

Ayrshire and Arran NHS Board
Minutes of a public meeting on Monday 31 March 2025
Hybrid meeting - Room 1 Eglinton House and MSTeams

Present: Non-Executive Members:
Mrs Lesley Bowie, Board Chair
Cllr Marie Burns – left after item 10.5
Dr Sukhomoy Das
Mr Liam Gallacher
Mr Ewing Hope
Dr Tom Hopkins
Cllr Lee Lyons – left after item 8.4
Mr Marc Mazzucco
Mr Neil McAleese
Cllr Douglas Reid – left after item 9.3
Ms Linda Semple, Vice Chair
Mrs Joyce White

Executive Members:
Ms Claire Burden (Chief Executive)
Mr Derek Lindsay (Director of Finance)
Dr Crawford McGuffie (Medical Director/Deputy Chief Executive)
Mrs Lynne McNiven (Director of Public Health)
Ms Jennifer Wilson (Nurse Director)

In attendance: Ms Caroline Cameron (Director of Health and Social Care, North Ayrshire)
– left after item 12.3
Mrs Vicki Campbell (Director of Acute Services)
Mrs Kirstin Dickson (Director of Transformation and Sustainability)
Mr Tim Eltringham (Director of Health and Social Care, South Ayrshire)
- left after item 8.4
Mrs Nicola Graham (Director of Infrastructure and Support Services)
Ms Sarah Leslie (Human Resources Director)
Mr Craig McArthur (Director of Health and Social Care, East Ayrshire)
Mrs Shona McCulloch (Head of Corporate Governance)

Mrs Angela O'Mahony (Committee Secretary) minutes

1. Apologies

Apologies were noted from Sheila Cowan, Jean Ford and Sharon Morrow.

2. Declaration of interests (024/2025)

There were no declarations noted.

3. Minute of the meeting of the NHS Board held on 3 February 2025 (025/2025)

The minute was approved as an accurate record of the discussion subject to the following amendments:

Item 7.2, Financial Management Report, second paragraph, fourth sentence – change “... more than anticipated ..” to “less than anticipated”. The outcome for this item should have read “Scottish Government would provide brokerage of up to £53.5 million this year”.

4. Matters arising (026/2025)

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.

5. Purchase of GP Premises (027/2025)

5.1 The Director of Infrastructure and Support Services, Mrs Nicola Graham, presented a proposal to purchase Portland and Meadowgreen GP surgeries in Troon.

The Director advised that the current owner of the premises and GP Principal had retired and wished to sell the premises. The remaining GP practice partners had requested that NHSAA acquire the properties to ensure continuity of general medical services in the local area. The purchase would be funded by Scottish Government for both the acquisition cost of £350,000 and additional improvement costs. Should the Board not purchase the premises, there was a risk that they could be purchased by a pharmacy chain or private investor which could potentially incur increased costs in capitalising rental payments.

The Director advised in reply to a question from a Member that the properties had been valued at the current level due to backlog maintenance required to ensure compliance with NHS standards otherwise the cost would have been higher. Mrs Graham assured Members that a full options appraisal process had been undertaken and that acquisition of the premises was the most effective option moving forward.

Outcome: Board Members approved the purchase of Portland and Meadowgreen GP surgeries in Troon.

6. Board Chair and Chief Executive report

6.1 Board Chair's report (028/2025)

- The Board Chair, Lesley Bowie, advised that she had been fortunate to meet the Robotic Surgery team with the Chief Executive, Claire Burden and she commended the team for their ambitions for the Board and what they had achieved in a short space of time.
- She also reported on a very positive visit to the health hub in Dalmellington on 5 February 2025 where she joined the Medical Director, Crawford McGuffie and Nurse Director, Jennifer Wilson. The hub provided a good example of the Board's Caring for Ayrshire ambition to provide care closer to home. She reflected that this work had started with provision of diabetic eye screening (DES) as hospital attendance for screening was low in this area for a variety of reasons and that over the course of the last two years, DES screening attendance had improved significantly. The hub provided a range of other healthcare services, such as community treatment and care (CTAC) nurses, Feet First toenail cutting

service, Vibrant Communities weight management and other support, including benefits and housing support, a carer's group and a small group for people feeling isolated. A Dementia Friendly service was also being set up. For a relatively small cost, the benefits of the health hub to the local community were considerable and going forward the Board hopes to replicate this in other areas. The Board Chair thanked the Director of Public Health and team for the work being done in the health hub. Board Members added that there were similar facilities across Ayrshire, led by the Third Sector, Local Authorities and Health.

- The Chair highlighted that Board workshops had been held on 30 January and 4 March 2025 to consider revenue and delivery planning for 2025/26 and the discussions had informed the Revenue Plan for 2025/26 to be discussed later in the meeting.
- On 13 March 2025, the Board Chair attended the East Ayrshire Community Planning Partnership meeting which had focused on the Health Inequalities Strategy, following a review last year related to child poverty and health and there had been an update on the Children and Young People's Strategic Partnership action plan. There had been a presentation on the good work being done across Ayrshire by the Council of Voluntary Organisations (CVO) and the Connect Call befriending service. This meeting had underlined the positive work being done notwithstanding challenges faced.
- The Chair had attended an extended National Board Chair's meeting on 24 March 2025 which enabled Board Chairs to discuss all portfolio areas covered. In addition, the interim Chief Nursing Officer of Scotland, Anne Armstrong, had joined the meeting to talk through the Scottish Nursing and Midwifery Taskforce final report published in February 2025.

