

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 8 June 2026
Title:	Healthcare Governance Annual Report 2025/26
Responsible Director:	Jennifer Wilson, Executive Nurse Director
Report Author:	Kay Carmichael, Nurse Directorate Business Manager

1. Purpose

This is presented to the Committee for:

- Awareness

This paper relates to:

- Government policy/directive
- Local policy

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

- Safe
- Effective
- Person Centred

This supports the following Corporate Objectives:

- **Better Value** – Delivering innovative and sustainable services for everyone
- **Better Health** – Supporting you to live a healthier life
- **Better Workplace** – Creating a great place for us to work
- **Better Care** – Improving your experience of care

2. Report summary

2.1 Situation

The Healthcare Governance Committee provides an assurance report annually which sets out key achievements through the year in discharging its remit.

The approved Healthcare Governance Committee annual report for 2025/26 is presented to Board Members to report on progress and provide assurance that the Committee has delivered its remit.

Following recommendations from Internal Audit, Standing Committees of the Board are required to provide an assurance mapping report and assurance of reporting to NHS Ayrshire & Arran Board in addition to the above, and these are duly included in this report.

2.2 Background

Each NHS Board Governance Committee is required to provide an annual report to Committee and the Board to provide assurance that the Committee has discharged its role as set out in the agreed Terms of Reference. The Committees' approved Terms of Reference and information on the composition and frequency of the Committee is considered as an integral part of the Board Standing Orders.

The Governance Committee annual reports are part of the overall assurance mechanism for the NHS Board and are considered by the Audit Committee in order to provide assurance in support of the Board's annual governance statement that the committees have fulfilled their remit.

Further to recommendations by internal audit, Committees are required to complete a yearly self-assessment checklist, assurance mapping and NHS Board reporting information in addition to the annual report, to further support the review of committee effectiveness.

2.3 Assessment

The Healthcare Governance assurance report details the membership of the Healthcare Governance Committee and provides information on the activities of the Committee in the past year.

Key Messages

- NHS Ayrshire & Arran continues to demonstrate a high level of compliance with Healthcare Governance standards. Throughout 2025/26, the Healthcare Governance Committee maintained robust oversight across a wide range of quality, safety and governance domains. This included regular review of strategic risks, adverse events, Duty of Candour, complaints and feedback and service-specific quality reports.
- The Committee considered a broad programme of work over the year, including endorsement of the revised Integrated Health and Care Governance Framework, monitoring of the Quality Strategy and scrutiny of improvement plans arising from inspections including the HIS Maternity Inspection. There was clear emphasis on learning and improvement through oversight of Significant Adverse Event Reviews, policy updates and thematic patient experience reporting.
- The Committee received consistent updates on performance against national HCAI standards at multiple meetings throughout the year. These updates included the local position, oversight of any outbreaks or incidents, and assurance on the actions taken and learning captured. This regular cycle of reporting and scrutiny ensured that infection prevention and control remained a high priority, with clear visibility of risks and mitigation actions at both Committee and Board level.
- The Committee maintained awareness of system-wide pressures impacting quality and safety, including unscheduled care demand, winter vaccination delivery and wider operational challenges. This was supported by regular reporting on performance, strategic risk registers and service updates.

2.3.1 Quality/patient care

Ensuring good governance in monitoring delivery of programmes across Ayrshire and Arran supports the effective delivery of quality, patient-centred services.

2.3.2 Workforce

This assurance report has no workforce implications for the organisation and enhances joint working across the NHS Board and Ayrshire Integration Joint Boards.

2.3.3 Financial

There are no financial implications.

2.3.4 Risk assessment/management

The annual report process ensures an assessment of committee business against the agreed Terms of Reference. This mitigates against the risk of any gaps in assurance and supports the NHS Board's annual assurance statement.

2.3.5 Equality and diversity, including health inequalities

An impact assessment has not been completed because this is an assurance reporting paper.

2.3.6 Best Value

This paper support Best Value across the following themes:

- Vision and Leadership
- Effective Partnerships
- Governance and accountability
- Performance management

2.3.7 Other impacts

No other relevant impacts

2.3.8 Communication, involvement, engagement and consultation

This paper requires no engagement with external stakeholders.

2/3/9 Route to the meeting

The paper was approved by the Healthcare Governance Committee, 29 May 2026

2.4 Recommendation

For Awareness. Board Members are asked to note the progress of the Healthcare Governance Committee in 2025/26 and to take assurance from this report that the Committee has delivered its remit.

