Ayrshire and Arran NHS Board

Minutes of a public meeting on Monday 8 June 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	
	Ms Sheila Cowan	
	Dr Sukhomoy Das	
	Mr Liam Gallacher	
	Dr Tom Hopkins	
	Mrs Sharon Morrow	
	Mr Neil McAleese	
	Cllr Douglas Reid	
	Executive Members:	
	Prof Gordon James	(Chief Executive)
	Dr Crawford McGuffie	(Medical Director)
	Mrs Lynne McNiven	(Director of Public Health)
	Mr David Stonehouse	(Interim Director of Finance)
	Ms Jennifer Wilson	(Nurse Director)
Attendees:	Ex-officio members:	
	Ms Caroline Cameron	(Director of Health and Social Care, North Ayrshire)
	Mrs Vicki Campbell	(Director of Acute)
	Mrs Nicola Graham	(Director of Infrastructure and Support Services)
	Mr Mark Inglis	(Director of Health and Social Care, South Ayrshire)
	Ms Sarah Leslie	(HR Director)
	Mr Craig McArthur	(Director of Health and Social Care, East Ayrshire)
	Ms Gaynor Campbell	(Senior Advanced Nurse Practitioner, Acute) Item 5
	Ms Elaine McClure	(Assistant Director - PMO & Efficiency, Transformation & Sustainability for Kirstin Dickson)
	Mrs Shona McCulloch	(Head of Corporate Governance)
	Ms Margaret Weir	(Head of Office, Chair & Chief Executive)
	Ms Moira Woolway	(Corporate Support Officer)

The Chair welcomed members of the public and Moira Woolway as the new Corporate Support Officer with thanks extended to Craig McArthur as this was his final Board meeting.

1. Apologies

Apologies were noted from Kirstin Dickson, Jean Ford, Ewing Hope, Marc Mazzucco, Cllr Douglas Reid, Mrs Joyce White, Cllr Lee Lyons

2. Declaration of interests (052/2026)

There were no declarations noted.

3. Minute of the meeting of the NHS Board held on 7 April 2026 (053/2026)

The minute was approved as an accurate record of discussions.

4. Matters arising (054/2026)

The Board action log was circulated to Board Members in advance of the meeting and all progress against actions noted.

Action 030-26
Clarification was sought on detail of the outstanding action for David Stonehouse and Nicola Graham related to recurring/non-recurring spend for TrakCare/Symphony IT system in Emergency Department as the system is up and running and it was agreed that an update will be provided to the August board meeting.

Action 032-25
The Board acknowledged that an update on the Neuro CAMHS improvement work would be presented following consideration by Healthcare Governance Committee meeting, with timing expected for the October Board meeting.

Outcome: Members noted the action updates provided

5. Patient story (055/2026)

5.1 The Director of Acute, Vicki Campbell introduced Gaynor Campbell, Senior Advanced Nurse Practitioner (ANP), who attended to present the BEAT to TREAT initiative. The Board viewed the patient story which highlighted the impact of the programme, designed to accelerate the diagnosis and treatment of patients presenting with suspected heart failure.

Gaynor Campbell outlined the BEAT to TREAT pilot, which aims to address lengthy waits for echocardiography by enabling assessment and diagnosis within approximately 60 minutes of attendance. Patients referred by GPs attend a dedicated community hub, where ANPs and Clinical Nurse Specialists use AI-supported echocardiography technology to undertake assessments and support rapid clinical decision-making. The pilot is the first of its kind to be implemented by a Board in Scotland.

In response to a question from a Board member regarding prescribing authority, Gaynor Campbell confirmed that ANPs and Clinical Nurse Specialists involved in the service are independent prescribers and can prescribe medication where clinically appropriate.

Gordon James reflected on his recent visit to observe the BEAT to TREAT service within the community hub. He thanked Gaynor Campbell and the wider team for their commitment and innovation in delivering the programme and asked that appreciation also be conveyed to William who was involved in the patient story.

Outcome: Board Members commended the patient story and the positive impact of the BEAT to TREAT approach in improving timely access to heart failure diagnosis and treatment.

