Ayrshire and Arran NHS Board

Minute of meeting held in public on Monday 7 April 2026
Hybrid meeting – Room 1 Eglinton House and MSTeams

Present:	Non-Executive members:	
	Mrs Lesley Bowie (Board Chair)	
	Cllr Marie Burns	
	Mrs Sheila Cowan	
	Dr Sukhomoy Das	
	Mrs Jean Ford	
	Mr Liam Gallacher	
	Dr Tom Hopkins	
	Mr Marc Mazzucco	
	Mrs Sharon Morrow	
	Mr Neil McAleese	
	Cllr Douglas Reid	
	Ms Linda Semple (Board Vice Chair)	
	Mrs Joyce White	
	Executive members:	
	Prof Gordon James	(Chief Executive)
	Dr Crawford McGuffie	(Medical Director)
	Mr David Stonehouse	(Interim Director of Finance)
	Ms Jennifer Wilson	(Nurse Director)
In attendance:	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 & Sustainability)
	Mrs Nicola Graham	(Director of Infrastructure and Support Services)
	Mr Craig McArthur	(Director of Health and Social Care, East Ayrshire)
	Mr Fraser Bell	(Assistant Director Programmes, Infrastructure and Support Services)
	Ms Lorna Kenmuir	(Deputy Human Resources Director) for Sarah Leslie
	Ms Rosemary Robertson	(Associate Nurse Director, SA HSCP) for Mark Inglis
	Ms Jane Gallagher	(Head of Cochlear Implant Service, for item 5.1)
	Mrs Shona McCulloch	(Head of Corporate Governance)
	Ms Moira Woolway	(Corporate Secretary) minutes

1. Apologies

Apologies were noted from Mr Ewing Hope, Mr Mark Inglis, Cllr Lee Lyons, Mrs Lynne McNiven, Ms Sarah Leslie,

2. Declaration of interests (021/2026)

There were no declarations noted.

3. Minute of the meeting of the NHS Board held on 9 February 2026 (022/2026)

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

4. Matters arising (023/2026)

Paper 2 - Action Log
The Board action log was circulated to Board Members in advance of the meeting with progress against actions and future reporting dates noted.

5. Patient story (024/2026)

5.1 The Board Chair welcomed Jane Gallacher, Head of the Cochlear Implant Service. Jane presented the patient experience video story from the Scottish Cochlear Implant Programme, hosted at University Hospital Crosshouse.

The video presented the transformational impact of cochlear implantation, as demonstrated through patient stories, which described significant improvements in speech perception and quality of life (including improvements in word recognition from 8–18% pre-implant to 63–82% post-implant, and sentence understanding from 2–44% to 91–93%).

Members acknowledged specific reflection on Alistair's experience, where improved hearing had enabled him to actively engage in conversations, having previously been unable to participate meaningfully in discussions. Similar outcomes were reported among younger patients, who described being able to live a more "normal" life following implantation.

This service is a nationally commissioned programme, delivered since 1988, providing the only effective treatment option for patients with severe to profound hearing loss who do not benefit from hearing aids, with the following key benefits presented to the Board:

- Activity levels of approximately 110 implants per annum, including around 35 bilaterally funded procedures for paediatric patients.
- That patient selection is not determined by age, with consideration given to factors such as social isolation, particularly among older people.
- Evidence of consistently high patient satisfaction, with 98% of patients rating the service positively and reporting meaningful improvements in independence, communication, and social participation.
- That the oldest recorded implant recipient was 97 years old, who has since reached 101 and experienced a significant improvement in quality of life, described as a "new lease of life".
- The role of a multidisciplinary team in delivering safe, effective and person-centred care, with lifelong follow-up.

The Board acknowledged the alignment of the service with NHS Scotland's Safe, Effective and Person-Centred ambitions as well as the value of patient stories in supporting organisational learning, quality improvement and person-centred care.

The Board Chair thanked the team for sharing the patient stories and drew attention to the significant impact of the service on both patients and families. The Board discussed the key challenges facing the Cochlear Implant Service with particular focus on capacity and demand. It was highlighted that the primary challenge is limited surgical theatre availability, resulting in delays between assessment and surgery with ENT capacity not fully recovered post Covid.

