

# NHS Ayrshire & Arran



<b>Meeting:</b>	<b>Ayrshire and Arran NHS Board</b>
<b>Meeting date:</b>	<b>Monday 8 June 2026</b>
<b>Title:</b>	<b>Healthcare Governance Committee meeting 12 May 2026 - Chair's Report to NHS Board</b>
<b>Responsible Director:</b>	<b>Jennifer Wilson, Executive Nurse Director</b>
<b>Report Author:</b>	<b>Linda Semple, Non-Executive Director Kay Carmichael, Business Manager</b>

## 1. Purpose

This is presented to the Board for:

- Discussion

This paper relates to:

- Local policy

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

- Safe
- Effective
- Person Centred

## 2. Report summary

### 2.1 Situation

This report provides information to Board Members on key items discussed within the Governance Committee's remit, in order to provide assurance that those matters have been identified and are being addressed, where required.

### 2.2 Background

The Board Model Standing Orders advises that Board meeting papers will include the minutes of Committee meetings which the relevant Committee has approved. To ensure that there is no delay in reporting from Committees this paper provides a timely update on key items from Committees.

### 2.3 Assessment

Key items agreed by Committee are noted below. Identification of organisational risks, stakeholder considerations and other impacts were included in papers to the Committee.

- **Patient Experience Performance Report**

The Committee reviewed the Quarter 4 2025/26 Complaints and Feedback Performance Report. Overall activity at Stage 1 remains stable; however, there has been a notable increase in Stage 2 complaints, indicating rising case complexity

and demand across the system. This is reflected in extended response times and continued underperformance against national standards.

The Committee acknowledged that complaints performance remains a priority risk area with ongoing challenges relating to access, communication and case complexity. The increasing volume of cases under investigation, alongside higher levels of external escalation, further underscores the scale of system pressure.

Members were provided with assurance through the establishment of a focused improvement 'sprint', adopting a Quality Improvement approach to strengthen complaint handling processes, improve timeliness and communication, and enhance overall responsiveness. This work is intended to stabilise performance in the short term while building more sustainable improvements.

The Committee emphasised the importance of maintaining a person-centred approach throughout, ensuring that the experiences of patients and families remain central, and that learning from complaints is systematically embedded to drive service improvement.

The Committee welcomed the update, taking assurance from the targeted improvement actions in place, while recognising that this will remain a challenging area requiring sustained focus and oversight.

- **Food Fluid Nutrition**

The Committee received an update on the Food, Fluid and Nutrition (FFN) HSE Action Plan and noted progress, particularly in relation to the Mealtime Coordinator role, where audit findings provide increasing assurance of improved oversight and safer mealtime processes. Governance arrangements are established and key elements of the framework are in place, supporting greater consistency in local practice.

Notwithstanding this progress, overall assurance remains limited, with a continued high-risk rating reflecting challenges in workforce capability, training uptake and the complexity of dysphagia care. Variability in engagement and capacity continues to impact the sustainability of safe practice. Further work will focus on strengthening training uptake, completing the Health and Safety audit, reviewing adverse events and developing a sustainable improvement plan, with the Committee emphasising the need for continued focus given ongoing patient safety risks.

- **Aging and Frailty Standard**

The Committee reviewed progress against the Healthcare Improvement Scotland Ageing and Frailty Standards. A total of 121 standards were assessed, with 11 fully or largely met and the majority partially achieved, and no standards identified as unmet. This provides a level of assurance and reflects a positive baseline position.

A Strategic Steering Group has overseen the initial assessment and development of improvement plans. The Committee supported the transition of this work into existing governance arrangements, with ongoing ownership at local level and progress monitored through routine reporting. The Committee acknowledged the progress made to date while recognising the need for continued focus to improve consistency and achieve full compliance across all standards.

- **Significant Adverse Event Review Progress Report**

The Committee received an update on the improvement plan agreed in January 2025 in relation to Local Management Team Reviews, noting that of 93 cases, 80 have now been closed, with 13 progressed to Phase 2. This reflects significant progress in addressing the initial backlog.

The Committee noted key learning from Phase 1, including the risk that a singular focus on backlog reduction may create additional system pressure. Work is underway to rebalance activity and strengthen the sustainability of the approach. Governance arrangements remain in place to oversee progress, and the Committee took assurance from both the progress made and the learning identified.

- **Quality and Safety Report**

The Committee received Quality and Safety Reports for Gynaecology and Sexual Health and Maternity Services. These reports provided assurance across a range of indicators, including patient outcomes, safety measures and service improvements, with strong compliance noted in key safety indicators.

The Committee noted ongoing improvement actions within maternity services, alongside continued focus on workforce planning and service sustainability. The Committee welcomed the development of these reports and took assurance from the information presented.

## **2.4 Recommendation**

The Board is asked to be aware of and discuss the key items highlighted and receive assurance that items are being address, where required.