6. Board Chair and Chief Executive reports

6.1 Board Chair's report (056/2026)

The Chair, Lesley Bowie advised that one meeting of NHS Board Chairs had taken place since the election and that arrangements were being made to establish regular monthly engagement with the Cabinet Secretary. Discussion among Chairs had focused on the continued development of NHS Boards as population health organisations, with an emphasis on prevention, partnership working and long-term planning to improve outcomes for local communities.

The Chair highlighted the success of the Ayrshire Achieves event, acknowledging the significant contribution of colleagues involved in its planning and delivery, including those responsible for event organisation, venue preparation and catering. The Chair also recognised the Spiritual, Staff and Person-Centred Care Team as recipients of the Chairperson and Chief Executive's Award for their commitment to person-centred care.

6.2 Chief Executive's report (057/2026)

The Chief Executive, Gordon James, reported on a recent visit with the Medical Director, Crawford McGuffie to the BEAT to TREAT team at the Kilmarnock Community Hub to hear more about the work going on to support patients. The innovative and patient-centred care pathway has been designed to improve the early diagnosis and treatment of heart failure in just sixty minutes.

Mr James advised of a visit to Bankfield Medical Practice where discussions focused on primary care, including effective access arrangements with same-day appointments for patients. He also discussed the ongoing pressures, which reflect wider system challenges.

He met with Ayrshire College colleagues to talk about future workforce planning, with a particular focus on developing nursing pathways and healthcare support worker roles and how to grow the workforce for the future.

The Board remained at Level 4 escalation within the Financial Support Framework. The Chief advised that since his last update, two Assurance Board meetings had taken place. As part of these meetings, Scottish Government colleagues visited University Hospital Crosshouse, including Ayrshire Urgent Care, Flow Navigation (FNC), Emergency Department and Ward 5D, where patients were experiencing longer waits. The assurance process was constructive, with a continued focus on strengthening financial governance and delivery of agreed actions.

The Chief Executive reported that following the recent election, the SNP government had published their 100-day plan, which included 14 commitments relating to health and social care. National focus remained on reducing long waits, particularly for patients waiting over 52 weeks. Locally, we have maintained momentum, with performance continuing to improve.

Cancer performance remains a key area of focus and a positive position for Ayrshire, with the best performance in Scotland for the 31-day standard and second-best for the 62-day standard.

The Chief Executive gave an update on the work progressing on development of a national hospital flow plan. Locally, work was continuing to develop our system-wide approach with partners, Acute and HSCP colleagues, with a finalised Right Care Right Place plan to be presented to the Board in due course.

The Chief Executive concluded by reflecting on what a privilege it had been to attend the Ayrshire Achieves awards. The event highlighted the exceptional commitment and innovation of staff in delivering high-quality patient care, and it was encouraging to see this recognised and celebrated.

7. Performance governance

7.1 Performance Governance Committee (058/2026)

The Committee Chair, Sheila Cowan, provided a report on key areas of focus and scrutiny from the meetings held on 1 June and presented the approved minute from meetings held on 12 and 26 March 2026.

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

7.2 Performance report (059/2026)

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

Planned Care
The Director of Acute Services, Vicki Campbell, provided an update on performance and activity to April 2026, with some indicators reported to March 2026. Members noted that pending approval of the 2026/27 Delivery Plan, March trajectories had been rolled forward for reporting purposes.

New Outpatient performance against the 12-week standard deteriorated to 51.3% in April 2026. While the total waiting list remained above trajectory, the number of patients waiting more than 52 weeks continued to improve and exceeded the agreed trajectory.

Inpatient/Day Case performance against the 12-week standard was 49.1%. The overall waiting list remained above trajectory, although the number of patients waiting over 52 weeks continued to improve.

Medical Imaging and Endoscopy waiting lists remained above planned levels; however, improvements were noted in longer waits and overall waiting list reductions in some areas.

Cancer performance showed continued improvement, with 62-day compliance increasing to 86.3% and 31-day compliance reaching 100% in March 2026. Further improvement actions were underway across breast radiology, urology and pathology services.

CAMHS continued to achieve 100% compliance against the national standard and Psychological Therapies performance improved to 90.1%, meeting the national standard but remaining below the local trajectory.