The Board noted that mitigating actions include the use of Waiting List Initiative (WLI) funding, working with the Medical Director to secure additional theatre sessions and exploration of on-call arrangements to increase surgical capacity. It was further noted that there is an ongoing review of theatre utilisation to maximise efficiency and capacity.

Outcome: The Board welcomed the update and commended the significant contribution of the Cochlear Implant Service and reaffirmed the importance of continued leadership and organisational support to sustain and further develop this vital work.

6. Board Chair and Chief Executive reports

6.1 Chief Executive's report (025/2026)

The Chief Executive highlighted key areas of activity since the previous meeting:

- NHS Scotland priorities for 2026/27, including reducing long waits for planned care and improving patient flow across services, expanding care closer to home, strengthening maternity and mental health services, improving digital access, and developing a population health approach. These priorities will be delivered through existing planning and performance processes.
- I provided an update on the escalation to Stage 4 of the NHSScotland Support and Intervention Framework. This reflects the significant financial pressures we are currently facing and the need for strengthened support to improve financial stability and key areas of governance. It also ensures the organisation can access the specialist support needed during this period of financial challenge.
- Alongside other Board Chairs and Chief Executives, I attended away days, which covered topics such as on sub-national planning and delivery for West of Scotland. We will provide further updates in the coming months.
- At the recent visit with Jenni Minto MSP and Professor Anna Glasier, the Scottish Government's Women's Health Champion, we demonstrated a live robotic-assisted gynaecology procedure, part of our pioneering programme launched in July 2023. This technology is transforming women's lives, with more than 400 women treated so far and more than 95 per cent of those women returning home the same day. Not only is this technology benefitting patients, it is establishing NHS Ayrshire & Arran as a centre of excellence in benign robotic gynaecological surgery. Professor Aisha Holloway, the Chief Nursing Officer for Scotland also visited the unit in March and had a tour around the AMU.
- In February, we met with the Scottish Government's Public Audit Committee about NHS Ayrshire & Arran's 2024/25 audit report. Appearing before the committee is an important part of our accountability to the public we serve, and I welcomed the chance to outline both the challenges we face and, crucially, the actions we are taking to address them.

- At a recent visit of Caroline Lamb, Chief Executive of NHS Scotland, to East Ayrshire Community Hospital, I was delighted to highlight how strong, well-coordinated primary and community care services can relieve significant pressure on our acute services. Her visit highlighted not only the scale of our ambition, but the real difference our teams are making every day across our communities.
- Along with Counsellor Marie Burns, I visited The Lennox Partnership in North Ayrshire where the focus was on progress on employability initiatives and how partner organisations can support with NHS Employability opportunities.
- The brand-new conservatory annex at University Hospital Ayr was officially opened last month. This project is a great example of the Boards ongoing commitment to providing safe, high-quality and sustainable spaces for patients, visitors and our staff.
- I attended the recent Compassion to Action volunteer award ceremony held at Fullerton Connexions. Organised by the Patient Experience Team, the event recognised the amazing achievements and contributions that NHS Ayrshire & Arran's volunteers make across the organisation.

The Chief Executive provided further clarification regarding visibility of Level 4 escalation activity and associated actions. It was confirmed that minutes are produced on a two-weekly cycle, which does not align with the Board timetable; however, these will be signposted to Board members, and any substantive matters will be reported to the Board as appropriate.

6.2 Board Chair's report (026/2026)

The Board Chair, Lesley Bowie reported that the final national Chair's meeting with the Cabinet Secretary had taken place prior to the election. This focused on the Operational Improvement Plan, Reduced Working Week and the readiness of all Boards to implement the agreed actions.

The Chair attended a visit with the Chief Executive, Jenni Minto MSP, Minister for Public Health and Women's Health, and Professor Anna Glasier, the Scottish Government's Women's Health Champion, to the Ayrshire Maternity Unit. This visit gave us the opportunity to showcase the outstanding work happening across our gynaecology and maternity services. These teams continued to show resilience, innovation and deep compassion, even when pressures are high.

A visit to the Haematology Laboratory at University Hospital Ayr, provided valuable insight into the scale and complexity of work delivered by a small team within a constrained environment, and recognising the significant volume of activity managed. The Chair planned to visit the larger laboratory services at University Hospital Crosshouse to further understand service delivery across sites.

