

**Ayrshire and Arran NHS Board**  
**Minutes of MS Teams meeting**  
**9.15am, Monday 17 August 2020**

Present: Non-Executive Members:  
Mrs Lesley Bowie, Board Chair  
Mrs Margaret Anderson  
Mr Michael Breen  
Cllr Laura Brennan-Whitefield (attended part of meeting)  
Mr Adrian Carragher  
Cllr Joe Cullinane  
Dr Sukhomoy Das  
Mrs Jean Ford  
Mr Ewing Hope  
Cllr Douglas Reid  
Ms Linda Semple

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

In attendance: Mr Stephen Brown (Director of Health and Social Care, North Ayrshire)  
Mrs Kirstin Dickson (Director for Transformation and Sustainability)  
Mrs Joanne Edwards (Director for Acute Services)  
Mr Tim Eltringham (Director of Health and Social Care, South Ayrshire)  
Mr Eddie Fraser (Director of Health and Social Care, East Ayrshire)  
Mrs Shona McCulloch (Head of Corporate Governance)  
Mrs Lynne McNiven (interim Director of Public Health (joint))  
  
Mrs Miriam Porte (Communications Manager)  
Mrs Angela O'Mahony (Committee Secretary) minutes

## 1. Apologies

Apologies were noted from Mr Bob Martin, Mr John Rainey, Miss Lisa Tennant, Ms Nicola Graham, Ms Sarah Leslie and Dr Joy Tomlinson.

The Board Chair advised that Mr David Hanlan's mentoring period had ended and he would no longer be attending the Board meeting.

**2. Declaration of interests (066/2020)**

Mrs Jean Ford declared an interest in relation to paper 20, Medical Education Governance, as a Non-Executive Board Member of NHS Education for Scotland.

**3. Minute of the meeting of the NHS Board held on 25 May 2020 (067/2020)**

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

**4. Matters arising (068/2020)**

Paper 2 - Action Log

The Board action log was circulated to Board Members in advance of the meeting and all actions were noted. Board Members were advised that a report relating to paper 2, item 8.1, Child and Adolescent Mental Health Services and Psychological services capacity and workforce issues, will be presented at the next Board meeting on 5 October 2020.

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

**5.1 Chief Executive's report (069/2020)**

- The Chief Executive informed Board Members that NHS Ayrshire & Arran's Remobilisation Plan had been submitted to the Scottish Government on 31 July 2020 as required. The Board had since had a positive discussion with the Scottish Government and provided reassurance in relation to local arrangements to deliver the Influenza vaccination programme. The Chief Executive had recently spoken to the interim Director of Finance at the Scottish Government and it was expected that further detailed discussion would be required in relation to revenue elements of the Remobilisation Plan. Board Members would be kept updated. There was ongoing dialogue with the Scottish Government on the critical importance of Test and Protect, to ensure local arrangements were as resilient as possible. The Chief Executive gave assurance that discussion was ongoing across all aspects of the Re-mobilisation Plan locally through the Emergency Management Team and through national discussions.
- NHS Ayrshire & Arran had been asked to give evidence at the Scottish Parliament Health and Sport Committee on 1 September 2020 (by videoconference) in relation to COVID-19 budgets and expenditure. The Board would be represented at the Committee by the Nurse Director/Deputy Chief Executive and Director of Finance.
- The Chief Executive gave assurance that the Board was re-starting some other work alongside COVID-19 activity. The Board's Corporate Management Team was looking at financial recovery, the challenges being faced this year, uncertainties relating to Brexit, the financial position moving forward to next financial year and the steps that the Board will require to take.
- The Chief Executive advised that there had been comprehensive discussion on areas of risk at the Risk and Resilience Scrutiny and Assurance Group meeting on 13 August 2020, including scrutiny of the Board's strategic risks, COVID-19 risks and risks relating to the UK's withdrawal from the European Union.

## 5.2 Board Chair's report

(070/2020)

- The Board Chair advised that the next Board Chairs' meeting would take place on 24 August 2020. Bi-weekly meetings had been taking place with the Minister for Public Health since the start of the COVID-19 emergency situation and were expected to continue until at least the end of November 2020. More recently, meetings had focused on the regional perspective. The Board Chair would keep Board Members updated of discussions taking place at Board meetings and through four weekly updates to Non-Executives.
- The Board Chair advised that nationally efforts were being made to hold all NHS Board meetings in public and locally work was taking place with the aim to enable the public to join the Board meeting should they wish on 5 October 2020.

