

# NHS Ayrshire & Arran



<b>Meeting:</b>	<b>Ayrshire and Arran NHS Board</b>
<b>Meeting date:</b>	<b>Monday 2 June 2025</b>
<b>Title:</b>	<b>Healthcare Governance Annual Report 2024/25</b>
<b>Responsible Director:</b>	<b>Jennifer Wilson, Nurse Director</b>
<b>Report Author:</b>	<b>Kay Carmichael, Nurse Directorate Business Manager Angela O'Mahony, Committee Secretary</b>

## 1. Purpose

This is presented to the Board for:

- Awareness

This paper relates to:

- Government policy/directive
- Local policy

This aligns to the following NHSScotland quality ambition(s):

- Safe, Effective and Person Centred

## 2. Report summary

### 2.1 Situation

The Healthcare Governance Committee provides an assurance report annually which sets out key achievements through the year in discharging its remit.

The approved Healthcare Governance Committee report for 2024/25 is presented together with the annual self-assessment checklist for Board Members, to provide an update on the work of Committee and assurance that the Committee has delivered its remit.

Following recommendations from Internal Audit, Standing Committees of the Board are required to provide an assurance mapping report and assurance of reporting to NHS Ayrshire & Arran Board in addition to the above, and these are duly included in this report.

### 2.2 Background

Each NHS Board Governance Committee is required to provide an annual report to Committee and the Board to provide assurance that the Committee has discharged its role as set out in the agreed Terms of Reference.

The Committees' approved Terms of Reference and information on the composition and frequency of the Committees are considered to be an integral part of the Board Standing Orders.

The Governance Committee annual reports are part of the overall assurance mechanism for the NHS Board and are considered by the Audit Committee in order to provide assurance in support of the Board's annual governance statement that the committees have fulfilled their remit.

Further to recommendations by internal audit, committees are required to complete a yearly self-assessment checklist, assurance mapping and NHS Board reporting information in addition to the annual report, to further support the review of committee effectiveness.

## **2.3 Assessment**

The Healthcare Governance assurance report details the membership of the Healthcare Governance Committee and provides information on the activities of the Committee in the past year.

### **Key Messages**

- Overall, NHS Ayrshire & Arran maintains a high level of compliance in Healthcare Governance and good progress has been made in maintaining this during a period of system pressures and a challenging fiscal position.
- A new Director of Infection Prevention Control was appointed during this reporting year who has provided stability and professional leadership to the IPC service.
- The Committee received regular reports of our local position against the national Healthcare Associated Infection (HCAI) Standards, as well as updates relating to outbreaks and incidents and associated learning.
- Terms of Reference updated to reflect the Director of Clinical and Care Governance attendance in an ex-officio capacity.

### **2.3.1 Quality/patient care**

Ensuring good governance in monitoring delivery of programmes across Ayrshire and Arran supports the effective delivery of quality, patient-centred services.

### **2.3.2 Workforce**

This assurance report has no workforce implications for the organisation and enhances joint working across the NHS Board and Ayrshire Integration Joint Boards.

### **2.3.3 Financial**

There are no financial implications.

### **2.3.4 Risk assessment/management**

The annual report process ensures an assessment of committee business against the agreed Terms of Reference. This mitigates against the risk of any gaps in assurance and supports the NHS Board's annual assurance statement.

### **2.3.5 Equality and diversity, including health inequalities**

An impact assessment has not been completed because this is an assurance reporting paper.

#### **2.3.6 Other impacts**

- Best value - Reporting ensures sound governance and accountability.
- Compliance with Corporate Objectives - Providing this assurance report supports compliance with objectives on quality, safety, improved patient experience and a learning organisation

#### **2.3.7 Communication, involvement, engagement and consultation**

This paper requires no engagement with external stakeholders.

#### **2.3.8 Route to the meeting**

The paper was presented to the Healthcare Governance Committee on 28 April 2025 and approved by members.

### **2.4 Recommendation**

For awareness. Board Members are asked to note the progress of the Healthcare Governance Committee in 2024/25 and to take assurance from this report that the Committee has delivered its remit.