Drug and Alcohol Treatment services continued to exceed national standards

Urgent and Unscheduled Care - The Board were updated on the positive impact of the Ayrshire Urgent Care Service and associated pathways, including ambulance avoidance, care home support and the Emergency Services Mental Health pathway.

Emergency Department attendances increased by 3.8% compared with the previous year. Four-hour performance remained below target, reflecting ongoing pressures associated with high hospital occupancy and flow challenges.

Improvements had been achieved since January 2026 in emergency department length of stay, 12-hour waits and ambulance handover performance, although all remained below planned trajectories.

Acute Frailty Unit discharge performance, Combined Assessment Unit flow, hospital occupancy and emergency inpatient length of stay all remained challenging despite some recent improvements.

Delayed discharge numbers increased to 258 patients in March 2026, with all three Health and Social Care Partnerships failing to meet agreed trajectories. Occupied bed days attributable to delay also increased. Work continued with partners to reduce length of stay and improve discharge processes.

Workforce - Sickness absence for March 2026 was reported at 6.14%, comprising 2.03% short-term and 4.11% long-term absence.

The Board acknowledged that significant challenges remain in relation to planned care waiting times, emergency department performance, hospital occupancy, delayed discharges and patient flow across the system. Members discussed the actions being progressed to sustain improvements, address operational pressures and support delivery of national standards and local trajectories

The Director of East Ayrshire Health and Social Care Partnership (HSCP), Craig McArthur, provided an update on performance and activity related to urgent care and delayed discharges in East Ayrshire Health and Social Care.

The Board were updated on the Flow Navigation Centre (FNC), which continued to demonstrate strong performance in supporting urgent care demand management, with approximately 10,000 contacts recorded in April and most patients supported through alternative pathways without requiring referral to hospital.

In relation to delayed discharges, the Board was advised that East Ayrshire continues to report no standard delays over 14 days. However, financial constraints and limited capacity across the system are creating increasing challenges in sustaining performance and managing delayed discharges.

An update was provided on Musculoskeletal (MSK) services. Performance against the local target had improved to 39% during 2025/26, narrowly below the 40% target.

Work is ongoing to improve access and outcomes through active triage, greater patient involvement in managing their care, community appointment days, and service redesign aligned to national expectations.

Members received an update on the increased use of digital technology to support patients, including maintaining up-to-date online resources and adopting a more proactive and responsive approach to communication and self-management support.

Members were updated on the outlined work underway to review workforce skill mix, recruitment and retention arrangements, and staff development opportunities to ensure referrals are managed effectively and patients receive care from the most appropriate professional.

Significant improvement was reported within Orthotics services. The waiting list had reduced from 694 patients in September to approximately 200 patients, while four-week performance had improved, reflecting sustained efforts by the team to improve access and patient experience.

The Chair welcomed the progress being made and highlighted the value of online exercise and self-management videos for patients. Members discussed opportunities to maximise awareness and uptake of these digital resources. Craig McArthur welcomed the feedback and agreed to share this with the team. Gordon James agreed to work with the Communications Team to promote the available resources more widely.

The Director of North Ayrshire Health and Social Care Partnership (HSCP), Caroline Cameron provided an update on delayed discharges in North Ayrshire Health and Social Care.

Delayed discharge levels remain high and have continued to increase since the March reporting period covered within the performance report. The main contributing factors remain financial constraints, resource pressures and challenges within social care.

Members were advised that efforts continue to focus on maximising capacity within community services, including reducing sickness absence within the Care at Home service. Implementation of the IJB-approved Critical Eligibility Criteria is also underway, ensuring hospital referrals are prioritised in line with the revised threshold for accessing social care support.

The Board noted that all adult social care packages in North Ayrshire are currently being reviewed to ensure resources are targeted effectively. Members also welcomed the strengthened Discharge to Assess Team, now fully staffed through Scottish Government funding, which has increased social work capacity, improved discharge decision-making, and supported more people to be assessed within the community rather than remaining in hospital, helping to reduce delays in discharge.

