



**Ayrshire and Arran NHS Board
Minutes of MS Teams meeting
9.15am, Monday 25 May 2020**

Present: Non-Executive Members:
 Mrs Lesley Bowie, Board Chair
 Mrs Margaret Anderson
 Mr Michael Breen
 Cllr Laura Brennan-Whitefield
 Mr Adrian Carragher
 Cllr Joe Cullinane
 Dr Sukhomoy Das
 Mrs Jean Ford
 Mr Ewing Hope
 Mr Bob Martin
 Mr John Rainey
 Cllr Douglas Reid
 Miss Lisa Tennant

 Executive Members:
 Mr John Burns (Chief Executive)
 Prof Hazel Borland (Nurse Director)
 Mr Derek Lindsay (Director of Finance)
 Dr Crawford McGuffie (Medical Director)

In attendance: Mrs Joanne Edwards (Director for Acute Services)
 Mr Tim Eltringham (Director of Health and Social Care, South Ayrshire)
 Mr Eddie Fraser (Director of Health and Social Care, East Ayrshire)
 Ms Nicola Graham (Director for Infrastructure and Support Services)
 Ms Sarah Leslie (HR Director)
 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))
 Mr John Wright (Director for Corporate Support Services)

 Mrs Miriam Porte (Communications Manager)
 Mrs Angela O'Mahony (Committee Secretary) minutes

1. Apologies

Apologies were noted from Mr Stephen Brown, Mrs Kirstin Dickson, Ms Linda Semple and Mr David Hanlan.

The Board Chair advised that Mr John Wright will retire at the end of May 2020, having worked for NHS Ayrshire & Arran for 15 years in the role of Director of Knowledge Management and E-Health and, since 2010, as Director of Corporate Support Services. The Board Chair thanked Mr Wright for his contribution to the Board and wished him well for his forthcoming retirement. The Board Chair advised

that Ms Patricia Leiser, HR Director since 2012, had recently retired from the Board and thanked Ms Leiser for her contribution and input.

The Board Chair welcomed Ms Nicola Graham who had taken on the role of Director of Infrastructure and Support Services in April 2020 and Ms Sarah Leslie, HR Director, who was attending her first Board meeting having joined the organisation in March 2020. The Board Chair also welcomed Dr Crawford McGuffie following his appointment as Medical Director. Board Members were advised that Miss Lisa Tennant had agreed to extend her term of office as a Non-Executive Board Member until the end of March 2021.

2. Declaration of interests (043/2020)

There were no declarations noted.

3. Minute of the meeting of the NHS Board held on 30 March 2020 (044/2020)

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

4. Matters arising (045/2020)

Paper 2 - Action Log

The Board action log was circulated to Board Members in advance of the meeting and all actions were noted. The Board Chair highlighted that there was one action outstanding relating to CAMHS and Psychological services capacity, to report on the future workforce position, and an update will be provided at a future Board meeting.

5. Chief Executive and Board Chair report

5.1 Chief Executive's report (046/2020)

- The Chief Executive gave assurance to Board Members that while much of NHS Ayrshire & Arran's activity was currently focused on the response to COVID-19, the Board continued to focus strongly on its public protection obligations, working with Local Authorities, Police and other partner agencies. During the lockdown period, there had been more frequent meetings and extended discussion across the three Local Authority areas to consider wider vulnerabilities within the community.
- The Chief Executive reported that he, the Medical Director and Nurse Director were making weekly visits to teams across the health and care system. The Chief Executive recognised the incredible commitment shown by teams working differently at pace to reform services in response to COVID-19 challenges. The Chief Executive highlighted the real desire among teams to continue new ways of working, not least the very important digital solutions introduced to support remote working for staff and provide patient care.
- The Chief Executive highlighted the positive work taking place to support staff safety and wellbeing during the pandemic. A network of wellbeing hubs and facilities had been established across the organisation which were being well used by staff with positive feedback received. The Chief Executive recognised the positive benefits to staff wellbeing and the Board was committed to continue support going forward.

