



Ayrshire and Arran NHS Board
Minutes of a public meeting on Monday 11 August 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	
	Dr Sukhomoy Das	
	Mrs Jean Ford – part meeting	
	Mr Liam Gallacher	
	Mr Ewing Hope	
	Dr Tom Hopkins	
	Cllr Lee Lyons	
	Mrs Sharon Morrow	
	Mr Neil McAleese	
	Cllr Douglas Reid	
	Ms Linda Semple	
	Mrs Joyce White	
	Executive Members:	
	Prof Gordon James	(interim Chief Executive)
	Mr Derek Lindsay	(Director of Finance)
	Dr Crawford McGuffie	(Medical Director)
	Ms Jennifer Wilson	(Nurse Director)
In attendance:	Ms Caroline Cameron	(Director of Health and Social Care, North Ayrshire)
	Mrs Vicki Campbell	(Head of Primary Care and Urgent Care Services)
	Mrs Kirstin Dickson	(Director of Transformation and Sustainability)
	Mr Tim Eltringham	(Director of Health and Social Care, South Ayrshire)
	Mrs Nicola Graham	(Director of Infrastructure and Support Services)
	Ms Lorna Kenmuir	(Deputy Human Resources Director)
	Mr Craig McArthur	(Director of Health and Social Care, East Ayrshire and Deputy Chief Executive)
	Mrs Shona McCulloch	(Head of Corporate Governance)
	Mr Fraser Bell	(Assistant Director Programmes, Infrastructure and Support Services) item 9.2
	Ms Jincy Jerry	(Director of Infection Prevention and Control) item 8.4
	Mr Alistair Reid	(Director of Allied Health Professions) item 11.2
	Mr Cameron Sharkey	(Divisional General Manager, Surgical Services) item 5

Mrs Angela O'Mahony (Committee Secretary) minutes

The Board Chair welcomed everyone to the meeting, in particular the new interim Chief Executive, Professor Gordon James, who had taken on the role on 1 August 2025 and was attending his first meeting of the Ayrshire and Arran NHS Board.

1. Apologies

Apologies were noted from Marc Mazzucco and Lynne McNiven.

2. Declaration of interests (087/2025)

There were no declarations noted.

3. Minute of the meeting of the NHS Board held on 2 June 2025 (088/2025)

The minute was approved as an accurate record of the discussion

4. Matters arising (089/2025)

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. There was one action in progress related to performance reporting which would be considered as part of the governance sub-committee review.

5. Good news story (090/2025)

5.1 The Director of Acute Services, Vicki Campbell, introduced the good news story and invited Cameron Sharkey, Division General Manager, to outline the benefits of the Robotic Assisted Surgery (RAS) programme for both clinicians and patients.

Feedback on the RAS service has been overwhelmingly positive, highlighting improved patient outcomes, shorter hospital stays, and faster recovery times. Since its introduction, RAS has also helped address previous recruitment challenges in specialties using robotic technology, with strong interest and uptake from clinicians. The programme has been driven forward by a highly committed and enthusiastic team.

NHS Ayrshire & Arran (NHSAA) has demonstrated its capability to contribute significantly to regional collaboration, particularly in robotic surgery. NHSAA consistently ranks among the top two health boards in Scotland for the use of robotic surgical programmes.

Board Members noted a recent theatres walkround, which showcased the excellent work being carried out across all surgical areas, including robotics. Robotic surgery is expected to play a key role in delivering future strategic priorities. While the technology is costly, the benefits of the RAS programme are beginning to offset the investment. Members expressed their appreciation to the team for organising the walkround and acknowledged their dedication to the programme.

The Board welcomed this positive good news story and the excellent work being done through the RAS programme, particularly given ongoing challenges faced. Members considered the potential for further expansion of the RAS programme, recognising the clear benefits outlined in the report. The Board Chair advised that while there is ambition to acquire a second robotic system, there are currently no formal plans in place. Members emphasised the importance of evaluating both the

financial and societal impacts in considering future investment, such as enabling people to return to work more quickly following surgery.

Outcome: Board Members noted the good news story on robotic surgery and were encouraged by the excellent work being done and improved outcomes for patients.

6. Board Chair and Chief Executive report

6.1 Board Chair's report

(091/2025)

The Board Chair, Lesley Bowie highlighted that the annual appraisal process for Non-Executive Board Members for 2024/25 has now been successfully completed and thanked everyone involved for their contributions to this important governance activity.