Mental Health Services overall performance remained strong, with no significant issues to flag. Targets are being met, with some areas exceeding national standards. It is worth noting that, for the period covered in the performance report, Psychological Therapies has now achieved performance above the 90% Referral to

Treatment (RTT) target. Across both mental health and drug and alcohol services, all national targets continue to be met.

The Director of South Ayrshire Health and Social Care Partnership (HSCP), Mark Inglis provided an update on delayed discharges in South Ayrshire Health and Social Care.

He advised of significant activity within South Ayrshire around care home provision and transfer of care arrangements.

The Board also received an update on several initiatives aimed at shifting the balance of care, including additional care home provision in South Ayrshire, transfer of care arrangements within community hospitals, and the development of an Integrated Discharge Hub.

Members discussed the successful outcomes being achieved through the Racecourse Road facility, with encouraging numbers of individuals returning home following periods of assessment and rehabilitation. The contribution of third-sector organisations in supporting critical care and community-based services was also recognised.

In response to a question regarding reablement services, Ms Cameron confirmed that North Ayrshire provides short-term intervention and reablement support, although it does not currently have an equivalent bed-based facility to Racecourse Road. It was also highlighted that East Ayrshire is exploring proposals to extend rehabilitation opportunities and develop a model like that provided at Racecourse Road.

Members discussed the significant financial pressures being experienced across Health and Social Care Partnerships and heard that all three Ayrshire HSCPs are moving towards a consistent approach to eligibility criteria, focused on critical care needs. It was recognised that this reflects a wider national position, with many partnerships reporting that available alternatives to address financial challenges have been exhausted.

The discussion emphasised the importance of continued collaboration between the three Ayrshire HSCPs, NHS Ayrshire & Arran and Local Authority Chief Executives to manage the impact of these changes and progress the wider Shifting the Balance of Care programme.

Overall, an update was provided on the phased approach to Shifting the Balance of Care, including Phase 1 investment already allocated across partnerships and acute services, and Phase 2 proposals aimed at reducing reliance on hospital-based care and reinvesting resources into community services, subject to appropriate governance arrangements.

Members acknowledged the challenges associated with supporting individuals who are medically fit for discharge but do not meet the revised eligibility criteria for social care services. There was agreement that hospital is not the most appropriate setting for people who no longer require acute medical care and that strengthening community-based alternatives remains a key priority.

Examples of good practice were highlighted, including integrated discharge arrangements, enablement and reablement services, and partnerships with the third sector, all of which are supporting people to return home, maintain independence and reduce reliance on hospital care. Further opportunities to expand these approaches across Ayrshire are being considered as part of future service redesign.

The Director of Human Resources, Sarah Leslie presented the update on workforce sickness absence performance. The March position showed sickness absence at 6.14%, with an average annual outturn of 5.90%, below the Board's target of 6.15% despite a challenging start to the year due to respiratory illnesses.

The main cause of absence continued to be anxiety, stress and depression, accounting for 1.69% of absence. Nursing and Midwifery recorded the highest absence rate at 7.21%, while Senior Managers had the lowest at 0.97%.

Discussion focused on the ongoing challenge of long-term absence and the importance of interventions that support staff wellbeing, facilitate return to work, and address the needs of an ageing workforce, whose average age is 55 years.

Members also discussed the impact of planned treatment and health conditions on absence levels and received assurance about ongoing wellbeing initiatives, including support for female staff and menopause-related programmes, aimed at helping staff remain healthy and in work.

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

7.3 Financial Management Report (FMR) (060/2026)

The Interim Director of Finance, David Stonehouse provided an update on the year-end financial position, highlighting the £24.3 million funding provided to Integration Joint Boards (IJBs) and year-end movements undertaken to mitigate financial pressures, including a principal adjustment of £1.6 million. It was confirmed that the final outturn was better than originally anticipated.

Members were reassured that the Scottish Government had responded positively to the Board achieving its agreed financial target. It was also acknowledged that previous years' accounts had been subject to Section 22 reporting and that greater certainty would be available once the external audit process is complete.

An update was provided on the Month 1 financial position. A draft high-level position had been shared with the Assurance Board, showing an agreed planned deficit of £45 million, with a Month 1 forecast deficit of approximately £4 million, broadly in line with expectations. Variances were attributed largely to the back-loading of savings plans and slippage within the prescribing budget, with April traditionally delivering lower levels of savings.