## 6. Quality

### 6.1 Patient Experience Annual Report 2019-20

(071/2020)

The Nurse Director, Prof Hazel Borland, introduced the Patient Experience Annual Report 2019-20.

Prof Borland advised that the timescale for completion of this report had been extended due to the COVID-19 emergency situation. The report had previously been presented to the Healthcare Governance Committee on 3 August 2020 and required to be submitted to the Scottish Government by the end of September 2020.

Prof Borland highlighted that the Annual Report provided performance information relating to handling of complaints and concerns, Scottish Public Services Ombudsman enquiries, Care Opinion performance, areas of learning and improvement and priorities for 2020-21. Board Members had also received regular performance reporting throughout the year.

**Outcome:** Board Members noted the Patient Experience Annual Report, recognised the positive benefits of patient feedback and commended all those involved for the good progress made in the Board's complaint handling process during 2019-20.

### 6.2 Healthcare Associated Infection (HCAI) full report

(072/2020)

The Nurse Director, Prof Hazel Borland, presented the HCAI report. The report provided an analysis of the Board's performance against national Healthcare Associated Infection Standards and the national meticillin resistant Staphylococcus aureus (MRSA) admission clinical risk assessment (CRA) key performance indicator up to the end of March 2020. A version of the report had been discussed in detail at the Healthcare Governance Committee (HGC) on 3 August 2020.

Prof Borland highlighted that the Board's verified annual rolling rate for Clostridium difficile infection (CDI) up to the end of March 2020 was 16.8, an increase of 16% on the previous year. The verified rate for the quarter January to March 2020 was 15.8, slightly below the mean and improvement work would take place once the Infection Prevention and Control Team had moved to the recovery phase.

Board Members were advised that the Board's verified rolling annual rate for Staphylococcus aureus bacteraemia (SABs) was 17.1, a 24% increase on the previous year. The verified rate for the quarter January to March 2020 was 17.7,

higher than the mean rate. There were 34 SABs recorded in the first quarter of 2020-21, and the point of entry was not known for 44% of SABs.

Prof Borland advised in relation to the graduated target set for Escherichia coli bacteraemia (ECB) that the Board's verified annual healthcare associated rate for the year ending March 2020 was 43.7, slightly above the proposed year one reduction target of 43.4. There were plans to re-start urinary catheter improvement activity following a pause to focus on the COVID-19 response. The Board's compliance in the completion of MRSA CRA for January to March 2020 had reduced significantly compared to the previous quarter.

Prof Borland provided reassurance in response to a question from a Board Member on hand hygiene compliance for nursing staff in June 2020, that compliance had previously been high and performance had improved again in July 2020.

Board Members sought assurance that the IPCT had the level of resource required to maintain routine infection prevention and control activity and additional work relating to the COVID-19 pandemic. Prof Borland gave reassurance that she had considered this in detail with the Infection Control Manager and Chief Executive and a bid for non-recurring resource had been included in the Board's Re-mobilisation Plan to support additional IPCT activity, including infection prevention and control support to care homes up to the end of March 2021. Discussion was ongoing through the Control of Infection Committee and the proposals would be reported through HGC for scrutiny and oversight as plans progressed.

**Outcome: Board Members considered and noted the update on the Board's current performance against the national Healthcare Associated Infection Standards.**

## **7. Corporate Governance**

### **7.1 Corporate Governance learning and improvement plan 2020-21 (073/2020)**

The Head of Corporate Governance, Mrs Shona McCulloch, presented the Corporate Governance learning and improvement plan 2020-21. The report provided an update on actions set out in the 2018-19 improvement plan and the improvement plan developed for 2020-21, as agreed by the Integrated Governance Committee (IntGC) on 11 June 2020. Mrs McCulloch gave assurance to Board Members that the improvement plan was subject to robust monitoring through IntGC. The three items carried forward to the 2020-21 improvement plan were progressing and updates would be provided to the relevant Governance Committee and in a future report to the Board.

