



Ayrshire and Arran NHS Board

Minute of meeting held in public on Monday 9 February 2026 at 9.30am in the Common Rooms, Education Centre, University Hospital Ayr

Present:	Non-Executive members:
	Mrs Lesley Bowie, Board Chair
	Ms Linda Semple, Board Vice Chair
	Cllr Marie Burns
	Mrs Sheila Cowan
	Dr Sukhomoy Das
	Mrs Jean Ford
	Mr Liam Gallacher
	Mr Ewing Hope
	Dr Tom Hopkins
	Mr Marc Mazzucco
	Mrs Sharon Morrow
	Mr Neil McAleese
	Cllr Douglas Reid from 10.15
	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)
	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:	Mr Fraser Bell (Assistant Director Programmes-Infrastructure and Support Services) on behalf of Nicola Graham
	Mr Andy Gillies (Head of Spiritual Care, Person-Centred Care and Staff Care) Item 5.
	Mrs Shona McCulloch (Head of Corporate Governance)
	Lyndsey Murphy (Health Improvement Lead, Mental health, poverty and work) Item 9.3.
	Ms Margaret Weir (Head of Office, Chief Executive and Chair)
	Ms Moira Woolway (Corporate Secretary) minutes

The Board Chair opened the meeting by thanking Jean Ford for Chairing the December Board meeting in her absence. The Chair marked the retiral of Derek Lindsay who will be retiring from his role as Director of Finance on 13 February. Derek joined NHS Ayrshire &

Approved by Board at meeting on 7 April 2026

Arran in April 2000, following his previous role as Director of Finance at NHS Dumfries & Galloway. A chartered Accountant who has served the NHS for over a quarter of a century, Derek has also worked as an accountant in both professional practice and industry. Throughout his tenure, Derek has served as the lead officer for the Performance Governance and Audit Committee.

The Chair highlighted that Derek is recognised as the longest-serving Director of Finance in Scotland and has made a significant contribution to national and regional financial leadership. He chaired the Scottish NHS Pensions Group and the West of Scotland Directors of Finance Group, roles in which he has provided valued guidance and stability. Out with his professional responsibilities, Derek is active in several church organisations, including Gideons International, and is a director of Broken Chains (Ayr) Ltd, a charity supporting homeless individuals and those affected by alcohol or drug addiction.

The Board expressed its appreciation for Derek's long-standing service and significant contribution to NHS Ayrshire & Arran and wished him well in his retirement.

The Chair welcomed Mr David Stonehouse, Interim Director of Finance and Mr Fraser Bell who was attending to represent Ms Nicola Graham.

1. Apologies

Apologies were noted from Kirstin Dickson, Nicola Graham, Cllr Lee Lyons.

2. Declaration of interests (001/2026)

There were no declarations noted.

3. Minute of the meeting of the NHS Board held on 8 December 2025 (002/2026)

The minute was approved as an accurate record of the discussion, subject to clarification of the length of stay figure quoted as 30.5 hours on page 6 under the Unscheduled Care section. Following the meeting Members were updated that the figure should have read 13.5 hours and the minute from 8 December was updated to reflect this, as below.

Unscheduled Care

Positive progress was highlighted regarding average length of stay within ED departments and overnight arrivals. The average stay had reduced significantly from over **13.5 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.

4. Matters arising (003/2026)

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 provided an update on action 128/25 from the Board meeting on 6 October.

128/25 - Communication and engagement strategy:

The Board Chair had discussed with Kirsti Dickson the Communication and Engagement Strategy performance indicators and updates on progress to the

Board. As members will recall, each strategic aim (of which there were eight) had several identified measures of successful delivery outlined with the document. Regular updates on the delivery of the strategy will be provided to CMT and to the NHS Board and the Chair agreed with Kirsti that initially an update would be provided to Board describing delivery of the defined performance indicators in the strategy at the 6-month position and thereafter on an annual basis for the duration of the 3-year strategy.

Outcome: Members noted the action log updates and the update provided for item 128/25.

5. Service/staff story (004/2026)

- 5.1 The Board Chair welcomed Andy Gillies, Head of Spiritual Care, Person-Centred Care and Staff Care to present a story about the Staff Wellbeing Service and a member of staff who had benefited from their support.

The Board received a video presentation outlining the Staff Wellbeing Services, which adopt a tiered approach to ensure staff can access the right support at the right time. Members noted that the service provides calm and welcoming spaces for staff, with the model rooted in Maslow's hierarchy of needs. The approach emphasised connection, reflection, and peer support delivered by trained colleagues who understand the pressures of healthcare without judgement. Safe spaces are available for teams to explore the importance and impact of their work.