7. Performance governance

7.1 Performance governance committee (027/2026)

The Committee Chair, Sheila Cowan, provided a report on key areas of focus and scrutiny from the meetings held on 12 and 26 March and presented the approved minute from 29 January 2026.

She advised that the minute from the PGC light meeting on 12 March was being amended prior to approval and would be submitted to the Board once approved.

In response to a query from the 29 January minute regarding prescribing cost pressures, it was agreed that the minute be amended to £3.5m to reflect accuracy.

Outcome: Board members noted the report and the minute and welcomed the depth of scrutiny undertaken by the Committee.

7.2 Performance report (028/2025)

The Board Chair introduced the performance report and asked the responsible Directors to provide an update with a focus on key challenges and risk.

The Director of Transformation and Sustainability, Kirstin Dickson, introduced the performance report and provided the Board with an update on continued system pressures to February 2026, impacting delivery against several key targets. It was noted that detailed scrutiny had been undertaken at the Performance Governance Committee, with actions focused on improving patient flow and strengthening community-based alternatives to admission.

Planned Care
The Director of Acute Services, Vicki Campbell, provided an update on performance and activity to end March 2026:

- Outpatients - continued improvement in delivery of the new outpatient plan, with a year-end position of approximately 470 patients waiting. Activity exceeded plan (870 vs 846), although overall waiting list size continues to grow. Progress continues in reducing long waits, with only 4 patients waiting over 104 weeks and sustained reductions in 52-week waits.
- Imaging – improvement actions embedded, including a second mobile MRI scanner and planned workforce expansion, with six-week waits reduced but ending March at 415, and a total waiting list of approximately 5,000 patients.
- Endoscopy – improving performance supported by additional weekend activity and strengthened triage at referral.
- Cancer performance – a temporary decline linked to workforce availability and public holidays, with recovery now underway. Improvements include additional radiography capacity and implementation of a new MRI biopsy pathway, supporting compliance with the 62-day standard and improved pathways, particularly for upper GI.
- Unscheduled Care – continued challenges across both UHC and UHA due to reduced flow through ED and CAU, with performance below trajectory. However, improvement was noted in reduced 12-hour waits and SAS turnaround at 65.2%, reflecting seasonal demand pressures.
- Frailty Services – positive progress, with approximately 50% of patients discharged directly and Discharge Without Delay (DWD) operating effectively in partnership with HSCPs.
- Ongoing work to address delays occurring out with the acute setting, with further improvement actions being developed.

The Board recognised the sustained system pressures alongside targeted improvement actions to support performance recovery across key areas.

Ms Campbell confirmed that in response to increased demand in March, this reflected seasonal trends consistent with December and January trends and that all Boards across Scotland are experiencing similar patterns. She further assured the Board that the Frailty Unit target, while ambitious, represents the expected standard and ongoing system work including decongestion initiatives is intended to support achievement of this level of performance going forward. Other performance points noted were:

- Imaging – improvement actions embedded, including a second mobile MRI scanner and planned workforce expansion, with six-week waits reduced but ending March at 415, and a total waiting list of approximately 5,000 patients.
- Endoscopy – improving performance supported by additional weekend activity and strengthened triage at referral.
- Cancer performance – a temporary decline linked to workforce availability and public holidays, with recovery now underway. Improvements include additional radiography capacity and implementation of a new MRI biopsy pathway, supporting compliance with the 62-day standard and improved pathways, particularly for upper GI performance at 40% in February and 39.6% currently, with an expectation of meeting trajectory by year-end. It was emphasised that the service continues to strive to meet and exceed national targets.
- Orthotics performance is improving, with positive progress noted.

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:

- Urgent Care (AUCS) achieved the 85% February target across all pathways, managing approximately 8,400 contacts, with 88% of patients avoiding hospital-based services, demonstrating effective community-based care.
- Delayed Discharge remains a challenging area, with 33 delays reported (none over 14 days), although this had increased to 50 delays in the previous week, indicating a deteriorating position. It was noted that IJB financial pressures and limited availability of care packages may further impact performance, with potential for improvement if capacity increases.
- Alcohol and Drug Partnership (ADP) performance exceeded the 3-week access to treatment target; however, Members noted ongoing concerns regarding drug-related deaths, particularly linked to synthetic drugs. It was highlighted that this is a priority area nationally, with a multi-agency approach being progressed to address emerging risks.

