
Minute of Performance and Audit Committee

Date: 2nd September 2025

Time: 2pm

Place: MS Teams

Present

Cllr Cameron Ramsay, Chairperson, SAC

Cllr Hugh Hunter, Voting Member, SAC

Jean Ford, Non-Executive Director, Voting Member, NHS

Ewing Hope, Non-Executive Director, Voting Member, NHS

In Attendance

Gary Hoey, Chief Social Work Officer, HSCP

Mark Inglis, Head of Children's Health Care and Justice Service, HSCP

Stewart Marshall, Interim Head of Community Health and Care Services, HSCP

Lisa Duncan, Chief Finance Officer, HSCP

Sheila Tyeson, Senior Manager, Planning and Performance, HSCP

Vicky Campbell, Business Intelligence Team Leader, HSCP

Frances Ewan, Staff Representative, UNITE

Yvonne Quinn, Musculoskeletal Service Manager, NHS

Helen Brown, Senior Manager (Reabling and Caring for People), HSCP

Angus Brown, Audit Scotland

Nadine McCall, Administrative Assistant (minutes), HSCP

Cllr Cameron Ramsay in the Chair

Agenda	Discussion	Action
1.	<p>Welcome/ Apologies/ Membership updates</p> <p>Apologies on behalf of Tim Eltringham and Lianne McInally.</p>	
2.	<p>Declarations of Interest</p> <p>There were no declarations of interest to note.</p>	
3.	<p>Minute of Previous Meeting</p> <p>The minute of the meeting of the Performance & Audit Committee held on 25th June 2025 was approved as an accurate record of the meeting.</p>	
4.	<p>Matters Arising/ Action Log</p> <p>There were no matters arising to note.</p>	
Audit (for agreement)		
5.	<p>South Ayrshire Integration Joint Board – Annual Performance Report – 1st April 2024 – 31st March 2025</p> <p>V Campbell explained that this Annual Performance Report 2024 – 2025 will be the final report from our Director, Tim Eltringham, who's led us through a year of real innovation and resilience.</p> <p>V Campbell shared slides on screen and noted that these will highlight the big wins, how they have adapted under pressures and when they are heading next to keep improving services for our communities.</p> <p>V Campbell shared a table which shows performance for children and young people against the national MSH indicators. In comparison to last year, there has been strong improvements across Unplanned Admissions, A&E attendances, and Unplanned Bed Days (acute), all exceeding their targets.</p> <p>V Campbell noted that for emergency day beds in mental health, the percentage was slightly lower than last but still met the target.</p> <p>Overall, every objective for the under - 18 indicators was achieved, reflecting the impact of early intervention, better community support and closer working between services.</p> <p>V Campbell continued by sharing a table which shows performance for adults against the national MSG indicators.</p> <p>There has been a continued reduction in Unplanned Admissions and ED Attendances, with strong improvements in both, as well as</p>	

