

Healthcare Governance Committee

Monday 02 March 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)

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

In attendance: Ms Attica Wheeler, Site and Midwifery Director (Women and Children) (items 6.1; 8.2)
Mr Craig McArthur, Director of EA H&SCP (item 8.4)
Ms Jincy Jerry, Director of Infection, prevention & Control (item 8.1)
Ms Karen McCormick, Chief Nurse (item 8.3)
Mr Gordon MacBeth, Service Manager – Dental Services (item (8.4)
Ms Kay Carmichael, Nurse Directorate Business Manager
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 Professor Gordon James, Dr Crawford McGuffie, Ms Lesley Bowie and Mr Tom Hopkins.

2. Declaration of any Conflicts of Interest

- 2.1 There were no conflicts of interest declared.

3. Draft Minute of the Meeting held on 12 January 2026

- 3.1 The Minute of the meeting held on 12 January 2026 was approved as an accurate record of the discussion, subject to the following changes being made:

Item 4.1 Committee Workplan – Director of Clinical and Care Governance, Ms Geraldine Jordan, highlighted inaccuracies in this section regarding the review of HCG papers and how these are presented at other Boards. Necessary updates will be implemented.

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:

JW and KC will ensure that all items on the action log are transferred to the workplan and then closed on the action log.

4.2 Duty of Candour

Director of Clinical and Care Governance, Ms Geraldine Jordan, presented the Duty of Candour Annual Report addendum for the 2024/25 period to members. The committee was asked to approve the paper for publication on the external website and for sharing with Scottish Government colleagues.

Between 1 April 2024 and 31 March 2025, the number of adverse events reported increased from 93 to 124. It was noted that the highest volume of Duty of Candour adverse events related to pressure ulcers, followed by falls as the second largest category.

As of the 8th January 2026, 56 of the 124 LMTR/SAERs were not yet concluded. The 68 that are concluded, show good compliance and communication with all involved.

Members were content that the addendum be publicised and note of this will be shared with the NHS A&A Board.

5. Report of Clinical Directors

Executive Nurse Director, Ms Jennifer Wilson, gave committee members an updated on current events within the system:

Maternity Review

It was noted that the Maternity Unit had recently undergone a HIS inspection. Ms Wilson highlighted the areas of good practice identified within the report and acknowledged the recommendations for improvement. It was further noted that the media response to the report had been negative, which had caused distress among staff. The Board had not been made aware in advance of the negative coverage, however staff were briefed prior to the report being released.

Following the inspection, a review of the relevant data was carried out, which provided assurance and highlighted several areas of strong performance. The findings confirmed that NHS A&A is recognised as one of the leading Boards in Scotland for safety, and this information has been shared with MSP Jenni Minto.

Members were also advised that the Director of Midwifery, Ms Attica Wheeler, is part of the maternity task force. Jenni Minto has requested that the task force consider changes to terminology, with the aim of promoting a consistent approach across Scotland.

Ms Wilson will provide an update around the safety data to the NHS Board meeting.

Acute Services

Ms Wilson highlighted the significant pressures across the acute sites since the Christmas period. While improvements have been seen in planned care, unscheduled care continues to present major challenges. She noted that delays across the sites remain significant, resulting in capacity levels exceeding what is manageable for staff.

A second meeting of the improvement group has taken place with the three council CEOs, during which safe occupancy levels were set at 85%. It was recognised that, given the current financial pressures, reducing congestion across the sites will be difficult. Members were asked to raise this information at partnership and IJB meetings.

Stage 4 of the NHS Scotland Support and Intervention Framework

The Executive Nurse Director advised that NHS Ayrshire & Arran has been escalated to Stage 4 of the NHS Scotland Support and Intervention Framework, highlighting the continued importance of maintaining patient safety, quality of care, and safe staffing. Members were made aware that there will be a dashboard running alongside stage 4 escalation.

Director of Acute Services, Ms Vicki Campbell, added that in terms of planned care reports currently show Ayrshire & Arran ahead of progress.