The Board recognised the continued challenges across community and system-wide services, alongside evidence of strong performance in urgent care and ongoing actions to address areas of pressure.

In response to questions from members regarding the impact of delayed discharges, particularly for elderly patients at risk of deconditioning and requiring higher levels of care. It was confirmed that evidence indicates patients experiencing delays are more likely to require increased intervention, and that early identification and discharge are key mitigation measures.

The Board heard that challenges are increasing due to a rise in Adults with Incapacity (AWI) cases within hospital settings and limited availability of care home placements, with significant gaps between demand and supply (approximately 25 patients requiring placements compared to 4 available within a two-week period). It was highlighted that this presents ongoing challenges in capacity, equity and risk management across the system.

The CEO assured the Board that a whole-system review was planned as part of the ongoing transformation work and updates will be provided at a future Board session.

Delayed discharges - North Ayrshire Health and Social Care
The Director of North Ayrshire Health and Social Care Partnership (HSCP), Caroline Cameron provided an update:

- Delays remain a key focus, with continued emphasis on minimising numbers. While performance has deteriorated, with delays now exceeding 100 across all sites, progress has been made against the Alcohol and Drug Partnership (ADP) target, which has been achieved based on a revised, realistic trajectory.
- Financial pressures continue to impact delivery, particularly within social care at both national and local levels. Challenges persist in securing appropriate care packages for new patients. A more targeted approach is being adopted rather than a blanket application, with care packages to be reviewed case-by-case at the next review point.
- The Discharge to Assess model is working well. The team is proactively undertaking visits, supporting timely discharge with assessment taking place in the patient's home environment rather than in hospital. A new screening toolkit has been implemented to support this approach. Progress and outcomes will continue to be tracked.

Mental Health Services:
Overall performance remains strong, with no significant issues to flag. Targets are being met, with some areas exceeding national standards. However, it is noted that Mental Health Services are experiencing sustained pressure, including:

- High inpatient occupancy and increasing case complexity
- Growing patient volumes
- Significant demand on Community Mental Health Teams (CMHTs)
- Continued high demand for neurodevelopmental services (children and adults)
- Ongoing challenges identified through adverse event reviews, particularly relating to workload pressures within psychiatry

A workforce review is underway to address these issues. Despite operational pressures, services continue to perform well, reflecting strong team resilience and commitment.

Delayed Discharges/Flow - South Ayrshire Health and Social Care
The Assistant Nurse Director, Rosemary Robertson provided an update on behalf of Mark Inglis, Director of South Ayrshire Health and Social Care Partnership (HSCP):

- **Delayed Discharges / Flow**:
  Updates provided on delayed discharge (DD) plans, including the Racecourse Road model, which is working well. Improvements noted through additional

services and reduced duplication, particularly in relation to care packages and DOCLA processes. Electronic systems supporting GP practices are also proving effective in helping to prevent hospital admissions.

- **Whole System Funding / Workforce**:
  Progress on Whole System Intervention funding is ongoing, though implementation of Advanced Nurse Practitioner (ANP) roles is taking time. The focus is on developing advanced-level practice to better support individuals at home. A test of change is underway in Troon, working in partnership with Hospital at Home teams, with the aim of avoiding unnecessary admissions.
- **Delayed Transfers of Care**:
  Position remains static; however, this is set against a backdrop of increasing demand within hospital services.
- **Workforce Developments**:
  ANP recruitment is progressing, though posts are currently being offered on fixed-term contracts pending full approval of the business case.
  Multi-Agency Procedure (MAP) standards are working well and providing effective support to outpatient clinics.
- **Mental Health**:
  Positive partnership working noted among mental health nursing teams, with good feedback on care and communication (WSP).
- **Service Redesign**:
  A significant programme of change in working practices is underway. A paper will be brought forward to the Integration Joint Board (IJB), focusing on new ways of working to better support all service providers across the system.

Clarification was sought on the timeline for the planned expansion of the Racecourse Road facility to 30 beds, The Board noted that this is expected by June 2026, alongside further planned bed openings at Biggart. These developments will be detailed in a forthcoming paper.

