NHS Ayrshire & Arran

Meeting: **Ayrshire and Arran NHS Board**

Meeting date: **Tuesday 23 May 2023**

Title: **Healthcare Governance Annual Report 2022-23**

Responsible Director: **Jennifer Wilson, Nurse Director**

Report Author: **Laura Parker, Nurse Directorate Business Manager**

Angela O'Mahony, Committee Secretary

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 and Person Centred

2. Report summary

2.1 Situation

The Healthcare Governance Committee provides an assurance report annually which sets outs key achievements through the year in discharging its remit. The approved Healthcare Governance Committee report for 2022-23 is presented together with the annual self-assessment checklist for 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

- The Committee regularly reviewed corporate level healthcare governance risks and identified cross-cutting healthcare governance issues, and was provided with regular reports on the trends, themes and quality improvements arising from healthcare governance.

- The Committee received regular reports of our local position against the national Healthcare Associated Infection (HCAI) Standards, as well as updates relating to outbreaks and incidents.

- The Committee were remitted by the Board in May 2022 to monitor the delivery of the action plan developed in response to the recommendations of the Significant Case Review (SCR) following the tragic death of an infant, Child P, in November 2017. The Committee have received regular reports on the progress against this action plan throughout 2022-23.

- The Committee continued to receive regular reports on SAER, duty of candour and complaints performance. There was a particular focus on learning and improvement from feedback and complaints and the committee were fully supportive of the activity taking place, such as the innovative work to use Patient Experience volunteers to support frontline staff in capturing and analysing patient feedback.

- The Committee continued to receive quarterly Strategic Risk Register and Significant Adverse Event Review (SAER) reports. The Committee also received Deep Dive reports into the progress of SAERs within Mental Health and five Category 5 Falls that had occurred during 2022. These assurance reports demonstrated the robust oversight and monitoring arrangements that NHSAA has in place.

- The Committee received reports to update on the Scottish Patient Safety Programme for Acute, Mental Health, Maternity, Neonatal and Paediatrics, which in the latter part of the year were developed to include Excellence in Care Measures in a single Quality and Safety Report. In terms of the Maternity and Children's Improvement Collaborative Neonatal workstream, the Committee was pleased to see the good progress being made and how this linked with other areas being reported to the committee such as implementation of the Pan-Ayrshire Child Death Review Process.

- Committee members approved closure of the action plan following the unannounced Healthcare Improvement Scotland (HIS) visit to Ayrshire Central Hospital, Irvine in October 2020 and were encouraged by the Mental Welfare Commission (MWC) annual assurance report and the overall positive feedback received from MWC on the seven visits undertaken during 2021-22.

- The Committee monitored progress in the completion of internal audit recommendations related to Caring for Ayrshire-Redesign of Unscheduled Care and Pharmacy Operational Performance. Members received assurance that all recommendations from the Medical Education internal audit carried out in January 2021 had been completed and the action plan closed in March 2022.

- Committee members discussed the report on Deaths in Prison Custody and welcomed the recommendations specific to the NHS. The Committee remitted the Prison Clinical Governance Meeting to lead implementation of the recommendations relating to the Prison Healthcare Team, with an oversight report to be presented to this Committee.

- Committee members welcomed the progress made to develop a Public Protection Health Service which incorporated Child Protection, Adult Support and Protection and Multi-Agency Risk Assessment Conference (MARAC).

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 Other impacts
- Best value - Reporting ensures sound governance and accountability.
- Compliance with Corporate Objectives - Providing this assurance report supports compliance with objectives on quality, safety, improved patient experience and a learning organisation

2.3.7 Communication, involvement, engagement and consultation
This paper requires no engagement with external stakeholders.

2.3.8 Route to the meeting
The paper was presented to the Healthcare Governance Committee on 24 April 2023 and approved by members.

2.4 Recommendation

For awareness. Board members are asked to receive the report and note the progress of the Healthcare Governance Committee in 2022-23.