Members discussed the risk of council meetings taking decisions that may have implications for the NHS. All colleagues have been advised to complete a quality impact review when making decisions to ensure the whole system is considered, and members were asked to reinforce this at all council meetings

In response to a question regarding congestion, Ms Wilson highlighted that the service is experiencing an unprecedented level of delays. She noted that a range of factors contribute to this, including the limited time and resources available to clinical staff to carry out effective discharge planning.

In response to a member's question about providing Healthcare Governance Committee members with access to a live dashboard for indicators, Ms Geraldine Jordan explained that a range of Quality and Safety indicators is presented monthly to CMT members. She noted, however, that digital constraints remain, and without the use of Power BI to maintain real-time and up-to-date data, delivering a live dashboard would be challenging.

Outcome: Members noted the update on current events within the organisation.

6. Inspection Reports

6.1 HIS: Ayrshire Maternity Unit: February 2026

Site and Midwifery Director (Women and Children), Ms Attica Wheeler, informed members of key highlights following the recent Maternity inspection:

- An action plan was formed and returned for approval. The team are now in the evaluation stages of inspections on a national level.
- It was noted that MSP Jenni Minto is leading a Maternity and Neonatal taskforce, which Ms Wheeler is a member of and contribution to on behalf of NHS Ayrshire and Arran.
- The team returned 21 pages of accuracy for amendments prior to the report being released, this was not upheld and the taskforce were sighted on this.
- 35 actions were identified within the action plan, 23 of these have been completed and evidence of this which will be reported back to HIS.
- Key themes found within the report include digital infrastructure and process within maternity triage, call handling is being explored through general management and escalation of concerns.
- Bereavement training, leadership and triage were concurrent throughout all reports.

Executive Nurse Director, Ms Jennifer Wilson, noted for assurance that an updated action plan will be brought to a future meeting for information to members.

JW

Outcome: Members commended the work being undertaken within maternity services. An updated action plan will be shared with members through the next meeting.

7. Patient Experience

7.1 Patient Experience Performance Report

Director of Clinical and Care Governance, Ms Geraldine Jordan, spoke to the Complaints and Patient Feedback, Q3 Report. The key points below were shared.

- Stage one complaints have reduced slightly during this quarter and are seen to be stable over time.
- There has been a rise in stage two complaints since the previous quarter from 148 to 186.
- The rise of complaints within Acute services has been reviewed, both stage one and two complaints have doubled between January and February, particularly within Emergency Department and Medicine. Themes include waits in ambulances, waits to be seen within the hospital and surgical waiting lists. Ms Jordan recommended a deep dive into these complaints within Acute and a paper on findings will be presented back to the committee at a future meeting.

- Adverse Events were reviewed and themes include missed cancers, cardiac arrests and falls with harm.
- Stage one targets are 85%, with current data sitting at 77%. Although not hitting the target this figure remains stable for stage one complaints.
- Stage two targets are 75%, in Q3 the data is sitting around 40%. It was noted that resource within the complaints team is limited with unplanned absence, additional B7s have temporarily been placed within the team to support.
- Overall numbers for Acute reached 135 in February, at the time of the meeting numbers had reduced to 120. Additional support has been put in place within Acute to support this work.
- SPSO referrals remain high, however a very small number are being upheld. There are currently three being processed, 11 awaiting decisions and three active decision letters.
- 81% of feedback through care opinion has been positive.

In response to a question regarding delays in complaint closures, Ms Jordan explained that many areas are currently managing a high volume of complaints requiring investigation. She noted that staffing challenges within the complaints team have also contributed to delays. Additional support and training in early resolution approaches would be beneficial.

In response to a question regarding communication with staff about waiting times, the Director of Acute Services, Ms Vicki Campbell, explained that she has been working with teams to clarify roles and responsibilities within the complaints process, including expectations around early resolution. She advised that new patient information leaflets have been introduced to explain reasons for extended waiting times and the use of non-standard spaces. Ms Campbell also noted that Clinical Nurse Managers now make themselves visible within waiting areas to speak with patients directly about delays.

