NHS Ayrshire & Arran

Healthcare Governance Committee
Tuesday 14 July 2026 at 9.30am
Room 5 Turnberry, Ailsa Hospital, Ayr / MS Teams

Present:

Non-Executives:
Ms Linda Semple (Chair)
Ms Sharon Morrow (Vice Chair)
Mr Neil McAleese
Mr Liam Gallacher

Board Advisor/Ex-Officio:
Ms Geraldine Jordan, Director of Clinical and Care Governance
Dr Crawford McGuffie, Medical Director
Ms Jennifer Wilson, Nurse Director

In Attendance:
Ms Julie Barrett, Associate Nurse Director and Lead Nurse, NA HSCP
Mr Edmund Tabay, Interim Deputy Nurse Director Acute Services
Ms Karen McCormick, Chief Nurse (Item 4.1)
Dr Helen Smith, Consultant Psychiatrist (Item 8.1)
Ms Roisin Kavanagh, Director of Pharmacy (Item 9.1, 10.1, 10.2)
Ms Jincy Jerry, Director of Infection Prevention and Control (Item 7.3)
Ms Carolina Borda, Head of Research, Development and Evaluation (Item 10.4)
Kay Carmichael, Business Manager Nurse Directorate (Minutes)

1. Welcome, Apologies and Introductory Remarks

1.1 The Committee Chair, Ms Linda Semple welcomed those present to the July meeting of the Healthcare Governance Committee, particularly welcoming Edmund Tabay and Julie Barrett to their first meeting.

Apologies were noted from Ms Lesley Bowie, Ms Vicki Campbell, Mr, Tom Hopkins, Prof Gordon James, Ms Lynne McNiven and Cllr Marie Burns

NOTED

2. Declaration of Interests

2.1 There were no declarations noted.

NOTED

3. Minute of Previous Meeting

3.1 The Committee considered the minute of the meeting held on 12 May 2026 and were content to approve the minutes as a full and accurate record of the meeting

APPROVED

4. Matters Arising

The Committee considered the items detailed on the Rolling Action List (RAL) presented for approval.

The Committee noted that there were two items proposed for closure with updates provided in the RAL.

Ms Jennifer Wilson provided an update in terms of Wards 3A and 4A moves there are now weekly meetings in place with estates colleagues with executive oversight.

The Committee requested additional dates covering 2027/28 are added to ensure timeline of items to come back to committee e.g. Spiritual Care Strategy.

The Committee were content to approve the Rolling Action List subject to the change noted above.

APPROVED

4.1 Derek's Story – follow up learning review

Ms Karen McCormick, presented the improvement plan, noting clear leadership arrangements are in place, led by the Senior Charge Nurse (SCN) with support from the Lead Nurse and Chief Nurse.

The ward has undertaken a comprehensive review of practice following Derek's Story, with key improvement areas including mobilisation, pressure ulcer prevention, patient-centred care, communication with families, care and comfort boards, and pressure ulcer documentation and education boards. Evidence of progress, including screenshots of ward information boards, was included within the action plan.

The Committee was assured that the focus is on sustaining improvements for all patients.

The Committee welcomed the follow-up report and the progress demonstrated, acknowledging the positive actions undertaken.

In response to a query regarding the importance of ensuring consistent communication with families and carers across all patients, it was highlighted the role of SCN visibility in supporting junior staff around their communication approach.

In response to a query regarding wider learning, it was confirmed that learning from Derek's Story and the subsequent improvement work has been shared through Divisional Quality and Safety Groups.

Due to some actions remaining open it was agreed that the remaining actions would be included on the Committee workplan for noting at a future meeting, to provide assurance that all actions have been completed and to support wider organisational learning.

Ms Wilson acknowledged Derek's Story had been a difficult presentation for the Board to hear, but welcomed the progress made and the improvements evidenced through the action plan.

