



**Ayrshire and Arran NHS Board**  
**Minute of a public meeting on Monday 8 December 2025**  
**MSTeams**

- Present:
- Non-Executive members:
- Mrs Jean Ford, Chair of meeting
  - Cllr Marie Burns
  - Mrs Sheila Cowan
  - Mr Liam Gallacher
  - Mr Ewing Hope
  - Dr Tom Hopkins
  - Cllr Lee Lyons
  - Mr Marc Mazzucco
  - Mrs Sharon Morrow
  - Mr Neil McAleese
  - Cllr Douglas Reid
  - Mrs Joyce White
- Executive members:
- Prof Gordon James (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)
- Ex-officio members:
- Ms Caroline Cameron (Director of Health and Social Care, North Ayrshire)
  - Mrs Vicki Campbell (Director of Acute Services)
  - Mrs Kirstin Dickson (Director of Transformation and Sustainability)
  - Mrs Nicola Graham (Director of Infrastructure and Support Services)
  - Mr Mark Inglis (Director of Health and Social Care, South Ayrshire)
  - Ms Sarah Leslie (Director of People, Safety and Culture)
  - Mr Craig McArthur (Director of Health and Social Care, East Ayrshire/ Deputy Chief Executive)
- In attendance:
- Mrs Shona McCulloch (Head of Corporate Governance)
  - Ms Ash Kennedy (Corporate Secretary) minutes
  - Ms Margaret Weir (Head of Office, Chief Executive and Chair)
  - Sally Amor (Public Health Consultant) Item 9.3
  - Alison Gooding (Speech and Language therapy service manager, South Ayrshire Health and Social Care Partnership) – item 5.
  - Debbie McGill (Head of Primary and Urgent Care Services, East Ayrshire Health and Social Care Partnership) – Item 12.1 and 12.2

Jean Ford, Non-Executive chaired the NHS Board meeting in the absence of the Board Chair and Vice Chair. The meeting chair bid farewell to Tim Eltringham, who had formally retired from his role as Director of South Ayrshire Health and Social Care Partnership. On behalf of the Board, Jean thanked Tim for his contribution over the years and wished him well. Jean formally welcomed Mark Inglis, who had taken over this role.

**1. Apologies**

Apologies were noted from Lesley Bowie, Sukhomoy Das, Linda Semple.

**2. Declaration of interests (144/2025)**

There were no declarations noted.

**3. Minute of the meeting of the NHS Board held on 6 October 2025 (145/2025)**

The minute was approved as an accurate record of the discussion, subject to one correction: Page 8, final line: amend 'overspend of £1.3m' to 'underspend of £1.3m'.

**4. Matters arising (146/2025)**

Paper 2 - Action Log

The Board action log was circulated to Board Members in advance of the meeting with progress against actions noted. The chair reported two actions marked as complete and four ongoing. The Director of Acute Services, Ms Campbell was invited to provide an update on the Thrombectomy Service action as follow up to a patient story to Board in March 2025.

**Action 030/25 - Thrombectomy service:**

Ms Campbell advised Members that since the previous update, additional Scottish Government investment had been secured, enabling an extension of the thrombectomy service operating hours from 9.00am–3.00pm to 9.00am–5.00pm, Monday to Friday.

She reported that NHS Ayrshire & Arran continued to be the most successful service in Scotland, with the highest number of thrombectomy cases in the West of Scotland and positive patient recovery outcomes. At the time of the last report, 21 patients had been referred to the Queen Elizabeth University Hospital, with 13 patients receiving thrombectomy. Since reporting to the Board in March, a further 18 patients had been supported through the service during the current year.

Members were advised that, from November, the National Services Division Director, working with Scottish Government and the National Thrombectomy Programme Board, had been reviewing national activity data, workforce and infrastructure modelling across all Boards, with the aim of progressing towards a seven-day service and, in the longer term, a 24/7 thrombectomy service across Scotland.

**Outcome:** Members noted the action log updates, welcomed the position update on the Thrombectomy Service and agreed to close this action.

## 5. Patient story

(147/2025)

- 5.1 The Director of South Ayrshire Health and Social Care Partnership, Mark Inglis, introduced Alison Gooding, Speech and Language Therapy Service Manager who presented the paper and video for [Cath's story](#). In her story, Cath talked about the positive impact on her wellbeing from being involved with 'Vibrant Voices', a speech and language therapy initiative in South Ayrshire which supports adults with communication difficulties through group singing.

Ms Gooding advised Members that the initiative was established in January 2024 using improvement and innovation funding. Now operating across two locations, the programme provided an inclusive model with targeted support for people with language and communication needs. Feedback from patients, carers and stakeholders had been consistently positive, highlighting strong benefits for communication, confidence and overall wellbeing.

Board members commented that Cath's story provided a strong demonstration of the positive impact of the Vibrant Voices programme on individual wellbeing, including improvements in physical health, confidence and mental wellbeing. Members highlighted the importance of such initiatives in addressing social isolation and supporting preventative and early intervention approaches within communities and that the programme exemplified the contribution of the Health and Social Care Partnership in supporting community-based activity.

Members further highlighted the importance of sustained investment to support continued delivery and spread of such preventative approaches, noting the value of ongoing support from the Scottish Government to enable communities to meet local needs effectively.

