

Approved by Committee on 3 March 2025

**Healthcare Governance Committee**  
**Monday 13 January 2025 at 9.30am**  
**MS Teams meeting**

Present: Non-Executives:  
Ms Linda Semple (Chair)  
Cllr Marie Burns  
Mrs Jean Ford  
Dr Tom Hopkins  
Mrs Sharon Morrow  
Mr Neil McAleese

Board Advisor/Ex-Officio:  
Mrs Lesley Bowie, Board Chair  
Ms Claire Burden, Chief Executive  
Mrs Vicki Campbell, Director of Acute Services  
Mrs Geraldine Jordan, Director of Clinical and Care Governance  
Dr Crawford McGuffie, Medical Director  
Ms Jennifer Wilson, Nurse Director

In attendance: Dr Surjit Bhandal, Head of Unscheduled Care item 6.4  
Mr Darren Fullarton, Associate Nurse Director, Lead Nurse NA HSCP item 8.1  
Ms Jincy Jerry, Director of Infection Prevention and Control items 6.1, 6.2  
Ms Theresa Lyttle, Associate Nurse Director, Public Protection item 7.4  
Mr Craig McArthur, Director, East Ayrshire Health and Social Care Partnership item 6.5  
Ms Jen Pennycook, Chief Nurse, Excellence in Care and Professional Development item 9.2  
Ms Dalene Steele, Associate Nurse Director, East Ayrshire Health and Social Care Partnership item 7.3  
Ms Attica Wheeler, Director of Midwifery and Site Director, Women and Children's Services items 6.3, 7.1  
Mrs Angela O'Mahony, Committee Secretary (minutes)

**1. Welcome/Apologies for absence**

- 1.1 The Committee Chair, Ms Linda Semple, welcomed everyone to the meeting, in particular, Mrs Sharon Morrow, new Non-Executive Board Member, who was attending her first Committee meeting since joining the Board on 6 January 2025. The agenda was re-ordered slightly to allow colleagues providing updates to join the meeting.
- 1.2 Apologies were noted from Mrs Lynne McNiven, Mr Alistair Reid and Ms Ruth McMurdo.

**2. Declaration of any Conflicts of Interest**

- 2.1 There were no conflicts of interest declared.

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### 3. Draft Minute of the Meeting held on 4 November 2024

- 3.1 The Minute of the meeting held on 4 November 2024 was approved as an accurate record of the discussion, subject to the following change being made:

Ms Geraldine Jordan's job title should have read Director of Clinical and Care Governance.

### 4. Matters arising

- 4.1 The action log had previously been circulated to members and all progress against actions was noted. The following updates were provided:

- **Item 5.1 (04/11/24), Patient experience themed report, clinical treatment** – Ms Jordan and Ms Harvey to discuss future reporting on improvement actions being taken as a result of themes identified. This detail to be provided in the final in the series of themed reports. Ms Caroline Cameron would provide an update on Child and Adolescent Mental Health Services' (CAMHS) performance and progress to develop a referral pathway for Neurodevelopmental (ND) assessment for children and young people without a diagnosed mental health condition at the HGC meeting in June 2025.
- **Item 9.2, Significant Adverse Event Review (SAER) Quarter 2 report** – Ms Jordan advised in reply to a question from a member that a meeting had taken place with Scottish Government focused primarily on SAER reports and how to align with the Procurator Fiscal process. Meetings were also planned with other Boards. There was nothing further to report at this stage and an update would be provided to Committee in due course.

- 4.2 The Committee noted the HGC work plan for 2025-2026.

### 5. Patient Experience

#### 5.1 Patient Experience themed report

The QI Lead for Patient Experience, Ms Laura Harvey, presented the third paper in the 2023/24 series of papers exploring complaint themes. This report focused on complaints related to waiting times and appointments.

Ms Harvey advised that while the number of complaints received in 2023/24 had increased compared to the previous year, the themes remain the same. There were over 340 complaints related to waiting times and 172 related to appointments. The majority of those related to Acute services, with the remainder split across the three Health and Social Care Partnerships. The report outlined the main themes and sub themes identified. The final report in the series would address learning and improvement across all complaint themes, including the significant work undertaken related to appointments.

