

Healthcare Governance Committee

Monday 12 January 2026 at 9.30am

MS Teams meeting

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

Board Advisor/Ex-Officio:
Dr Crawford McGuffie, Medical Director
Mrs Geraldine Jordan, Director of Clinical Care Governance
Ms Jennifer Wilson, Nurse Director
Mrs Vicki Campbell, Director of Acute Services

In attendance: Ms Jen Pennycook, Chief Nurse, Excellence in Care and Professional Development (item 8.1)
Ms Jincy Jerry, Director of Infection Prevention and Control (item 6.1)
Ms Karen Parker, Volunteer Manager (item 5.3)
Ms Kay Carmichael, Nurse Directorate Business Manager
Ms Ruth McMurdo, Deputy Nurse Director (item 8.1)
Ms Chloe Bell, Corporate Secretary (Minutes)

1. Welcome / Apologies for absence

- 1.1 The Committee Chair, Linda Semple, welcomed everyone to the meeting and apologies were noted from Ms Lesley Bowie.

2. Declaration of any Conflicts of Interest

- 2.1 There were no conflicts of interest declared.

3. Draft Minute of the Meeting held on 3 November 2025

- 3.1 The Minute of the meeting held on 3 November 2025 was approved as an accurate record of the discussion.

4. Matters arising

4.1 Action Log

The action log had previously been circulated to members and all progress against actions was noted. The following updates were provided:

Complete

- **Item 6.3, 05.09.2025** – Quality and Safety Report – Acute Services (in-depth pressure ulcer report) – complete.

Approved by Committee on 2 March 2026

- **Item 5.7, 04.08.2025** - Library and Knowledge Services Annual Report (discuss opportunities to support the growth of the Knowledge Network) – complete.
- **Item 5.15, 04.08.2025** – Duty of Candour Annual Report (discussion on pressure Ulcers) – complete.

It was noted that all other actions have a deadline and are scheduled within the workplan for presenting at future meetings.

Committees work plan 2025/26

Ms Jennifer Wilson, executive nurse director, highlighted that administrative support for the meeting has recently been picked up by the Nurse Directorate Team. The Nurse Director, Director of Clinical and Care Governance and the Nurse Directorate Business Manager will review the workplan to ensure future reporting is appropriate. This will enable a more focused discussion on specific topics when teams present updates on their respective areas.

Director of Clinical and Care Governance, Ms Geraldine Jordan, advised that she had completed a review of what quality and safety papers are tabled at NHS Board meetings across NHS Scotland. Initial analysis suggests that there is variation noted in quality and safety (Healthcare Governance related) papers tabled at NHS Ayrshire & Arran Board meetings and other NHS territorial Boards. The variation includes frequency of reporting and areas of focus. Key areas of variation noted are:

- Corporate Strategic Risk update is tabled at 13 territorial board meetings however, there is variation in the frequency of tabling of these reports. The majority of boards (10) table this either at every meeting or quarterly. NHSAA table this bi annually in a private meeting of the Board.
- Duty of Candour report is tabled at 4 territorial Board meetings but not at NHSAA Board.
- Quality and safety papers are tabled with varying scope, topic areas and focus. NHSAA currently table 5 individual quality and safety papers for Acute, Maternity, Neonatal, Paediatrics and Mental Health. 4 boards table an Integrated Performance and Quality Report.
- A Clinical and Care Governance Annual Report is tabled at 2 boards but not at NHSAA Board.

The paper will be shared with Executive Nurse Director and Head of Corporate Governance for consideration.

Members discussed the change in how papers are shared, noting that it no longer allows for personal notes to be added. Jennifer Wilson acknowledged this feedback, and appropriate changes will be implemented moving forward.

The Committee Chair noted that discussions are ongoing regarding the Population Health Committee and shared that July 2026 will be her final meeting.

5. Patient Experience

5.1 Patient Experience Performance Report

Ms Geraldine Jordan, Director of Clinical and Care Governance, spoke to paper 03: Patient Experience - Feedback and Complaints, Quarter 2 (July to September 2025). Key points included:

- Stage 1 complaints increased during Q2, although overall numbers have remained stable.
- The median has been revised for Stage 2 Complaints and displays a 19% increase in from Q3 (Oct-Dec 2024) to Q2 (July-Sept 2025).
- Overall compliance for Stage 1 is 80%, with a national target of 85%. Work is ongoing to improve performance.
- Overall compliance for Stage 2 is 42% with a national target of 75%.
- As of the 8th December 2025, there were 206 out of time complaints, the majority of these are within acute services. The complains team continue to collaborate with acute colleagues to offer support.
- The number of SPSO referrals remain stable.
- 79% of Care Opinion stories in Q2 provided positive feedback.

