

NHS Ayrshire & Arran



Meeting: Ayrshire and Arran NHS Board

Meeting date: Monday 31 March 2025

Title: Healthcare Governance Committee meeting on 3 March 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.

- The Committee discussed the Patient Experience quarter 3 report and noted the significant increase in Scottish Public Services Ombudsman (SPSO) referrals, although this had not resulted in a rise in investigations. SPSO was experiencing a backlog in dealing with referrals which may result in an increase in investigations in due course. The Director of Clinical and Care Governance will interrogate the data provided in relation to SPSO referrals to enable the Committee to understand the reason for the increase.
- Committee members discussed and supported plans to develop a revised process for Quality and Safety Walkrounds in 2025/26. This approach would promote leadership and visibility, support relationship building and improve the process for progressing actions following walkrounds. A small number of workshops would be held for Non-Executives in April/May 2025 to outline the new approach to quality and safety walkrounds from May 2025. The Board Chair would remind Non-Executives of the importance of engaging in walkrounds via the annual appraisal process.
- The Committee scrutinised the Healthcare Associated Infection report in detail. Members noted that Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland had been asked to provide additional demographic data to support targeted improvement work in relation to community associated Escherichia-coli bacteraemias. Members noted the increase in healthcare associated Staphylococcus aureus bacteraemias (SAB) rates compared to the last quarter and that an improvement action plan continued to be progressed. Members were assured of the actions taken to manage the Aspergillus incident at University Hospital Crosshouse.
- Committee members received an assurance report on local progress towards delivery of the National Universal Health Visiting Pathway, as well as an update on progress to implement a robust and consistent Child Death Overview Process. Members noted the linkages between these two reports and the prevention and early intervention approach being adopted to promote child health and wellbeing and meet legal responsibilities in line with the UN Convention on the Rights of the Child (UNCRC).
- The Committee noted progress to rollout the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) across the organisation. The Medical Director and Committee were in support of advocating on the value of digital ReSPECT and would look for further strategic detail and direction to support the workforce.
- Members received a report outlining progress with significant adverse event reviews (SAERs) and learning summaries for closed SAERs. For overdue action plans in Acute services, there were plans to aggregate action plans related to system issues, such as pressure ulcers, which should provide better opportunities to progress improvement work. Members were encouraged by the ongoing review and improvements to the SAER process, including provision of key performance indicators in future reports to enable targeted improvement work to take place.
- Members reviewed risks assigned to Healthcare Governance Committee. There were no risks for escalation or termination.

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.