

**Ayrshire and Arran NHS Board**  
**Minutes of a public meeting on Monday 1 February 2021**  
**9.30am, MS Teams meeting**

- 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  
 Ms Mhairi Kennedy  
 Mr Bob Martin, Vice Chair  
 Cllr Douglas Reid  
 Ms Linda Semple  
 Miss Lisa Tennant
- 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:
- Ms Caroline Cameron (Director of Health and Social Care, North Ayrshire)  
 Mrs Vicki Campbell (Head of Primary Care and Out of Hours  
 Community Response Services)  
 Ms 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)  
 Ms Sarah Leslie (Human Resources Director)  
 Mr Craig McArthur (interim Chief Officer, East Ayrshire Health and  
 Social Care Partnership)  
 Mrs Shona McCulloch (Head of Corporate Governance)  
 Mrs Lynne McNiven (interim Director of Public Health (joint))  
 Dr Joy Tomlinson (interim Director of Public Health (joint))
- Mrs Thelma Bowers (Head of Service, Mental Health)  
 Mr David Kimmett (Chief Nurse, University Hospital Crosshouse)  
 Mrs Angela O'Mahony (Committee Secretary) minutes

The Board Chair welcomed Ms Mhairi Kennedy, Non-Executive Board Member, who joined the Board on 1 January 2021 and Ms Caroline Cameron, who had recently been appointed as Director for Health and Social Care and Chief Officer for North Ayrshire Health and Social Care Partnership.

The Board Chair advised that Mr Eddie Fraser had recently left the role of Director for East Ayrshire Health and Social Care Partnership (EAHSCP) and she thanked him for his contribution and input and wished him well for the future. The Board Chair welcomed Mr Craig McArthur, interim Chief Officer, EAHSCP and Mrs Vicki Campbell, Head of Primary Care and Out of Hours Community Response Services, as well as other colleagues attending to provide updates.

**1. Apologies**

Apologies were noted from Mr John Rainey.

**2. Declaration of interests (001/2021)**

Ms Linda Semple declared an interest in relation to item 8.2, Innovation in NHS Ayrshire & Arran, as a Non-Executive Member of the Golden Jubilee National Hospital, which was participating in the national Accelerator Project.

**3. Minute of the meeting of the NHS Board held on 30 November 2020 (002/2021)**

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

**4. Matters arising (003/2021)**

Paper 2 - Action Log

The Board action log was circulated to Board Members in advance of the meeting and the following actions were highlighted:

Item 6.2 (127/2020), Complaint themes – The Nurse Director confirmed that there were plans to present an assurance report to a future Healthcare Governance Committee meeting on complaint themes and improvement actions.

Item 9.2 (139/2020), Performance report – The Director for Acute Services explained that colonoscopy capacity changed as decisions were made in relation to remobilisation in response to the pandemic. Details of collective colonoscopy capacity will be circulated to Board Members.

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

**5.1 Chief Executive's report (004/2021)**

- The Chief Executive reported that he had met with NHS Board Chief Executives, Board Chairs, the Scottish Government and the Cabinet Secretary on 25 January 2021. This meeting had provided the opportunity to explore some immediate pressures and take a forward look in terms of reform, recovery and renewal across a range of activities, and challenges that will be faced coming through the pandemic. One of the first priority areas will be elective care and a strong message was given on the need for a clear national approach, linked to regional and local delivery.
- The Chief Executive highlighted the significant demands on the health and care system in recent months in terms of COVID-19 and non-COVID-19 activity, including managing Test & Protect and the extensive Vaccination Programme. The Chief Executive recognised the commitment shown by staff in taking forward these work programmes and the incredible efforts being made by teams across

the health and social care system, as well as the wider contribution and support being provided by Resilience partners. The Chief Executive, Medical Director and Nurse Director continued their weekly visits to catch up with teams and it was both humbling and encouraging to see the reform and innovation work being done, which teams were keen to embed going forward.