Members were advised that the current headline savings gap had reduced significantly, with the unidentified savings requirement and red/amber-rated risks now totalling approximately £5–6 million. This represents an improvement from the

previously reported position of £17 million and reflects progress in identifying and capturing savings.

The Position was previously considered by the Performance Governance Committee (PGC). Further reporting will be provided to future meetings, including detailed monitoring of savings delivery and enhanced financial governance arrangements.

Outcome: The Board welcomed the comprehensive report, noting the assurances provided and that the financial position, associated risks, and planned mitigations would continue to be closely monitored through future reports

8. Healthcare Governance

8.1 Healthcare Governance Committee (061/2026)

The Committee Vice Chair, Sharon Morrow, provided a report on key areas of focus and scrutiny at the meeting on 12 May 2026 and approved minute from the meeting on 02 March 2026.

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

8.2 Patient experience report - Quarter 4 (062/2026)

The Nurse Director, Jennifer Wilson, presented the Complaints Performance Report for Q4 key themes, areas of pressure and learning generated:

Members were advised of a sustained increase in Stage 2 complaints, with 222 complaints received during Quarter 4, representing a 76% year-on-year increase. Analysis indicates that the rise is linked to wider system pressures, including waiting times, particularly within surgical and neurodiversity pathways.

The increased volume of complaints has impacted the organisation's ability to respond within required timescales. In response, a targeted improvement programme has been implemented, including a four-week sprint focused on complaint resolution, supported by daily oversight, strengthened accountability and improved case management processes.

Assurance was provided that these recovery actions were delivering improvements. During the sprint period, the overall complaints backlog reduced from 272 to 193 cases, investigation backlogs were reduced, draft-stage complaints decreased, and 79 complaints were closed.

Members acknowledged the progress made while recognising that a significant number of complaints remained out with timescales. Enhanced governance and oversight arrangements have been established, particularly within Acute Services, including daily monitoring and additional temporary support. A further report will be presented to the Healthcare Governance Committee to support continued scrutiny and oversight.

Discussion focused on ensuring that learning from complaints is embedded into service improvement activity and on understanding the underlying causes driving complaint volumes. Members welcomed the targeted improvement approach and

sought assurance that arrangements would be put in place to sustain improvements and manage increased demand over the longer term. It was confirmed that ongoing review and monitoring would continue, with management teams developing a sustainable model for complaints handling and performance improvement.

Outcome: Board Members were reassured and welcomed the progress achieved through the complaints recovery programme and received assurance that ongoing improvement actions, strengthened oversight and a focus on organisational learning would support sustained improvements in performance.

8.3 Healthcare Associated Infection (HAI) report (063/2026)

The Nurse Director, Jennifer Wilson provided an update on Healthcare Associated Infection (HAI) performance. Members were advised that the position for Clostridioides difficile infection (CDI) remains challenging, with 70 cases reported in Quarter 3 and a total of 153 cases recorded over the reporting period. There were no significant outbreaks reported, and performance remains stable overall.

Discussion focused on the Board's status as a national outlier for community-associated CDI, a position that has been sustained over seven consecutive quarters.

Members were advised that Public Health is undertaking further analysis, including work with the Chief Nursing Officer, to better understand the contributing factors. Early findings suggest that the drivers are complex and multifactorial, with factors such as age, deprivation, access to services and prescribing practices being considered.

Members received assurance that Healthcare Associated Infection performance remains within target, with infection prevention and control measures and outbreak management arrangements continuing to operate effectively. A reduction in respiratory outbreaks was also reported, with all incidents managed in accordance with IPC guidance.

The Board requested further analysis of community-associated CDI cases, including geographical, demographic and deprivation-related factors, to better understand the reasons for Ayrshire's outlier position and to identify opportunities for improvement. It was acknowledged that comparisons with other Boards remain challenging and that further work is required to establish the underlying causes. Potential contributing factors, including antibiotic and proton pump inhibitor prescribing, are also being considered through ongoing multidisciplinary review and scrutiny arrangements.

