

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 12 October 2026
Title:	Healthcare Governance Committee meeting 8 September 2026 - Chair's Report to NHS Board
Responsible Director:	Jennifer Wilson, Executive Nurse Director
Report Author:	Sharron Morrow, 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
- 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.

Learning Disability Assessment and Treatment Service Options Appraisal

The Committee received an update on the outcome of the Learning Disability Assessment and Treatment Service Options Appraisal following the temporary closure of Ward 7A at Woodland View. Members were advised that the preferred option is the establishment of a pan-Ayrshire Intensive Support Team, supported by access to mainstream mental health inpatient provision where required.

The Committee was assured that the options appraisal process had been robust, with stakeholder engagement and clear consideration of risks, benefits, workforce implications and financial sustainability. Members welcomed the focus on supporting people with learning disabilities to remain within their communities wherever possible and noted the strong alignment with national policy and the Coming Home agenda. The Committee requested that a future evaluation be presented, including patient and family feedback, to demonstrate the impact of the new model and support ongoing assurance.

Feedback and Complaints Performance

The Committee welcomed the positive progress being achieved through the Complaints Improvement Sprint and acknowledged the significant effort undertaken by staff to improve the timeliness of complaint handling and reduce the complaints backlog.

Members noted that performance against Stage 2 complaints had improved substantially and that the number of long-standing and overdue complaints continued to reduce. The Committee recognised the benefits of enhanced governance oversight, improved monitoring arrangements and strengthened engagement with complainants. While encouraged by the progress made, Members acknowledged the increasing complexity of complaints and the ongoing resource pressures associated with sustaining improvements.

The Committee received assurance that recovery actions are having a positive impact and that continued focus is being maintained on timeliness, communication and organisational learning.

Infection Prevention and Control

The Committee received assurance regarding infection prevention and control performance and noted continued progress across a number of key healthcare associated infection indicators.

Members were advised of reductions in healthcare associated *Clostridioides difficile* infection and *Staphylococcus aureus* bacteraemia, alongside achievement of the national standard for healthcare associated *E. coli* bacteraemia.

The Committee received assurance regarding surveillance arrangements, outbreak management processes and ongoing improvement activity. Discussion also highlighted continued focus on environmental safety, antimicrobial stewardship, hand hygiene compliance and learning from infection-related incidents. While challenges remain within some areas, Members were satisfied that appropriate governance and improvement arrangements are in place.

Pressure Ulcer Improvement Acute Quality and Safety Report

The Committee received updates on the Acute Services Pressure Ulcer Improvement Programme and wider Acute Quality and Safety report.

Members noted encouraging recent improvement in pressure ulcer performance and welcomed the ongoing quality improvement activity aimed at sustaining progress over a longer period. The Committee also received updates regarding falls prevention, deteriorating patient work, adverse events, complaints and Excellence in Care activity. Members were assured that appropriate governance and monitoring arrangements remain in place to support delivery of improvement actions and continued quality and safety improvements.

Strategic Risks and Significant Adverse Event Reviews

The Committee reviewed the strategic risks within its remit and received assurance regarding the effectiveness of existing controls, mitigation plans and governance arrangements.

Members also considered progress in relation to Significant Adverse Event Reviews (SAERs), noting ongoing improvement work to address outstanding reviews, strengthen organisational learning and improve performance against agreed targets. The Committee was satisfied that appropriate oversight and escalation arrangements remain in place and that progress continues to be monitored through established governance structures.

Annual Assurance Reports

The Committee considered a substantial programme of annual assurance reports relating to:

- Acute Services Clinical Governance Steering Group
- UNPACS - Acute Unplanned Activity
- Risk Management
- Adverse Event Review Group (AERG)
- Antimicrobial Stewardship
- Patient Experience
- Infection Prevention Control and Prevention and Control of Infection Committee
- Public Protection Health Service and Public Protection Executive Governance Group
- Bowel Screening
- Diabetic Eye Screening
- AAA Screening
- Blood Transfusion Service

The Committee was content that the reports demonstrated appropriate governance, monitoring and improvement activity and provided the necessary assurance regarding performance, oversight and risk management arrangements across the organisation

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.