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Committee members noted the complaint themes identified which were similar to the previous year. In reply to a question from a member, the Nurse Director, Ms Jennifer Wilson, advised that while the complaints data used was for 2023/24, the report provided full understanding of complaints received and responded to within that timeframe, as well as themes identified.

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, including improvement work to develop a ND assessment pathway for young people without a recognised mental health condition who did not meet CAMHS criteria.

Committee members discussed complaints related to appointment letters arriving late or after the appointment date and asked if there were plans to send these electronically in future. Dr McGuffie would seek an update from the Head of Health Records Service and report back to the Committee.

CMcG

Members recognised the significant work done by the team and improvements made over a number of years, including improved complaint response times and to identify learning from complaints.

**Outcome: Committee members received and noted the third paper in the 2023-2024 series of themed reports.**

### 5.2 Patient Experience quarter 2 report

The QI Lead for Patient Experience, Ms Laura Harvey, presented a report on organisational activity in relation to patient, carer and family feedback and complaints in Quarter 2 and the Board's compliance with the complaint handling process.

Ms Harvey noted that there had been a drop in Stage 1 complaints compared to the previous quarter. Stage 2 complaint numbers had increased significantly since 2023. The numbers received in Quarter 2 were in keeping with previous quarters in 2024.

Stage 1 complaint handling performance had improved compared to the last quarter. Stage 2 performance had reduced slightly. Complaints activity remained high and service pressures were impacting on the time taken to get statements from clinical staff. However, the Board continued to maintain standards in terms of investigation and response. While out of time complaints were slowly reducing, this was a key areas of focus for the team going forward. Complaint outcomes were similar to previous quarters.

There had been a significant drop in the number of Scottish Public Services Ombudsman (SPSO) referrals in the last two Quarters. Members were encouraged at the improved communication with

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complainants and that there had been no SPSO investigations for the last three quarters.

Care Opinion feedback remained positive, with over 75% positive, and only 4% considered moderately critical. Members commended the team for this result and the work done to increase the number of responders.

Complainant satisfaction had dropped slightly and this would be looked into further. However, since the data was produced, improved communication had been put in place to keep complainants informed of any delays in advance and the results should be reflected in future reports.

The Nurse Director advised that while successful work had been done in Acute services to improve performance, it had not been possible to sustain this improvement due to service pressures. The Director of Clinical and Care Governance, Mrs Geraldine Jordan, and Ms Harvey had developed a complaint handling whole system improvement plan which was currently with the Nurse Director for review. The plan considered the use of a range of measures, including digital resources, to support the complaint handling process and enable the team to deliver sustainable improvement.

**Outcome: Committee members received and noted the Patient Experience quarter 2 report. Members noted compliance with the complaint handling process.**

## 6. Patient Safety

### 6.1 Healthcare Associated Infection (HCAI) report

The Director of Infection Prevention and Control, Ms Jincy Jerry, presented a report of the current position against the national HCAI Standards for Clostridioides difficile infection (CDI), Staphylococcus aureus bacteraemia (SAB) and Escherichia coli bacteraemia (ECB). The position was as reported at the last meeting and the release of national data for Quarter 2 was awaited.

Members received an update on investigations regarding the presence of Aspergillus mould in Ward 3A at University Hospital Crosshouse (UHC) and key actions taken to reduce levels. During the course of the investigation there were 13 incident management team (IMT) meetings held. Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland had been fully involved in the IMT process and continued to support the incident.

Following an IMT meeting on 7 January 2025, the Healthcare Infection Incident Assessment Tool (HIIAT) assessment level had reduced from amber to green. There had been no further outbreaks identified and no staff cases.