3. List of appendices

Appendix 1 - Healthcare Governance Committee Annual Report 2025/26

Appendix 2 - Healthcare Governance Committee self-assessment checklist

Appendix 3 - Assurance Mapping (Review of papers submitted against the Healthcare Governance Committee Remit 2025/26)

Appendix 4 - Healthcare Governance Committee Reporting to NHS Ayrshire & Arran Board 2025/26

NHS Ayrshire & Arran Healthcare Governance Committee

Annual Report for 2025/26

1. Summary

- 1.1 The remit of the Healthcare Governance Committee is to provide assurance to the NHS Board that systems and processes are in place to monitor healthcare governance in line with the Board's statutory duty for quality of care.

The main topics covered during the 2025/26 reporting period were categorised under Patient Experience, Patient Safety, Quality Improvement, Corporate Governance, Annual Reports, Health and Social Care Partnership (HSCP)/Integrated Joint Board (IJB) Annual Clinical Care Governance Reports, Audit Reports, Scrutiny Reports, SPSO and Risk.

1.2 Key Messages

- NHS Ayrshire & Arran continues to demonstrate a high level of compliance with Healthcare Governance standards. Throughout 2025/26, the Healthcare Governance Committee maintained robust oversight across a wide range of quality, safety and governance domains. This included regular review of strategic risks, adverse events, Duty of Candour, complaints and feedback and service-specific quality reports.
- The Committee considered a broad programme of work over the year, including endorsement of the revised Integrated Health and Care Governance Framework, monitoring of the Quality Strategy and scrutiny of improvement plans arising from inspections including the HIS Maternity Inspection. There was clear emphasis on learning and improvement through oversight of Significant Adverse Event Reviews, policy updates and thematic patient experience reporting.
- The Committee received consistent updates on performance against national HCAI standards at multiple meetings throughout the year. These updates included the local position, oversight of any outbreaks or incidents, and assurance on the actions taken and learning captured. This regular cycle of reporting and scrutiny ensured that infection prevention and control remained a high priority, with clear visibility of risks and mitigation actions at both Committee and Board level.
- The Committee maintained awareness of system-wide pressures impacting quality and safety, including unscheduled care demand, winter vaccination delivery and wider operational challenges. This was supported by regular reporting on performance, strategic risk registers and service updates.

2. Remit

- 2.1 The Committee's remit is defined in the TOR as:
To provide assurance to the NHS Board that systems and procedures are in place to monitor healthcare governance in line with the Board's statutory duty for quality of care.

3. Membership

3.1 The Committee’s membership during the reporting period was as follows:

Ms Linda Semple, Non-Executive Board Member (Chair)
 Mrs Sharon Morrow, Non-Executive Board Member (Vice-Chair)
 Cllr Marie Burns, Non-Executive Board Member
 Mr Liam Gallacher, Non-Executive Board Member
 Dr Tom Hopkins, Non-Executive Board Member
 Mr Neil McAleese, Non-Executive Board Member

Ex-officio Members/Board Advisors:

Mrs Lesley Bowie, Board Chair
 Ms Claire Burden, Chief Executive (until end July 2025)
 Mr Gordon James, Chief Executive (from 01/08/2025)
 Ms Jennifer Wilson, Executive Nurse Director
 Dr Crawford McGuffie, Medical Director and Deputy Chief Executive
 Ms Vicki Campbell, Director of Acute Services
 Mrs Lynne McNiven, Director of Public Health
 Mrs Geraldine Jordon, Director of Clinical and Care Governance

4. Meeting

4.1 The Committee met on seven occasions between 1 April 2025 and 31 March 2026.

4.2 The NHS Board has previously agreed that attendance at Committee meetings should be recorded in the relevant Annual Report. The attendance record of each member is shown below (Y indicates attended, A indicated apologies).

Member	Dates						
	28 April 2025	9 June 2025	4 August 2025	5 September 2025	3 November 2025	13 January 2026	3 March 2026
Linda Semple	Y	Y	A	Y	Y	Y	Y
Cllr Marie Burns	A	Y	Y	Y	Y	Y	Y
Liam Gallacher			Y	Y	Y	Y	Y
Dr Tom Hopkins	Y	Y	Y	Y	Y	Y	A
Neil McAleese	Y	Y	Y	Y	Y	Y	Y
Sharon Morrow	Y	Y	Y	Y	Y	Y	Y

5. Committee Activities

5.1 The Committee has ensured that the structure and format of the agenda during 2025/26 supported the key elements of healthcare governance and the efficient conduct of business.

