

NHS Ayrshire & Arran



Meeting: Ayrshire and Arran NHS Board

Meeting date: Monday 2 December 2024

Title: Healthcare Governance Committee meeting on 4 November 2024 – Chair’s report to NHS Board

Responsible Director: Ms Jennifer Wilson, Nurse Director

Report Author: Mrs Joyce White, Non-Executive Director
Mrs Angela O’Mahony, Committee Secretary

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. Good governance practice supports the effective delivery of services across the organisation.

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 to the Board 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.

- Healthcare Associated Infection (HCAI) – The Nurse Director, Ms Jennifer Wilson, noted that a detailed briefing on the Aspergillus outbreak in Ward 3A at University Hospital Crosshouse was circulated to Board Members on 4 November 2024. Healthcare Governance Committee (HGC) members had consistently been updated through HCAI reports and the outbreak had been managed in line with national requirements. Members agreed that an assurance report be provided on the outbreak at the next meeting, specifically on improvement work related to infection prevention and control and built environment.
- Front door overcrowding concerns – Committee members discussed the report on current performance and ongoing work to support delivery of sustained improvement to prevent front door overcrowding. The Nurse Director, Ms Jennifer Wilson, clarified that quality of care measures related to this work will be reported via HGC and performance measures through the Performance Governance Committee. Members agreed that an assurance report on the progress of the SAFER Bundle being implemented to improve flow and reduce decongestion will be provided at the next meeting on 13 January 2025.
- National cervical screening exclusion audit – members noted the outcome of the audit, with over 10,000 records reviewed locally and 90% of women having been correctly excluded. Of those who were incorrectly excluded, there were currently no women that had required further colposcopy treatment. Members thanked teams involved for the significant work done and were assured of the robust process followed and positive outcome achieved.
- Duty of Candour (DoC) and Significant Adverse Event Review (SAER) reports – Committee members received an assurance report on DoC retrospective reviews undertaken since the DoC annual report was presented to HGC on 29 July 2024 to address backlog issues, including learning and improvement identified and processes put in place to ensure the organisation complies with legislation.

Members noted the SAER quarter 2 report and highlighted that while progress had been made to reduce backlog issues, performance against more recent reviews had reduced. Members requested that six monthly reporting be provided with more detail in relation to overdue reports for members to scrutinise.

The Committee received a detailed update on improvement work related to SAERs commissioned within Mental Health Services (MHS). Members noted progress made and ongoing challenges for MHS to ensure reviews are completed appropriately and timeously.

- The Committee received a detailed report outlining activity in response to Operation Koper. Members noted the robust governance arrangements in place to respond and comply with investigations in a timely manner.

2.4 Recommendation

The Board is asked to be aware of and discuss the key items highlighted and receive assurance that items are being addressed, where required.