	<p>sustained progress in Emergency Bed Days for Mental Health.</p> <p>Targets for Unplanned Bed Days (Acute), Emergency Bed Days (Geriatric Long Stay), Delayed Discharges and End of Life Care were not met. V Campbell advised that these areas have been heavily influenced by system pressures, but there has been significant service development to address them.</p> <p>This includes:</p> <ul style="list-style-type: none"> • Recruiting more Care at Home staff to offset reduced capacity in commissioned services. • Strengthening “front door” services to avoid unnecessary admissions. • Expanding Hospital at Home to keep people safe in their own homes. • Enhancing reablement services to build confidence and independence. • Using the Racecourse Road assessment and review unit to manage demand more effectively. <p>V Campbell noted that targets haven’t changed in the last three years. The original trajectories for these measures were set back in 2018, using 2015/16 as the baseline for most indicators and 2016/17 for delayed discharges.</p> <p>V Campbell explained that they have not been asked to update these trajectories since 2019. For some indicators, calendar year 2024 data has been used as a proxy for 2024/25, because the national dataset is not yet complete. This follows Public Health Scotland guidance issued to all Partnerships.</p> <p>S Tyeson thanked V Campbell for providing this report for today’s meeting. S Tyeson explained that there is a summary version of the document in preparation that will be available and published online. S Tyeson thanked all who contributed to the Annual Performance Report.</p> <p>H Hunter thanked V Campbell for her update and queried in relation to the Connect Hubs, if there was a detailed programme for rollout of the hubs to other towns and localities.</p> <p>S Marshall informed that there have been implementation groups developed across all 6 localities and they are currently progressing with the Connect Hub at Freemans Home. There is a forthcoming meeting scheduled to look at a possible Connect Hub building in the Maybole area, and they are also looking at rural areas and villages.</p> <p>S Marshall informed that they are aiming to have all Connect Hubs up</p>	
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	<p>and running by the end of 2025.</p> <p>H Hunter highlighted that training has been a massive contributor to success this year and commended the leadership throughout all services for the improvements that have been made.</p> <p>M Inglis thanked V Campbell and all contributors for this report, expressing that this is the strongest Annual Performance Report he has seen in terms of clarity and capturing the transformational journey the HSCP have been on. M Inglis stated that in having this clear, strong record of our performance and journey is really important and something that can be referred to as part of our ongoing need to drive change as we have done.</p> <p>The Committee approved the Annual Performance Report for 2024 – 2025 and noted the performance over the reporting period and in-year progress.</p>	
Performance (for agreement)		
<p>6.</p>	<p>Musculoskeletal (MSK) Performance update</p> <p>Y Quinn informed that waiting lists for MSK in South Ayrshire have increased, attributed to by the workforce situation in South Ayrshire currently.</p> <p>Y Quinn gave an overview of South Ayrshire waiting lists for Physiotherapy and Podiatry and also provided an update in terms of workforce sickness absence.</p> <p>In terms of workforce, vacant posts Y Quinn shared the below information:</p> <p><u>Physiotherapy South</u></p> <p>2.6 WTE Band 6 MSK Specialist Physiotherapists 1WTE Band 5 MSK Physiotherapist 1WTE Band 5 Rotational Physiotherapist 1.1WTE across various bands with temporary reduced hours/secondments</p> <p>40% reduction in substantive staffing</p> <p><u>Podiatry</u></p> <p>1 WTE Band 5 MSK Podiatrist 1 WTE Band 6 MSK Specialist Podiatrist (maternity leave)</p> <p>19% reduction in substantive staffing</p> <p>Y Quinn noted that the timeline for recruitment is outwith their control,</p>	

	<p>particularly when someone external has been recruited.</p> <p>In terms of recovery of workforce position, they have taken action by recruiting to vacant posts, natural ending to flexible working/secondments, offering overtime, bank – limited options at present, physiotherapy bank is currently being populated to use med-long term. The podiatry bank will be recruited to in future, MSK specialist skill set will be specified.</p> <p>Y Quinn advised that they have asked to use locums for a limited period, however they were not able to.</p> <p>South Community Appointment Day took place on 6th August. Y Quinn informed that 500 invites were circulated with 148 people booking to attend the event. 137 people attended on the day.</p> <p>The feedback from the day was positive and an economic evaluation will be undertaken, however this takes around 6 months to complete, therefore they will not have the data from this until the beginning of next year.</p> <p>S Marshall and Y Quinn agreed to have a discussion offline to discuss the potential of hosting a Community Appointment Day in Girvan, linking in other services.</p>	
<p>7.</p>	<p>Children's Health Care and Justice 6 Monthly Performance Report</p> <p>M Inglis advised that the purpose of this report is to submit for consideration the six-monthly performance report for Childrens Health, Care and Justice. The report comprises of both baseline information and where available information for the period up to end of July 2025.</p> <p>In terms of key areas to highlight M Inglis informed that with regards to Ayrshire Comparison over the past decade, M Inglis advised that South Ayrshire has consistently performed well in supporting children to reach key developmental milestones by the 27 – 30-month review point.</p> <p>In 2023/24, 77.2% of children in South Ayrshire had no developmental concerns across all domains, maintaining a strong performance in line with the national average (77.6%) and slightly above the NHS Ayrshire & Arran average (75.8%).</p> <p>Compared to North and East Ayrshire, South Ayrshire has maintained a consistent lead across most years, highlighting the strength of its health visiting teams, multi-agency collaboration, and early support for families.</p> <p>South Ayrshire and IJB have committed to add funding to breastfeeding understanding the importance of this. M Inglis advised that discussions are underway to support South Ayrshire Early Years Education establishments to achieve “Breastfeeding Friendly” status</p>	

