

Ayrshire and Arran NHS Board
Minutes of a public meeting on Monday 2 June 2025
Hybrid meeting – Room 1, Eglinton House and MSTeams

Present: Non-Executive Members:
 Mrs Lesley Bowie, Board Chair
 Cllr Marie Burns
 Ms Sheila Cowan, Vice Chair
 Mrs Jean Ford – left after item 10.1
 Mr Liam Gallacher
 Mr Ewing Hope
 Dr Tom Hopkins
 Cllr Lee Lyons
 Mrs Sharon Morrow
 Mr Neil McAleese
 Ms Linda Semple – left at item 8.2, re-joined at item 10.2
 Mrs Joyce White

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

In attendance: Dr John Allan (Clinical Director, Acute Anaesthetics/Critical Care) item 9.5
 Ms Caroline Cameron (Director of Health and Social Care, North Ayrshire)
 Mrs Kirstin Dickson (Director of Transformation and Sustainability)
 Mr Tim Eltringham (Director of Health and Social Care, South Ayrshire)
 Ms Alexa Foster (Head of Midwifery) item 5
 Mrs Nicola Graham (Director of Infrastructure and Support Services)
 Ms Rachael Graham (Policy and Planning Coordinator, SAHSCP) item 13.1
 Ms Jincy Jerry (Director of Infection Prevention and Control) item 8.2
 Ms Sarah Leslie (Human Resources Director)
 Mr Craig McArthur (Director of Health and Social Care, EAHSCP/Deputy Chief Executive NHSAA)
 Mrs Shona McCulloch (Head of Corporate Governance)
 Mr Alistair Reid (Director of Allied Health Professions) item 12.2
 Mr Cameron Sharkey (Divisional General Manager-Acute Surgical) item 9.5
 Ms Alison Toner (Senior Nurse, Mental Health, NA HSCP) item 8.3
 Mrs Angela O'Mahony (Committee Secretary) minutes

The Board Chair welcomed everyone to the meeting.

1. Apologies

Apologies were noted from Dr Sukhomoy Das, Mr Marc Mazzucco and Cllr Douglas Reid.

2. Declaration of interests (056/2025)

There were no declarations noted.

3. Minute of the meeting of the NHS Board held on 31 March 2025 (057/2025)

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

4. Matters arising (058/2025)

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. An update was provided on the two items in progress:

Item 8.2 (032/25), Performance report – Mental Health – update on Neuro CAMHS improvement work to be provided to Board in August 2025.

Item 8.2 (032/25), Performance report – Workforce – submission date for the update on improvement actions related to workforce sickness absence still to be confirmed.

5. Patient Story (059/2025)

5.1 The Director of Acute Services, Vicki Campbell, introduced the patient story about a patient's experience of NHS Ayrshire & Arran's (NHSAA) Maternity Services.

This story shared Nada's experience of maternity care received in Ayrshire Maternity Unit (AMU) following an emergency transfer from Ninewells Hospital in Dundee in October 2024. The transfer was required due to the unavailability of a neo-natal bed within NHS Tayside. Nada wished to express her sincere thanks for the exceptional clinical care, birthing experience and emotional support provided by all staff in the AMU.

The Head of Midwifery, Alexa Foster, thanked Nada for taking the time to share her experience at a busy time for her and the family. This story highlighted the positive work being done within Women and Children's Services in delivering person-centred care with a focus on being kind, caring and compassionate and how this approach is being incorporated through multi-disciplinary training.

Outcome: Board Members noted the patient story and the encouraging feedback on the excellent care provided within AMU.

6. Board Chair and Chief Executive report

6.1 Board Chair's report

(060/2025)

- The Board Chair, Lesley Bowie, highlighted that the Non-Executive appraisal process had been a key focus during April and May and this important area of work would be completed in the near future, with reporting to Scottish Government on appraisal outcomes for Non-Executive board members.
- In respect of recent NHS Chairs' meetings, the Cabinet Secretary for Health and Social Care, Neil Gray MSP, had attended the NHS Chairs' private meeting on 28 April 2025 for a one hour open discussion. Board Chairs welcomed the opportunity for open dialogue, covering areas such as reform and transformation and welcomed that the Cabinet Secretary had committed to join a future meeting.
- On behalf of the Board Chair, Jean Ford, Non-Executive Board Member, had attended the NHS Chairs' meeting on 19 May 2025. Christine McLaughlin, Co-Director of Population Health, had joined the meeting to update on the Digital Review and there had been discussion on digital front door pilot work at NHS Lanarkshire.
- Alongside the Chief Executive and Board Members, the Board Chair had attended the Ayrshire Achieves celebration event on 29 May 2025. This was an extremely positive and well organised event and it was encouraging to see the number of nominations made for individual staff and teams, to celebrate and thank them for the work they do on a daily basis across the Board and Health and Social Care Partnerships. The Chair commented that this was a highlight of the annual calendar for her and the Board.