The Committee noted the progress achieved, welcomed the positive improvements implemented within Station 9, and received assurance regarding the governance arrangements in place to sustain and monitor improvements.

NOTED.

4.2 Patient Experience – Performance

Ms Geraldine Jordan provided an update on the interim position regarding complaints performance and response timeliness. Stage 2 complaints performance had reduced to 18% in Quarter 4, prompting the launch of a complaints improvement sprint between 18 May and 18 June 2026. The sprint commenced with 272 open complaints, of which 70 to 80 had been open for more than 100 days.

The Complaints Improvement Sprint was established to address backlog reduction, improve response timeliness and strengthen processes to prevent future delays. By the end of Phase 1, 130 complaints had been closed, exceeding the target of 129, and 80 complaints had progressed from investigation to drafting stage, against a target of 64. Open complaints reduced from 272 to 199.

Ms Jordan highlighted the need to establish a sustainable operating model, additional recruitment has been secured within the Complaints Team, including Band 7 post, and a business case will be required to support additional administrative capacity.

Key improvements introduced include:

- Weekly dashboard reporting and assurance arrangements.
- Creation of a dedicated complaints mailbox.
- Revised team ways of working, including updated SOPs and escalation routes.
- Enhanced partnership working with the Nurse Director, Medical Director, Chief Executive and MSP offices.
- Improved distinction and management of complaints and service enquiries.
- Weekly operational huddles, with particular focus on Surgical and North areas due to higher complaint volumes.

The current position was reported as:

- Stage 1 complaints: 221 received, with 33 remaining open. Performance exceeds 65%.
- Stage 2 complaints: 122 new complaints received, with 159 remaining open. Performance currently 36%.

Members noted that a significant improvement in Quarter 1 performance is unlikely to be immediately evident due to historical backlog pressures. However, sustained improvement is anticipated over future quarters as new processes become embedded. Additional challenges include repeat complainants seeking further information, an increase in Subject Access Requests and AI assisted complaints.

Discussion took place regarding the longest-waiting complaints, with approximately 70 cases exceeding 100 days. Members noted the phased approach being adopted:

- Phase 1: Address backlog.
- Phase 2: Manage backlog while improving timeliness.
- Phase 3: Sustain complaints within timescales.

Concerns were raised regarding the sustainability of improvements once additional support is withdrawn.

Ms Wilson thanked Ms Jordan and the team, recognising the emotional impact of complaints handling on staff. She noted that Ombudsman cases are now overseen through established governance arrangements involving Deputy Medical Director, Interim Deputy Nurse Director and Director of Acute Services.

It was noted there had been a recent meeting with MSPs to outlined the improvement project, clarifying expectations regarding complaints submitted on behalf of constituents and explaining the complaints process.

Ms Semple emphasised the need for Board awareness of the factors driving complaint volumes, including the wider impact of AI across services.

The Committee noted the update and the significant volume of work undertaken.

NOTED.

5. Report of Executive Director

Dr McGuffie reported that the current period, which sits midway between the Kilmarnock Fair and Glasgow Fair holidays, would traditionally be expected to be a quieter time for Unscheduled Care. Despite this, the system remains significantly overcrowded, with continued reliance on non-standard areas. Delays remain high, with 102 patients delayed at UHC and approximately 60 patients delayed at UHA at the end of last week.

Recent media coverage highlighted a four-hour ambulance wait followed by Emergency Department overcrowding. A joint review is currently being undertaken between the Scottish Ambulance Service (SAS) and Police Scotland.

It was highlighted the update to TrakCare within the Emergency Department, has affected the accuracy of reporting against the four-hour standard. It was noted that current data is resulting in an over-reporting of poor performance. Work is ongoing with Digital colleagues to ensure reporting is accurate and aligned with national standards.

In response to a query regarding the ongoing pressure on staff and how they are coping, it was acknowledged that challenges extend beyond the Emergency Department and are being felt across multiple areas. The Wellbeing Team has identified some teams that are struggling and has introduced a whole-team intervention approach rather than focusing solely on individuals. Early feedback suggests this approach is proving beneficial. A range of support measures are also being adapted to better meet staff needs.