5.2 Board Chair's report

(047/2020)

- The Board Chair had attended the national Board Chairs' meeting on 18 May 2020 when discussion had focused on variations to Nurse Director responsibilities, to be discussed later in the meeting. There had been an afternoon session with the Cabinet Secretary who had thanked all NHS Boards, senior teams and staff across the country for the way they had positively responded to the current COVID-19 crisis. Board Chairs had also discussed personal protective equipment (PPE), the position in care homes, NHS Board mobilisation plans and recovery.
- The Board Chair advised that she had visited the staff sanctuary and wellbeing centre at University Hospital Crosshouse and was very impressed by the facilities which were being well used and valued by a wide range of staff groups across the organisation. The Cabinet Secretary had commented at the recent Board Chairs' meeting that she would like all Boards to continue the positive work to promote staff wellbeing.
- The Board Chair had begun weekly meetings with Non-Executives to promote engagement and keep them updated of the latest developments and these meetings would continue during the current COVID-19 crisis.

6. Quality

6.1 Infection prevention and control

(048/2020)

The Nurse Director, Prof Hazel Borland, presented the Healthcare Associated Infection (HAI) report which provided a summary of the impact of the COVID-19 pandemic on the Infection Prevention and Control Team's (IPCT) core activity. The report also provided the current position against the national Healthcare Associated Infection (HCAI) Standards for the year ending December 2019. Due to the impact of COVID-19, it was not possible to give a projection up to the end of March 2020, however, work was taking place at national level and it was expected that data would be available around July 2020.

Prof Borland highlighted the phases of IPCT activity undertaken in response to the COVID-19 pandemic. As a result, most routine IPCT activity had paused, with the exception of alert organisms, non-Covid outbreak management and water safety. Prof Borland gave assurance that she had been in regular contact with the Chief Executive, Infection Control Manager and Infection Control Doctor to identify priority areas for activity and support required by IPCT to enable an effective response to COVID-19.

Prof Borland outlined the arrangements put in place to model supply and demand for PPE following emergency planning arrangements. An escalation plan had been developed for potential PPE shortages and there had been an increase in the number of FFP3 face mask fit testers, with the capacity to fit test hundreds of staff in one week if required.

Prof Borland advised that following the announcement by Public Health England in April 2020 that the UK was in a position of sustained transmission, a recommendation was taken to EMT in April 2020 that the Board was in a position of sustained transmission. EMT had accepted the recommendation based on the level of outbreaks, patient numbers and cases in the community. This change in status meant that staff across the organisation were required to wear PPE for all patient

contact regardless of the patient's COVID-19 status. Prof Borland gave assurance that staff had access to the required PPE at all times to enable them to fulfil their role. A report on the change of status to sustained transmission was provided at an extraordinary Integrated Governance Committee meeting on 21 April 2020.

Prof Borland gave assurance, in response to a question from a Board Member, that the IPCT team had sufficient resources, including staff deployed from other areas, to manage the additional COVID-19 workload. Prof Borland advised that following a recruitment process, two new members of staff would join the IPCT team at the end of June 2020. Prof Borland advised that Infection Prevention and Control Committee meetings had re-started on 22 May 2020 and key issues would be reported to the Healthcare Governance Committee meeting on 29 June 2020.

Committee members discussed the impact of COVID-19 on routine monitoring activity. Prof Borland gave assurance that the Board had continued to monitor alert organisms, such as Clostridium difficile infection, Staphylococcus aureus bacteraemia and E-coli, as well as a number of other organisms and any outbreaks, disparities or infection clusters. Routine surgical surveillance had been stood down at national level due to COVID-19. Prof Borland advised that she and the Infection Control Manager were discussing plans for the resumption of routine infection prevention and control activity following a phased approach aligned to phase two of the Board's Mobilisation plan.

Outcome: Board Members acknowledged the impact of COVID-19 on Infection Prevention and Control Team activity and were assured by the Board's performance against the national HCAI standards.

6.2 Patient feedback (049/2020)

The Nurse Director, Prof Hazel Borland, presented the Patient feedback report which set out changes to local and national complaint handling processes in response to COVID-19.

Prof Borland stated that as previously reported to the Board, the Scottish Public Services Ombudsman (SPSO) had changed the timeframe for complaint resolution in response to COVID-19 and the Board had extended the stage two response target to 40 working days. The Board had contacted all complainants to inform them of the changes and all had understood and agreed the extended target.

NHS Ayrshire & Arran Complaints team had continued to respond to concerns and stage one complaints. There were 335 concerns and stage one complaints in quarter four, a reduction of 161 compared to the same quarter last year.