## 5.2 Board Chair's report (005/2021)

- The Board Chair had attended the meeting of NHS Board Chairs, Chief Executives and the Scottish Government held on 25 January 2021 which had been very informative.
- The Board Chair had provided an update at two recent Board Chairs' meetings on NHS Ayrshire & Arran's redesign of Urgent Care, with positive feedback received. The Board Chair had also taken the opportunity to update on the Board's approach to handling the pandemic at the Board Chairs' meeting on 18 January 2021.

## 6. Quality

### 6.1 Patient story (006/2021)

The Director for Acute Services, Mrs Joanne Edwards, introduced the patient story and invited the Chief Nurse, University Hospital Crosshouse, Mr David Kimmett, to describe the patient, Jane's, experience of being hospitalised with COVID-19.

Mr Kimmett advised that Jane's story highlighted the impact that COVID-19 had on the patient and her family, the importance of clear, kind and compassionate communication during these difficult times and the positive impact that staff have on a patient's experience. This was especially important when visiting was restricted to essential visits only and staff were required to use personal protective equipment to provide care.

Board Members discussed the patient story and were reassured by the efficient and compassionate way in which patient care was being provided in these difficult circumstances. Board Members were encouraged that the positive efforts of the entire staff team throughout the patient's journey had been recognised. Board Members suggested that the patient story be shared more widely to give reassurance to the public about the way in which patient care is being provided during the pandemic.

**Outcome: Board Members noted the patient story and thanked Jane for allowing her story to be shared.**

### 6.2 Patient experience (007/2021)

The Nurse Director, Prof Hazel Borland, presented the Patient experience Quarter 2 report. A version of the report had been scrutinised in detail at the Healthcare Governance Committee (HGC) meeting on 11 January 2021.

Prof Borland reported that there had been steady performance for Stage 1 complaints in Q1 and Q2 of 2020-21. The slight rise evident in Q2 this year could be attributed to a rise in Stage 1 complaints relating to outpatient waiting times as a

result of the pandemic. There had been a significant reduction in Stage 2 complaints in Q1 and Q2 2020-21.

Board Members were advised that Stage 1 complaint handling performance continued to meet and exceed the 85% target. Performance in Stage 2 complaint handling was steady and there had been a significant reduction in out of time complaints. Prof Borland updated that since the report was written, there were now eight out of time complaints which demonstrated significant improvement. There was currently one active Scottish Public Services Ombudsman investigation in process.

Board Members were advised that from January 2021, there were plans to progress improvement from complaints in a new way and a themed report on the new approaches will be provided at a future HGC and Board meeting. Care Opinion feedback continued to be consistently not critical although the number of posts had reduced. Prof Borland highlighted activity to improve complaint handling arrangements at University Hospital Ayr, mirroring the arrangements already in place at University Hospital Crosshouse.

Prof Borland explained in response to a question from a Board Member in relation to complaint themes, that the small number of other COVID-19 related complex complaints were unable to be defined under one of the main headings and further detail will be reported through HGC.

**Outcome: Board Members note the report and were assured by performance in relation to patient experience, feedback and complaints for Quarter 2 and planned improvement.**

### **6.3 Healthcare Associated Infection (HCAI) report (008/2021)**

The Nurse Director, Prof Hazel Borland, presented the current performance against the national Healthcare Associated Infection (HCAI) Standards, with a specific focus on Staphylococcus aureus bacteraemias (SABs). A version of the report was considered in detail at HGC on 11 January 2021.

Board Members were advised that the Board's quarterly SAB rate rose sharply in Q1 due to a small number of SAB cases and, combined with a reduction in occupied bed days (OBDs), this had triggered an exception report form Antimicrobial Resistance and Healthcare Associated Infection Scotland. The Board's response was provided at appendix 1 of the report.