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In reply to a question from a member, the Nurse Director, Ms Jennifer Wilson, explained that the reasons for the presence of higher levels of Aspergillus were complex and could be related to the external environment, for example proximity to agricultural land, as well as building work ongoing within the hospital. She reiterated the ongoing actions to reduce Aspergillus levels and to allow safe transfer of patients back to Ward 4A once building work was complete. The Chief Executive, Ms Claire Burden, supported these comments and commended the team for the work done to reduce Aspergillus levels which were now lower in hospital than in the outside environment.

**Outcome:** Committee members noted the Board's current performance against the national HCAI Standards and the anticipated level of challenge in achieving them. Members were assured that everything possible had been and would continue to be done to reduce Aspergillus mould levels in Ward 3A at UHC and keep patients safe.

### 6.2 Infection Prevention and Control Team (IPCT) work programme

The Director of Infection Prevention and Control, Ms Jincy Jerry, provided an update on progress with the IPCT improvement plan 2024/25, previously presented to the Committee in June 2024. The Board was working to the nine National IPC Standards, as set out in Healthcare Improvement Scotland (HIS) documentation issued in 2022.

The Nurse Director, Ms Jennifer Wilson, advised in response to a question from a member that a programme of work was ongoing nationally focused on HAI which would encompass HCAI Standards to ensure realistic and achievable targets are set going forward. She highlighted the improvement work taking place with Digital Services to enable use of digital tools for surveillance of the IPC work programme and to identify trends. Additional financial resource would be required to deliver this work.

**Outcome:** Committee members noted progress with the IPC improvement plan and the challenges for NHSAA to achieve the targets set by March 2025.

### 6.3 Quality and Safety report – Neonatal

The Director of Midwifery and Site Director, Women and Children's Services, Ms Attica Wheeler, provided an update on quality and safety work in the Neonatal services through the Scottish Patient Safety Programme (SPSP) and Excellence in Care (EiC) against the following measures:

Core:

- Reduce "term" admission to the Neonatal Unit (NNU)
- To optimise the management of care of pre-term babies

Supplementary

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- Percentage of infants with a measured documented temperature within one hour of admission.

Ms Wheeler reported that there had been positive compliance in reducing term admissions to NNU. Discussion was ongoing with national colleagues about measurement of compliance to ensure all Boards are taking a consistent approach. Compliance with Perinatal wellbeing had improved and was on an upward trajectory. In terms of supplementary measures, there were no areas of concern to report. The service had recently received approval to appoint a Consultant Geriatrician and a recruitment process was ongoing. This appointment would support the clinical team in terms of future succession planning, to reduce clinical risk and deliver as safe services as possible.

Members were advised that HIS inspections were due in 2025 which would include Neonatal services and preparatory work was underway.

Ms Wheeler advised in response to a question from a member that the Board was required to report nationally on performance against core measures, however, local performance reporting took place for wider improvement work. The Committee agreed that future reports should also include details of the wider quality and safety improvement work taking place.

**Outcome: Committee members noted the assurance report on progress against the Neonatal standards. The Committee agreed that future reports should also include details of wider quality and safety improvement work taking place.**

### 6.4 Front Door overcrowding concerns

The Director of Acute Services, Mrs Vicki Campbell, advised that although day to day challenges continued, improvement work was having an impact. There had been significant improvement at University Hospital Crosshouse (UHC) despite this being peak winter period with a high number of Flu cases and average length of stay had reduced significantly

Mrs Campbell invited Dr Surjit Bhandal, Head of Unscheduled Care, to provide a presentation on the intense work being done through the SAFER bundle focused at UHC to improve the patient journey and ensure patients receive the right care in the right care place. Improvement work had begun at University Hospital Ayr in December 2024 and this was having early positive impact.

Committee members were encouraged by the positive improvement work being done and good progress to date.

Mrs. Campbell advised, in response to members' questions, that the improvement work underway was informed by national best practice

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and aimed at identifying effective changes. She acknowledged the challenge of sustaining the intensive efforts, particularly given current occupancy levels, and noted that additional measures may be required—such as introducing a ward sponsor role in every ward.

To embed this work effectively, it would be essential to maximise the use of available digital resources, including transitioning away from manual notes during ward rounds. A new version of Trakcare with enhanced functionality was now in use. Later in the day, a workshop would be held to explore how best to embed and sustain the progress achieved so far.