Outcome: Board Members welcomed the update and were assured by the report.

9. Board Governance and strategy

9.1 Annual Review of governance committee terms of reference (064/2026)

The Head of Corporate Governance, Shona McCulloch, presented the governance committee terms of reference (ToR) for approval following the ToR annual review process. For the 2026 review, each governance committee had reviewed their ToR, with any changes highlighted red.

Outcome: Board Members approved the governance committee terms of reference.

9.2 Integrated Governance Committee (065/2026)

The Chair of the Integrated Governance Committee, Lesley Bowie provided an update on key areas of committee business.

The Committee Chair, Lesley Bowie, provided a report on key areas of focus and scrutiny at the meeting on 21 May 2026 and presented the approved minute from 17 February 2026.

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

9.3 Information Governance Committee (066/2026)

On behalf of the Committee Chair Marc Mazzucco, Neil McAleese provided an update report on key areas of focus and scrutiny at the meeting on 18 May 2026 and approved minute from the meeting on 23 February 2026

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

9.4 Medical Education Governance Committee (067/2026)

The Medical Director, Crawford McGuffie provided a six-monthly update to Board on medical education, training and quality management activity. Assurance was provided on oversight arrangements remain robust and that previous challenges relating to Rota gaps within high-risk specialties have been addressed through a range of targeted interventions.

Members were advised that the quality of the learning environment remains strong, recognising the link between high-quality training and improved patient care. Positive feedback was received from Public Service Delivery Scotland (formerly NHS Education for Scotland), including commendation for Emergency Medicine and Urology services at University Hospital Ayr, while GP training practices were recognised as providing an excellent training experience.

The Board was reassured that following visits to Paediatric and Surgical services at University Hospital Crosshouse, action plans are in place to address identified areas for improvement. Positive feedback was also received through quality management engagement activity, with examples of outstanding practice highlighted within Trauma and Orthopaedics.

Performance across undergraduate medical education continues to be consistently strong across all hospital sites. Members also received an update on future funding arrangements, with growth in training funding expected to stabilise in line with a plateau in medical student numbers.

Outcome: Board Members welcomed the positive external feedback received and the strong governance arrangements supporting medical education and training across NHS Ayrshire & Arran.

9.5 Community Wealth Building (CWB) (068/2026)

The Assistant Director PMO and Efficiency, Transformation and Sustainability, Elaine McClure presented a report seeking approval of the Community Wealth Building (CWB) Strategy 2026–2029.

Members noted that the refreshed strategy aligned with the Community Wealth Building (Scotland) Act 2026 and set out clear objectives and actions across the six CWB pillars. The strategy builds on existing business-as-usual activity, with delivery focused on partnership working and measurable outcomes aligned to local, regional and national priorities.

During discussion, members welcomed the progress made in embedding CWB principles across the organisation and emphasised the importance of ensuring that Community Wealth Building remains integrated within day-to-day business. Opportunities were highlighted in areas including local procurement, fair work, land and asset utilisation, volunteering and strengthened partnership working. Members also supported renewed engagement with the Community Wealth Building Commission to help drive collaboration and future progress.

The Board were advised that the strategy had no additional funding requirements and presented a low-risk framework for advancing social, economic and environmental wellbeing. Members highlighted opportunities to make greater use of land and assets to support community wellbeing and recognised the important role of volunteers and community organisations in delivering local benefits.

Outcome: Board Members approved the Community Wealth Building Strategy 2026–2029.

10.0 Board Committees annual assurance reports (069/2026)

10.1 The 2025-2026 annual reports for Board Governance Committees were presented to members to note progress and provide assurance that each committee have delivered its remit.

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

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

10.2 Pharmacy Practices Committee annual report and terms of reference (070/2026)

Craig McArthur presented the Annual Report of the Pharmacy Practices Committee (PPC), a devolved decision-making committee of the Board, and sought approval of the Committee Terms of Reference for 2026/27, which remain unchanged.

Members noted the significant work undertaken by the Committee in responding to a judicial review relating to the Monkton pharmacy application. The Board was assured that the review was successfully defended, no changes to processes were required, and the legal team commended the quality and diligence of the Pharmacy Team's work.

