

Ayrshire and Arran NHS Board
Minutes of MS Teams meeting
9.15am, Monday 30 November 2020

Present:

Non-Executive Members:
Mr Bob Martin, Acting 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
Mr John Rainey
Cllr Douglas Reid
Ms Linda Semple
Miss Lisa Tennant – attended part of meeting

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

In attendance:

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)
Ms Nicola Graham (Director Infrastructure and Support Services)
Mrs Shona McCulloch (Head of Corporate Governance)
Ms Alison Sutherland (Interim Chief Officer, Health and Social Care, North Ayrshire)
Dr Joy Tomlinson (interim Director of Public Health (joint)) - attended part of meeting

Mrs Vicki Campbell (Head of Primary Care and Out of Hours Community Response Services)
Ms Sina Currie (Senior Nurse Manager, Children's Services, East Ayrshire Health and Social Care Partnership)
Dr John Freestone (Associate Medical Director, Primary Care)
Ms Marion MacAulay (Head of Children's Health, Care and Justice Services and Chief Social Work Officer, East Ayrshire Health and Social Care Partnership)
Mr Peter Ommer (Director of Dentistry)
Mrs Miriam Porte (Communications Manager)
Mrs Angela O'Mahony (Committee Secretary) minutes

In the absence of the Board Chair, the Acting Chair, Mr Bob Martin, welcomed everyone to the meeting, in particular, Ms Alison Sutherland, interim Chief Officer for North Ayrshire

Health and Social Care Partnership and other colleagues who had been invited to provide updates. Mr Martin congratulated Mrs Vicki Campbell, on her substantive appointment as Head of Primary Care and Out of Hours Community Response Services.

1. Apologies

Apologies were noted from Mrs Lesley Bowie, Mr Eddie Fraser, Ms Sarah Leslie and Mrs Lynne McNiven.

2. Declaration of interests (121/2020)

There were no declarations noted.

3. Minute of the meeting of the NHS Board held on 5 October 2020 (122/2020)

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

4. Matters arising (123/2020)

Paper 2 - Action Log

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

Item 8.1, Preventing Drug related Deaths – The Head of Corporate Governance advised, in response to a question from a Board Member, that presentation of the oversight report had been delayed due to the COVID-19 emergency situation. The interim Director of Public Health (joint), Dr Joy Tomlinson, confirmed that individual Area Drug Partnership reports could be provided to Board Members in the meantime, if available. Board Members received assurance that drug death review groups were well embedded within the partnerships and this important prevention activity continued.

5. Chief Executive and Board Chair report

5.1 Chief Executive's report (124/2020)

- The Chief Executive reported that the Board's main focus in recent weeks had been in response to COVID-19 and the collective approach working with Resilience partners to take forward community testing.
- The Chief Executive highlighted that an NHS Board workshop will take place on 14 December 2020 to consider the Board's planning assumptions for 2021-22. The planning process will differ this year and the Board will require to prepare a Remobilisation phase 3 plan. The Board workshop will consider the plan, to include COVID-19 related issues that will run into 2021-22, important areas of service reform that will continue to be progressed and the Board's revenue position, recognising the uncertainties due to the COVID-19 pandemic. Following the workshop, further Board discussion will take place in early 2021 to firm up plans in order to present to the Board meeting in March 2021, in accordance with normal timescales.

5.2 Board Chair's report

(125/2020)

- The Board Chair was unable to join the Board meeting as she was participating in the NHS Scotland Chairs' Group meeting.
- The Board Chair, Vice Chair and Chief Executive had taken part in the candidate shortlist process for the Director of Health and Social Care, North Ayrshire vacancy and the recruitment process was well underway.
- The Board Chair had recently conducted interviews for three NHS Ayrshire & Arran Non-Executive Board Member vacancies and recommendations had been presented to the Cabinet Secretary for approval, with successful candidates due to take up their positions in 2021.
- The Board Chair and Vice Chair had been actively involved, working with the Chief Executive, Director of East Ayrshire Health and Social Care Partnership and Head of Primary Care and Out of Hours Community Response Services, in the Early Implementation Test of Change for the Redesign of Urgent Care. A report will be provided later in the meeting.

6. Quality

6.1 Patient story

(126/2020)

The Director of Dentistry, Mr Peter Ommer, presented the patient story relating to a patient, Colin, with complex health needs and his experience of accessing urgent dental care via 111.