**Outcome: Board Members noted the update and received assurance on management of the Corporate Governance learning and improvement plan.**

### **7.2 Audit Committee (074/2020)**

The Committee Chair, Mr Michael Breen, presented approved minutes of the meetings held on 18 March 2020 and 13 May 2020, and key areas of focus and scrutiny at the meeting on 12 June 2020.

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

**7.3 Healthcare Governance Committee Minutes (075/2020)**

The Committee Chair, Ms Linda Semple, presented the minutes of the meetings held on 9 March 2020 and 29 June 2020 and key areas of focus and scrutiny at the meeting on 3 August 2020.

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

**7.4 Information Governance Committee (076/2020)**

In the absence of the Committee Chair, Cllr Joe Cullinane presented the minute of the meeting held on 17 February 2020 and key areas of focus and scrutiny at the meeting on 21 July 2020.

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

**7.5 Integrated Governance Committee (077/2020)**

The Board Chair presented the minute of the meeting held on 17 February 2020 and key areas of focus and scrutiny at the meeting on 15 May 2020.

The Chief Executive gave assurance in response to a question from a Board Member that while there had been a delay in progressing the Caring for Ayrshire (CfA) programme, however work had continued to develop a Programme Initial Agreement (PIA) to completion, to enable informed discussion with the Scottish Government. The PIA would then be presented through governance routes for onward submission to the NHS Board. The Chief Executive highlighted the current challenges relating to engagement on the CfA programme and provided assurance that consideration was being given to different ways of engaging and seeking feedback from stakeholders as widely as possible.

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

**7.6 Staff Governance Committee (078/2020)**

In the absence of the Committee Chair, Mr Adrian Carragher advised that due to technical issues the Committee meeting planned for 10 August 2020 had been cancelled. The minute of the meeting held on 11 February 2020 was not available.

**Outcome: Board Members noted.**

**7.7 Performance Governance Committee (079/2020)**

In the absence of the Committee Chair, Ms Linda Semple, presented the minute of the meeting held on 3 March 2020 and key areas of focus and scrutiny at the meeting on 30 July 2020.

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

## 8. Corporate Governance – annual reports 2019-20

### 8.1 Board Governance Committees (080/2020)

Board Members considered the 2019-20 Annual Reports for the Audit and Risk Governance, Healthcare Governance, Information Governance, Integrated Governance, Performance Governance and Staff Governance Committees.

The Board Chair advised that Board Members were being asked to approve the Terms of Reference for all Governance Committees, with the exception of the Integrated Governance Committee Terms of Reference which were approved by the Board on 7 October 2019.

**Outcome: Board Members noted the progress of the Governance Committees and approved the Terms of Reference.**

### 8.2 Area Professional Committees' annual report (081/2020)

The Area Clinical Forum Chair, Mr Adrian Carragher, presented the Area Professional Committees' annual report setting out key achievements during 2019-20. The annual reports had been approved by the relevant Professional Committee either at a meeting or by e-mail due to the meeting schedule.

Mr Carragher sought Board Members' approval for the update to Professional Committee Constitutions to clarify the process to extend a Committee Chair's term of office should they be elected as ACF Chair to enable them to fulfil the four year ACF Chair term.

The Chief Executive emphasised the importance of the Professional Committees and their advisory role to the Board, particularly in regard to the Caring for Ayrshire programme. Engagement with the ACF and Professional Committees was very good and there was a great deal of interest and participation in the work of the Board which was welcomed. The Board was working to ensure that all Professional Committees had a Lead Director to liaise with them and through the ACF to ensure that there was an open invitation for Directors to join Committee meetings where that would be helpful. Mr Carragher advised that the ACF was well supported by the organisation and this should raise the ACF's status and allow it to further contribute to the Board's work in the future.

**Outcome: Board Members noted the progress of the Professional Committees and approved the updated Terms of Reference.**

### 8.3 Pharmacy Practices Committee (082/2020)

8.3.1 The Director of Health and Social Care for East Ayrshire, Mr Eddie Fraser, set out the amended process for approval of minor relocation of community pharmacies.

