

Healthcare Governance Committee
Monday 4 August 2025 at 9.30am
Room 1, Eglinton House, Ailsa Hospital, Ayr

Present: Non-Executives:
Mrs Sharon Morrow (Vice Chair)
Cllr Marie Burns
Dr Tom Hopkins
Mr Liam Gallacher
Mr Neil McAleese

Board Advisor/Ex-Officio:
Prof Gordon James, interim Chief Executive
Mrs Lesley Bowie, Board Chair
Mrs Vicki Campbell, Director of Acute Services
Ms Geraldine Jordan, Director of Clinical and Care Governance
Dr Crawford McGuffie, Medical Director
Ms Jennifer Wilson, Nurse Director

In attendance: Ms Carolina Borda, Head of Research, Development and Innovation item 5.14
Ms Kay Carmichael, Business Manager, Nurse Directorate
Ms Toni Catt, Library and Knowledge Services Manager item 5.7
Mr Darren Fullarton, Associate Nurse Director and Lead Nurse, NA HSCP items 5.8, 6.2
Ms Jincy Jerry, Director, Infection Prevention and Control items 5.5, 6.1
Ms Roisin Kavanagh, Director of Pharmacy items 5.1, 5.2
Ms Theresa Lyttle, Associate Nurse Director, Public Protection item 5.13
Ms Debbie McCard, Risk Manager items 5.16, 5.17
Mr Alistair Reid, Director for Allied Health Professions item 5.3
Ms Chloe Bell, Corporate Secretary, Nurse Directorate (Minutes)

1. Welcome and apologies for absence

- 1.1 As the Committee Chair, Linda Semple, was unable to attend the meeting, the Committee agreed that Sharon Morrow take on the chair role for this meeting.

Sharon Morrow welcomed everyone to the meeting. Professor Gordon James, Interim Chief Executive and Mr Liam Gallacher were welcomed to the meeting. The agenda was re-ordered slightly to allow colleagues joining to present their papers together.

1.2 Apologies for absence

Apologies were noted from, Linda Semple, Lynne McNiven and Ruth McMurdo.

2. Declaration of Interests

- 2.1 There were no declarations noted.

3. Draft Minute of the Meeting held on 9 June 2025

- 3.1 The Minute of the meeting held on 9 June 2025 was approved as an accurate record of the discussion.

4. Matters arising

- 4.1 The action log had previously been circulated to members and all progress against actions was noted.

The following updates were provided:

- **Item 9.1 (09/06/2025), Strategic Risk Register** - Director of Clinical and Care Governance, Ms Geraldine Jordan, updated the Committee that the Prison and Police Custody Clinical Governance Group reports into the East HSCP Clinical Governance Group. The risk from prison are included in papers for East HSCP Risk Management Group. There are 4 risks currently identified, the risk management advisor has met with the Clinical Service Manager to review and update the risks. Further risks have been identified by the service and they are currently being supported to develop these.

- 4.2 The Committee noted the draft work plan for 2025/26.

5. Annual Assurance Reports

5.1 Controlled Drug Accountable Officer (CDAO) Annual Report

Members noted the annual assurance report and progress made.

The key messages from the 2024/25 Annual Report were:

- Inspection activity was undertaken in accordance with the Code of Practice for Medicines Governance, any issues identified were shared with the relevant team and improvements made. No significant issues were identified with many areas achieving "Green" status consistently.
- Similar number of incidents reported in 2024 as in 2023 (294 vs 299) most commonly reported in hospital (49%) followed by community pharmacy (40%).
- Reported incidents across all settings are reviewed on a two monthly basis with any learning shared as appropriate. None of the incidents were graded high or extremely high risk

Executive Nurse Director, Ms Jennifer Wilson, informed that a programme of audit is in place around drug monitoring, which allows for extra control measures to be put in place where necessary.

In response to a question from a member, Director of Pharmacy, Ms Roisin Kavanagh, advised that NHS Ayrshire & Arran's use of

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Schedule 3–5 controlled drugs is consistent with practices across other health boards.

5.2 Area Drug and Therapeutics Committee (ADTC) Annual Report

Members noted the annual assurance report and progress made.

