Ayrshire and Arran NHS Board
Minutes of a public meeting on 28 March 2012
at Ayr Hospital

Present: Dr Martin Cheyne (Chair)
Non-Executive Members:
Mr John Callaghan (Employee Director)
Mrs Kirsty Darwent (Vice Chair)
Cllr Hugh Hunter (South Ayrshire Council)
Cllr John MacKay (East Ayrshire Council)
Dr Huntly McCallum
Mrs Janet McKay
Mr Stephen McKenzie
Cllr David O’Neill (North Ayrshire Council)
Dr David Price
Mr Ian Welsh
Executive Members:
Mr John Burns (Chief Executive)
Dr Carol Davidson (Executive Director, Public Health)
Dr Allan Gunning (Executive Director, Policy, Planning & Performance)
Mr Derek Lindsay (Executive Director, Finance)
Prof Bob Masterton (Executive Medical Director)
Mrs Fiona McQueen (Executive Nurse Director)
Board Advisors/Ex-Officios
Mr Jim Crichton (Director, Primary Care & Mental Health Services)
Mrs Patricia Leiser (Director, Organisation & Human Resource Development)
Mrs Mandy Yule (Director, Integrated Care & Partner Services)
Mrs Liz Moore (Director, Integrated Care & Emergency Services)

In attendance: Mrs Shona McCulloch (Personal Assistant, Minutes)

The Chairman welcomed Cllr John MacKay to his first Board meeting as the representative of East Ayrshire Council. Cllr MacKay would represent the council until the local Government Elections in May 2012.

1. Apologies for absence (027/2012)

Apologies for absence were received from Mr John Dever, Mr Alistair McKie, Ms Gillian Watson.

2. Declaration of interests (028/2012)

There were no declarations of interest.
3. **Minutes of the meeting of the NHS Board held on 1 February 2012** (029/2012)

Subject to the following amendments, the Board approved the minutes as an accurate record of the meeting.

**Item 016/2012: Financial Management Report**

Under paragraph two beginning “Members discussed the report, as summarised below:” an additional bullet point 4 would be inserted, to read “Members agreed there was a need to address sustainability of the Change Fund going forward”.

4. **Matters arising** (030/2012)

Any matters arising were included as part of the agenda discussions.

5. **Chairman and Chief Executive’s report**

5.1 **Chief Executive’s report** (031/2012)

Mr Burns updated the Board on two recent conferences he had attended.

- The Infant Mental Health Conference, which was attended by Sir Harry Burns, Chief Medical Officer, had been a stimulating day which recognised the good work going on across NHS Ayrshire & Arran, NHS Fife and NHS Lanarkshire. It also offered the opportunity for challenging debate and discussion.
- The Nursing, Midwifery and Allied Health Professions (NMAHP) Conference, had given the Chief Executive the opportunity to speak to around 600 staff over two days. He praised the buzz and excitement around the event, which offered the chance to see local examples of service improvement and innovation.
- The Board agreed that such events showcased staff development and training, and thanked Mrs McQueen, Executive Nurse Director, and her team of Associate Nurse Directors for leading on this.

5.2 **Chairman’s report** (032/2012)

Dr Cheyne had attended a lunchtime session of the NMAHP Conference and reiterated the Chief Executive’s comments regarding this excellent event.

As mentioned at the February 2012 Board Meeting, the Cabinet Secretary, Nicola Sturgeon, MSP, visited Ayrshire recently to officially open the Central Decontamination Unit at Ayrshire Central Hospital, and thereafter visited University Hospital Crosshouse to launch the Institute of Healthcare Associated Infection, a collaboration between NHS Ayrshire & Arran and the University of the West of Scotland.