6.2 Chief Executive's report

(029/2025)

- The Chief Executive, Claire Burden, advised the Board of the planning work completed over the last quarter of the financial year, setting out the programme of work for 2025/26. The deadlines had been tight throughout and she thanked colleagues for their support in navigating through this, as all plans were submitted to Scottish Government within the required timeframe.
- The NHS Ayrshire & Arran (NHSAA) Annual Delivery Plan (ADP) set out the key areas of work that the Board planned to complete over the next 12 months, with delivery monitored throughout the year through the Board's assurance processes. The Board's Revenue Plan to be presented for approval later in the meeting was aligned to the ADP. The Board had been asked to produce a budget on a trajectory of continuous improvement and the process undertaken has been aligned to Scottish Government guidance. Members would be asked to approve a deficit budget which includes an ambitious £30 million cash releasing efficiency savings (CRES) programme. As previously reported, support has been provided by Viridian Associates, an external consultancy funded by the Scottish Government, which has supported a unified approach to creating and developing a Board wide CRES programme. Progress in delivering this programme of work would be monitored through the Board's Improvement Programme Steering Group (IPSG). For the 2025/26 revenue plan, this would be the first year in which the Board would not be allocated national brokerage from Scottish

Government, this year the Board will receive a one-off sustainability payment to support the Board on its continuous improvement trajectory.

- The Chief Executive highlighted that while operational pressures continued to be experienced across the system, operational teams have made improvements, with some of this work captured in the performance update to be presented later in the meeting.
- The Chief Executive also highlighted the recent opportunity she had, with the Board Chair, to meet the Robotic Surgery team. This team had exceeded expectations in terms of the number of patients able to access the service. The Chief Executive recognised the scale of training required to introduce robotic surgery to Ayrshire and Arran and expressed her gratitude to the team for the good work being done.
- In addition, the Chief Executive highlighted some outpatient improvement work taking place in Cardiology as an example of the innovative work taking place throughout the healthcare system. She also congratulated South Ayrshire Health and Social Care Partnership which had gained a silver award at the UK Public Sector Transformation Awards.
- Earlier in the month the Chief Executive shared that she had joined the Collaboration for Health Equity in Scotland launch event in North Ayrshire and she reflected that this work would benefit the system in promoting the shared ambitions to deliver on reducing health inequalities, an important part of the Board's commitments this year.

7. Patient Story

(030/2025)

- 7.1** The Director of Acute Services, Vicki Campbell, introduced the patient story highlighting the experiences of NHS Ayrshire & Arran patients using the new West of Scotland thrombectomy service.

Dr Martin Whitehead, Consultant in Acute Stroke Services, outlined the significant developments in stroke care over the last 25 years and provision of a regional thrombolysis service. Following on from this successful work, developments meant that it was now possible to go into the blood vessel and remove the clot which saved lives, markedly improved outcomes for patients and reduced length of patient stay in hospital. The team of nurses, radiologists and radiographers involved were keen to continue to develop the service.

In reply to questions from Members, Dr Whitehead explained that it was not currently possible to provide the service on a 24/7 basis for a number of reasons, including lack of funding for additional nursing staff and artificial intelligence to interpret images and enable quick diagnosis, as well as a lack of interventional radiologists. The position was being discussed at national level and it was hoped to further develop the service in the coming months. Rehabilitation was key for stroke patients and there were patient flow issues due to lack of home care to support patient discharge. This resulted in acute and hyper acute stroke patients being boarded out to other medical and surgical wards where nurses and therapists were not trained to manage these patients. Improved patient flow in the stroke pathway would improve outcomes for these patients and reduce costs.

Board Members discussed the patient story and acknowledged the positive benefits of thrombectomy and improved outcomes for patients. Members recognised that the team included highly skilled professionals and emphasised the need to continue to develop services of this nature on a regional basis to maximise capacity. Members sought an update on progress at a future Board meeting.

Outcome: Board Members noted the patient story and thanked those patients who had shared their experience. Members sought an update on work to continue to develop the thrombectomy service at a future Board meeting.

8. Performance Governance

8.1 Performance governance committee (PGC) (031/2025)

On behalf of the Committee Chair, Linda Semple Vice Chair of PGC, provided a report from the meeting on 6 March 2025 and approved minutes from the meetings on 16 January and 30 January 2025.

Members were advised that a PGC Light meeting took place on 26 March 2025, with a focus on the month 11 financial management report. Committee members were advised that there was no change to the forecast £51 million deficit, however, there were various cost pressures and areas of risk highlighted which would be discussed later in the Board meeting. PGC also received a report on the Revenue Plan 2025/26 submitted to Scottish Government (SG) on 17 March 2025. Members had acknowledged the structure and deficit for 2025/26 which currently stood at £33.1 million. SG feedback on the plan was awaited

Outcome: Board Members noted the Chair's report and approved minutes.

8.2 Performance report (032/2025)

The Director of Transformation and Sustainability, Kirstin Dickson, presented a report on key areas of performance mainly covering the period up to January 2025. There were ongoing areas of challenge related to planned care and unscheduled care and mixed performance for healthcare measures across the report. Directors were invited to provide updates on key areas of responsibility:

Planned Care

- New Outpatients and Inpatients/Day case Waiting Times - Overall, outpatient capacity had a current shortfall of 894 patients per month compared to demand. This was causing further delays and more patients waiting. The position was forecast and reflected in 2025/26 plans. Performance had improved slightly at the end of February 2025, sitting at 32.7% against the 12 week target. The target trajectory was 61,176 and there were 56,297 patients waiting at the end of February 2025.

Dermatology - performance had been impacted due to medical workforce constraints. Over the last few months the team had been engaging in a national initiative for lesion referrals, with several hundred people having images taken which were now in a process for Consultant triage. It was hoped that this work will contribute to a reduction in the backlog. Updates would be provided as the

initiative progresses.