The key messages from the 2024/25 Annual Report were highlighted:

- ADTC and its subgroups continued to support and develop local systems and processes relating to medicines governance, in addition to joint priorities across NHS Scotland to ensure safe, clinically effective, cost effective and patient centred medicines governance in all care settings throughout NHS Ayrshire & Arran.
- Targeted prescribing improvement work has resulted in a reduction in the local prescribing of antimicrobials (across both primary and secondary care) and analgesics (opioids and non-opioids).
- There is a significant workload associated with medicines governance systems and processes. The input of the many hardworking ADTC and sub-group members in maintaining these safely and effectively is acknowledged and appreciated, whilst also recognising the ongoing competing pressures on members' time.

5.3 Area Nutrition Strategic Group Annual Report

Members noted the annual assurance report and progress made.

The key points of note from the 2024/25 Annual Report were:

- The Area Nutrition Strategic Group has met regularly over the last year
- The group has undertaken a range of focussed activity in discharging its duties against the relevant national standards
- A key focus has been on further development of robust and meaningful approach to food, fluid and nutrition education
- Although competing priorities have created challenge, the sub groups have continued to refresh over this last year, with increased focus and clarity of purpose.

In response to a question from a member, Mr Alistair Reid, Director of Allied Health Professions, informed that sub-groups have been established within each Health and Social Care Partnership, to work towards introducing malnutrition screening within community settings.

In terms of measuring the success of this screening in the community, Alistair Reid informed that initially, the volume of screening conversations taking place will increase and in the longer term a lesser impact on malnutrition should be evident.

Executive Nurse Director, Ms Jennifer Wilson, reported that educational plans related to dysphagia are progressing. Jennifer Wilson requested that a re-audit be conducted, with support from the newly appointed Head of Health and Safety. It was shared that, following a recent Healthcare Improvement Scotland (HIS) inspection,

positive feedback was received regarding the effectiveness of the Mealtime Coordinator role.

Members agreed that an updated paper will be presented to the committee in 9 months time.

AR

In response to a question from a member, Alistair Reid advised that a nutritional analysis of menus is being conducted to ensure that patient meals remain nutritionally balanced. It was acknowledged that meals are prepared in house which supports in reducing costs and waste.

5.4 Hospital Standardised Mortality Ratio Annual Report

Members noted the annual assurance report and progress made.

The key messages from the 2024/25 Annual Report were highlighted:

- HSMR data - UHA 0.9 and UHC 1.01. Both acute sites are within the standardised mortality ratio control limits.
- 105 patient HSMR reviews were carried out April 2024-March 2025
- Improvements noted from HSMR Reviews include:
 - 90% of cases demonstrated good/ full compliance with NEWS2 (73% previous year)
 - 66.7% of patients had a Treatment Escalation Plan (TEP) in place (64.8% previous year)

In response to a question from a member, Medical Director Dr Crawford McGuffie, provided assurance that critical care services are still provided across both sites.

In response to a question from a member around end of life care, Crawford McGuffie stated that a variety of other factors such as average length of stay are considered.

Ms Geraldine Jordan advised in relation to the HSMR national model obstetrics and psychiatry are excluded from reporting numbers.

5.5 Infection Prevention and Control Team Annual Report

Members noted the annual assurance report, progress made and future plans.

The key messages from the 2024/25 Annual Report were:

- Increased services and monitoring of key practices and policies, and effective management of key risks including within the built environment have been a focus throughout 2024-25.
- IPCT capacity and capability strengthened during the year, supporting more effective service delivery and business continuity.
- High level of Board compliance with national *Infection Prevention and Control Standards (2022)*. Further work during 2024-25 to provide assurance against 11 elements assessed as partial compliance
- Board did not meet national HAI targets in 2024-25, but focussed improvement works towards lowering incidence of avoidable HAI.

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The following actions will be taken forward during 2025/26:

- Implementation of Annual IP Improvement Plan and IPCT Annual Work Plan. Focus on action to achieve new national HAI targets for year end March 2026.
- Establish surveillance team and implement e-surveillance system and reconfigure IPCT services to ensure sustainable, effective service delivery and reduce patient harm.
- Recruit to ICD role.