## **3. List of appendices**

- Appendix 1 - Healthcare Governance Committee Annual Report 2024/25
- Appendix 2 - Healthcare Governance Committee self-assessment checklist
- Appendix 3 - Assurance Mapping (Review of papers submitted against the Healthcare Governance Committee Remit 2024/25)
- Appendix 4 - Healthcare Governance Committee Reporting to NHS Ayrshire & Arran Board 2024/25

# **NHS Ayrshire & Arran Healthcare Governance Committee**

## **Annual Report for 2024/25**

### **1. Summary**

- 1.1 The remit of the Healthcare Governance Committee is to provide assurance to the NHS Board that systems and processes are in place to monitor healthcare governance in line with the Board's statutory duty for quality of care.

The main topics covered during the 2024/25 reporting period were categorised under Patient Experience, Patient Safety, Quality Improvement, Corporate Governance, Annual Reports, Health and Social Care Partnership (HSCP)/Integrated Joint Board (IJB) Annual Clinical Care Governance Reports, Audit Reports, Scrutiny Reports, SPSO and Risk.

### **1.2 Key Messages**

- Overall, NHS Ayrshire & Arran maintains a high level of compliance in Healthcare Governance and good progress has been made in maintaining this during a period of system pressures and a challenging fiscal position.
- A new Director of Infection Prevention Control was appointed during this reporting year who has provided stability and professional leadership to the IPC service.
- The Committee received regular reports of our local position against the national Healthcare Associated Infection (HCAI) Standards, as well as updates relating to outbreaks and incidents and associated learning.
- Terms of Reference updated to reflect the Director of Clinical and Care Governance attendance in an ex-officio capacity.

### **2. Remit**

- 2.1 The Committee's Terms of Reference are detailed at Appendix to this report.

### **3. Membership**

- 3.1 The Committee's membership during the reporting period was as follows:  
Ms Linda Semple, Non-Executive Board Member (Chair)  
Cllr Marie Burns, Non-Executive Board Member  
Mrs Jean Ford, Non-Executive Board Member  
Dr Tom Hopkins, Non-Executive Board Member  
Mr Neil McAleese, Non-Executive Board Member  
Mrs Sharon Morrow, Non-Executive Board Member (joined 6 January 2025)

Ex-officio Members/Board Advisors:  
Mrs Lesley Bowie, Board Chair

Ms Claire Burden, Chief Executive  
 Ms Jennifer Wilson, Executive Nurse Director  
 Dr Crawford McGuffie, Medical Director and Deputy Chief Executive  
 Ms Vicky Campbell, Director of Acute Services  
 Mrs Lynne McNiven, Director of Public Health  
 Mrs Geraldine Jordon, Director of Clinical and Care Governance (joined 13 January 2025)

#### 4. Meeting

4.1 The Committee met on seven occasions between 1 April 2024 and 31 March 2025.

4.2 The NHS Board has previously agreed that attendance at Committee meetings should be recorded in the relevant Annual Report. The attendance record of each member is shown below (Y indicates attended).

Member	Dates						
	22 April 2024	3 June 2024	29 July 2024	9 September 2024	4 November 2024	13 January 2025	3 March 2025
Linda Semple	Y	Y	A	A	A	Y	Y
Joyce White – interim Chair			Y	Y	Y		
Cllr Marie Burns	Y	Y	A	Y	Y	Y	Y
Jean Ford	Y	Y	A	Y	Y	Y	Y
Dr Tom Hopkins	Y	Y	Y	Y	Y	Y	Y
Neil McAleese	Y	Y	Y	Y	Y	Y	Y
Sharon Morrow - joined 06.01.25						Y	Y

#### 5. Committee Activities

5.1 The Committee has ensured that the structure and format of the agenda during 2024/25 supported the key elements of healthcare governance and the efficient conduct of business.

The Committee also regularly reviewed corporate level healthcare governance risks and identified crosscutting healthcare governance issues to be tabled at the Integrated Governance Committee.