The Medical Director, Dr Crawford McGuffie reiterated the challenges of sustaining the intensive work but expressed optimism given the progress already made. The unscheduled care team from the Centre for Sustainable Delivery had been invited to visit NHS, and an action plan had been agreed upon, with relevant information shared with clinical teams as appropriate.

He highlighted the positive partnership work underway, such as the Call Before Convey initiative and collaboration with care homes to prevent unnecessary hospital attendances. He also acknowledged the growing financial challenges, which could impact the availability of care at home and nursing home placements in the future. However, he emphasised that the ongoing improvement work and the implementation of new methodologies were already having a positive impact.

In reply to a question from a member, Dr Bhandal advised that as part of the reset taking place, the patient journey across the system was being tracked and length of stay picked up through seven day reports. Bed managers were being given autonomy to prioritise patients and ensure they get to the right bed, working together with doctors.

**Outcome: Committee members noted and were encouraged by the positive improvement work being done through the SAFER bundle and good progress to date. Members looked forward to receiving regular updates on this important work.**

### 6.5 Dental Services assurance update

The Director of East Ayrshire HSCP, Mr Craig McArthur, provided an update on actions and measures taken forward to sustain delivery of Dental services, as well as the current status of the ongoing review for the future delivery model for Dental services in Ayrshire and Arran.

Focused work had taken place in recent months, with a number of workshops held, including public involvement, and a report would be presented to the Corporate Management Team in the coming months. A new Head of Service had been appointed who would be responsible for taking forward this work.

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The Director highlighted the challenges in relation to Dental workforce recruitment and retention and the impact of the COVID-19 pandemic on newly qualified dentists entering the profession due to activity being stopped during the pandemic. Currently, the number of general dental practitioners (GDP) remained stable. GDC plans to restart the overseas registration exam would provide workforce opportunities in due course.

The report provided details of practices taking on new NHS patients at 17 December 2024, as well as ongoing work to encourage NHS dental provision in a small number of areas in East Ayrshire currently not accepting NHS patients.

Public Dental Services (PDS) had recently established a weekday emergency dental service at Ayrshire Central Hospital which was having a positive impact and had recently been extended. Overall, the PDS waiting list had decreased slightly since the last update with the exception of paediatrics and prison services, with work ongoing in both areas to improve the position, as detailed in the report.

The Director confirmed in response to a question from a member that prevention activity continued working with Public Health, including through Childsmile and other prevention programmes.

Committee members acknowledged the sustainability challenges nationally for Dentistry. Members endorsed progress made across Dental Services over the last 12 months and thanked the team for delivering planned work.

**Outcome: Committee members noted the update and progress made across Dental Services over the last 12 months.**

## 7. Quality Improvement

### 7.1 Best Start assurance update

The Director of Midwifery and Site Director, Women and Children's Services, Ms Attica Wheeler, provided an overview of local progress in relation to the 76 recommendations outlined in Best Start. The Board had until 2026 to implement recommendations. Best Start would be replaced by new Maternity standards to be published in August 2025.

Members received an update on key areas of work progressed. At October 2024, against the 76 recommendations 35 were in progress at national level and NHSAA was contributing to these working groups. The position had not changed since the last report. Appendix 2 of the report provided a detailed update on Best Start data collection between September 2022 and September 2024.

The Director of Midwifery advised that the continuity element of this work had been the focus during 2024. Good progress had been made and focused work would continue. The Board had until 2026 to



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fully implement all continuity activity. The action plan with evidence had been formulated and submitted to Scottish Government for the period April to September 2024.

Discussion was ongoing at national level about areas of challenge, including lack of recurring funding for additional Midwifery staffing to enable full implementation of the model; and a lack of community hubs. The Board would require recurring funding to be able to fully implement all 76 recommendations. Some progress had been made to identify accommodation. NHSAA was not an outlier and other Boards had similar issues.

