

Ayrshire and Arran NHS Board
Minutes of a public meeting on Monday 31 January 2022
9.30am, MS Teams meeting

Present: Non-Executive Members:
Mrs Lesley Bowie, Board Chair
Mrs Margaret Anderson
Mr Michael Breen
Mr Adrian Carragher
Ms Sheila Cowan
Cllr Joe Cullinane
Dr Sukhomoy Das
Mrs Jean Ford
Mr Ewing Hope
Ms Linda Semple

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

Board Advisors/Ex-Officios:
Mr Sandy Agnew (Assistant Director, Clinical Support Services)
Mrs Vicki Campbell (Head of Primary Care and Urgent Care Services)
Mrs Kirstin Dickson (Director for Transformation and Sustainability)
Mr Paul Doak (Chief Finance and Transformation Officer, North Ayrshire Health and Social Care Partnership)
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 (Director of Health and Social Care, East Ayrshire)
Ms Karen McCormick (Chief Nurse, Surgical Services)
Mrs Shona McCulloch (Head of Corporate Governance)
Mrs Lynne McNiven (Director of Public Health)

Mrs Angela O'Mahony (Committee Secretary) minutes

The Board Chair welcomed everyone to the meeting, in particular, the new Chief Executive, Ms Claire Burden, who joined NHS Ayrshire & Arran (NHSAA) on 13 January 2022. The Board Chair gave sincere thanks to Prof Hazel Borland and Ms Jennifer Wilson for stepping up to the Interim Chief Executive and Interim Nurse Director roles since July 2021 and advised that both had now resumed their previous roles.

1. Apologies

Apologies were noted from Cllr Laura Brennan-Whitefield, Ms Caroline Cameron, Mr Bob Martin, Mr Marc Mazzucco and Cllr Douglas Reid.

2. Declaration of interests (001/2022)

There were no declarations noted.

3. Minute of the meeting of the NHS Board held on 29 November 2021 (002/2022)

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

4. Matters arising (003/2022)

Paper 2 - Action Log

The Board action log was circulated to Board Members in advance of the meeting and all progress against actions was noted. The Board Chair highlighted that there was one action in progress related to improving communication with patients with sensory impairment which was due for completion by the end of March 2022.

5. Chief Executive and Board Chair report

5.1 Chief Executive's report (004/2022)

- The Chief Executive had held a number of introductory meetings over the past two weeks. This had afforded the opportunity to meet a range of staff from across the system and to listen and hear first-hand their experience of the pandemic. The Chief Executive acknowledged the scale and incredible efforts of staff throughout health and care over the past two years.
- The Chief Executive updated that following the Scottish Government steer in November 2021 to do everything possible to increase COVID-19 vaccination rates for eligible members of the community, vaccination teams had achieved a vaccinated with booster rate for the over-18s of 77.9% by 31 December 2021.
- The pandemic response and recovery continued and the Health and Care system remained under significant pressure.
- The Chief Executive provided a detailed update on COVID positive cases between 21 December 2021 and 22 January 2022. There were 27,503 COVID positive cases reported, the highest level of infections for a four week period in Ayrshire and Arran for many months. COVID positive case numbers had peaked at over 1,500 per day during this period.
- Staff continued to work very hard across the system to provide a safe and quality service to patients. While staffing levels throughout health and care had been challenged due to staff having to self-isolate, the position had improved moving through January, and the scale and impact of staff needing to self-isolate had diminished.
- The Chief Executive advised that as part of NHS Scotland's response to this COVID surge, on 10 December 2021 Boards had been asked to focus on only essential and critical services with immediate effect. NHSAA's response was to restrict routine planned operating until the end of January 2022. All diagnostics and routine surgery were suspended at this time, with the exception of urgent and suspected cancer patients, whose care had continued. Board Members were appraised of the position in December 2021. By reducing routine activity, the

Board was able to redeploy appropriately qualified staff to areas of essential and critical need. While these decisions were not taken lightly they were needed.