3.   List of appendices

- Appendix 1 – Healthcare Governance Committee Annual Report 2022-23:

    - Appendix 1 – Healthcare Governance Committee self-assessment checklist and Annual Report 2022-23

    - Appendix 2 – Assurance Mapping (Review of papers submitted against the Healthcare Governance Committee Remit 2022)

    - Appendix 3 – Healthcare Governance Committee Reporting to NHS Ayrshire & Arran Board 2022

NHS Ayrshire & Arran

Healthcare Governance Committee
Annual Report for 2022/23

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 2022-23 reporting period were categorised under Patient Experience, Patient Safety, Quality Improvement, Annual Reports, Health and Social Care Partnership (HSCP)/Integrated Joint Board (IJB) Annual Clinical Care Governance Reports, Audit Reports, Scrutiny Reports, SPSO Closure Reports and Risk.

1.2   Key Messages

- The Committee regularly reviewed corporate level healthcare governance risks and identified cross-cutting healthcare governance issues, and was provided with regular reports on the trends, themes and quality improvements arising from healthcare governance.

- The Committee received regular reports of our local position against the national Healthcare Associated Infection (HCAI) Standards, as well as updates relating to outbreaks and incidents.

- The Committee were remitted by the Board in May 2022 to monitor the delivery of the action plan developed in response to the recommendations of the Significant Case Review (SCR) following the tragic death of an infant, Child P, in November 2017. The Committee have received regular reports on the progress against this action plan throughout 2022-23.

- The Committee continued to receive regular reports on SAER, duty of candour and complaints performance. There was a particular focus on learning and improvement from feedback and complaints and the committee were fully supportive of the activity taking place, such as the innovative work to use Patient Experience volunteers to support frontline staff in capturing and analysing patient feedback.

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- Committee members welcomed the progress made to develop a Public Protection Health Service which incorporated Child Protection, Adult Support and Protection and Multi-Agency Risk Assessment Conference (MARAC).

2. Remit

2.1 The Committee's Terms of Reference were reviewed at the Committee meeting on 9 January 2023. Amendments were required to reflect the new Public Protection structure that has now been established, as well as the agreed new format of Quality and Safety reports which encompass all elements of quality and safety. The Terms of Reference were approved by the Board on 28 March 2023. Appendix 2 of the report provides assurance mapping against the Committee's remit as set out in the Committee's Terms of Reference.

3. Membership

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

Ms Linda Semple, Non-Executive Board Member (Chair)
Mr Adrian Carragher, Non-Executive Board Member (Vice Chair)
Mr Michael Breen, Non-Executive Board Member (left October 2022)
Cllr Marie Burns, Non-Executive Board Member (joined August 2022)
Ms Sheila Cowan, Non-Executive Board Member
Cllr Joe Cullinane, Non-Executive Board Member (left May 2022)
Mrs Jean Ford, Non-Executive Board Member

Ex-officio Members/Board Advisors:
Mrs Lesley Bowie, Board Chair
Ms Claire Burden, Chief Executive
Ms Jennifer Wilson, Nurse Director
Dr Crawford McGuffie, Medical Director and Deputy Chief Executive
Mrs Joanne Edwards, Director for Acute Services
Mrs Lynne McNiven, Director of Public Health

4. Meeting

4.1 The Committee met on eight occasions between 1 April 2022 and 31 March 2023. The meeting scheduled to take place on 12 September 2022 was postponed due to the death of HM The Queen and two short meetings took place on 20 and 22 September 2022 to allow key areas of business to be discussed. In addition, a set of virtual meeting papers was circulated to Committee members via email for awareness and to note progress.

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). Shaded areas demonstrate where members have either left or not yet joined the committee.

Member	Dates							
	25/04/22	06/06/22	01/08/22	20/09/22	22/09/22	07/11/22	09/01/23	27/02/23
Linda Semple	Y	Y	Y	Y	Y	Y	Y	Y
Michael Breen	Y	Y	Y					
Adrian Carragher	Y	Y	Y	Y	Y	Y	Y	Y
Cllr Marie Burns			Y	Y	Y	Y		Y
Sheila Cowan	Y	Y	Y			Y	Y	Y
Cllr Joe Cullinane								
Jean Ford	Y	Y - part meeting	Y - part meeting	Y	Y	Y	Y	Y