Diabetes - as previously reported to Board, has a multi-disciplinary pathway approach that is being adopted in Diabetes. There had been a reduction in the waiting list for three consecutive months and this progress was expected to continue in 2025/26.

General surgery - there were challenges in General Surgery due to the large number of patients waiting to be seen and a shortage of middle grade doctors in this area. It was noted that there has been an increase in urgent surgery activity also, and this has impacted on the on-call rota and ability of staff for planned surgery.

ENT challenges continued – as part of improvement plans for 2025/26, there was a commitment to reach the 52 week performance target. Funding bids had been submitted for two substantive Consultant posts for 2025/26.

Inpatients - there was a growing number of patients waiting over 52 weeks, and this is directly linked to the demand for urgent cases taking priority in planned surgery. Scottish Government was committed to delivering all inpatient day cases within 52 weeks and the position was expected to improve next year.

- Theatre utilisation has been maintained at a high level achieving 93.5% compared to Scottish average of 90%.
- Imaging - the Board continued to report positive impact from the additional funded MRI and ultrasound initiatives. The waiting list had almost halved and compliance with the six-week target increased from 55% to almost 90% at the start of quarter 4. Funding had ended in January 2025 and the waiting list had increased, with deteriorating compliance. However, the Board was expecting similar initiatives to be funded in 2025/26.
- Endoscopy - performance was static at 40% against the target. The position will remain under continuous review. Marginal gains were expected in this area when trainee nurse endoscopists complete their training in summer 2025.
- Cancer - There had been a slight decrease in performance against the 62 day target, mainly due to the impact of deterioration in the Urology/prostate and Breast surgery pathways. The numbers in this pathway were small, with the position varying from month to month, and this was being monitored closely. Members suggested that future reports provide narrative to explain the position and the impact on performance levels due to the small numbers involved.
- MSK - compliance against the 4 week target had increased slightly to 38.9% in January 2025. There were issues within Orthotics and focused work was ongoing to improve the position. Podiatry performance continues to steadily improve. The maximum waiting time for Physiotherapy was 36 weeks in November 2024 and this had reduced to 30 weeks in January 2025. A new MSK service manager had been in post for several months and this role was showing positive impact, with a number of new initiatives in place, and it was hoped that this progress would continue in the coming months.

Urgent and Unscheduled Care

- Emergency department - overall, compliance against the 4 hour target had increased slightly to 62.5%. UHC had seen significant improvement and further focused work to improve patient flow would take place at UHA from 1 April 2025.

- Front door - Scottish Ambulance Service (SAS) turnaround times had previously reported 48% compliance within 60 minutes and this had increased to 62.1% for Ayrshire and Arran.
- Urgent care/Ayrshire Urgent Care Service (AUCS) performance has been maintained, with 92% of patient contact via AUCS not referred onwards to hospital in preference for care in a community setting. Performance had since increased to 93% against the 85% target. Performance in relation to Call Before Convey was above the 85% target and this work through the flow navigation centre has supported the reduction of circa 2,000 ambulance attendances across the system.

Length of Stay

- Acute occupancy levels remained static for a number of reasons. There had been improvement with 231 non-delayed patients, a reduction of 30 patients per week due to improvements made since November 2024. However, there had been an increase in delayed discharges which impacted overall performance. Significant work was being done within Combined Assessment Units (CAU), to support patient flow through the Emergency Department.

Delayed Discharges

- While delayed discharge performance in East Ayrshire (EA) remained strong, maintaining this performance has become harder over time. There had been an increase due to winter demand, but it was hoped to see performance return to its usual levels. In response to a Member's question, the Director of EA HSCP, Craig McArthur, advised that when Ayrshire and Arran patients were transferred to another area, NHSAA retained responsibility for these patients when they were fit for discharge.
- Delayed discharge performance for North Ayrshire (NA) had deteriorated for the period to December 2024. Delays were spread across a range of sites, Acute, Community and Mental Health, including Greater Glasgow and Clyde. There were significant challenges in health and social care services and no resources in the IJB to sustain the level of investment for care at home and care home as in previous years.

Financial constraints in NA were directly impacting on performance, similar to other areas, and the issue had been raised with the Cabinet Secretary at the Chief Officers' meeting last month, particularly around system issues and how to address challenges related to patient flow and discharge. As part of NHSAA's annual delivery plan, a requested had been made for £1.9 million funding for care home and care at home as well as work to support discharge related to guardianship issues across Ayrshire and the outcome was awaited.

- There were similar delayed discharge challenges in South Ayrshire (SA) and while they had been on a slight downward trajectory, the position remained volatile. In SA, a primary concern related to care at home capacity is local recruitment, despite best efforts gaps in staffing limit capacity for care in the community. The Board were updates that there was a lot of improvement activity was taking place, including whole system work at UHA to enable the early identification of people at risk of delayed discharge and focus on early rehabilitation and return home.

Board Members acknowledged the significant delayed discharge challenges and supported the request for funding to support patient discharge, recognising that these challenges would continue with an ageing population.

Mental Health

- Child and Adolescent Mental Health Services (CAMHS) - compliance with the CAMHS specification was 100% which exceeded the national 90% standards and met the ADP trajectory. Scotland-wide, the position was 91.3% in September 2024. The Minister had recently written to the CAMHS workforce in regard to the improved national performance to 94.5%, with all Boards meeting the standard across Scotland. This was a direct result of investment and alignment with the CAMHS specification. There were no specific areas of concern from Scottish Government in terms of the Board's mental health performance.
- Funding streams across CAMHS and Psychological Therapies had been bundled together but a reduction had been applied by Scottish Government, with £800,000 recurrent reduction moving forward, and NHSAA had been given flexibility to prioritise how this funding is spent locally. A robust planning process had been undertaken led by the HSCPs in terms of working within the reduced financial envelope and this assessment would support core performance and services. It was not expected that the reduced financial envelope would impact CAMHS services.