The Chairman thanked Members for their feedback and comments on the style and format of Board Meetings and highlighted that the Board meeting agenda had been amended to capture all papers under one of four headings: Quality; Performance; Decision/Approval; and Corporate Governance. The Chairman and Chief Executive would try to take forward comments and changes suggested and asked Members to continue to provide comments.
The Chairman reported that as three Non-Executives would step down from post at the end of March 2012, the following attendance arrangements were proposed to ensure that Governance committee meetings remained quorate:

Mrs Janet McKay – Audit Committee – for one meeting only
Mr John Callaghan – Clinical Governance Committee – for one meeting only
Ms Gillian Watson – Clinical Governance Committee – to take over the Chair position

A paper formalising future arrangements would follow once new Non-Executive appointments were in place and local Government Elections were completed.

6. Quality

6.1 Scottish Information Commissioner’s Decision Notice (033/2012)

The Executive Medical Director, Prof Masterton, presented a report which gave a full analysis of the Scottish Information Commissioner’s (SIC) Decision Notice into the organisation’s handling of requests made by Mr R Wilson under the Freedom of Information (Scotland) Act 2002 (FOISA).

The Board welcomed the report and the review due to be conducted by Healthcare Improvement Scotland (HIS), which would be helpful in reinforcing the Board’s commitment to openness and transparency.

Prof Masterton outlined the change from the Critical Incident Review (CIR) process from 2006 to 2009 to the Significant Adverse Event Review (SAER) process from 2009. The organisation’s external auditor, Price Waterhouse Cooper (PWC) had carried out an audit of the SAER process in Autumn 2011 and had found the process fit for purpose – although some improvements had been identified. These findings, and any learning points or actions from the forthcoming HIS review would be taken forward by the Board to improve the organisation’s SAER processes.

The Executive Nurse Director, Mrs McQueen, advised that the SIC report had criticised a number of issues with regard to Freedom of Information (FOI), whilst fully accepting that the Board’s intention had been to protect staff and patients. The redaction of reports was a difficult issue and a “critical friend” from NHS Greater Glasgow and Clyde had assisted with the review of the organisation’s FOI processes. Department FOI Champions would be trained to reduce any fragility in the FOI system.

The Chief Executive reported that the Cabinet Secretary had accepted the Board’s action plan based on the review of our FOI processes, and had submitted it to the SIC for information. The Board has committed to feed back to the Cabinet Secretary by the end of May on progress against the action plan.

In response to comments, Members were advised:

- Concerns expressed by Board members that releasing names of staff involved in investigations could lead them open to threats of physical and verbal abuse, highlighted the delicate balance between openness and transparency versus protection of staff and patients. The SIC had taken a different view from the
Board on the release of some information and this learning would be taken on board. The organisation should strive to be as open as possible, whilst maintaining the fine balance to protect patients and staff.

- The HIS Review will be a big help in moving the organisation forwards, in conjunction with delivery of the agreed action plan, to demonstrate and offer assurance to the public that the Board was addressing the issues reported.

The Board noted the report and welcomed future updates on progress with actions and improvements to the organisation’s SAER and FOI processes.

6.2 Continuous Clinical Improvement – Person Centred Care (034/2012)

The Executive Medical Director and Executive Nurse Director updated the Board on the work of the Continuous Clinical Improvement board (CCIB) in relation to patient-centred care.

Topics highlighted from the report:

- Roll out of the Consultation and Relational Empathy (CARE) measure gave staff the tools and techniques to communicate more effectively. This was part of the organisation’s Customer Care Commitment to improve caring behaviours which has delivered a positive impact so far. It was hoped this would lead to a reduction in service-related complaints.
- The use of volunteers was proving very powerful in improving patients’ health and mental wellbeing by turning meal times into a social occasion for patients. These volunteers were fully trained and include people from all ages and backgrounds.
- Noise reduction had been highlighted as an issue from the Better Together inpatient experience survey, and clinical teams have risen to the challenge to change the ward environment where noise has been indicated as a problem for patients.