Outcome: Members noted the feedback and complaints Q3 update.

8. Patient Safety

8.1 Healthcare Associated Infection (HAI) report

Director of Infection, Prevention & Control, Ms Jincy Jerry, spoke to the updated HAI report. Members were made aware that the paper initially circulated contained incorrect data and the updated paper will be circulated for virtual approval.

Clostridioides Difficile Infection (CDI)

The Scottish Government standards state that there should be no more than 70 cases of HCA CDI. In Q2, July-September 2025/26, 27 cases were reported and currently there are 52 cases recorded against the newly set annual target of 70. Of the 27 cases recorded in Q2, 52% were hospital acquired, 41% were healthcare associated and 7% were unknown.

There is no national target for community CDI cases, however there were 7 cases recorded in Q2.

E. coli Bacteraemia ECB

The ECB standard sets a target of no more than 209 healthcare associated E. coli Bacteraemia, in Q2 there were 56 cases recorded, an increase of 9 cases from the previous quarter.

There is no national target for community ECB, however in Q2 there was 65 cases reported. An increase in community ECB cases was seen during Q2.

In Q2, NHS AA has been highlighted as an exception in the quarterly funnel plot analysis by ARHAI Scotland. This marks the sixth consecutive exception for community-associated ECB, following similar findings in 2024 Q1, Q2, Q3, Q4 and Q1 of 2025.

Staphylococcus aureus bacteraemia (SAB)

The national target on SAB cases is no more than 87 cases, Q2 2025, indicates a reduction in cases compared to the previous quarter, continuing a downward trend from the Q2 2024 peak.

There is no national target for community SAB rates. In Q2, cases increased to 14, up from 8 in Q1. However, on an annual basis from September 2024 to September 2025, the overall rate has decreased from 13.9 to 11.1.

Aspergillosis

The 3A aspergillosis outbreak was reopened in June 2025, since then there have been no patient or staff cases. However there remains ongoing issues within 3A with fungal counts persistently high. In addition, there has been one *Stenotrophomonas Maltophilia* case identified within 3A.

CPE Exposure Station 10

An unexpected exposure of CPE was reported within Station 10, a review was carried out and alerts for all identified contacts, including those within the care home, will be added to prevent recurrence of exposure incidents.

Healthcare Infection Incident Assessment Tool (HIIAT)

Within the reporting period there were five red HIIATs, five amber and 22 green.

The Executive Nurse Director, Ms Jennifer Wilson, confirmed that she will write to ARHAI to formally request the reclassification of certain infections to ensure they are recorded accurately. She further noted that a formal update from Estates, IPC and Acute Services should be presented to the Committee regarding wards 3A and 4A. This update should include a current risk paper and proposed timelines for the move. If the move cannot be completed within the next three months, alternative options must be provided.

VC/JJ

The Committee Chair highlighted the deprivation curve associated with community-acquired E. coli. Ms Jennifer Wilson, Executive Nurse Director, advised that following discussions with Scottish Government colleagues and ARHAI, there is limited further work that can be taken forward from an IPC perspective based on the current information. Members were assured that resources will be directed to the areas where they will have the greatest impact. Members were content with this approach.

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

8.2 Quality & Safety Report – Neonatal

Site and Midwifery Director (Women and Children), Ms Attica Wheeler, spoke to the Neonatal Quality & Safety paper. Key highlights include:

- Times for SAER and LMTRs remain on target.
- BAPM national average is 84%, the team are currently sitting at 98%.
- A medical staffing business case has been approved for a tier 2 gap.
- There were no infection control outbreaks within this quarter, the use of the isolation model for babies arriving from other boards has been positive.
- The neonatal qualified in speciality training is no longer available in Scotland, it is not known at this time if this will be reinstated.
- MS Wheeler noted that PDP/PDR figures are not great within the workstream, however the team are working on implementing protected time to complete these.
- Complaints data within the report encompasses not just neonatal services, but maternity & neonatal complaints. Key themes seen though complaints include; treatment and clinical, staff attitude, communication and delays.
- There remains a downward trajectory on reducing the term admissions to the NNU.