In response to a question regarding ongoing funding and the spread the programme across Ayrshire, Ms Gooding advised that ongoing funding is secured within the South Ayrshire core Speech and Language Therapy budget, reflecting the preventative impact and reach of the programme for a relatively small resource. She advised that while delivery is currently limited to South Ayrshire, the service is open to individuals from other areas with no similar Speech and Language Therapy-led model operating elsewhere in NHS Ayrshire & Arran at present. She noted however, that this would not preclude potential replication in the future, subject to further consideration and resource planning.

The Board thanked Cath for sharing her personal experience and thanked the team for bringing the patient story to the meeting.

**Outcome: The Board welcomed the opportunity to hear about this work and recognised it as part of a wider programme of effective community-led initiatives across Ayrshire.**

## 6. Board Chair and Chief Executive reports

### 6.1 Chief Executive's report

(148/2025)

The Chief Executive reflected on another busy couple of months visiting teams and departments across the organisation.

- In October, he visited the Ballochmyle Suite at University Hospital Ayr to hear more about the urology service and how robotic surgery is making a real difference to patients, and how it is the most productive robot in Scotland.
- He attended an event in North Ayrshire to hear more about the Collaboration for Health Equity in Scotland (CHES), where North Ayrshire is a pilot area.
- Along with the Board Chair he attended an event to welcome all new consultants coming on to the Board, where we were able to outline the strategic direction for the Board.
- The Chief Executive continued walkrounds across the organisation. These walkrounds are a really great way to hear what is going on across the organisation, identifying areas for improvement, and celebrating what is going well. This included a visit to CentreStage, a visit to Maternity Services, and it was great to see some of the positive to see work happening there, also visits to Fullarton Connexions, primary care settings, speech and language therapy, and North Ayrshire Community Planning Partnership.
- We welcomed Jenni Minto MSP, Minister for Public Health and Women's Health, to the Dalmellington Community Health Hub to hear more about the positive impact the hub is having on the local community.
- In October, the Chief Executive hosted his first annual leadership conference. More than 100 leaders across NHS Ayrshire & Arran and the Health and Social Care Partnerships (HSCPs) came together to talk about how we move forward in delivering Caring for Ayrshire.
- Our annual review in November allowed us to look ahead and recognise the coming challenges. We are committed to driving sustained improvements across key areas of service. Our focus remains on delivering the best possible outcomes for patients and families across Ayrshire and Arran. We will achieve this through the delivery of our Caring for Ayrshire programme.
- In November, we had the quarter two financial review from Scottish Government. We know there are real financial challenges, but we were able to demonstrate some of the positive work we are doing to combat those challenges. We will follow up with Scottish Government for quarter three review in the new year. Our section 22 report was also presented to Public Audit Committee within Scottish Parliament.
- In November, we received the Directors' Letter (DL) around the sub national planning approach for NHS Scotland. This presents a significant opportunity for Boards to work together for the people of Scotland, to adapt to the challenges we collectively face, improve equity of access of services and build the foundations for the long-term sustainability of NHS Scotland. Whilst boards' geographic boundaries and current accountabilities will remain, Boards will now put in place two sub-national planning structures, one focused on the East of Scotland and one in the West of Scotland, building on the good joint working already in place.
- As part of the 16 days of action, the Chief Executive and members of Corporate Management Team (CMT) signed the White Ribbon Pledge to 'never to commit, condone or remain silent about men's violence against women.' By raising awareness of gender-based violence, we are helping to encourage discussion and to support personal and collective action.

- From week commencing 1 December, troponin testing went live. NHS Ayrshire & Arran is the first board to deploy this across our Accident and Emergency and Combined Assessment Units (CAU). Now, when patients come to the Emergency Department with suspected heart failure, the results are available within 15 minutes. This will help to reduce the number of patients who breach the four-hour target because they are waiting on lab results.
- Lastly, winter viruses are having a real impact on our services. We have made the difficult decision to restrict visiting, as well as encouraging staff and visitors to wear masks in our hospitals. Getting your vaccine is the best way to reduce the risk of transmission, and so we'd encourage everyone who hasn't yet had their vaccines to take up the offer.

## **6.2 Board Chair's report**

**(149/2025)**

Jean Ford as Chair of the meeting shared a short update from the NHS Board Chair, Lesley Bowie, in her absence.

- As noted by the Chief Executive, on 13 November, the non-ministerial annual review took place. These annual reviews are an important way for NHS Boards to demonstrate accountability for the significant public investment we receive and provide a platform to celebrate the many successful projects and innovations that have been introduced during the review period. The chair thanked everyone who attended the review and contributed their questions and insights.
- The Board Chair attended two Board Chairs' meetings in October and November, where discussions focussed on the population health framework and sub national planning. The national Board Chairs' meeting on 3 December had further discussion around sub national planning, as well as Operational Improvement Plans, winter vaccine programme, unscheduled care, and the reduced working week.
- Along with the Chief Executive, the Board Chair had the privilege of celebrating the 80th birthday of one of our members of staff. Margaret MacGregor works on Ward 2A at University Hospital Crosshouse as a Domestic Assistant and has been with NHS Ayrshire & Arran for over 24 years.

## **7. Performance governance**

### **7.1 Performance governance committee**

**(150/2025)**

The Committee Chair, Sheila Cowan, provided a report on key areas of focus and scrutiny at the meeting on 27 November and presented the approved minute from the meeting on 26 September 2025.