Mr Fraser explained that the function previously delegated to the Pharmacy Practices Committee (PPC) to consider minor relocations of pharmacy premises was overly bureaucratic and would benefit from a change in procedure. It was proposed that the PPC Chair should make a decision on applications for minor relocations that were not contentious, such as those relating to adjoining or nearby premises. The

Chair would retain the authority to call a PPC meeting if required. This would bring the Board's procedure in line with other Board areas. The PPC Chair, Ms Linda Semple, gave assurance that the amended process would be more efficient and cost effective, and was in line with Scottish Government guidance.

**Outcome: Board Members considered and approved the amended process for approval of minor relocations of community pharmacies.**

8.3.2 The Director of Health and Social Care for East Ayrshire, Mr Eddie Fraser, presented the Pharmacy Practices Committee annual report for 2019-20.

**Outcome: Board Members considered and noted the progress of the Pharmacy Practices Committee.**

#### **8.4 Medical Education Governance annual report (083/2020)**

The Medical Director, Dr Crawford McGuffie, presented the Medical Education Governance annual report. The report had been considered at the Medical Education Governance Group meeting on 29 June 2020.

Dr McGuffie advised that the report described activity in relation to medical education and training, including training and redeployment of trainees throughout the COVID-19 pandemic emergency response. Feedback from trainees was mainly positive in terms of the overall training experience.

Board Members were advised that the Medicine Department at University Hospital Ayr remained within General Medical Council monitoring, with recruitment and retention of consultant training staff an ongoing challenge. However, trainee feedback had improved significantly.

Dr McGuffie highlighted that the 2019 GMC training survey had scored UHC Emergency Medicine (EM) Department highest of all EM units in the UK for overall satisfaction by trainees. UHA was also in the top five.

Dr McGuffie reported the successful expansion of the Clinical Development Fellows programme and gave assurance that the Board continued to invest and support a programme for development of best medical workforce to assure high quality, safe patient care and a supportive environment for training.

**Outcome: Board Members considered the annual report and were assured of the management status of medical education and training across NHS Ayrshire & Arran.**

### **9. Performance**

#### **9.1 Performance Report (084/2020)**

The Director of Transformation and Sustainability, Ms Kirsti Dickson, presented a report on the management and provision of unscheduled and planned care. The report described NHS Ayrshire & Arran's response to the COVID-19 pandemic following an integrated approach, working with East, North and South Ayrshire Health and Social Care Partnerships (HSCPs).

Ms Dickson reported improved performance for Unscheduled Care although this should be considered alongside activity data and lower than normal attendances and admissions to the system. Management data in recent weeks indicated that activity was rising and returning to pre-COVID-19 crisis levels which brought challenges to the system. The report considered national workstreams to support new ways of working for unscheduled and urgent care and to manage COVID-19 and non-COVID-19 pathways. Local work was also taking place to consider systems and processes in hospital and the community with a view to improving patient flow and performance as activity increased.

Ms Dickson highlighted changes in the delivery of Planned Care in response to the COVID-19 emergency situation, with some aspects of the service model paused as the Board looked to deliver services differently over the period. This had resulted in some people waiting longer for planned care than previously.

Board Members were advised that work was underway to re-start services and have safe pathways to care for patients and staff. Cancer Services had continued during the emergency situation following a clinical risk based approach and the 31 day and 62 day Cancer targets had been met. However, there had been a reduction in referrals over this period and it was expected that demand would grow as people re-engaged with services.

Ms Dickson highlighted service access challenges facing Mental Health Services and consideration had been given to delivering services differently, for example, through telephone consultation and using digital technology such as Near Me to maintain performance. Access performance within Psychological Therapies had decreased in June 2020 and remained below the compliance standard. There were particular issues for Child and Adolescent Mental Health Services following a change in data recording and as referrals were expected to increase following children returning to school. MSK services had been significantly affected by changes made in response to COVID-19, with staff being redeployed and as they returned to the service, consideration was being given to new ways of working to manage demand.

Ms Dickson advised in response to a question from a Board Member that the Board was required to continue to report performance against national targets. As part of the Re-mobilisation Plan, the Board had been asked to set indicative trajectories for activity over the coming months with details of plans to re-start services and this would provide meaningful local targets for service delivery which would be reported through the Re-mobilisation Plan going forward.

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

## **9.2 Financial Management Report**

**(085/2020)**

The Director of Finance, Mr Derek Lindsay, presented the Financial Management Report for the three months to 30 June 2020. The report's format had been changed to include additional COVID-19 expenditure from April to June 2020 and it had been considered in detail at the Performance Governance Committee on 30 July 2020.