- The Chief Executive apologised for the impact that these difficult decisions had on members of the community, and reassured Board Members that operational colleagues were already working on plans to restore routine work, including outpatients, diagnostics and routine surgery at the earliest opportunity.
- The Emergency Management Team was meeting on a weekly basis and would continue to meet until all services had plans to return to practice.
- The Board was extremely grateful to receive Military Aid as part of a national programme to mitigate staffing pressures, with some short term military assistance to support Acute and Vaccination Services. A further 18 service personnel were granted for an initial six week period and had commenced their induction on 7 January 2022. They had been deployed to the Emergency Departments at both acute hospitals, and their deployment had since been extended to the end of February 2022. This will provide invaluable support for staff as routine services are recovered.
- Chief Executives and Board Chairs from across Scotland continued to join weekly meetings with the Cabinet Secretary to keep all parties up-to-date. Local weekly Strategic Ayrshire Local Resilience Partnership meetings continued through which Local Authority Chief Executives, Police, Fire and Ambulance leads and other local partners were kept updated on the position.
- The focus over the next two months will be staff support and wellbeing, with the continued delivery of essential and critical services. In addition, there were plans for the restoration and restart of all planned care and community services whose provision had been limited due to the pandemic. A Board workshop will take place in February 2022 to further develop service restoration and restart plans. The work programme and budget for NHSAA's operating ambitions for 2022-2023 will then be presented to the Board meeting in March 2022 for approval.

5.2 Board Chair's report

(005/2022)

- The Board Chair reminded Board Members of the flexible approach agreed by the Board in November 2021 in relation to our Corporate governance arrangements. The Board agenda reflected this approach, with a shorter agenda for discussion, more items for information and a much reduced volume of papers. Corporate Governance arrangements were being kept under review and the Board Chair would keep Board Members updated of changes.
- Board Chairs continue to attend weekly meetings with the Cabinet Secretary. In addition, Board Chairs continue to have their regular monthly meetings with him. The meetings in December 2021 and January 2022 had mainly focused on the Cabinet Secretary's priorities in relation to the current system pressures. However, at the January 2022 there had also been discussion about looking forward, focusing on operational matters.
- The Board Chair had attended a Community Wealth Building meeting on 11 January 2022. This was a very good programme being run across Ayrshire where anchor organisations provided updates on their work. It had been hoped that Mr Tom Arthur, Minister for Public Finance, Planning and Community Wealth at the Scottish Government would attend the meeting. However, as he was unable to attend, this had been rescheduled to the meeting in March 2022.
- A recruitment process had begun to appoint a new Non-Executive Board Member following Ms Mhairi Kennedy's departure from the Board. The national appointment process was being run jointly with NHS Greater Glasgow & Clyde.

- The Board Chair advised that from mid-February she would join weekly walkrounds with the Nurse Director and Medical Director, and looked forward to the opportunity to meet staff and find out more about their areas of work.

6. Quality

6.1 Patient story (006/2022)

The Director for Acute Services, Mrs Joanne Edwards, introduced the paper and invited Ms Karen McCormick, Chief Nurse, Surgical Services to present a story from a patient, also a staff member, who was an inpatient with COVID-19 at the start of the pandemic. In this story, Julie shared her experience as the first member of staff to be hospitalised in the Critical Care Unit after contracting COVID-19 and her subsequent recovery and return to work.

This story highlighted the impact of critical illness on staff, the importance of recognising this and ensuring a range of support services are available to support staff in their recovery. The story also highlighted the positive progress that NHSAA has made in developing staff wellbeing services during the pandemic.

Outcome: Board Members discussed and noted the patient story.

6.2 Patient Experience Quarter 2 Report (007/2022)

The Nurse Director, Prof Hazel Borland, presented patient experience feedback and complaints information for Quarter 2. A version of the report had been discussed in detail at the Healthcare Governance Committee meeting on 10 January 2022.