Members noted the importance of a whole-system approach to managing HSCP pressures, highlighting the significant increase in demand across services. Recognition was given to the sustained pressure experienced by staff across the HSCP, and appreciation expressed for their continued commitment and efforts in challenging circumstances.

Workforce sickness absence
The Deputy Human Resources Director, Lorna Kenmuir provided the following update:

- Sickness absence levels have started to improve, with January and February showing a positive downward trend following a peak in December, which was attributed in part to multiple circulating viruses.
- National benchmarking data is still awaited to support comparison with local figures and provide further context on performance.
- A focused review is underway into absence recorded under ASDOM (Anxiety, Stress, Depression and Other Mental Health Conditions). Work is progressing to better understand and refine diagnosis coding, with close collaboration with Andy Gillies' team to ensure staff are appropriately supported and signposted.
- Consideration is also being given to neurodiversity-related factors within absence data. Funding has been agreed to support the Promoting Attendance Team to undertake additional training to strengthen capability in this area.

- Progress continues with the Carers Positive policy, with a focus on how the organisation can better support staff, recognising that the workforce reflects a broad cross-section of society.

The Chair noted that this was a helpful update and confirmed that further outputs will progress through the APF and SGC governance routes before returning to the Board.

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 (029/2026)

The Interim Director of Finance, David Stonehouse presented the Board's financial position to end February 2026, noting a year-end deficit position of £24.9m, with a forecast to achieve the Scottish Government (SG) target of £25m. This position is supported by additional SG funding and is not driven by recurrent improvements. Movements to Month 9 (Table 4.1) reflect significant additional resources, largely non-recurring, which support delivery of this £25m target.

Two key themes were highlighted:
- Ongoing financial pressures, including the requirement to sustain reopened beds which remain largely unfunded.
- The need to strengthen delivery of Acute efficiency savings.

In response to a Members query on the risk of a further Section 22 notice, the Director of Finance advised that discussions with External Audit indicate there is no guarantee a Section 22 would not be issued; however, the risk is currently reduced. The position would depend on both internal and external audit outcomes, with scrutiny expected around recurring versus non-recurring measures. The Chief Executive further advised improved alignment with auditors, supported by a clear timetable and demonstrable progress against agreed recommendations. Audit work was progressing well, with lessons learned which were now incorporated and auditors being content with the current work plan.

Members were advised that while the internal audit report may present some challenge, there were clear plans and actions in place, and progress was being actively managed. Clarification was sought on the reference to "discrete wards," with an explanation provided by the Director of Finance.

Mr Stonehouse further advised that prior plans to close beds were not realistic. Current capacity, particularly reopened beds, was required to meet demand and was expected to continue into next year, albeit not representing an optimal or sustainable position.

Ongoing flow improvement work will inform a phased approach to bed reductions; however, this will be incremental, reflecting current service pressures and demand levels.

Outcome: The Board welcomed the comprehensive report to March 2026, noting the assurances provided and agreed that the financial

position, associated risks, and planned mitigations will continue to be closely monitored through future reports.

7.4 NHS Ayrshire & Arran Financial plan 2026/27 – 2028/29 (030/2026)

The Interim Director of Finance confirmed that the financial plan has been signed off by Scottish Government, with one additional point incorporated relating to the savings programme and associated efficiency targets, which continue to evolve. It was noted that the current position reflects a green risk rating at £21.8m against a total programme value of £25m. Progress is being made, with increasing confidence particularly in relation to the nursing workforce programme. There remains a continued focus on driving improvement from red to amber and from amber to green, with emphasis on bringing forward and progressing deliverable ideas.

A residual gap of £6m was highlighted, with workshops ongoing to identify and develop mitigating actions. The Board approved the submission to Scottish Government (SG), noting that SG has now formally accepted the plan. The Chair highlighted that members would recall SG had not approved the previous year's plan, and therefore this represents a significant step forward.

An update was provided on the recent Assurance Board meeting, noting that Fiona Bennett has requested a deep dive into the financial assumptions and figures. This is expected to take place by the end of April.

A Board Member referred to discussions at a previous PGC meeting, including a planned deep dive session to hear directly from project sponsors regarding the £6m gap. This will focus on building confidence and assurance in delivery, including the phasing and achievability of savings for 2026/27.

