

Approved Minute**Healthcare Governance Committee****Monday 3 November 2025 at 9.30am****Hybrid Meeting Room 1, Eglinton House and MS Teams meeting**

Present: Non-Executives:
 Ms Linda Semple (Chair)
 Ms Lesley Bowie
 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: Dr Alexia Pellowe, Clinical Director, EA HSCP (item 10.1)
 Mr Alistair Reid, Director of Allied Health Professionals (item 5.3, 8.1)
 Mr Darren Fullarton, AND NA HSCP (Item 6.1, 6.2, 10.2)
 Ms Eileen Bray, Service Manager NA HSCP CAMHS (item 6.3)
 Ms Jincy Jerry, Director of Infection Prevention and Control (item 7.1)
 Mr Mark Inglis, Chief Officer SA HSCP
 Ms Sheila Tyeson, Senior Manager Planning, Performance & Commissioning SA HSCP (item 10.3)
 Mr Stewart Marshall, Head of Community Health and Care Services (item 10.4)
 Ms Thelma Bowers, Head of Service, Mental Health NA HSCP (item 6.3)
 Ms Chloe Bell, Corporate Secretary (Minutes)

1. Welcome / Apologies for absence

- 1.1 The Committee Chair, Linda Semple, welcomed everyone to the meeting.

Apologies were noted from Mr Craig McArthur, Ms Caroline Cameron and Mr Tim Eltringham.

Mr Mark Inglis was welcomed in his newly appointed role of Chief Officer for SA HSCP.

2. Declaration of any Conflicts of Interest

- 2.1 There were no conflicts of interest declared.

3. Draft Minute of the Meeting held on 5 September 2025

- 3.1 The Minute of the meeting held on 5 September 2025 was approved as an accurate record of the discussion, subject to the following changes being made:

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- Item 5.2, Patient Experience Quarter 1 Report – action relating to the rise in prison complaint numbers and the review of key themes was not added to the action log. Ms Geraldine Jordan, Director of Clinical and Care Governance, updated that an update on themes will be presented within the paper tabled today under item 5.1. The action log will be updated and members agreed to close the action.
- Item 6.3, Quality and Safety Report – Acute Services, Ms Geraldine Jordan informed that the action relating to cardiac arrest review data had not been added to the action log. Ms Geraldine Jordan, Director of Clinical and Care Governance, provided an update to be added to the action log and members agreed to close the action.

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:

It was noted that the below items did not have a target completion date:

- Item 10.9 (05/09/2025) Blood Transfusion
- Item 7.2 (05/09/2025) Digital Strategy
- Item 6.3 (05/09/2025) Quality and Safety Report – Acute Services
- Item 5.7 (04/08/2025) Library and Knowledge Services Annual Report
- Item 5.15 (04/08/2025) Duty of Candour Annual Report
- Item 7.1 (04/08/2025) Integrated Health and Care Governance Framework
- Item 8.4 (09/09/2024) EAHSCP HMP Kilmarnock Inspection Report

Mr Crawford McGuffie, Medical Director, informed that work is ongoing in relation to Blood Transfusion and Digital Strategy.

Ms Geraldine Jordan, Director of Clinical and Care Governance, noted that item 5.15 (04/08/2025) Duty of Candour Annual Report and item 6.3 (05/09/2025) Quality and Safety report – Acute Services are similar actions. It was noted that an assurance report in relation to pressure ulcers, to cover these actions, will be presented to the Committee in January 2026.

Members were assured that all other actions will have completion dates allocated by the next meeting.

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

5. Patient Experience

5.1 Patient Experience themed report – clinical treatment

The Director of Clinical and Care Governance, Ms Geraldine Jordan, presented the second paper in a series of themed reports exploring clinical treatment.

The paper reports on all complaints received between 1st August 2024 and 31st July 2025. During this period approximately 60% of complaints related to clinical treatment, this is a 15% increase from the previous reporting period.