6.2 Chief Executive's report

(061/2025)

- Chief Executive, Claire Burden, was pleased to advise members that Craig McArthur, Director of East Ayrshire Health and Social Care Partnership, had recently been appointed as NHS Ayrshire & Arran's Deputy Chief Executive. This two-year tenured post commenced on 1 May 2025. She thanked Crawford McGuffie for the support he had provided over the past three years in the role as Deputy Chief Executive.
- The Chief Executive outlined areas of work being progressed with Scottish Government over the last few months, which will provide a platform for the delivery of the First Minister's commitments in relation to NHS Scotland renewal and reform. The Board had submitted a number of plans to Scottish Government in January and March 2025, including the capital plan, business continuity plan, and planned and unscheduled care improvement plan. The Board's improvement plan had sought additional investment of £5.7 million for planned care and £15 million for unplanned care and on 13 May, the Board had been awarded £5.7 million to invest in planned care improvement work, with the Director of Acute services leading on this work with teams. We are continuing to engage with Scottish Government on the requests for funding of proposed unplanned care improvement work and we expect an update during June 2025. The national Population Health Framework is due to be published during summer 2025 and the Chief Executive underlined the Board's commitment to reduce health inequalities in line with our Caring for Ayrshire population health based strategic ambition. In addition, a Health and Social Care Service reform framework is due to be published in the summer.

- We are in discussion with Scottish Government following the submission of the NHS Ayrshire & Arran Revenue plan for 2025/26 which had a forecast deficit budget of £33.1 million. Scottish Government have asked that the Board reduce the deficit to around £25 million and we continue to engage with Scottish Government to identify opportunities to reduce spend. NHS Ayrshire & Arran remains at level 3 in terms of financial escalation on the NHS Scotland support and intervention framework, with dedicated support being provided to Finance teams, as well as support from Viridian Associates, as previously reported to Board. The Chief Executive reassured staff of the organisation's no redundancy commitment and the focus on safety and quality of care. She highlighted plans in place to grow the workforce to address current vacancies and reduce reliance on supplementary and agency staff. In addition, Scottish Government remains committed to implementing the commitments to reduce the working week for Agenda for Change staff which will also generate job vacancies.
- The Chief Executive reported on an event with the Spiritual Care and Wellbeing team on 16 May 2025. The event was joined by Ms Jenni Minto MSP, who led the development of the Scottish Government Spiritual Care Framework in 2023, as well as colleagues from across Scotland. This successful event provided the opportunity to celebrate how this essential service has been developed and the positive impact of the Board's investment in wellbeing hubs.
- In reiterating the comments of the Board Chair, she reflected on the Ayrshire Achieves celebration on 29 May 2025. This uplifting event had provided the opportunity to highlight staff members working as individuals or within teams to provide exceptional service. The event captured the breadth of good work ongoing across Ayrshire and Arran across seven different categories. The Chief Executive congratulated all those who had been nominated and winners for each category, and thanked the team involved for organising and planning the event.

7. Performance governance

7.1 Performance governance committee (062/2025)

The Committee Chair, Sheila Cowan, provided an update from the meeting on 22 May and approved minute of the meeting on 6 March 2025.

Outcome: Board Members noted the update and minute.

7.2 Performance report (063/2025)

The Director of Transformation and Sustainability, Kirsti Dickson, introduced the report on key performance aspects and updates on improvement actions related to the Delivery Plan. In addition, performance against National Waiting Times Targets was provided. Directors were invited to update on their respective service areas.

The Director of Acute Services, Vicki Campbell, advised that a range of measures had been taken to improve the end of year position for Planned and Unscheduled Care against the Delivery Plan. While the majority of measures had been met, there had been deterioration in some areas compared to last year.

As the Chief Executive had reported earlier, Scottish Government had confirmed £5.7 million of additional funding for planned care in priority areas, as well as £1.65 million support for mobile MRI scanners. There had been significant

improvement in the performance of Radiology last year as a result of additional mobile MRI scanners and it was positive that this support would continue. Planned care funding would enable NHSAA to recruit to Consultant and Allied Health Professions (AHP) posts to support the wider programme to deliver the 52 week target developed and in place for the team.