Outcome: Committee members took assurance from the information shared within the paper.

8.3 Quality & Safety Report – Acute Services

Chief Nurse Ms Karen McCormick presented the Quality and Safety report for acute services, key points were noted:

- There has been a sustained reduction in falls for both sites, with median rates below the national average.
- An increase in Pressure Ulcers has been seen across both sites.
- Cardiac arrest rates show normal variation, with NHS Ayrshire & Arran above the national median rate.
- Malnutrition Universal Screening Tool compliance across both sites remains high.
- Stage 1 complaints remain stable with an average of 54 received each month. An average of 35 stage 2 complaints are received per month. Performance for target response rates for both stages

is below compliance, there are significant improvement works in place to address this.

- There have been 120 LMTRs and 56 outstanding action plans currently overdue. There are 44 SAERs with 56 action plans overdue. Dedicated focus work is in place to support these overdue action plans.
- Quality Management of the practice learning environment (QMPLE) scores have been positive. However, feedback submission rates through QMPLE from student nurses remains low.
- Improvement to patient care is encouraged through the engagement in SPSP, EiC and the management and lessons of complaints and adverse events.
- The financial impact due to extended stays was noted.
- Collaborative work is being undertaken with the Quality Improvement team to enhance sustained communication, engagement and collaboration throughout all teams to successfully introduce implementation plans to support safer care.

In response to a question regarding the increase in Pressure Ulcers, Ms McCormick noted that the areas where development work has been implemented are showing improvement. She added that a significant number of newly appointed healthcare support workers are still awaiting further training. It was acknowledged that each area has different requirements, and learning is being taken from those areas that have demonstrated improvements.

The Executive Nurse Director, Ms Jennifer Wilson, noted that an assurance report on Pressure Ulcers had been presented at the January meeting, where it was agreed that an updated action plan would be brought back to the Committee. Ms Wilson confirmed that this paper will be updated and submitted to the meeting in May.

RM/JW

Committee chair noted the decrease in treatment escalation plans in relation to cardiac arrests. Ms Geraldine Jordan informed that work is taking place to enhance communications and putting in DNA CPRs, this work will reduce cardiac arrest rates. A Quality Improvement approach is being undertaken to support the work around DNA CPRs.

Ms Wilson proposed that a written update, providing further detail on cardiac arrests, be submitted to the committee.

GJ/KM

Outcome: Members noted the areas of improvement, recognised the ongoing challenges within acute services, and expressed their support for the continued implementation of improvement plans to sustain and build on this progress.

8.4 Dental Services Report

Mr Craig McArthur, Director of EA H&SCP, introduced the Dental Services report and highlighted the following key points:

Approved by Committee on 12 May 2026

- There have been several successes within the Oral Health Improvement agenda, as well as wider service developments across the service.
- Across the country, Dental Services remain at risk post-pandemic due to reduced availability of NHS dental care.
- work is ongoing at a national level, commissioned via NHS Board Chief Executives, to understand the future strategic direction of Dental services.
- The number of General Dental Practitioners accepting patients remains stable from previous updates. There are currently 22 practices across NHS Ayrshire & Arran accepting new patients. South Ayrshire opened a new dental practice in February 2026.
- To improve access, the Public Dental Service have since established a Weekday Emergency Dental Service (EDS) located within Ayrshire Central Hospital offering 12 appointments each day Monday to Friday.
- Since the update in January 2025, PDS have recruited several positions to bring them to full clinical staffing levels.
- Improvements have been observed in paediatric waiting times, and work is now underway to address the waiting lists in adult dental services.
- Waiting times for dental services within the prison remains a challenge.
- A successful £200,000 Scottish Government bid enabled the replacement of older PDS dental equipment, including three bariatric dental chairs across partnership areas. The three wheelchair platforms are also being replaced as they reach end-of-life.
- A national risk remains around dental recruitment. The GDC's two-year suspension of the Overseas Registration Exam halted the inflow of overseas clinicians. Although the exam has now restarted, the lengthy process means it will not provide a short-term solution.