In response to comments, Members were advised:

- Implementation of the CARE measure was still at the “hearts and minds” stage and had not as yet been measured through a sampling process. The plan was to roll this out throughout the organisation. Further information on the CARE measure and plan would be provided to Mrs K Darwent.
- There was a balance to be reached in regard to reducing complaints, whilst ensuring the organisation was open to receive patients comments, both formally and informally to learn and improve. Reduction was about analysis of data and where concerns were highlighted intervening to improve situations, therefore leading to less complaints.
- The organisation should aim to please patients and families all the time, or if things go wrong, then these can fixed informally at the time. The Executive Nurse Director felt strongly that the organisation should aspire to reduce complaints as much as possible. The CARE measure had received good feedback and this was part of the Board’s journey to improve the patient experience.

The Board noted the report and welcomed the breadth of approaches being taken to improve the patient experience.
6.3 Continuous Clinical Improvement – Safe and Effective (035/2012)

The Executive Medical Director reported that submission to Information Services Division (ISD) of data for hospital standardised mortality rates (HSMR) had been delayed, however he acknowledged the hard work of health records staff in gathering the latest data on HSMR and assured the Board that these would be submitted to ISD by the end of March 2012.

He gave a brief update on the use of the Global Trigger Rool (GTT) for measuring adverse events and would report back to the Board following the May 2012 CCiB meeting to give a more detailed update.

In response to comments, Members were advised:

- The Board was sighted on the greater number of adverse events recorded at Crosshouse than Ayr and analysis was being undertaken to understand the differences.
- The introduction of ‘intentional rounding’ was being rolled out across the organisation following a pilot. This involved staff undertaking specific rounds on a very regular timeframe for each patient, to ensure their specified needs were being met. This was part of the Safer Patient initiative and a positive impact had been reported from wards, with an improved quality of life for patients and benefits for staff.
- The Clinical Improvement Unit was working on a detailed plan to roll out ‘intentional rounding’ across the organisation, with the aim for all areas to use this method within one year.

The Board noted the report and recorded the value they put on the cultural shift from procedural nursing to people-centred care which was delivering improvements to both patients and staff. This would be fed back to staff on wards.

6.4 Healthcare Associated Infection (HAI) (036/2012)

The Executive Medical Director updated Members on the local progress against the HAI HEAT targets as at 31 January 2012.

As previously reported there was a continued shift away from such infections being viewed as hospital ‘superbugs’. Hospitals had been successful in driving down infection rates, with around half of cases reported now occurring in the community. The challenge of factors such as antibiotic prescribing was also highlighted.

Prof Masterton reported that the Board had just taken part in the third national HAI prevalence study.

In response to comments, Members were advised:

- Zero tolerance of hand hygiene continues to be very important to the Board and a Hand Hygiene Trainer was recurringly funded to go out to departments and give training.
In reference to the national position and the Health Protection Scotland Report, the Board were given assurance that advances have been made over the past two years and that an improved position in meeting HAI targets would be reported later in the year.

The Board noted the report and the continued good practice in hand hygiene and cleanliness. They gave their continued support to a ‘zero tolerance’ approach to hand hygiene.

7. Performance


The Executive Director of Finance updated Members on the financial position for the 10 months to 31 January 2012. He highlighted the following from the report:

- The significant achievement of departments in delivering what is projected to be a balanced budget.
- Primary Care prescribing issues continued, however financial targets would still be achieved due to compensating arrangements.
- The Scottish Government had approved the carry forward of around £5 million of the planned £9 million capital spend to allow for delays in dental developments in Cumnock, and in the approval process for our Outline Business Cases for North Ayrshire Community Hospital and Building for Better Care at University Hospitals Ayr and Crosshouse.