Mr Lindsay reported that the draft Annual Operating Plan (AOP) financial outturn was £13.5 million deficit. The deficit at month three was £3.1 million and it was expected that the impact of the COVID-19 pandemic would be significant in financial year 2020-21. Mr Lindsay explained that for the Board to achieve the projected outturn in line with the AOP, this relied on the Board receiving funding from the Scottish Government to cover additional COVID-19 costs, as detailed in the Re-mobilisation Plan phase two submitted to the Scottish Government on 31 July 2020.

Mr Lindsay highlighted areas of overspend in Acute Services against pay and savings which were partly offset by supplies underspends as a result of reduced surgical activity due to the COVID-19 pandemic. Acute savings that were not achieved due to COVID-19 pressures were expected to be funded by the Scottish Government, as would additional net pay costs. It was expected that Acute Services would achieve close to breakeven this year. There was an underlying deficit brought into the year in reserves which was driving the £3.1 million overspend.

Board Members were advised that the trend for nursing staff from March to June 2020 was above establishment due to additional staff, mainly student nurses or bank staff being taken on as part of the Board's response to the COVID-19 emergency situation. It was expected that the Board would recover these additional costs from the Scottish Government through COVID-19 funding.

Mr Lindsay highlighted that having previously exceeded the national staff sickness absence target, non-COVID-19 related sickness absence had reduced and was below the target in April and May 2020.

Board Members were advised that the Board received the majority of personal protective equipment (PPE) free of charge from National Services Scotland. Local Authorities were required to fund PPE costs for their staff and care homes which involved significant costs.

Mr Lindsay gave assurance in response to a question from a Board Member that the Prescribing budget was monitored very closely, with prescribing costs and volumes the main drivers for spending. There had been a much higher prescribing volume in March 2020, however, this had not resulted in a compensating reduction in prescribing in the following months. In addition, there were higher costs on a range of generic drugs due to the impact of COVID-19 on drug production. The Re-mobilisation Plan included a request for funding of £5.2 million for additional COVID-19 prescribing costs.

The Chief Executive provided reassurance in response to a question from a Board Member that there were ongoing, important conversations taking place with the Scottish Government to ensure that while delivering a sustainable, responsive service during the COVID-19 pandemic, the Board was not being unnecessarily exposed to financial risk and decisions were being taken on a risk based, prioritised approach.

**Outcome:** Board Members discussed the Financial Management Report for the three months to 30 June 2020 and were assured by the management actions being taken and detailed scrutiny provided by the Performance Governance Committee.

### **9.3 East Ayrshire Integration Joint Board (EAIJB) annual review of Strategic Plan, Workforce Plan and Property and Asset Management Strategy 2018-21 (086/2020)**

The Director of Health and Social Care for East Ayrshire, Mr Eddie Fraser, presented the EAIJB annual review of the Strategic Plan, Workforce Plan and Property and Asset Management Strategy 2018-21. The report was approved by EAIJB on 25 March 2020 and will be presented to East Ayrshire Council on 20 August 2020.

Mr Fraser reported that the Strategic Planning and Wellbeing Delivery Group had undertaken the 2019-20 annual review of the EAHSCP Plan 2018-21 and it was concluded that the Strategic Plan continued to be fit for purpose and that no replacement plan was required. Board Members received assurance that the wider strategic transformational change agenda had been considered and a longer term strategic planning approach endorsed for 2021 onwards.

Mr Fraser highlighted that due to the reporting process and timescales, the report did not reflect the impact of the COVID-19 pandemic and this would be included in the next annual review.

Mr Fraser advised in response to a question from a Board Member on bringing younger people into the workforce, that the planned review of Care at Home services had been brought forward and proposals for future service delivery should be available in the near future. Mr Fraser highlighted the positive joint work being done with Ayrshire College and placements provided over the last year and this activity would be reflected in the next annual review.