Prof Borland informed Board Members that there had been a need to re-direct Infection Prevention and Control Team and Consultant Microbiologist resource in response to the pandemic, which had meant that it was not possible to investigate every SAB case, which had resulted in an increase in the number of SABs with an unknown point of entry. Urinary catheter related SABs in Q1 were significantly above Scottish data, involving a small number of cases. There were no central line related SABs during Q1. Data for Q2 indicated that healthcare associated SABs fell from 23 to 17 and, combined with OBDs returning to more normal levels, it was anticipated that Q2 data will return to normal levels.

**Outcome:** Board Members considered and noted the HCAI data with a specific focus on SABs and were assured of the ongoing work within the organisation to reduce HCAI rates.

#### **6.4 Scottish Patient Safety Programme Maternity and Children Quality Improvement Collaborative (SPSP MCQIC) - Maternity Services (009/2021)**

The Director for Acute Services, Mrs Joanne Edwards, presented an assurance report on progress in relation to core SPSP MCQIC measures within the Maternity programme. A version of the report was discussed at HGC on 11 January 2021. Mrs Edwards explained that in response to feedback from HGC members, additional narrative was provided to clearly highlight good progress and areas for improvement.

Mrs Edwards reported that the MCQIC programme had been paused nationally during 2020 due to the pandemic, to allow staff to be deployed where necessary and the programme had now re-started, with improvement activity being monitored on a weekly basis.

Board Members were advised that there had been sustained improvement in relation to the reduction of stillbirth rates. Mrs Edwards explained that there had been variable improvement in the rate of severe post-partum haemorrhages (PPH) since November 2019 and further work will take place to investigate possible causes for deterioration. There was a high compliance rate, currently 100%, with the administration of Tranexamic Acid for PPH.

**Outcome:** Board Members noted and were assured of the ongoing work of clinical improvement within the SPSP MCQIC Maternity Programme.

### **7. Corporate Governance**

#### **7.1 Audit and Risk Committee (010/2021)**

The Committee Chair, Mr Michael Breen, presented the minute of the meeting held on 18 November 2020 and reported key areas of focus and scrutiny at the meeting on 20 January 2021.

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

#### **7.2 Healthcare Governance Committee Minutes (011/2021)**

The Committee Chair, Mrs Linda Semple, presented the minute of the meeting held on 2 November 2020. The Committee Vice Chair, Mr Adrian Carragher, reported key areas of focus and scrutiny at the meeting on 11 January 2021, having taken on the Chair role for the meeting.

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

### **7.3 Performance Governance Committee (012/2021)**

The Committee Chair, Mr Bob Martin, presented the minute of the meeting held on 3 November 2020 and reported key areas of focus and scrutiny at the meeting on 12 January 2021.

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

### **7.4 Board Committee Membership (013/2021)**

The Board Chair introduced the report and invited the Head of Corporate Governance, Mrs Shona McCulloch, to outline proposed changes to Board Committee responsibilities. Mrs McCulloch explained that changes were being made as part of the annual review process and to take account of new Non-Executive Board Members, and those coming to the end of their term of office. Mrs McCulloch explained that a phased planning approach will be adopted, with further changes reported through the year as new Non-Executives join the Board.

**Outcome: Board Members approved changes to Board Committee responsibilities.**

## **8. Service**

### **8.1 Rape and Sexual Assault Standards and West of Scotland Forensic Model (014/2021)**

The Nurse Director, Prof Hazel Borland, presented an update on the positive progress being made within NHS Ayrshire & Arran to ensure compliance with Healthcare Improvement Scotland (HIS) standards for healthcare and forensic medical services for people who have experienced Rape, Sexual Assault or Child Sexual Abuse, published in 2017.

Prof Borland advised that a report had been provided to the Board on 30 March 2020 detailing progress against the original Chief Medical Officer (CMO) five key asks published in 2018, and the additional five new CMO asks published in 2019. Five of these asks were either fully compliant or were relevant to NHS Greater Glasgow & Clyde, which will provide the clinical workforce for forensic medical examinations. Board Members received a detailed update on progress against the remaining five asks.

Board Members were advised that the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill was passed unanimously by Parliament on 10 December 2020 and was scheduled for enactment in 2021. Prof Borland gave assurance that the Board was well placed to implement the service from April 2021.