To support ongoing scrutiny, the Committee received the minutes of the following governance groups on a recurring basis:

- Acute Services Clinical Governance Group
- Area Drug and Therapeutics Committee

- Paediatric Clinical Governance Group
- Prevention and Control of Infection Committee
- Primary and Urgent Care Clinical Governance Group
- Research, Development and Innovation Committee

5.2 The main purpose of the July meeting was focussed on scrutiny of the Annual Reports for:

- Acute Clinical Governance Group Annual Report
- Accountable Officer for Controlled Drugs Annual Report
- Area Drug and Therapeutics Committee Annual Report
- Area Nutrition Steering Group Annual Report
- Duty of Candour Annual Report
- Gender Based Violence Annual Report
- Hospital Standardised Morality Ratio Annual Report
- Infection Prevention and Control Team Annual Report
- Prevention and Control of Infection Committee Annual Report
- Library and Knowledge Services Annual Report
- Mental Welfare Commission Annual Assurance Report
- Organ Donation Annual Report
- Older People in Acute Hospitals (OPAH) Annual Report
- Patient Experience Annual Report
- Patient Experience - Complainant Satisfaction Annual Report
- Patient Stories Annual Report
- Public Protection Annual Report
- Research, Development and Innovation Annual Report
- Risk Management Annual Report
- Unplanned Activity (UNPAC) Acute and Mental Health Services Annual Report
- Abdominal Aortic Aneurysm Screening Annual Report

Additionally, the following Annual Reports came to the Committee out with the July meeting:

- Scottish Public Services Ombudsman (SPSO) Annual Assurance Report
- East Ayrshire Health and Social Care Partnership Clinical Governance Annual Report
- South Ayrshire Health and Social Care Partnership (SA HSCP) Annual Clinical Care Governance Report
- North Ayrshire Health and Social Care Partnership Clinical Governance Annual Report
- Pregnancy and New-born Screening Annual Report
- Adverse Event Review Group (AERG) Annual Assurance Report
- Child Death Overview Process (CDOP) Annual Report
- Scottish Public Services Ombudsman (SPSO) Closure Report
- Mental Welfare Commission Young People Monitoring Report
- Bowel Screening Annual Report
- Breast Screening Annual Report
- Cervical Screening Annual Report
- Diabetic Eye Screening Annual Report
- Scottish National Blood Transfusion Service Transfusion Team Annual Report
- Winter Vaccination Programme Annual Report

- 5.3 Meetings have considered a wide range of information in respect of Healthcare Associated Infection and the Committee were provided with regular reports on the trends, themes and quality improvements arising from feedback, complaints, adverse events and litigation, and recommendations from the Scottish Public Services Ombudsman.
- 5.4 The Committee has been receiving regular Quality and Safety updates during 2024/25, including in relation to Excellence in Care and SPSP programmes. This included the improvement work being taken forward in acute, maternity, neonatal, paediatric and mental health services.
- 5.6 The Committee receives assurance on progress against recommended actions following inspections/visits and/or from various external reports/reviews, or from Scottish Government Directives.

During the course of 2024/25, the Committee received bi-annual assurance reports on progress against the Health and Safety Executive recommendations in relation to Food, Fluid and Nutrition, , bi-annual assurance reports on benchmarking against the National Public Protection accountability and assurance framework, assurance updates on learning following Healthcare Associated Infection outbreaks; and assurance updates on the Quality Strategy Implementation.

## **6. Priorities for 2025/26**

- 6.1 Priorities for 2025/26 remain in line with those from 2024/25.

A key priority for the Committee through 2025/26 will be to support ongoing governance requirements in the context of continued system pressures and a challenging fiscal position.

- 6.2 The Committee will continue to focus on receiving evidence of organisational learning and demonstrable improvements in respect of themes and issues that have featured across the various reports presented in 2024/25. This will include a focus on assurance from Directorates and Partnerships in respect of the effective implementation of learning within services and across teams.
- 6.3 There is a requirement to ensure that systems are in place to understand the key contributory factors of key quality challenges arising from assurance processes and the Committee ensures plans are developed and implemented to address key strategic contributory factors.
- 6.4 There is a requirement to ensure that national improvement priorities/programmes are delivered locally, providing the Committee with assurance of sustainable improvement at scale.
- 6.5 There continues to be a requirement for the Committee to drive the reform of services to achieve high quality integrated health and social care services that are sustainable for the future and in line with our Caring for Ayrshire ambition.
- 6.6 In line with the Ayrshire and Arran Health and Care Governance Framework, the Committee will receive an annual report and minutes from the three IJB Health

and Care Governance Committees for governance and assurance purposes. Of note, the 2024/25 reporting period saw a review of the Annual Report format to provide consistency of reporting across the three Health and Social Care Partnerships.