Key sections highlighted to the committee included:

Prison Complaints

- 203 related to clinical treatment with 78% of all prisoner complaints relating to medication.
- Concerns are raised when medications are changed on admission to prison.

Members were assured that most complaints related to medication issues and that access to GPs and hospital settings are not always linked to healthcare staffing issues, noting that this may also be an issue related to prison staffing levels.

Mental Health Services Complaints

- Complaints have increased from 70 to 121 across the reporting period.
- Main themes show; adults seeking diagnosis, emergency detention and access to treatment
- CAMHS received 25 complaints in relation to access to assessment and treatment.

Acute Services

- Acute services have 600 complaints in total, with 300 classified as a stage 2 complaint.
- Improvement work is ongoing in relation to falls and tissue viability to support a focused and learning approach.

The Director informed that complaint themes have remained consistent over reporting periods.

In response to questions raised by the committee around the number of stage 2 complaints, Geraldine Jordan explained that stage 2 complaints are complex. Various complaints cannot be resolved verbally, or the complainant may ask for a written response, resulting in the complaint entering the stage 2 phase. Director of Acute, Ms Vicki Campbell, informed that if a stage 1 complaint is closed and the complainant is not content with the response, this is also revisited as a stage 2 complaint.

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Committee members discussed the concern theme of failed discharges, noting that communication with patients and families must improve. Director of Acute, Vicki Campbell, noted the breakdown of communication and highlighted the home first campaign, which promotes early discharge planning.

The complaints relating to poor nutritional care were acknowledged, the committee were made aware that assurance is being sought from directors across all areas in relation to food, fluid and nutrition.

Outcome: Committee members noted the second in a series of themed reports exploring themes and sub-themes related to clinical treatment.

5.2 SPSO Closure and Assurance

The Director of Clinical and Care Governance, Ms Geraldine Jordan, presented the biannual update on Scottish Public Services Ombudsman (SPSO) cases that were closed between June 2025 and September 2025.

Members were notified that one case had been closed, with an additional three pending closure. There were eight referrals made to the SPSO between June and September 2025. Of those eight, five were not progressed and three have not been confirmed.

The Director informed that the complaints team liaise directly with the staff involved to ensure recommendations from the SPSO are met and provide support as required. In addition, the team are engaging with further NHS Boards and national concerns have been shared in relation to the findings of the ombudsman. The complaints team ensure that all feedback is provided in a timely manner.

Members received assurance that all relevant systems and process are in place to respond and share information appropriately.

Outcome: Committee members noted SPSO referrals within Ayrshire and Arran during this reporting period.

5.3 Spiritual and Staff Care Strategy

The Director of Allied Health Professions, Mr Alistair Reid, presented the spiritual care framework, delivery plan update to the committee.

The NHS Ayrshire & Arran Framework for Spiritual Wellbeing 2024-2029 identifies seven key domains of spiritual care and well-being:

- Hospital Chaplaincy
- Caring for Staff
- Bereavement Support
- Education
- Community Support

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- Person-Centred Care
- Environment

The deliver plan consists of three key milestone points, with the first being April 2026. The Director noted the collaborative approach taken in developing the framework, which will complement areas including the People Strategy, Culture Strategy, and Wellbeing Strategy.

Committee members were asked to approve the attached Delivery Plan and agree frequency for reporting progress back to Healthcare Governance Committee.

Ms Linda Semple, Committee Chair, commend the team for their efforts in relation to this piece of work. Discussion took place regarding stakeholder engagement with charities, members agreed that third sector partners should be given the opportunity to collaborate on this work.

Committee members approved the delivery plan, and it was agreed that an updated paper will be presented to the committee following the first milestone point of April 2026.

Outcome: Committee members noted the update and approved the updated delivery plan; the paper will be brought back to the Committee in May 2026.