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

### **7.2 Performance report**

**(151/2025)**

The Director of Transformation and Sustainability, Kirstin Dickson, introduced the performance report which provided insight into performance against national targets, delivery plan trajectories, and operational improvement priorities. Data primarily covered the period up to October 2025, with some indicators reflecting earlier periods due to reporting timelines.

It was noted that the report had been subject to extensive discussion at the recent Performance Governance Committee meeting. The Board acknowledged areas of improvement alongside ongoing challenges across the system.

#### Planned and Unscheduled Care

The Director of Acute Services, Vicki Campbell, provided an update on performance and activity. It was noted that some reported data is available only up to September/October; however, the position at 1 December was highlighted. Planned care continues to receive significant focus from clinical and managerial teams, supported by enhanced executive oversight on a weekly basis.

- Long Waits: As at 1 December, 6,225 patients were waiting over 52 weeks, compared to 7,600 previously reported, indicating significant improvement.
- Outpatient Waiting List: The trajectory was 49,400; current position is just over 50,000 patients. Detailed actions are outlined in the paper.
- Inpatient/Day Cases: 1,506 patients are waiting over 52 weeks, compared to 1,625 previously reported, showing an improving trend. Gynaecology remains challenged, but plans are in place to reallocate outpatient activity to inpatient/day cases.
- Imaging: Patients waiting over six weeks reduced from 2,384 (September) to 1,169 (December). MRI and CT remain above trajectory, with ultrasound capacity being addressed through additional staff, equipment, and space. Endoscopy remains a concern; arrangements for seven-day working are being implemented.
- Cancer Performance: Latest available data (October) shows 62-day performance at 70.4%, up from 63.4% in September. Significant improvements were noted in breast cancer pathways, with first appointment waits reduced from nine weeks to three weeks through additional support from NHS Lanarkshire. Detailed demand and capacity modelling continues across all cancer pathways, in collaboration with CFSD, Public Health Scotland, and other boards where possible.

#### Unscheduled Care

The Director highlighted that while previous reports indicated an improved position across both front-door sites, performance had declined slightly over the past two months. Hospital occupancy levels remain high, continuing to impact overall flow.

- Positive progress was highlighted regarding average length of stay within ED departments and overnight arrivals. The average stay had reduced significantly from over 30.5 hours to just over 12 hours, representing the best position achieved across both sites to date. Daytime and overnight delays have also reduced significantly in recent months.
- Ambulance turnaround times showed slight improvement earlier in the period; however, current reporting reflects similar levels due to ongoing congestion.
- The Board noted the findings of the recent deep dive into length of stay. As of the end of November, non-delayed patient numbers have decreased to 179 from a previous level exceeding 250, demonstrating continued month-on-month improvement. Despite these gains, system-wide pressures persist, particularly in relation to delayed discharges.
- Focused work continued in collaboration with Health and Social Care partners, at a ward-by-ward and patient-by-patient level, to work through escalations and

patient care plans, and improved communication pathways. These measures aim to deliver further improvements ahead of the winter period.

- Regarding an increase in flu cases, performance has been maintained despite these challenges. The Board acknowledged the efforts of all teams in sustaining service delivery under current pressures.

Urgent care and delayed discharges – East Ayrshire Health and Social Care  
The Director of East Ayrshire Health and Social Care Partnership (HSCP), Craig McArthur, provided an update on performance and activity:

- MSK: a slight improvement in overall performance was noted in October. While progress remains below the desired trajectory, there is optimism that local targets will be met by year-end. Orthotics remains an outlier and a significant focus area, with previous deep-dive reviews undertaken.
- Alcohol and Drug services in East Ayrshire continue to perform strongly, consistently meeting targets and supporting individuals across communities. However, a significant local challenge persists regarding the availability and impact of synthetic opioids (nitazenes), impacting on drug-related deaths. Collaborative efforts involving public health, partner agencies, and the recovery community are ongoing to mitigate these risks.
- Admission avoidance initiatives such as the Flow Navigation Centre remain highly effective, exceeding targets. October data indicates that nearly 9,000 hospital admissions were avoided through alternative interventions, representing a positive outcome for service delivery.
- Delayed discharges - The Director reported continued improvement in delayed discharge performance, supported by strengthened communication and partnership working with Acute colleagues. The average number of delays in September was 34, reducing to 32 as at 5 December, reflecting a sustained performance improvement. Director highlighted the challenging financial position across partnerships, particularly in social care. Although this had not yet impacted East Ayrshire's discharge performance, there was a risk that actions to contain overspends could affect the availability of care packages and, in turn, system flow.

Delayed discharges - North Ayrshire Health and Social Care

- The Director of North Ayrshire HSCP, Caroline Cameron, advised that as reported numbers of delayed discharges peaked in July this had since reduced to an average of approximately 90 per day across all sites, though progress had plateaued. Care home capacity continued to be the most significant constraint, with further improvement dependent on sustained investment. The HSCP faced considerable financial pressures, including an in-year overspend of over £4 million and a projected gap for the following year. A reduction of 48% in Adults with Incapacity delays since July had been achieved following Scottish Government investment in Mental Health Officer posts and positive recruitment. Additional investment of over £1 million in a Care Home Enablement Service and recruitment of a seven-day multidisciplinary team was expected to support improved patient flow and reduce social admissions. Care at Home remained the greatest challenge, and work was ongoing in a number of areas to maximise capacity with the aim is to reduce delays to a target of 78 by June 2026 and this would be monitored closely. The Director noted a similar position to East Ayrshire HSCP regarding financial pressures and risks to care package availability and highlighted the public consultation launched in North Ayrshire

regarding how we can together deliver social care services within budget for next year, consultation runs to mid-July.