This patient story highlighted that whilst it may be necessary to involve a number of professionals in healthcare decisions, the patient presentation and level of discomfort was an important part of the clinical assessment and when disagreement on the correct course of action may occur, there was still a way to move forward and make the right decision without it having a negative impact on patient experience.

Mr Ommer advised in response to a question from a Board Member that formal learning had not yet taken place as a result of the issues highlighted in the patient story due to the COVID-19 emergency. Mr Ommer gave assurance that communication and joint working between GDS, PDS and Maxillofacial services had continued to strengthen in response to the pandemic and there were plans to further develop this collaborative approach. The Medical Director, Dr Crawford McGuffie, assured Board Members that the junior doctor had followed the correct procedure and where there was a contradictory policy this had been escalated to the Consultant.

In response to a question from a Board Member, Mr Ommer outlined the joint work that had taken place following the closure of dental practices due to the COVID-19 emergency, to establish a centralised emergency dental care service, with patients often being seen more quickly than previously. Once Scottish Government guidelines had allowed this, joint work had taken place to support GPs to re-open their practices.

Outcome: Board Members noted the patient story and thanked Colin for sharing his experience.

6.2 Patient Experience – complaint themes

(127/2020)

The Nurse Director, Prof Hazel Borland, presented the Patient Experience report on the theme of communication and staff attitude and behaviour. A version of the report had been discussed at the Healthcare Governance Committee (HGC) on 2 November 2020.

Prof Borland emphasised that it was important for the Board to have an appropriate feedback, comments, concerns and complaints process in place, to maximise learning and improvement from feedback and provide the best experience for patients.

Board Members were advised that during 2019-20, the Board had received 302 complaints that were classified as relating to communication. Prof Borland outlined the key themes identified, as well as less common themes, and the improvement actions being taken forward.

Prof Borland reported that 254 complaints received in 2019-20 referred to poor attitude and/or behaviour by staff to either the patient or a family member and she outlined the areas for improvement being taken forward.

Prof Borland emphasised that classification of complaint outcomes was critical to prioritise learning and improvement needs. For upheld or partially upheld complaints, there was always learning progressed within the appropriate service, as well as at corporate level to enable shared learning with relevant services or across the organisation. Improvement plans were developed to monitor progress against completion of actions. Prof Borland advised that as part of the improvement process, a complaints manager was in post at University Hospital Crosshouse which had made a significant impact in terms of learning from and responding to complaints. A complaints manager had recently been appointed at University Hospital Ayr.

Board Members were advised that the Board's Risk and Resilience Scrutiny and Assurance Group had recently agreed to divide its work into two areas, with alternate meetings to discuss learning and improvement and governance. This would enable a focused improvement approach to maximise learning from complaints and adverse events and reduce duplication.

The Chief Executive suggested that there should be a more deliberate complaints action plan, detailing actions being taken, timescales and impact, to demonstrate continuous improvement. Reporting arrangements should be through the HGC to scrutinise and monitor progress and provide assurance to the Board as required. Board Members requested that these reports should include areas with lower complaint numbers that were difficult and challenging for individuals and families, such as communication of Do Not Attempt Cardio-Pulmonary Resuscitation decisions.

In response to a comment from the Area Clinical Forum (ACF) Chair, the Medical Director explained that clinical complaint handling and medical revalidation were two separate areas. Discussion on a clinical complaint would only be included in the annual appraisal process as a reflective point. Dr McGuffie suggested that this issue could be discussed in more detail at the next ACF meeting. Prof Borland had

previously agreed to attend the Hospital Sub Committee to clarify the complaint classification process and she would also join the ACF meeting to discuss as required.

Prof Borland gave assurance, in response to a question from a Board Member, that there were corporate oversight arrangements in place for all complaints received by NHS Ayrshire & Arran, including the Health and Social Care Partnerships. Within Primary Care, complaints received by GPs were managed directly by GP practices, with information about complaints being collected by the Board on a regular basis to identify themes.

Outcome: Board Members considered and noted the Patient Experience report on themes related to communication. Board Members requested that an assurance report on complaint themes, including a detailed action plan with timescales, be submitted to a future HGC meeting for scrutiny.

6.3 Healthcare Associated Infection (HAI) report (128/2020)

The Nurse Director, Prof Hazel Borland, provided a report on the current available position against the national Healthcare Associated Infection Standards, together with an analysis of Escherichia coli bacteraemias (ECBs) with an unknown point of entry. A version of the report had been discussed in detail at the HGC on 2 November 2020.