The Board further noted that spiritual care forms a key component of the service, offering comfort, bereavement support and guidance through difficult situations, supported by psychiatric and wellbeing services where required. The presentation included a staff story outlining how bereavement support had aided their grieving process and facilitated a supported return to work.

Andy invited members to take a few moments to reflect on the story before providing an overview of the Staff Care Strategy. The Head of Spiritual Care and Staff Care outlined the recently launched Spiritual Care Strategy for Ayrshire & Arran, which has been commended by the Minister for Public Health, noting that NHS Ayrshire & Arran is the first Health Board in Scotland to launch such a strategy.

Andy also shared his personal experience of suffering a heart attack at work and receiving life-saving care in the Emergency Department from Dr Crawford McGuffie and the wider team. He expressed appreciation for the care received both during and after the incident, noting the positive impact of staff care services during his recovery.

The Board noted the multi-layered and person-centred nature of the service and the importance of acknowledging its development and impact. It was highlighted that every Healthcare Improvement Scotland report refers to staff support in Ayrshire & Arran, at a time when many other Health Boards face challenges in this area.

Members were advised that around 4,000 staff per year access the services, and that staff consistently report the value of the support provided in helping them remain in work or return to work following periods of difficulty. The Board acknowledged and expressed appreciation to the individual who had shared their personal story.

During discussion, members sought assurance regarding the effectiveness of the Staff Wellbeing and Wellbeing Centre initiatives. It was noted that, while significant investment has been made in these services, establishing a direct causal link between the interventions and improvements in staff wellbeing remains challenging. The Board was advised that HR reviews contributory factors; however, given the complexity of workforce pressures - including an average staff age of 55, the prevalence of 12-hour shift patterns, and musculoskeletal issues, it is difficult to attribute outcomes to single interventions. Members acknowledged the need to consider different models of work to maintain staff in employment.

The Board recognised the positive work of Andy and his team, noting that although measuring direct impact on attendance is difficult, the services provide valuable complementary support. The Chair highlighted that approximately one-third of the organisation has engaged with Staff Care services, which provides an indication of reach and utilisation.

The Board further discussed the role of Board Members in supporting the Staff Care Strategy. Members were informed that Board leadership plays a crucial role in modelling behaviours that demonstrate care, respect, and genuine curiosity, rather than focusing solely on resolving issues. This approach empowers staff and contributes to shaping organisational culture. It was emphasised that Board-level commitment and visible leadership set the tone for expectations across the organisation.

Members also reflected on the pressures staff face and the barriers that may prevent individuals from seeking help. The Board was advised that staff access Spiritual Care and Wellbeing Services for a range of reasons, including mental health concerns, grief, loss, and personal vulnerabilities, many of which have traditionally been less openly discussed. Cultural attitudes are evolving, and approximately 60% of referrals arise through word of mouth, with colleagues encouraging each other to seek support after positive personal experiences. There is also increased visibility through channels such as Viva Engage which is helping to normalise help-seeking behaviours and reinforce that requesting support is a sign of strength.

The Board Chair thanked the team and advised that after speaking with them, or visiting, she always felt better and reiterated that as a board the work is valued. The Employee Director updated that feedback from union colleagues was positive and they felt well sighted.

Outcome: The Board welcomed the update, recognised the significant contribution of the Staff Wellbeing and Spiritual Care services, and reaffirmed the importance of continued leadership and organisational support to sustain and build upon this work.

6. Board Chair and Chief Executive reports

6.1 Chief Executive's report (005/2026)

The Chief Executive provided an update on another busy couple of months visiting teams and services across the organisation alongside the Board Chair, supported by the Medical, Nurse and Acute Service Directors, recognising examples of excellent practice across the organisation, highlights include:

- During a visit to the Staff Wellbeing suite at University Hospital Crosshouse, he heard a personal story from a member of staff about the support received after bereavement that aided them getting back to work.
- Visits to Largs Medical Centre and Bourtreehill Medical Centre. These visits provided valuable insight into the significant pressures being managed within our communities, highlighting the innovative and compassionate work being carried out to support patients and prevent escalation to acute hospital care. The preventative impact of this work is clear and should be commended.
- Had a positive meeting with AHPs senior leadership team at Fullarton connexions, led by Alistair Reid. This was a productive discussion and demonstrated strong leadership and innovative approaches within AHP services.
- CEO maintained visibility at both UHA & UHC Emergency Departments during a period of significant pressure over the winter period, recognising the continued dedication and resilience of staff.
- Updated on the introduction of 15-minute troponin testing at both sites. This represents a major improvement, reducing the previous out of hours turnaround time of up to four hours. This new test supports faster, safer decision making for patients presenting with suspected cardiac events.
- Undertook several visits to Ayrshire Maternity Unit, both pre and post HIS inspection, acknowledging the commitment of staff during this period.
- Visited Killie in the Community's "Beat to Treat" pilot in Kilmarnock. This innovative programme supports GP-referred patients through early diagnostics, including AI-enabled echocardiography, and has recently received positive media coverage.
- Met with colleagues from CfSD (Collaboration for Systemwide Flow and Design) to discuss whole-system flow improvement and the continued need to strengthen acute–community interfaces.
- Engaged with Caroline Cameron and Public Health Scotland regarding the CHES pilot (Collaboration for Health Equity Scotland), where NHS Ayrshire & Arran is one of only three national pilot sites.
- CEO updated on the development of sub-national planning, supported by ongoing engagement through the Chair and Chief Executive Group, which has met three times and agreed a Terms of Reference (ToR). Five workstreams have been established to take forward collaborative regional planning:
 1. Creation of a coordinated financial framework to support long-term sustainability.
 2. Elective Orthopaedics Plan to align capacity and improve regional resilience.
 3. Improving Access, focused on reducing variation and enhancing equity of care across the region.
 4. Business Systems Integration, covering HR, Finance, Procurement and Payroll, seeking shared efficiencies and streamlined processes.
 5. Digital Front Door, partially launched in NHS Lanarkshire in December, with a wider planned launch in April.
- CEO is chairing the Planned Care Group. Work is progressing at pace with the intention of bringing forward a regional plan in March.
- The Performance Report is included on today's agenda. While some challenges remain, 4-hour ED performance has remained stable; however, systems continue to experience significant patient flow pressures, consistent with trends across all West of Scotland Boards.

- Continued emphasis is being placed on ensuring patients are cared for in the right place at the right time, and there has been positive movement in several key areas. Scottish Government has recognised the significant reduction in patients waiting over 52 weeks, reflecting sustained improvement work.
 - 62-day cancer performance reached 80% in December, demonstrating strong progress despite ongoing pressures.
 - Month 9 financial reporting indicates the position is expected to improve over the final quarter. A Quarter 3 meeting is scheduled this afternoon with Scottish Government and Director of Finance colleagues.
 - Preparations are underway for the upcoming Public Audit Committee later this month with Chair and Medical Director.
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- The Chief Executive provided an update following the publication of the Healthcare Improvement Scotland (HIS) Inspection Report last week for Ayrshire Maternity Unit, University Hospital Crosshouse. The organisation was ranked fourth across Scotland, with the report identifying 16 requirements for improvement and highlighting 10 areas of good practice - the highest number of positive practice assessments of all Boards reviewed. While recognising the need for continued improvement, this represents a strong position overall.

The Chief Executive emphasised that the Executive and Senior Leadership Team had been visibly engaged before, during, and following the inspection. Although learning remains essential, performance across the three key indicators: stillbirths, perinatal deaths, and a third key metric shows the Board performing below the Scottish average, with one measure ranked as the lowest in Scotland and another as the second lowest, demonstrating that the service is delivering safe and high-quality care.

Board Members noted the positive public feedback, with 55 Care Opinion submissions, only four of which contained negative commentary. The organisation acknowledges and values the learning generated through all feedback channels.

The Nurse Director, Jennifer Wilson reported that she and the Chief Executive had met with the Cabinet Secretary regarding the inspection to discuss the improvement journey since 2017, which was commended, and of which the organisation remained incredibly proud. One issue highlighted by the Cabinet Secretary was addressed immediately on the same day. The Nurse Director outlined the specific areas she monitors to provide clinical assurance, noting:

- Ethnicity data completion is strong, with 97% recorded out of a population baseline of 100%, aligned to local demographic levels of 3.7%–3.9%.
- 100% of notifiable perinatal deaths were reported within the required seven-day timeframe.
- Teams received praise for effective multidisciplinary working and for delivering compassionate care.

The Chief Executive confirmed that two outstanding SAERs relating to maternity services were nearing completion and were expected to be approved within the coming months

The Board received assurance regarding the triage pathway, with teams

receiving targeted quality improvement support. Following completion of the final HIS report, the Board submitted a comprehensive Action Plan comprising 34 actions, of which 20 are now complete and 14 remain in progress. Board members were further assured regarding training compliance and appropriate staffing levels within the maternity unit. Improvement continues across areas including fire safety, triage, and other operational domains.

The Chief Executive closed his update by giving person thanks to Derek Lindsay for his service, noting that he first met Derek in 2007 and wishing him well for his retirement.