The Committee also regularly reviewed corporate level healthcare governance risks and identified crosscutting healthcare governance issues to be tabled at the Integrated Governance Committee.

To support ongoing scrutiny, the Committee received the minutes of the following governance groups on a recurring basis:

- Acute Services Clinical Governance Group
- Area Drug and Therapeutics Committee
- Paediatric Clinical Governance Group
- Prevention and Control of Infection Committee
- Primary and Urgent Care Clinical Governance Group
- Research, Development and Innovation Committee

5.2 The Committee scrutinised Annual Reports for:

- Acute Clinical Governance Group Annual Report
- Accountable Officer for Controlled Drugs Annual Report
- Area Drug and Therapeutics Committee Annual Report
- Area Nutrition Steering Group Annual Report
- Duty of Candour Annual Report
- Gender Based Violence Annual Report
- Hospital Standardised Morality Ratio Annual Report
- Infection Prevention and Control Team Annual Report
- Prevention and Control of Infection Committee Annual Report
- Library and Knowledge Services Annual Report
- Mental Welfare Commission Annual Assurance Report
- Organ Donation Annual Report
- Patient Experience Annual Report
- Patient Experience - Complainant Satisfaction Annual Report
- Patient Stories Annual Report
- Public Protection Annual Report
- Research, Development and Innovation Annual Report
- Risk Management Annual Report
- Unplanned Activity (UNPAC)
- East Ayrshire Health and Social Care Partnership Clinical Governance Annual Report
- South Ayrshire Health and Social Care Partnership Annual Clinical Care Governance Report
- North Ayrshire Health and Social Care Partnership Clinical Governance Annual Report
- Pregnancy and New-born Screening Annual Report
- Adverse Event Review Group (AERG) Annual Assurance Report
- Scottish Public Services Ombudsman (SPSO) Closure Report
- Mental Welfare Commission Young People Monitoring Report
- Abdominal Aortic Aneurysm Screening Annual Report
- Bowel Screening Annual Report
- Breast Screening Annual Report
- Cervical Screening Annual Report
- Diabetic Eye Screening Annual Report
- Scottish National Blood Transfusion Service Transfusion Team Annual Report
- Winter Vaccination Programme Annual Report

5.3 Meetings have considered a wide range of information in respect of Healthcare Associated Infection and the Committee were provided with regular reports on the trends, themes and quality improvements arising from feedback, complaints,

adverse events and litigation, and recommendations from the Scottish Public Services Ombudsman.

- 5.4 The Committee has been receiving regular Quality and Safety updates during 2025/26, including in relation to Excellence in Care and Scottish Patient Safety Programme (SPSP) programmes. This included the improvement work being taken forward in acute, maternity, neonatal, paediatric and mental health services.
- 5.6 The Committee receives assurance on progress against recommended actions following inspections/visits and/or from various external reports/reviews, or from Scottish Government Directives.

During the course of 2025/26, the Committee received bi-annual assurance reports on progress against the Health and Safety Executive recommendations in relation to Food, Fluid and Nutrition; assurance updates on learning following Healthcare Associated Infection outbreaks; and assurance updates on the Quality Strategy Implementation.

6. Priorities for 2026/27

- 6.1 A key priority for the Committee through 2026/27 will be to support ongoing governance requirements in the context of continued system pressures and a challenging fiscal position.
- 6.2 The Committee will continue to focus on receiving evidence of organisational learning and demonstrable improvements in respect of themes and issues that have featured across the various reports presented in 2025/26. This will include a focus on assurance from Directorates and Partnerships in respect of the effective implementation of learning within services and across teams.
- 6.3 There is a requirement to ensure that systems are in place to understand the key contributory factors of key quality challenges arising from assurance processes and the Committee ensures plans are developed and implemented to address key strategic contributory factors.
- 6.4 There is a requirement to ensure that national improvement priorities/programmes are delivered locally, providing the Committee with assurance of sustainable improvement at scale.
- 6.5 There continues to be a requirement for the Committee to drive the reform of services to achieve high quality integrated health and social care services that are sustainable for the future and in line with our Caring for Ayrshire ambition.
- 6.6 In line with the Ayrshire and Arran Health and Care Governance Framework, the Committee will receive an annual report and minutes from the three IJB Health and Care Governance Committees for governance and assurance purposes. Of note, the 2025/26 reporting period saw a review of the Annual Report format to provide consistency of reporting across the three Health and Social Care Partnerships.