Mr Edmund Tabay assured the Committee from a nursing perspective, despite these challenges across the sites, proactive leadership teams at both sites continue to provide visible support to staff and are working to maintain morale and operational resilience.

The Committee noted the update.

NOTED.

6. Inspection Reports

6.1 HIS: UHC maternity safe delivery of care inspection: October 2025

Progress against the maternity inspection improvement plan was noted. Assurance was provided regarding sustained progress and ongoing delivery of remaining actions.

NOTED.

7. Patient Safety

7.1 Litigation

Dr Crawford McGuffie presented the Litigation Report, covering the period October 2025 to March 2026.

The report provided an overview of current litigation activity and the associated service improvements and governance arrangements in place across the organisation.
The key points of note were:

- litigation information provides additional intelligence and learning alongside complaints, adverse events and other governance processes.
- There are currently 92 active cases, comprising:
  - 54 clinical claims.
  - 14 Fatal Accident Inquiries (FAIs).
  - Employer liability and other claims.
  - Litigation Manager is due to retire in December 2026 and acknowledged their significant contribution to this area of work.

The Committee received assurance regarding litigation governance arrangements and supported the proposal that future Litigation Reports be presented on an annual basis. **CMcG**

NOTED.

7.2 Operation Koper

The Committee noted the update on Operation Koper, however, noted the ongoing potential resource implications.

NOTED.

7.3 Healthcare Associated Infection (HAI)

Ms Jincy Jerry, Director of Infection Prevention Control presented the updated HAI report, providing a summary of outbreaks and the key learning and improvement actions being taken in response to improve care for our patients.
Key points noted included:

- No further cases of Aspergillus had been identified in Ward 3A since June 2025.
- The Aspergillus incident remained open due to the ongoing requirement to decant the ward and complete associated environmental improvements.
- Challenges relating to the built environment continued, resulting in the loss of 165 bed days.
- An outbreak in Wards 2E and 4E highlighted issues relating to hand hygiene, personal protective equipment (PPE) compliance and environmental cleaning, demonstrating the value of existing surveillance arrangements.
- The first identified case did not result in any secondary cases, reflecting effective management and alignment with national practice.
- There were currently no HIIAT Red incidents reported.
- The implementation deadline for High Consequence Infectious Disease (HCID) preparedness had been extended nationally to March 2027 to allow additional time for training and implementation activity.

Following a query from a member around the low compliance with hand hygiene, PPE and cleaning standards and whether areas of poor compliance might be masked within overall organisational

performance figures and sought assurance that the underlying issues were being fully understood. In response Ms Jerry advised that a deeper review of the findings had been undertaken and audit activity had increased significantly. Additional support had been provided by the Infection Prevention and Control Team, including utilisation of bank staff to support auditing arrangements. Active ward-based audits would continue to be undertaken directly by the Infection Prevention and Control Team to provide independent assurance.

The Committee noted the update on outbreaks.

NOTED.

7.4 Quality and Safety Report – Mental Health

Ms Julie Barrett presented the Quality and Safety report for Mental Health, noting her first time presenting the report and welcomed any feedback for future developments.

The key areas highlighted from the report included:

- Increasing demand associated with neurodevelopmental conditions.
- Progress within Mental Health services, including implementation of a new Scottish Patient Safety Programme (SPSP) workstream focused on points of transition between services.
- Significant work underway to develop a framework for interventions within Mental Health inpatient services.
- The appointment of a dedicated Patient Safety Improvement Officer.
- Ongoing monitoring of self-harm incidents, with activity largely attributable to a small number of individuals.
- Positive performance against Excellence in Care (EiC) audit measures.
- Food, Fluid and Nutrition compliance remaining consistently high, although a recent choking incident had been reported and appropriately reviewed.
- Workforce risks relating to vacancy levels, establishment reviews and the continued requirement for supplementary staffing.
- Assurance from the Healthcare and Care Staff Survey results that staff were aware of the processes and pathways available to raise concerns.