Prof Borland highlighted that current pressures were affecting the Board's complaint handling performance and outlined the actions taking place to support and improve performance going forward. While the number of out of time complaints was significantly lower than pre-pandemic figures, closing these complaints was a priority.

Board Members were advised that the number of complaint outcomes that were fully upheld remained low. There had been a slight rise in SPSO referrals during the reporting period, however, the investigation rate remained at its lowest level, with one current investigation underway.

Prof Borland advised that more detail was being collected on complaint themes to help prioritise improvement and learning. An Extreme Team had been commissioned to ensure an innovative and sustainable approach to improvement from patient experience was in place. Outcomes from the team will be reported in future papers.

Board Members were advised that the Board was currently reviewing local feedback approaches. A new feedback process had been designed and would be tested in the coming weeks. There had been an increase in the number of Care Opinion (CO) posts viewed compared to the last quarter. 79% of postings were considered positive or mildly critical and 3% were strongly critical. There was a continued spread of CO responders across services. A Board Member suggested that the Board could acknowledge CO posts so that the individual concerned knew that their

post had been received. Prof Borland offered to discuss further with the Board Member outwith the meeting.

Prof Borland explained in response to a question from a Board Member that the complaint theme identified, in regard to waiting time for test results, was due to a range of factors and reflected the pressures across the whole system.

Board Members discussed the report and acknowledged that while complaint handling performance had been impacted due to current pressures, significant improvements had been made in recent years. Board Members were reassured by plans to improve performance going forward.

Outcome: Board Members considered and noted the Patient Experience feedback and complaints information for Quarter 2.

6.3 Healthcare Associated Infection (HCAI) report (008/2022)

The Nurse Director, Prof Hazel Borland, presented a report on current activity to manage HCAI across NHSAA. Performance against HCAI Standards was scrutinised at the Healthcare Governance Committee meeting on 10 January 2022.

Prof Borland provided a detailed report on the Board's current verified position against each national HCAI Standard. The Board had agreed an ambition before the pandemic to contribute its own proportionate reduction to achieve the national Standards. However, despite best efforts, the Board was unlikely to meet these targets for the year ending March 2022. Prof Borland explained that this was the first time for several years that the Board had struggled to meet the targets for Clostridium difficile infection and Staphylococcus aureus bacteraemias. This reflected the different patient caseloads and different practices now in place due to the COVID-19 pandemic.

Board Members received a detailed update on the management of an increase in cases of Pseudomonas aeruginosa across the Board's Intensive Care (ICU) settings between April 2020 and July 2021, with 25 cases across both hospital sites. A version of the report had been discussed in detail at the Healthcare Governance Committee meeting on 11 November 2021.

Prof Borland explained that the increase was seen in the context of the changes made as part of the emergency response to the COVID-19 pandemic, including change of use of clinical areas as temporary ICUs, with increased ICU staffing drawn from a number of areas, as well as changes to PPE use and infection control practice, following national guidelines. The ICU patient population had also changed during the pandemic, with patients having more complex conditions that required longer ICU stays.

Prof Borland advised that since the start of the pandemic in March 2020 the Board had identified a number of gram-negative organisms affecting ICUs, with similar incidents reported across Scotland and the rest of the UK.

Locally, a number of Problem Assessment Groups (PAG) and Incident Management Teams had been convened during the period with support from the national Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland

team. Whilst the majority of outbreak organisms were brought under control, *Pseudomonas aeruginosa* continued to be present on a regular basis. The Infection Prevention and Control Team had undertaken a wider review of the incidents and sought support from ARHAI Scotland. In order to trigger the necessary support, the incident was escalated as a data exceedance, in line with the National Infection Prevention and Control Manual. Prof Borland had supported this approach as Executive HAI Lead.