Outcome: Members noted the feedback and complaints Q2 update, there were no further comments.

5.2 Patient Experience Themed Report (3)

The Director of Clinical and Care Governance, Ms Geraldine Jordan, presented the third paper in a series of themed reports exploring waiting times and appointments. The paper reviewed complaints received between August 2024 and July 2025. Key points were highlighted:

- A total of 1702 complaints were received within this period. During the period under review, 335 (20%) complaints received relating to waiting times and appointments. This is a reduction from the previous year, when 512 complaints were received.
- Of the 335 received, 203 related to waiting times, and 132 related to appointments.
- All 38 complaints received for East Ayrshire Health and Social Care Partnership were from patients residing in HMP Kilmarnock.
- Planned improvements include a variety of digital approaches to support communication.

In response to a question from a member, Ms Vicki Campbell shared that digital front door is scheduled to go live across all NHS Boards between April and June 2026, there has been significant preparatory work completed for this.

VC

Ms Jennifer Wilson, Nurse Director, highlighted the ongoing improvement work within the complaints team and assured members that teams remain committed to achieving these goals. It is anticipated that the numbers will show positive change over the next

few quarters. Members were also assured that the quality of work has been maintained throughout the process.

Outcome: Committee members noted the third in a series of themed reports exploring themes and sub-themes related to waiting times and appointments.

5.3 Volunteer Update

Ms Karen Parker, Volunteer Manager, spoke to paper 05, Volunteer Update. Key highlights were shared:

- The Board currently has over 200 active volunteers.
- There has been a notable increase in younger volunteers aged 16–40.
- The team is working in partnership with Ayrshire College, resulting in the establishment of an annual ward volunteer placement programme, offering approximately 150 students volunteering opportunities.
- A mentoring programme, led by volunteers, supports an improvement in retention rates.
- NHS Ayrshire & Arran will be the first Board to pilot the new TeamKinetic IT management system. This system will enhance data collection and efficiency across volunteering. It will include a volunteer app for communication, and the increased data insights will enable more informed decision-making.
- The future vision for volunteering focuses on expanding opportunities, youth engagement and development, enhanced training and support and leveraging technology.
- To ensure volunteers are valued and inspired, the annual compassion to action volunteer awards will continue annually.

Members praised the work being taken by the volunteering team and asked for further information to be shared on the new TeamKinetic system.

Members noted the positive increase in younger volunteers and the partnership with Ayrshire Collage.

In response to a question from a member, Karen Parker explained that the recruiting process is similar to recruiting staff. It involves an application and an interview. It was noted that in cases where a placement is not suitable, volunteers are supported into other roles. Prior to starting all volunteers receive a PVG check, provide references and attend an induction. Shadow shifts are also provided.

In response to a question regarding volunteering in the community settings, Ms. Karen Parker clarified that volunteer management within community settings is overseen by dedicated managers in each health and social care partnership. Members discussed the possibility of using the new IT system to integrate with each partnership, giving volunteers the option to move placement across areas.

Outcome: Committee members acknowledged the significant progress being made in the volunteer space and

agreed that this work will be shared with the NHS Board for their awareness.

6. Patient Safety

6.1 Healthcare Associated Infections (HAI) Report

Director of Infection, Prevention and Control, Ms Jincy Jerry, presented a summary of paper 06 to the committee. The data relating to Healthcare Associated Infection (HAI) standards for infection reduction have been excluded from this report as approved Quarter 3 data from ARHAI was not available at the time this report was prepared.

It was noted that in 2025 peaks of Covid and Influenza were seen 3-4 weeks earlier than in winter 2024. The total number of respiratory outbreaks for Q3 was 25 compared to 32 in the same quarter of 2024. This comparison highlights that interventions were effective.

Non-respiratory outbreaks and incidents included:

- A decontamination failure occurred within the Emergency Dental Department at ACH. Dental instruments used for 31 patients treated on Saturday, 15 November 2025, were incorrectly processed using a drying cycle instead of the designated washing and disinfection setting. Key actions taken included the removal of all affected equipment and review and update of Standard Operating Procedures (SOPs) across all sites.
- Five cases of Aspergillosis infection in patients linked to Ward 3A UHC (oncology), control measures have been ongoing since 2024.

In response to a question regarding staff absence, Ms Jincy Jerry clarified that staff absence related to influenza are monitored by Occupational Health. It was noted that absence levels this quarter were lower compared to the same period last year, which is believed to be supported by the early introduction of mask-wearing and restrictions on visiting. Nurse Director, Ms Jennifer Wilson added that learning from this year will be taken and will be used as part of winter planning for next year, she acknowledged that these decisions were challenging for patients and their families and emphasized that future situations will be carefully considered before any decisions are made.