#### Mental Health services – North Ayrshire Health and Social Care

- The Director of North Ayrshire HSCP reported continued strong performance against Referral to Treatment targets for CAMHS and psychological therapies, exceeding national averages across other boards in Scotland. Alcohol and drug services are meeting three-week and six-week treatment targets, focused on delivery of MAT standards with standards 1–5 fully embedded and work ongoing for standards 6–10. However, financial pressures into next year pose risks to maintaining these performance levels.

#### Delayed discharges – South Ayrshire Health and Social Care

- The Director of South Ayrshire HSCP, Mark Inglis, reported that delayed transfers of care had peaked at 116 cases in September. A care home closure planned for the end of January was expected to reduce capacity. Recruitment to care-at-home staff continues and the lifting of a moratorium on one care provider had restored additional capacity in recent weeks. Whole-system funding had enabled the opening of up to 20 step-down beds at South Lodge to support flow from Acute to rehabilitation services. The discharge hub at UHA continued to operate effectively, supported by improved communication and a whole-system approach. There had been a significant reduction in AWI-related delays, and a session with the Mental Health Welfare Commission had been positive. Alcohol and drug teams continue to deliver on MAT standards. An improvement in overall delayed transfers was recorded in October. Financial pressures remain, particularly relating to the cost of care home beds and care-at-home provision.

#### Workforce sickness absence

- The Human Resources Director, Sarah Leslie, reported the absence position as at September 2025 with an absence rate of 6.02%. This was long-term absence at 3.81%, primarily attributed to anxiety, stress, and depression and short-term Absence at 2.21%, largely due to respiratory, gastro and other undefined causes. Whilst the Board's target is to reduce absence to 5.15% by March 2026. Achieving this trajectory will be challenging given anticipated seasonal pressures from increased respiratory illnesses, flu, and norovirus. All staff have been encouraged to participate in the flu immunisation programme, as data indicates vaccinated staff return to work more quickly even if they contract flu.

In response to a Non-Executive query, the Board received clarification on the proposal to move endoscopy services towards a seven-day working model. It was confirmed that the proposed approach would be delivered through an insourcing arrangement supported by an external provider, rather than through changes to existing staff work patterns or increased overtime. Financial provision for this arrangement had been secured, and the proposal remained within the approved budget.

Board Members welcomed the performance report and acknowledged the significant challenges facing the organisation and local communities, particularly the ongoing financial pressures driven by demographic change, which would continue to increase demand for services and require sustained investment. The Board also recognised



the work being undertaken to manage delayed discharges and noted the continuing financial discussions in Integration Joint Boards.

Whilst acknowledging the continued pressures on finances and services the Board commended the ongoing efforts of staff each day to improve services.

A Member further highlighted that similar demographic and socio-economic challenges were being experienced across all of Ayrshire and emphasised the importance of continued engagement with national partners and strong advocacy to secure appropriate resources for Ayrshire.

**Outcome: The Board noted the comprehensive performance update and actions to address ongoing pressures, noting the improvements in key areas. The Board expressed appreciation for the commitment of staff in managing operational and financial pressures while maintaining a focus on improving outcomes.**

### **7.3 Financial management report (152/2025)**

The Director of Finance, Derek Lindsay, presented the Month 7 position to 31 October 2025.

The Director reported an overspend at Month 7 of £20.9m against the agreed financial plan of £33.2m deficit, with a forecast year-end deficit of £40.2 million. He advised that this remained above the Scottish Government expectation of a £25 million deficit and continued to represent the organisation's main financial challenge. Scottish Government were seeking an improvement on our projected financial outturn.

The Director highlighted that the forecast of £40.2m overspend reflected a projected £36m overspend in Acute Services and £9m from the New Medicines Fund, partially offset by underspends across Infrastructure and Support Services operational budget and Corporate Services.

Allocations received totalled £1.2bn, with £1.7m received in Month 7 for planned care activity and £750,000 to date for the shingles vaccination programme, overall 92% of expected allocations had been received, with further funding anticipated for urgent and unscheduled care and mental health support.

He reported continued progress across the Value Based Efficiency Programme, particularly in reducing agency and overtime expenditure, with prescribing and corporate support services broadly on plan. He highlighted slippage in Acute savings noting that while £16.4 million had been delivered to date, the savings profile was back-loaded which presented a risk. The forecast delivery for the year was £28.3 million against a target of £36.7 million, leaving an estimated £8 million shortfall, with only £16.4 million recurring, creating further pressure for future years.

Sensitivities and risks included potential cost pressures related to specialist services sourced from other NHS Boards, offset in part by an underspend in Primary Care prescribing.

The Director advised that although actions continued across all services to control expenditure, it was unlikely that the Scottish Government target of a £25 million deficit would be achieved, and the organisation remained focused on using resources responsibly while ensuring safe and effective care.