Planned Care

- New Outpatients and Inpatients/Day case Waiting Times – Demand continued to outstrip capacity and there had been an overall increase in waiting lists. A number of initiatives were being progressed to try to improve the position. An improvement plan was progressing to address the theatre nursing shortfall, including introduction of some routine Saturday elective operating at University Hospital Ayr (UHA). Recently confirmed funding would enable progress with a number of initiatives which would positively impact waiting times.
- Dermatology – As previously reported, the service continued to experience waiting time challenges. A number of improvement initiatives were progressing well, including the Dermatology campaign supported by the National Elective Coordination Unit (NECU) with the introduction of a national initiative for skin lesion referrals to mitigate long waits. There had been positive feedback from GPs on this initiative. Discussion on funding was ongoing with Scottish Government and feedback was expected in the near future.
- Inpatients – The Board had exceeded the Annual Delivery Plan (ADP) target for inpatient and day cases, however, new and urgent referrals continued to have significant impact on routine referral waiting times.
- Imaging – Imaging had experienced deteriorating performance in the last three months following cessation of initiatives to give additional funded capacity. Additional funding had been confirmed to re-establish these initiatives which would positively impact waiting times.
- Endoscopy – There continued to be significant impact due to reduced recovery space at University Hospital Crosshouse (UHC). As previously reported, three nurse endoscopists would complete their training over summer which would increase capacity. Scottish Government had also agreed a small amount of additional funding for Endoscopy for additional support which would positively impact waiting lists in the coming months.
- Cancer – Overall performance was being impacted for several reasons. In Urology, there was a capacity shortfall for robot assisted prostatectomy. A recent initiative had been agreed to provide a Saturday list, with four initial dates confirmed. The Director advised in reply to a query from a Member that NHSAA did not have access to the regional robot but did provide support to other Board areas. There had been a shortfall in breast radiology capacity and funding had been agreed with Scottish Government which would allow an additional breast radiologist to give greater resilience throughout the year. There had been some delays in the bowel screening colonoscopy pathway due to staff sickness absence but this was now resolved. A workshop with Urology/Radiology took place on 21 May 2025 and it had been agreed that there would be a single trial for five patients, with plans to scale up to enable patients to move more quickly through the pathway. While there were a number of improvement actions in place, it would take time to see a positive impact on performance.
- Musculoskeletal (MSK) – there had been steady and continuous improvement for a number of months, with performance at 40.5%. A number of improvement initiatives were in place and it was hoped that waiting time performance would continue to improve.

The Medical Director, Dr Crawford McGuffie, reiterated the waiting time challenges faced and noted the improvement work taking place on a daily basis. He advised that the cancer 62 days referral to treatment target was being impacted for a number of reasons, including clinical capacity, workforce and access to imaging, and he reiterated the continuous improvements being made in these areas. The Director advised that fundamentally there was a need to expand the medical workforce and consider skill mix, with detailed plans being developed. The Scottish Medical Directors' Annual review had identified that Boards across NHS Scotland were facing similar challenges and plans were being worked through at national level in terms of how Boards could support each other at regional and national level.

In reply to a question from a Member, the Director of Transformation and Sustainability, Kirstin Dickson, set out the ADP approval process. She advised that the ADP was currently with Scottish Government for feedback and once this had been received, detailed discussion would take place at Performance Governance Committee, with the final ADP to be presented to Board after the summer.

Urgent and Unscheduled Care

- Emergency department – reset work within the Combined Assessment Units (CAU) started in October/November 2024. There had been steady improvement made at UHC and UHA was beginning to see improvement although at a slower pace. Leadership changes had just been made at UHA to embed the operational model. In terms of the ED 4-hour performance standard, there had been focused improvement work in recent months. However, there were ongoing challenges related to bed occupancy levels, particularly at weekends. A whole system plan was in place and Board awaited feedback on a funding request which would enable a move to some seven day working to help address the challenges faced.
- Front door – There had been significant improvement in Scottish Ambulance Service turnaround times over the last two months, with fewer ambulances waiting over three hours at the front door.
- Urgent care/Ayrshire Urgent Care Service (AUCS) – Performance had been sustained. This was an important pathway for managing front door demand and with the pathway opportunities in place it was hoped to continue to improve the position.

Length of Stay

- As part of improvement work there had been a reset in the Combined Assessment Unit (CAU) at UHC and the number of occupied bed days had dropped by 50% compared to the previous six months, with a focus on medicine and care of the elderly, and wider general medicine was seeing an impact. The Board was working closely with other Boards, the Discharge without Delay (DWD) team and Healthcare Improvement Scotland (HIS) on how improvements in the current model could support the patient journey, with all three HSCPs working together and strong engagement with all professionals and clinicians. The team had recently attended a DWD and HIS workshop on discharge without delay. Local workshops were being progressed at both sites to review the process mapping exercise undertaken and ensure the needs analysis gap was addressed and built upon. This collaborative approach has had a positive impact on length of stay and a robust whole system plan is in place for 2025/26. The Chief Executive underlined the importance of the whole system plan and

recognised HSCP Chief Officers' commitment and knowledge of patient flow throughout all parts of the system. While discussion had previously focused on acute, this was moving towards patient flow through all care settings. The whole system plan would serve the organisation well and support discussion with Scottish Government on the integrated approach being taken.

Delayed Discharges

- North Ayrshire (NA) – There were challenges in acute, community hospitals and inpatient wards. The main challenges related to care at home, with a high number of referrals and limited capacity for care at home in the community. There were particular challenges related to adults with incapacity (AWI) and guardianship issues in terms of Mental Health Officer (MHO) capacity to enable these patients to move forward as quickly as possible. Other areas of challenge related to delayed patients in Mental Health services and for those with complex needs in trying to source complex care packages. The Director assured Members that the team was doing everything possible to facilitate discharge and undertake targeted reviews in terms of community care to support hospital referrals, and discharge continued to be a priority. Interim beds in care homes continued to be used to support discharge of individuals awaiting long term care. The HSCP awaited feedback following funding requests through NHS Reform and Renewal and the Board's whole system plan and, if successful, it was hoped to develop a significant level of capacity in community teams and the hospital based social work team to try to improve delayed discharge performance.