In response to a question relating to item 11 (non-recurring cost pressures) about the Symphony extension (IT system within Emergency Department) it was agreed that David Stonehouse would take forward a discussion with Nicola Graham outwith the meeting as the programme moved into the tracking phase.

Outcome: The Board welcomed SG approval of the financial plan, and recognised this as a positive improvement on the previous year. Members were encouraged by the progress made and increased confidence in key delivery areas and the clarity of approach, with close monitoring and regular updates agreed.

8. Healthcare Governance

8.1 Healthcare Governance Committee (031/2026)

The Committee Chair, Linda Semple, provided a report on key areas of focus and scrutiny at the meeting held on 2 March and the minute from the meeting on 12 March 2026.

Outcome: Board Members noted the update and minutes.

8.2 Patient experience report - Quarter 3 (032/2026)

The Nurse Director, Jennifer Wilson, presented the Complaints Performance Report for Q3 key themes, areas of pressure and learning generated:

- Overall Complaint volumes had decreased: Stage 2 complaints had increased due to escalations from Stage 1, largely driven by missed response timescales.
- Performance reflects capacity pressures within clinical teams.
- Overall timeliness stands at 77%, with a notable decline at Stage 2 (40%), influenced by case complexity and volume.
- Work is underway with Acute services to address these challenges.
- The appropriate use of extensions for highly complex cases was highlighted as an area for improvement.

Ms Wilson advised that 25% of complaints were upheld and 58% were not upheld and that detailed papers would be submitted to the Healthcare Governance Committee (HGC). Recurring themes included:

- Bed availability and corridor waiting
- Pain management services
- ADHD assessments for both children and adults

Ms Wilson reported on the engagement metrics with:

- 149 Care Opinion stories received, with 81% positive.
- Engagement metrics: 14,000 views and 173 responses.
- Inpatient survey activity has resumed, supported by volunteer training.
- Complaint satisfaction is impacted by the recent focus on addressing a backlog of cases.

Significant operational pressures across Acute services continue to affect complaint responsiveness. There were 95 cases outstanding and Members were assured that a weekly oversight approach was in place, with a focus on addressing the longest-waiting cases to improve performance. Performance management had been strengthened, with a renewed focus on meeting timescales across all stages, while the appropriate use of locally managed extensions is being reinforced; once these measures are embedded an improvement is expected to be reflected in Q4.

In response to a query regarding the increase in corridor care complaints, the Director of Acute confirmed that corridor care is currently a daily occurrence within Emergency Department and Combined Assessment Unit, reflecting ongoing system pressures, with continued focus on improving patient flow to mitigate this.

Outcome: Board members noted the report and the ongoing actions to improve compliance with response timescales.

8.3 Healthcare Associated Infection (HAI) report (033/2026)

The Nurse Director, Jennifer Wilson, presented the Quarter 2 report, highlighting strong infection prevention and control performance, with governance aligned to national standards and improvement this quarter. There were no local CDI outbreaks, reflecting the positive national position. However, all three categories

remain above Scottish rates, with community-associated infections a key outlier; analysis shows a strong link to deprivation, now being explored through a public health lens. Further detail has been considered by HGC, with a report to follow submission to the Scottish Government.

Outbreaks and incidents demonstrated strong multi displinary team working, although 28 respiratory outbreaks (including influenza) impacted patient flow. Ward 3A remained a focus regarding Aspergillus, with no further outbreaks and actions ongoing. Overall, there was clear evidence of improvement, though HAI standards remain challenging, particularly across two sites with older estate; robust oversight and improvement metrics are in place.

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

9. Board Governance and strategy

9.1 Code of Corporate Governance (034/2026)

The Head of Corporate Governance, Mrs Shona McCulloch, presented the code of corporate governance for approval. The Code sets out the Boards governance framework, including Standing Financial Instructions (SFIs) and the Scheme of Delegation. Amendments were clearly set out in the paper. The normal annual review timing had been delayed to align with an ongoing review of the SFIs and Scheme of Delegation. It was proposed to bring future updates to the Board in June each year and this approach was supported by the Board Chair.

Outcome: Board Members approved the Code of Corporate for publication.