6. Mental Health Deep Dive

6.1 Quality & Safety Report – Mental Health

Mr Darren Fullarton, Associate Nurse Director, NA HSCP presented the Quality & Safety Report for Mental Health Services. The following points were highlighted:

- Following a self-assessment in March 2025, supported by HIS, three priority areas for improvement were identified.
 - Ensuring person-centred care is provided that reflects service user involvement and choice through co-production.
 - Improving use of use patient outcome data and experiences to inform service planning and delivery.
 - Work on improving care plan audit activity and using these results to inform service delivery development.
- A new SPSP MH work stream is launching in October 2025 and will focus on safety at points of transition within MH Services. NHSAA has provided a note of interest to participate in the programme.
- Safe delivery of meals is supported by the mealtime co-ordinator, a 100% compliance rate of all elements of mealtime coordinator role and safe food provision within Mental Health Services has been demonstrated.

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Committee members congratulated the team on their work surrounding Food, Fluid and Nutrition, noting that the addition of the coordinators has shown a significant difference.

Committee Chair, Ms Linda Semple, highlighted that complaint, adverse event and SAER rates are not where they should be, however, noted that number are improving and ongoing improvement work is in place.

Outcome: Committee members noted the ongoing improvement work being carried out by the team.

6.2 **Mental Health and Wellbeing Strategy Annual Update (Ayrshire MH Conversation)**

The Associate Nurse Director of NA HSCP, Mr Darren Fullarton, presented the Mental Health and Wellbeing Strategy Annual Update.

Members were asked to consider the update and support the following recommendations:

- Mental Health Services will continue to review, monitor and measure against the Core Mental Health Standards
- Review and implement local recommendations:
 - bring together the findings of core standards and existing local intelligence to inform improvement initiatives and make best use of quality improvement capacity
 - identify improvement priorities and develop improvement plans to ensure accountability and responsibility for improvement against the standards

In response to a question from members, Mr Darren Fullarton explained that there was no guidance from HIS in completing the readiness assessment, resulting in wide disparities in the final scores across areas. Ms Thelma Bowers Head of Service, Mental Health NA HSCP added that there are differing variants across the partnership areas and differing levels of support, it was assured that all areas worked in collaboration when identifying the three priority areas and learning.

The Committee asked for an update on the identified priorities to be returned in 6-months.

Outcome: Committee members noted the update on the mental health and wellbeing strategy and noted the three identified priority areas for improvement.

6.3 **CAMHS – ND Team Waiting Times and Mitigation Plans Update**

Ms Thelma Bowers Head of Service, Mental Health NA HSCP spoke through the Neurodivergent Team Waiting Times and Mitigation Plans Update. The paper highlights the excessive waiting lists and without

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intervention, projected waits could reach 10 years. Current waits are at a maximum of 3 years and 6 months.

Ms Eileen Bray, Acting Senior Manager CAMHS, explained the mitigations that are in place to reduce the projected 10-year wait:

- Workforce expansion through recruitment and training of Advanced Clinical Nurse Specialists (ACNS), Allied Health Professionals and Pharmacy Prescribers
- Referral management and redirection to NEST to reduce inappropriate inflow.
- Inclusion of prescribing capacity and pathway development within the Outline Business Case (OBC) for the pan-Ayrshire Neurodevelopmental Service.
- Development of a pan-Ayrshire Neurodevelopmental Diagnostic Service through an Outline Business Case (OBC)

Telma Bowers gave assurance that the projection is a 10-year wait, lists have not yet reached this time. It was noted that this issue is seen across the whole of Scotland, however NHS AA are the only area in Scotland with a business case, and this will be finalised by the end 2025.

Committee members suggested that an updated paper including key issues and actions be presented to the Board. It was agreed by members that an updated paper will be tabled at Board in 2026.

Outcome: Committee members noted the report and acknowledged the issues relating to ND CAMHS waiting list projections. An updated paper including key issues and actions will be presented to the NHS AA Board in 2026.

