagues in relation to Confidential Contacts and it had been agreed that an additional Primary Care Confidential Contact was not required. Prof Borland advised that the HR Director had been identified as the named Primary Care Confidential Contact. The position will be considered in the future, as well as any requirement for a separate IJB contact.

Board Members were informed that a successful recruitment process had taken place for Speak Up advocates and 30 members of staff from across all levels of the organisation had applied, with informal interviews planned to take place during this week. Board Members were encouraged by the level of staff interest to take on Speak Up advocate roles.

Prof Borland explained that under the current whistleblowing policy and governance arrangements, whistleblowing updates were presented to the Integrated Governance Committee (IntGC) to enable monitoring and scrutiny, with the last report to IntGC on 12 November 2020. The Board Chair and Nurse Director had agreed that to avoid a



gap in reporting before the new arrangements take effect on 1 April 2021, the whistleblowing report should be provided directly to the Board on this occasion.

Board Members were advised that for the period 1 October 2020 to 31 March 2021 there were four possible whistleblowing cases recorded. Following review, none of these cases were progressed as whistleblowing cases under the current policy. Three were managed through staff policies and the fourth was actioned as a professional matter. The Whistleblowing Champion, Dr Sukhomoy Das, gave assurance that he had reviewed the four cases and supported the actions taken. Dr Das was encouraged that staff felt able to speak up and raise a concern, and that most of these cases were not anonymous. Board Members were advised that there were no concerns highlighted through the Independent National Whistleblowing Officer's advice line.

**Outcome:** Board members were assured of progress being made to implement the new national Whistleblowing standards on 1 April 2021 and thanked the team involved for their significant efforts to date.

## **8.2 Integration Joint Board (IJB) Strategic Plans**

### **8.2.1 East Ayrshire IJB Strategic Plan 2021-30 (050/2021)**

The Director for East Ayrshire Health and Social Care Partnership (EA HSCP), Mr Craig McArthur, presented the EA IJB Strategic Plan 2021-30 which had been approved by EAIJB on 24 March 2021 and would be submitted to East Ayrshire Council on 1 April 2021.

Board Members were advised that the plan set out the framework for EAIJB's strategic commissioning intent and the HSCP's delivery activity for 2021-30 across six core strategic areas. Mr McArthur highlighted in particular the key priority area relating to digital connections and the important role of digital technology to improve local wellbeing and transform health and care.

Mr McArthur explained that the plan was supported by a suite of accompanying plans relating to workforce, property and assets and communications, using delegated budgets as forecast through medium term financial planning. The report highlighted annual performance reporting arrangements to demonstrate progress against the strategic plan in relation to national and local indicators, and through stories of personal experience. Mr McArthur advised that there had been significant engagement and consultation in developing the plan using different approaches, including a range of interactive formats due to the pandemic. The plan's design format had been revised to include a summary document and infographics to make this more accessible to all stakeholders.

**Outcome:** Board Members noted the East Ayrshire Integration Joint Board Strategic Plan for 2021-30.

### **8.2.2 North Ayrshire IJB Strategic Bridging Plan 2021-22 (051/2021)**

The Director for North Ayrshire Health and Social Care Partnership (NA HSCP), Ms Caroline Cameron, presented the NAIJB Strategic Bridging Plan for 2021-22. The plan was approved by NAIJB on 18 March 2021.

Ms Cameron advised that NAHSCP had been in the early stages of developing a new medium to long term strategic plan for implementation from April 2021. However, as a result of the pandemic, the one year bridging plan was agreed by Scottish Government to meet the IJB's legislative requirements and enable a period of reflection and recovery based on the pandemic experience.

Board Members were advised of the five key strategic priorities and ambitions and long term priorities identified in the plan. The plan described the commitment to the NHS Board's ambitions to support delivery of Caring for Ayrshire and national public health and other care and wellbeing priorities. Ms Cameron highlighted positive achievements over the last three years and key actions to be taken forward in recovery and remobilisation in the coming year. Areas of challenge included poverty and deprivation levels and the proportion of the population in NA with long term conditions.

Board Members were advised that there had been wide consultation and engagement in developing the plan, involving 3,500 local people and staff. 150 individuals had expressed an interest in being involved in shaping future services which was encouraging.

**Outcome: Board Members noted the North Ayrshire Integration Joint Board Strategic Bridging Plan 2021-22.**

### **8.2.3 South Ayrshire IJB Strategic Plan 2021-24**

**(052/2021)**

The Director for South Ayrshire Health and Social Care Partnership (SA HSCP), Mr Tim Eltringham, presented the draft SAIJB Strategic Plan for 2021-24. The plan had been considered by SA Council on 4 March 2021 and SAIJB on 24 March 2021. A bridging approach had been adopted, similar to the other Ayrshire IJBs.