Board Members were informed of the Board's current position against each HAI Standard for the year ending March 2020. Prof Borland advised that due to the impact of COVID-19 on total occupied bed days, it was not possible to give a projection of the year end rates for September 2020. The data should be published in January 2021 and would be reported to a future Board meeting.

Prof Borland advised that there had been a review of unknown source ECBs in 2019-20 to establish if there were any other elements of work that could be undertaken. Focused urinary catheter improvement activity had taken place in 2019-20 as this was the most common source of infection, and detailed actions plans were agreed with timescales to enable progress to be monitored. Prof Borland highlighted that it had been necessary to pause some urinary catheter improvement activity due to the COVID-19 emergency as staff had been moved to other areas, however, this work was being re-started. Prof Borland gave assurance that the Board had continued to focus on COVID-19, alert organisms and water safety during the pandemic.

Outcome: Board Members considered and noted the Board's current performance against the national Healthcare Associated Infection Standards with a specific focus on E.coli bacteraemias.

6.4 Scottish Patient Safety Programme- Primary Care (SPSP PC) (129/2020)

In the absence of the Director of Health and Social Care for East Ayrshire, the Head of Primary Care and Out of Hours Community Response Services, Mrs Vicki Campbell, introduced the SPSP PC report and invited the Associate Medical Director for Primary Care, Dr John Freestone, to present the report. A version of the report had been presented to the HGC on 2 November 2020.

Dr Freestone advised that due to the reprioritisation of resources in the context of the COVID-19 pandemic, much of the programme had been paused. Board Members received a summary of progress to date against the two key areas of the programme, an enhanced service designed to support GP practices to reflect on and improve the safety of practice systems. The two year programme cycle had ended in July 2020, however, due to the impact of COVID-19, the reflective analysis had been paused until there was approval to proceed. Dr Freestone gave assurance that actions were underway to assess the state of readiness and restart activity if and when it was possible to do so.

Dr Freestone advised, in response to a question from a Board Member, that many of the more commonly prescribed medications were among the least expensive in terms of prescribing costs. Dr Freestone explained that the Board was open to market forces for medicines in regard to supply, demand and limited production, and gave assurance that the position was reviewed regularly with Pharmacy colleagues.

Outcome: Board Members noted the position in terms of the SPSP PC and the reduced activity in the context of COVID-19. Board Members noted plans to keep the programme on hold until teams were in a state of readiness to restart activity.

7. Corporate Governance

7.1 Audit Committee (130/2020)

The Committee Chair, Mr Michael Breen, presented the minute of the meeting held on 23 September 2020 and reported key areas of focus and scrutiny at the meeting held on 18 November 2020. An additional Committee meeting will take place in January 2021 to review the draft internal audit plan prior to consideration by the Integrated Governance Committee and Corporate Management Team.

Board Members highlighted discussion at the meeting on 23 September 2020 in relation to the internal audit review of COVID-19 procurement controls and were assured by the review's positive outcome, with no formal recommendations made.

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

7.2 Healthcare Governance Committee Minutes (131/2020)

The Committee Chair, Ms Linda Semple, presented the minute of the meeting held on 14 September 2020 and reported key areas of focus and scrutiny at the meeting on 2 November 2020.

Board Members discussed the key issues from the meeting on 2 November 2020 and welcomed the work done to develop a professional oversight governance

framework to support Care Homes during the pandemic. Prof Borland gave assurance that the governance framework had been discussed with Local Authority colleagues and a joint approach adopted between the Board, Health and Social Care Partnerships and Local Authorities to deliver this collective work. Ms Semple confirmed, in response to a question from a Board Member, that she had raised the discussion on the Ethical Advice Support Group with the Board Chair and awaited feedback in relation to establishment of a national oversight group.

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

7.3 Information Governance Committee (132/2020)

The Committee Chair, Miss Lisa Tennant, presented the minute of the meeting held on 21 July 2020 and reported key areas of focus and scrutiny at the meeting held on 9 November 2020. Miss Tennant highlighted that a workshop had been held following the Committee meeting on 9 November 2020 to consider the Committee's role, remit, scope and reporting arrangements and workshop outcomes will be used to develop the Committee's work plan and reporting schedule for approval at the next meeting on 8 February 2021.