## **7. Chair's Comments**

- 7.1 As in previous iterations of this report, I would like to offer my thanks to members, the secretariat and those staff members who have worked on the Committee's behalf, for their continued commitment to the work of the Committee.
- 7.2 The Committee has continued to review the systems in place to monitor all aspects of healthcare governance and quality of care and to be assured that issues are acted upon and escalated appropriately.
- 7.3 The Committee has continued to be reassured by reports that showed the robustness of the organisation's process from identifying an issue, instituting improvements, monitoring impact and the flows through governance processes via the Healthcare Governance Committee to the NHS Board, ensuring that the latter can provide appropriate, timely and comprehensive assurance as required.
- 7.4 The Committee was again keen to see that its activities aligned with external and internal drivers. In particular, the Committee ensured it was compliant with the 'Framework for Good Governance' while also having a view to all other relevant policy drivers.
- 7.5 I should like to express the Committee's thanks once again to operational staff. With the continuing challenging times the NHS and our partners are facing in relation to staffing, resources, and demand, the ongoing commitment to providing the highest quality, safest and most effective care for those we serve and, under these conditions, to providing the evidence of these efforts, which is as important as it allows the NHS Board to see robust governance.

Linda Semple  
Chair – Healthcare Governance Committee  
14/04/2025



## Healthcare Governance Committee - Effectiveness Checklist for 2024/25

The Role and Work of the Committee	Yes / No / NA	Comments
The Committee has a clear understanding of its role and authority as set out in its terms of reference.	Yes	ToRs are updated annually and endorsed by the Committee prior to submission to NHS Board for approval.
The Committee undertakes an annual review of its remit and terms of reference and submits to the NHS Board for approval.	Yes	ToRs submitted to NHS Board for approval in March 2025 as per new process for approval of all Committee ToRs.
The Committee has been provided with sufficient membership, authority and resources to perform its role effectively and independently?	Yes	There have been some changes to membership during 2024/25, as demonstrated in the 2024/25 annual report; however attendance has been adequate to ensure the quorum was met in all instances. One new member joined the Committee. Effective planning and use of IT has been employed by the HGC secretariat in order to ensure that members are supported to attend meetings remotely due to the current ways of working.
In discharging its role, the focus of the governance Committee is on seeking and reviewing assurances rather than operational issues.	Yes	As demonstrated in our Committee minutes, the focus of the HGC is very much on scrutiny and assurance and the Committee does not have an operational focus.
Remit - the Committee discharges its role to provide assurance that systems and procedures are in place to monitor healthcare governance in line with the Board's statutory duty for quality of care.	Yes	As demonstrated in our 2024/25 annual report.
The Committee regularly reviews the strategic risks relevant to its remit and seeks assurance on mitigating controls and actions	Yes	Risk is a standing item on our HGC agenda