<p>through the Scottish Government Breastfeeding Friendly Scotland Scheme, as well as targeted improvement work to increase breastfeeding rates.</p> <p>M Inglis advised that teenage pregnancy rates across South, North and East Ayrshire have declined over the past decade, with South Ayrshire consistently demonstrating stronger performance than its neighbouring authorities.</p> <p>M Inglis informed that the overall number of Looked After and Accommodated Children (LAAC) in South Ayrshire has fluctuated over the past four years, peaking at 228 in August 2021, declining through 2022, then gradually increasing again to a high of 210 in February 2024, before stabilising at 196 in June 2025.</p> <p>This improvement reflects a strong local focus on prevention and early intervention with effective multi agency working to support families at an earlier stage.</p> <p>G Hoey highlighted that in terms of the figures around unpaid work within the report, there are a number of valid reasons people are not making unpaid work. In respect of SCRA stats, the grounds numbers are reducing.</p> <p>In terms of children in the child protection system, neglect and emotional abuse remain the main reasons children are placed on the child protection register.</p> <p>The child protection data reflects that there is evidence of a responsive system that is also mindful of negative impact of being overly intervening which can be damaging to families and children.</p> <p>A discussion ensued in relation to anti-social behaviour, with Cllr Ramsay highlighting a couple of recent incidents involving young people that have been brought to his attention.</p> <p>M Inglis acknowledged the severity of the situations Cllr Ramsay had highlighted. M Inglis also acknowledged how difficult society can be for young people now, which can lead them to engaged in difficult behaviours that society then has to manage.</p> <p>M Inglis advised that they have formed a Youth Justice Group who will look at these types of incidents and identify any trends where there are areas of concern and aim to intervene early.</p> <p>Cllr Hunter queried, in respect of unaccompanied asylum-seeking children, how we are able to protect them from those they are trying to escape from.</p> <p>M Inglis explained in relation to the spontaneous arrivals they see in South Ayrshire it appears to be organised crime that are mostly bringing</p>
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	<p>these young people from Vietnam.</p> <p>M Inglis expressed that they have no concern that the children who have arrived are at risk of exploitation from organised gangs.</p> <p>M Inglis explained that the area around age assessment continues to remain challenging and they continue to work with COSLA, Home Office and Police Scotland around this.</p> <p>M Inglis continued to advise, in terms of positive destinations, our unaccompanied children have done well. They come highly motivated to do well and get involved in training and education. A number of them have also got involved in local communities, football teams etc.</p> <p>Cllr H Hunter commended M Inglis and those involved for the work in this area, supporting unaccompanied asylum-seeking children who arrive in South Ayrshire.</p> <p>The Committee noted the content of the Children’s Health, Care and Justice six-monthly Performance Report.</p>	
<p>8.</p>	<p>Girvan – South Carrick/ Maybole – North Carrick Locality Plan Update</p> <p>S Marshall advised that the purpose of this report is to provide an update to the Performance and Audit Committee on the progress of the Locality Plans for North and South Carrick.</p> <p>S Marshall noted that the Locality Plans were developed in Spring 2024 and agreed via both Community Planning Partnership’s (CPP) and Integration Joint Board structures during the Summer of 2024. The plans were a combination of work focused on team around the locality model and the CPP agreed approach to the focus of adult service delivery across South Ayrshire.</p> <p>S Marshall advised that staff within the HSCP locality structure for the localities are made up of Social Workers, Community Nursing, Community Hospital, Day Care, Residential Care, Engagement Officer, and a variety of support staff. In addition, the Locality Manager is responsible for South Ayrshire services; Care at Home Review and Occupational Therapy (Equipment and Adaptations).</p> <p>S Marshall advised that they have LPP meetings that takes place in Girvan and is a hybrid approach, to allow people to come together face to face or via teams.</p> <p>Since the plans were established in June 2024, there has been a focus on the LPPs in each locality area, with refreshed terms of reference,</p>	