Board Members supported the approach being taken and it was hoped that this would not lead to reduced performance.

- The Director of NA HSCP, Caroline Cameron, advised in reply to questions from Members that regional engagement was taking place, with leadership teams meeting weekly and consideration given to areas of good practice and opportunities for shared learning. For example, as a result of some of the successful work done in Ayrshire and Arran, the NAHSCP had received more Action 15 funding. There had also been investment in a pilot for the early intervention first psychosis service in Ayrshire and Arran due to local work taking place.
- The Director recognised that while we were performing well against the CAMHS performance target, there could be long waits to be seen once individuals had been referred in to the service. Mental Health Services had fully implemented the CAMHS specification in 2023, with CAMHS accepting referrals only from those with a recognised mental health condition, to protect core services for people with a mental health condition in crisis. Considerable work was ongoing across the three Partnerships to build an assessment and diagnosis pathway for people who did not meet CAMHS criteria, however, this would take time and there were challenges due to a lack of resources. Private providers had been brought in to support the Neuro CAMHS team and a pilot was being taken forward in SA HSCP for young people redirected away from CAMHS.

An update on this work would be provided at a future Board meeting once it had been completed. Healthcare Governance Committee had also requested an update on this work which was scheduled for the meeting on 9 June 2025.

- Psychological Therapies - while there had been some fluctuation in performance in 2024, waiting times showed increased compliance at 93.2% in December 2024 which met the national target.

- Drug and Alcohol Treatment - NA, EA and SA HSCP continued to meet or exceed the national target. However, all areas faced difficult financial challenges and there were funding uncertainties moving into next year.

Workforce sickness absence

- There was deteriorating performance in regard to the number of staff available as of December 2024, with a sickness rate of 6.95% which was higher than the 5.2% target in our annual delivery plan. In the short term, there had been an increase due to Flu, COVID-19 and other respiratory related illnesses. The largest area of staff absence was due to anxiety, stress, depression and other mental health conditions. The secondary cause was due to MSK issues. These issues were reflected across Scottish Boards. Locally, improvement work was ongoing in a range of areas to mitigate and try to support people back to being well at work. There were systemic challenges related to long term absence and the impact of mental health on the workforce. While end of year performance was expected to improve, there remained significant challenges to maintain attendance and availability of staff at work.

The Board Chair requested that Staff Governance Committee be provided with a detailed report outlining the improvement actions and support in place to address the workforce sickness absence challenges faced and for an update to come to a future Board meeting.

Outcome: Board Members noted the position reported and welcomed the update on the key performance risk areas and assurance of mitigating actions being taken with the aim to improve performance in these key areas. Members looked forward to receiving detailed updates at a future meeting on CAMHS/Neuro-CAMHS and improvement actions being taken to address workforce sickness absence challenges.

8.3 Financial Management report (FMR)

(033/2025)

The Director of Finance, Derek Lindsay, presented the Board's financial position to 28 February 2025. The FMR was discussed in detail at the PGC Light meeting on 26 March 2025.

The Board had an overspend of £49.5 million at month 11. The Board's end of year forecast had remained stable at a deficit of £51.0 million, although there were still a number of variables to be considered.

The Board had a delivery plan for a 3% recurring CRES target of £26.5 million. It was confirmed that not all CRES would be achieved on a recurring basis, and one-off funds have been used to mitigate any slippage in the plan. The year-end CRES forecast was £25.5 million which was around £1 million short of the target and the Board was working to close this gap. The report set out the risk related to failure to deliver the £51 million outturn position forecast. Members discussed the risk related to invoices raised to external Councils for Learning Disability patients in Woodland View, with discharge delayed due to non-payment. The Chief Executive assured that the Board would continue to support NA HSCP for future continuation of these monies.

Members were advised that the NA Integration Joint Board had requested £1.3 million of financial support based on month 10 financial information, the position had since worsened and this request had increased to £1.8 million.

In response to a question from a Member, the Director clarified that for medical workforce a number of discretionary points were allocated each year based on actual allowance, taking into account staff who had retired during the year, with the cost generally increasing each year.

Outcome: Members noted the financial management report to 28 February 2025 and performance against the key Scottish Government targets. Members noted the stable financial forecast at month 11 and were assured of actions being taken to reduce the deficit. Members noted the risks related to delivery of planned savings.

8.4 NHS Ayrshire & Arran Revenue Plan 2025/26

(034/2025)

The Director of Finance, Derek Lindsay, presented the Board's Revenue Plan 2025/26 for approval. The Revenue Plan been discussed in detail at the PGC Light meeting on 26 March 2025.

The Director advised that references to junior doctors at paragraphs 5.3 and 5.5 should read resident doctors. Also, at paragraph 11.2, this should read £6.5 million. The paper did not include IJB costs due to the budget setting timelines within the three IJBs. The 3% funding uplift pass-through to IJBs, as well as additional funding related to increased National Insurance contributions based on 60% funding of this, was noted at section 10 of the report. CRES savings for health budgets in HSCPs were included at section 11.3 as indicative numbers as this detail had not been finalised.

Members were advised that the Board had submitted its final financial plan to Scottish Government on 17 March 2025 and had also met with them to discuss the plan.

The report provided details of the funding uplift of £31.6 million related to 3% recurring funding from Scottish Government, including National Resource Allocation (NRAC) parity. There was further £6.3 million funding for employer NI contributions covering 60% of this and a sustainability payment, with £5.1 million recurring and £18.3 million non-recurring, with the latter payments being made instead of brokerage. As the Chief Executive reported earlier, NHSAA would not receive brokerage in 2025/26, with the expectation that the Board should improve the deficit position which should decrease next year.