In response to comments, Members were advised:

- The Primary Care prescribing budget had been underspent in 2010/11, therefore this had been reduced for 2011/12, however the Board had then been subject to higher levels of prescribing which led to the reported budget pressures. This budget would need to be rebalanced going forward.
- The need to retain focus on Primary Care prescribing was incumbent on the Board and Prescribing Advisers continue to work closely with GP practices to deliver savings. This had shown a positive effect.
- The lack of progress shown in delivering efficiency savings was a timing issue as some changes had been delayed, for example, delays to dermatology service changes. These delayed savings would be recovered this year. The Board were assured that efficiency saving target for 2011/12 would be achieved.
- The nature of spend for capital planning was that a higher proportion of the spend occurred later in a project timeline. The Board was sighted on the need to deliver a more even flow of spend throughout the year and detailed capital planning for next year was underway.
- There was an ongoing programme of backlog maintenance in relation to asbestos and information regarding this would be provided to Cllr Hunter outwith the meeting.

The Board noted the report.
7.2 **Waiting Times**

The Executive Medical Director informed Members of progress in achieving the waiting times targets for 31 March 2012.

It was anticipated that the organisation would achieve the 18 weeks referral to treatment (RTT) target, within this there would be breaches of the 12 week and nine weeks stage of treatment (SOT) targets.

The Board had invited the Scottish Government Delivery Unit to a meeting to discuss the current situation and proposals for sustainability going forwards to 2012/13 and beyond. Assurance was given to Scottish Government that actions to deliver access targets had been funded and that a backlog recovery position was planned for the first two quarters of 2012/13, with funding identified in principle. The Scottish Government Delivery Unit was satisfied with our proposals.

The Chief Executive reinforced the importance of this meeting. Although the headline figures for 18 weeks RTT would be achieved there was a need to look into the underlying SOT targets. Colleagues have been asked to review what high impact changes would be required to deliver sustainable SOT and 18 weeks RTT performance as the organisation cannot continue to spend money to alleviate waiting times issues. The Demand, Capacity and Activity Queue (DCAQ) work was critical to this. In the first quarter of 2012/13 there was a need to understand the issues to provide clear direction to clinical teams and the Board for financial planning. Colleagues have also been asked to look at recurring funds regarding access targets to ensure the organisation is delivering expected outcomes – and if not, then review the funding profile. The Board will continue to be informed of this.

In response to comments, Members were advised:

- The data shown in the report did not give a true reflection of the overall trend in Child and Adolescent Mental Health Services (CAMHS) waiting times, which has improved consistently over the past two years. CAMHS waiting times were discussed as part of the Scottish Government Delivery Unit meeting, and assurance was given that access targets for Mental Health Services would be met within two years. The Board expected to achieve the 26 week RTT target this year. Funding would be required to move the Board from the 26 week to 18 week RTT target. It was recognised that the absolute position with regard to child and infant mental health services would be a question of prioritisation at a future time.

- DCAQ work has identified high impact changes with the need for effective implementation to deliver improvements. For each DCAQ piece of work, changes were being demonstrated through Health and Performance Governance Committee. There was a need to consider corporately how best to deliver these changes and this work was ongoing.

The Board noted the report and recognised the particular pressures in Orthopaedics, Neurology and Endoscopy and welcomed the focus not only on achieving targets, but also a programme of high impact change to ensure this was sustainable in the future.
7.3 **Your Health: We’re in it together** (039/2012)

The Director for Primary Care and Mental Health Services updated the Board on progress with the ‘Your Health: We’re in it together’ programme. Recommendations for the programme had originally been approved by the Board in December 2009. The focus had been agreed to target a series of workstreams and programmes and a Programme Board was set up to oversee the first year of implementation. In the second year it was proposed that the objectives were mainstreamed.

142 recommendations were approved in November 2009 and significant effort has gone into delivering these with 78% in progress or achieved.

Mr Crichton outlined proposals for moving forward with the Your Health Strategy, to give assurance to the Board that the strategic objectives of the Strategy were being met, utilising the Integrated Care Modernisation Board (ICMB) as the route to take this forward.