6.2 Board Chair's report

(006/2026)

- Lesley Bowie reported that the Board had approved the Corporate Objectives at its December meeting, advised that, from future meetings onwards, Board and Committee papers will indicate their alignment to the four Corporate Objectives for NHS Ayrshire & Arran, to support clearer strategic focus and improved assurance.
- The Chair updated on the Board Chairs Group meeting held in January. The key agenda item was the post-budget update on finance, and the Group was joined by Fiona Bennett, Chief Financial Officer for Health & Social Care. There had been a lengthy and robust discussion on baseline funding, sustainability funding and deficit support, with reference to the expectation that these funding streams will taper off and reduce to zero by 2029/30. This discussion was noted as helpful in understanding the medium-term financial context facing all Boards.
- The Chair further reported that the Cabinet Secretary had focused principally on the Operational Improvement Plan, with particular emphasis on the work under way across planned and unscheduled care. The Cabinet Secretary acknowledged the significant challenges being experienced by Health Boards while recognising the efforts to improve performance within these areas.

7. Performance governance

7.1 Performance governance committee

(007/2026)

The Committee Chair, Sheila Cowan, provided a report on key areas of focus and scrutiny from the meeting held on 29 January 2026 and presented the approved minute from the meeting on 27 November 2025.

The Committee Chair added that at previous meeting there had been discussion about submission of reports related to Viridian outputs and that these had now been considered by Committee.

Outcome: Board Members noted the update and minute.

7.2 Performance report

(008/2025)

The Board Chair introduced the performance report and responsible Directors provided updates with a focus on key challenges and risk.

Planned and Unscheduled Care

The Director of Acute Services, Vicki Campbell, provided an update on performance and activity.

- Inpatient/Day Cases - As of 2 February, outpatient waits over 52 weeks stand at just over 3,000, reduced from over 11,000 in May when the target was set. Work continues toward achieving the end-March target, including ensuring no patients wait over 104 weeks.
- For day case patients, 205 individuals were waiting over 52 weeks as at 2 February. Activity is ongoing to reduce this to 846 or fewer by end-March. Work continues within TTG, supported by insourcing and pathway redesign. “Super Saturday” clinics held during January and February have had a clear positive impact on activity.
- Imaging - The Board noted progress within Imaging alongside ongoing operational challenges: The second mobile MRI scanner, operational since July 2025, has had its contract extension signed in January. Two locum sonographers have commenced in UHA. Funding has been received for a new eye scanner.
- Endoscopy - capacity remains a challenge. While a fourth room was explored, this was not clinically feasible. >6-week waits 1,925 (vs plan 752) and waiting list 2,975 (vs plan 1,277). Capacity shortfall is due to loss of UHC recovery area and one procedure room. The service has tendered for insourcing, including weekend lists. A 2–3-week lead-in period is expected. Weekly sessions have already commenced, with additional activity scheduled for March taking place at University Hospital Ayr.
- Cancer Performance - Cancer performance continues to demonstrate strong results:
 - The 31-day standard achieved 99.55% in December.
 - The 62-day standard was 70%, with pathway improvement actions in place to address bottlenecks.
 - The Board noted ongoing progress to improve performance against the 62-day target.
 - Urgent Suspicion of Cancer (USC) performance continues to face significant challenges, with only slight improvement noted. Length of stay has increased, and Radiology workforce pressures continue to impact performance. Opportunities for mutual aid are being explored with NHS Lanarkshire and NHS Greater Glasgow & Clyde. A new Consultant Breast Radiologist has been appointed and will take up post in October 2025, and a Breast Specialty Doctor commenced in August 2025.
 - In Urology, additional biopsy lists have been scheduled, and a pilot to coordinate MRI and biopsy within the same week is being implemented. A robotic-trained Consultant Urologist commenced in August 2025, and the additional mobile MRI scanner will support this pathway.
 - For Colonoscopy, plans are being developed with Primary Care to explore capacity opportunities within the pathway.
 - Pathology capacity remains a general system-wide risk. A deep dive review has been commissioned to examine the support available across all cancer pathways.
- ENT capacity constraints are projected to result in 45 patients waiting over 104 weeks by March. A range of initiatives are in progress including a service redesign to address this

- Did Not Attend (DNA) Performance - Vicki Campbell confirmed that monitoring is ongoing and that the digital front door programme includes appointment reminders and texting.