On 5 June, the Board Chair had visited Foxgrove, Scotland's new National Secure Adolescent Inpatient Service. This impressive facility, although not yet operational, will offer vital inpatient care for young people and includes excellent resources such as social and recreational spaces and education facilities. A further visit will take place in coming weeks with the Chief Executive, Gordon James, to see further progress.

On 23 July, the Board Chair attended a national meeting of Board Chairs with the Cabinet Secretary. Discussions included an update on the Single Local Authority model and the potential for significant reform through closer collaboration between NHS Boards and Local Authorities to benefit local communities. Discussion with the Cabinet Secretary had mainly focused on the Operational Improvement Plan, particularly the work being done in planned and unscheduled care, whilst acknowledging the ongoing challenges faced by Boards.

Alongside the Chief Executive, the Board Chair visited the Kyle Suite and was delighted to see the newly developed gardens, which were a community benefit made possible through generous funding from Hewlett Packard. The Chair highlighted the excellent work being done in community wealth building through our Procurement team, which is delivering real value for our local communities.

One of the most inspiring moments of the Board Chair's year was attending the Annual General Meeting of the University Hospital Crosshouse Volunteers on 24 June. The chair recognised the dedication and generosity of our volunteers which is truly remarkable. This year, they presented the Board with a cheque for £225,000—bringing their total fundraising since 2001 to over £5.2 million for which the Board was deeply grateful. She noted that the group are actively encouraging more young people to get involved in volunteering.

6.2 Chief Executive's report

(092/2025)

Our new Chief Executive, Gordon James, thanked everyone for the warm welcome he received during his first week at NHS Ayrshire & Arran. He expressed how delighted he was to be back in Ayrshire and was looking forward to working closely with the Board and colleagues across the organisation.

Since taking up post, the Chief Executive has attended the Healthcare Governance Committee and the East Ayrshire Community Planning Partnership Executive Group. He also visited Kyle Ward at the Ailsa site, where he saw first-hand the exceptional care being delivered to patients. Despite the challenges facing the Board, it was encouraging to see the continued commitment to high-quality, person-centred care.

Looking ahead, the Chief Executive outlined his priorities for the coming months. A key focus will be meeting teams across the organisation, including those within the Health and Social Care Partnerships. Visits are already underway, with the Urology Department at University Hospital Ayr on 14 August and plans to visit University Hospital Crosshouse week commencing 21 August.

He also highlighted that he looked forward to progressing financial plans with the Corporate Management Team and NHS Board. As noted in the financial management report, the Scottish Government has asked the Board to deliver a deficit budget of £25 million for 2025/26. The Chief Executive is committed to working with colleagues to review plans, building on the good work already carried out.

In terms of strategic direction, the Scottish Government has recently published several key documents: the Operational Improvement Plan (to March 2026), the 5 to 10-year Health and Social Care Service Renewal Framework, and the National Population Health Framework. The Board's current focus is on the Operational Improvement Plan (OIP), with particular attention on the OIP requirements relating to improving the cancer pathways, whole system work to improve flow and the resulting performance against the four-hour access target and ensuring that no one waits more than 52 weeks for treatment by the end of March 2026. The Chief Executive emphasised that delivering high-quality care remains central to the Board's mission and he recognised that it will take time to see results. The Board will be kept informed as progress continues.

7. Performance Governance

7.1 Performance governance committee (093/2025)

On behalf of the Committee Chair, the Vice Chair, Linda Semple, presented the Chair's report from the meeting on 24 July 2025. She updated that discussion on the Capital Investment Plan, specifically in relation to Foxgrove, had taken place out with the meeting. Committee members had endorsed the plan via e-mail for submission to the Board for approval. The Committee Chair, Sheila Cowan, presented the approved minute from the Committee meeting on 22 May 2025.

Outcome: Board Members noted the update and minute.

7.2 Performance report (094/2025)

The Director of Transformation and Sustainability, Kirstin Dickson, introduced the performance report. The report provided key insights into progress against performance measures, waiting time targets, and the 2025/26 Delivery Plan. Appendix 2 outlined the Quarter 1 position against delivery milestones. The data primarily covered the period up to June 2025. Directors were invited to update on their respective service areas.

Planned Care

The Director of Acute Services, Vicki Campbell, advised that there had been significant activity within planned care in recent months. A revised submission had been submitted to Scottish Government in July 2025 following some additional planned care funding. This took account of recent recruitment and the new MRI mobile scanner.