The Nurse Director, Ms Jennifer Wilson, advised that there was disconnect in terms of Scottish Government expectations around this work and funding provided. A meeting was held with Scottish Government colleagues to outline the approach being taken by NHSAA in delivering against requirements. Members endorsed the pragmatic approach adopted to deliver continuity requirements within the financial envelope given. The Director of Midwifery confirmed that the version of the report to be presented to the Board on 3 February 2025 would include details of cost pressures being managed in delivering continuity elements.

The Nurse Director advised in reply to a question from a member that should more funding become available, she was confident that midwives could be successfully recruited to the team.

**Outcome: Committee members noted Maternity Services' progress against Best Start Recommendations. Members noted that new Maternity Standards would be published in August 2025 and that future reports would focus on delivery of these Standards.**

## 7.2 Quality Strategy assurance update

The Director of Clinical and Care Governance, Ms Geraldine Jordan, provided an update on progress with implementation of the Quality Strategy, with a detailed update on progress provided in the report's appendices. The NHS Board had agreed in August 2023 that the current strategy could be extended to include the period 2023/25.

Significant progress had been made against key deliverables since the last report, with 35 at delivery stage, three partial delivery and one planning for delivery. Appendix 2 of the report provided examples of the innovation and improvement work being done. Despite system pressures, people were still finding time to carry out improvement work.

Plans for evaluation and future development of the strategy would be progressed by the Director and team over the next year, working with the Nurse Director and Medical Director.

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Committee members were encouraged by the progress made despite system pressures and looked forward to receiving future progress updates. The Chief Executive, Ms Claire Burden, commended teams for the breadth of subjects being captured through this work spanning across all professional groups.

**Outcome: Committee members noted progress made in implementation of the strategy. Members noted plans for evaluation of the current strategy and development of a future Quality Strategy for NHSAA, and looked forward to future progress updates.**

### 7.3 Community Nursing review

The Associate Nurse Director, East Ayrshire HSCP, Ms Dalene Steele, provided an update on progress against recommendations arising from the Community Nursing Review carried out during 2021/22 and transformational developments within community nursing.

The report's appendices provided a summary of programme aims and progress of the four work streams which covered new models of care; workforce planning/competency; IT and digital; and governance. These work streams fed into the Community Nursing Governance group. The report outlined identified areas of risk and mitigations in place.

In November 2024, it was agreed that the Transforming Nursing paper developed in 2017 would undergo review, recognising the increasing complexity of healthcare needs being delivered in healthcare settings. NHSAA would be represented in discussions with NHS Education for Scotland on Community Nursing review.

The Nurse Director, Ms Jennifer Wilson, emphasised that this work was pivotal in transforming community services and directly aligned to the Board's Caring for Ayrshire strategic ambitions. She underlined the importance of digital transformation and highlighted the work being done to promote a virtual capacity model to support HSCPs and enable patients to remain in their own home at end of life to improve patient experience. She requested that future reports should include use of data to demonstrate the impact of the work being done.

Ms Steele outlined the successful recruitment approach adopted for community nursing. For the last four years, the Board had been able to recruit newly qualified nurses as community nurses which had helped address nursing workforce challenges. Staff were being supported at all levels to deliver their roles, including good career development opportunities for unregistered staff. Consideration was being given to doing things differently, for example, looking at longer shift patterns to give additional flexibility, with varying levels of benefits.

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Committee members commended the positive work being done through the review process, particularly the focused improvement work to develop virtual capacity and palliative care provision.

**Outcome: Committee members noted the update and commended the positive work being done through the review process.**

### 7.4 Public Protection

Ms Theresa Lyttle, Associate Nurse Director, Public Protection, provided an update on progress of the work undertaken by the Public Protection (PP) service in NHSAA for the period April to September 2024.

The report had been compiled using the eight standards from the Once for Scotland Public Protection and Assurance Accountability Framework, with 55 deliverables currently being worked through. Significant work was ongoing to gather evidence in relation to the standards, working alongside subject experts in mental health and capacity issues. The annual report would provide further detail, including comparative data on progress with the standards since last year.