7. Patient Safety

7.1 Healthcare Associated Infection (HAI) Report

The Director of Infection Prevention and Control (IPC), Ms Jincy Jerry, presented the Boards current position against the national Healthcare Associated Infection (HCAI) 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 during Q2, noting that the recent scabies outbreak has been closed as of 22nd October 2025.

The Nurse Director, Ms Jennifer Wilson, highlighted that the reduction in SAB rates confirms that the investment in surveillance has been beneficial.

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The Committee discussed to the persistently high rates of community-associated E. coli bacteraemia (CA-ECB), with detailed analysis confirming a strong link to socioeconomic deprivation—99.2% of cases mapped to SIMD, predominantly in the most deprived quintiles.

Outcome: Committee members noted current performance against the national HAI Standards, as well as the update on outbreaks that occurred during quarter 2.

7.2 Urgent and Unscheduled Care Improvement Plan

Ms Vicki Campbell, Director of Acute, provided an update on the progress to date against the Unscheduled Care Improvement Plan 2025/26. She advised that there has been an increased senior oversight of the measures, with senior management meeting on a weekly basis.

During the reporting period there was a reduction in 12 hour waits, improvement in admitted pathway performance and length of stay for emergency admissions had reduced.

Members noted the paper, observing that the direction of improvement is positive.

Outcome: Committee members noted the positive progress to date against the Unscheduled Care Improvement Plan 2025/26.

7.3 Litigation Report (includes trends)

The Medical Director, Dr Crawford McGuffie, shared the litigation report to members for awareness. The paper provided an overview of litigation activity, an outline of service improvements arising from litigation cases and provided assurance that these are being progressed through local quality assurance and clinical governance process.

Members were assured with the reduction in claims and agreement was shared in moving to annual reporting of this paper.

Outcome: Committee members noted the update and were content to introduce annual reporting.

7.4 Operation Koper

Dr Crawford McGuffie, Medical Director, presented paper 12, operation Koper to the committee.

The operation requires a coordinated approach from the Central Legal Office (CLO), the Crown Office and local colleagues across Ayrshire & Arran including the Health & Social Care Partnerships.

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Members noted that these investigations are separate from the UK and Scottish COVID-19 Public Inquiries.

In terms of governance arrangements; following approval by each HSCP Care Home Oversight Group, the responses will be reviewed by the Litigation Manager and Executive Nurse Director and then approved by Clinical Lead for COVID19 Inquiries and Executive Medical Director.

Guidance and support communications for staff are shared via the daily digest and news alerts on a monthly basis.

Ms Jennifer Wilson, Nurse Director, emphasised the pressures that this work has on teams in order to extract the significant amounts of data that is required.

The committee agreed to share a summary of this report update to the Board.

Outcome: Committee members noted the update on current work related to Operation Koper.

8. Quality Improvement

8.1 Food Fluid Nutrition

Mr Alistair Reid, Director of Allied Health Professions, presented the Food, Fluid and Nutrition – Health and Safety Executive Action Plan Update to the committee.

The paper gave assurance on the progress against the actions agreed following Health and Safety Executive (HSE) intervention as a result of the fatality of a patient under the care of NHS Ayrshire & Arran. Key points were shared as follows:

- A review and update on menu cards is in progress.
- A consultant speech and language therapist was recruited in August 2024.
- Non-recurring funding has been approved for snacks as part of the review and development of menus and for training and educational resources.
- Health and Safety colleagues are due to carry out an audit with a review against all actions detailed in the original HSE action plan
- The operational risk in relation to dysphagia care has been reviewed and the risk rating has been reduced from very high to high.

In response to a question from a member on the highlight of non-recurring funding for snacks, the director informed that until work is concluded on current menu updates and the understanding if there is

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a nutritional dip, there cannot be comment on how much of this funding will be required.

Members noted the non-recurring funding for training as an issue, agreeing that training should be retained as a rolling programme. The committee noted the work in place to keep training relevant and ongoing within clinical areas. The director added that NHS AA are currently the only board with a consultant Speech & Language Therapist in post.