Mr Gordon MacBeth, Service Manager, assured members that all red and amber waits highlighted within the previous update have now been seen.

Outcome: Committee members noted the update and acknowledge the work being completed within dental services.

9. Quality Improvement

9.1 Quality Strategy

Director of Clinical and Care Governance, Ms Geraldine Jordan, presented the paper on NHS Ayrshire & Arran Quality Strategy 2026-2030.

Members were asked to note and discuss the current co-design of the NHSAA Quality Strategy 2026-2030 and to support the revised proposed milestones to support publication and implementation.

Ms Jordan shared awareness of the accelerated design event that took place in October 2025. Over 80 people from across Ayrshire & Arran attended the event, including clinical leaders, managers, health and social care staff, students, volunteers and people with lived experience of care. The event received a 100% response rate.

Participants were asked before the event how confident they felt in the collective ability to improve quality in NHS Ayrshire & Arran over the next five years. Initially, 17% reported feeling fairly confident. When asked the same question after the event, this increased to 45%.

Key messages emerged from the event including, the strong collective ambition to enhance quality through innovation, collaboration and system-wide transformation, which will be built into the new strategy. Moving forward plans are in place to involve youth engagement opportunities.

A website has been developed with the support from the communications team, this will host a three-step evaluation which will be shared across the organisation.

The Committee was asked to support a four-month extension, with implementation deadlines now revised to September 2026. Members were supportive of the revised timescales.

Outcome: Members noted the update and praised the work completed to support the implementation of the new NHS Ayrshire & Arran Quality Strategy 2026-2030.

10. Risk

10.1 Strategic Risk Register

Director of Clinical and Care Governance, Ms Geraldine Jordan, spoke through the Strategic Risk Register.

Ms Jordan informed that further work is required to align these risks to the risk appetite statement that was approved at a recent Board meeting. Work will be undertaken to review the detail within these risks, and agreement will be reached on which information should be retained, updated, or archived.

Six of the risks on the register are aligned to the healthcare governance committee, in this reporting period four of the risks have been reviewed with no update to the risk rating.

Ms Jordan noted that Risk 778, in relation to Speech and Language was taken through appropriate governance routes and has now been closed. This will now sit as an operational risk within each health and social care partnership. Members were content with this risk being terminated. There are no new emerging risks within this reporting period.

Approved by Committee on 12 May 2026

The Committee Chair welcomed the review, noting that not all risks are currently described as strategic. It was agreed that maintaining oversight and scrutiny of these risks is positive; however, the strategic focus must be maintained.

Outcome: Committee members welcomed the review of the risk register and noted the data presented within the paper.

10.2 **NHSAA Adverse Event Policy and Application Guidance**

Director of Clinical and Care Governance, Ms Geraldine Jordan, spoke to the NHS Ayrshire & Arran Adverse Event Policy and Application Guidance

Members are asked to receive this report and take assurance from the review undertaken that NHSAA Adverse Event Policy and Guidance meets the requirements of Healthcare Improvement Scotland's National Framework for Reviewing and Learning from Adverse Events in Scotland.

Areas strengthened include:

Section 1.3 - Name of HIS National framework updated.

Section 6.5 - Reviews affecting multiple patients/families added.

Section 6.6 - Pausing or delay of SAER process has been added.

Section 6.7 - Table updated to breakdown each stage of each review and associated timelines. LMTR process has increased to a total of < 70 working days.

Section 6.8 - Patient/Family Involvement added.

Section 6.9 - Informing, Involving and Supporting Staff added.

Section 10.1 – Governance arrangements strengthened

Members were made aware that the paper had been presented to RARSAG on 23rd January 2026 to give assurance on the work that has been concluded.