The Director advised in reply to a question from a Member that while the Partnership had previously had good outcomes from care at home recruitment, financial issues meant that a more strategic approach had to be taken on the level of recruitment to ensure financial sustainability. The NA IJB Chair, Joyce White, reiterated that while a number of areas of good work were ongoing in NA, the position was challenging.

- South Ayrshire (SA) – While a range of improvement work was taking place, there were continuing challenges related to delayed transfers of care, primarily for people aged over 65 years, as well as delays for people with learning disabilities and mental health issues. SA was among the best performing areas in managing AWI issues in older people. Similar to NA, capacity for care at home and care homes was an ongoing challenge, with many care homes in SA able to attract people from the private sector which limited public sector access to vacant beds. Focused work was being done to try to reduce demand, particularly in regard to care at home, and to discharge people as early as possible before their length of hospital stay led to decompensation or a requirement for a larger care package. SA HSCP had a successful in-house recruitment programme over the last 18 months and had recruited around 150 people into the service but demand continued to exceed capacity.

Consideration was being given to reducing the number of double-handed care packages and to put more moving and handling guidance and support in place for care at home staff. The Partnership continued to work closely with acute colleagues to support discharge as early as possible, particularly at the front door. The Director highlighted the positive prevention and early intervention work being done, with two projects nominated for prizes at the Ayrshire

Achieves event held last week. In response to a question from a Member, the Director would circulate an update to Board Members on the successful reablement work being done at the Racecourse Road facility.

- East Ayrshire (EA) – While EA was still meeting the ADP target, in recent weeks there had been some significant challenges in relation to delayed discharge, although the position had improved slightly in recent days. A number of improvement actions were ongoing in unscheduled care to target reduction in delayed discharge and, if successful, it was hoped to see sustained improvement.

Mental Health

- CAMHS continued to meet performance targets, with 100% performance. A new facility had recently opened at West Road for Neuro CAMHS and the Community Eating Disorders service and this bespoke community based service should have a positive impact. As previously advised, a report on Neuro CAMHS would be provided to Board on 11 August 2025. Psychological Therapies continued to exceed the performance target. Board Members were advised that as Outcomes Framework funding had reduced in value in-year, decisions had to be taken in relation to funding to balance spend against the revenue allocation. Members received assurance that core CAMHS and Psychological Services in Ayrshire and Arran would be maintained to ensure the current positive performance continued in the future.

Workforce sickness absence

- The NHS Scotland target for sickness absence for Boards was 4%. NHSAA had set a stretch target of 5.3%. Performance in February 2025 was 6.3%. Members received a breakdown of long and short term sickness absence and the main reasons. The Board had received the findings of an internal audit on promoting attendance which had highlighted areas of strength related to management of people on long term sick leave, as well as several areas for improvement identified. Improvement actions were being progressed by Directors and Chief Officers, with leadership support from HR to ensure the organisation was managing the health and wellbeing of the workforce and moving towards the agreed ADP target.

Board Members discussed the Performance report and sought additional narrative and timescale for completion of improvement actions to enable Members to monitor progress. The Board Chair advised that discussion would take place offline, linked in to work already being done through PGC.

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.

7.3 Financial management report (FMR)

(064/2025)

The Director of Finance, Derek Lindsay, provided an update on the Board's financial position to 31 March 2025. The FMR was discussed in detail at the PGC meeting on 22 May 2025.

The Board was overspent by £51.3 million in the year ended 31 March 2025. This was in line with the £51.0 million forecast in Month 11, however, having received brokerage of £51.4 million the annual accounts would show a small surplus for the year.

The Director set out the main areas of overspend. There was £37 million overspend in Acute services and £10.4 million overspend on the New Medicines Fund (NMF). There was a £1.6 million overspend in NA HSCP and £150,000 overspend in EA HSCP. This was the first year in which the Board had to meet overspends in these Partnerships. Future FMRs would include more detail on HSCP spend, including areas of overspend, to ensure the Board was sighted on this as early as possible and for parity with Acute services in terms of financial scrutiny and focus. Areas of overspend were partly offset by underspends, as outlined in the report. This included underspend of £1.3 million for unplanned activity (UNPAC), over £4 million underspend in Corporate Service and underspend against centrally managed resources. This related to the CNORIS national clinical negligence charge for which Scottish Government had advised Boards to assume the £100 million cost but they had then paid half of this which was a benefit.

The statutory annual accounts for 2024/25 were currently with Audit Scotland for audit and they would report to the Audit and Risk Committee on 19 June. The statutory annual accounts would then be presented at the Board private meeting.

The Board achieved £26.8 million of cash releasing efficiency savings (CRES) of which £18 million was recurring and £8.8 million non-recurring savings. Viridian Associates had brought rigour and structure to the cost improvement process in the second half of the year and going forward to 2025/26.

The report also provided an update on Capital spend for the year, with £10.173 million spent, which was within the Board's Capital Resource Limit.