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:

- Unscheduled care performance remains significantly challenged, driven primarily by sustained high hospital occupancy and poor patient flow. ED 4-hour compliance continues to deteriorate, with the year-end position forecast at 64.43%, well below the expected trajectory. While a focused firebreak week in December delivered short-term improvements in non-delay long-stay patients and highlighted key discharge bottlenecks, particularly delays related to homecare availability and legal or financial processes these gains were not sustained. Following the Christmas period, performance worsened again due to rising delayed discharges and increased patient acuity. Although a slight improvement was recorded at the end of December, acute occupancy remains high at over 122%.
- Average length of stay has risen again to more than seven days across both acute sites.
- Ambulance turnaround performance has significantly improved and has returned to 54% within target time.
- Daily improvement actions continue under senior oversight.

Delayed discharges – the landscape remains challenging, particularly financially, and reflects wider social-care pressures. While figures remain high, it is anticipated that numbers will begin to decline in the coming months.

- Flow-related work – improved access to community beds with closer joint working between acute and HSCP teams.
- Ward 3-14 taking proactive approach to managing length of stay.
- Daily focus maintained on top 10 delayed patients.
- MSK Services - December performance declined (historically typical), with recovery expected in January.
- On track to deliver 40% improvement trajectory by end March.
- Plans for next year underway including actions for new activity, updated guidance, clinic effectiveness work, digital options, and DNA improvement measures.
- Recruitment difficulties persist, particularly for Band 5 physiotherapists.
- Skill mix under review, including introduction of HCSW roles with ongoing work with the university to support future workforce pipeline.
- Urgent Care – attendance remains above 85%. There is community-based prevention work undertaken and is having a positive impact.
- Alcohol and Drug services in East Ayrshire continue to perform strongly, consistently exceeding the national 3-week targets and remains close to 100% compliance, although the rise in synthetic drug use is impacting services with drug-related deaths expected to increase locally and nationally.

Delayed discharges - North Ayrshire Health and Social Care

- The Director of North Ayrshire HSCP, Caroline Cameron, reported that delayed discharges peaked in July last year and that these were still significant, with

approximately 100 delays recorded in November. A revised delivery plan target is now in place. Since January the system has delivered an average of 91 discharges per day, with performance forecast to increase to 96 discharges per day in Quarter 4. Key challenges continue to affect progress, including limited adult learning disability (ALD) capacity, complex legal cases and an increase in mental health referrals. Caroline noted, similar financial and capacity pressures are being experienced in East Ayrshire.

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. Neurodevelopmental waiting times, however, continue to present a significant challenge, with waits of up to five years and no service provision currently available for individuals with a core need. Caroline highlighted that staffing pressures within Skye House have temporarily reduced bed capacity from 24 to 18 beds, resulting in a small number of young people requiring care within adult wards. This arrangement remains closely monitored.
- Psychology services continue to perform well, achieving 92.5% in November and 92.8% in December. Vacancies across all three localities have now been filled, supporting improved services resilience.
- Alcohol and drug services are exceeding three-week standard, maintaining a same day service with no waiting list. Performance remains strong despite wider system pressures.

Delayed discharges – South Ayrshire Health and Social Care

- The Director of South Ayrshire HSCP, Mark Inglis, provided an update on ongoing work to improve system flow. Investment has been made in step-up and step-down capacity at South Lodge, with beds increased from 10 to 18, and plans in place to progress towards a 32-bed model to support discharge. Further investment has been made in nursing consultancy, ANP roles, and community nursing to strengthen support for primary care.
- Moving and handling advisors continue to support safe discharge home, reducing the need for double-handled care packages and increasing overall system capacity.
Work also continues in partnership with social care, ambulance services and Advanced Practitioners to reduce admissions and facilitate early discharge. Engagement with DOCCLA is ongoing as part of the national Discharge Without Delay programme. A senior manager is now based at UHA within the integrated discharge team, with regular meetings held to improve planned day discharge processes.

Mental Health Services – South Ayrshire Health and Social Care

- In South Ayrshire, test-of-change activity is underway for MAT Standard 7, supporting rapid access to medically assisted treatment. ANPs within GP practices are identifying individuals not currently known to Drug and Alcohol Services and linking them with the START team. ANPs will be based within GP surgeries to ensure timely access to specialist review and consultation, with benefits for caseload management and bed usage.

Workforce sickness absence

- The Human Resources Director, Sarah Leslie, that sickness absence remains significantly above the 4% national target, with current performance at 6.75% (2.41% short-term; 4.25% long-term). Attendance continues to worsen, including into December. Long-term absence is mainly due to anxiety, stress and depression, while short-term absence reflects respiratory and gastro illnesses.
- The Board did not meet the 2024/25 absence trajectory and Quarter 1 shows a continued upward trend. An internal audit has informed an improvement action plan, a new Non-Attendance Team is in place, and four-weekly performance reviews are now operating across all Divisions with clear accountability and tailored actions.
- Hotspot analysis continues, including joint work with Staff Care on mental-health-related absence. Members discussed the importance of staff engagement. Sarah confirmed that staff focus groups can be incorporated into plans and will go to Staff Governance Committee first. A deep dive on attendance will be brought to the April 2026 Board.