Prof Borland advised that in August 2021 a PAG had been held with support from ARHAI Scotland to review cases. It had been concluded that the water supply was not the source of infection, with the exception of a water cooler used by staff outside ICU at University Hospital Crosshouse which had very low-level contamination and was removed from service and decontaminated. The isolate from the water cooler was not connected to the strain found in patients. Patient to patient transmission was excluded based on the typing of these events, with the exception of two patients. The most likely unidentified environmental source was sink drains; however, as there was and is no national protocol or laboratory accredited to process for such sink drain samples, drain sampling was not possible. All sinks had been reviewed and this had resulted in some being replaced and adjustments to flow and water temperature as safety measures indicated. All cleaning was in line with national measures and frequency of cleaning had been increased as a precaution.

Prof Borland reported that a further PAG meeting was held in October 2021 with subsequent discussion with RHA Scotland and as there had been a demonstrable reduction in the frequency of cases the data exceedance incident had been closed. There had been no further cases reported since September 2021.

Outcome: Board Members discussed the update on the Board's current performance against the national HCAI Standards. Board Members were reassured by the management of an increase in *Pseudomonas aeruginosa* in ICU settings.

7. Service

7.1 Systematic anti-cancer therapy (SACT) services in NHSAA (009/2022)

The Director for Transformation and Sustainability, Mrs Kirstin Dickson, provided an update on engagement work around provision of SACT services in NHSAA.

Mrs Dickson advised that as previously reported to the Board, before the pandemic NHSAA had been undertaking a review of SACT service provision and was seeking to implement a regional tiered model for this service. An extensive public engagement exercise was undertaken from January to March 2020 which had provided a meaningful opportunity for people to be involved and provide feedback. However, any further development in the implementation of this model was paused in March 2020 due to the pandemic.

Board Members were advised that due to the pace of urgent interim changes to SACT delivery to address patient safety issues, and associated restrictions on engagement methods due to the pandemic, there was no scope to engage appropriately or meaningfully with patients or the public at that time. The Board had taken the opportunity towards the end of 2020, when safe to do so, to gather views and feedback from patients and staff on the temporary changes made, to inform

current practice and future service redesign. The report provided outputs from this and more recent engagement with the same groups. This engagement activity had been carried out in line with Healthcare Improvement Scotland Community Engagement guidance issued in November 2021.

Mrs Dickson reported that feedback from service users and staff was generally very positive in relation to the interim changes made and a number of key themes had emerged as set out in the report. The report also described ongoing engagement activity, with the intention to provide an update at a future Board meeting once this work had concluded.

Board Members were encouraged by the important engagement activity undertaken to date and the mainly positive feedback received from service users and staff. Mrs Dickson advised in response to a question from a Board Member that as these were interim changes at this stage, this experience had not yet been shared more widely with other Boards. Board Members commended the approach taken to continually revisit and revise the Equalities Impact Assessment to support changes being made.

Outcome: Board Members discussed and acknowledged the rationale and interim service changes made to SACT delivery in response to the COVID-19 pandemic; the engagement that had taken place throughout these changes and the interim outcomes from the engagement plan delivered to date; and the further planned engagement as described in the report.

7.2 Health and care delivery planning

(010/2022)

The Director for Transformation and Sustainability, Mrs Kirstin Dickson, provided an update on health and care delivery planning.

Mrs Dickson recalled that the Board had been asked by the Scottish Government to pause production of the Annual Operational Plan 2020-2021 early in the pandemic, and to provide a Mobilisation Plan and subsequent Remobilisation Plans (RMP) during 2021-2022, most recently RMP4.

Mrs Dickson advised that recent discussion with the Scottish Government had shifted the focus towards longer term planning over the next three years, with annual review towards delivery of goals during this period. Guidance had not yet been received from the Scottish Government, however, it was anticipated that Boards would be asked to provide an Annual Delivery Plan later in 2022 as part of the three year planning cycle. In the meantime, NHSAA would continue to produce its own Delivery Plan with a view to dovetailing local and national plans as Scottish Government guidance became clearer about planning expectations going forward.