Members welcomed the report, noting it effectively triangulated a wide range of quality, safety and performance information into a single assurance document.

Members requested an update on older adult mental health inpatient wards is included in the future report to Committee. **JB**

The Committee was assured by the content of the report.

NOTED.

8. Quality Improvement

8.1 Mental Health and Wellbeing Strategy (Ayrshire MH Conversation)

Dr Helen Smith presented a paper, providing an update on progress since the previous Mental Health and Wellbeing Strategy paper presented in November 2025.

The challenging financial landscape for Mental Health Services was noted and the impact of reduced funding across a number of service areas. Assurance was provided that where services had been reduced, ceased or stepped down, this had been undertaken through appropriate governance arrangements and managed safely.

The Committee noted the findings from the self-assessment process and agreed that this should be repeated to monitor progress and provide assurance that services continue to move in the right direction.
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The Committee was advised that a new draft Mental Health Delivery Plan had been published by the Scottish Government, focusing on universal services, children and young people, crisis care and justice services. Members noted that limited additional funding was currently available and that NHS Ayrshire & Arran had submitted three bids for available funding opportunities.

The Chair expressed concern regarding the ongoing reduction in funding and emphasised the need to ensure that any service changes continue to be implemented safely. Members acknowledged the potential longer-term impact of funding reductions on acute services.

Members sought assurance that Quality Impact Assessments relating to service changes had been considered through the appropriate governance arrangements. It was confirmed that these had been presented through the Integration Joint Board process.

The Committee requested a repeat self-assessment should be undertaken to monitor progress against the Strategy and brought back to the Committee in 6 months. **HS**

The Committee was assured by the content of the report.

NOTED.

9. Internal Audit Reports

9.1 Pharmacy Audit

Ms Roisin Kavanagh presented the Internal Audit - Pharmacy Stock Management Audit report, which had previously been presented through Audit and Risk Committee.

Members of the Committee were assured due to having seen at Audit and Risk, however, welcomed the timeous update to Healthcare Governance Committee.

It was agreed an update at the November meeting due to the timeline for the remaining actions scheduled for completed by end of August 2026. **RK**

The Committee noted the report.

NOTED.

10. Annual Reports

10.1 Controlled Drug Accountable Officer

Members noted the annual assurance report and progress made.

The key messages from the Annual Report were highlighted:
The storage, prescribing and supply of Controlled Drugs across all settings in NHS Ayrshire & Arran continues to be monitored and supported by the CDAO and the CD Team.
Reported incidents across all settings are reviewed on a two monthly basis with any learning shared as appropriate.
Inspection activity was undertaken in accordance with the Code of Practice for Medicines Governance, any issues identified were shared with the relevant team and improvements made.

NOTED.

10.2 Area Drug and Therapeutics Committee

Members noted the annual assurance report and progress made.

The key messages from the Annual Report were highlighted:

- ADTC and its subgroups continued to support and develop local systems and processes relating to medicines governance, in addition to joint priorities across NHS Scotland to ensure safe, clinically effective, cost effective and patient centred medicines governance in all care settings throughout NHS Ayrshire & Arran.
- The Polypharmacy Working Group is supporting an increased focus on polypharmacy reviews on both the number and the quality of the reviews.
- Targeted prescribing improvement work has resulted in a reduction in the local prescribing of antimicrobials (across both primary and secondary care) and analgesics (opioids and non-opioids).
- There continues to be a significant workload associated with medicines governance systems and processes. The input of the many hardworking ADTC and sub-group members in maintaining these safely and effectively is acknowledged and appreciated,

whilst also recognising the ongoing competing pressures on members' time. Initial work on the West of Scotland Formulary has been supported by a number of clinicians and healthcare professionals within the Board.