The Committee identifies further risk for consideration and escalation from the papers presented and discussion.	Yes	Yes, this is a core role of the Committee in terms of scrutiny. The Committee considers any matters for escalation to the NHS Board as part of its Agenda.
The Committee receives internal audit reports relevant to its remit and monitors progress against recommendations.	Yes	The Committee receives internal audit reports relevant to its remit and seeks assurance on progress against recommendations.
The Committee has visibility of the mechanisms that are in place to monitor all aspects of its remit.	Yes	The Committee workplan is reviewed and approved by the Chair and Executive Lead and ensures oversight of all aspects of the Committee remit via the various monitoring mechanisms that are in place.
The work of the Committee enables it to assure the Board that policies and procedures which are monitored, as relevant to the Committee's remit, are robust.	Yes	As above
The Committee links well with other Board Committees and the Board itself, and opportunities are taken to share information, learning and good practice.	Yes	Matters are escalated to the Board as appropriate and Integrated Governance Committee provides a forum for any cross-cutting issues. Committee Chairs have the opportunity for sharing best practice and peer support at forums such as Board workshops and via 1:1 and peer sessions with the Board Chair.
The Committee produces an annual work plan.	Yes	This is a standing agenda item at all meetings to enable review and discussion as the work plan is responsive and evolves throughout the year.
The Committee periodically assesses its own effectiveness.	Yes	Effectiveness is assessed via the self-assessment checklist process.
<b>Committee Meetings, Support and Information</b>	<b>Yes / No / NA</b>	<b>Comments</b>
The Committee has a designated secretariat	Yes	
The committee meets regularly, at least four times a year, and this is set out in the Terms of Reference.	Yes	
The scheduling of those meetings is appropriate to meet the body's business and governance needs	Yes	Scheduling is carried out by the Board Secretary and Committee Secretariat to ensure an overview and effective planning of the corporate calendar.

The length of Committee meetings is appropriate to allow the Committee to discharge its role.	Yes	
Papers presented to the Committee are of a high standard and an effective format and ensure that members have access to appropriate information	Yes	A standard paper format with formatting guidance is in place. Approvals process for all papers requires Director level sign off.
The Committee receives adequate information in relation to national policy and direction to enable it to fulfil its role and responsibilities.	Yes	The Committee regularly receives papers on national policy and any emerging issues that are relevant to its remit.
The Committee agenda is well managed and ensures that all topics within the remit are considered.	Yes	The Agenda is well structured with regular standing items and a structured workplan which is approved by the Chair and Executive Lead.
The agenda and papers are circulated in advance of meetings to allow adequate preparation by Committee members and attendees.	Yes	
Minutes are prepared and circulated as set out in the Terms of Reference.	Yes	
The Committee provides an effective annual report on its own activities.	Yes	
An action log/matters arising are well managed and indicate who is to perform what and by when.	Yes	
<b>Committee Membership and Dynamics</b>	<b>Yes / No / NA</b>	<b>Comments</b>
Chair and Membership of the committee has been agreed by the NHS Board and a quorum set	Yes	As demonstrated in the ToRs
A Vice Chair of the Committee has been proposed by the Chair and agreed by Committee.	Yes	
Membership of the Committee is appropriate with the correct blend of skills, knowledge and experience.	Yes	
All members of the Committee contribute to its deliberations on an informed basis.	Yes	

## Appendix 2

Committee members are offered an appropriate induction on joining and development opportunities to support them in undertaking their role.	Yes	This is done by discussion with the Committee Chair and the Exec Lead.
The leadership of the Committee by the Committee Chair is effective and supports input from all members.	Yes	
Committee members attend meetings on a regular basis and if not this is reported to the Board Chair for action.	Yes	
The Accountable Officer and other senior officers normally attend the Committee as considered appropriate, as noted in the terms of reference.	Yes	
Support provided to the Committee by executives and senior management is appropriate.	Yes	

## Assurance Mapping (Review of papers submitted against the Healthcare Governance Committee Remit 2024/25)

## Appendix 3

Remit:

To provide assurance to the NHS Board that systems and procedures are in place to monitor healthcare governance in line with the Board's statutory duty for quality of care.

Duties as noted in the Terms of Reference	22 April 2024	3 June 2024	29 July 2024 – annual report meeting	9 September 2024	4 November 2024	13 January 2025	3 March 2025
<p>The specific responsibilities of Healthcare Governance Committee are to:</p> <p>Consider and scrutinise the health and care system's performance in relation to its statutory duty for quality of care, screening and immunisation programmes, as well as ensure appropriate remedial action takes place where required:</p>							
Infection control (including Healthcare Associated Infection reports)	√ • HCAI Report	√ • HCAI Report • IPCT work programme	√ • HCAI Report  <b>Programme/ Assurance Annual Report:</b> • IPCT • PCOIC	√ • HCAI Report • HCAI Assurance Report – Learning from Outbreaks	√ • HCAI Report	√ • HCAI Report • IPCT work programme	√√ • HCAI Report
Blood transfusion/org an transplant			√  <b>Programme/ Assurance Annual Report:</b> • Organ Donation		√  <b>Programme/ assurance Annual Report:</b> • SNBTS		
Patient experience inc complaints + themed reports	√ • Patient Experience Themed Report	√ • Patient Experience Performance Report Q4	√ <b>Programme/assurance Annual Report:</b>	√ • Patient Experience Performance Report Q1	√ • Patient Experience Themed Report	√ • Patient Experience Performance Report Q2	√ • Patient Experience Performance Report Q3