Outcome: Board Members noted the update on the arrangements for delivery plans for NHSAA and the Scottish Government

8. Performance

8.1 Performance Report

(011/2022)

The Director for Transformation and Sustainability, Ms Kirstin Dickson, provided an update and assurance on the management and provision of unscheduled and planned care. The report detailed performance against national measures and standards, benchmarking data for NHSAA in the context of national performance, as well as progress against RMP3 for the reporting period up to the end of November 2021, prior to the COVID-19 Omicron surge. RMP4 data was also provided where available.

Mrs Dickson advised that the report provided details of COVID-19 activity over the last couple of years to assist in providing context in regard to system change and the impact on performance. There were varying levels of COVID-19 activity in terms of community transmission which was having a particular impact on staff absence and in hospitals, and the lag between community and hospital activity increasing was visible.

Board Members were advised that as discussed in previous reports, Planned Care had been particularly impacted as services were reduced or paused to deal with COVID-19 and priority urgent cases. Activity was taking place to try to create capacity and work differently to improve waiting times and service access and mitigate significant performance challenges and issues in relation to ongoing demand.

Mrs Dickson highlighted Unscheduled Care challenges and issues that had emerged which were driving reduced performance. These included the impact of COVID-19 on staffing levels across the health and care system; patient flow issues; long waits in ED prior to hospital admission; infection prevention and control actions and closure of hospital beds due to outbreaks or limiting available bed resource; and limited care home placements which meant that patients were unable to be discharged back to care homes. In addition, staff resource was stretched across additional beds to support demand and patients had more complex conditions as they were waiting longer for planned care. The report set out the range of actions being taken to improve Unscheduled Care performance.

Board Members acknowledged, with concern, the increasing backlog of patients waiting to be seen which underlined the importance of the Board's restoration and restart programme. The Board Chair advised that a Board workshop will take place on 17 February 2022 to discuss the Board's recovery and reform plans.

Outcome: Board Members noted the update and assurance on the systems and procedures in place to manage the impact of COVID-19, and the remobilisation of services on the provision of unscheduled and planned care for Ayrshire citizens.

8.2 Financial Management Report for Month 9

(012/2022)

The Director of Finance, Mr Derek Lindsay, presented a report outlining the Board's financial position for the nine months to 31 December 2021.

Mr Lindsay provided a detailed update on the overall revenue position including additional allocations received up to 31 December 2021 and those expected up to the end of the financial year. The Board's Revenue Plan was a deficit of £12.1 million. The deficit after nine months was £3.0 million. The deficit decreased by £0.2 million in month nine. The Scottish Government had confirmed that they would fully fund COVID-19 costs this year, as they had last year, and the Board was forecasting breakeven by the year end.

Mr Lindsay advised that the main areas of overspend related to Acute services which had a £1.8 million overspend mainly driven by unachieved cash releasing efficiency savings and medical staffing overspend, partly driven by increased hospital beds and the increase in medical agency costs driven by Consultant vacancies. Another area of significant overspend was the New Medicines Fund due to the high cost of new drugs approved for use by the Scottish Medicines Consortium.

Board Members were advised that the Capital Plan approved by the Board in March 2021 amounted to £21.9 million. Mr Lindsay explained that there had been some volatility and unpredictability in some areas of the plan during the year. There were two main areas of slippage related to the planned spend on the National Forensic Adolescent Inpatient Unit at Irvine and the planned extension at the main Intensive Therapy Unit at UHC, as outlined in the report. The Scottish Government had agreed that £7.2 million capital spend could be carried forward to next financial year. In addition, there were some other planned capital projects, such as ward refurbishment, which were not able to take place due to COVID-19 demands on Acute services. Capital funding had been re-prioritised to accelerate other programmes or emerging schemes. The Board would continue to work with the Scottish Government to progress certain areas that had been delayed at national level.