Details of cost pressures were summarised in table 3, with more detail provided in tables 4-9 of the report. In total, cost pressures amounted to almost £70 million.

Scottish Government required 3% recurring savings which would amount to £30.2 million and with £6.5 million non-recurring savings planned, the Board hoped to meet the Scottish Government target. Savings planned were significantly higher than in 2024/25.

The report also detailed the Board's underlying deficit brought forward and projected deficit of £33.1 million for 2025/26 which had been included in the final financial plan

to Scottish Government. In response to questions from Members on the cumulative deficit, the Director of Finance clarified that the brokerage received each year, including £51 million in 2024/25, would be added to repayments to Scottish Government, with repayments to be made when the Board has returned to financial breakeven, although there was currently no agreed timescale for repayment. Members noted areas of uncertainty related to delivery of future improvement plans and that any additional requests from Scottish Government to carry out further improvement plans would require to have additional funding available.

The Chair advised that there had been considerable discussion on financial planning at two Board workshops, PGC and PGC Light meetings. Fundamentally, the Board did not expect to deliver break even with a sustainability payment in 2025/26 and there was a need for a realistic target to be set with appropriate support from Scottish Government. The Chair acknowledged that while the Board was not where it was expected to be, significant progress had been made over the last year and NHSAA was not alone in facing this difficult financial position. A robust CRES process had delivered almost all of the predicted savings albeit there had been changes made throughout the year and considerable effort had gone into planning CRES for 2025/26.

The Chief Executive reiterated in reply to questions from Members that Scottish Government required Boards to deliver a balanced budget. The sustainability payment was a one off payment to reduce the in-year cost pressures for the Health Board.

The Revenue Plan was compiled on core services and aligned to the Annual Delivery Plan (ADP). In addition to the ADP the Board was required to develop and submit an Operational Improvement Plan through which bids for additional funding have been made. Feedback on this Improvement plan is expected after the Easter break.

The Board was in the process of securing ongoing support from Viridian in 2025/26, however, looking ahead the Board planned to recruit to key roles to ensure there was appropriate support and expertise to maintain delivery of transformation work and CRES plans. The Nurse Director, Jennifer Wilson, advised that equality impact assessment (EQIA) was carried out for all pipeline work. Both she and the Medical Director signed off EQIAs covering patient safety and she would ensure these looked at unintended consequence as a result of work being done to improve efficiency.

Outcome: Board Members approved the Board's Revenue Plan 2025/26 for a deficit budget of £33.1 million.

9. Healthcare Governance

9.1 Healthcare Governance Committee (035/2025)

The Committee Chair, Linda Semple, provided a report on key areas of focus and scrutiny at the meeting on 3 March 2025. The Chair presented the minute of the meeting held on 13 January 2025.

Outcome: Board Members noted the Chair's report and approved minute.

9.2 Patient Experience report

(036/2025)

The Nurse Director, Jennifer Wilson, presented patient experience feedback and complaints information for quarter 3. A version of the report was discussed in detail at the Healthcare Governance Committee (HGC) meeting on 3 March 2025.

The number of Stage 1 complaints remained stable. Stage 2 complaints were on a reduced trajectory. Performance at Stage 1 had improved at 90% and there was an increased trajectory in responding to Stage 2 complaints. There had been considerable improvement work done focused on reducing the time taken to close complaints and prioritise out of time complaints while not dropping in-time performance. The length of time taken to respond to complaints over the last four quarters had led to increased Scottish Public Services Ombudsman (SPSO) referrals, however, there continued to be very few taken through SPSO investigation which reflected the quality of complaint responses. There were delays at SPSO and it was taking 12 to 18 months for SPSO to respond to complaints which may impact the position. The HGC Chair, Linda Semple, advised that HGC had asked the team to look into this to see if this was an issue due to SPSO backlog or as a result of the Board having more referrals and a report would be provided at a future HGC meeting.

Significant feedback had been received via Care Opinion and patient surveys which could be used to improve patient care across areas. Complainant feedback had improved as a result of the Complaints team getting in contact regularly with complainants and this was an ongoing area of focus.

Outcome: Board Members noted feedback and complaint activity in quarter 3 and compliance with the complaint handling process. Members welcomed the improvement work being done on reducing time to close complaints.

9.3 Healthcare Associated Infection (HAI) report

(037/2025)

The Nurse Director, Jennifer Wilson, invited the Director of Infection Prevention and Control, Jincy Jerry, to present the HAI information for quarter 2, July to September 2024. A version of the report was scrutinised at the HGC meeting on 3 March 2025. As new 2025 Standards had just been released this would be the final report using the 2023 Standards.

For *Clostridioides difficile* infection (CDI), there were 10 healthcare associated cases attributed to nine individual wards. The CDI rate of 22.0 was within the 95% confidence interval upper limit but above the Scottish rate of 17.4.

For *Staphylococcus aureus* bacteraemias (SAB), for the first time in the last three years the rate was 33 which was above the 95% confidence interval upper limit. There were 32 healthcare associated SABs compared to 14 in the previous quarter, with 22 of these cases device related. The Infection Prevention and Control Team (IPCT) had implemented an audit of peripheral vascular catheters (PVC) which had identified that PVC management required to be improved. 15 recommendations were presented to the Prevention and Control of Infection Committee (PCOIC) and IPC Assurance Group, and the team was working closely to implement strategies to reduce SABs. At the same time, there had been a reduction in the community SAB rate from 16.1 to 13.9 per 100,000 population.