## Assurance Mapping

## Appendix 3

### (Review of papers submitted against the Healthcare Governance Committee Remit 2024/25)

Duties as noted in the Terms of Reference	22 April 2024	3 June 2024	29 July 2024 – annual report meeting	9 September 2024	4 November 2024	13 January 2025	3 March 2025
			<ul style="list-style-type: none"> <li>• Patient Experience</li> <li>• Complainant satisfaction</li> <li>• Patient Stories</li> </ul>	<ul style="list-style-type: none"> <li>• Patient Experience Themed Report</li> </ul>		<ul style="list-style-type: none"> <li>• Patient Experience Themed Report</li> </ul>	<ul style="list-style-type: none"> <li>• Patient Experience Themed Report</li> </ul>
Adverse Events		✓ <ul style="list-style-type: none"> <li>• SAER report Q4</li> </ul>	✓ <ul style="list-style-type: none"> <li>• Adverse Events – ED Report</li> </ul>	✓ <ul style="list-style-type: none"> <li>• SAER report Q1</li> </ul> <b>Programme/assurance Annual Report:</b> <ul style="list-style-type: none"> <li>• AERG</li> </ul>	✓ <ul style="list-style-type: none"> <li>• SAER report Q2</li> <li>• SAER Mental Health</li> <li>• Management of adverse event policy review</li> <li>•</li> </ul>		✓ <ul style="list-style-type: none"> <li>• SAER report Q3</li> </ul>
Quality and Safety Report (combining SPSP + Excellence in Care (EiC))	✓ <ul style="list-style-type: none"> <li>• Mental Health</li> </ul>	✓ <ul style="list-style-type: none"> <li>• Maternity</li> </ul>	✓ <ul style="list-style-type: none"> <li>• Acute</li> </ul>	✓ <ul style="list-style-type: none"> <li>• Paediatric</li> </ul>	✓ <ul style="list-style-type: none"> <li>• Mental Health</li> </ul>	✓ <ul style="list-style-type: none"> <li>• Neonatal</li> </ul>	✓ <ul style="list-style-type: none"> <li>• Acute</li> </ul>
Care Home Governance		✓ <ul style="list-style-type: none"> <li>• Care Home Governance Report</li> </ul>	✓ <ul style="list-style-type: none"> <li>• Adverse Events – ED Report</li> </ul>			✓	
Quality Improvement	✓ <ul style="list-style-type: none"> <li>• Quality and Safety</li> </ul>	✓ <ul style="list-style-type: none"> <li>• Quality Strategy</li> </ul>		✓ <ul style="list-style-type: none"> <li>• Food, fluid and nutrition HSE</li> </ul>	✓ <ul style="list-style-type: none"> <li>• Cancer QPI Governance</li> </ul>	✓ <ul style="list-style-type: none"> <li>• Best Start</li> <li>• Quality strategy</li> </ul>	✓ <ul style="list-style-type: none"> <li>• Food, fluid and nutrition HSE</li> </ul>