The Director advised in reply to a question from a Member that the Scottish Medicines Consortium new medicine approval process was a separate mechanism from the Scottish Government's NMF and there was a mismatch in terms of new medicines being approved and new medicines funding available. The Board Chair advised that NMF costs increased year-on-year and this was one of the external factors over which the Board had no control in financial planning.

In her role as NA IJB Chair, Joyce White, Non-Executive Board Member, updated that the final overspend for NA HSCP was likely to be £1.557 million for health.

The Board Chair advised that as the Chief Executive had reported earlier, the Revenue plan had not yet been approved for 2025/26 and the Board was working to secure the best possible financial position. She reiterated that more robust processes were in place, with Viridian Associates working across teams and a strong CRES planning approach. While the Board had not achieved the required level of recurring CRES in 2024/25, achievement of £18 million recurring CRES was significant. The Board Chair thanked everyone involved for the real progress made over the last year.

Outcome: Board Members noted the financial management report to 31 March 2025 and performance against the key Scottish Government targets.

8. Healthcare Governance

8.1 Healthcare Governance Committee (065/2025)

On behalf of the Committee Chair, Sharon Morrow, Non-Executive Board Member, presented the Chair's report for the meeting on 28 April and approved minute from the meeting on 3 March 2025.

Outcome: Board Members noted the update and minute.

8.2 Healthcare Associated Infection (HAI) report (066/2025)

The Nurse Director, Jennifer Wilson, introduced and invited the Director of Infection Prevention and Control (IPC), Jincy Jerry, to provide the Board's position against the national HCAI Standards for quarter 3, October to December 2024. The 2025 HAI Standards were expected in July 2025 and the next report would be based on the new Standards. The report had been discussed in detail at Healthcare Governance Committee on 28 April 2025.

For *Clostridioides difficile* infection (CDI), the quarterly rate was 19.3 which was within the 95% upper confidence level and above the Scottish rate of 18.0 and NHSAA's target of 13.0.

For *Staphylococcus aureus* bacteraemia (SAB), the rate for year ending December 2024 was 23.8 which was within the 95% upper confidence level and above the Scottish rate of 18.4. There were 31 healthcare associated SABs this quarter, a decrease from 38 cases in the previous quarter. The Board had been an outlier in the previous quarter and the Infection Prevention and Control team continued to implement several quality improvement initiatives with the aim to reduce SAB rates and promote safe patient care.

For *Escherichia coli* bacteraemia (ECB), the rate for year ending December 2024 was 43.2 which was within the 95% upper confidence level and above the Scottish rate of 36.9. The Nurse Director advised that as some larger Boards had reported reduced community associated ECB numbers, NHSAA had been identified as an outlier. She emphasised that community associated ECB was not healthcare acquired or hospital associated and the Board's impact and influence was limited. Work was taking place with Healthcare Improvement Scotland and Scottish Government, and locally teams were working on this from a public health perspective, looking at community PPI prescribing, as well as education around hygiene, hydration and catheterisation, to identify and implement actions to reduce harm.

The Director of IPC advised in reply to a question from a Member that NHSAA had been in touch with other Boards that had seen a reduction in community associated ECB and these areas had not been able to highlight any specific changes made to see this improvement. ARHAI Scotland was not able to undertake comparison of NHSAA data with those Boards. As noted above, collaborative work was taking

place following a targeted approach looking at post code areas which had the majority of cases to try to reduce ECB infection.

The IPCT continued with hand hygiene audits, with overall compliance of 83% in quarter 4.

The number of COVID and other respiratory outbreaks had markedly reduced in the period January to March 2025. There was one non-respiratory *Klebsiella pneumoniae* (ESBL) outbreak ongoing, with a final incident management team due to take place in the near future, following which the outbreak was expected to be closed.

In reply to a question from a Member, the Nurse Director would arrange for detail of Domestic audits scheduled across the three HSCPs to be circulated to Members for awareness.

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

8.3 Quality and safety in Mental Health services (067/2025)

The Director of NA HSCP, Caroline Cameron, introduced and invited Alison Toner, Senior Nurse, Mental Health Services, to present a report on the current status and plans going forward in relation to the Mental Health quality improvement programme in the following areas:

- Seclusion
- Rates of incidents of physical violence
- Rates of incidents of restraint
- Rates of incidents of self-harm
- Excellence in Care (EIC)
- In-Patient Falls Rate
- Food, Fluid and Nutrition
- Stress and Distress
- Quality Management Practice Learning Environment (QMPLE)
- Complaints Performance
- Adverse Event Activity the report.

Members were advised that from 1 May 2025 the Board had implemented “From Observation to Intervention” national guidance from HIS. This new guideline had a stronger focus on interventions, person centred care and carer involvement. There had been positive feedback in relation to the reduced number of enhanced observations for the inpatient population. Alongside this work, a short life working group was set up to support development of a guideline for the use of seclusion within mental health and learning disability inpatient services. This guideline supported the Mental Welfare Commission guidance on the use of seclusion. Both of these areas would enhance patient care.