Prof Borland reported that it had previously been agreed to pause stage two complaints at the start of the COVID-19 crisis, with a number of complaints on hold pending meetings with patients and families. However, when it had become apparent that this would be an extended situation, all stage two complaints were reviewed and the Complaints team was working closely with managers in providing written responses to these complaints. Prof Borland advised that while SPSO would continue to respond to complaints from individuals during the pandemic, any investigations would be significantly delayed.

Prof Borland gave assurance in regard to learning and themes identified on end of life care visiting and general communication, that guidance had been developed and the Complaints team was working with staff to ensure that they were aware of the options available to promote person centred care and could respond appropriately to individual requests and circumstances.

Board Members supported the approach being taken to complaint handling. Prof Borland clarified, in response to a question from a Board Member, that due to the pandemic, the Board had made a decision not to offer meetings with patients and families to discuss complaints and complainants had agreed to receive written responses. Prof Borland assured Board Members that as the Board moved towards phase two of the Mobilisation plan, consideration would be given to virtual meetings and possibly, at a later date, physically distanced meetings, adhering to information governance and social distancing guidelines.

Board Members highlighted the positive feedback received from the public on the Board's response to COVID-19, including arrangements for delivering non-COVID-19 services. Prof Borland advised that this positive feedback was also reflected through Care Opinion posts and the Board was actively trying to share this with the public through wider social media outlets.

Outcome: Board Members discussed and noted the report on NHS Ayrshire & Arran's activity in relation to complaint handling processes and the adaptations made during the COVID-19 pandemic.

7. Corporate Governance

7.1 Corporate Governance arrangements (050/2020)

The Board Chair advised that the Board had previously agreed interim corporate governance arrangements to enable CMT to plan, prepare and respond to COVID-19. During this period, the Audit Committee had continued to meet and there had been two extraordinary Integrated Governance Committee meetings to discuss matters relating to COVID-19.

The Board Chair advised that she and the Chief Executive had reviewed the interim arrangements and as the COVID-19 situation was likely to be ongoing for some considerable time, it was proposed to re-start the Board's corporate governance arrangements and return to the normal cycle of governance committees. The Board Chair assured Board Members that Scottish Government had been kept informed of the Board's plans.

The Board Chair clarified, in response to a question from a Board Member, that while the Board was not returning to normal business, the move to return to the normal cycle of governance meetings would ensure effective governance and appropriate oversight, scrutiny and challenge of the Board's business.

Outcome: Board Members agreed the approach to resume the Board's corporate governance arrangements and the normal cycle of Governance and Standing Committees in line with the Board's Standing Orders.

7.2 Variation to Nurse Director Responsibilities

(051/2020)

The Chief Executive advised Board Members of changes to Nurse Director responsibilities and accountability for certain aspects of care homes as part of the wider approach in response to the COVID-19 pandemic.

The Chief Executive assured Board Members that from the early stages of the pandemic the Board's Public Health team and Health and Social Care Partnership (HSCP) colleagues have been closely involved and supportive of care homes, with very positive feedback received on the approach taken. The Chief Executive advised that the Board's EMT had until recently been meeting daily to discuss the COVID-19 crisis, including daily reports on the care home sector.

Board Members were advised that on 17 May 2020 the Cabinet Secretary had written to introduce senior oversight arrangements for care homes, bringing together the Nurse Director, Medical Director, Public Health Director, Chief Social Work Officers and Integration Joint Board (IJB) Chief Officers. An oversight group had been set up in each HSCP area with daily meetings taking place. The Chief Executive set out reporting arrangements through HSCPs with governance reporting through the Healthcare Governance Committee. Reports would also be presented to the NHS Board if required.

The Chief Executive gave assurance that Scottish Nurse Directors were working collectively to enable shared understanding of the changes to Nurse Director responsibilities, following a consistent approach where possible. The arrangements would be reviewed at the end of November 2020.

The Nurse Director, Prof Hazel Borland, outlined the approach being taken to put in place these changes to her responsibilities as part of wider joint professional oversight arrangements, working closely with the Medical Director, Public Health Director and Chief Officers. An additional Associate Nurse Director had been appointed to provide care home support working in close collaboration with Associate Nurse Directors and HSCP Lead Nurses. Prof Borland emphasised that the Board was taking a supportive approach to promote engagement and understanding and strengthen the resources available to care home staff and residents across Ayrshire. A governance and accountability framework had been developed and this would be presented to EMT on 27 May 2020 for final approval.