Mr Lindsay outlined the additional allocations not in the Board approved Capital Plan that had been received or were anticipated. Appendix five of the report provided a summary of the updated Capital Plan at 31 December 2021 and the year to date spend.

The HR Director, Ms Sarah Leslie, explained in response to a question from a Board Member that staff sickness absence data did not include self-isolating staff members due to COVID-19 as this was treated as special leave. Ms Leslie assured Board Members that the Corporate Management Team (CMT) and the Scottish Government were receiving weekly briefings on core staff sickness absence and COVID-related absence rates.

Outcome: Board Members noted the Board's financial position for the period ending 31 December 2021.

8.3 North Ayrshire Health and Social Care Partnership (NAHSCP) (013/2022) annual performance report 2020-2021

On behalf of the Director of Health and Social Care for North Ayrshire, Mr Paul Doak, Head of Service, Finance and Transformation, NAHSCP, presented the NAHSCP annual performance report for 2020-2021, as required by the Public Bodies (Joint

Working)(Scotland) Act 2014. The report had previously been considered and approved by North Ayrshire Integration Joint Board on 16 December 2021.

Mr Doak reported that this had been a challenging year. The report set out NAHSCP's pandemic response and outlined progress against the Partnership's vision and strategic priorities, as well as the Scottish Government national health and wellbeing outcomes.

Mr Doak highlighted in particular high levels of performance by Drug and Alcohol Recovery Services in supporting service users and meeting local and national targets; the crucial role of community link workers supporting people through GP surgeries; the successful work of the Money Matters team which had resulted in £16 million of additional income for local people; and high levels of support from the Intermediate Care Team in preventing hospitalisation. In addition, a five year redesign programme had been concluded related to the move of elderly mental health services from the Ailsa Hospital site to the new hospital at Woodland View.

Outcome: Board Members discussed the annual performance report and commended the work that the Partnership was able to take forward in support of the local population during the pandemic.

9. Decision/Approval

9.1 Climate Change and Sustainability Strategy 2021-2032 (014/2022)

The Director Infrastructure and Support Services, Ms Nicola Graham, introduced the report and invited the Assistant Director, Clinical Support Services and Estates, Mr Sandy Agnew, to present. The strategy had previously been discussed and endorsed by CMT.

Mr Agnew advised that the purpose of the strategy was to provide a framework for NHSAA to maximise its contribution to mitigate and adapt to the effects of the global climate emergency and for the development of integrating sustainability into the organisation's everyday actions. NHSAA was one of three Scottish Boards to develop and implement this strategy, which was closely aligned to Scottish Government policy.

Mr Agnew reported that implementation of the strategy would be through the Sustainability Management Group (SMG), with the ambition to continue to build on the organisation's already exemplar performance in relation to sustainable development in the health sector. Mr Agnew proposed that a Non-Executive Board Member be appointed to chair the SMG.

Mr Agnew advised in response to a question from a Board Member that while there were challenges related to the additional resources needed to progress this work, the Board had significant resources available and was already driving forward a large sustainability agenda. Actions would have to be prioritised based on the resources available, with any areas of risk included on the strategic risk register. The Board had access to funding for specific deliverables, such as the transition to electric vehicles, using funding from Transport Scotland, and energy management benefits through Scottish Government funding for biomass boilers.

Ms Graham confirmed in response to a question from a Board Member that consideration will be given to the equalities impact assessment required to capture strands of work relating to sustainability and the environment.

Board Members discussed the report and welcomed the joined up approach proposed, and the ambition to link community wealth building with work to reduce carbon emissions. Board Members recognised the challenges for NHS Scotland in reducing emissions to meet national climate change targets, highlighting in particular those related to infrastructure and medicines and chemicals specific to the NHS. However, it was recognised that incremental change would have a significant impact.

