NHS Ayrshire & Arran

Meeting:	**Ayrshire and Arran NHS Board**
Meeting date:	**Monday 10 August 2026**
Title:	**Healthcare Governance Committee meeting 14 July 2026 - Chair's Report to NHS Board**
Responsible Director:	**Jennifer Wilson, Executive Nurse Director**
Report Author:	**Linda Semple, Non-Executive Director** **Kay Carmichael, Business Manager**

1. Purpose

This is presented to the Board for: Discussion.

This paper relates to: Local policy to ensure good governance practice in reporting from board committees

This aligns to the NHS Scotland quality ambitions of Safe, Effective and 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

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.

Derek's Story
The Committee received a detailed follow-up report on the actions taken in response to Derek's Story, which was presented to the NHS Board in October 2025. The Committee was reassured by the significant progress made within Station 9 University Hospital Ayr. Improvements have been delivered across patient-centred care, communication with families, mobilisation, nutrition and hydration, and pressure ulcer prevention. Importantly, there have been no ward-acquired pressure ulcers since December 2025, with audit compliance consistently demonstrating improvement.

The Committee emphasised the importance of ensuring the learning is embedded and spread across other clinical areas to deliver consistent standards of care throughout the organisation.

Complaints Improvement Sprint
The Committee welcomed the considerable progress being made through the complaint's recovery programme, recognising the significant effort undertaken by staff to reduce the backlog and improve responsiveness of intime complaints. Members noted that complaint complexity continues to increase, alongside rising MSP enquiries, Subject Access Requests and Ombudsman activity.

While early improvements are evident, sustainability remains a key concern and the Committee agreed the Board should be sighted on the resource implications and emerging pressures driving complaint volumes and demand. Consideration was also given to the growing impact of complainants using AI tools to prepare correspondence, often resulting in longer and more detailed submissions requiring additional review and investigation; and repeat complainant activity.

Litigation Report
The Committee reviewed litigation activity and noted a gradual increase in both clinical claims and Fatal Accident Inquiries over recent years. The report highlighted that failure or delay in diagnosis continues to account for the largest proportion of clinical claims.

Operation Koper
The Committee received assurance that robust governance processes remain in place to support the Board's response to Operation Koper and related COVID-19 investigations. Members also noted the significant workload and resource implications for the Litigation/Enquiry Team, Public Health, Infection Prevention and Control and Care Home Professional Support Team. The Committee was reassured that mechanisms are in place to support compliance with statutory requirements and to support staff involved in investigations.

Pharmacy Audit
The Committee welcomed the timely completion of the Pharmacy Audit action plan and the prompt return of assurance to the Committee, demonstrating effective governance oversight and responsiveness to audit findings.

Mental Health Services
The Committee received assurance on progress against the Mental Health and Wellbeing Strategy and noted the significant improvement work underway in response to the Core Mental Health Standards. Members requested a further update in six months' time, following completion of the planned benchmarking exercise.

The Committee noted that, while decision-making responsibility for these services sits with the North Ayrshire Integration Joint Board (IJB), the Healthcare Governance Committee requires assurance regarding the quality and safety of care being delivered. Members therefore requested that risk assessments relating to services where provision has been reduced are shared with the Committee for assurance purposes.

Members were also reassured by the progress reported through the Quality and Safety Report, including patient safety programmes, quality improvement activity, and governance arrangements. While ongoing challenges were noted in relation to complaints timeliness, workforce pressures and overdue adverse event reviews, the Committee received assurance that appropriate improvement actions and enhanced oversight arrangements are in place to address these issues.

Controlled Drugs Accountable Officer (CDAO) Annual Report
The Committee received assurance regarding controlled drug governance arrangements across the organisation. Discussion focused on opportunities to strengthen intelligence gathering, workforce support and cross organisational learning, particularly around staff wellbeing and governance links.

Area Drugs and Therapeutics Committee (ADTC) Annual Report
The Committee was assured regarding medicines governance arrangements, including prescribing quality, high-cost medicines oversight and antimicrobial stewardship. Members recognised ongoing improvement work and the strong governance structures supporting safe and effective medicines management.

Research, Development and Innovation (RDI) Annual Report
The Committee welcomed another strong year of performance in research, development and innovation activity. Members noted the continued contribution of research to service transformation, workforce development and patient outcomes, despite a challenging external funding landscape. The Committee was particularly encouraged by ongoing efforts to expand research opportunities across professional groups and disciplines.

Hospital Standardised Mortality Ratio (HSMR) Annual Report
The Committee received assurance that HSMR remains stable and continues to be monitored through established mortality review and governance processes. Members acknowledged the value of HSMR reviews in identifying learning, supporting quality improvement and providing an important indicator of system performance and patient safety.

Committee Appreciation
The Committee formally recorded its sincere thanks to Linda Semple on completion of eight years as Chair of the Healthcare Governance Committee, recognising her exceptional leadership, commitment to governance and unwavering focus on quality, safety and patient experience.

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.