Ms Lyttle advised that there were no identified risks in relation to compliance with the eight standards outlined in the framework. However, as with all boards, there is always an inherent risk that a child protection or adult protection concern may not be recognised or responded to appropriately, which could result in unnecessary harm to a child or adult. NHSAA is not an outlier in this regard compared to other board areas, and mitigation measures are in place to minimise this risk

The Nurse Director, Ms Jennifer Wilson, advised that governance for this work was through the Executive PP Group and activity was reported to the Strategic Planning Operational Group and through this Committee. The PP group had a key role, particularly given the increase in child and adult support and protection concerns post-COVID-19 pandemic, including an increase in inter-agency referral discussions and increasing complexity of cases across Ayrshire.

The Nurse Director advised in reply to questions from members that Agenda for Change mandatory training was currently being revised at national level. This may result in Level 1 child protection (CP) training being removed from mandatory training which was of concern. The Director added that the reduction in the working week had impacted on capacity, particularly within small teams, such as the PP team and Infection Prevention and Control Team, and teams were being encouraged to use workforce tools to identify any additional support required.

Ms Lyttle advised in response to questions from members that the team had received investment for CP advisers which had helped support increased activity, and work was ongoing to scope if further

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administrative support was required. Work was also taking place 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.

**Outcome:** Committee members noted the update on work ongoing to enable NHSAA to meet PP standards and commended the team for progress to date. Members requested that detailed information on uptake of PP training, including CP and ASP training be circulated to members out with the meeting.

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## 8. Annual Reports

### 8.1 Mental Welfare Commission (MWC) Young People Monitoring Report 2023/24

Mr Darren Fullarton, Associate Nurse Director and Lead Nurse, North Ayrshire HSCP, presented the annual report detailing progress against recommendations from the MWC Young People Monitoring report 2023/24.

Mr Fullarton advised that there had been a continued reduction in the number of children and young people admitted to non-specialist units, with less than five children in Ayrshire and Arran admitted to non-specialist units during the reporting period.

As previously reported, local provision of CAMHS inpatient services was through a service level agreement (SLA) with NHS Greater Glasgow & Clyde at Skye House, however, there could be access challenges, particularly in the out of hours period. Should it not be possible to access Skye House, children would be placed in an adult inpatient bed or paediatric bed for children and young people with eating disorders. The Chief Executive, Ms Claire Burden, highlighted discussion ongoing at regional West of Scotland level in relation to inpatient provision through Skye House and the approach being taken to maximise resources and prioritise provision of care in the community to avoid unnecessary admission.

Future plans included consideration of a dedicated CAMHS unit within NHSAA. A proposal had been agreed in principle for a ward at Woodland View Hospital, with benefits due to co-location with the new national Foxgrove secure adolescent inpatient facility being developed, which would provide advocacy, educational resources and social care services. Mr Fullarton would keep the Committee updated of progress.

Members were encouraged by progress made and commended the team for the improvement work done to support children and young people in the community and avoid hospital admission. Mr Fullarton advised in response to a question from a member that he would check the funding arrangements for the SLA with Skye House and report back.

**Outcome:** Committee members noted the MWC Young People Monitoring Report 2023-2024, noting the links between this report and the Patient Experience reports discussed above.

## **9. Corporate Governance**

### **9.1 Healthcare Governance Committee Terms of Reference annual review**

Members reviewed and approved the ToR, subject to the addition of the Director of Clinical and Care Governance as an ex-officio member. 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.

**Outcome:** Committee members endorsed the Terms of Reference for submission to the NHS Board for approval.

### **9.2 Care Home Governance assurance report**

Ms Jen Pennycook, Chief Nurse, Excellence in Care and Professional Development, presented a report on ongoing work within Care Homes across Ayrshire and Arran by the Care Home Professional Support Team (CHPST). Members received a summary of the evidence of impact report submitted to Scottish Government in November 2024 in support of funding for 2025/26 which had not yet been agreed.