5. Committee Activities

5.1 The Committee has ensured that the structure and format of the agenda during 2022-23 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
- Prevention and Control of Infection Committee
- Primary and Urgent Care Clinical Governance Group
- Research, Development and Innovation Committee

5.2 The main purpose of the August meeting was focussed on scrutiny of the Annual Reports for:

- Accountable Officer for Controlled Drugs Annual Report
- Older People in Acute Hospital Annual Report
- Adult Support and Protection Annual Report
- Child Protection Annual Report
- Gender Based Violence Annual Report
- Duty of Candour Annual Report
- Hospital Standardised Morality Ratio Annual Report
- Libraries Annual Report
- Mental Welfare Commission Annual Assurance Report
- Patient Experience Annual Report
- Patient Stories Annual Report
- Abdominal Aortic Aneurysm Annual Report
- Cervical Screening Annual Report
- Diabetic Eye Screening Annual Report
- Pregnancy and New-born Screening Annual Report
- Patient Experience - Complainant Satisfaction 2021-2022 Report

Additionally, the following Annual Reports came to the Committee out with the August meeting:

- Infection Prevention and Control Team Annual Report
- Prevention and Control of Infection Committee Annual Report
- Report on Screening for Prison Population
- South Ayrshire Health and Social Care Partnership (SA HSCP) Annual Clinical Care Governance Report
- Scottish Public Services Ombudsman (SPSO) Annual Assurance Report
- Acute Clinical Governance Annual Report
- Public Health – Bowel Screening Annual Report
- Research, Development and Innovation Annual Report
- Organ Donation Annual Report
- Blood Transfusion Annual Report
- Area Drug and Therapeutics Committee Annual Report
- Breast Screening Annual Report
- Unplanned Activity (UNPAC) Acute and Mental Health Services Annual Report
- North Ayrshire Health and Social Care Partnership Clinical Governance Annual Reports
- East Ayrshire Health and Social Care Partnership Clinical Governance Annual Reports
- Adverse Event Review Group (AERG) Annual Report)
- Corporate Parenting Annual Report
- Libraries Service Report and Service Plan 2023

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 updates regarding issues identified during 2022-23 in respect of the quality of patient care. This included the improvement work being taken forward in acute, maternity services and mental health services.

5.5   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 2022-23, the committee received assurance on progress against actions/recommendations including a closure report for the HIS unannounced visit to Ayrshire Central Hospital in October 2020, updates against the action plan in response to recommendations from the SCR in relation to the tragic death of an infant, Child P, in 2017, and in relation to our progress against implementation of the Pan-Ayrshire Child Death Overview Process (CDOP) following a directive from the Scottish Government in 2018. Committee members also commended the exemplar approach adopted by NHS Ayrshire & Arran and local benchmarking undertaken in response to the issues highlighted by the Queen Elizabeth University Hospital, NHS Greater Glasgow & Clyde Oversight Board's interim analysis report and the Ockenden Report 2021 and final report published in 2022.

6.   Priorities for 2023/24

6.1   Priorities for 2023/24 remain in line with those from 2022/23.

        A key priority for the Committee through 2023-24 will be to support ongoing governance requirements in the context of continued system pressures.

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 2022-23. 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.

6.7 There is a requirement to review clinical and care governance arrangements connecting the Committee to the Integration Joint Board (IJB) mechanisms and structure.

6.8 In 2023-24, the committee will oversee the establishment of the Public Protection Service and delivery of the new Public Protection Framework.

7. Chair's Comments

7.1 I would like to offer my thanks to members, secretariat and for those staff members who have worked on the Committee's behalf, for their continued commitment to the work of the Committee. I would like to thank Non-Executive Directors Michael Breen and Cllr Joe Cullinane for their contribution as members of Healthcare Governance Committee, and to extend a welcome to Cllr Marie Burns who joined the committee in August 2022.

7.2 The Committee has identified the need to continue to review the systems in place to monitor all aspects of healthcare governance and be assured that issues are acted upon and escalated appropriately. The Committee has continued to be reassured by reports that showed the robustness of the organisation's 'Pathway' from identifying an issue, instituting improvements, monitoring impact and the flows through governance processes via the HGC to the NHS Board, ensuring that the latter can provide appropriate, timely and comprehensive assurance as required. This was highlighted for us in particular by the robust and reassuring response to a request from the Committee for 'deep dives' into Serious Adverse Event Reports (SAERs) relating to Mental health services and Category 5 Falls during 2022.