Prof Borland advised in response to a question from a Board Member that assessment of the test of change for the role of regional Nurse Sexual Offence Examiner will take place through the national programme board, with developments and evaluation reported through HGC. Prof Borland confirmed that NHS Ayrshire & Arran will fund construction of a new Paediatric Forensic area at University Hospital Crosshouse through the local capital planning process. Prof Borland confirmed that the Board was actively pursuing opportunities to use telehealth to support the

service although specific elements, such as forensic examination, will require to take place in person.

The Director of Finance, Mr Derek Lindsay, clarified that regional West of Scotland and NHS Ayrshire & Arran investment for the new service will be reflected in the Board's revenue plan for 2021-22.

**Outcome: Board Members discussed and were assured of progress made in NHS Ayrshire & Arran to ensure compliance with HIS Rape and Sexual Assault Standards and the West of Scotland Forensic Model.**

## **8.2 Innovation and patient services (015/2021)**

The Medical Director, Dr Crawford McGuffie, presented a report on current Innovation activity and future national and local opportunities.

Dr McGuffie highlighted the background to Innovation activity in NHS Ayrshire & Arran and the engagement with universities, the Glasgow School of Art and other providers in taking forward service redesign and developing the workforce. The COVID-19 pandemic had accelerated the rate of delivery of innovation projects across services, with a number of existing projects early adopted and rolled out across the country. Dr McGuffie advised that there was an opportunity to harness this change and build on the rapid innovation delivery platforms, whilst understanding the roles of Research and Development (R&D), Innovation and Technology Enabled Care.

Dr McGuffie advised that a further report will be presented to the Board to enable discussion on COVID-19 related Innovation activity, as well as funding and project management support challenges in taking forward this work. Going forward, Innovation activity will be reported through HGC.

Board Members discussed the report and recognised the benefits of Innovation activity in taking forward the Board's Caring for Ayrshire strategic programme and to attract the best workforce to NHS Ayrshire & Arran.

**Outcome: Board Members noted the update on current Innovation activity and agreed the renaming of R&D to Research, Development & Innovation. Board Members looked forward to receiving a further report on COVID-19 related Innovation activity at a future Board meeting.**

## **8.3 Remobilisation Plan 3 (016/2021)**

The Director for Transformation and Sustainability, Ms Kirsti Dickson, provided an update on guidance and submission timelines for the Remobilisation Plan 3 (RMP3), which will set out the Board's key priorities and actions for the period April 2021 to March 2022. The plan will seek to provide assurance that the whole Health and Care system in Ayrshire and Arran has planned together to continue to deliver safe, effective and accessible treatment and care, whilst continuing to work collectively to effectively manage and safely respond to the ongoing challenges of COVID-19.

Ms Dickson explained that the first draft of the plan was due to be submitted to the Scottish Government on 26 February 2021. Following feedback from the Scottish Government, there will be an opportunity to refine and develop RMP3, with the final plan being submitted to the Integration Joint Boards and NHS Board for approval following the normal governance process.

Ms Dickson advised in response to a question from a Board Member that to date the Board had not identified any significant system risks as a result of the UK's exit from the EU. Ms Dickson gave assurance that the position will continue to be monitored and any risks reported through the Board's risk management process. The Board Chair advised that a Board workshop will take place to enable presentation and discussion of key areas of the draft plan before submission to the Scottish Government.

**Outcome: Board Members noted the current development of the Remobilisation Plan 3 and were assured that necessary systems and procedures were in place to scrutinise, monitor and manage delivery against the plan.**

## **9. Performance**

### **9.1 NHS Ayrshire & Arran Annual Review (017/2021)**

The Chief Executive presented the letter received from the Scottish Government following the annual review which took place via video conference on 30 September 2020, chaired by the Minister for Mental Health, Ms Clare Haughey MSP. The annual review had focused on the Board's response to the COVID-19 pandemic and remobilisation planning at that time.