- **New Outpatient Waiting Times** - The Board had agreed a trajectory of 1,528 outpatients waiting more than 52 weeks for treatment by 31 March 2026. Work will continue with the Centre for Sustainable Delivery (CFSD) to reduce waiting times. Improvements are being made, with several initiatives ongoing, such as within Dermatology. In addition, there had been successful workforce recruitment in several areas which should improve the position going forward.
- **Inpatients/Day Case Waiting Times** - There has been a small improvement in Inpatient/Day case performance over the last five months, with performance at 55.9%. A revised trajectory has been agreed in relation to waiting list size and the number of patients waiting to be seen by the end of March 2026. Work will continue with services to achieve the lowest number of waits possible. Performance has remained largely static in recent months and is expected to see improvement as new Consultants take up post in September 2025. The introduction of a weekend operating list from 30 August 2025 will also increase capacity.
- **Imaging** – Funding had been received for a new eye scanner in July 2025. A new improvement plan had been agreed and workforce recruitment was taking place. It was expected that performance should improve going forward. Within Ultrasound, some additionality was being provided by locums and the position was expected to improve. Endoscopy had seen improvement in waiting list size but deterioration in performance against the six weeks target. There would be additional capacity with two new locum Consultants commencing in September 2025. The main area of risk continued to be the significant lack of capacity at University Hospital Crosshouse which had no recovery area. Additional space had been identified at University Hospital Ayr and work would progress in the next few weeks which would positively impact capacity.
- **Cancer – Breast** – There were workforce issues in Radiology and opportunities were being explored for mutual aid from NHS Lanarkshire and NHS Greater Glasgow & Clyde. A new Consultant Breast Radiologist had been recruited and would take up post in October 2025. A breast Specialty Doctor had taken up post in August 2025. Urology – additional biopsy lists had been scheduled and a pilot coordinating MRI and biopsy in the same week was being rolled out. A new Consultant Urologist (robotic trained) had started in August 2025. The additional mobile MRI scanner would also support this pathway. Colonoscopy – there were plans to work with Primary Care colleagues to explore capacity in the pathway. Pathology capacity continued to be a general risk and a deep dive review had been commissioned to look at support being provided to all cancer pathways.

In response to questions from Members, the Director highlighted the focused work taking place to improve performance and the patient journey across the system. She reiterated that workforce recruitment in recent months would improve the position going forward. The Corporate Management Team was monitoring performance closely, focusing on areas with deteriorating performance. The Chief Executive gave assurance that the organisation was taking on board learning from improvement

work being progressed with CFSD colleagues, as well as from areas of positive work being done by other Board areas.

- Musculoskeletal (MSK) – Performance in June 2025 had reduced slightly to 37.2% and improvement work continued to reduce waiting lists.
- Orthotics – There were ongoing performance challenges for this service. The Orthotics Manager had recently left post and consideration was being given to skills mix within the team. The Board Chair would discuss the position further with the PGC Chair and HGC Chair out with the meeting to agree the governance route for a deep dive report on challenges facing the service.

Urgent and Unscheduled Care

Delayed Discharges

- East Ayrshire (EA) - There had been a slight reduction in delayed discharges and work continued to sustain this improvement. However, as previously reported, there were challenges related to Acute sites and focused work was needed to address these areas. The Director highlighted the successful work being done to promote early planning and ensure people in the community who currently have capacity but may have issues later in life have a power of attorney (POA) in place, to avoid potential guardianship issues in the future. Members emphasised the need to promote this work widely across the organisation, as well as through the media. There were plans to recruit carers to increase capacity using funding received from Scottish Government. There had been some success in recruiting younger people to carer roles through Ayrshire College and consideration was being given to how to scale up training. In reply to questions from Members, the Medical Director, Dr Crawford McGuffie, outlined the successful career promotion activity undertaken by the Board to encourage young people to choose a career in healthcare. The Clinical Development Fellows Programme had received the Chairperson's Award at the Ayrshire Achieves event in May 2025. He suggested that a report be provided outlining the range of career promotion activity taking place across the organisation for members' awareness.
- North Ayrshire (NA) – There had been a sustained increase in delayed discharges across NA, with significant challenges related to financial resource and capacity issues for social care. Improvement actions were set out in the report. Considerable work was taking place to maximise the pathway to support acute discharge and hospital flow. There were pressures related to demand for care at home and care homes, guardianship issues and delays due to adults with incapacity (AWI), with a disproportionately high number of mental health learning disability delays in NA. For care at home services, focused work was ongoing around wellbeing at work and attendance management to reduce sickness absence rates. Existing care packages were being reviewed and reduced where possible. However, there was significant demand for care at home, with teams regularly managing over 100 active referrals every day across all hospital sites. Care homes in NA had experienced particular challenges due to AWI delays and Mental Health Officer (MHO) capacity, although new MHOs would be starting this week. NA had continued to focus on maximising the resources available to minimise delays.
- South Ayrshire (SA) – The number of delayed transfers of care was broadly stable. The Director updated that numbers had reduced slightly compared to data provided in the report. Similar to other HSCP areas, SA was experiencing