In response to comments, Members were advised:

- The strategic direction showed the work done to date. With much of the work ongoing there was no intention to lessen the importance of the recommendations agreed. However, with 142 recommendations agreed there was a clear challenge in managing this number and one of the first challenges to the Board was to be clear about where these 142 recommendations sit within the organisation’s direction of travel.

- The strategic landscape has changed dramatically since the Your Health Strategy recommendations were approved and there was a need to shift the strategic direction to link with the Change Fund and integration of health and social care.

- A strategic decision was required to move forward. The first key task was to rationalise the 142 recommendations, taking a ‘bundle’ approach, and ICMB would be tasked to look at this and report back to the Board.

- Some of the 142 recommendations would require a business case to move forward, however, the Board needed to be clear of the strategic direction before moving forward on these and the initial outcome from ICMB would be awaited before proceeding.

- The Chief Executive acknowledged the concerns from the changes made to reporting to the Board, and agreed that the ICMB would review the recommendations and how they linked to ongoing work. There was also a need to ensure that this work fitted with the strategic direction of the Board.

The Board noted the report and agreed with the proposed way ahead.

8. **Decision/Approval**

8.1 **NHS Ayrshire and Arran Local Delivery Plan (LDP) 2012/13** (040/2012)

The Executive Director for Policy, Planning and Performance informed the Board of progress with the draft Local Delivery Plan, which was submitted to the Scottish Government in line with guidance, the process for finalisation of the 2012/13 LDP and monitoring arrangements through the Health and Performance Governance Committee.
This had been signed off by Scottish Government with good feedback received on the Single Outcome Agreement section.

The Board noted the LDP and arrangements for finalisation and monitoring.

8.2 **Capital Programme 2012/13**

The Executive Director of Finance presented the proposed Capital Programme for 2012/13 for Board approval. The proposed Capital Programme spend for 2012/13 was £14.7 million, which contained some carry forward from 2011/12. The Finance Committee had scrutinised the programme.

Mr Lindsay explained the changes for Scottish Government funding of capital projects received following the Government election in 2011 and the effect on proposed Capital projects. The North Ayrshire Central Hospital project was moving forward under a Non Profit Distribution (NPD) route and the Board had received recent confirmation of capital funding available from Scottish Government for the Building for Better Care project, to enable arrangements for the revised Outline Business Case to be prepared by the end of 2012.

In response to comment, Mr Lindsay gave assurance that the risk to the Board from capital receipts was low.

The Chairman noted the significant improvement in capital spend available from Scottish Government which was encouraging.

The Board approved the Capital Programme for 2012/13.

8.3 **Allocation, Efficiency Savings and Budget for 2012/13**

The Executive Director of Finance presented the paper to agree the budget for 2012/13. Detailed papers from each of the expert groups - Medicines Resource Group, Clinical Resource Group and Pay and Supplies Group had been considered by the Finance Committee.

Mr Lindsay outlined identified cost pressures of £21.5 million against the Board general allocation uplift of £13.27 million. Cost pressures of £21.5 million have been identified and the Board faced a significant gap between the funding uplift and unavoidable cost pressures. He explained that while £12.4 million had been identified from efficiency savings across Directorates, there was still a shortfall of £1.6 million. The Board were assured that this deficit would be brought into balance by the start of the new financial year, and that the Scottish Government was satisfied with this approach.

In responding to comments, Members were advised:

- Discussion was needed about how productivity and efficiency challenges were addressed to agree the strategic and tactical redesign over the next three to five years. This did not change the need for strong operational efficiency in the way we deliver our services.
- This required to be reviewed across the system, not on a department basis. The Board needed to start to understand where inefficiencies and challenges lie and such discussions would form part of a future Board Workshop.

- With regard to pay awards, over the next two years there would be a marginally greater pay uplift and this challenge was recognised nationally.