The Chief Executive, Gordon James, reported on the ongoing engagement with Scottish Government regarding the financial position, with follow-up actions being progressed. He highlighted the Board workshop which took place since the October Board meeting which provided a deep-dive into the financial position.

Following a member's query about the zero overspend recorded for HSCP budgets, the Director of Finance advised that this reflected the most likely year-end position for the health elements of the Partnerships. Meetings had taken place with North and South HSCPs, and a recovery plan was in place for North Ayrshire to bring the current overspend back to breakeven. A worst-case overspend of £1 million had been built into financial planning. The Director of Finance added that a meeting with East Ayrshire HSCP was scheduled.

Responding to a Member's question on governance, the Board was assured that the paper was presented for discussion only and that no decisions on financial actions were being sought at this stage. The member commented on the importance of improved forward planning and earlier assurance on deliverability of savings, including avoidance of back-loaded efficiency trajectories during the winter period. The Director of Finance acknowledged these points.

In response to a query from a Member regarding the potential impact of HSCP recovery plans on Acute services, the Director of Finance confirmed that discussions were ongoing through Strategic Planning and Operational Group and with the Chief Officers. Additional investment of over £7 million in Unscheduled Care was being prioritised, with the involvement of the HSCP Chief Officers, Director of Acute and others to strengthen community capacity, which should allow us to reduce unfunded Acute beds.

In discussing the challenge of partnership overspend and impacts, the Director of North Ayrshire HSCP explained that although a £3 million recovery plan was in progress, the Partnership was currently forecasting a £4.9 million year-end overspend, with no reserves available to mitigate this. A range of recovery actions included reducing overspend in inpatient and community hospital wards, strengthening vacancy controls, and tightening approval processes for packages of care. She highlighted that not all actions could be guaranteed to avoid risks to downstream impacts on hospital flow due to the interconnected nature of the whole system.

The Medical Director, Dr Crawford McGuffie, emphasised the importance of continued collaborative working across health and care services commenting we are good at that as a Board and a health and care system. Regarding a Non-Executive Member's question on the £9 million New Medicines cost pressure, the Medical Director advised that pressures related primarily to orphan, ultra-orphan and end-of-life medicines in line with national policy. NHSAA continued to work closely with Scottish Government to monitor and manage expenditure.

**Outcome:** The Board welcomed the comprehensive report and the slides presented and noted the assurances provided, recognising the continued challenges to the financial position and end of year outturn.

## **8. Healthcare Governance**

### **8.1 Healthcare Governance Committee (153/2025)**

The Committee Vice Chair, Sharon Morrow, provided a report on key areas of focus and scrutiny at the meeting on 3 November and the approved minute from the meeting on 5 September 2025.

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

### **8.2 Healthcare Associated Infection (HAI) (154/2025)**

The Nurse Director, Jennifer Wilson, presented the Board's HAI performance for quarter 1 for discussion and assurance. The report was discussed in detail at Healthcare Governance Committee (HGC) on 3 November 2025. This was the first time performance had been reported against annual targets expressed as case numbers rather than rates, as below:

- Annual targets: Clostridioides difficile infection (CDI), no more than 70 cases; E.coli bacteraemia, no more than 209 cases; Staphylococcus aureus bacteraemia (SAB), no more than 87 cases.

The Director reported the Q1 position. The CDI rate of 25 cases (36% of annual target) and rate of 21.7, slightly increased from previous quarter. Initial findings from reviews suggests the timing of taking specimens may be influencing classification as healthcare-acquired rather than community-acquired. Numbers still within the funnel plot performance for the Scottish average. For E.coli bacteraemia, we have had 47 cases (22.5% of annual target), slightly below Scottish average and again well within the funnel plot. SAB has seen 28 cases (32% of annual target), this has been a focus with very targeted work and we see a further reduction in this quarter although still above the Scottish average. We remain within the funnel plot as described in the paper.

The Director reported that community-acquired E.coli bacteraemia remained a significant outlier compared to the Scottish average, with limited scope for healthcare interventions. This has been flagged for five consecutive quarters. The paper reports the link correlation with social deprivation, impacting in a number of areas.. A multi-agency approach involving Public Health and Pharmacy is underway to address this through community learning initiatives.

The paper also highlighted recent increases in flu and respiratory outbreaks across sites, requiring additional PPE measures and restrictions on visiting. Early indications suggest these actions have reduced flu cases, though data verification is pending. The Director thanked staff and the public for supporting additional measures and confirmed that these will be reviewed regularly.

**Outcome:** Board Members noted the update and the ongoing improvement actions.

## **9. Board Governance and strategy**

### **9.1 Information Governance Committee (155/2025)**

The Committee Chair, Marc Mazzucco, provided a report on key areas of focus and scrutiny at the meeting on 17 November and the approved minute from the meeting on 1 September May 2025.

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

### **9.2 NHS Ayrshire & Arran Corporate Objectives (156/2025)**

The Director of Transformation and Sustainability, Kirstin Dickson presented the paper seeking Board approval of the organisation's Corporate objectives for the next three years 2026-2029. She advised that the objectives were aligned to strategic priorities to support transformation and sustainability across NHS Ayrshire & Arran, structured around four key themes:

- Better Health – Supporting healthier lives
- Better Care – Improving care experiences
- Better Workplace – Creating a great place to work
- Better Value – Delivering innovative and sustainable services

Each theme includes targeted objectives addressing health inequalities, climate impact, workforce development, and financial sustainability.

