

NHS Ayrshire & Arran



Meeting: Ayrshire and Arran NHS Board

Meeting date: Monday 3 February 2025

Title: Healthcare Governance Committee meeting on 13 January 2025 – Chair’s report to NHS Board

Responsible Director: Ms Jennifer Wilson, Nurse Director

Report Author: Ms Linda Semple, 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.

- **Patient Experience themed and Quarter 2 reports** – Members noted the high number of complaints received about waiting times for hospital appointments, in particular for North Ayrshire related to access and waiting times for Child and Adolescent Mental Health Services (CAMHS) assessment. Members looked forward to receiving a detailed update at a future Committee meeting on CAMHS services, and improvement work to develop a neurodevelopmental assessment pathway for young people without a recognised mental health condition.

Committee members noted the links between the above reports and the Mental Welfare Commission Young Persons' monitoring annual report which was also discussed. Members were encouraged that less than five young people had been treated in non-specialist units during 2022/23. This reflected the improvement work being done by CAMHS to support children and young people in the community and avoid hospital admission. A service level agreement continued with NHS Greater Glasgow & Clyde for inpatient provision at Skye House although, as previously reported, there could be some access challenges, particularly out of hours. Work was ongoing to consider the potential for local inpatient provision and the Committee would be kept updated of progress.

- **Healthcare Associated Infection (HCAI) report** – Members received an update on investigations regarding the presence of Aspergillus mould in Ward 3A at University Hospital Crosshouse. Members were assured that everything possible had been and would continue to be done to reduce the risk of infection and keep patients safe. Following an incident management team meeting on 7 January 2025, the Healthcare Infection Incident Assessment Tool (HIIAT) assessment had reduced from amber to green.
- **Front door overcrowding concerns** – Committee members received a presentation on the improvement work being done through the SAFER bundle to improve the patient journey and ensure patients receive the right care in the right care place. Members acknowledged the current front door pressures and were encouraged by the good progress to date and looked forward to being kept updated on this important work.
- **Quality and Safety report, Neonatal services and Best Start assurance report** – Members noted the assurance report on progress against the Neonatal standards. The Committee agreed that future quality and safety reports for Neonatal services would outline the wider quality and safety improvement work taking place as well as core measures reported nationally.
- **Public protection (PP) six monthly update** – Committee members welcomed the six monthly report and the education and training taking place to enable NHSAA to meet these standards. Work is ongoing to better understand how to support GPs and other independent contractors to put in place an audit process for assurance that they are meeting PP standards.
- **Community Nursing review update** – Members commended the positive work being done through the review process, particularly the focused improvement work related to virtual capacity and palliative care provision.

- **Healthcare Governance Committee Terms of Reference (ToR) annual review** – Members agreed the ToR subject to a change being made under membership to reflect that the Director of Clinical and Care Governance attends meetings in an ex-officio capacity. Members were supportive of review of the groups currently reporting in to the Committee. Members noted that the Ethical Advice and Support Group (EASG) had now been stood down and would no longer report to the Committee. The Committee formally thanked members of the EASG for the work they had done during the COVID-19 pandemic and thereafter.

2.4 Recommendation

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