Board Members discussed the report and were encouraged by the positive feedback received from students on placement in Mental Health services. Ms Toner advised in reply to a question from a Member on complaint themes related to communication issues, that the framework for interventions guideline highlighted above would have a significant impact on the culture within Mental Health services. As part of

implementation of the guideline, an engagement officer and advocacy services were in place and feedback was encouraged from individuals receiving care and their families so that the service could work closely together with them in providing therapeutic intervention.

Ms Toner advised in reply to a question from a Member that Mental Health services could be a challenging environment for staff in terms of physical violence and assault. She underlined that staff provided the best care possible for patients, with the use of restraint being a small part of the work they do. Spikes in data charts could be attributed to individual patients with challenging behaviour which was difficult to manage. Unfortunately, national data was not available to enable benchmarking rates of physical violence with other Board areas. Members commented that national benchmarking data would be useful.

Outcome: Board Members noted the overview report on quality and safety activity in Mental Health services.

9. Board governance and strategy

9.1 Blueprint for Good Governance improvement plan (068/2025)

The Board Chair, Lesley Bowie, introduced and invited the Head of Corporate Governance, Shona McCulloch, to provide an update for assurance on progress with the improvement plan and actions completed. This version of the plan was discussed in detail at the Audit and Risk Committee on 15 May 2025.

The improvement plan previously approved by the NHS Board set out six high level improvement actions assigned to an appropriate Director/Executive Lead and Non-Executive Member to consider and identify what was needed to deliver these. Work would continue to progress these areas throughout the year, ensuring that members are involved at the right time in discussions.

There were a number of areas of national work on which the Board had limited impact, such as Public Appointments and the Non-Executive appointment process. The Board Chair had updated that National Chairs were working with the Public Appointments team to make the process more accessible.

Scottish Government had not yet provided feedback on the Board's self-assessment. A date for the next self-assessment had not yet been agreed but this was likely to be in late 2025/26 and Members would be kept updated on this.

Outcome: Board Members noted progress towards delivery of identified actions and confirmed assurance with actions completed and moving to business as usual. Members agreed the plan as complete on that basis.

9.2 Governance committee and Integration Joint Board membership (069/2025)

The Head of Corporate Governance, Shona McCulloch, presented proposed changes to committee and IJB membership. These changes reflected the rotation of IJB Chairs and Vice Chairs between the Council and Board which happens every two years. In addition, there were some minor changes to IJB and committee membership, as set out in the report.

Outcome: Board Members approved proposed changes to membership.

9.3 Integrated Governance Committee (070/2025)

The Board Chair, Lesley Bowie, provided a report on key areas of focus and scrutiny at the meeting on 20 May 2025. The Chair presented the minute of the meeting held on 10 February 2025.

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

9.4 Information Governance Committee (071/2025)

The Committee Chair, Marc Mazzucco, provided a report on key areas of focus and scrutiny at the meeting on 12 May 2025. The Chair presented the minute of the meeting held on 24 February 2025.

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

9.5 Critical care interim changes (072/2025)

The Director of Acute Services, Vicki Campbell, introduced and invited Cameron Sharkey, Divisional General Manager, Acute and Surgical, to provide an update on the interim changes to critical care provision in NHS Ayrshire & Arran and future plans.

Cameron Sharkey outlined the background and context to the interim changes to critical care provision in March 2024, mainly due to challenges with medical staffing in the ICU at University Hospital Ayr (UHA). Since then, all level 3 critical care had been provided at University Hospital Crosshouse (UHC) which had been expanded to accommodate a further three level 3 beds. Level 2 provision continued to be provided on a pan-Ayrshire basis.

The critical care unit at UHC was currently located in a temporary location previously used for Day Surgery and Endoscopy, due to changes made as part of the COVID-19 pandemic response and recovery. The current location was an interim solution and offered sub optimal accommodation from which to deliver critical care services. Scottish Government had approved capital funding through the Board's business continuity plan submission, subject to approval of a business case with detailed project costs. This, together with locally available Capital Investment Plan funding, would be used to design and deliver a new critical care unit at UHC. An options appraisal exercise was currently underway to establish a preferred location on the site and support the business case. It was proposed to extend the interim critical care arrangements currently in place for a further year to allow the options appraisal process to be concluded and required capital works to take place.

Dr John Allan, Clinical Director, Acute Anaesthetics/Critical Care, advised that critical care had been an area of focus and effort for several years to ensure sustainable services given the workforce challenges faced. There had been a mainly positive outcome from the interim change made across both sites, with successful recruitment and increased staffing levels across anaesthesia, intensive care and nursing teams. In addition, there had been an increase in the number of clinical

contacts between intensive care consultants and patients, relatives and families at UHA. Cameron Sharkey advised that there had been no significant morbidity or mortality associated with the interim change, including the critical care transfer process, and there had been less transfers from UHA to UHC than had previously been forecast.

Board Members recognised the robust and well managed process undertaken to make the interim change to critical care provision and welcomed the positive impact for patients and staff. The HR Director, Sarah Leslie, recognised the commitment of all teams to be able to deliver major service change whilst ensuring ongoing access to critical care. The trade unions and staff across specialties had worked together in a period of uncertainty to bring about these interim changes. This was a strong example of partnership working and she thanked all those involved.