Outcome: Board Members noted the variations to Nurse Director responsibilities and were assured by the approach being taken to put in place the additional requirements.

7.3 Audit Committee

(052/2020)

The Committee Chair, Mr Michael Breen, reported key areas of focus and scrutiny at the meeting on 13 May 2020.

Mr Breen highlighted that there had been discussion and approval of the audit review of the National Finance System. Committee members had approved the Audit Committee annual report 2019/20 which would be submitted to the NHS Board on 17 August 2020. The Board would also be asked to approve the Committee's Terms of Reference.

Outcome: Board Members noted the update.

7.4 Integrated Governance Committee Minutes

(053/2020)

The Board Chair presented approved minutes of the meetings held on 29 January and 21 April 2020 and key issues from the meeting on 15 May 2020.

The Board Chair reported that an extraordinary meeting was held on 21 April 2020 to consider changes made and guidance received in response to the COVID-19 pandemic. Committee members had received a range of updates, including a report on the positive work to promote staff wellbeing. The Board Chair advised that Board Members were able to access the full set of meeting papers on the Board's intranet and they would also be circulated to Board Members for information.

The Board Chair advised that a further extraordinary meeting had taken place on 15 May 2020 and discussion had focused on the re-start of the Board's governance arrangements. The Committee had agreed that a report detailing proposals should be presented to the NHS Board for approval, as discussed earlier in the meeting. The Chief Executive had provided an update on the progress of the Board's Mobilisation plan and this was also included on the Board's agenda. The Chief Executive had outlined plans to re-focus on the Caring for Ayrshire programme as part of longer term activity following phase two of the Mobilisation plan.

Outcome: Board Members considered and noted the minutes.

8. Service

8.1 Mobilisation phase 1

(054/2020)

In the absence of the Director for Transformation and Sustainability, the Chief Executive provided an update on the first phase of the Board's Mobilisation plan.

The Chief Executive outlined the emergency planning arrangements put in place at pace across the Board and HSCPs to manage changes in activity in health and care services to care for patients with COVID-19. Following a command and control structure, an Emergency Management Team (EMT) had been established as a Gold group to lead on the Board's response, with Silver and Bronze groups set up to manage tactical and operational issues.

The Chief Executive gave assurance that the Board's level of preparedness was appropriate and there was sufficient flexibility within the system to re-organise services, buildings and facilities and identify additional capacity. The Chief Executive recognised and commended the tremendous contribution of the workforce and the support provided by colleagues across all services to increase Acute critical care capacity. The Chief Executive highlighted the significant expansion of digital services capacity. Two Military Liaison Officers had been deployed to NHS Ayrshire & Arran to support the emergency planning response. Their input had been extremely helpful in stress testing specific parts of the mobilisation plan such as PPE.

Board Members discussed the Mobilisation plan phase one and were impressed by the emergency arrangements quickly put in place in response to the COVID-19

pandemic. The Board Chair thanked the Chief Executive for the regular progress updates provided to Non-Executive Board Members, currently working remotely, to promote engagement and give assurance in regard to actions being taken by the Board.

Outcome: Board Members noted the development of the Mobilisation plan phase one and were assured that the necessary systems and procedures were in place to scrutinise, monitor and manage delivery against the plan. Board Members noted work ongoing to develop the Mobilisation plan phase two.

8.2 Mobilisation phase two

(055/2020)

In the absence of the Director for Transformation and Sustainability, the Chief Executive reported that Scottish Government had asked NHS Boards to prepare phase two of the Mobilisation plan and work was ongoing to develop the plan for submission to Scottish Government later in the day. Further discussion was planned with the Scottish Government on 28 May 2020.

The Chief Executive advised that the Mobilisation plan phase two set the baseline for Board's planning up to the end of July 2020 and beyond. The Board would maintain a COVID-19 Acute care pathway while gradually re-starting planned care services, following a risk based clinical prioritisation approach. The Chief Executive emphasised that this would not be a return to normal services and would involve a small number of patients in the first phase. Board Members received assurance that cancer surgery and mental health services remained priority areas.

The Chief Executive set out the proposed approach to deliver unscheduled care services to enable individuals to receive safe care in the right place while observing physical distancing guidelines. Consideration was also being given to mobilising the full range of Primary Care services. The Chief Executive underlined the importance of maintaining and building on the whole system learning and important changes made during phase one of the Mobilisation plan.