Outcome: Committee members noted the updated action plan and positive work of the FFN team.

8.2 Cancer QPI Governance

Ms Vicki Campbell, Director of Acute, shared the Governance of Cancer Quality Performance Indicators paper with members, highlighting the process behind management and governance of cancer quality performance indicators and cancer waiting times performance

In response to a comment around the longest waiting times, the director assured that during newly established weekly meetings, the 10 longest waits are reviewed. Members noted that not all delays are due to clinical factors.

Outcome: Committee members acknowledged the management and governance process behind cancer quality performance indicators and cancer waiting times performance.

8.3 SIGN Guidelines

Dr Crawford McGuffie, Medical Director, provided an update on the review of recommendations from SIGN Guidelines within NHS Ayrshire and Arran. Since the previous update to HGC in April 2025, there have been no new SIGN Guidelines published.

Members were asked to consider the proposal to close SIGN 161: Managing the long-term effects of COVID-19. There are 53 recommendations in total, 49 of these are fully met. Director of Clinical and Care Governance, Geraldine Jordan, gave assurance that confirmation of fixed term funding has been given to support patients with long term covid.

Outcome: Committee members noted the review of recommendations from SIGN Guidelines within NHS Ayrshire and Arran.

9. Risk

9.1 Strategic Risk Register

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The Director of Clinical and Care Governance, Ms Geraldine Jordan, shared the latest version of the Strategic Risk Register for risks assigned to Healthcare Governance Committee.

During the reporting period, all six strategic risks on the register were due for review. The Director assured that all six have been reviewed and there were no changes in risk rating. There were no new risks to be shared with the committee. The director informed that the speech and language risk will be presented to RRSAG for termination.

Outcome: Committee members noted the report and took assurance from the work being done to manage strategic risks which fall under the Committee's governance remit.

9.2 Significant Adverse Event Review (SAER) Quarter 2 report

The Director of Clinical and Care Governance, Ms Geraldine Jordan, presented a report with progress on all active Significant Adverse Event Reviews (SAERs) and completed action plans for SAERs.

Out of 93 reports identified through the SAER improvement plan, 62 have progressed through the initial approval stage. There are 32 out of 71 overdue SAER reports now in the approval process via AERG or LOGs.

The director advised that eleven SAERs were being presented to members to support closure, with a summary and learning provided in the reports appendices.

In response to a question around the approval process, the director informed that she meets regularly with the Nurse Director and Medical Director, the process can be slowed down due to the quality of the reports however staff will receive training and support to strengthen these.

Outcome: Committee members noted the update and received assurance that appropriate governance is in place for these reviews, and that action plans have been scrutinised by local Directorate governance groups with multidisciplinary attendees.

9.3 UNPAC Policy Review

Dr Crawford McGuffie, Medical Director, shared the recently updated Unplanned Activity (UNPAC) Exceptional Case Funding Policy and the Appeal Process Policy. The reviewed policies were shared with members for approval.

Members were content to approve the policies, however the Director was advised to present to NHS Board meeting for further approval.

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Outcome: Committee members approved the updated for onward submission to NHS Board.

10. Health and Social Care Partnership Clinical and Care Governance Annual Reports

10.1 East Ayrshire HSCP

The Clinical Director, East Ayrshire HSCP, Dr Alexia Pellowe presented the East Ayrshire HSCP Health and Care Governance Group Annual Report 2024/25. The Committee were made aware of the following key notes:

- Health Promotion and Prevention - behaviour change through the use of Hollyhealth showing improvements in sleep, nutrition, wellbeing and exercise over 8 weeks.
- Principles and outcomes of the Partnership's Participation and Engagement Strategy 2023-26 have been embedded.
- A £50,000 Innovate UK bid by primary care has successfully secured Hollyhealth to support early intervention for weight management and improve healthy behaviours until October 2026.
- Audit of GP Sustainability payments and implementing the recommendations.
- GP Sustainability Challenges - 3 Key areas include workforce, financial, and Infrastructure.