In response to a member's question, Ms Vicki Campbell, Director of Acute Services, confirmed that Ward 3A is scheduled to relocate to Ward 4A in January. Ms Jennifer Wilson, Nurse Director, explained that irregular counts in the water supply required sterilisation and pipework to be carried out, resulting in delays. Ms Jincy Jerry, Director of Infection Prevention and Control, assured that water testing is improving and, following handover, aspergillus testing will commence.

The committee chair noted that visiting restrictions were applied in a sensible and well-communicated manner over the winter period,

resulting in minimal public pushback. The approach was agile, with restrictions lifted quickly, which was a positive outcome.

Outcome: Committee members noted current performance against the national HAI Standards, as well as the update on outbreaks that occurred during quarter three.

7. Quality Improvement

7.1 Quality and Safety Walkrounds

Director of Clinical and Care Governance, Geraldine Jordan, presented paper 07, Quality and Safety Walkrounds.

A previous paper on the revised implementation of Quality and Safety Walkrounds within NHS Ayrshire & Arran was presented at the Healthcare Governance meeting in June 2025. The aim was to reduce the number of cancellations with 80% of all planned Quality & Safety Walkrounds to take place by December 2025. Following the introduction of the revised approach, 79% of Walkrounds have been completed.

Since May 2025, there has been an increase in actions generated and examples of good practice recorded. Positive feedback has been received from areas where Walkrounds have taken place.

Next steps include ongoing evaluation of the process and identifying the best ways to share successes. Members were also informed that the Walkround team has been nominated for an Ayrshire Achieves Award.

Outcome: Members noted the progress of the revised implementation of Quality and Safety Walkrounds within NHS Ayrshire and Arran.

7.2 Care Home Governance

Ms Jen Pennycook, Chief Nurse for Excellence in Care and Professional Development, presented key highlights from Paper 08:

- The Scottish Government has confirmed that funding will be baselined from 2025/26, with an allocation of £1,023,040, consistent with previous years.
- The team continues to support care home staff in ensuring timely patient reviews, with 505 care home residents seen during this reporting period.
- Education and training remain a major focus, with over 2,000 care home staff receiving training and development over the past 12 months.
- A notable reduction in the average duration of outbreaks across all three local authorities was achieved in 2024/25 compared to the previous year.
- Timely hospital transfers and admissions from and to Care Homes are part of the recommendations of the framework. A Transitions of Care Improvement Group has been established to adopt a

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quality improvement approach to improve communication and outcomes for residents during transitions between settings.

- Looking ahead, collaborative planning will continue, Jen emphasized the importance of developing a clear strategic plan.

Nurse Director, Jennifer Wilson, asked for a service model, improvement plan and implementation plan to be created for the Care Home Professional Support Team. A strategy will be created and presented back to the Healthcare Governance Committee.

Outcome: Committee members noted the positive work completed by the Carehome Professional Support Team. A strategy for the team moving forward will be developed and presented to the committee at a future meeting.

7.3 Covid 19 Inquiry

Medical Director, Dr Crawford McGuffie, presented paper 09 to committee members for awareness.

The paper details updates on the UK and Scottish inquiries. The Health & Social Care Impact Hearings concluded 31 May 2024 and draft detailed written narrative from the SCI is expected imminently.

The paper outlines the Board processes aligned with the inquiries and it was noted that all deadlines to date have been met.

Discussions have taken place with Staff Care and Occupational Health regarding the provision of wellbeing support for any staff who are required to give evidence as witnesses or provide statements.

A strategic risk, Risk ID 856 Retention of Mailboxes, has been taken through CMT and is currently live on the Risk Register.

In response to a member's question regarding the risk associated with retaining mailboxes, Dr Crawford McGuffie confirmed that he is satisfied all possible measures have been taken to keep what can be retained.

Members acknowledged the substantial work involved in this inquiry, along with the associated cost and time pressures.

Outcome: Committee members accept the content of the paper and were assured that the required systems are in place to meet the requirements of both national COVID19 Inquiries.