## Assurance Mapping

## Appendix 3

### (Review of papers submitted against the Healthcare Governance Committee Remit 2024/25)

Duties as noted in the Terms of Reference	22 April 2024	3 June 2024	29 July 2024 – annual report meeting	9 September 2024	4 November 2024	13 January 2025	3 March 2025
	Assurance Report	<ul style="list-style-type: none"> <li>Quality and Safety walkrounds</li> <li></li> </ul>		<ul style="list-style-type: none"> <li>action plan update</li> <li>Spiritual and Staff Care Strategy</li> <li>Miscarriage Care and Facilities Scoping Exercise</li> </ul>		<ul style="list-style-type: none"> <li>Community Nursing Review</li> </ul>	action plan update
Public Protection (PP) (from 01.04.23 - includes Child Protection, Adult Support and Protection + MARAC)		<ul style="list-style-type: none"> <li></li> </ul>	✓ <b>Programme /assurance Annual Report:</b> <ul style="list-style-type: none"> <li>Public Protection Annual Report</li> </ul>			✓ <ul style="list-style-type: none"> <li>Public Protection Update</li> </ul>	
Gender based violence (GBV)			✓ <b>Programme /assurance Annual Report:</b> <ul style="list-style-type: none"> <li>GBV</li> </ul>				
MWC reports/performance			<ul style="list-style-type: none"> <li></li> </ul>			✓ <b>Programme / assurance</b>	<ul style="list-style-type: none"> <li></li> </ul>

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Duties as noted in the Terms of Reference	22 April 2024	3 June 2024	29 July 2024 – annual report meeting	9 September 2024	4 November 2024	13 January 2025	3 March 2025
						<b>Annual Report:</b> • Young people monitoring report 2024/25	
Health and care in HSCPs			√ • East Ayrshire • South Ayrshire • North Ayrshire	•			
Public Health (inc annual screening programmes)		√ <b>Programme/assurance Annual Report:</b> • Immunisation Programmes	•	√ <b>Programme/assurance Annual Report:</b> • Bowel screening • Cervical screening • Diabetic eye screening	√ • Cervical Screening Exclusion Audit <b>Programme/assurance Annual Report:</b> • AAA screening • Breast screening • Winter Vaccinations programme Pregnancy and newborn screening	√ • Child Death Overview Process (CDOP) annual report •	



## Assurance Mapping

## Appendix 3

### (Review of papers submitted against the Healthcare Governance Committee Remit 2024/25)

Duties as noted in the Terms of Reference	22 April 2024	3 June 2024	29 July 2024 – annual report meeting	9 September 2024	4 November 2024	13 January 2025	3 March 2025
Duty of Candour (DoC)			√ Programme /assurance Annual Report: • DoC		√ • DoC – SBAR		
(Unplanned Activity (UNPAC)			√ Programme /assurance Annual Report: • Acute and Mental Health UNPAC				
Hold the relevant staff of NHSAA to account in respect of their performance in relation to the system's duty for quality of care.	√	√	√	√	√	√	√
Review action taken by lead directors on recommendations made by the Committee or the NHS Ayrshire & Arran Board on healthcare	√	√	√	√	√	√	√

## Assurance Mapping

## Appendix 3

### (Review of papers submitted against the Healthcare Governance Committee Remit 2024/25)

Duties as noted in the Terms of Reference	22 April 2024	3 June 2024	29 July 2024 – annual report meeting	9 September 2024	4 November 2024	13 January 2025	3 March 2025
governance matters.							
Provide assurance to NHSAA Arran Board on the operation of healthcare governance within the health and care system in compliance with relevant national standards, highlighting problems and action being taken where appropriate.		<ul style="list-style-type: none"> <li>• Sign Guidelines</li> <li>• Litigation Report</li> <li>• Strategic Risk Register</li> </ul> <b>Programme/assurance Annual Report:</b> <ul style="list-style-type: none"> <li>• SPSO annual report</li> </ul>	<b>Programme/assurance Annual Report:</b> <ul style="list-style-type: none"> <li>• Accountable Officer for Controlled Drugs</li> <li>• ADTC</li> <li>• Acute CG</li> <li>• Area Nutrition Steering Group</li> <li>• Older People in Acute Hospital</li> <li>• HSMR</li> <li>• Libraries</li> <li>• Organ Donation</li> <li>• RDI</li> </ul>	<ul style="list-style-type: none"> <li>• Ayrshire Mental Health Conversation Update</li> <li>• Strategic Risk Register</li> <li>• ReSPECT</li> </ul> <b>Programme/assurance Annual Report:</b> <ul style="list-style-type: none"> <li>• Blood Transfusion</li> </ul>	<ul style="list-style-type: none"> <li>• Litigation report</li> <li>• SIGN guidelines</li> <li>• Strategic Risk Register</li> </ul>	<ul style="list-style-type: none"> <li>• Update on adoption of ReSPECT</li> <li>• HGC ToR</li> <li>• OPAH assurance report</li> </ul>	<ul style="list-style-type: none"> <li>• Strategic Risk Register</li> <li>• ReSPECT</li> </ul>
Receive minutes and annual reports from sub-committees established by the HGC in order to provide	√	√	√	√	√	√	√