**Outcome: Board Members endorsed the findings of the EAIJB Annual Review of the Strategic Plan, Workforce Plan and Property and Asset Management Strategy 2018-21.**

## **10. Decision/Approval**

### **10.1 Arran Integrated Island Services – Initial Agreement (087/2020)**

The Director of Health and Social Care for North Ayrshire, Mr Stephen Brown, presented a report on the Arran Integrated Island Services Initial Agreement (IA). The IA had been updated and re-ordered to align with the Scottish Capital Investment Manual, following feedback from the Scottish Government Capital Investment Group (CIG). As part of the reporting route, the report had been considered by the Integrated Governance Committee on 6 June 2020 and Performance Governance Committee on 30 July 2020 and will be submitted to NAIJB on 27 August 2020 for approval.

Mr Brown highlighted that the report included a section to reflect changes to elements of service and model of delivery in response to the COVID-19 pandemic as well as detail on facilities that would be available for disposal following successful completion of the project. Board Members were advised that there had been extensive engagement with the local community and this continued through digital technology due to COVID-19.

Board Members discussed and supported the proposals for service redesign and reconfiguration of existing estate to deliver the proposed model of care and ensure

sustainable services in the future. Mr Brown gave assurance that the Board had been working closely with CIG in shaping plans and following approval by the Board the updated IA would be submitted to CIG.

Mr Brown gave assurance in response to a question from a Board Member on staff accommodation challenges on Arran, that discussion had taken place with the Local Authority and consideration was being given to the options available. Board Members received assurance that community and hospital nurses had been brought together as one team and discussion was ongoing with midwifery as part of the next stage of work. Board Members highlighted the importance of including soft FM estates and facilities management in planning the new model of care.

**Outcome: Board Members approved the Initial Agreement for onward submission to the Scottish Government Capital Investment Group.**

## 10.2 Vascular Services

(088/2020)

The Director for Acute Services, Mrs Joanne Edwards, presented an update on plans to develop shared delivery of Vascular Services with an agreed aim of establishing a Regional Centre of Excellence for Vascular Surgery at University Hospital Hairmyres (UHH). The report had been considered by West of Scotland (WoS) Chief Executives on 29 June 2020 and the Corporate Management Team on 30 June 2020.

Mrs Edwards advised that the WoS Regional Vascular Service was being developed in response to recommendations from the Quality Framework for Vascular Services (2011). Other key drivers for change related to increasing demand for services, medical workforce challenges and the need to ensure the provision of a sustainable, high quality Vascular service. A two-step approach had been adopted, with the first step to develop and implement a shared on call rota at weekends, implemented in July 2019. Step two involved delivery of a Hub and Spoke Network with Arterial Centre at UHH. It was anticipated that plans would be implemented in April 2021.

Board Members discussed the business case for establishment of a WoS Vascular hub at UHH. While Board Members recognised that the new care model would have a financial impact for NHS Ayrshire & Arran, it would deliver a more efficient, sustainable service, improve outcomes for patients and improve staff experience. The Area Partnership Forum Chair, Mr Ewing Hope, gave assurance in relation to the potential impact on staff in NHS Ayrshire & Arran, that staff side was fully engaged and supporting that process.

The Director of Finance advised that he had met regional Directors of Finance in February 2020 to scrutinise costs associated with the plan and development of the business case. The business case had since been updated to include estates and facilities soft FM costs which had increased the additional costs involved. There would be additional costs for provision of local rehabilitation which had not yet been quantified. There would also be some additional cost for patient transfer by ambulance. The Chief Executive advised that a local group had been set up to review rehabilitation provision across Ayrshire to ensure an effective service.

**Outcome:** Board Members approved the proposed direction of travel in line with the West of Scotland Regional Vascular Service, NHS Ayrshire & Arran, NHS Dumfries & Galloway and NHS Lanarkshire Network Business Case.

**11. For information**

**11.1 Board briefing (089/2020)**

Board Members noted the content of the briefing.

**11.2 East Ayrshire Integration Joint Board (090/2020)**

Board Members noted the minute of the meeting held on 25 March 2020.

**11.3 North Ayrshire Integration Joint Board (091/2020)**

There were no minutes available.

**11.4 South Ayrshire Integration Joint Board (092/2020)**

Board Members noted the minute of the meeting held on 25 March 2020.

**12. Any Other Competent Business (093/2020)**

There was no other business.

**13. Date of Next Meeting**

The next meeting of the NHS Ayrshire & Arran Board will take place at 9.15 am on Monday 5 October 2020 at 9.15am, MS Teams