Board Members highlighted discussion at the Committee meeting on 21 July 2020 on the extension of Emergency Care Summary (ECS) access to independent contractors (ICs) as part of the COVID-19 response. The Chief Executive advised that the rollout of ECS to ICs was part of a national programme. NHS Ayrshire & Arran fully supported this work and was keen to ensure that ICs were able to access the right information, to enable them to provide care to citizens more quickly and in the right place, in support of the Board's Caring for Ayrshire ambitions. The Medical Director suggested that ECS access and longer term digital enablement plans could be discussed in more detail at the next ACF meeting.

Outcome: Board Members considered and noted the minute.

7.4 Integrated Governance Committee (133/2020)

The Board Acting Chair, Mr Bob Martin, presented the minutes of the meetings held on 11 June 2020, 25 September 2020 and 27 October 2020 and reported key areas of focus and scrutiny at the meeting held on 12 November 2020.

Board Members highlighted discussion at the Committee meeting on 11 June 2020 relating to whistleblowing monitoring. Dr Das advised that he had raised concern with the Head of Corporate Governance in regard to the governance framework. A meeting was planned with the Board Chair to discuss this in detail.

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

7.5 Performance Governance Committee (134/2020)

The Committee Chair, Mr Bob Martin, presented the minute of the meeting held on 30 July 2020 and reported key areas of focus and scrutiny at the meeting held on 3 November 2020. Mr Martin advised that an addendum to the Mobilisation phase 2 plan had been approved for publication to the Board's website.

Board Members highlighted discussion at the Committee meeting on 25 September 2020 on the potential risks associated with the UK's withdrawal from the EU.

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

7.6 Staff Governance Committee (135/2020)

The Committee Chair, Mrs Margaret Anderson, presented the minute of the meeting held on 29 September 2020 and reported key areas of focus and scrutiny at the meeting on 4 November 2020.

Board Members highlighted discussion at the meeting on 29 September 2020 in relation to risk assessments undertaken to achieve social distancing requirements. The ACF Chair advised that he had contributed to walkround audits and had been encouraged by staff behaviour in terms of social distancing.

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

8. Service

8.1 Child and Adolescent Mental Health Services (CAMHS) (136/2020)

The interim Chief Officer for North Ayrshire Health and Social Care Partnership, Ms Alison Sutherland, presented a report on progress against the significant reform work in Child and Adolescent Mental Health Services (CAMHS) to improve children and young people's mental health and wellbeing and ensure timely access to services and support to children, young people and their families at a locality level.

Ms Sutherland set out the background, key policy drivers and the national and local context to the ambitious CAMHS improvement activity in Ayrshire and Arran and the challenges and opportunities of this reform work which commenced in September 2020.

Outcome: Board Members noted the progress report on the programme of significant reform work in CAMHS and were assured by the approach being taken to ensure that any issues were being addressed.

8.2 East Ayrshire Children and Young People's Services Plan 2020-23 (137/2020)

In the absence of the Director for East Ayrshire Health and Social Care Partnership (EAHSCP), the Head of Children's Health, Care and Justice Services and Chief Social Work Officer for EAHSCP, Ms Marion MacAulay, presented the East Ayrshire Children and Young People's Services Plan 2020-23.

Ms MacAulay outlined the legislative background and community planning context to the development of the three year Children's Services Plan, following updated statutory guidance on children's services planning, effective from 1 April 2020. The Scottish Government had extended the timescale for plans to be in place until the end of October 2020 due to the COVID-19 pandemic.

Ms MacAulay set out the local long term strategic intent to improve outcomes for all children and young people and key activities for 2020-23 to deliver these in priority

areas. The plan had been developed through engagement with local children, young people, families and partners. Ms MacAulay explained that this would be an iterative process with the plan updated as required, and as the impact of the pandemic on children and young people was better understood. Performance measures were currently being developed to enable progress to be monitored.

The Senior Nurse Manager for Children's Services, EAHSCP, Ms Sina Currie, highlighted that the plan set out successful areas of work, such as improved breastfeeding rates, healthy weight for Primary One children and the increase in positive destinations for looked after children, as well as areas of challenge. Scottish Government investment in mental health and wellbeing was being used to improve the emotional wellbeing of children and young people.

Outcome: Board Members discussed and noted the EAHSCP Children and Young People's Services Plan and were encouraged by the positive progress being made to improve outcomes for children and young people in East Ayrshire.

9. Performance

9.1 Redesign of Urgent Care

(138/2020)

The Chief Executive provided an update on the Ayrshire and Arran Early Implementation Test of Change for the Redesign of Urgent Care.