There had been a reduction in the rate of Escherichia coli bacteraemias (ECB) from 48.5 to 39.1. The rate was within the 95% confidence interval upper limit and below the Scottish rate. The Board's community acquired ECB rate of 57.6 was above the 95% confidence interval upper limit and above the Scottish rate of 37.1, along with two other Boards. The Board had received a second exception report from Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland. Additional support had been requested from ARHAI to understand demographic details as these patients had not had contact with healthcare facilities and had purely been in the community.

The report also provided details of HIIAT reports submitted to ARHAI Scotland, respiratory and non-respiratory infection outbreaks and incidents, with no specific areas of concern highlighted.

The Nurse Director, Jennifer Wilson, advised that Acute Services had recently set up their own IPC Assurance Groups as a result of information received from the IPCT to ensure additional control and grip in some areas, with a robust improvement plan in place. The move to a more accurate surveillance system, with less dependence on manual data collection, as well as improvements in IPC processes, may initially result in an increase in infection levels being reported. However, it should be possible to put more interventions in place based on surveillance and assessment of practices, working with teams to improve the position. The HGC Chair, Linda Semple, advised that the committee had discussed the rise in community acquired ECB in detail and the reasons for this were unclear, however, HGC continued to monitor this area and an update report would be provided to HGC in due course.

Outcome: Board Members considered and noted the HAI data as well as the ongoing work within the organisation to reduce HAI rates.

9.4 Quality and Safety in Acute services

(038/2025)

The Nurse Director, Ms Jennifer Wilson, presented a report on quality and safety work being done through the Scottish Patient Safety Programme (SPSP), Excellence in Care (EiC) and local quality improvement programmes in relation to the following patient safety measures:

- Falls
- Falls with Harm (FWH)
- Pressure Ulcers (PU)
- Cardiac Arrest
- National Early Warning Score (NEWS)
- Food Fluid and Nutrition (FFN)
- Multi-Drug-Resistant Organism (MDRO)

The Director highlighted that the falls rate had reduced by 13% across both Acute sites, as detailed in data chart 1 of the report. There had also been a reduction in FWH. The Board was seeing an increase in PU and the same methodology was now being used as for Falls and FWH, using an expert working across the system aligned to a quality improvement approach looking at the patient journey starting from home and where pressure damage happens, to reduce PU where possible.

As previously reported, PU was a focus of the Acute SPSP programme up to March 2020 and the Board had set up its own PU Collaborative to monitor and report PU. There were plans to discuss PU reporting at national level as a similar position was being reported throughout Scotland and a collaborative approach would be welcomed to enable identification of shared learning. Members welcomed the focused improvement actions being taken to reduce PU and looked forward to future updates on progress.

The report provided details of improvement work related to the deteriorating patient, as well as Cardiac Arrest review work. The recommended summary plan for emergency care and treatment (ReSPECT) was an area of focus, building up plans with families and individuals on their future care should their condition deteriorate and to build up confidence of staff to have difficult but important conversations with family. FFN was a priority area for Board and there was increased compliance with malnutrition universal screening tool (MUST) scores at both Acute sites, as detailed in the report. The Quality and Safety Oversight Group ensured that the Board had appropriate governance in place to manage this work.

Outcome: Board members noted the overview report on performance, assurance and quality improvement activity in Acute services.

10. Board Governance and Strategy

10.1 Annual Review of governance committee terms of reference (039/2025)

The Head of Corporate Governance, Mrs Shona McCulloch, presented the governance committee terms of reference (ToR) for approval following the ToR annual review process. For the 2025 review, each governance committee had reviewed their ToR, with any changes highlighted red.

Outcome: Board Members approved the governance committee terms of reference.

10.2 Board annual cycle of business 2025/26 (040/2025)

The Head of Corporate Governance, Mrs Shona McCulloch, presented the Board annual cycle of business 2025/26. The draft work plan detailed proposed topics and dates for each Board meeting and would be subject to change throughout the year. The work plan also built on the individual governance committee work plans, each of which had been considered and approved by the respective committees.

Outcome: Board Members agreed the Board annual cycle of business.

10.3 Integrated Governance Committee (041/2025)

The Chair, Lesley Bowie, provided a report on key areas of focus and scrutiny at the meeting on 10 February 2025. The Chair presented the minute of the meeting held on 7 November 2025.

Outcome: Board Members noted the Chair's report and approved minute.

10.4 Information Governance Committee

(042/2025)

The Committee Chair, Marc Mazzucco, provided a report on key areas of focus and scrutiny at the meeting on 24 February 2025. The Chair presented the minute of the meeting held on 11 November 2024.

Outcome: Board Members noted the Chair's report and approved minute.

10.5 Medical Education Governance Group

(043/2025)

The Medical Director, Crawford McGuffie, presented the six monthly progress update on Medical education governance and assurance on medical education and training activities, including performance against the standards set by the General Medical Council (GMC) and NHS Education for Scotland (NES), Scotland Deanery.

Members received an update on Postgraduate medical training. During the reporting period, several departments were recognised for excellence in the training environment based on trainee feedback, receiving good practice letters from NES. The Director advised that the position could vary based on service pressures during the year and NES had raised Directors of Medical Education (DME) enquiries for five sites due to pink or red flags in the GMC and/or Scottish trainee surveys. These areas had been visited and improvement plans put in place.

Following a re-visit in April 2024, Medicine at UHA had been removed from the GMC Enhanced Monitoring process due to significant improvements in the training environment. Similarly, General Surgery at UHA had been removed from NES's active quality management review process. In contrast, General Surgery UHC had now entered NES's active monitoring process following pink and red flags in the 2024 GMC and Scottish trainee surveys, with a fact-finding visit from NES in March 2024.