It was acknowledged that the judicial review process had impacted progress on some routine business; however, the Committee is now focused on addressing application backlogs and returning to business as usual.
Members highlighted the substantial work undertaken by the Committee since 2022 in defending two judicial reviews and commended the team for their professionalism and successful outcome.

Outcome: Board Members were assured by the report and approved the Pharmacy Practices Committee Terms of Reference for 2026/27.

10.3 Corporate Equalities Committee annual report (071/2026)

The Director of People, Safety and Culture, Sarah Leslie presented the annual Corporate Equality report outlining key areas of delivery during the year, priorities for the coming period, and future direction.

The Board were updated on the development of NHS Ayrshire & Arran's first Anti-Racism Plan as a significant priority. Progress was reported across several equality initiatives, including support for disabled workers through improved reasonable adjustment processes and greater recognition of colleagues living with chronic long-term conditions. Work is also underway to improve access and equity in translation and interpretation services through more consistent processes, increased access to telephone interpreting, and wider use of remote solutions. Reference was also made to the NHS Scotland “More than a Space” initiative.

The report highlighted the benefits of investing in equality and inclusion initiatives and the importance of staff networks in creating supportive communities. Updates were provided on the Ethnic Minority Staff Network, with acknowledgement that race-related issues remain under-reported and that confidence in organisational processes requires further improvement. The LGBTQ+ Staff Network and Disabled Staff Network were also highlighted, with continued Board support sought to ensure meaningful action is taken and to reduce stigma. Plans to establish a Carers Network were welcomed.

An update was provided on the implications of the Supreme Court ruling and the significant impact this may have on public sector organisations, including accommodation, estates, training, and awareness requirements. The Board recognised the leadership provided by the Director of Public Health in managing this complex area and noted that a further update would be provided through CMT during the year ahead.

The importance of addressing racial inequalities and improving equitable outcomes was emphasised, particularly through visible leadership and accountability. The Board noted the Year 1 outcomes and measures associated with the Anti-Racism Plan and the commitment to advancing equality across all protected characteristics.

Attention was also drawn to work relating to violence against women and gender equality, reflecting wider societal challenges and organisational commitments. The Board commended Dr Sukhomoy Das, Elaine Savory and members of the Staff Governance Committee for their work in progressing the equality agenda. Members welcomed the comprehensive update and strongly supported the continued development of staff networks, including the proposed Carers Network. It was noted that opportunities may exist to work alongside local authority partners to support carers.

Members highlighted the introduction of reasonable adjustment processes for medical staff and noted that not all NHS Boards across the West of Scotland currently provide such arrangements. Reference was made to support for junior doctors and medical students, with NHS Ayrshire & Arran recognised as the first Board in the region to introduce this approach. The Board welcomed the progress and the commitment to making adjustments easier to access for medical staff and trainees.

Outcome: Board Members endorsed the annual Corporate Equality report and the progress made across equality, diversity and inclusion priorities during the reporting period.

11. Audit and Risk

11.1 Audit and Risk Committee (072/2026)

On behalf of the Committee Chair, Jean Ford, Neil McAleese provided an update to Board members on key areas of focus and scrutiny at the meeting on 19 May 2026. The Chair presented the minute of the meeting held on 19 March 2026.

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

12. Staff governance

12.1 Staff governance committee (073/2026)

Sarah Leslie, Director of People, Safety and Culture, provided a report on key areas of focus and scrutiny at the meeting on 7 May 2026. The Chair presented the minute of the meeting held on 11 February 2026.

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

12.2 Whistleblowing performance report (074/2026)

The Nurse Director, Jennifer Wilson, presented the assurance report on organisational activity for whistleblowing concerns raised in Quarter 4 2025/26, for January to March which had previously been reviewed by both the Whistleblowing Oversight Group (WBOG) and the Staff Governance Committee.

The Board noted that seven concerns had been received during the reporting period. Four concerns were submitted anonymously, with the remaining concerns relating to workforce matters. Members noted that no formal investigations had been initiated and that the number and nature of concerns reflected continued staff awareness of whistleblowing arrangements and the effectiveness of the triage process.