9.2 Integrated Governance Committee (035/2026)

The Board Chair, Lesley Bowie, provided a report on key areas of focus and scrutiny from the meeting held on 17 February 2026 with the approved minute from meeting on 28 August 2025.

In response to a question on Community Wealth Building (CWB) and whether there was sufficient stakeholder buy-in to wider apprenticeship opportunities it was acknowledged that while further progress could be made on apprenticeships, some areas were highly specialised. Lorna Kenmuir and Kirstin Dickson advised they would explore this in more detail and if there was a possibility of identifying targeted apprenticeship opportunities. This would be included in future reports to Integrated Governance Committee.

In relation to land and assets, it was queried whether links were made with local authority partners who receive community asset transfer requests, to ensure a coordinated approach and identify opportunities for joint working. The Director of ISS confirmed that established partnership processes are in place in relation to land and asset use, including opportunities arising from buildings, and that effective links already existed with local authority partners regarding community asset transfer requests.

Outcome: Board Members noted the update and minute.

9.3 Information Governance Committee (036/2026)

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.

9.4 Strategic Capital Plan 2026-27 (037/2026)

The Director of Infrastructure and Support Services, Ms Nicola Graham presented the 5-year capital plan, with a particular focus on 2026/27, which reflected the current SG core capital allocation (12m).

It was highlighted that:

- BCP funding is not yet included, pending confirmation of national budgets.
- There are significant constraints on capital funding, with no new major nationally supported programmes anticipated. Investment will be limited to essential equipment and digital initiatives.
- The main areas of expenditure are outlined in the supporting paper, with medical equipment representing a significant proportion.
- The programme will be subject to active quarterly management, including regular updates and review, particularly as additional funding streams are confirmed.
- The plan has been endorsed by the PGC.

Members considered and discussed the relationship to the National Treatment Centre and whether assumptions within the 5-year plan should be maintained. It was confirmed that the current position will be held until further advice is received from the Scottish Government.

Outcome: Board Members approved the five-year plan with particular focus on 2026-2027, noting that updates will be provided as further funding and clarity emerges.

9.5 Dalrymple Disposal (038/2026)

Cllr Douglas Reid declared a conflict of interest and did not participate in the discussion or decision.

The Director of Infrastructure and Support Services presented this paper regarding the Dalrymple property to the Board. It was noted that the GP practice had formally relocated from the premises and no alternative healthcare use has been identified. Ongoing costs associated with retaining the property were highlighted.

The potential for a capital receipt was discussed, in line with national guidance. It was noted that East Ayrshire Council (EAC) has expressed an interest in the property.

Advice had been received on valuation, indicating that while the property could achieve a market value of approximately £75k, this would require an estimated £15k

investment to bring it to that standard. On this basis, a disposal value of £60k is considered appropriate. The property forms part of a semi-detached residential structure within a village setting, and its value aligns with residential market conditions.

It was acknowledged that, subject to being placed on the open market, there remained the potential to achieve a higher return.

Outcome: Board Members approved the disposition of the property.

10. Audit and risk

10.1 Audit and Risk Committee (039/2026)

The Committee Chair, Jean Ford, provided a report on the key areas of focus and scrutiny from the meeting held on 19 March 2026, with the approved minute from 20 November 2025.

Outcome: Board Members noted the update and minute.

10.2 Internal Audit Plan 2026-27 (040/2026)

The Director of Finance presented the proposed Internal Audit Plans for 2025/26 and 2026/27 for Board approval.

Members also received an update on Internal Audit progress, with all audits reported as on track to support the year-end opinion.

Risk reporting highlighted cyber security as amber and Health & Safety as red. These reports would be shared with Healthcare Governance Committee for monitoring of actions, with inclusion in the RARSAG overview given the level of risk. The Internal Audit follow-up report confirmed good progress against outstanding recommendations, with a requirement to close these off as soon as possible.

The Committee reviewed the Audit Scotland report and noted the national vs local position on delayed discharges. Actions to address local performance continue.

Outcome: The Board approved the Internal Audit Plan.

11. Staff Governance

11.1 Staff Governance Committee (041/2026)

The Committee Chair, Mr Liam Gallacher provided a report on the key areas of focus and scrutiny from the meeting held on 17 February 2026, with the approved minute of 4 November 2025.

Outcome: Board Members noted the update and minute.