The Chief Executive advised that phase two planning would be underpinned by care that was safe for patients and safe for staff. The plan would reflect workforce challenges and constraints, and be risk based. The plan will include continued support for care homes and delivery of the "Test and Protect" element of the COVID-19 testing programme.

The Chief Executive gave assurance that as the Scottish Government eased lockdown restrictions, the Board would continue to monitor the local impact on health and wellbeing and adopt an agile and flexible approach should it be necessary to scale up the response to COVID-19.

Board Members discussed the impact of COVID-19 on other services such as cancer and emergency care. The Medical Director gave assurance that following clear messaging that the NHS continued to provide non-COVID-19 services, there had been a significant increase in the number of patients accessing GP and hospital services in recent weeks. The Director for Acute Services, Mrs Joanne Edwards, advised that urgent cancer suspected referrals had increased and were now close to normal levels.

The Chief Executive advised, in response to a question from a Board Member in relation to emergency care provision, that services would be planned, managed and delivered differently going forward, taking on board the learning and reforms already made in response to COVID-19. The Medical Director explained that a clinically led risk based approach would be adopted to provide safe care whilst managing patient numbers and controlling the patient environment. The Medical Director recognised that clinical teams had performed a tremendous role in the lead-in to the pandemic and would continue to do so as mobilisation plans progress.

The Chief Executive reported that as part of phase two of the Mobilisation plan, a prioritised risk assessment programme would be undertaken across all wards and departments to ensure the Board was complying with health and safety regulations and observing physical distancing requirements. The Chief Executive highlighted that this may reduce the number of beds available to ensure delivery of safe patient care.

Outcome: Board Members noted the update on the development of phase two of the Mobilisation plan and looked forward to receiving further updates as this work progressed.

8.3 Recovery plan (056/2020)

In the absence of the Director for Transformation and Sustainability, the Chief Executive provided an update on the Board's Recovery plan.

The Chief Executive advised that, as previously discussed, the move towards Recovery would not mean a return to normal services. While the Board continued to respond to COVID-19 challenges, consideration was being given to Recovery planning. EMT was now meeting every other day to enable the Corporate Management Team to consider Recovery plans. The Board would engage with the Scottish Government on Recovery planning in the coming weeks as part of wider infrastructure and planning discussions.

The Chief Executive highlighted that the Recovery process would be complex and involve bringing together the whole health and care system, taking on board the important reform work undertaken over the past 12 weeks and connecting and re-igniting the Caring for Ayrshire programme as part of longer term planning.

Board Members discussed the resources available to progress Recovery planning. The Chief Executive gave assurance that a whole team approach was being adopted to mobilisation and recovery, with colleagues across the health and care system leading this work. The Chief Executive assured Board Members that the senior leadership team would support this work and monitor the level of resources and skills available to take forward the Recovery process.

Outcome: Board Members noted the update on progress towards recovery of services across Ayrshire and Arran.

9. Performance

9.1 Performance Report

(057/2020)

In the absence of the Director for Transformation and Sustainability, the Chief Executive presented a report on the Board's Unscheduled and Planned Care performance and the impact of COVID-19 across the system.

Board Members considered the impact of the response to COVID-19 on staffing levels within unscheduled care. The Medical Director, Dr Crawford McGuffie, advised that there had been a significant reduction in unscheduled care activity in the early weeks of the pandemic, which had enabled medical and nursing staff to be trained and deployed to provide additional support for COVID-19 activity. Unscheduled care activity was now returning to more normal levels. Dr McGuffie gave assurance that staffing levels in COVID-19 and other service areas were appropriate at all times. The Nurse Director, Prof Hazel Borland, reiterated that both Acute sites were able to effectively manage activity and staffing levels despite an increase in staff absences mainly due to COVID-19.

The Chief Executive reiterated, in response to a question from a Board Member, that unscheduled care services will be delivered differently going forward, building on the good work already being done, for example, triage of patients to the appropriate service to maintain safe patient care. The Chief Executive recognised the importance of communicating these changes to the local population at an early stage.

Dr McGuffie gave assurance, in response to a question from a Board Member, that he was working with Centre Stage to consider how to reach vulnerable and deprived communities to ensure they could engage effectively with services following the changes made. The Nurse Director assured Board Members that longer term service change would be equality impact assessed and any mitigating actions identified to ensure that no members of the community would be disadvantaged by the decisions being made.