NOTED.

10.3 Hospital Standardised Mortality Ratio

Members noted the annual assurance report and progress made.

The key messages from the Annual Report were highlighted:

- UHA is below the predicted HSMR ratio of 1.00 at 0.88, which is lower than the previous reporting period which was 0.93
- UHC is below the predicted ratio at 0.94, which is lower than the previous reporting period which was 0.95
- Both acute hospital sites are within control limits
- Between April 2025 and March 2026, 92 patient deaths across UHC and UHA were reviewed. Key findings include:
  - 80.8% of patients had a Treatment Escalation Plan (TEP) in place, which is an increase from previous year, which was 66.7%,
  - Compliance with the National Early Warning Score 2 (NEWS2) demonstrated 85% of cases had good compliance or fully compliant, which is a decrease from previous year which was 90%.
  - 20.7% of patients had a pre admission Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) form in place, which is a decrease from previous year which was 30%.
- A total of 21 category I adverse events (contributing to death) were identified, consistent with the previous year. Infection-related harm emerged as the most common contributing factor, while other event types remained broadly stable.
- The reviews highlight strong practice in deterioration recognition, palliative care involvement, and end-of-life communication; however, ongoing improvement is needed in documentation quality, clarity of DNACPR review timeframes and wider implementation of TEPs.

NOTED.

10.4 Research, Development and Innovation

Members noted the annual assurance report and progress made.

The key messages from the Annual Report were highlighted:
Growing research activity and impact

- 112% increase in patient recruitment
- 27% increase in new study submissions
- 33% increase in R&D approvals
- Approval time reduced from 32 to 25 days
- £118,316 estimated pharmacy avoidance

Research is improving patient access, organisational value and workforce capability

NOTED.

11. Corporate Governance

11.1 **Acute Services Clinical Governance Steering Group**
Members noted approved minutes of meeting held on 9 April 2026.

11.2 **Prevention and Control of Infection Committee**
Members noted approved minutes of meeting held 21 April 2026.

11.3 **Primary and Urgent Care Clinical Governance Group**
Members noted approved minutes of meeting held on 14 April 2026.

12. Points to feed back to NHS Board

Members agreed the following key items to be reported to the NHS Board on 10 August 2026:

- Derek's Story was received and noted by the Committee, providing valuable insight into the patient experience.
- The Committee received an update on the Complaints Sprint work and the actions being progressed to improve complaints handling and learning.
- The Litigation Report was considered and noted the implications due to increased activity and associated resource requirements.
- Assurance was received in relation to the actions and progress associated with Operation Koper.
- Members noted the swift completion of the Pharmacy Audit and the timely reporting of findings and assurances back to the Healthcare Governance Committee.
- The Chief Administrative Dental Officer (CADO) Annual Report was received and noted.
- The Area Drugs and Therapeutics Committee (ADTC) Annual Report was received and noted.
- In relation to Mental Health Services, members were assured of ongoing progress against the Mental Health Strategy. Updates were also provided on complaints and Significant Adverse Event Reviews (SAERs), with appropriate actions continuing to be taken.
- The Research, Development and Innovation (RDI) Annual Report highlighted continued strong organisational performance and achievement.
- Members noted the organisation's performance in relation to the Hospital Standardised Mortality Ratio (HSMR) and the continued focus on monitoring and improving performance against this key measure.

13. Any Other Competent Business

The Committee expressed its sincere thanks and appreciation to Linda Semple for her leadership and commitment during her eight years as Chair of the Healthcare Governance Committee. Members recognised the significant contribution she has made in supporting

the work of the Committee and promoting effective governance throughout her tenure

14. Date and Time of Next Meeting

Tuesday 8 September 2026 at 9.30am, Meeting Room 5, Turnberry and MS Teams

Meeting ended at 12.30pm

Signed by the Chair, Sharon Morrow Date: 8 September 2026