The report described the new objectives set out by Scottish Government for National Care Home Support Teams in May 2024, aligned to My Health-MyCare-MyHome Healthcare Framework for adults living in care homes, and linked to the six principles of Realistic Medicine. While the team carried out a range of work, it was not always possible to evidence the impact of this work through data.

The CHPST continued to maintain and develop posts with much of this work done in alignment with care homes following an appreciative enquiry approach, with a number of events held with care home managers and employees to seek their views on what would improve care for residents and a work plan had been developed.

Members were advised of quality improvement work, particularly in South Ayrshire (SA), related to urinary conditions and falls and positive impact in terms of increased understanding in care homes and reduced hospital admissions in SA. Each care home had a

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named contact for infection prevention and control and there had been positive feedback from care homes on the training and support provided to manage outbreaks. The report also demonstrated the impact of support provided by the team to enable care homes to meet the requirements and improvements outlined during Care Inspectorate visits to care homes.

The Nurse Director, Ms Jennifer Wilson, advised in response to questions from members that all Boards had been asked to submit evidence of impact reports to Scottish Government and there would be varying impact across Boards. Evidence received would be aggregated by Scottish Government in terms of national improvements made in support of future funding. The Director emphasised that should funding cease, it would not be possible to continue to provide this support to care homes. Committee members recognised the significant positive impact of the work done by the CHPST in support of care homes. Members agreed that the potential risk related to future funding for this important work should be raised through the Risk and Resilience Scrutiny and Assurance Group.

**Outcome:** Committee members noted the evidence of impact report which had been submitted to Scottish Government and were encouraged by the significant positive impact of work being done by CHPST. Members agreed that the potential risk related to future funding for this work be raised through the Risk and Resilience Scrutiny and Assurance Group.

- 9.3 **Minutes** – Committee members noted the minutes of the following meetings:
- 9.3.1 **Acute Services Clinical Governance Group** – There were no minutes to report.
- 9.3.2 **Area Drug and Therapeutics Committee** – Members noted the approved minute of the meeting held on 26 August 2024.
- 9.3.3 **Paediatric Clinical Governance Group** – There were no minutes to report.
- 9.3.4 **Prevention and Control of Infection Committee** – Members noted the draft minute of the meeting held on 28 November 2024.
- 9.3.5 **Primary and Urgent Care Clinical Governance Group** – Members noted the draft minute of the meeting held on 5 December 2024.
- 9.3.6 **Research, Development and Innovation Committee** – There were no minutes to report.

## 10. Points to feed back to NHS Board

- 10.1 Members agreed that the following key items be reported to the NHS Board on 3 February 2025:

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- Patient experience themed and Quarter 2 reports – complaints related to waiting times for hospital appointments. To receive detailed update on waiting times for CAMHS assessment and improvement work to develop neurodevelopmental assessment pathway for young people without a recognised mental health condition. Link to Mental Welfare Commission young person monitoring report. Access challenges to Skye House and potential for local inpatient provision.
- HCAI report – investigations regarding presence of Aspergillus mould in Ward 3A at UHC – assured that everything possible being done to reduce risk of infection and keep patients safe.
- Quality and safety report Neonatal and Best Start update – to note progress with Neonatal standards. Future quality and safety reports to include wider quality improvement work in Neonatal.
- Front door overcrowding – assurance update on SAFER bundle and intense work done to improve areas of greatest pressure.
- Public protection – welcomed work being done and training taking place to enable Board to meet standards.
- Community nursing review – to commend positive work through review process, particularly focus on virtual capacity and palliative care provision.
- ToRs endorsed for onward submission to NHS Board for approval. Formal thanks to EASG for work done during COVID-19 pandemic and thereafter.

### 11. Risk

#### 11.1 Risk issues to report to the Risk and Resilience Scrutiny and Assurance Group

To report potential risk related to future CHPST funding given the positive impact of improvement work being done.

**JW/CMcG**

### 12. Any Other Competent Business

12.1 There was no other business.

### 13. Date and Time of Next Meeting Monday 3 March 2025 at 9.30am, MS Teams

Signed by the Chair, Ms Linda Semple

Date: 3 March 2025