For Undergraduate medical training, NES had highlighted several areas of excellence in teaching, with details of positive indicators across sites provided at Appendix 1 of the report. Student clinical placements in Ayrshire and Arran continued to rise in line with NES's expansion of medical school enrolment through re-investment of Medical Additional Cost of Teaching (ACT) funding.

The Clinical Teaching and Development Fellow programme had become a key component of a high-quality resident medical workforce, with a focus last year on international medical graduate (IMG) doctors. The approach taken met or exceeded the induction standards for IMGs set by the GMC and the British Medical Association. Two IMG Trainer Leads had also been appointed funded by Medical ACT which had further strengthened this support.

The Director advised in reply to a question from a Member that Scottish Government had responsibility for Medical workforce planning. Workforce issues were discussed through the monthly Medical regional workforce group and NES, with any issues escalated at national level as required.

Outcome: Board Members noted the update and commended the team for the significant work done and progress made during the reporting period.

10.6 Mainstreaming and equalities report 2025

(044/2025)

The HR Director, Sarah Leslie, presented the Board's 2025 Mainstreaming and equalities report which outlined the Board's progress against equality duties in line with equalities legislation. The report detailed progress in relation to mainstreaming the equality duty; equality outcomes for 2021-2025; employee information; equal pay; local labour market; employability; and workforce diversity data.

Board Members acknowledged the clear actions being taken and successful work done which demonstrated the Board's commitment to deliver equality outcomes and mainstreaming.

The Director advised in reply to a query from a Member that under section 4.1.1, employment monitoring, a proportion of staff chose not to disclose detail, for example in relation to disability, and she suggested that the wording could be changed to 'non-disclosure' rather than 'detail not known' to explain this.

The Head of Corporate Governance, Shona McCulloch, advised that she would work with the report's author to consider the above query and to ensure that any minor errors were corrected and acronyms used were set out in full or a glossary of terms provided before the report's publication.

Outcome: Board Members approved the Board's 2025 Mainstreaming and equalities report for publication end April 2025 in line with legislative requirements. Board Members commended the team for the significant work done to provide the report.

10.7 Climate emergency and sustainability annual report 2023/24

(045/2025)

The Director of Infrastructure and Support Services, Nicola Graham, presented the Board's 2023/24 report as required by legislation. This was the third year of reporting to Scottish Government with a summary of climate and sustainability activities across the organisation.

The report highlighted progress and achievement in reducing carbon emissions; improving energy efficiency; and implementing sustainable practice in healthcare delivery. There were strong governance arrangements for this work, with eight workstreams in place to ensure delivery.

During 2023/24, there had been a 0.8% reduction in greenhouse gas emissions although the Board had fallen short of the 3% target due to an increase in the electricity grid emissions factor in which the National Network burned more gas to generate power. Despite this uplift to the emissions total, the Board was well positioned, with four biomass boilers, a wind turbine and another planned to produce sustainable energy, as well as bringing £600,000 RHI payment when operational. Transport was another area of significant progress, with a 46% reduction in emissions attributed to the electric fleet transition programme and the move to electric vehicles. This was the first year there had been no emissions from Desflurane anaesthetic as its use was being phased out with a move to a more environmentally friendly option.

Despite successful work done, there were ongoing challenges, for example in meeting long term carbon reduction targets and balancing financial and operational implications of sustainability measures. Addressing these challenges remained a priority and the Board continued to work towards environmental objectives. Looking ahead, there was a focus to further reduce emissions and promote resilience and a culture of sustainability across the workforce.

Board Members acknowledged the good work being done in this area despite financial constraints. The Sustainability Champion, Linda Semple, recognised the financial impact of the commitment to move to net zero. This did not always come with additional funding and difficult choices had to be made. It was highlighted that climate change issues often had more adverse impact on poorer populations and that this should be a clear indicator in terms of the Board's anchor status.

Outcome: Board Members approved the Board's Climate emergency and sustainability 2023/24 report for submission to Scottish Government.

11. Audit and Risk

11.1 Audit and Risk Committee (046/2025)

The Committee Vice Chair, Sukhomoy Das, provided a report on key areas of focus and scrutiny at the meeting on 20 March 2025. The Vice Chair presented the minute of the meeting held on 23 January 2025. Members highlighted in relation to the CRES internal audit that delivery of the improvement programme would be monitored via PGC, with an update due at the next PGC meeting.

Outcome: Board Members noted the Chair's report and approved minute.

11.2 NHS Ayrshire & Arran internal audit plan 2025/26 (047/2025)

The Chief Executive, Claire Burden, presented the internal audit plan which set out proposed areas for internal audit in 2025/26. The plan had been refined through discussion at ARC, Corporate Management Team (CMT) and Integrated Governance Committee.

The Chief Executive highlighted areas covered in 2023/24, as detailed at Appendix 1 of the report. There had been a change to the timing of the strategic and operational planning audit following an update from Scottish Government on planning regimes. Internal and External Auditors had looked at CRES processes and updates had been provided to Board and the relevant committees. Going forward, strategic and operational planning work would align with CRES review.

Members were advised that for 2025/26, a pan-Ayrshire review of IJB Lead Partnership arrangements was planned, with scoping work to take place with IJB Chief Officers to optimise these arrangements. This replaced a proposed review of Mental Health waiting times in 2025/26 which had been deferred to a future date. A follow-up review of progress towards implementation of the CRES plan was also proposed in the last quarter of 2025/26.

Outcome: Board Members approved the internal audit plan 2025/26.

12. Staff Governance

12.1 Staff Governance Committee

(048/2025)

The Committee Chair, Liam Gallacher, provided a report on key areas of focus and scrutiny at the meeting on 11 February 2025. The Chair presented the minute of the meeting held on 14 November 2024.