The committee were content to commend further approval to board.

Outcome: Committee members noted the update, and agreement was given to present the policy onto the NHS Board meeting.

10.3 **Significant Adverse Event Review and Action Plan – Update Quarter 3 2025/26**

Director of Clinical and Care Governance, Ms Geraldine Jordan, spoke to the Significant Adverse Event Review and Action Plan – Update Quarter 3 2025/26.

Members were advised that the SAER improvement plan was agreed in January 2025. Of the initial 93 reports included in the plan, 72 have now been closed. The team is prioritising the reports that are most overdue. The oldest outstanding report dates back to 2023, and members were assured that this is now progressing towards closure.

There are currently 77 overdue SAER reports, 31 of which are at the approval stage either via AERG or Log. It was noted that the number of logs has increased to support these approvals. There are also 85 overdue action logs, and each AERG is aware of these outstanding items, with work underway to address them.

Challenges include the need to identify lead reviewers for some SAERs. The team are working to increase capacity through training, continued discussions, and performance meetings.

Members of the committee were asked for approval to close off the proposed 11 SAERs appended within the paper.

The Director of Acute Services, Ms Vicki Campbell, noted that her teams maintain a monthly focus on this work, and that a proactive approach is being taken to identify additional resources to support staff in completing these tasks.

In response to a question from the Committee Chair regarding benchmarking, the Executive Nurse Director, Ms Jennifer Wilson, advised that benchmarking is challenging as processes vary between boards. Ms Jordan added that data will be published nationally, and she is working closely with the national team on how this will be presented.

Ms Jordan confirmed that, going forward, a note will be included in reports where Duty of Candour has been cited. A standalone Duty of Candour policy will also progress through the governance routes in the coming months.

She further highlighted that the most significant SAERs do not represent all reviews undertaken across the organisation, noting that LMTRs and ward-level reviews are also carried out but are not included within the figures presented in this report.

Outcome: Members noted the ongoing work, and approval was given to close 11 recommended SAERs.

11. Corporate Governance

11.1 Acute Services Clinical Governance Steering Group

Members noted the approved minutes.

11.2 Area Drug and Therapeutics Committee

Members noted the approved minutes.

11.3 Prevention and Control of Infection Committee

Members noted the approved minutes.

11.4 Primary and Urgent Care Clinical Governance Group

Members noted the approved minutes.

11.5 Paediatric Clinical Governance Group

No minutes reported.

11.6 Research, Development and Innovation Committee

No minutes reported.

12. Committee Workplan

No additional comments were made regarding the agreed workplan that had been circulated prior to the meeting.

13. Points to feed back to NHS Board

Committee Chair noted the following updates to be presented to the NHS Ayrshire & Arran Board meeting:

- Committee members were updated on current events within the system, including the maternity review, acute services and stage 4 escalation.
- The duty of candour addendum was scrutinised by the committee and approved to be sent to Board for final sign off.
- The complaints and patient feedback Q3 report was noted by the committee.
- The HIS Maternity Report and Quality & Safety Neonatal report were discussed in detail.
- The IPC report was noted by committee members with acknowledgement of the reduction in SAB rates.
- The Quality & Safety report from Acute was noted with acknowledgement of the reduction in falls and falls with harm.
- The Dental Services paper was noted, committee members welcomed the focus on this and the reduction in paediatric waiting times.
- Committee members welcomed progress on the new Quality Strategy.
- The Adverse Event Policy was commended and approved for onward submission to Board.
- Members noted the update given through the SAER report and agreed with the closure of the 11 proposed SAERs.

14. Any other Competent Business

Director of Clinical and Care Governance, Ms Geraldine Jordan, shared with members that Health Improvement Scotland have released the new Clinical Governance Standards. The link to these standards was shared with members virtually.

[Healthcare Improvement Scotland \(HIS\) Clinical Governance Standards](#) –

**15. Date and Time of Next Meeting
Tuesday 12 May 2026 at 9.30am, MS Teams**