7. Chair's Comments

- 7.1 As in previous iterations of this report, I would like to offer my thanks to members, the secretariat and those staff members who have worked on the Committee's behalf, for their continued commitment to the work of the Committee.
- 7.2 The Committee has continued to review the systems in place to monitor all aspects of healthcare governance and quality of care and to be assured that issues are acted upon and escalated appropriately.
- 7.3 The Committee has continued to be reassured by reports that showed the robustness of the organisation's process from identifying an issue, instituting improvements, monitoring impact and the flows through governance processes via the Healthcare Governance Committee to the NHS Board, ensuring that the latter can provide appropriate, timely and comprehensive assurance as required.
- 7.4 The Committee was again keen to see that its activities aligned with external and internal drivers. In particular, the Committee ensured it was compliant with the 'Framework for Good Governance' while also having a view to all other relevant policy drivers.
- 7.5 I should like to express the Committee's thanks once again to operational staff. With the continuing challenging times the NHS and our partners are facing in relation to staffing, resources, and demand, the ongoing commitment to providing the highest quality, safest and most effective care for those we serve and, under these conditions, to providing the evidence of these efforts, which is as important as it allows the NHS Board to see robust governance.

Linda Semple
Chair – Healthcare Governance Committee
1 May 2026

Approved by Healthcare Governance Committee
29 May 2026

Healthcare Governance Committee Committee Effectiveness Checklist for 2025/26

The Role and Work of the Committee	Yes / No / NA	Comments
The Committee has a clear understanding of its role and authority as set out in its terms of reference.	Yes	ToRs are updated annually and endorsed by the Committee prior to submission to NHS Board for approval.
The Committee undertakes an annual review of its remit and terms of reference and submits to the NHS Board for approval.	Yes	ToRs submitted to Committee for approval in March 2026 as per new process for approval of all Committee ToRs.
The Committee has been provided with sufficient membership, authority and resources to perform its role effectively and independently?	Yes	As demonstrated in the 2025/26 annual report; however attendance has been adequate to ensure the quorum was met in all instances. One new member joined the Committee. Effective planning and use of IT has been employed by the HGC secretariat in order to ensure that members are supported to attend meetings remotely due to the current ways of working.
In discharging its role, the focus of the governance Committee is on seeking and reviewing assurances rather than operational issues.	Yes	As demonstrated in our Committee minutes, the focus of the HGC is very much on scrutiny and assurance and the Committee does not have an operational focus.
Remit - the Committee discharges its role to provide assurance that systems and procedures are in place to monitor healthcare governance in line with the Board's statutory duty for quality of care.	Yes	As demonstrated in our 2025/26 annual report.
The Committee regularly reviews the strategic risks relevant to its remit and seeks assurance on mitigating controls and actions	Yes	Risk is a standing item on our HGC agenda
The Committee identifies further risk for consideration and escalation from the papers presented and discussion.	Yes	Yes, this is a core role of the Committee in terms of scrutiny. The Committee considers any matters for escalation to the NHS Board as part of its Agenda.

The Committee receives internal audit reports relevant to its remit and monitors progress against recommendations.	Yes	The Committee receives internal audit reports relevant to its remit and seeks assurance on progress against recommendations.
The Committee has visibility of the mechanisms that are in place to monitor all aspects of its remit.	Yes	The Committee workplan is reviewed and approved by the Chair and Executive Lead and ensures oversight of all aspects of the Committee remit via the various monitoring mechanisms that are in place.
The work of the Committee enables it to assure the Board that policies and procedures which are monitored, as relevant to the Committee's remit, are robust.	Yes	As above
The Committee links well with other Board Committees and the Board itself, and opportunities are taken to share information, learning and good practice.	Yes	Matters are escalated to the Board as appropriate and Integrated Governance Committee provides a forum for any cross-cutting issues. Committee Chairs have the opportunity for sharing best practice and peer support at forums such as Board workshops and via 1:1 and peer sessions with the Board Chair.
The Committee produces an annual work plan.	Yes	This is a standing agenda item at all meetings to enable review and discussion as the work plan is responsive and evolves throughout the year.
The Committee periodically assesses its own effectiveness.	Yes	Effectiveness is assessed via the self-assessment checklist process.
Committee Meetings, Support and Information	Yes / No / NA	Comments
The Committee has a designated secretariat	Yes	
The committee meets regularly, at least four times a year, and this is set out in the Terms of Reference.	Yes	
The scheduling of those meetings is appropriate to meet the body's business and governance needs	Yes	Scheduling is carried out by the Board Secretary and Committee Secretariat to ensure an overview and effective planning of the corporate calendar.
The length of Committee meetings is appropriate to allow the Committee to discharge its role.	Yes	
Papers presented to the Committee are of a high standard and an effective	Yes	A standard paper format with formatting guidance is in place.