In response to a question on the expansion of beds at South Lodge, Mark Inglis confirmed that 18 beds are currently operational, with further building work and staffing required to reach the ambition of 32 beds within the year.

Board members acknowledged the significant work underway across the system to improve discharge, emphasising the importance of recognising the large number of patients who are discharged effectively and on time each day. The Board also recognised the continuing pressures associated with delayed discharge, noting the financial and operational impact on services, while acknowledging that improvements are anticipated in the coming months.

Board members highlighted the need for additional patient-facing communication on the impact of missed appointments. Members welcomed the increased flexibility within planned care and emphasised communicating improvements to local communities. The Chief Executive confirmed that the Communications Team was engaged in these key areas.

Outcome: The Board noted the comprehensive performance update and actions to address ongoing pressures, noting the improvements in key areas.

7.3 Financial management report

(009/2026)

The Director of Finance, Derek Lindsay, presented the Month 9 position to 31 December 2025.

The Board had previously approved a revenue plan deficit of £33.2 million in March 2025; however, the Scottish Government required the deficit not to exceed £25 million. The Board's current forecast deficit is £40.2 million, which has not been approved by the Scottish Government.

At Month 9, the Board reported an overspend of £27.3 million, with a small underspend within Health and Social Care Partnerships. The majority of the overspend related to Acute Services, including significant pressures in the New Medicines Fund. A year-to-date prescribing benefit of £40.2 million had been

recognised, along with a £2.8 million pressure for the NHS Greater Glasgow and Clyde Service Level Agreement. An updated Scottish Government allocation letter included £4.8 million linked to the rising deficit.

Nurse staffing continued to represent a major area of overspend, with £8.7 million linked to unfunded wards at University Hospitals Crosshouse and Ayr used for delayed discharge patients, for which no baseline budget exists. Forecasts indicated this may increase to £7 million by year-end. Additional nursing pressures include £2.5 million within Emergency Department and the Combined Assessment Unit due to challenges with patient flow and the need to care for patients in non-designated areas.

Allocations received to date total £1,186 million, including £0.5 million for the resident doctor pay award. Two further Scottish Government updates were received:

- A reduction in national clinical negligence costs, reducing the Board's share by £5.5 million, with actual costs £1.75 million lower than budgeted.
- An additional £2 million for the New Medicines Fund.

These adjustments broadly return the Board to the original financial plan assumptions.

Section 3 of the FMR outlined performance against the £36.7 million efficiency target, of which £6.5 million is non-recurring. £27.9 million is forecast to be achieved (including £16 million recurring). £20.9 million has been delivered year-to-date, £1.9 million behind plan. Sensitivity analysis highlights both upside opportunities and downside risks, with savings heavily back-loaded into the final quarter.

During discussion, members sought clarification on the primary care prescribing benefit, confirmed as £4.5 million, and whether the Board will still receive the previously indicated £25 million allocation. This had been confirmed by Scottish Government.

Members welcomed the update and emphasised the need to phase savings more evenly across the year in order to provide assurance of delivery to Members. The Chair of Performance Governance Committee highlighted the discussions and scrutiny at PCG. In response to a comment on the cost pressure from the rising cost of the NHS Greater Glasgow and Clyde Service Level Agreement members were assured that discussions were continuing with NHS GGC around high-cost neonatal activity flows and the need for accurate recording following recent service changes. SLAs were being reviewed more widely to ensure costs were reasonable.

A Member referenced Audit Scotland reporting on cost-per-bed-day variation and queried whether local modelling accurately reflected full costs. The Director of Finance confirmed confidence in Ayrshire & Arran's figures, noting the difference between direct costs and the fully absorbed national benchmark.

In response to a question about the challenge of delivering recurring savings and future opportunities Members were advised that hospital bed numbers remained above safe occupancy levels which was driving the unfunded cost pressures. Discussions ongoing with the three Council Chief Executives, HSCP Directors and Acute leadership have confirmed that reducing beds will be a key part of achieving

recurring savings, by removing unfunded capacity from the baseline and reinstating only where clinically required.

In response to a question on delivery of the capital plan, Fraser Bell advised that much of the programme relates to equipment, with substantial activity underway. He expressed confidence in delivering the plan by year-end.

Members noted the revised forecast deficit and the expectation that this may reduce to £32–33 million by year-end, while emphasising that the operational and financial environment remained extremely challenging.