8. Deep Dive – Pressure Ulcers

8.1 Pressure Ulcer Assurance Report

Deputy Nurse Director, Ms Ruth McMurdo, presented a presentation on pressure ulcers (PU) to the committee. Key points highlighted included:

- In July 2025, the Acute Services Pressure Ulcer Assurance Oversight Group (AS PU AO Group) was established providing strategic leadership and assurance on PU prevention and reduction across acute sites.
- Aims of the group were to reduce acquired PU incidence by 10–15% by September 2026, deliver reliable evidence-based care, stabilise equipment provision aligned to Hybrid 80% / Dynamic 20% model and strengthen leadership and support.
- In August 2025, an independent mattress audit was completed, 805 mattresses were assessed with a 33.98% failure rate. An SBAR was drafted with a costed replacement programme.
- In October 2025, a Leadership visibility tracker and observation tool was developed.
- An annualised training programme has been developed with the aim to roll this out across acute services.
- The SPSP adults in hospital programme launched in 2025 and covers PUs as a key safety priority. This will allow NHS Ayrshire & Arran to benchmark against other Boards.
- 25 new K9 trolley's, with enhanced pressure relieving properties, have been ordered for the Emergency Departments.
- Focused work has been ongoing since October 2025 to undertake historical Local Management Team Reviews (LMTRs) where the adverse event identified was an acquired pressure ulcer. There were 60 LMTRs identified up until 30 September 2025. Of the 60 to be completed, there are three remaining to be drafted.
- From January 2025 to December 2025, Ward 3E and Station 1 had no acquired pressure ulcers.

In response to a member's query regarding the introduction of routine mattress audits, Ms Ruth McMurdo confirmed that, following the initial audit, a programme has been implemented to ensure regular audits going forward.

Members discussed the potential costs associated with the increase in stays and treatment. Figures available are outdated, the Director of Clinical and Care Governance, Ms Geraldine Jordan, will liaise with the lead at HIS to explore any work underway to gather any updated data.

Nurse Director, Ms Jennifer Wilson, asked for an action plan detailing responsible action owners and deadlines to be created through the AS PU AO Group. The committee chair asked for regular updates and the action plan to be returned regularly through future meetings.

Outcome: Committee members were assured of the understanding of the issues and the actions being

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taken to address them. An action plan will be created and shared with the committee at a future date.

9. Corporate Governance

9.1 Acute Services Clinical Governance Steering Group

Members noted the paper; there were no further comments.

9.2 Area Drug and Therapeutics Committee

Members noted the paper; there were no further comments.

9.3 Prevention and Control of Infection Committee

Members noted the paper; there were no further comments.

9.4 Paediatric Clinical Governance Group

Members noted the paper; there were no further comments.

9.5 Primary and Urgent Care Clinical Governance Group

Members noted the paper; there were no further comments.

9.6 Research, Development and Innovation Committee

No minutes to report.

10. Terms of Reference

Geraldine Jordan, Director of Clinical and Care Governance, noted that the introduction of the Public Health Committee may lead to changes of the HGC TOR. A discussion also took place regarding the reporting of meeting notes and annual updates, it was agreed that once revisions are made, an updated proposal will be shared with members.

Members were content to support the TOR, noting that there is potential for changes and further discussion.

11. Committee Meeting Dates

Meeting dates were proposed for 2026/27, it was agreed that the meeting on the 20th April 2026 will be removed, and members were content to recommend all other dates to the NHS Board Committee for final approval.

12. Points to feed back to NHS Board

Areas to feed back to the NHS Board include:

- Celebration of the Volunteer Programme.
- Reviews of both complaints paper updates.

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- Care home update, this work is making positive impacts within the system.
- Notes on the HAI update, including the positive response around mask wearing and visiting restrictions.
- Report on the Covid19 inquiry progress.
- Pressure Ulcer Deep Dive.
- Current System Pressures

13. Any Other Competent Business

Director of Acute, Ms Vicki Campbell, gave an oversight of current pressures on the acute sites. The following was shared for update and assurance to the committee:

- Significant improvement was observed throughout November 2025; however, this trend was impacted by the influenza outbreak. Occupancy levels did not decline in the lead-up to the Christmas break, raising concerns about how to effectively decompress sites during this period.
- Daily executive meetings have been established to offer scrutiny over the congestion within the acute sites. Decompression was seen on 24th December 2025, with an increase of activity again on 28th December 2025.
- In this time there was an increased acuity of high-level care. Incident management arrangements have been put in place to focus work on decompressing sites.
- There were 89 patients in non-standard areas over this time, at time of reporting this number had decreased to 50. Movement from these spaces continues to be a priority.
- Daily communication is being had with partners to support the occupancy and flow of sites.

The Medical and Nurse highlighted that these sustained pressures and prolonged high occupancy levels are not conducive to consistently delivering high-quality care. It was emphasised that addressing these challenges requires a coordinated whole-system response to ensure services remain safe and effective

The committee chair noted the responsibility of the committee to acknowledge this position and feedback to the Board.

In response to a question from a member regarding an SPSO outcome, Ms Jennifer Wilson gave assurance that processes will be reviewed to ensure all Board members are informed of these referrals. The committee chair asked that an update be added into the future quarterly complaints report.

GJ

There was no further business to discuss, and the meeting was closed.

14. Monday 2 March 2026 at 9:30am, hybrid