The Chief Executive reported that the test of change had been implemented effectively working closely with NHS24. A breakdown of high level data over the past four weeks indicated a steady position, as expected. The soft launch of the test of change locally through social media and radio had been effective and provided time to establish pathways, make connections and adjust and flex the model in the early days. The Cabinet Secretary had today announced that the urgent care model will be rolled out across Scotland.

The Chief Executive highlighted the positive benefits of the test of change and the whole system approach adopted to improve patient experience and provide the right care in the right place, as well as reducing unnecessary travel and the number of people waiting to be seen in Emergency Departments (EDs). There were also areas for learning, such as the importance of communication. The Associate Medical Director for Primary Care had been engaging with GPs on a regular basis and more recently with ED consultants, and this had helped to promote understanding and increase support and involvement in the work being done. The test of change had also provided the opportunity to work more closely with NHS24 and the Scottish Ambulance Service on areas of improvement.

The Chief Executive advised that while there had been good support from staff volunteering to populate rotas to carry out the test of change, there was a need to ensure a sustainable multi-disciplinary team workforce to deliver a reliable service on a longer term basis.

The Chief Executive advised that redesign work will be subject to ongoing evaluation and regular progress updates will be provided to Board Members. The Medical Director, Dr Crawford McGuffie, reiterated the benefits of the local redesign work to

improve patient and staff experience and ensure a smoother patient journey, following a qualitative approach to improve patient care.

Outcome: Board Members noted the update on the Ayrshire and Arran Early Implementation Test of Change.

9.2 Performance Report

(139/2020)

The Director for Transformation and Sustainability, Ms Kirsti Dickson, presented an assurance report on the latest performance for the management and provision of unscheduled and planned care and the impact of COVID-19 across the system.

Ms Dickson reported that for unscheduled care there had been an increasing number of ED attendances and an increase in COVID-19 prevalence. There were delayed discharge challenges due to the impact of COVID-19 on the social care environment and reduced capacity in care homes to manage patient flow, and challenges for Acute Services due to staff absence across the system. Ms Dickson highlighted the mitigating actions being taken in response to these challenges, as detailed in the report.

Ms Dickson outlined the remobilisation process in place to restart planned care services and test new ways of working while maintaining staff and patient safety. Ms Dickson explained that it was not possible to deliver the same level of service as before the COVID-19 emergency and patient referrals were undergoing a clinical prioritisation process to prioritise urgent and urgent cancer suspected care. This had impacted on planned care performance as less urgent patient referrals were waiting longer than they might have previously, and the position will be challenging to manage going forward.

The Director for Acute Services confirmed in response to a question from a Board Member that there were plans to go live with Colon Capture Endoscopy and Cytosponge in early 2021. Mrs Edwards explained that local colonoscopy capacity had halved due to COVID-19 restrictions and joint work with the Golden Jubilee National Hospital to provide additional capacity would be very helpful. Mrs Edwards will share data on collective colonoscopy capacity with Board Members out with the meeting.

The Director for South Ayrshire HSCP, Mr Tim Eltringham, provided assurance, in response to a question from a Board Member, that there was ongoing focus on delayed discharges and the senior management team continued to review action planning on a regular basis. Mr Eltringham reiterated that there were challenges in the transfer of care to care homes, particularly those that had outbreaks and could not accept service users from hospital, and for care at home staff who had COVID-19 or required to self-isolate. It was hoped that as infection rates began to stabilise the position would improve. Ms Sutherland advised that the position was similar in North Ayrshire.

The Chief Executive reassured Board Members that there were robust governance arrangements in place to manage unscheduled and planned care performance and the impact of COVID-19. These issues were being carefully reviewed on a regular basis and where decisions were being taken, these were being discussed and scrutinised by the Emergency Management Team (EMT).

The Chief Executive advised in response to a question from a Board Member that while delivery of health and care services continued, there was a clear understanding in discussions with Scottish Government colleagues of the impact of COVID-19. The Chief Executive advised that there was a fine balance to strike in responding to the COVID-19 emergency while enabling patients to continue to access the care they need. The Scottish Government had provided helpful guidance setting out a national planned care framework to support clinical teams, which was able to flex to meet the local needs of territorial NHS Boards under different COVID-19 restrictions.

Outcome: Committee members noted the Performance Report and were assured by the arrangements in place for the management and provision of unscheduled and planned care.

9.3 Remobilisation phase 2 (140/2020)

The Director for Transformation and Sustainability, Ms Kirsti Dickson, presented an update on the Remobilisation phase 2 plan. The plan had been submitted to the Scottish Government in July 2020 for feedback and approval for implementation.