Outcome: **The Board welcomed the comprehensive report to December 2025, noting the assurances provided on capital plan delivery and agreed that the financial position, associated risks, and planned mitigations will continue to be closely monitored through future reports.**

8. Healthcare Governance

8.1 Healthcare Governance Committee (010/2026)

The Committee Chair, Linda Semple, provided a report on key areas of focus and scrutiny at the meeting on 12 January 2026 and the approved minute from the meeting on 3 November 2025.

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

8.2 Patient experience Quarter 2 report (011/2026)

The Nurse Director, Jennifer Wilson, presented the Complaints Performance Report for quarter 2 for discussion and assurance.

Overall Complaint volumes had remained relatively stable, despite a 19% increase this quarter. Timeliness remains strong at Stage 1, where 95% of complaints met the required standard. At Stage 2, 42% of complaints were closed within timescale, which remains below the 75% target due to case complexity, operational pressures and the requirement for high-quality investigation.

Under the Phase 1 Acute Recovery Plan, targeting 150 overdue cases, 122 cases have now been closed, leaving 177 open complaints. Monthly performance and support meetings continue to monitor progress. In terms of outcomes and learning, most complaints were not upheld or partially upheld. Where upheld, the predominant themes relate to treatment time guarantee breaches and waiting times. Learning from complaints continued to be shared through established governance routes. No new or emerging themes have been identified this quarter, providing reassurance that issues are understood and system-related rather than indicating safety concerns.

Public engagement remained positive, with continued strong use of Care Opinion. Feedback from complainants indicates:

- 98% received an apology and were satisfied with it
- 97% felt they were treated respectfully

- 65% felt the process was transparent, although not all agreed with the outcome

Timeliness of Stage 2 responses remained the key area of risk, but overall patient feedback continued to be broadly positive.

In response to a question about whether patients who had spoken to another staff member during the process found this helpful, and if this could be strengthened, the Nurse Director confirmed that training for staff has been enhanced, and that complex complainant meetings, supported by clinical and operational leads, significantly improve resolution and satisfaction when used effectively.

Outcome: Board members noted the report and the ongoing actions to improve Stage 2 timeliness and maintain high standards of communication and learning.

9. Board Governance and strategy

9.1 Board Corporate Calendar for 2026/27 (012/2026)

The Head of Corporate Governance, Mrs Shona McCulloch, presented the corporate calendar which gave oversight of Board meeting, workshop and Governance Committee dates, as well as Corporate Management Team, IJB and sub-committee meetings. She advised that dates for two committees were still to be formally approved.

Outcome: Board Members approved the Board calendar of meetings.

9.2 Climate emergency and sustainability annual report 2024/25 (013/2026)

The Board Chair introduced Fraser Bell, Assistant director of Programmes who presented the report. This was the third iteration of statutory reporting to Scottish Government with a summary of climate and sustainability activities across the organisation. The report provided detailed analysis of the Board's progress across all mandated areas.

Fraser Bell highlighted that the overall trajectory remained on track in relation to the required climate and sustainability targets. A key positive message is the 7% reduction in greenhouse gas emissions, significantly exceeding the 3% target. This reduction reflects improvements across both the Board's fleet and estate. Total emissions, measured in tonnes of CO₂, showed only minimal areas of shortfall. Extensive work continues across the fleet, including the transition toward electric vehicles, alongside infrastructure upgrades within buildings to improve energy use and insulation. Fraser emphasised that while the overarching aim of achieving net zero by 2038 remains in place, this will be challenging due to the current capital position.

Cllr Marie Burns, the North Ayrshire council nominee on the NHS Board, reported positive collaboration with local authorities, including dedicated funding set aside for tree-planting initiatives, with approximately 60% of the target achieved. She invited Board members to contact her should further support or resources be required.

A board member referred to the STANDTEC commission undertaken in 2024 to review parking arrangements at Ayrshire Central Hospital (ACH) and queried

whether similar work was planned for University Hospital Ayr (UHA) and University Hospital Crosshouse (UHC). Mr Bell advised that significant work had been undertaken at ACH, noting that wayfinding and vehicle flows are not intuitive, and that the arrival of Foxgrove would increase on-site pressures. A review is in progress to identify improvements. Regarding UHC, he confirmed that options such as development of adjacent land or adding an additional parking deck had been explored, but current financial constraints made large-scale interventions difficult to prioritise. Smaller behavioural and sustainability measures such as increased participation in the Cycle to Work scheme are being promoted. Rural geography and limited public transport options remain significant challenges.