- Targeted disinvestment of services was currently provided based on clinical effectiveness. A 75% compliance rate with NICE recommendations from the last year were being evidenced, however would give very little in cost savings. As a Board there was a need to agree how cost effective services can be provided in the current financial environment, with ideas and decisions required. Associate Medical Directors were focused on this at present. This needed to be clinically led, but have full public involvement in taking forward and discussing any proposals for changes to services to deliver cost savings.

- Within budget setting the Executive Director of Finance advised that staff costs were the biggest part of the budget. The nursing workforce tool has been used to assist with budget setting, and there had been a different focus regarding national contracts, although some elements of zero based approached had been used.

- A thematic approach to efficiency savings has been used with the Sustainable Futures Board portfolio which looked at ways to deliver savings through themed groups across the organisation.

- The Board did not have the same statutory obligations as Local Authorities to deliver a balanced budget. The deficit budget proposed had been agreed with Scottish Government through the Local Delivery Plan.

- The Chairman commented that this had been a particularly difficult budget setting process and commended all those involved for their work to produce the budget proposed for approval. He supported the recommendation to approve the deficit budget in light of assurances given that measures were being taken which would deliver the budget through 2012/13. He added that the Board would not like to see a deficit budget proposed for approval again.

After further discussion, the Board approved the proposed budget for 2012/13, agreeing the recommendation to limit cost pressures as suggested and identify further efficiency savings. The Board noted that progress regarding efficiency savings would be reported to the next Board meeting on 23 May 2012.

8.4 **Ayrshire and Arran Joint Health Protection Plan (JHPP) 2012/14**  
(043/2012)

The Executive Director of Public Health presented the draft Ayrshire and Arran Joint Health Protection Plan 2012/2014 for Board approval. This had been reviewed and revised to reflect current Board priorities, especially alcohol, tobacco, obesity and mental health. Proposals for the two year period of this JHPP comprised joint working with local authority colleagues, areas which NHS Ayrshire & Arran would lead on and a commitment to review the plan following publication of the report of the national Health Protection Stocktake. Once approved the JHPP 2012/14 would be published to the external website.

The Board approved the plan.

8.5 **Standing Financial Instructions**  
(044/2012)

Following the recent Chief Executive Letter, CEL 05 (2012), changes were proposed to the Standing Financial Instructions to ensure the Board complies with the CEL:
To add an additional section to 18.1 to refer to the key procurement principles
To change the level of spend required for the competitive tender and competitive quotation process.
To update section 18.6(d) to bring further clarity to the use of sole suppliers.

In response to concerns of vulnerability around the “sole source” part of procurement the Executive Director of Finance gave assurance that two levels of control were in place; both he and the Assistant Director of Finance would sign the appropriate forms, plus there is a second level of control through the Audit Committee. Any concerns highlighted would then be reviewed.

The Board approved the amendments.

9. Corporate Governance

9.1 Audit Committee (045/2012)

The draft minutes of the 1 February 2012 meeting were presented. Attendance of the external auditors at the meeting was noted with discussions on professional tenders the main focus.

The Board noted the minutes.

9.2 Clinical Governance Committee (046/2012)

Dr Price presented the draft minutes of the 23 February 2012 meeting. He highlighted the following:

- The meeting agenda had been full with lengthy and difficult discussions.
- The Clinical Governance Committee (CGC) requested an update report on Maternity Services and Biggart Hospital be received every meeting. Performance issues from both areas had been raised and the CGC would review as a standing item to ensure there was evidence of improved service performance.
- The investigation into a Significant Adverse Event Review following the induction of labour and death of a baby had highlighted the need for improvements to procedure which would be taken forward. The CGC were also very concerned at verbal and physical abuse and threats to staff involved with investigation, with the police being involved.
- The Significant Adverse Event Review of the care of an elderly patient who had suffered injuries whilst admitted to Biggart Hospital, had raised concerns of clinical care, which led to the request for a regular report to be provided as noted above.