7.3 The Committee will ensure in the coming year that internal assurance mechanisms for healthcare governance align with the new external Quality of Care Framework, 'Caring for Ayrshire', NHS Ayrshire & Arran's own Quality Strategy: 'Excellence for Ayrshire', and all other relevant policy drivers.

7.4 I should like to express the Committee's thanks to operational staff for their unstinting efforts to report effectively to ensure good governance in the midst of exceptionally challenging times when this reporting could be seen as a low priority. It is a testament to their commitment to this agenda, which is at the heart of our Caring for Ayrshire ambitions, that the Committee continues to be assured of the quality and safety of our services.

Linda Semple
Chair – Healthcare Governance Committee
April 2023

Approved by Healthcare Governance Committee
24 April 2023

Healthcare Governance Committee
Committee effectiveness checklist for 2022-23

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 NHS Board for approval in March 2021 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	Membership during 2022-23 has been good, as demonstrated in the 2022-23 annual report. 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. Additional meetings were arranged over 20th and 22nd September due to requirement to cancel the arranged meeting as a result of the death of HM The Queen, to ensure business continuity and to allow onward reporting of key papers to the NHS Board.
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 2022-23 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.

	Yes / No / NA	Comments
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 format and ensure that members have access to appropriate information	Yes	A standard paper format with formatting guidance is in place. 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 2022)

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	25 April 2022	6 June 2022	1 August 2022	20+22 September 2022	7 November 2022	9 January 2023	27 February 2023
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 (inc Healthcare Associated Infection reports)	√	√	√	√ **Programme/assurance Annual Report:** • IPCT • PCOIC	√	√ • Non-respiratory outbreaks and incidents • Technical Services incident report • Infection Prevention and Control risk assessment • ToR-Respiratory Virus Outbreak Oversight Group	√
Blood transfusion/organ transplant				√			
Patient experience inc complaints + themed reports	√ • themed report	√ • Q4 report	√ **Programme/assurance Annual Report:** • Complainant satisfaction • Patient Stories	√ • Q1 report	√ • themed report	√ • Q2 report	√ • Q3 report • themed report
Adverse Events	√ • SAER report	√ • SAER Mental Health		√ • SAER report	√ • SAER report **Programme/assurance Annual Report:** • AERG	√ • themed report – Cat 5 falls	√ • SAER report • SAER Mental Health action plan

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SPSP programme – changed to Quality and Safety report from 20/09/22 (combining SPSP+Excellence in Care (EiC))	√ • Mental Health	√ • Paediatrics + Primary Care		√ • Acute	√ • Neonatal	√ • Mental Health	√ • Maternity
Care home governance (added due to Covid19 – moved to six monthly reporting 09/01/2023)		√		√		√	
Quality Improvement	√ • EiC	√ • Values Management Approach • Leadership walkrounds	√ • Learning from independent review of QEUH, NHS GGC • Ockenden benchmarking-Maternity	√ • Food, fluid and nutrition HSE action plan	√ • Review of Standards-dementia care	√ • Maternity strategy • Quality and safety walkrounds	√
Child Protection (CP)			√ **Programme/assurance Annual Report:** • CP				
Adult Support and Protection (ASP)			√ **Programme/assurance Annual Report:** • ASP				
Gender based violence (GBV)			√ **Programme/assurance Annual Report:** • GBV				
MWC reports/performance		√ • Use of Mental Health Act during pandemic	√ **Programme/assurance Annual Report:** • MWC visits			√ • Young people monitoring report 2021-22	