Members noted the challenges being faced within the East, highlighting that the strategic risk around GP sustainability will require review from the committee.

The development and use of Hollyhealth was noted by the committee and an update on the use of this will be welcomed at future meetings.

10.2 North Ayrshire HSCP

The Associate Nurse Director of NA HSCP, Mr Darren Fullarton, presented the North Ayrshire HSCP Annual Assurance Report 2024-25. The committee were made aware of next steps for North Ayrshire:

- Review of the HIS Clinical Governance standards against local performance and identify areas of good practice and areas for improvement.
- Continue to develop consistent performance measures for health care services within the partnership to support governance scrutiny and assurance on quality of patient care.

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- Ensure that the NA HSCP Clinical Governance Group considers quality of care, safety and management of risk as part of discussion on financial recovery over the coming 12 months.

Members noted the paper and there was no further comment.

10.3 South Ayrshire HSCP

Ms Sheila Tyeson, Senior Manager Planning, Performance and Commissioning, SA HSCP, spoke though the South Ayrshire HSCP Annual Assurance Report 2024-25 highlighting that:

- South Ayrshire HSCP were Public Sector Transformation Awards silver awards winner, for work of the ageing well movement as defined in our ageing well strategy
- The IJB and Community Planning Partnership continue to provide oversight, guidance and support for transformational change
- SA HSCP harnessed our Quality Improvement (QI) capacity and capability to build a quality management system. This approach is supporting meaningful cultural change across teams

Committee members acknowledged the focus on continued improvement work.

11. Annual Reports – For awareness and to note progress

11.2 Pregnancy and Newborn Screening

Committee members noted the paper.

11.3 Winter Vaccination Programme

Ms Jennifer Reid, Senior Programme Manager Vaccination, highlighted key messages on the Winter (seasonal flu and COVID-19) Vaccination Programme including:

Protecting Vulnerable Populations

- The programme prioritizes timely vaccination for those at high risk of severe illness from flu and COVID-19 before winter pressures arise.

Improving Access and Equity

- Innovative delivery models like nursery-based vaccinations and community pharmacies expand access and promote equitable immunisation.

Monitoring Quality and Responsiveness

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- Ongoing review of staffing, appointment durations, and vaccination uptake ensures effective and patient-centred service delivery.

In response to a question from the Committee, Jennifer Reid informed that the staff vaccination figures do include those over 65 and at risk groups.

Responding to a question on inpatients, Jennifer Reid notified members that the vaccination team visit the wards on a weekly basis to vaccinate patients who have been admitted for over 28 days.

12. Corporate Governance

12.1 Acute Services Clinical Governance Steering Group

Committee members noted the paper.

12.2 Area Drug and Therapeutics Committee

Committee members noted the paper.

12.3 Prevention and Control of Infection Committee

Committee members noted the paper.

12.4 Paediatric Clinical Governance Group

Committee members noted the paper.

12.5 Primary and Urgent Care Clinical Governance Group

Committee members noted the paper.

12.6 Research, Development and Innovation Committee

No minutes to report.

13. Points to feedback to NHS Board

- Mental Health Deep Dive, CAMHS neurodiversity paper to be presented to the Board in 2026.
- Infection Prevention and Control HAI paper to be presented to Board highlighting the deprivation curve for community-associated E. coli bacteraemia (CA-ECB)
- Operation Koper note of cost and resource implications.
- Direction of improvement in unscheduled care is positive.
- Updates from the clinical and care governance reports from the partnerships and the significant work being done in these areas.
- An update on the vaccination uptake across Ayrshire, with encouragement for flu/covid vaccines.

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- Triangulation of Reports - Assurance provided that these findings have been triangulated with ongoing improvement activity, with mitigations and actions in place to drive sustained progress.

14. Any Other Competent Business

There was no further business to discuss.

15. Monday 12 January 2025 at 9.30am, Hybrid Meeting Room 1, Eglinton House and MS Teams