The Director of Finance, Derek Lindsay, confirmed in reply to a question from a Member that the investment made in staffing in 2023/24 had been provided on a recurring basis.

Outcome: Members noted the impact of interim changes to critical care provision in NHSAA and took assurance from various measures in place to review and monitor these interim arrangements and mitigate any risks and derogations as far as practically possible. Members approved extending interim arrangements for a further year to allow the options appraisal process to be concluded and required capital works to take place.

10. Board Committees annual assurance reports (073/2025)

10.1 The 2024-2025 annual reports for Board Governance Committees were presented to members to note progress and provide assurance that committees have delivered their remit.

- Audit and Risk Committee annual report
- Healthcare Governance Committee annual report
- Information Governance Committee annual report
- Integrated Governance Committee annual report
- Performance Governance Committee annual report
- Staff Governance Committee annual report

Outcome: Board Members noted the Governance Committee annual reports and were assured that the Committees had fulfilled their remit during the year.

10.2 Area Clinical Forum annual report and Terms of Reference (074/2025)

The Area Clinical Forum (ACF) Chair, Dr Tom Hopkins, presented the annual report for assurance that ACF had delivered its remit. This was the first ACF annual report to Board and replaced the previous submission of annual reports from each of the professional committees. Dr Hopkins outlined the more proactive approach being adopted by ACF and the professional committees to promote engagement and professional advice and input to the Board on key areas of strategic work being progressed. He acknowledged the significant input of the Chief Executive and

Executive colleagues to ACF and the professional committees to support this refreshed approach, including developing a stronger relationship with the Directors of the three Ayrshire HSCPs. Dr Hopkins presented the ACF Constitution/Terms of Reference, with no changes made since the last review.

Board Members thanked Dr Hopkins for his leadership role in taking forward work to reinvigorate the ACF and professional committees and enable the Board to seek appropriate clinical advice from the professional advisory structure in taking forward key strategic areas of work.

Outcome: Board Members noted the annual report and progress made. Members approved the Terms of Reference with no changes made.

10.3 Pharmacy Practices Committee annual report and Terms of Reference (075/2025)

The Director of East Ayrshire Health and Social Care Partnership, Craig McArthur, presented the Pharmacy Practices Committee (PPC) annual report for assurance that PPC had delivered its remit.

The PPC's role was to consider and decide on applications for new community pharmacies across Ayrshire and Arran. The report detailed activity over the last year. Two judicial reviews had taken place in regard to PPC decision on a Pharmacy in Monkton and both had found in favour of the Board. The Pharmacy which had been subject to review had now opened. These reviews had involved significant work for the team which had led to delays in some of the determinations for other new contractual applications. Priority was being given to getting this activity back on track and addressing the backlog of applications. The Director presented the draft PPC Terms of Reference for approval, with no changes made since last year.

Outcome: Board Members noted the annual report and progress made. Members approved the Terms of Reference with no changes made.

10.4 Corporate Equalities Committee annual report (076/2025)

The HR Director, Sarah Leslie, presented the Corporate Equalities Committee annual report for assurance that the Corporate Equalities structure had delivered its role as set out in the agreed Terms of Reference.

The Director advised that key actions undertaken during the year included work on the Equality Outcomes 2025-2029; completion of the Mainstreaming report 2025; targeted work done through staff networks; and planning and development of an Anti-racism plan. Priorities for 2025/26 included a refresh of membership of the Equalities Improvement Group to include those leading on new equality outcomes; development of the Anti-racism plan and subsequently overseeing delivery of the actions within the plan and to ensure equality impact assessment is mainstreamed and part of all work being done in delivering services. The Director acknowledged the work done by the Committee Chair, Dr Sukhomoy Das, and staff to participate in this important agenda.

The Director advised in reply to a question from a Member that current membership included those with service responsibility for equalities, however, the Committee was keen to include representation from across the workforce, including from staff networks, as it was important to have participation from those with lived experience.

Outcome: Board Members noted the annual report and were assured that the Committee had delivered its remit during the year.

11. Audit and Risk

11.1 Audit and Risk Committee (this item was taken after item 9.1) **(077/2025)**

The Committee Chair, Jean Ford, provided a report on key areas of focus and scrutiny at the meeting on 15 May 2025. The Chair presented the minute of the meeting held on 20 March 2025.

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

12. Staff governance

12.1 Staff governance committee **(078/2025)**

The Committee Chair, Liam Gallacher, provided a report on key areas of focus and scrutiny at the meeting on 7 May 2025. The Chair presented the minute of the meeting held on 11 February 2025.

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

12.2 Health and Care (Staffing) (Scotland) Act 2019 **(079/2025)**

The Nurse Director, Jennifer Wilson, introduced and invited Alistair Reid, Director of Allied Health Professions (AHPs), to present a summary of NHSAA's progress against the duties of the Health and Care (Staffing) (Scotland) (HCSA) legislation in Quarter 4 of 2024/25, in line with national requirements for internal reporting. The report included detail from a range of clinical staff groups, including acute nursing, AHPs, spiritual care, public health, pharmacy, healthcare science, occupational health and the Scottish cochlear implant programme.