Board Members were advised that the plan aligned to the SA Community Plan and local outcomes improvement plan, and the NHS Board's Caring for Ayrshire (CFA) strategic programme. Mr Eltringham advised that the plan had been subject to extensive consultation and feedback received was very positive.

Mr Eltringham emphasised SAIJB'S significant focus, working together with the Community Planning Partnership, to develop an engagement and collaboration approach to promote the best possible health and wellbeing of communities in South Ayrshire.

Mr Eltringham highlighted that the plan reflected similar themes and objectives to EAIJB and NAIJB plans and there was significant optimism in taking this work forward. SAIJB had recently approved budget proposals for 2021-22, including positive investment opportunities. Further medium term financial planning work was required once funding arrangements for remobilisation and other plans were confirmed.

Board Members were encouraged that each HSCP had demonstrated that as an integrated health and care system they had managed to find the balance between reflecting the unique nature of their communities and a common and shared goal across pan-Ayrshire services. The Chief Executive emphasised that these important

plans were also important drivers in taking forward the Board's Caring for Ayrshire (CFA) strategic programme, to deliver the right care in the right place, as close to home as possible. It would be important to build on the current Partnership engagement networks in taking forward CFA engagement activity.

**Outcome: Board Members noted the South Ayrshire Integration Joint Board Strategic Plan 2021-24.**

## **9. Performance**

### **9.1 Performance Report**

**(053/2021)**

The Director for Transformation and Sustainability, Mrs Kirsti Dickson, provided a report on unscheduled and planned care performance for the period up to January 2021.

Mrs Dickson reported that for unscheduled care, ED attendances had declined compared to previous years, predominantly in minor injury and illness. At the same time, the high levels of COVID-19 activity in hospital alongside high levels of community transmission over the winter months had presented a significant challenge. Mrs Dickson highlighted the impact on unscheduled care pathways in terms of declining performance levels and mitigating actions being taken, such as early implementation of the new Redesigning Urgent Care pathway on 3 November 2020.

Mrs Dickson explained that planned care activity had been impacted to varying degrees in managing COVID-19 demands across the system. A clinical prioritisation process had been adopted to prioritise planned care activity based on clinical urgency rather than length of wait. Mrs Dickson highlighted the impact of COVID-19 activity on waiting times. Improvement actions were underway with the intention to recover services in the coming weeks and months through delivery of the Remobilisation Plan 3. Board Members were provided with details of the improvement activity underway within Diagnostics to mitigate endoscopy and imaging challenges and increase capacity. In addition, NHS Ayrshire & Arran had received investment from the Scottish Government to be a pilot site for a Cancer Early Diagnostic Centre.

The Director for Acute Services, Mrs Joanne Edwards, confirmed in response to a question from a Board Member, that NHS Ayrshire & Arran received weekly ED waiting times performance reports. Mrs Edwards explained that it was difficult to benchmark local data with other Boards due to high COVID-19 transmission rates and high COVID-19 levels in hospital impacting on patient flow, with similar issues being experienced by neighbouring Boards. Mrs Edwards gave assurance that lengthy ED waiting times prior to inpatient admission were reviewed regularly as part of improvement planning and the position was monitored through the Redesign of Urgent Care Group.

The Chief Executive highlighted work being led by Mrs Dickson to consider bed use and care pathways in the context of the continued Redesign of Urgent Care and the Board's Caring for Ayrshire ambition. The Chief Executive requested that Mrs Dickson provide a wider report on this activity to the ACF.

**Outcome: Board members discussed the Performance Report and were assured of the systems and procedures in place to monitor and manage the impact on COVID-19 on provision of unscheduled and planned care for Ayrshire citizens.**

## **9.2 Financial Management Report for Month 11**

**(054/2021)**

The Director of Finance, Mr Derek Lindsay, presented the financial management report for Month 11, up to 28 February 2021.

Board Members were advised that the draft Annual Operating Plan (AOP) financial outturn was £13.5 million deficit. Mr Lindsay reported that at month 11 the year to date surplus was £0.1 million and the year-end financial outturn was projected as breakeven. Mr Lindsay explained that this position was due to the Scottish Government funding all additional COVID-19 costs, as well as the Acute Services underspend as a result of lower levels of elective activity for the year to date.

Mr Lindsay highlighted financial challenges for the next two years relating to unachieved cash releasing efficiency savings (CRES) being carried forward from the current year and supplementary staff brought in to manage additional COVID-19 wards that had to be opened at UHC and UHA. Mr Lindsay clarified that, in relation to workforce and nursing agency spend, the year to date spend was £2.75 million. Mr Lindsay highlighted that the Board had been making steady progress in recruiting to Consultant positions and this had led to a corresponding reduction in agency medical spend.