Executive Nurse Director, Ms Jennifer Wilson, notified members, in relation to a question on hand hygiene, that compliance is not always physically related to hand washing and that the use of watches and nail polish are contributing factors to infection. Director of Infection Prevention and Control, Ms Jincy Jerry, noted that training and audits have increased and as a result, an improvement in hygiene standards has been noted.

5.6 Prevention and Control of Infection Committee Annual Report

Members noted the annual assurance report, progress made and future plans.

The key messages were highlighted as:

- PCOIC has strengthened assurance on a range of issues. Has established Acute Services Infection Prevention and Control Assurance Group and increased infection control support services to care homes and community partnership to further strengthen assurance during 2025-26.

It was highlighted work will continue to strengthen PCOIC oversight and assurance of IPC across the entire Board.

In response to a question from a member, Ms Jennifer Wilson assured that the lack of attendance from key members of the Prevention and Control of Infection Committee is due to vacancies and assured that deputies have been in attendance. It was agreed that this narrative will be added to future reports for clarity.

JJ

5.7 Library and Knowledge Services Annual Report

Members noted the annual assurance report and progress made.

The key messages from the 2024/25 Annual Report were highlighted as:

- The service plays a vital role in supporting clinical decision-making by providing timely access to high-quality, evidence-based resources. Through literature searches, training, and tools like the Right Decisions platform, the team ensures that clinicians and staff are equipped with the latest knowledge to improve patient outcomes and service quality.
- With a calculated return of £2.40 for every £1 spent, the service demonstrates significant value. In 2024/25, it expanded its reach through increased literature searches (up 14%), custom evidence updates, outreach events, and digital engagement. The service

also supports wellbeing, professional development, and innovation through initiatives like webinars, journal clubs, and reading programmes.

- The 2025/26 service plan outlines goals to deepen integration with clinical teams and broaden outreach. Priorities include supporting the knowledge into action agenda, expanding current awareness tools, promoting the clinical librarian service to MDTs, and providing access to high-quality library resources. The service aims to be a key enabler of NHS Ayrshire & Arran's transformation and learning culture.

Library and Knowledge Service Manager, Ms Toni Catt, advised members that only 17% of staff are members of the knowledge network. Executive Nurse Director, Ms Jennifer Wilson, stated that there are multiple opportunities to link with newly qualified nurses and doctors to share the news of this community. Committee members agreed to discuss these opportunities further in hopes of supporting the growth of the Knowledge Network.

JW

5.8 Mental Welfare Commission (MWC) Annual Assurance Report

Members noted the annual assurance report and progress made.

The key points highlighted to Committee from the 2024/25 Annual Report were:

- Between April 2024 and March 2025 the MWC undertook 5 announced visits to services across Ayrshire & Arran
- MWC have paid particular focus on the circumstances of people with learning disability and complex needs who have been in hospital for 10 years or more and published their thematic report "Hospital is not home" in January 2025
- Of the 5 announced visits the MWC made recommendations for 3 of these.

5.9 Organ Donation Annual Report

Members noted the annual assurance report and progress made.

The key messages from the 2024/25 Annual Report were:

- Continued exceptional performance in referral of potential organ donors and Senior Nurse Organ Donation (SNOD) presence demonstrates our goal in providing the best end of life care we can to our patients in critical care.
- In 2024/25 donation from five authorised donors the board facilitated four actual solid organ donors resulting in 11 patients receiving a life-saving transplant.
- Authorisation rates remain sub-optimal, locally, and nationally, despite a change in legislation and public awareness campaigns. This continues to be monitored by NHSBT and the organ donation committee.

5.10 Patient Experience – Feedback and Complaints Annual Report

The key messages highlighted within the 2024/25 Annual Report were:

- Good systems in place for feedback and a robust programme of inpatient surveys has seen an increase in capturing patient's experience.
- Complaint handling has been challenging but we are seeing some improvements in performance
- Stage 1 performance has consistently met and exceeded the 85% target and Stage 2 has stayed above 50% for the first time in a few years.