format and ensure that members have access to appropriate information		Approvals process for all papers requires Director level sign off.
The Committee receives adequate information in relation to national policy and direction to enable it to fulfil its role and responsibilities.	Yes	The Committee regularly receives papers on national policy and any emerging issues that are relevant to its remit.
The Committee agenda is well managed and ensures that all topics within the remit are considered.	Yes	The Agenda is well structured with regular standing items and a structured workplan which is approved by the Chair and Executive Lead.
The agenda and papers are circulated in advance of meetings to allow adequate preparation by Committee members and attendees.	Yes	
Minutes are prepared and circulated as set out in the Terms of Reference.	Yes	
The Committee provides an effective annual report on its own activities.	Yes	
An action log/matters arising are well managed and indicate who is to perform what and by when.	Yes	
Committee Membership and Dynamics	Yes / No / NA	Comments
Chair and Membership of the committee has been agreed by the NHS Board and a quorum set	Yes	As demonstrated in the ToRs
A Vice Chair of the Committee has been proposed by the Chair and agreed by Committee.	Yes	
Membership of the Committee is appropriate with the correct blend of skills, knowledge and experience.	Yes	
All members of the Committee contribute to its deliberations on an informed basis.	Yes	
Committee members are offered an appropriate induction on joining and development opportunities to support them in undertaking their role.	Yes	This is done by discussion with the Committee Chair and the Exec Lead.
The leadership of the Committee by the Committee Chair is effective and supports input from all members.	Yes	
Committee members attend meetings on a regular basis and if not this is reported to the Board Chair for action.	Yes	

The Accountable Officer and other senior officers normally attend the Committee as considered appropriate, as noted in the terms of reference.	Yes	
Support provided to the Committee by executives and senior management is appropriate.	Yes	

Assurance Mapping (Review of papers submitted against the Healthcare Governance Committee Remit 2025/26)

Remit:

To provide assurance to the NHS Board that systems and procedures are in place to monitor healthcare governance in line with the Board's statutory duty for quality of care.

Duties as noted in the Terms of Reference	28 April 2025	9 June 2025	4 August 2025	5 September 2025	3 November 2025	12 January 2026	2 March 2026
The specific responsibilities of Healthcare Governance Committee are to: Consider and scrutinise the health and care system's performance in relation to its statutory duty for quality of care, screening and immunisation programmes, as well as ensure appropriate remedial action takes place where required:							
Infection control (including Healthcare Associated Infection reports)	√ • HCAI Report • IPC Internal Audit	√ • HCAI Report	√ • HCAI Report Programme/ Assurance Annual Report: • IPCT • PCOIC	√ • HCAI Report	√ • HCAI Report	√ • HCAI Report	√ • HCAI Report
Blood transfusion/organ transplant			√ Programme/ Assurance Annual Report: • Organ Donation	√ Programme/ assurance Annual Report: SNBTS	•		
Patient experience inc complaints + themed reports	√ • Patient Experience Themed Report	√ • Patient Experience Performance Report Q4 • SPSO	√ Programme/assurance Annual Report: • Patient Experience	√ • Patient Experience Performance Report Q1	√ • Patient Experience Themed Report • SPSO	√ • Patient Experience Performance Report Q2	√ • Patient Experience Performance Report Q3

Assurance Mapping

Appendix 3

(Review of papers submitted against the Healthcare Governance Committee Remit 2025/26)