**Outcome: Board members noted the financial position to 28 February 2021 and the breakeven projection.**

## **10. Decision/Approval**

### **10.1 Revenue Plan 2021-2022**

**(055/2021)**

The Director of Finance, Mr Derek Lindsay, presented the draft Revenue Plan 2021-2022.

Mr Lindsay advised that the Scottish Government had approved its budget for 2021/22. The allocation letter from the NHS Scotland Director of Finance dated 28 January 2021 set out the approach to be taken to uplift IJB baseline funding. Mr Lindsay presented a proposal to delegate £3.3 million for 2021-2022 to IJBs to reflect the 1.5% general allocation uplift for the year. NHS Ayrshire & Arran had received an additional 0.2% allocation to reflect its share of the national resource allocation which had increased the uplift to 1.7%.

Mr Lindsay reported that revenue planning activity had been ongoing since autumn 2020 and this had highlighted cost pressures of £26.2 million for 2021-2022, compared to a funding uplift of £12.7 million. Mr Lindsay advised that a Board workshop had recently taken place to discuss revenue planning and it was agreed that more work was needed to identify further CRES in order to continue the improvements to the Board's financial position shown in previous years.

Mr Lindsay confirmed, in response to a question from a Board Member, that the Board anticipated further Scottish Government funding to cover the additional

expenditure over and above public sector pay policy following the 4% staff pay rise recently announced by the Scottish Government.

Board Members expressed concern at the Board's difficult financial position and the projected deficit budget for 2021-2022. Board Members sought assurance that the Board will be able to continue to progress the robust longer term financial planning agreed before the pandemic to address the Board's underlying deficit.

The Chief Executive reassured Board Members that this was a draft Revenue Plan to agree a pathway to enable the uplift to IJB baseline funding and conclude the IJB budget setting process. The Corporate Management Team was seeking a short extension to work through the Revenue Plan and cost pressures identified, to enable further scrutiny and understanding, and consider options for redesign or opportunities to work differently through Caring for Ayrshire to achieve further efficiency. The Chief Executive acknowledged the positive ongoing support and input from the Health and Social care management team in developing the revenue plan, as well as in wider service planning. The Chief Executive advised that the draft Revenue Plan will be updated to reflect these discussions and presented to the next Board meeting on 24 May 2021 for approval.

**Outcome: Board Members approved the proposed budget increase of £3.3 million for 2021-2022 to be delegated to IJBs to reflect the 1.5% general allocation uplift for the year. Board Members approved the rollover of other recurring budgets into 2021-2022 to allow cost pressures to be further challenged and savings plans to develop further. Board Members looked forward to receiving the updated Revenue Plan at the next Board meeting on 24 May 2021 for approval.**

## 10.2 Capital Investment Plan (CIP) 2021-22

(056/2021)

The Director of Infrastructure and Support Services, Ms Nicola Graham, presented the CIP for 2021-2022.

Ms Graham reported that the Scottish Government had informed Boards in February 2021 that funding for the CIP in 2021-2022 would be broadly in line with that provided in 2020-2021, with total expected funding of £21.9 million.

Board Members received details of the estimated allocation in relation to Core Capital Allocation, Whole Systems Estate, Caring for Ayrshire and the National Secure Adolescent Inpatient Service.

Ms Graham advised that the draft CIP reflected projects scheduled within the five year plan which had been regularly considered by the Capital Programme Management Group in prioritising investment. The report detailed projects with a high degree of certainty as well as those at higher risk in terms of ability to deliver within the timescale due to the continued impact of the COVID-19 pandemic. Ms Graham explained that should higher risk projects be significantly delayed and unable to achieve the expenditure targets, the funding would either be rescheduled in agreement with the Scottish Government or appropriate substitute projects would be identified through application of the new CIP prioritisation process.

**Outcome: Board Members approved the Board's Capital Investment Plan 2021-22 for submission to the Scottish Government.**

### **10.3 National Secure Adolescent Inpatient Service full business case (057/2021) (NSAIS FBC)**

The Director for NAHSCP, Ms Caroline Cameron, introduced the NSAIS FBC and invited the Senior Project Manager, Property and Capital Planning, Mr Iain Fairley, to present the report. The report had been scrutinised through governance processes and was considered and supported by the Performance Governance Committee on 2 March 2021.

Mr Fairley outlined the background to the development of the NSAIS FBC with the Principal Supply Chain Partner, Keir Construction and professional advisers, and detailed changes that had been made following Scottish Government approval of the Outline Business Case (OBC) in May 2020. Board Members received assurance that professional advisers had provided confirmation that the costs of the project were competitive within the current market and represented reasonable value for money.