Members discussed the objectives and how these would be monitored in terms of progress and delivery and inclusion in staff objectives.

In response to Members' queries, Board were advised that the corporate objectives would align to our annual delivery plans going forward. Once approved these would be shared and communicated through the organisation to make these visible for all staff. Board were advised that Corporate Objectives are referenced in our governance and Board papers at present and this will continue, reflecting the updated objectives.

The Human Resources Director clarified that these key objectives will inform objective setting for the Executive Team and flow through operational cascade to staff objectives through the Turas PDR system, so that all health and care workers can make a difference and contribute to performance in the Board.

The Chief Executive agreed that the updated Corporate Objectives would be shared with the Community Planning Partnerships and Board professional committees in due course.

**Outcome: Board members welcome and approved the updated Corporate Objectives, noting that these would be linked to Board delivery plans and woven through each strategy and plan that we bring forward over the next three years.**

### 9.3 Director of Public Health report 2025

(157/2025)

The Director of Public Health, Lynne McNiven introduced the report, highlighting that this is the first full Director of Public Health report in recent times. This is the first in a series of reports that will flow to the Board in future years. The report aligned with corporate objectives and sets the context for addressing health challenges across Ayrshire and Arran.

Public Health Consultant, Sally Amor provided an overview of the report and presented a series of slides. The report details the origins and drivers of poor health, how life experiences inform the demand for healthcare over life, the importance of prevention across the life course, and the impact of deprivation on health outcomes. Key themes included the Scottish Burden of Disease study, the clustering of health inequalities, and the need for scalable preventive approaches. The report includes examples of current good practice, alongside recommendations for embedding prevention within universal and targeted interventions.

Board members commended the quality and clarity of the report, particularly its focus on prevention and alignment with strategic objectives. Members acknowledged the challenges posed by health inequalities and resource constraints, emphasizing the need for prioritisation to achieve the best outcomes.

**Outcome: Board Members noted the report and agreed that this provided a strong foundation for future delivery planning.**

### 9.4 Sub National Planning (DL2025)25

(158/2025)

The Director of Transformation and Sustainability, Kirstin Dickson presented the paper for discussion, noting that the Scottish Government has issued DL(2025) 25 and ministerial directions, effective 13 November, to strengthen collaboration across health boards in relation to planning. The approach supports a shift towards population-based planning aligned with the Service Renewal Framework and Population Health Framework, aiming to improve quality, safety, equity, and sustainability of care through regional cooperation.

The paper sets out the intention to develop two new sub-national structures: Scotland East and Scotland West, each supported by a Sub-National Planning and Delivery Committee. The directions also include timelines and deliverables to encourage collaborative development of plans and consolidated financial planning for 2026/27. Priority areas include:

- My Care Scotland (digital front door),
- Treatment time guarantee for orthopaedic elective services,
- Emergency healthcare services, and
- A “Once for Scotland” approach to business systems.

The meeting Chair, Jean Ford noted that a Board workshop took place on 1 December 2025 which provided opportunity to consider the implications of these changes, which represent a significant shift. Work was ongoing with Board Chief Executives to determine implementation details.

Members commented that early notification of the changes had been welcomed and noted the Chief Executive engagement at national level.

The Employee Director raised concerns from a staff-side perspective, noting the lack of prior engagement with trade unions nationally and highlighting issues around workforce deployment which may imply a transient workforce without clear mechanisms for organisational change.

The meeting chair acknowledged these concerns and emphasised the need for appropriate engagement going forward.

**Outcome: Board Members noted this paper for information.**

## **10. Audit and risk**

### **10.1 Audit and Risk Committee (159/2025)**

The Committee Chair, Jean Ford, provided a report on key areas of focus and scrutiny at the meeting on 20 November and the approved minute from 18 September 2025.

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

### **10.2 Risk appetite (160/2025)**

The Medical Director, Crawford McGuffie presented the revised Risk Appetite Statement to the Board for approval. He noted that this work originated from the Board Workshop on risk management held in August 2024, followed by a Short Life Working Group in September 2025. The Medical Director expressed appreciation to Non-Executive Members who supported the short life working group for their contributions in shaping the updated statement.

The revised Risk Appetite Statement was intended to provide a framework to strengthen and improve risk management. The Director advised that best value has been demonstrated through stakeholder engagement and alignment with NHS best value criteria, including vision, leadership, partnerships, governance, accountability, and performance management. He assured the Board that supporting education sessions were planned to embed the revised approach.

The Chair of Audit and Risk Committee (ARC) confirmed that ARC had reviewed and recommended the statement for Board approval. She advised that ARC requested a further paper outlining the transition to business-as-usual within the risk management framework and this would be reported to Board through future ARC Chair updates.

Members highlighted the importance of being clear on how the risk appetite statement is used in our decision making and consider how we can review this as part of our business as usual processes. Jean Ford as Chair of ARC confirmed that future reports will indicate whether risks are within or outside appetite, and this will be built into reporting.

In response to a question from a member in relation to benchmarking against other health boards to understand relative risk positioning, the Medical Director confirmed

that benchmarking had been undertaken and the Board was broadly aligned with other boards.

**Outcome:** Board Members approved the revised Risk Appetite Statement as part of the organisation's risk management framework.