One concern with potential patient safety implications had been identified and was escalated appropriately in line with established procedures.

The Board were updated that four concerns remain open and have been carried forward into the next reporting period. These cases were described as complex and relate primarily to workplace culture and staffing issues. Assurance was provided that progress is being monitored through the Whistleblowing Oversight Group, with regular communication maintained with the individuals involved.

Members noted that compliance with mandatory whistleblowing training for line managers remains high at 88.2%, with ongoing work underway to increase completion rates for all staff modules.

The Board were assured that there had been no referrals to the Independent National Whistleblowing Officer (INWO) during the quarter and took further assurance that effective whistleblowing arrangements remain in place within the organisation.

During discussion, clarification was sought regarding the management of anonymous concerns. It was confirmed that all anonymous concerns are subject to the same triage and escalation processes and are referred to the appropriate Executive Director for consideration and action. Members also sought an update on the nature of the ongoing cases. Assurance was provided that these are complex matters, but there are no identified patterns or common themes linking the cases. Confirmation was given that the concerns relate to separate circumstances and continue to be managed appropriately through established processes.

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

12.3 Anti-racism plan (075/2026)

Sarah Leslie, Director of People, Safety and Culture presented the anti-racism plan and associated actions to board for approval acknowledging the contribution of Public Health Director Lynne McNiven and partners in its development.
The Board acknowledged the evidence of inequalities experienced by ethnic minority communities in relation to healthcare outcomes, access, and workforce progression, and recognised the need for sustained action.

The Plan, aligned to national priorities and Executive objectives, has been informed through extensive engagement with staff networks, communities and stakeholders. Members noted the proposed "See, Say, Act" approach and key actions, including publication of the Plan and the introduction of a secure and confidential mechanism for reporting concerns relating to racism.

Lynne McNiven highlighted the importance of improving equitable access to services, information and consent processes, noting that performance measures have been developed to support monitoring and accountability.

The Chair welcomed the Plan and emphasised the importance of ensuring the organisation's values of Caring, Safe and Respectful are experienced by all staff, patients and communities, alongside developing meaningful measures of success.

Members considered how confidence could be built amongst ethnic minority staff to raise concerns. Assurance was provided that visible leadership, strong staff networks, effective reporting arrangements and demonstrable action would be key to building trust. The importance of encouraging disclosure by both staff and patients was also noted, together with positive engagement undertaken with Gypsy/Traveller communities and partnership working across the Health and Social Care Partnerships.

Outcome: Board Members approved the Anti-racism plan.

13. For Information

13.1 Board Briefing (076/2026)

Board Members noted the content of the briefing.

13.2 Quality and safety in maternity services (077/2026)

Board Members noted the report for assurance.

13.3 Quality and safety in gynaecology and sexual health services (078/2026)

Board Members noted the report for assurance.

13.4 East Ayrshire Integration Joint Board (079/2026)

There were no approved minutes available.

13.5 North Ayrshire Integration Joint Board (080/2026)

Board Members noted the minute of the meeting held on 13 March 2026.

13.6 South Ayrshire Integration Joint Board (081/2026)

Board Members noted the minute of the meeting held on 11 March 2026.

14. Any other competent business (082/2026)

14.1 NMC Whistleblowing matter

The Nurse Director, Jennifer Wilson provided a verbal update regarding recent Nursing and Midwifery Council (NMC) communications on historical national whistleblowing concerns. The Board heard that the NMC had identified that, over a 12-year period, certain aspects of some cases had not been fully reviewed by themselves, although not all concerns were upheld.

Members were advised that the NMC is undertaking further review work and that employers have been informed that no immediate action is required at this stage. The Board received assurance that proactive communications have been issued to support any affected staff and that the wellbeing of patients and staff remains a priority. It was further noted that NHS Ayrshire & Arran will, if staff are identified from

the national review, offer support to staff and will ensure appropriate oversight through established governance arrangements**.**

Outcome: Board Members welcomed the update.

14. Date of Next Meeting

The next public meeting of the NHS Ayrshire & Arran Board will take place at 9.30 am on Monday 10 August 2026 in the Common Rooms, Education Centre, University Hospital Ayr

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.