recruitment, retention and capacity issues, with a significant rise in the number of people requiring support in care homes, this was reflected with a rise in average numbers of people waiting for a care home place since April 2025. For care at home, there had been some success in recruitment and retention, however, there were issue due to affordability of the services currently being provided which would have to be considered in future. Successful work had been done to encourage discussion with people around the importance of having POA in place. As previously reported to Board, for care at home SA was seeking to reduce the number of double-handed care packages. The Director highlighted that a successful MSK community appointment day was held on 6 August at Ayr Academy which had a good turnout and feedback was positive, with further events planned.

Mental Health

- CAMHS continued to meet performance targets, with 100% performance sustained since August 2024, and a focused approach being taken to maintain performance. Improvement work was ongoing to improve Neuro CAMHS waiting times given the challenges for young people awaiting assessment, diagnosis and support. As reported at the last meeting, a new facility had recently opened at West Road for Neuro CAMHS and the Community Eating Disorders service. This facility would enable bespoke Neuro CAMHS support to be provided, with new models of care and tools being used to maximise capacity and support assessment and diagnosis.
- NA Addictions service continued to maintain the 3-week target, with a focus on diagnosis in delivering medication assisted treatment (MAT) Standards.
- Psychological Therapies had seen a dip in performance to 89%. There were challenges in specific services and a similar approach had been adopted to CAMHS, specifically in relation to demand management, workforce and plans to maximise clinical capacity.

The Director advised in reply to questions from Members that in August 2023, Ayrshire and Arran had aligned to the Scottish Government CAMHS specification. At that time, three pathways had been developed for core CAMHS, unscheduled care and Neuro CAMHS. As part of the implementation of these pathways, there had been significant patient communication on the new criteria. The Director would discuss with the team a refresh of the communication plan related to CAMHS referral pathways.

Workforce sickness absence

The Deputy HR Director, Lorna Kenmuir, advised that the Board did not meet the 2024/25 sickness absence trajectory. In Quarter 1, the Board's sickness absence rate had continued to be on an increasing trajectory. An internal audit on promoting attendance had recently taken place and an improvement action plan had been agreed based on the audit's outputs. A new Non-attendance team had been recruited, and the service HR Manager would continue work with Attendance advisers who started on 1 July 2025. Focused work was ongoing to review absence hotspots across the organisation, particularly long-term sickness absence, to try to reduce these rates and enable people to return to work sooner. This included collaborative work with Staff Care colleagues for staff absences related to mental health issues, such as anxiety and stress. Board Members were encouraged by the improvement work being done to promote attendance and reduce sickness absence.

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

(095/2025)

The Director of Finance, Derek Lindsay, presented a report on the Board's financial position to 30 June 2025.

The Board had approved a revenue plan deficit of £33.1 million in March 2025, however, Scottish Government required the Board to have a deficit not exceeding £25 million. The overspend in Quarter 1 was £10.4 million, with main areas of overspend detailed in the report. These included £7.35 million overspend in Acute services, £2.1 million overspend for New Medicines Fund and £800,000 overspend in North Ayrshire Health and Social Care Partnership.

Allocations received from Scottish Government to date amounted to £1.55 million. Additional funding for planned and unscheduled care was linked to delivery of targets and the Board was working closely with Scottish Government to deliver agreed activity and outcomes.

The Director highlighted areas of overspend in Acute services. As discussed in the Performance report delayed discharges and costs related to unfunded wards were significant areas of overspend. 3% CRES had been applied to the Acute budget amounting to over £12 million.