Director of Acute, Ms Vicki Campbell, advised that the complaints team conducted workshops for acute colleagues, improvement has been noted as a result of this, and the availability of common themes has been supportive in learning.

Members approved the annual report for onward submission to the NHS Board.

5.11 Patient Experience - Complainant Satisfaction Annual Report

Members noted the annual assurance report and progress made.

The key points highlighted to Committee from the 2024/25 Annual Report were:

- Target met each month (in total during 2024/2025, 240 complainants interviewed)
- Demonstrated improvement by proactively contacting complainants throughout the process and advising of delays in advance
- Evidence of improved measures from Q2 onwards

5.12 Healthcare Stories Annual Report

The key points from the 2024/25 Annual Report were noted as:

- All six stories presented to the Board in 2024/2025 are summarised in the annual report.
- A variety of formats used from spoken word to digital with videos and interviews.
- Increasing requests to help develop healthcare stories.

With the following actions will be taken forward during 2025/26:

- New Healthcare Stories Development Group formed to discuss and agree potential stories
- New terms of reference developed for group to reflect Chair's expectations
- To build up a "bank" of stories that can be used across the organisation for learning and improvement

Committee members agreed that a balance of both good news stories and learning experiences should be shared with the Board. Discussion took place around the presentation of these stories and

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work will be done with the patient experience team to improve these skills. Committee Chair, Ms Sharon Morrow, suggested liaising with AV students through the college to support this work.

5.13 Public Protection Annual Report

Members noted the annual assurance report and progress made.

The key messages from the 2024/25 Annual Report were highlighted:

- **Public Protection Integration:** NHS Ayrshire & Arran has aligned Child Protection, Adult Support and Protection, and MARAC coordination under a unified Public Protection model, enhancing collaboration and strategic oversight.
- **Framework Implementation:** The NHS Once for Scotland Public Protection Assurance and Accountability Framework has been embedded, with 78% compliance year 1 achieved and the remaining 22% forming the improvement plan for 2025/26 (year 2).
- **Rights-Based Approach:** The organisation promotes a culture of listening and upholding the rights of children, young people, and adults, aligning with UNCRC and ECHR principles (Standard 4)

Executive Nurse Director, Ms Jennifer Wilson noted the current increase of demand on the service. In response to a question by a member, Jennifer Wilson stated that there are challenges with small teams when working through staff leave. To ensure sustainability a plan was suggested to move from separate Child Protection and Adult Protection teams and amalgamate into one Public Protection Team. AND for Public Protection, Ms Theresa Lyttle informed that NHS Ayrshire & Arran champions will be identified to increase capacity.

5.14 Research, Development and Innovation Annual Report

Members noted the annual assurance report, successes, and ongoing challenges. Ms Carolina Borda, Head of Research, Development and Innovation, informed committee members that the UK Government, in alliance with the Association of the British Pharmaceutical Industries, launched a six-year strategy with an investment of £400 million across the UK. Scotland will receive £100 million of this investment to support healthcare research.

5.15 Duty of Candour Annual Report

The key messages from the 2024/25 Annual Report were highlighted as:

- Consideration of Duty of Candour for adverse events continues to be undertaken in accordance with legislation
- Overall, the number of Duty of Candour events have reduced over the previous three years. There are some events still under review, addendum update later in year will be produced.
- Pressure Ulcers account for 58% of Duty of Candour events in 2024-2025.

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- Examples of learning identified from two Duty of Candour cases highlights ongoing commitment to learning and improvement.

Executive Nurse Director, Ms Jennifer Wilson, informed committee members that across the Board there has been a significant rise in pressure ulcers. This is due to multiple factors, and it was suggested that the data is compared to the national average. Jennifer Wilson will liaise with Director of Clinical and Care Governance, Ms Geraldine Jordan to provide an addendum report. An assurance report on pressure ulcers improvement work will also be provided.

JW/GJ/RMcM

Committee members approved the Duty of Candour Annual Report for submission to Scottish Government and publication on the NHS Ayrshire & Arran Website.

5.16 Risk Management Annual Report

Members noted the annual assurance report and progress made.