Duties as noted in the Terms of Reference	28 April 2025	9 June 2025	4 August 2025	5 September 2025	3 November 2025	12 January 2026	2 March 2026
		<ul style="list-style-type: none"> • HMP Kilmarnock • 	<ul style="list-style-type: none"> • Complainant satisfaction • Patient Stories 	<ul style="list-style-type: none"> • Patient Experience Themed Report 		<ul style="list-style-type: none"> • Patient Experience Themed Report • Volunteering 	
Adverse Events		✓ <ul style="list-style-type: none"> • SAER report Q4 • HIS Adverse Event National Framework Summary 		✓ <ul style="list-style-type: none"> • SAER report Q1 Programme/assurance Annual Report: <ul style="list-style-type: none"> • AERG 	✓ <ul style="list-style-type: none"> • SAER report Q2 		✓ <ul style="list-style-type: none"> • SAER report Q2 • National Adverse Events Policy
Quality and Safety Report (combining SPSP + Excellence in Care (EiC))	✓ <ul style="list-style-type: none"> • Mental Health 	✓ <ul style="list-style-type: none"> • Learning Disabilities • Maternity 	✓ <ul style="list-style-type: none"> • Learning Disabilities 	✓ <ul style="list-style-type: none"> • Paediatric • Acute 	✓ <ul style="list-style-type: none"> • Mental Health 		✓ <ul style="list-style-type: none"> • Neonatal • Acute
Care Home Governance		✓ <ul style="list-style-type: none"> • Care Home Governance Report 				✓ <ul style="list-style-type: none"> • Care Home Governance Report 	
Quality Improvement	✓ <ul style="list-style-type: none"> • AAIFS • Food, fluid and nutrition HSE action 	✓ <ul style="list-style-type: none"> • Quality and Safety walkrounds 		✓ <ul style="list-style-type: none"> • Quality Strategy 	✓ <ul style="list-style-type: none"> • Spiritual and Staff Care Strategy • Mental Health and 	✓ <ul style="list-style-type: none"> • Quality and Safety walkrounds 	✓ <ul style="list-style-type: none"> • Quality Strategy

Assurance Mapping

Appendix 3

(Review of papers submitted against the Healthcare Governance Committee Remit 2025/26)

Duties as noted in the Terms of Reference	28 April 2025	9 June 2025	4 August 2025	5 September 2025	3 November 2025	12 January 2026	2 March 2026
	plan update				Wellbeing Strategy <ul style="list-style-type: none"> • Cancer QPI Governance • Food, fluid and nutrition HSE action plan update • 		
Public Protection (PP) (includes Child Protection, Adult Support and Protection + MARAC)			✓ Programme /assurance Annual Report: <ul style="list-style-type: none"> • Public Protection Annual Report 			✓ <ul style="list-style-type: none"> • Public Protection Update 	
Gender based violence (GBV)				✓ Programme /assurance Annual Report: <ul style="list-style-type: none"> • GBV 			
MWC reports/performance			✓ Programme / assurance Annual Report:			✓ Programme / assurance Annual Report:	

Assurance Mapping

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Duties as noted in the Terms of Reference	28 April 2025	9 June 2025	4 August 2025	5 September 2025	3 November 2025	12 January 2026	2 March 2026
			MWC Assurance Report			• MWC Young people monitoring report 2024/25	
Health and Care in HSCPs				•	√ • East Ayrshire • South Ayrshire North Ayrshire		
Public Health (inc annual screening programmes)				√ Programme/assurance Annual Report: • Bowel screening • Cervical screening • Diabetic eye screening • AAA screening • Immunisation Programmes	√ Programme/assurance Annual Report: • Winter Vaccinations programme • Pregnancy and newborn screening		
Duty of Candour (DoC)			√ Programme /assurance Annual Report: • DoC				DOC addendum
(Unplanned Activity (UNPAC))			√ Programme /assurance Annual Report:		UNPAC Policy		

Assurance Mapping

Appendix 3

(Review of papers submitted against the Healthcare Governance Committee Remit 2025/26)