	<p>and with that, new membership.</p> <p>S Marshall advised that it is a year for forming these relationships and building the trust and connections needed to progress work in each locality area.</p> <p>S Marshall informed that overall, there has been positive progress. The plans produced were seen as bridging plans for an initial period of one year. The LPPs will be looking to refresh these action plans by autumn/winter 2025 and will consider 3-year plans to allow a more effective planning and delivery cycle, which will allow actions to develop over the course of the plan. It is envisaged that the Locality Plans will align to Community Led Action Plans thus linking place to wellbeing.</p> <p>S Marshall explained that there are a total of 16 actions across the North Carrick Locality Plan with 6 actions fully complete, 8 in progress and 2 actions off track with improvements in place.</p> <p>South Carrick has a total of 21 actions, 6 actions are fully complete and 13 in progress with 2 off track with improvements in place.</p> <p>S Marshall advised that completion rates are as expected, with a further update anticipated in November and consideration given to any outstanding activity and how that fits into the 3-year plans for each locality area.</p> <p>Cllr Ramsay expressed that a number of people within the North and South Carrick areas can often feel isolated, therefore it's great to see the plans and foundations for those plans in place.</p> <p>Cllr Hunter commended the work that is ongoing and expressed his interest in the level of support from other services and officers at the LPP meetings.</p> <p>S Marshall informed that for the LPPS in the Carrick Locality they have Engagement Officers who do fantastic work. They also have an LPP Chair in the Carrick locality who is a community member of the area. S Marshall advised that they try and make it as easy as possible for people to attend these meetings, therefore do offer the hybrid option.</p> <p>Within the Girvan LPP, S Marshall stated that they have good representation across different service providers – Mental Health, Alcohol and Drug Partnerships, Primary Care and others. S Marshall advised that they are always keen to welcome more representation.</p> <p>The Committee noted the content of the report and the progress made within North and South Localities.</p>	
<p>Items information to PAC:</p>		

<p>9.</p>	<p>Cunningham Place Care Inspectorate Report</p> <p>M Inglis advised that this report is presented today for the Performance and Audit Committee's awareness. Cunningham Place had an unannounced inspection from the Care Inspectorate in June 2024 and received a weak report.</p> <p>The Care Inspectorate carried out a further unannounced visit on 4th and 5th June 2025, where they reported an improving picture and noted the key messages (detailed within the circulated report).</p> <p>M Inglis advised that they are on track to delivering on the two requirements ensuring that young people's health and wellbeing are fully assessed with risks and effective strategies to address risk identified and ensuring that there is an effective admissions and matching process in place.</p> <p>The Committee noted the content of the report and update on progress.</p>	
<p>10.</p>	<p>Call Monitoring Internal Audit Report</p> <p>H Brown informed that she was asked to bring a brief update for information around call monitoring internal audit report.</p> <p>H Brown advised that the internal audit was carried out across 2024. The objective of the audit is to obtain assurance that the CM2000 system is delivering the Health and Social Care Partnership's objectives.</p> <p>This was put in place around 2019, moving away from paper-based systems and this audit was looking at whether they are delivering on the objectives.</p> <p>The contract for this will be due for renewal in 2026.</p> <p>The report concluded that reasonable assurance is given that the objectives are being met.</p> <p>H Brown advised that they continue to work with the team around assurances that they no longer require the use of excel spreadsheets as a backup.</p> <p>The Committee noted the content of the report.</p>	
<p>Any Other Business/ Actions for follow up to IJB</p>		

Date of Next Meeting – Tuesday 4th November 2025