The Chief Executive advised that overall this had been a positive review which had recognised progress being made by NHS Ayrshire & Arran, in particular, the way in which the Board was responding to the pandemic. One of the key areas for discussion was Mental Health and the approach being taken locally to deliver Mental Health urgent care. Staff Wellness activity was also discussed and the Minister expected that this good work will be continued. The Chief Executive gave assurance that there was a strong commitment to continue Staff Wellness work given the significant positive impact. The Corporate Management Team had agreed to continue to fund Staff Wellness activity beyond March 2021, with funding included in the revenue plan for 2021-22.

**Outcome: Board Members noted the letter received from the Scottish Government following the annual review meeting on 30 September 2020.**

### **9.2 Performance Report (018/2021)**

The Director for Transformation and Sustainability, Ms Kirsti Dickson, presented an assurance report on the latest performance data available 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 upturn in activity due to a growing number of patients with COVID-19 from the end of October 2020



through to January 2021. Winter challenges had led to an increase in other unscheduled care presentations and whilst levels were slightly lower than the previous year, patients were more likely to require admission. Ms Dickson highlighted system pressures due to bed availability, staffing and the impact of COVID-19 in terms of infection prevention and control, to manage safe pathways for patients and staff and delayed discharge. This was having a negative impact on patient flow across the health and care system.

Board Members received a detailed update on the latest available data for Planned Care performance. Ms Dickson advised Board Members that following the remobilisation process over the summer of 2020 to support the restart of some planned care, the increasing prevalence of COVID-19 in the autumn meant that this activity had to be reduced significantly. In particular, most elective surgery was being reviewed following a clinical prioritisation approach to prioritise urgent cases. Ms Dickson gave assurance that the position was being reviewed on a fortnightly basis, with plans to restart elective activity at the earliest possible opportunity.

The Chief Executive gave assurance to Board Members that Planned Care would be a key component of RMP3 and consideration will require to be given to national discussion in taking forward local work. The Chief Executive highlighted that the Board had been given access to theatre sessions in some private hospitals, as well as sessions at the Golden Jubilee National Hospital (GJNH). The Director for Acute Services was involved in discussion to ensure a consistent West of Scotland (WoS) approach, and to maximise access to the additional capacity at GJNH, to ensure this was used as effectively as possible. Wider discussion was taking place across WoS to try to support services where possible to mitigate some of the challenges being faced.

Board Members discussed the Board's planned and unplanned care performance against national data and it was acknowledged that every effort was being made to maintain the position, with other NHS Scotland Boards in a similar position. Board Members recognised the extremely hard work being done by staff across all sectors of health and care, as well as the regional WoS approach being adopted and national collaboration ongoing.

**Outcome: Board Members noted the update and were assured of arrangements for the management and provision of unscheduled and planned care.**

### **9.3 Financial Management Report**

**(019/2021)**

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

Board Members were advised that the draft Annual Operating Plan (AOP) financial outturn was £13.5 million deficit. The deficit at month nine was £3.95 million, which was 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 provided a detailed update on additional COVID-19 expenditure. He anticipated that Scottish Government funding will be received in the near future to cover additional COVID-19 costs. There was an underspend in Acute Services due

to the impact of the pandemic on delivery of elective care. Mr Lindsay reported that with the anticipated Scottish Government funding, the Board was projecting a financial outturn of breakeven for 2020-21.

Mr Lindsay advised in response to a question from a Board Member that the Scottish Government's publication of a draft budget on 28 January 2021 indicated a funding uplift of 1.7% for NHS Ayrshire & Arran, which will be a challenging position to manage, due to pre-existing and anticipated cost pressures in 2021-22. Financial planning discussions in relation to COVID-19 were taking place across services and with the three Local Authorities, with outputs to be included in RMP3. The Chief Executive advised that the Board workshop to discuss RMP3 will also consider revenue planning where relevant, as well as additional ongoing COVID-19 costs for 2021-22.