The report provided details of CRES planned across all areas of the organisation. The recurring target was £30.2 million. To date £16.7 million recurring savings had been identified, with the remainder non-recurring. Savings delivered for the year to date amounted to £5.7 million which was in line with financial plans.

Board Members discussed CRES plans and progress to date. Members emphasised the need to accelerate savings to enable the Board to deliver the required £25 million deficit budget. The Board Chair advised that the Board would continue to monitor the position closely.

The Director highlighted areas of risk related to the Board's financial outcome and reassured Members that risk areas were monitored closely throughout the year. There had been good progress made in reducing reliance on Nursing and Medical agency spend in Quarter 1 compared to the same period last year and there was a need to continue to build on progress made.

The Nurse Director, Jennifer Wilson, advised that the Board's recruitment of around 130 newly qualified nurses should impact on Nursing agency spend. In addition, there was a good pipeline of healthcare support workers in Acute services, with opportunities for progression to Nursing roles in the future, and ongoing work with colleges and universities to develop future workforce. The Medical Director, Dr Crawford McGuffie, highlighted the considerable work that had taken place from June 2024 in collaboration with the Director of Acute Services, Director of Finance and medical leadership, looking at governance processes and controls to right size the medical workforce. There had been achievement of £1 million savings during

2024/25 which demonstrated significant progress. A target of £1.25 million savings had been agreed for 2025/26 which was currently on trajectory.

Board Members discussed medical and nursing workforce and requested that specific updates be provided to Staff Governance Committee, particularly on vacancies and areas with significant medical and nursing agency workforce to enable staffing levels to meet establishment. The Director advised that for Nursing, while the report detailed staffing establishment, weekly staffing reports were generally above establishment due to the need to support unfunded beds.

Outcome: Board Members noted the financial management report to 30 June 2025 and performance against the key Scottish Government targets.

8. Healthcare Governance

8.1 Healthcare governance committee (096/2025)

On behalf of the Committee Chair, Sharon Morrow, Non-Executive Board Member, presented the Chair's report from the meeting on 4 August and approved minute from the meeting on 28 April 2025. The Chair, Linda Semple, presented the approved minute from the meeting on 9 June 2025.

Outcome: Board Members noted the update and minutes.

8.2 Patient Experience quarter 4 report (097/2025)

The Nurse Director, Jennifer Wilson, presented the patient experience feedback and complaints information for quarter 4. The report was discussed in detail at Healthcare Governance Committee on 4 August 2025.

The Director advised that Stage 1 complaints had reduced slightly since the last quarter. Overall, Stage 1 and Stage 2 complaint numbers remained stable. Performance in responding to Stage 1 complaints had reduced slightly to 80% for responding to complaints within timescale. Performance in responding to Stage 2 complaints had improved slightly to 74%. The Complaints team continued to prioritise out of time complaints to improve performance and this was reflected in the data provided.

The Director had previously commissioned a review of the complaints process. The team was in the process of implementing the findings and the positive impact of this work was beginning to be seen.

Scottish Public Services Ombudsman (SPSO) referrals had increased. SPSO had previously experienced backlog issues. Despite the increase in referrals, there had not been an increase in the number of investigations. It was considered that this indicated the quality of responses had been maintained despite the challenges faced.

Complaint themes remained consistent with previous reports, with no new emerging themes. The report provided details of local and national feedback, with 74% of stories shared via Care Opinion being completely positive in regard to the care received. Learning was being taken on board for areas in which improvement could

be made. Complainant satisfaction continued to be monitored. A themed report on complainant satisfaction was discussed at Healthcare Governance Committee, including learning and improvement actions being taken.

Outcome: Board Members note the patient experience quarter 4 report and commended the team for the significant work undertaken and positive improvements made despite challenges faced.

8.3 Patient Experience annual report 2024/25

(098/2025)

The Nurse Director, Jennifer Wilson, presented the patient experience annual report 2024/25 to provide assurance that the Board had discharged its role as set out in the Complaint Handling Process. The annual report had previously been discussed and supported at Healthcare Governance Committee on 4 August 2025.

The Director highlighted a range of information related to the Board's complaint handling performance, feedback received during the year and how this was being used to identify areas for improvement. The report also included feedback on Realistic Medicine and monitoring of shared decision-making, with overwhelmingly positive feedback provided. Feedback had been shared with Senior Charge Nurses and healthcare colleagues in terms of decision-making and care provided in those areas.