Duties as noted in the Terms of Reference	28 April 2025	9 June 2025	4 August 2025	5 September 2025	3 November 2025	12 January 2026	2 March 2026
			• Acute UNPAC				
Hold the relevant staff of NHSAA to account in respect of their performance in relation to the system's duty for quality of care.	√	√	√	√	√	√	√
Review action taken by lead directors on recommendations made by the Committee or the NHS Ayrshire & Arran Board on healthcare governance matters.	√	√	√	√	√	√	√
Provide assurance to NHSAA Arran Board on the operation of healthcare governance	<ul style="list-style-type: none"> • Litigation Report • SIGN Guidelines • Front Door 	<ul style="list-style-type: none"> • COVID 19 Inquiry • Operation Koper 	Programme/assurance Annual Report: <ul style="list-style-type: none"> • Controlled Drugs Accountable Officer • ADTC 	<ul style="list-style-type: none"> • SNAP • Digital Strategy Programme/assurance Annual Report:	<ul style="list-style-type: none"> • SIGN guidelines • Litigation • Operation Koper 	<ul style="list-style-type: none"> • COVID 19 Inquiry • Acute Pressure Ulcers 	<ul style="list-style-type: none"> • HIS Maternity Inspection • Dental Services •

Assurance Mapping

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(Review of papers submitted against the Healthcare Governance Committee Remit 2025/26)

Duties as noted in the Terms of Reference	28 April 2025	9 June 2025	4 August 2025	5 September 2025	3 November 2025	12 January 2026	2 March 2026
within the health and care system in compliance with relevant national standards, highlighting problems and action being taken where appropriate.	<ul style="list-style-type: none"> Overcrowding OPAH Assurance Report 		<ul style="list-style-type: none"> Area Nutrition Steering Group HSMR Libraries Organ Donation RDI 	<ul style="list-style-type: none"> Acute Services Clinical Governance Steering Group Antimicrobial Stewardship 	<ul style="list-style-type: none"> Urgent and Unscheduled Care CAMHS 		
Receive minutes and annual reports from sub-committees established by the HGC in order to provide assurance and accountability.	√	√	√	√	√	√	√
Monitor and review risks falling within its remit.	√	√ •Strategic Risk Register	√ Programme/assurance Annual Report: Risk Management	√ •Strategic Risk Register	√ •Strategic Risk Register	√	√ •Strategic Risk Register

Reporting duties	28 April 2025	9 June 2025	4 August 2025	5 September 2025	3 November 2025	12 January 2026	2 March 2026
Reporting action to the NHSAA Board	<p>To note progress with Front Door Commission.</p> <p>To note update in relation to HAI</p> <p>To note progress with FFN HSE visit action plan</p> <p>To note progress with SIGN Guidelines.</p>	No report required	<p>To note the breadth of annual reports received and progress made.</p> <p>To note Quality and Safety Report – Learning Disabilities</p> <p>To note suite of Complaint and Feedback Annual Report.</p> <p>To note Duty of Candour Annual Report</p> <p>To note update in relation to HAI</p> <p>Endorsed the revised Integrated Health and Care Governance Framework</p>	<p>To note the breadth of annual reports received and progress made.</p> <p>Review of Strategic Risk Register</p> <p>To note update on Digital Patient Communication</p>	<p>To note the breadth of annual reports received and progress made; for North, East and South HSCPs</p> <p>To note update on Winter Vaccination Programme</p> <p>To note progress on Unscheduled Care</p> <p>To note activity in relation to Operation Koper.</p> <p>To note update in relation to HAI</p> <p>Approved the Spiritual Care Delivery and Measurement Plan</p>	<p>HGC ToR review</p> <p>To note update on HCAI.</p> <p>To note Patient Experience Themed Report and Performance Report</p> <p>To note the activity within the volunteer service</p> <p>Acknowledgement of system wide pressures</p> <p>To note the activity within the Care Home Professional Support Team.</p> <p>To note update in relation to COVID 19 Inquiry</p>	<p>To note Patient Experience Performance Report</p> <p>To note addendum to Duty of Candour annual report 2024/25</p> <p>To note update on HAI.</p> <p>To note improvement plan from HIS Maternity Inspection</p> <p>To note review of Adverse Event Policy and Application Guideline</p> <p>To note progress with SAERs.</p> <p>To note Quality and Safety Report – Acute and Neonatal Services</p>

Reporting duties	28 April 2025	9 June 2025	4 August 2025	5 September 2025	3 November 2025	12 January 2026	2 March 2026
							To note update within Dental Services To note progress with Quality Strategy
Confirmed that these were brought to the NHSAA Board	Y /N	Not required	Y /N	Y /N	Y /N	Y /N	Y /N