Outcome: Board Members noted the Chair's report and approved minute.

12.2 Health and Care (Staffing) (Scotland) Act 2019

(049/2025)

The Nurse Director, Jennifer Wilson, presented the quarter 3 report for assurance that the Board was complying with legislative requirements. The report provided a summary of the position against each of the legislative duties and highlighted key areas of risk related to the impact of the reducing working week, pace and rollout of e-rostering and a recognition that workforce planning in community and outpatient services was largely determined by capacity rather than need.

The report also provided an update and assurance with regards to the approach being taken to the Board's first formal annual report to Scottish Government, required to be submitted by 30 April 2025. In ensuring robust local governance while meeting the required timeline, the NHS Ayrshire & Arran formal annual report would be approved through Corporate Management Team and Staff Governance Committee prior to executive sign off by the Executive Nurse Director, and onward submission to Scottish Government.

The reporting template was being completed based on the detail brought to Board through the three quarterly reports with the return based on the period April to December 2024 rather than a full year to ensure all detail has been through local governance structures.

Outcome: Board Members considered and noted the quarter 3 report and assurance that the Board is complying with legislative requirements. Members approved the approach for approval and submission of the formal annual report to Scottish Government, with a detailed reporting template to be approved through SGC and published online thereafter.

12.3 Whistleblowing performance report

(050/2025)

The Nurse Director, Jennifer Wilson, presented the whistleblowing quarter 3 performance report for the period October to December 2024.

There had been three concerns raised in quarter 3 and the time taken to investigate and address concerns was above the recommended time in the whistleblowing standards. The Director explained that concerns could be complex in nature and priority was given to ensuring all concerns were investigated as appropriate. The team worked closely with those raising concerns to keep them updated at every stage of the process.

The Director highlighted progress and status of improvement plans. Most plans from 2023/24 had been closed, however, there were still some outstanding from 2024/25.

There had been a slight increase in the number of managers who had completed the required Turas training module. This three-hour module was one of the most important for managers to learn about the whistleblowing process. It was suggested that consideration be given at national level to the format and time taken to complete the module to encourage staff uptake.

Speak Up Week took place from 30 September to 4 October 2024 to raise awareness about the importance of whistleblowing throughout the organisation, with positive feedback from staff. The Director thanked the team for the work done in preparation for and during Speak Up Week, and the Whistleblowing Champion, Sukhomoy Das, for the sessions he held.

The Whistleblowing Champion, Sukhomoy Das, recognised the challenges for staff in achieving the response timescales set out in the standards due to service pressures and underlined the importance of staff undertaking whistleblowing training to become familiar with the process. He recognised the good work being done in this area and reassured that the Independent National Whistleblowing Officer had not raised any issues about the time taken to respond to whistleblowing concerns.

Outcome: Board Members considered and noted the whistleblowing quarter 3 performance report.

13. For information

13.1 Board briefing (051/2025)

Board Members noted the content of the briefing.

13.2 East Ayrshire Integration Joint Board (052/2025)

Board Members noted the minute of the meeting held on 11 December 2024.

13.3 North Ayrshire Integration Joint Board (053/2025)

Board Members noted the minute of the meeting held on 12 December 2024.

13.4 South Ayrshire Integration Joint Board (054/2025)

Board Members noted the minute of the meeting held on 11 December 2024.

14. Any other competent business

14.1 Health Board collaboration and leadership (055/2025)

The Chief Executive, Claire Burden, presented a paper on the collaboration and leadership approach across Health Boards. This followed a NHS Board Chairs and Chief Executives meeting on 18 February 2025 and a leadership and collaboration paper presented to the Executive group.

The report set the context for renewal and reform following the First Minister's statement on Improving Public Services and NHS Renewal on 27 January 2025. There was a need for NHS Scotland to look across population health. Following the

statement, the Director General Health and Social Care and Chief Executive had written to NHS Board Chairs and Chief Executives seeking support for the proposed new approach to population based planning across NHS Scotland, to progress renewal and reform of NHS Scotland and take the opportunity to work differently for the benefit of the population of Scotland. A link to Director's Letter DL (2024) 31 was provided in the report. The DL covered a range of areas including evolution of governance arrangements and leadership and oversight of population level planning. While the Board would continue to hold existing roles and accountability and public duties and responsibilities would remain unchanged, there would be further work on national and regional elements of the portfolio and as a Board.

The Chief Executive highlighted the potential benefits from outsourcing and national regimes, and that alongside providing access to services for the local population, NHSAA would like to be an active partner in terms of generating capacity and offering support for other Boards. As part of the collaborative process, the Board required to submit bids for proposed additionality to be provided in Ayrshire to receive funding, alongside continuing to meet the needs of the local population.

The Board Chair advised that significant collaborative work was already taking place, particularly at regional West of Scotland level, and the proposed population based planning approach would broaden this collaboration to address waiting time and access issues and deliver the best outcomes for patients across the whole of Scotland. The mechanisms to deliver this collaborative approach were still being worked through.

Members discussed and were supportive of the proposed approach and increased collaboration between Boards, recognising the need for further work around governance, accountability and assurance processes. The Medical Director, Crawford McGuffie, advised that this agenda was being discussed regularly at national level and issues being worked through at Scottish Medical Directors and Nurse Directors meetings. The Chair advised in reply to questions from Members that these plans were still in draft and as the position developed updates would be provided to relevant groups.

Outcome: Board Members acknowledged and endorsed the collaboration and leadership approach across NHS Boards.

15. Date of Next Meeting

The next public meeting of the NHS Ayrshire & Arran Board will take place at 9.30 am on Monday 2 June 2025.

Approved by Board Chair, Lesley Bowie

Date: 2 June 2025