## 11. Staff Governance

### 11.1 Staff governance committee (161/2025)

The Committee Chair, Liam Gallacher, provided a report on key areas of focus and scrutiny at the meeting on 4 November and the approved minute from 23 July 2025.

### 11.2 People strategy and frameworks 2025-2030 (162/2025)

The Human Resource Director, Sarah Leslie presented the updated People Strategy for 2025–2030, outlining its purpose, structure and alignment with national and local priorities. The strategy had been developed to reflect the NHS Scotland Culture and Wellbeing Framework and the organisation's commitments to racial equality, inclusion and improved workforce planning.

The Director highlighted the four core themes of the strategy – *how we plan and attract our workforce; how we employ and retain staff; how we train and develop our people; and how we nurture and support colleagues*. These themes are supported by three enabling frameworks: the Culture Framework to strengthen NHS Ayrshire & Arran as an employer of choice; the Workforce Plan to improve recruitment and sustainability; and the Staff Health & Wellbeing Framework.

Members were advised that the strategy includes a set of impact measures to demonstrate improvement in areas such as staff engagement, attendance, and employee relations, with clear expectations that Heads of Service will report progress through Corporate Management Team, Area Partnership Forum and the Staff Governance Committee.

The Director outlined the extensive engagement undertaken with HSCTPs and Directorates and noted the internal work within the HR Directorate to adopt a more purpose-focused identity. Members were asked to endorse the strategic themes and champion the implementation of the plan.

Risks were acknowledged, particularly in relation to NHS Scotland workforce capacity and local vulnerabilities in medical staffing, evaluation and occupational health. However, the strategy is expected to give leaders greater clarity around people-related responsibilities and organisational expectations.

The Director confirmed that monitoring, reviewing and progressing would be through different levels of the organisation; our culture steering group, CMT reporting, APF and that will lead to governance through our staff Governance committee.

The Director responded to questions from Members on prioritising key performance indicators and alignment with organisational priorities. Regarding priorities the Director advised that the Workforce Strategy was structured over a five-year period; however, several actions have been intentionally front-loaded to address the most immediate pressures. Priority has been given to initiatives that directly support

service sustainability, including reducing recruitment time, strengthening performance and PDR processes, and improving staff health, wellbeing and employee relations indicators.

She emphasised that while all elements of the strategy remain important, some of the more aspirational or longer-term commitments will require re-prioritisation and later phased implementation in order to focus resources on areas with the greatest operational impact. Each of the four strategic themes will be supported by a detailed implementation plan, incorporating RAG-rated performance reporting to monitor progress, highlight risks, and ensure accountability.

In relation to staff experience and feedback, the Director confirmed that the organisation had several routes to gather feedback, for example the Values Questionnaire, iMatter survey results and other core workforce metrics, including attendance data.

The Director acknowledged that while a range of data exists, the organisation has not always been strong in triangulating this information or clearly demonstrating the impact of actions taken. Current workforce indicators reinforce that not all staff feel valued, safe, or respected, and that reducing absence levels remains a priority. This analysis will continue to inform the planned implementation activity and support ongoing efforts to improve the staff experience.

The Director thanked the Non-Executive Directors for their constructive challenge and confirmed that the points raised would be reflected in future reporting.

**Outcome: Board Members approved the updated People Strategy 2025–2030 and enabling frameworks.**

### 11.3 Whistleblowing performance report

(163/2025)

The Nurse Director, Jennifer Wilson, presented the assurance report on organisational activity for whistleblowing concerns raised in quarter 2, July to September 2025. The report had been discussed in detail at Staff Governance Committee on 4 November 2025.

The Director reported two concerns were received in quarter 1. One concern had initially been directed to an HR route by the Whistleblowing Decision team, however, the Independent National Whistleblowing Officer had been asked by the complainant to review the concern and the Board was advised this should be investigated under the national whistleblowing standards. This is being progressed with a stage 2 investigation underway. The second concern was agreed as whistleblowing and is being progressed as a stage 2 investigation. No immediate patient safety concerns were identified from either concern raised. The concerns raised were in relation to patient safety, workforce culture and service delivery. Both were from North Ayrshire.

The Director advised that 82.6% of line managers had completed the mandatory Whistleblowing eLearning module which was a positive increase in performance. The Director highlighted the substantial time commitment to complete the training and efforts are ongoing to influence national policy on this matter. Staff engagement with training has been positive and beneficial.



Time taken to complete investigations continues to exceed recommended targets, but this is due to complexity of cases. No escalations beyond the initial referral reported above were noted. Speak Up Week was held in October 2025.

**Outcome:** Board Members noted the quarter 1 assurance report.

#### **11.4 Health and Care (Staffing) (Scotland) Act 2019 (164/2025)**

The Nurse Director, Jenny Wilson, presented the paper for discussion. The paper reported progress against the Health and Care Staffing Act, which came into effect on 1 April 2024. The Act aims to ensure appropriate staffing levels to deliver high-quality care, underpinned by principles of openness, transparency, and ensuring the right workforce is in the right place at the right time.