The key points noted from the 2024/25 Annual Report were:

- Risk management training and reporting arrangements have been maintained throughout 2042/25.
- Timescales for completion of LMTR and SAER remains challenging.
- Activity related to Risk Registers has improved – renewed engagement with services.

With the following actions being undertaken during 2025/26:

- Continue to support services with the ongoing improvement of risk registers underpinned by a renewed Risk Appetite Statement and looking towards a refreshed Risk Management Strategy in 2026
- Continue to drive forward improvement in performance with SAER and LMTR through the delivery of improvement plans and ongoing monitoring through Key Performance Indicators
- Review other risk related policies and processes (e.g. Safety Action Notices and Learning Summaries) ensuring these are fit for purpose and are realistic in terms of achieving timeframes whilst ensuring they provide the assurance they are designed to

5.17 Acute Unplanned Activity (UNPAC) Annual Report

Members noted the annual assurance report and progress made.

It was highlighted the following actions will be undertaken during 2025/26:

- Policy and Appeals process due for review October 2025 – opportunity to refine the process
- Continue to refine the administration process to support applications and financial processes
- Link with SLA team to improve efficiency, governance and assurance

In response to a question from a member Risk Manager, Ms Debbie McCard, informed that if an UNPAC decision is turned down, the

appeal process is shared with the individual along with relevant contacts for support.

6. Patient Safety

6.1 Healthcare Associated Infection (HAI) report

The Director of Infection Prevention and Control, Jincy Jerry, presented the current position against the national HAI Standards for infection reductions in *Clostridioides difficile* infection (CDI), *Staphylococcus aureus* bacteraemia (SAB) and *Escherichia coli* bacteraemia (ECB).

Members also received a summary of outbreaks up to June 2025 and key learning and improvement actions being taken in response to improve patient care.

Executive Nurse Director, Ms Jennifer Wilson, advised that the Infection Prevention and Control Team have recently received investment for surveillance team and electronic surveillance. Following this SAB infections have reduced within the last quarter, resulting in the number of days admitted with SAB infections reduced, and the number of readmissions reduced.

Outcome: Committee members noted current performance against the national HAI Standards, as well as incidents and outbreaks dealt with up to June 2025 and learning and action being taken.

6.2 Quality and Safety report – Learning Disability Ward 7A

The Associate Nurse Director and Lead Nurse, NA HSCP, Darren Fullarton, provided a further assurance report on progress, including areas of risk and actions to mitigate. Committee members noted the assurance update and that planned discharge of patients in Ward 7A was supported through robust and appropriate risk assessment and governance to ensure safe care for this patient group.

It was agreed that in the next six months, an updated paper will be presented to the committee with assurance around next steps in relation to learning disability assessment process.

DF

Outcome: Committee members noted the assurance update and that planned discharge of patients in Ward 7A was supported through robust and appropriate risk assessment and governance to ensure safe care for this patient group.

7. Corporate Governance

7.1 Integrated Health and Care Governance Framework biannual review

The Director of Clinical and Care Governance, Ms Geraldine Jordan, presented the revised framework. The previous review was conducted in 2023, and minor changes have been made.

Committee members endorsed the revised framework, for submission to the October Board meeting as part of the Code of Corporate Governance.

A review will be undertaken of the clinical governance reporting into Healthcare Governance Committee from the partnerships.

JW/GJ

8. Risk

8.1 Risk issues to report to the Risk and Resilience Scrutiny and Assurance Group (RARSAG)

There were no issues to report to RARSAG.

9. Points to feed back to NHS Board

9.1 Committee members agreed that the following points be raised at the NHS Board meeting on 11 August 2025:

- Annual reports – suite of annual reports received. Members noted the positive impact the new reporting structure has had and found the PowerPoint presentations beneficial.
- Update on the closure of Ward 7A.
- Scotland are to receive £100 million investment to support healthcare research.
- Patient Experience Annual Report and Integrated Health and Care Governance Framework to be presented to Board.

10. Any Other Competent Business

10.1 There was no other business.

**11. Date and Time of Next Meeting
Monday 8 September 2025 at 9.30am, hybrid Eglinton Room 1,
Ailsa and MS Teams – change of date to Friday 5 September**