Healthcare stories presented to the Board were also included. The Director advised that discussion was ongoing with the Board Chair around how to evidence learning from these stories in future reports.

The report outlined complaint themes identified and areas for learning and improvement, for example, in relation to waiting times, attitude and behaviour. The team was carrying out work around the power of apology and supporting clinicians and staff to have difficult conversations.

The Director of Clinical and Care Governance had led a review of all clinical governance approaches, working with service colleagues to develop a more robust approach going forward. The report set out governance arrangements from Board level through to department/ward level.

The Director of Acute Services advised, in reply to a comment from a member, that there was a need to take a balanced approach in identifying areas for learning and improvement from feedback and complaints, particularly around the physical location of services. A member of Healthcare Governance Committee reported that HGC had discussed patient feedback and it was emphasised that early communication with patients could alleviate concerns and issues, and Committee had been reassured that teams were working to improve this area.

The Board Chair recognised the significant work being done in relation to feedback and complaints. As noted above, she was keen to continue to develop healthcare stories particularly where things have gone as well as expected to identify learning and improvement going forward.

Outcome: Board Members noted the patient experience annual report 2024/25 which would be published on the Board's website.

8.4 Healthcare Associated Infection (HAI) report

(099/2025)

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. Scottish Government had issued updated national healthcare associated infection standards in DL (2025) 05. The data being presented for quarter 4, January to March 2025, compared the Board to the previous HAI standard. The report had been discussed in detail at Healthcare Governance Committee on 4 August 2025.

For *Clostridioides difficile* infection (CDI), the rate for year ending March 2025 was 19.4, an increase from 15.1 in the previous year. The quarterly rate was 16.3, a decrease from 19.3 in the previous quarter. The rate was within the 95% upper confidence level and above the Scottish rate of 13.4 and NHSAA's target rate of 13.0.

For *Staphylococcus aureus* bacteraemia (SAB), the rate for year ending March 2025 was 26.4, an increase from 18.8 for the same period last year. A number of improvement initiatives were in place with the aim to reduce the SAB rate and the position had improved in Quarter 1 2025/26. The quarterly rate of 27.4 was within the 95% confidence interval upper limit and above the Scottish rate of 18.2. For the year ending March 2025, NHSAA had a community SAB rate of 11.2 (per 100,000 population) compared to a rate of 16.9 (per 100,000 population) for the previous year.

For *Escherichia coli* bacteraemia (ECB), the rate for year ending March 2025 was 43.1, a reduction from 45.2 in the same period last year. The improvement initiatives being taken forward through the ECB improvement group were having an impact on infection rates. NHSAA has had a very high rate of community associated ECB over the last four quarters and received several exception reports. Additional support was being provided from Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland. As reported at the last Board meeting, although the local rate remained stable, as some larger Boards had reported reduced community associated ECB numbers, NHSAA had been identified as an outlier. A multi-disciplinary and multi-agency Community ECB Improvement Group had been established to address this. An action plan had been developed and submitted to ARHAI for peer review.

There were nine green Healthcare Infection Incident Assessment Tool (HIIAT) assessments for respiratory outbreaks, with no non-respiratory outbreaks reported.

The Board Chair advised that there had been detailed discussion of community acquired ECB rates at Healthcare Governance Committee on 4 August 2025. As had been previously reported to Board, these were neither healthcare acquired nor hospital associated infections and the Board's impact and influence was limited. There were no specific actions being taken in other Boards that had led to improved rates in these areas. Board Members acknowledged the significant work being done by the team in challenging circumstances, with an ageing hospital estate and the environment surrounding the hospital.

In reply to a question from a Member, the Director of IPC advised that the number of hand hygiene audits had increased, including for healthcare support workers, to promote quality and patient safety. Should staff be identified as non-compliant following audit they would receive immediate and ongoing feedback as required. There had been a reduction in infection levels and everything possible was being done to improve the position.

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

9. Board governance and strategy

9.1 NHS Ayrshire & Arran Delivery Plan 2025/26 (100/2025)

The Director of Transformation and Sustainability, Kirstin Dickson, presented the NHSAA Delivery Plan 2025/26 for formal Board approval. The Delivery Plan outlined the Board's commitment to deliver key service outcomes, reflecting both national and local priorities. The plan had been developed in conjunction with Board's financial and workforce plans to ensure trajectories were realistic and focused on quality and safety.