The Board noted the minutes.

9.3 East Ayrshire Community Health Partnership (CHP) Committee (047/2012)

Dr Gunning presented the draft minutes of the East Ayrshire CHP Committee meeting of 30 January 2012.
Discussions had focussed on scrutiny of the Change Fund and reshaping care for older people and the minutes evidenced that the CHP were dealing with the issues. This included closer scrutiny of the variation in local authority and Board spend. The Committee was keen to move forward quickly with the integration agenda, and information on the legal framework was awaited from Scottish Government.

The Committee also received an update on the Integrated Resource Framework (IRF). This was being delivered to the three CHP Committees.

The Board noted the minutes.

9.4 **North Ayrshire Community Health Partnership (CHP) Committee**  (048/2012)

Cllr O’Neill presented the draft minutes of the North Ayrshire CHP Committee meeting of 2 February 2012. He highlighted the following:

- Unplanned hospital admissions for older people. This gave some interesting statistics which showed that 70% of admissions to hospital were unplanned. This was a problem that would need resolved through change fund programmes and increased pace of change going forward.
- Cumbrae – discussions highlighted the continuing challenge in providing care to island communities.

The Chief Executive advised that he, Prof Masterton and Mr K Ferguson would visit Cumbrae on 5 April 2012 to meet GPs for discussions on clinical and out of hours arrangements going forward.

Dr Price drew the Board’s attention to the item on IRF Updated Pan-Ayrshire Analysis. This data had been presented clearly, was very easy to understand, and was useful, which was welcomed.

The Board noted the minutes.

9.5 **South Ayrshire Community Health Partnership (CHP) Committee**  (049/2012)

Cllr Hunter presented the draft minutes of a special South Ayrshire CHP Committee meeting of 8 February 2012. This special meeting had been called approve the Change Fund submission for 2012/13 to Scottish Government. At the meeting the South Ayrshire CHP committee agreed the use of the 2012/13 Change Fund and endorsed the recommendations outlined in the report.

A development session involving the South Ayrshire CHP Committee and Forum, plus Officer Locality Groups took place on 23 February 2012. Feedback would be discussed at the next South Ayrshire CHP Committee meeting this afternoon, 28 March 2012. A meeting of joint chairs would be convened to review the outcomes.

The Board noted the minutes.
10. For Information

10.1 Board Briefing (050/2012)

The Chief Executive presented the first Board Briefing, which had been compiled to update Members on key areas of interest and events across the organisation. This would routinely incorporate the following information:

- Events/areas of interest within each Directorate.
- Details of award winners.
- Key diary events for the Chairman and Chief Executive
- Details of recently issued Scottish Government circulars
- Details of current Consultations

It was hoped that Members would find the information of interest and feedback would be welcomed.

The Board noted the report.

11. Any Other Competent Business

11.1 Non Executive Directors (051/2012)

With forthcoming local government elections in May 2012, it was possible that there would be changes to the local authority Non-Executive Director nominees on the Board. The Chairman wished to pass on his and the Board’s thanks to the three local authority nominees, Drew Filson, Cllr Hugh Hunter and Cllr David O’Neill for their strong contribution to the Board. The Chairman highlighted that strengthened links to local authorities would be increasingly important going forward. Members noted that Cllr O’Neill was the longest serving Councillor on the Board.

Dr David Price and Mrs Kirsty Darwent would demit post as Non-Executive Directors at the end of March 2012. The Chairman thanked them on behalf of the Board for their service and highlighted the positive and strong contributions that both had made, particularly in their areas of responsibility.

Dr Price responded with thanks for the Chairman’s kind words, adding that through his eight years as a Board Member he had worked with a range of excellent people and learned a great deal. He wished the Board well for the future.

12. Date of next meeting

The next meeting of the NHS Ayrshire and Arran Board will take place at 9.15 am on Wednesday 23 May 2012 at Ayr Hospital.