The Director reported that we continue to meet our reporting requirements, including quarterly reporting on high-cost agency usage, internal quarterly reporting to the Board, and the annual report to Scottish Ministers, with the first submission made in April 2025. The programme board has been refreshed to strengthen governance and assurance, and the overall assurance position remains reasonable, consistent with the Scottish Government annual report. We have received local assurance reports for this from Allied Health Professions services - dietetics, physiotherapy, speech and language therapy, nursing, community mental health, and adult and public dental services. Assurance levels that have come through are East Ayrshire HSCP - reasonable assurance for Nursing with substantial assurance reported for the Public Dental Service. South Ayrshire HSCP reported reasonable assurance overall for Nursing. The Director further advised that no high-cost agency use was reported by HSCPs in Quarter 2, with only minimal agency usage identified within acute services in radiography, sonography, medicine, and nursing.

Full reporting against all duties was contained within the paper.

Attention was drawn to national publication issued on 27 November, Scottish Government's Health and Care (Staffing) (Scotland) Act first ministerial annual report and members would find this useful to read alongside this report and the link would be circulated to Members.

In response to a query regarding reporting from North Ayrshire, assurance was given that North reporting was programmed and spread throughout the year and would be reported as part of the scheduled programme.

**Outcome:** Board Members noted the report and noted that a link to the national report published by the Scottish Government on 27 November 2025 would be circulated to Board members for reference.

### **12. Integration Joint Boards/Health and Social Care Partnerships**

#### **12.1 Primary care update (165/2025)**

The Director of East Ayrshire HSCP, Craig McArthur, introduced Debbie McGill, Head of Primary and Urgent Care Services who provided an update on the provision of primary care services across Ayrshire and Arran. The report had previously been

considered by all Integration Joint Boards, and the following key points were highlighted:

General Medical Services - Workforce challenges persist, primarily due to space constraints within practices rather than GP availability. Development of a property strategy is underway in collaboration with Health and Social Care Partnerships. 52 of 53 GP practices continue to deliver core and non-core services. Primary Care Improvement Programme is under review by Health Improvement Scotland and Scottish Government. Scottish Government announced an investment of £249 million into general practice (subject to parliamentary approval), focusing on six priority areas: workforce, practice expenses, digital access, quality and data, premises, and inequalities.

Pharmacy Services - All 97 pharmacies provide Pharmacy First services; 48 offer Pharmacy First Plus. Independent prescribing capacity will increase from 2026, supporting resilience and sustainability. Significant growth in Pharmacy First activity noted.

Optometry Services - Stable delivery under General Ophthalmic Services. Full implementation of specialist supplementary contract by January 2026. Community glaucoma service commenced, enabling discharge from acute to community care. From 2029, all new optometry graduates will be IP qualified.

Dental Services - General dental services remain stable following Determination One (launched November 2024). Review underway to identify improvements and enhance preventative care. Public dental service referrals remain high but manageable. Work ongoing with Scottish Government to increase local dentist numbers and develop a dental strategy.

Confirmed that the Primary Care Improvement Fund currently shows an underspend of £1,700,617.90

**Outcome: Board Members noted the Primary Care update.**

## **12.2 Primary and Urgent care update**

**(166/2025)**

The Head of Primary and Urgent Care Services, Debbie McGill, provided an update on urgent care services, highlighting key points:

- All sessions within the GP out-of-hours service and flow navigation services continue to be filled without challenges.
- Regarding performance against targets - 94% of patients were seen within the set timeframes during the first six months of the year.
- In terms of activity - total contacts are 54,324, with only 12% requiring onward transfer to hospital. Average monthly out-of-hours GP contacts is 7,458. 42% of calls originate via NHS 24; 58% from other pathways (including care homes and Pharmacy First).
- Remote Closure: 58% of out-of-hours calls are resolved remotely through clinical triage.
- Palliative Care: From June 2024 to June 2025, 97% of patients were cared for at home during their final days.

- GP Home Visiting Test of Change: 51 out of 52 mainland GP practices are engaged, providing vital support, particularly during the early flu season.
- Workforce Review: A review of the GP out-of-hours workforce is underway to progress towards a multidisciplinary team model, in line with recommendations from the 2018 Solutions Report.
- Innovation: A test of change is in progress, using an advanced paramedic practitioner within the Out of Hours control room.

Board Members expressed appreciation for the efforts of the primary care and wider teams. It was suggested that future reports could incorporate more visual elements.

**Outcome: Board members noted the report.**

### **13. For information**

#### **13.1 Board briefing (167/2025)**

Board Members noted the content of the briefing.

#### **13.2 The 2024/25 audit of NHS Ayrshire & Arran - Section 22 Report by Auditor General to Scottish Government (168/2025)**

Board Members noted the report.

#### **13.3 Quality and Safety – mental health services (169/2025)**

Board Members noted the report.

#### **13.4 East Ayrshire Integration Joint Board (170/2025)**

Board Members noted the minutes of the meetings held on 27 August and 24 September 2025.

#### **13.5 North Ayrshire Integration Joint Board (171/2025)**

Board Members noted the minute of the meeting held on 25 September 2025.

#### **13.6 South Ayrshire Integration Joint Board (172/2025)**

Board Members noted the minutes of the meetings held on 10 September and 8 October 2025.

#### **13. Any other competent business (173/2025)**

There was no other business.

### **14. Date of Next Meeting**

The next meeting in public of the NHS Ayrshire & Arran Board will take place at 9.30 am on Monday 9 February 2026.

As per section 5.22 of the Board's Standing Orders, the Board met in Private session after the main Board meeting, to consider certain items of business.