Following discussion on earlier draft plans in February and March, a final draft was submitted to Scottish Government on 25 June and was approved by SG on 8 July 2025 as a robust foundation for 2025/26. The approval letter acknowledged the evolving context in which the Delivery Plan was written and the publication of the new Health and Social Care Reform Framework, Service Renewal Framework, Population Health Framework and Operational Improvement Plan. The Director explained that the delivery plan was a live document which would continue to evolve over the year as financial plans were refined. Scrutiny and oversight of delivery of the Operational Improvement Plan and Delivery Plan would be provided through Corporate Management Team, Performance Governance Committee and Board.

Two Non-Executive Members commented on wording within the Delivery Plan and the Board Chair asked Members to send comments highlighted to the Director of Transformation and Sustainability so that any required amendment could be made or responded to.

The Board Chair recognised that due to reporting delays and changes made since the draft plan was submitted and approved by Scottish Government, the Delivery plan reflected the previously agreed 2025/26 Revenue plan for a deficit budget of £33.1 million. The Chief Executive highlighted the different planning approach being taken by Scottish Government this year, with key targets to be delivered in a more fluid manner. He reiterated that the Delivery plan was a live document which would continue to be refined as changes and commitments are agreed through the 2025/26 delivery planning process. In terms of financial planning, there was a focus on delivering the SG required £25 million deficit budget. Members received assurance that any changes to the Board's financial plans for 2025/26 would be discussed with Board Members and for approval if required. These would be reflected in the Delivery Plan and discussed through Performance Governance Committee. Updated versions of the Delivery Plan would be published on the Board's website.

Outcome: Board Members approved the Delivery Plan 2025/26 as a robust foundation for 2025/26, recognising that this was a live document which would be subject to change during the year as financial plans were refined. Members were assured that necessary systems and procedures are in place to scrutinise, monitor and manage delivery against the plan.

9.2 Capital investment plan

(101/2025)

The Director of Infrastructure and Support Services, Nicola Graham, invited Fraser Bell, Assistant Director Programmes, to present an update to the Capital investment plan (CIP) previously approved by Board in February 2025. The report had been discussed and supported at Performance Governance Committee on 24 July 2025.

The CIP incorporated expected formula and funding for specific programmes. This year it also included new funding with an allocation under a do-minimum business continuity option (business continuity plan). Since the 2025/26 plan was approved, confirmation of funding had been received. £8.5 million had been allocated for business continuity funding, around £4 million less than expected. In addition, several other changes had impacted the plan, as outlined in the report, and the CIP was now expected to be £20.4 million. The allocation was broadly in line with NHSAA NRAC allocation.

The Assistant Director explained in response to questions from Members that funding allocated for the Critical Care project would not be spent this year due to options appraisal work taking place and this funding had been returned to Scottish Government and would be re-provided next year. This funding stream was separate to funding for business continuity and the whole system estates plan. He advised that funding had been prioritised following a risk-based approach. Some areas of work would require to be pushed back until later in the year and other areas included in next year's CIP.

Outcome: Board Members approved the change to the Capital Investment Plan 2025/26 to incorporate additional funding provided under the Business Continuity Plan, IFRS16 and Sustainability funding streams provided by Scottish Government.

10. Audit and Risk

10.1 Audit and Risk Committee

(102/2025)

The Committee Chair, Jean Ford, provided the Chair's report from the meeting on 24 June and approved minute from the meeting on 15 May 2025.

Outcome: Board Members noted the update and minute.

11. Staff Governance

11.1 Staff Governance Committee

(103/2025)

The Committee Chair, Liam Gallacher, provided the Chair's report from the meeting on 23 July and approved minute of the meeting on 7 May 2025. Cllr Lee Lyons highlighted, in relation to item 4.2, Evaluation for Learning & Development

Programmes, paragraph 3, that while there had been lengthy discussion and suggestions had been made on the use of digital technologies, no specific action was agreed.

Outcome: Board Members noted the update and minute.

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

(104/2025)

The Nurse Director, Jennifer Wilson, invited Alistair Reid, Director of Allied Health Professions (AHPs), to present a summary of NHSAA progress against the duties of the Health and Care (Staffing) (Scotland) (HCSA) legislation in quarter 1 of 2025/26, in line with national requirements for internal reporting. As previously reported to Board, NHSAA had submitted its first 2024/25 annual report to Scottish Government which was published on the Board's website by 30 April 2025.