The Director advised that NHSAA had submitted its first annual return to Scottish Government and this was published on the Board's website by 30 April 2025. This provided a summary position against each duty and overall position and status, with reasonable assurance provided overall.

The Board continued to work with Communications Department to promote ongoing awareness among the workforce to whom HCSA was applicable, linking regularly with Scottish Government, Healthcare Improvement Scotland and national teams in relation to ongoing developments.

In reply to a question from a Member, the Director advised that while the Board aimed to create opportunities for new workforce, the national retire and return policy allowed the Board to retain the important skills and experience of staff who could be difficult to replace and enabled shared learning in terms of succession planning.

The Chief Executive, Claire Burden, recognised the significant and complex work involved in preparation of the report and thanked the team for ensuring that NHSAA was able to respond to national reporting requirements.

Outcome: Board Members noted the quarter 4 assurance report.

12.3 Whistleblowing performance report

(080/2025)

The Nurse Director, Jennifer Wilson, presented the assurance report on organisational activity for whistleblowing concerns raised in Quarter 4, January to March 2025.

There were four concerns received this quarter, with one appropriate for whistleblowing. There were no immediate safety concerns raised during the reporting period. The report set out themes identified, however, some caution was needed in considering themes due to the low number of concerns being received.

Members received a detailed update on the status of improvement plans from concerns raised in 2022/23, 2023/24 and 2024/25. During Quarter 4, one improvement plan was closed in March 2025 with agreement of the Commissioning Director. All improvement plans from 2022/23 and 2023/24 were now closed. Progress with 2024/25 plans was outlined in the report.

The Director advised that feedback was sought from individuals going through the whistleblowing process to ensure this was working well or to identify any improvements required.

There had been an increase in the number of staff undertaking whistleblowing Turas training from 69.5% to 77.1%. There was a requirement for all managers to complete this training, however, it was recognised that the training module for managers was lengthy and feedback was being provided to colleagues in Turas in regard to the time commitment required to complete this training.

Board Members discussed the report and noted that the whistleblowing process continued to develop. Members emphasised the importance of staff having confidence in the process and seeing outcomes and improvements being made as a result of concerns raised. The Head of Corporate Governance, Shona McCulloch, advised that when she had spoken to people raising concerns they had provided good feedback in that they found the team helpful and the process easy to navigate.

Outcome: Board Members noted the whistleblowing report and concerns raised in Quarter 4.

13. Integration Joint Board/Health and Social Care Partnerships

13.1 South Ayrshire Integration Joint Board strategic plan 2021-2031 refresh

(081/2025)

The Director of SA HSCP, Tim Eltringham, introduced and invited Rachael Graham, Coordinator, Planning and Performance for SA HSCP, to present an update on the SA IJB strategic plan 2021-2031 plan's refresh for the period 2025/28. SA HSCP was required by legislation to produce the plan and review this every three years. The refreshed plan had been agreed by SA IJB on 12 March 2025.

In refreshing the plan consideration was given to the current position in terms of national and local policy. There had been a significant period of development and engagement working with service users, staff, the public and other partners. Given the long term nature of the plan, the vision and strategic objectives remained unchanged. Delivery of the plan was underpinned by a number of enablers including the Financial Framework, Commissioning, Property and Assets, Workforce, Digital Transformation and Data, Leadership and Culture of Continuous Improvement and Partnerships. An impact assessment had been completed and following this discussion, the plan would be presented to South Ayrshire Council on 26 June 2025 and then publicly launched by the HSCP.

Board Members discussed the report and welcomed the easy to read format and overview of work ongoing across the Partnership. Members were encouraged by the increase in breastfeeding rates in SA and it was hoped that this would continue. Ms Graham advised in reply to a question from a Member that everything possible was being done to encourage participation in engagement events but it could be challenging to get good attendance at some events. The Director advised that targeted engagement events on specific topics tended to attract greater participation.

Outcome: Board Members noted the update on the plan's refresh 2025.

14. For information

14.1 Board briefing (082/2025)

Board Members noted the content of the briefing.

14.2 East Ayrshire Integration Joint Board (083/2025)

Board Members noted the minute of the meeting held on 5 February 2025.

14.3 North Ayrshire Integration Joint Board (084/2025)

Board Members noted minutes of meetings held on 6 February and 20 March 2025.

14.4 South Ayrshire Integration Joint Board (085/2025)

Board Members noted the minute of the meeting held on 12 February 2025.

15. Any other competent business (086/2025)

There was no other business.

16. Date of Next Meeting

The next public meeting of the NHS Ayrshire & Arran Board will take place at 9.30 am on Monday 11 August 2025.

In Committee

A private meeting of the Ayrshire and Arran Health Board was held following the public Board meeting to consider matters of a confidential nature in accordance with Board standing orders, section 5.22