**Outcome: Board Members noted the Board's financial position to 31 December 2020. Board Members noted the risks related to uncertainty of Scottish Government allocations and the breakeven projection.**

#### **9.4 Test and Protect**

**(020/2021)**

The interim Director of Public Health (joint), Mrs Lynne McNiven, provided a comprehensive assurance report on the robust and complex whole system Testing Programme and Test and Protect Contact Tracing service being provided in response to the COVID-19 pandemic. Mrs McNiven gave assurance that the programmes were going well and together these arrangements allowed the Board to quickly identify and interrupt routes of potential spread and manage outbreaks.

Board Members were advised that the model of Contact Tracing delivery in Scotland was firmly embedded within the NHS, with two separate but interdependent elements relating to national and local contact tracing. Since March 2020, the Board had gradually established a comprehensive Test & Protect Contact Tracing Team, and this had expanded incrementally in response to the pandemic.

Mrs McNiven reported that the Testing Programme Service had been in place since February 2020 and had rapidly developed from zero testing to a mass roll out of testing to support a wide range of functions. Board Members were advised that the Board's COVID-19 testing strategy and associated governance processes were well embedded across the organisation to ensure national changes to COVID-19 testing policy could be quickly embedded in Ayrshire. Regular progress reports were being provided on both programmes to the Scottish Government and locally to the Emergency Management Team (EMT).

**Outcome: Board Members noted and were assured of the Testing Programme and Test and Protect Contact Tracing arrangements in place within NHS Ayrshire & Arran. Board Members commended the Public Health team for the robust and resilient partnership approach adopted in taking forward these important work programmes.**

## 9.5 COVID-19 Mass Vaccination Programme

(021/2021)

The Chief Executive provided an update on the COVID-19 Mass Vaccination Programme.

Board Members received details of the robust governance arrangements in place for the vaccination programme being delivered in accordance with national guidance from the Scottish Government and the Joint Committee on Vaccination and Immunisation (JCVI).

The Chief Executive provided an update on the rollout of first dose vaccination to the Priority 1 group which had started in early December 2020. This part of the programme was due to complete in the near future and there had been high uptake for the vaccination. Vaccination of the 65 to 70 years cohort had just begun and was due for completion by mid-February 2021. Early reports indicated that arrangements were going well. Work had also commenced through General Practice to vaccinate clinically extremely vulnerable shielding patients aged 16 to 64 years. General Practice had also delivered the vaccine to over 80's.

Board Members were informed that arrangements to provide the second dose of the vaccination will begin in mid-February with the Priority 1 group, following national guidance to deliver the second dose within 12 weeks of the first dose.

The Chief Executive highlighted the significant logistical challenges in delivering this whole system vaccination programme across multiple centres, and the very positive input and support provided by a wide team of health and care staff, as well as many other partners, including Local Authorities and Strathclyde Passenger Transport. The Chief Executive gave assurance that vaccination plans had been stress tested with support from the Board's Military Liaison Officer and the vaccination programme was working well. The number of vaccinators available had increased significantly. A video outlining what to expect when attending for vaccination was available on the Board's website.

**Outcome: Board Members noted and were assured of the arrangements for delivery of the COVID-19 Mass Vaccination Programme.**

## 10. Decision/Approval

### 10.1 Corporate Equalities Structure

(022/2021)

The Nurse Director, Prof Hazel Borland, outlined plans to re-establish a formal Corporate Equalities Structure to embed equalities in business structures and complement the arrangements in place with partners, in particular, the Integration Joint Boards and Health and Social Care Partnerships, and ensure compliance with equalities and other relevant legislation.

Prof Borland outlined the proposed governance arrangements including plans to establish a Corporate Equalities Committee, to be chaired by a Non-Executive Board Member, to be decided by the Board Chair, as well as an Equalities Implementation Group as a sub-group of the Committee. The Nurse Director and HR Director will be joint sponsoring Directors for this activity, supported by the Equality and Diversity Adviser.