11.2 Whistleblowing Report (042/2026)

The Nurse Director, Mr Jennifer Wilson provided an update on whistleblowing Activity for quarter 3, noting that activity levels remain low, with two concerns

received. One concern related to alleged third-party racist behaviour and was being managed through HR processes. The second related to service culture and was subject to a formal investigation under the Whistleblowing Standards, with a lead investigator and Terms of Reference in place. No significant patient safety risks have been identified.

Key points from the report were highlighted:

- Three complex ongoing cases, requiring extension due to their complexity.
- One open improvement plan.
- Modest improvement in training and culture indicators, with no referrals to the INWO.
- Speak Up Week is planned for September/October.

Board were advised that although no definitive timeframe was set for conclusion of complex cases regular contact was maintained with those involved and progress updates provided every 20 working days.

Board members sought assurance on risk visibility and engagement with whistleblowers. Mrs Wilson confirmed that regular reporting showed no unidentified risks and that escalation routes were in place, which included notification to appropriate Directors if patient safety concerns were raised through the Speak Up process.

The challenge of achieving full training compliance from all staff, particularly in a transient workforce, was acknowledged. It was agreed that appropriate targets and expectations would be considered by the Whistleblowing Oversight Group (WBOG).

Outcome: Board Members noted the Q3 assurance report.

11.3 Health and Care (Staffing) (Scotland) Act 2019 (043/2026)

The Nurse Director provided an update on compliance with the Health and Care Staffing (Scotland) Act, noting the complexity of governance arrangements. It was highlighted that papers will be circulated through Staff Governance and the Board to support virtual review of the annual report ahead of formal submission. Progress in Quarter 4 reflects movement towards substantial assurance against the duties of the Act (as detailed in the paper).

Key points highlighted were:

- Continued improvement in agency staffing, with a downward trend reported in Quarter 4.
- Progress with real-time staffing, including rollout of E-rostering across Nursing and AHP services, although challenges remain due to system incompatibility and double keying.
- Safety huddles are providing valuable real-time intelligence on staffing and risk.
- Ongoing work to strengthen healthcare science, with challenges relating to workforce availability and variation in clinical leadership capacity, particularly impacting e-rostering implementation.

Members were advised that arrangements for raising concerns were being strengthened in partnership with the Employee Director, and Q4 reporting would consolidate evidence through appropriate governance routes.

In response to a Member's query about regarding Audiology and Laboratories noted at limited/reasonable assurance, Members were reassured that this reflected workforce challenges, including reliance on agency staff and gaps in clinical science leadership, with further work planned.

Board members suggested additional narrative within tables and clarity on workload tools. It was agreed that this will be progressed, including consideration of a rolling programme for workload tools aligned to the annual reporting cycle.

The proposal for the process to consider and agree the formal annual return to Scottish Government was supposed. This would be signed off by CMT, and Staff Governance Committee (virtually) in April 2026 prior to executive sign off by the Executive Nurse Director, publication on the NHS Ayrshire & Arran website, and submission to Scottish Government by 30 April 2026.

Outcome: Board Members noted the report and agreed the arrangements for approval and submission of the Annual report to SG.

12. For information

12.1 Board briefing (044/2026)
Board Members noted the content of the briefing.

12.2 Board annual cycle of business (045/2026)
Board members noted the Annual Cycle of business.

12.3 Community Wealth Building/Anchor institution annual assurance report (046/2026)
The report content was noted by Board members.

12.4 Quality and safety in Acute services (047/2026)
Board members noted the overview of quality improvement activity in Acute Services.

12.5 Quality and safety in Neonatal services (048/2026)
Board Members noted the overview of quality improvement activity in Maternity services.

12.6 East Ayrshire Integration Joint Board (049/2026)
Board Members noted the minutes of the meetings held on 3 December 2025, 10 December 2025 and 04 February 2026.

12.7 North Ayrshire Integration Joint Board (050/2026)
Board Members noted the minutes of the meetings held on 11 December 2025 and 12 February 2026.

12.8 South Ayrshire Integration Joint Board (051/2026)
Board Members noted the minute of the meeting held on 10 December 2025 and 11 February 2026.

13. Any other competent business

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 9.30am on Monday 8 June 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: 8 June 2026