Mr Agnew confirmed in response to a question from a Board Member that NHSAA had begun work several years ago to transition to electric vehicles with the aim to convert the full fleet by December 2024, a year ahead of the Scottish Government ask. Mr Agnew underlined the need to ensure that there was a charging infrastructure in place. The Board was planning to implement charging facilities at the main hospitals and smaller sites in the next three months. A bid will be submitted in the near future for funding in 2022-2023 to allow the Board to introduce 100 fully electric vehicles in July 2022.

Outcome: Board Members approved the strategy for implementation and approved the proposal to appoint a Non-Executive Board Member to chair the SMG.

9.2 University Hospital Crosshouse medical student accommodation (015/2022)

The Director Infrastructure and Support Services, Ms Nicola Graham, outlined options to create additional accommodation as part of the strategy to support the undergraduate medical student accommodation demand.

Ms Graham advised that work had been undertaken throughout 2021 to develop proposals to increase residential accommodation following approval by CMT in February 2021. The original proposal was to develop existing office accommodation at Lister Street. However, due to cost increases, the recommended option was to purchase two new build houses in Kilmarnock with accommodation for eight students close to the town centre and public transport links. These properties would have residual value which should continue to appreciate and would not impact on social housing within the development. The purchase would be funded jointly through this year's Capital Plan and Additional Cost of Teaching funding.

Ms Graham advised in response to a question from a Board Member that adaptations to the new build houses would be undertaken by the developer prior to NHSAA taking possession. The Board would then apply for a House of Multiple Occupancy licence from East Ayrshire Council. Ms Graham reassured Board Members that the Director of Medical Education, Dr Hugh Neill, had recognised that while the original bed numbers planned were not affordable at this point, this additional accommodation was a move in the right direction.

Board Members discussed the proposal to purchase the two new properties and recognised the benefits of this approach to continuously improve student accommodation and encourage individuals from within Scotland and internationally to make NHS career choices.

Ms Graham explained in response to a question from a Board Member that the Board was keen to work with partners who could provide accommodation but also to explore commercial options. The Board had investigated alternative options for student accommodation with the University of the West of Scotland but they were only able to offer some accommodation in Ayr, outwith term time, and there was an ongoing need for accommodation in Kilmarnock. Ms Graham clarified that the Board would manage these private properties in the same way as existing properties at Crosshouse and Ayr.

Outcome: Board Members endorsed that the provision of additional Medical Student accommodation should continue to be supported as approved by CMT in February 2021. Board Members approved preferred Option 3, to purchase two new build properties in Kilmarnock for Medical Student accommodation.

10. Corporate Governance – for information (016/2022)

Board Members received the following papers which were provided for information.

10.1 Board Committee Membership

10.2 Corporate Calendar 2022-2023

10.3 Healthcare Governance Committee key issues report from meeting on 10 January 2022 and approved minute of meeting on 1 November 2021

10.4 Performance Governance Committee key issues report from meeting on 20 January 2022 and approved minute of meeting on 4 November 2021

11. Others - for information (017/2022)

Board Members received the following papers which were provided for information.

11.1 Board briefing

11.2 East Ayrshire Integration Joint Board approved minute of meeting on 20 October 2022

11.3 North Ayrshire Integration Joint Board approved minute of meeting on 21 October 2022

11.4 South Ayrshire Integration Joint Board – no approved minutes

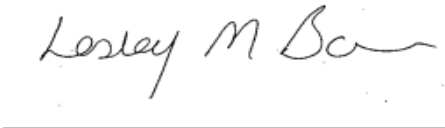
12. Any Other Competent Business (018/2022)

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 28 March 2022 at 9.30am, MS Teams

Signed by the Chair:

A handwritten signature in black ink, reading "Lesley M Bowie", enclosed in a thin black rectangular border.

28 March 2022

Lesley Bowie
Chair – Ayrshire and Arran NHS Board