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Health and care in HSCPs		√ • South Ayrshire			√ • East Ayrshire • North Ayrshire		
Public Health (inc annual screening programmes)	√ • Review of deaths in prison custody • Prison screening	√ • Paediatric audiology screening	√ **Programme/assurance Annual Report:** • AAA screening • Cervical screening • Diabetic eye screening • Pregnancy and newborn screening	√ • COVID and Flu vaccination programme **Programme/assurance Annual Report:** • Bowel screening	√ **Programme/assurance Annual Report:** • Breast screening		
Duty of Candour (DoC)			√ **Programme/assurance Annual Report:** • DoC				
(Unplanned Activity (UNPAC)					√ **Programme/assurance Annual Report:** • Acute and Mental Health 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 within the health and care system in compliance with relevant	• Independent review of responses to deaths in prison custody	• Rape and Sexual Assault CMO Taskforce update • Litigation report	**Programme/assurance Annual Report:** • Accountable Officer for Controlled Drugs	• Antimicrobial Stewardship • Strategic Risk Register	• Ayrshire Mental Health Conversation update • Implementation of Pan-Ayrshire Child	• Child P SCR update • HGC ToR	• System pressures update • Public protection health service

Assurance Mapping (Review of papers submitted against the Healthcare Governance Committee Remit 2022)

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national standards, highlighting problems and action being taken where appropriate.	• Learning Disabilities Transitions report • HIS visit to Ayrshire Central Hospital, October 2020 – closure of plan • Strategic risk register	• Staff, Person Centred and Spiritual Care update • Child P SCR update • ADTC ToR changes and new ADTC chair **Programme/assurance Annual Report:** • SPSO annual report	• Older People in Acute Hospital • HSMR • Libraries Other reports: • Child P SCR update • HIS visit to University Hospital Crosshouse, April 2021, closure of plan • Acute Services Governance structure update	• SIGN guidelines • Governance of cancer quality performance indicators • Child P SCR update **Annual Reports from Committees:** • Acute Clinical Governance • Research, Development and Innovation Organ Donation • Blood Transfusion	Death Overview Process • Child P SCR update • Internal audit – Caring for Ayrshire- redesign of Unscheduled Care • Strategic Risk Register	• Corporate Parenting annual report	• Child P SCR update • Internal audit – Pharmacy operational performance • Internal audit – medical education • Strategic Risk Register
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.	√	√	√	√	√	√	√

Healthcare Governance Committee Reporting to NHS A&A Board 2022

Reporting duties	25 Apr 2022	6 Jun 2022	1 Aug 2022 – Annual report meeting	20+22 Sep 2022 (change of date from 12 Sep 2022 due to death of HM The Queen)	7 Nov 2022	9 Jan 2023	27 Feb 2023
Reporting action to the NHSAA Board	• To highlight impact of COVID-19 system pressures on areas reported and assure of robust governance and assurance process in place. • Patient Experience themed report on Feedback, learning and improvement. • SPSP Mental Health and update on Learning Disabilities Transition arrangements. • HIS unannounced visit to UHC – support for closure of action plan. • Deaths in prison custody report recommendations. • To note work to improve public health screening in prison.	• No key issues report for this meeting	• To note the breadth of annual reports received and progress made. • To note overall positive feedback following seven Mental Welfare Commission visits during 2021-2022. • To commend the exemplar approach adopted and local benchmarking done in response to QEUH NHSGGC Oversight Board Interim analysis report and the Ockenden Report.	• Suite of infection prevent and control reports received, as well as antimicrobial stewardship work. • COVID-19 and Flu vaccination programme. • Strategic risk register and SAER reports.	• Patient experience report and implementation of new inpatient survey. • SAER Q2 report. Request for deep dive report on Cat 5 falls in June 2022 and progress of historic MH SAERs. • Reports received on Ayrshire Mental Health conversation and Review of Standards of Dementia Care. • To commend good progress of SPSP MCQIC Neonatal workstream and Excellence in Care activity.	• To highlight discussion on current system pressures and impact on quality and safety. • Suite of reports from Mental Health. Further report requested on progress of historic MH SAERs. • Suite of HCAI reports. • Care Home Governance. • Maternity Strategy/Best Start. • Corporate Parenting • HGC ToR review	• SAER report and assurance update on MH SAER oversight and monitoring • Patient experience themed report on clinical treatment. • To note the assurance report on system pressures, impact on quality and safety and mitigating actions. • Child P SCR report • Public Protection model.
Confirmed that these were brought to the NHSAA Board	Y /N	Not required	Y /N	Y /N	Y /N	Y /N	Y /N