**Outcome: Board Members approved the proposed Corporate Equalities structure.**

## **10.2 National Whistleblowing Standards: proposal for implementation (023/2021) model from 1 April 2021**

The Nurse Director, Prof Hazel Borland, outlined the background to the development of the proposed governance structure and implementation model in preparation for the launch of the National Whistleblowing Standards from 1 April 2021, following a delay in implementation due to the pandemic.

Prof Borland provided an update on the work of the Whistleblowing Oversight Group to oversee implementation and application of the standards. The group's membership includes Dr Sukhomoy Das, Non-Executive Board Member and Whistleblowing Champion, as well as the Chairs of the Area Clinical Forum and Area Partnership Forum. Prof Borland advised that a Whistleblowing Coordinator had recently been appointed who will work closely with the Head of Corporate Governance to take forward background work in preparation for implementation of the standards.

Prof Borland outlined the proposed governance structure and options for a suitable "Speak Up" Model and Confidential Contacts in Ayrshire and Arran. Prof Borland underlined the importance of staff feeling safe to speak up if they had concerns and that the Whistleblowing Standards will be an important element in allowing staff to feel confident that there are fair systems and processes in place to do so.

Dr Das acknowledged that while this was a challenging time to be taking forward this activity due to the pandemic, local work was progressing to implement the standards from 1 April 2021. Dr Das highlighted that the standards went beyond the traditional NHS model and included Integration Joint Boards, independent contractors and others working across the NHS. Dr Das reiterated that it was important for staff to be aware of the standards and able to speak up should they have a concern relating to patient safety, fraud or malpractice, to enable the organisation to continue to progress. Dr Das advised that he would become a member of the Staff Governance Committee from 1 April 2021 to align with the proposed governance arrangements.

Board Members discussed the proposed implementation models in detail and agreed that there should be an option 4+ model, a hybrid of options 2 and 4. This will enable the Board to retain current Confidential Contacts for a transition period for stability and continuity, and expand further to include a small number of additional contacts, for example, from Primary Care or the IJBs, if required, supported by a cohort of Speak Up Advocates. Board Members agreed that these arrangements should be reviewed in a year's time.

**Outcome: Board Members approved the proposed governance structure and agreed that the proposed implementation model should be Option 4+, a hybrid of Options 2 and 4. Board Members looked forward to receiving an update report at the next meeting.**

## **10.3 National Secure Adolescent Inpatient Service (NSAIS) (024/2021)**

The Head of Mental Health Services, Mrs Thelma Bowers, presented a proposal for the naming of the new National Secure Adolescent Inpatient Service (NSAIS), to be built in the grounds of Ayrshire Central Hospital, adjacent to Woodland View.

Mrs Bowers advised that a short on line survey had been circulated to seek the views of young people, working with Young Scot, to agree a name for the new national facility. Following closure of the vote on 31 August 2020, the preferred name was "Foxgrove". This name had formally been approved by the project steering group on 22 September 2020 and North Ayrshire IJB on 17 December 2020, and was presented to the NHS Board for approval.

**Outcome: Board Members approved the naming of the NSAIS facility as "Foxgrove".**

## **11. For information**

### **11.1 Board briefing (025/2021)**

Board Members noted the content of the briefing.

### **11.2 East Ayrshire Integration Joint Board (026/2021)**

Board Members noted the minute of the meeting held on 7 October 2020.

### **11.3 North Ayrshire Integration Joint Board (027/2021)**

Board Members noted the minute of the meeting held on 19 November 2020.

### **11.4 South Ayrshire Integration Joint Board (028/2021)**

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

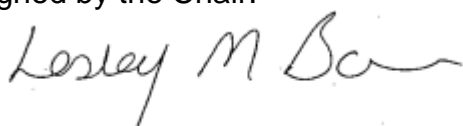
## **12. Any Other Competent Business (029/2021)**

There was no other business.

## **13. Date of Next Meeting**

The next meeting of the NHS Ayrshire & Arran Board will take place at 9.30 am on Monday 29 March 2021.

Signed by the Chair:



26 May 2021

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