Mrs Dickson highlighted some of the key areas of work being taken forward through the Remobilisation plan and gave assurance that regular progress updates were being provided to EMT for consideration and approval.

Mrs Dickson advised that, as the Chief Executive had previously indicated, the annual planning process would differ this year due to the COVID-19 emergency. The Scottish Government had made the decision to produce Remobilisation plans and guidance was awaited on the development of the Remobilisation phase 3 plan. Further, more detailed discussion would take place at the Board workshop on 14 December 2020.

Outcome: Board Members noted the update on the Remobilisation phase 2 plan.

9.4 Financial Management Report (141/2020)

The Director of Finance, Mr Derek Lindsay, presented a report on the Board's financial position to 31 October 2020.

Board Members were advised that the draft Annual Operating Plan (AOP) financial outturn was £13.5 million deficit. The deficit at month seven was £3.6 million which was an improved position compared to month five and ahead of the financial plan. It was recognised that the impact of the COVID-19 pandemic would be significant in financial year 2020-21.

Mr Lindsay highlighted that the Board had received notification on 29 September 2020 of £31 million revenue from the Scottish Government as part payment towards additional COVID-19 costs incurred in Q1, and a proportion of projected costs for the remainder of the year. The report fully reflected this allocation.

Board Members received details of areas of underspend for Acute Services relating to staffing costs and supplies budget due to the very limited elective surgery that had taken place in the first quarter of the year.

Mr Lindsay explained that a further allocation was expected in January 2021 based on NHS Ayrshire & Arran's submission being sent to the Scottish Government detailing costs for the first half of the year and updated projections for the remainder of the year. Delivery of cash releasing efficiency savings was a recurring shortfall which it was planned to be non-recurrently covered in 2020-21 by COVID-19 funding from the Scottish Government.

The Nurse Director explained in response to a question from a Board Member that there had been a significant demand for nursing workforce in response to the COVID-19 emergency, and as services were restarted alongside the COVID-19 pathway. Prof Borland gave assurance that every effort was being made to increase nursing workforce capacity and, whenever possible, additional nursing staff were drawn from the nurse bank to reduce agency spend.

The Chief Executive advised in response to a question from a Board Member that national work was taking place on NHS arrangements in readiness for EU withdrawal covering areas such as prescribing, workforce and procurement, and building on earlier preparedness work. The Chief Executive gave assurance that the Board had surveyed staff to understand how many staff were EU Nationals and this had identified only a small number. Support had been provided to staff who wished to apply for UK status, recognising the value that the Board and wider NHS placed on their contribution. A Risk Register had been prepared and the EMT kept this matter under close review.

Outcome: Board Members noted the Board's financial position to 31 October 2020.

9.5 South Ayrshire Children's Services Plan Annual Report 2019-20 (142/2020)

The Director for South Ayrshire Health and Social Care Partnership, Mr Tim Eltringham, presented the South Ayrshire Children's Services Plan Annual Report for 2019-20.

Mr Eltringham highlighted the legislative background and context to the development of the Children's Services Plan and progress against actions identified in the plan, as detailed in the report.

Mr Eltringham highlighted achievements to date relating to the increase in the percentage of babies exclusively breastfed at six to eight weeks and the successful work being delivered by the Family Nurse Partnership, including a reduction in the number of mothers smoking during pregnancy. The oral health of children in South Ayrshire had improved in recent years with a significant number of children in Primary Seven presenting with no obvious decay in permanent teeth, and the position compared well to other parts of Ayrshire and across Scotland.

Outcome: Board Members noted and were assured by the ongoing work to deliver the priority areas of the South Ayrshire Children's Services Plan.

10. For information

10.1 Board briefing (143/2020)

Board Members noted the content of the briefing.

10.2 East Ayrshire Integration Joint Board (144/2020)

Board Members noted the minute of the meeting held on 26 August 2020.

10.3 North Ayrshire Integration Joint Board (145/2020)

Board Members noted the minutes of the meetings held on 24 September 2020 and 22 October 2020.

10.4 South Ayrshire Integration Joint Board (146/2020)

Board Members noted the minutes of the meetings held on 16 September 2020 and 21 October 2020.

11. Any Other Competent Business (147/2020)

There was no other business.

12. Date of Next Meeting

The next meeting of the NHS Ayrshire & Arran Board will take place at 9.30 am on Monday 1 February 2021.