The Chief Executive added that Scottish Government discussions regarding Intensive Care Unit reprovision were ongoing, with a full assessment due by year-end and that car parking will form part of that assessment. He also noted ongoing work to review clinical pathways, including increased use of Near Me to reduce travel requirements for outpatient appointments.

In response to whether suppliers' carbon footprints are considered during procurement, Fraser Bell advised this was not currently part of formal procurement processes, as it is difficult to collect accurate and comparable data. However, through Community Wealth Building, the Board continues to work with local partners to encourage local firms to become suppliers. He added that many current suppliers operate nationally, including those using large subcontracting models. National climate-champion networks are also exploring how carbon footprint expectations could be integrated into NHS procurement in future.

Board members sought clarify on provision of electric vehicle charging points, noting increasing staff reliance on electric cars. Fraser Bell confirmed that EV charging points at University Hospital Ayr were not yet operational, due to delays linked to Scottish Power, and it was planned that these would available within the next 2–3 months.

Board Members acknowledged the good work being done in this area despite financial constraints. The Non-Executive Sustainability Champion, Linda Semple, recognised the financial impact of the commitment to move to net zero. This did not always come with additional funding and difficult choices had to be made. Board noted the strong work on wellbeing and biodiversity, valuable estate green space, and conservation partnerships, and commended staff while noting ongoing efforts to reduce anaesthetic gas emissions and promote greener inhalers.

Outcome: Board Members approved the Board's Climate emergency and sustainability 2024/25 report for submission to Scottish Government.

9.3 Tackling Child Poverty annual report

(014/2026)

Lyndsey Murphy, Health Improvement Lead, Mental Health, Poverty and Work provided an overview of the report and presented a series of slides on key areas regarding child poverty across Ayrshire and Arran, evidence on long term impacts and the national and local context including ward-level data and Integration Joint Board (IJB) plans across the three partnerships.

The update highlighted the significant and lasting effects of child poverty on children's health, development, and life-course outcomes. Evidence from the Scottish Government and paediatric clinicians demonstrates the impact of poor housing and early childhood adversity on learning, behaviour, and future risk of chronic disease.

The importance of positive early experiences and the preventive potential of targeted interventions was emphasised and key areas highlighted were recent prevention examples, wider household costs affecting families such as transport, childcare and loss of income and the organisation's role as an "anchor institution" in tackling child poverty. Lyndsey Murray advised that there were opportunities for staff to engage in child poverty workshops, she offered to meet with teams to support the development of future work.

The Director of Human Resources described the presentation as powerful, drawing attention to the pressures on single-parent households, financial hardship at points such as moving to half or no pay, and persistent childcare shortages, while welcoming employability initiatives supporting women's return to work.

Board Members noted the stark child poverty statistics, with the Chair emphasising the need to strengthen community-based support and improve access to care closer to home. The importance of strong partnership working across Integration Joint Boards and recognition of Ayrshire's concentrated pockets of deprivation were highlighted. Members noted the value of whole-system collaboration with third-sector partners. Progress in North Ayrshire, where child poverty has fallen from 29% to 24%, was welcomed, alongside the positive impact of one-to-one support and employability hub activity. Cllr Douglas Reid, East Ayrshire reported significant improvements at Blue Triangle (homelessness charity), with tenancy sustainment increasing from 50% to 95%. Mark Inglis, Director of South Ayrshire HSCP, reflected on the disparities and hidden nature of poverty across communities, noting that differing local circumstances will require tailored approaches.

Outcome: **The Board noted the update on child poverty, acknowledged the progress outlined, and endorsed the continued focus on strengthened partnership working, targeted community-based approaches, and priority actions to support families across Ayrshire.**

10. Audit and risk

10.1 Audit and Risk Committee (015/2026)

The Committee Chair, Jean Ford, provided a report on key areas of focus and scrutiny at the meeting on 22 January 2026 and the approved minute from 20 November 2025.

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

11. For information

11.1 Board briefing (016/2026)

Board Members noted the content of the briefing.

Approved by Board at meeting on 7 April 2026

11.2 East Ayrshire Integration Joint Board (017/2026)

Board Members noted the minute of the meeting on 29 October 2025

11.3 North Ayrshire Integration Joint Board (018/2026)

Board Members noted the minute of the meeting on 13 November 2025.

11.4 South Ayrshire Integration Joint Board (019/2025)

Board Members noted the minute of the meeting on 12 November 2025

12. Any other competent business (020/2025)

There was no other business.

13. Date of Next Meeting

The next meeting in public of the NHS Ayrshire & Arran Board will take place at 9.30am on Tuesday 7 April 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.

Signed by the Chair, Lesley Bowie

Date: 7 April 2026