Building on learning from year one, the Programme Board had been refreshed and refined for 2025/26. Core membership had been rationalised and a schedule developed to allow continued regular meetings to support NHSAA to discharge its duties under the Act. A cluster approach was being adopted to enable services from each Directorate to report in the same meeting, in addition to supporting a cumulative Board-wide position.

The Director highlighted the assurance reports provided to the Programme Board in quarter one, including from AHP professions, Psychology and Nursing led by NA HSCP. The report provided the current position and progress against each duty based on service reports. Key areas of risk and mitigations were set out in the report, with specific areas of risk being considered by local management leads. The Director provided overall reasonable assurance that the Board was delivering its duties under the Act.

The Nurse Director, Jennifer Wilson, advised in reply to a question from a Member that there was a planned programme for rollout of e-rostering and this should be rolled out to all clinical staff across the organisation by March 2028. Nursing was expected to complete the rollout by September 2025 and the process was ongoing for AHPs.

Outcome: Board Members noted the quarter 1 assurance report.

11.3 Whistleblowing quarter 1 performance report

(105/2025)

The Nurse Director, Jennifer Wilson, presented the assurance report on organisational activity for whistleblowing concerns raised in quarter 1, April to June 2025. The report had been discussed in detail at Staff Governance Committee on 23 July 2025.

The Whistleblowing Oversight Group continued to meet regularly to discuss whistleblowing activity, how to improve current processes and to identify themes from whistleblowing concerns received.

The Director advised that one concern was received in quarter 1. This was not appropriate to be taken forward using the Standards and would be progressed through HR process. There was no immediate risk identified to patient safety in the concern received and therefore no action was required. There were three

investigations ongoing. Two had been concluded and one was ongoing. All improvement plans had been closed and learning and improvement taken forward as required. There were no referrals to the Independent National Whistleblower's Office in quarter 1.

The Director advised that 74.8% of line managers had completed the mandatory Whistleblowing eLearning module. Feedback had been provided at national level on the length of the module and the time taken to complete and it was hoped that it would be further refined over the next year.

Outcome: Board Members noted the quarter 1 assurance report.

11.4 Whistleblowing annual performance report (106/2025)

The Nurse Director, Jennifer Wilson, presented the annual report which provided a summary of whistleblowing activity during 2024/25 and assurance that the Board had discharged its role as set out in the National Whistleblowing Standards.

The report summarised and built on the quarterly reports produced by Board, including performance against the requirements of the Standards, Key Performance Indicators, issues raised and actions that have been or will be taken to improve services because of concerns.

The Director highlighted that in last year's iMatter staff survey 94% of staff had responded that they were confident on how to raise concerns. Main areas of focus included communication and awareness raising about whistleblowing. The Board held a successful Speak Up Week each year to promote the whistleblowing process, with plans in place for this year. The Director encouraged Members to support and advocate for whistleblowing in the year ahead.

The report outlined plans for 2025/26, including new ways to gain feedback and improve communication across all staff groups. The Director advised that there would be a focus to increase the number of Confidential Contacts and Speak Up Advocates colleagues.

Board Members discussed the report and progress made. Members were encouraged by the high level of staff awareness about how to raise a concern. The Whistleblowing Champion, Dr Sukhomoy Das, was pleased to see the increase in uptake of the whistleblowing eLearning module by managers and sought assurance that all those investigating whistleblowing concerns had undertaken whistleblowing training. The Director gave assurance that all managers being asked to undertake whistleblowing investigations had completed root cause analysis training. The Head of Corporate Governance, Shona McCulloch, added that she discussed with potential investigators to ensure they had completed whistleblowing training.

Outcome: Board Members noted the annual report and were assured by the performance reported and noted future plans to review our processes in accordance with the Standards.

12. For information

12.1 Board briefing (107/2025)

Board Members noted the content of the briefing.

12.2 Quality and safety in Maternity services (108/2025)

Board Members noted the overview of quality improvement activity in Maternity services.

12.3 East Ayrshire Integration Joint Board (109/2025)

Board Members noted the minute of the meeting held on 19 March 2025.

12.4 North Ayrshire Integration Joint Board (110/2025)

Board Members noted the minute of the meeting held on 1 May 2025.

12.5 South Ayrshire Integration Joint Board (111/2025)

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

13. Any other competent business (112/2025)

There was no other business.

14. Date of Next Meeting

The next meeting of the NHS Ayrshire & Arran Board in public will take place at 9.30 am on Monday 6 October 2025