Mr Fairley advised that the project had undergone an independent Gateway 3 assurance audit in October 2020 and three essential recommendations and two other recommendations were made which had all been addressed. Ms Thelma Bowers had been appointed as Senior Responsible Officer for the project to work alongside the Project Director to maintain oversight and momentum on the care service delivery.

Mr Fairley advised that the project team in conjunction with Finance were seeking authority to set up a Project Bank Account (PBA). The PBA would be linked to a Trust Deed signed by the Chief Executive and the Director of Finance on behalf of the Board.

Board Members were advised that once approved the FBC should be submitted to the Scottish Government by 31 March 2021 for consideration at the Health and Social Care Directorate's Capital Investment Group meeting on 21 April 2021. Mr Fairley anticipated that construction would begin in June 2021 and should be completed by April 2022. Following completion of commissioning, the service should be operational from around June 2022.

**Outcome: Board Members approved the National Secure Adolescent Inpatient Service Full Business Case for submission to the Scottish Government Capital Investment Group for approval. Board Members approved the proposal to set up a Project Bank Account and Trust Deed and authorised the Chief Executive and the Director of Finance to sign the Trust Deed on behalf of the Board.**

### **10.4 Internal Audit Plan 2021-22 (058/2021)**

The Director of Finance, Mr Derek Lindsay, presented the Internal Audit Plan setting out proposed areas for internal audit review in 2021-2022. The plan was discussed

at the Integrated Governance Committee meeting on 1 March 2021 and supported by the Audit and Risk Committee meeting on 17 March 2021.

Mr Lindsay sought Board Members' approval of the Internal Audit Plan and to delegate to the Audit and Risk Committee to flex the plan during the year in light of pandemic circumstances. Mr Lindsay gave assurance that the Committee Chair will update the Board on any changes and should major changes be required they will be brought to the Board for approval.

**Outcome: Board Members approved the Internal Audit Plan 2021-2022 and delegated to the Audit and Risk Committee to flex the plan during the year in light of pandemic circumstances.**

## **10.5 Equality and Diversity mainstreaming report (059/2021)**

The Nurse Director, Prof Hazel Borland, presented the Equality and Diversity mainstreaming report 2017-21.

Prof Borland advised that the report and appendices had been developed in line with the Equality and Human Rights Commission (EHRC) guidance to comply with equalities legislation. The new equality outcomes for 2021-2025 continued to contribute to the overarching high level shared outcomes set previously with partners across Ayrshire.

Prof Borland highlighted progress against key equality outcomes for 2017-2021, including shared partnership actions and Board specific actions, as detailed in the report. Prof Borland highlighted the rationale for reaching the four new equality outcomes and the engagement that had taken place with stakeholders and communities in agreeing these priorities. Prof Borland advised that the equality outcomes would guide the new Corporate Equalities Committee which will report directly to the Board. The Equalities Implementation Group will drive forward the work to deliver the new equality outcomes for 2021-2025 and any other associated work.

Board Members acknowledged the importance of this report and welcomed the focused and structured approach being taken to improve equality outcomes. Board Members were encouraged by the extensive reach in terms of protected characteristics and the progress in ethnicity monitoring within acute services. Board Members looked forward to hearing more about the progress of the new Corporate Equalities Committee and the Equalities Implementation Group.

The HR Director, Ms Sarah Leslie, gave assurance that the Corporate Management Team supported and shared the commitment to progress the equalities agenda in terms of public access and patient experience, and in terms of supporting the health and care workforce to encourage feedback on what could be done differently or better. The new Black, Asian and Minority Ethnic (BAME) group would meet on 12 April 2021, with the aim to deliver work programmes owned by staff groups to reflect important equality issues such as diversity, gender and disability.

**Outcome: Board Members supported and approved the Equality and Diversity mainstreaming report equality outcomes for 2017-21 for publication on the Board's website by 30 April 2021.**

**11. For information**

**11.1 Board briefing (060/2021)**

Board Members noted the content of the briefing.

**11.2 East Ayrshire Integration Joint Board (061/2021)**

Board Members noted the minutes of the meeting held on 2 December 2020.

**11.3 North Ayrshire Integration Joint Board (062/2021)**

Board Members noted the minutes of the meetings held on 17 December 2020 and 14 January 2021.

**11.4 South Ayrshire Integration Joint Board (063/2021)**

Board Members noted the minutes of the meetings held on 16 December 2020 and 17 February 2021.

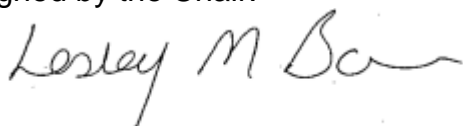
**12. Any Other Competent Business (064/2021)**

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 24 May 2021.

Signed by the Chair:



26 May 2021

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