Assurance Mapping

Appendix 3

(Review of papers submitted against the Healthcare Governance Committee Remit 2024/25)

Duties as noted in the Terms of Reference	22 April 2024	3 June 2024	29 July 2024 – annual report meeting	9 September 2024	4 November 2024	13 January 2025	3 March 2025
assurance and accountability.							
Monitor and review risks falling within its remit.	√	√	√	√	√	√	√

Reporting duties	22 April 2024	3 June 2024	29 July 2024 – annual report meeting	9 September 2024	4 November 2024	13 January 2025	3 March 2025
Reporting action to the NHSAA Board	<ul style="list-style-type: none"> <li>• To note Neonatal Assurance Report</li> <li>• To note Quality and safety report for Mental Health</li> <li>• To approve HGC annual report 2023/24.</li> <li>• To note Patient Experience Themed report.</li> </ul>	<ul style="list-style-type: none"> <li>• No report required</li> </ul>	<ul style="list-style-type: none"> <li>• To note the breadth of annual reports received and progress made.</li> <li>• To note Quality and Safety Report – Acute</li> <li>• To note ADTC Annual Report</li> <li>• To note Area Nutrition Steering Group Annual Report</li> <li>• To note HSMR Annual Report</li> <li>• To note MWC Annual Assurance Report</li> <li>• To note suite of Patient Experience reports.</li> <li>• To note Organ Donation Annual Report</li> </ul>	<ul style="list-style-type: none"> <li>• To note Patient Experience Themed Report</li> <li>• To note Mental Health and Wellbeing Strategy</li> <li>• To note Quality and Safety Report – Paediatrics</li> <li>• To note progress with FFN HSE visit action plan</li> <li>• To note the suite of annual reports received and progress with local Public Health screening programmes.</li> <li>• To note the Clinical and Care Governance Reports for</li> </ul>	<ul style="list-style-type: none"> <li>• To note update in relation to HCAI</li> <li>• To note assurance provided in terms of Front Door Overcrowding concerns</li> <li>• To note update on National Cervical Screening Exclusion audit</li> <li>• To note the Duty of Candour and SAER reports.</li> <li>• To note activity in relation to Operation Koper.</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• HGC ToR review</li> <li>• To note update on HCAI.</li> <li>• To note Quality and Safety Report – Neonatal Services and Best Start.</li> <li>• Presentation on Front Door Overcrowding improvement work.</li> <li>• To note the Public Protection bi-annual update.</li> <li>• To note Community Nursing review update.</li> <li>• To note Patient Experience Themed Report and Performance Report Q2.</li> </ul>	<ul style="list-style-type: none"> <li>• To note Patient Experience Performance Report Q3.</li> <li>• To note revised approach to Quality and Safety Leadership Walkrounds for 25/26.</li> <li>• To note update on HCAI.</li> <li>• To note progress on National Universal Health Visiting pathway.</li> <li>• To note progress on Child Death Reviews.</li> <li>• To note update in relation to ReSPECT.</li> <li>• To note progress with SAERs.</li> </ul>

Reporting duties	22 April 2024	3 June 2024	29 July 2024 – annual report meeting	9 September 2024	4 November 2024	13 January 2025	3 March 2025
			<ul style="list-style-type: none"><li>To note Duty of Candour Annual Report</li></ul>	EA, NA, SA HSCPs. <ul style="list-style-type: none"><li>To endorse the Spiritual Wellbeing Framework</li></ul>			
Confirmed that these were brought to the NHSAA Board	Y / <del>N</del>	Not required	Y / <del>N</del>	Y / <del>N</del>	Y / <del>N</del>	Y / <del>N</del>	Y / <del>N</del>