Outcome: Board Members noted the report and were assured of the systems and procedures in place to monitor and manage the impact of COVID-19 and provision of unscheduled and planned care.

9.2 Financial Management Report for Month 12

(058/2020)

The Director of Finance, Mr Derek Lindsay, presented the Financial Management Report for Month 12. The overspend at Month 12 was £1.7 million. The deficit forecast for the year ending 31 March 2020 was £14.3 million, ahead of the £14.750 million deficit forecast in the Annual Operating Plan.

Mr Lindsay outlined the main areas of overspend which were consistent during the year. There was an Acute services overspend of £11.45 million, mainly due to pre-COVID-19 increased demand pressures and delayed discharges resulting in additional acute beds being opened. Mr Lindsay highlighted that there had been a continued reduction in medical agency spend. However, the agency nurse spend had increased significantly during the year, mainly due to additional wards being opened to manage winter pressures, and the position would continue to be

monitored closely. Board Members were advised that sickness absence levels had reduced significantly during the year with an average rate of 4.8%.

Mr Lindsay explained that HSCP underspends were not shown in the report as they were owned by the IJBs and would be reflected in their accounts. Board Members were advised that the Audit Committee would meet on 12 June to consider the Board's Annual Accounts for onward submission to the NHS Board on 22 June.

Outcome: Board Members noted NHS Ayrshire & Arran's financial position at Month 12 and were assured that the organisation had achieved and was slightly ahead of the planned £14.75 million deficit forecast in the Annual Operating Plan.

9.3 Covid-19 expenditure and financial governance (059/2020)

The Director of Finance, Mr Derek Lindsay, provided an update to give assurance to Board Members on the arrangements for the management of COVID-19 expenditure and financial governance. The first funding allocation of £50 million had already been made targeted at Local Authorities and HSCPs.

Board Members received details of local arrangements for tracking COVID-19 expenditure. COVID-19 related spend at Month one up to 30 April 2020 was £2 million. Mr Lindsay explained that reporting to Scottish Government identified COVID-19 costs offset against areas of underspend in other service areas. Mr Lindsay highlighted the additional costs to be re-charged to Scottish Government for local purchase of PPE supplies required in the early stages of the pandemic and for employment of end of year two and year three student nurses to build additional capacity.

Board Members were advised that an approval tracker had been set up to categorise and manage COVID-19 expenditure, contingency planning arrangements and future costs, for example, to set up "Test and Protect" and implement Mobilisation plans. Mr Lindsay explained that items above £750,000 annual spend required Scottish Government approval.

Outcome Board Members were assured by the arrangements for the management of COVID-19 expenditure and financial governance.

10. Decision/Approval

10.1 Capital Plan 2020/2021 (060/2020)

The Director for Corporate Support Services, Mr John Wright, presented the Capital Plan for 2020/21.

Mr Wright informed Board Members that due to the impact of COVID-19, it had been necessary to revise the Capital Plan for 2020/21, as a result of a number of facilities no longer being available for decant or refurbishment. This had resulted in a reduction in the "Whole Systems Estate" from £6.0 million to £2.5 million. The Scottish Government had agreed that these funds could be deferred to 2021/22.

Mr Wright provided an overview of capital funding sources for 2020/21 to be confirmed by Scottish Government, with gross capital expenditure of £16,505 million.

In addition, a revenue allocation of £2,830 million would be provided for Estates Formula projects. Mr Wright highlighted that as mobilisation and recovery plans were taken forward, it would be important to review projects in-year to ensure they remain appropriate and align with wider planning.

Outcome: Board Members approved the Capital Plan 2020/21.

11. For information

11.1 Board briefing (061/2020)

Board Members noted the content of the briefing.

11.2 East Ayrshire Integration Joint Board (062/2020)

There was no approved minute available.

11.3 North Ayrshire Integration Joint Board (063/2020)

There was no approved minute available.

11.4 South Ayrshire Integration Joint Board (064/2020)

There was no approved minute available.

12. Any Other Competent Business (065/2020)

There was no other business.

13. Date of Next Meeting

A private meeting of the NHS Ayrshire & Arran Board will take place at 11 am on Monday 22 June 2020 for Annual Accounts.