

**Minutes of the Healthcare Quality Assurance and Improvement Committee held on Thursday 9<sup>th</sup> November 2023 at 1pm via MS Teams.**

**Chair:**

Mrs M Lees Non-Executive Director (Chair)

**Present:**

Mr A Boyle Non-Executive Director  
Mr P Couser Non-Executive Director  
Mr C Lee Non-Executive Director  
Mr D Reid Non-Executive Director

**In Attendance:**

Mrs J Barmanroy Senior Infection Prevention & Control Nurse  
Mr P Cannon Board Secretary  
Mrs K Cormack Director of Quality  
Mrs M Cranmer Staff-side Representative  
Mrs E Currie Quality Programme Manager, Business Support  
Mr A Daly Assistant Medical Director, North HSCP  
Mr E Docherty Executive Director of Nursing  
Dr C Deighan Executive Medical Director  
Mrs L Drummond Head of Assurance, Quality Directorate  
Prof. J Gardiner Chief Executive  
Dr R Mackenzie Consultant in Critical Care, Chair Information Governance Committee  
Mrs A MacLean Corporate Services Business Manager  
Mrs A Minns Head of Evidence, Quality Directorate  
Dr L Munro Medical Director, North Lanarkshire HSCP  
Mrs S Murray Assistant Nurse Director, North HSCP  
Dr J Pravinkumar Director of Public Health  
Mrs A M Sangster Head of Public Protection Services  
Mrs L Thomson Nurse Director, South Lanarkshire HSCP  
Mrs R Thompson Nurse Director, Acute Division  
Mr D Wilson Director of eHealth

**Observing:**

Mrs K MacLeod France Area Clinical Forum Chair, NHS Western Isles  
Dr J Waine Consultant Clinical Psychologist, NHS Lanarkshire

**Apologies:**

Dr J Keaney Medical Director, Acute Division  
Mrs T Marshall Nurse Director, North Lanarkshire HSCP  
Mrs M McGinty Head of Improvement, Quality Directorate  
Mr P McCrossan Director, Allied Health Professionals (AHPs)  
Dr M Russell Medical Director, South Lanarkshire HSCP

**1. WELCOME**

Mrs M Lees welcomed colleagues to the meeting and apologies were noted.

## 2. **DECLARATION OF INTERESTS**

There were no declarations of interest.

## 3. **MINUTES**

The minutes from the meeting held on 14<sup>th</sup> September 2023 were approved.

### **THE COMMITTEE:**

1. Noted and approved the minutes.

## 4. **ACTION LOG**

The action log from the meeting held on 14<sup>th</sup> September 2023 was approved.

### **THE COMMITTEE:**

1. Noted and approved the action log.

## 5. **QUALITY PLANNING & PROFESSIONAL GOVERNANCE GROUP (QPPGG) – HIGHLIGHT REPORT**

Dr C Deighan presented the Quality Planning & Professional Governance Group (QPPGG) highlight report from the meeting held on 9<sup>th</sup> October 2023. Members heard that Mr R Rooney shared an update regarding Audiology Services following a national review undertaken earlier this year. There are 55 recommendations in the report, with responsibility for actions being shared between Scottish Government and NHS Lanarkshire as per the report. QPPGG were advised that NHS Lanarkshire are in a good position and the review highlighted there is a robust, pro-active peer review process in place. Mr R Rooney will report back to QPPGG in early 2024 to provide an update on progress with the actions and it was noted that operationally, accountability sits with DMT, while governance will continue to sit with QPPGG.

The Committee noted that a further update will return to QPPGG in March 2024 regarding progress with the action plan in relation to the Ockenden Report.

Dr C Deighan advised that the Radiation Safety Committee Annual Report 2022-2023 was approved, however required further minor changes for accuracy therefore, Dr Christos Chatzigiannis will update the report and share the final version with QPPGG in December 2023 to close off this action.

Members heard that Dr I Hunter provided QPPGG with a detailed overview from Medical Education, noting that undergraduate figures are high and there is good governance in place. Feedback from University partners is positive. Going forward, Dr I Hunter will provide QPPGG with a six monthly highlight report, providing the group with more regular updates from Medical Education.

Dr C Deighan provided an update regarding the Annual Reports from the Transfusion Governance Committee and the Medical Gas Committee respectively. Members heard that the transfusion team are keen to improve staff awareness regarding transfusion safety and identify champions to help with this. They are in discussion with colleagues to help improve access to online training modules for portering staff. In terms of the Medical Gas Committee, assurances were noted regarding meeting frequency and representation from the appropriate areas. It was noted that discussions are

ongoing with C Gilmour, R Thompson and the Fire Officers to agree a plan regarding the switching off of gas at source in hospital wards in the event of fire.

Highlight reports were reviewed from the Clinical Effectiveness Group, the Safe Care Group and the Person Centred-Care Group and members noted that the Realistic Medicine Steering Group feeds into Clinical Effectiveness.

QPPGG were not assured by the Food, Fluid & Nutrition Group Annual Report 2022-2023 and did not approve the Annual Report, noting the group did not fulfil its remit. Mrs R Thompson articulated the plan going forward and assured the QPPGG members that a robust action plan including timescales will be shared at the next meeting to address this.

Members discussed the Staff Culture survey currently underway throughout NHS Lanarkshire and Mr A Boyle enquired regarding how the outcome and results will be shared with the Board. He further enquired regarding the Public Reference Forum, asking whether there are new ideas for the Forum going forward to ensure people can continue to feedback and discuss services.

In terms of staff culture, Dr C Deighan advised regarding ongoing areas of work, commenced after the Countess of Wessex incident. He noted the importance of ensuring the appropriate processes and systems are in place across the organisation (and are working) for staff to raise concerns and feel confident that their concerns are dealt with effectively. Mrs K Cormack added that recommendations will be shared upon completion of this work. Mrs K Cormack responded with regard to the Staff Culture Survey, advising that results will be shared soon with staff once the analysis process has been completed. In relation to the Public Reference Forum, Mrs K Cormack advised that Mrs M McGinty, Head of Improvement, is in the process of reviewing the group and noted that attendance at recent meetings has been good. She added that the North and South groups are also being reviewed.

Mr C Lee enquired regarding the Transfusion Governance Committee Annual Report and the issues highlighted regarding porters' access to online training and whether there is any correlation with their adverse events data. Dr C Deighan advised that their adverse event data is available however Dr A Fyfe did not have access to it at the time of presenting the Annual Report. Mrs K Cormack suggested she could develop an overview for the Transfusion Governance adverse events and share this with members at the next meeting for assurance.

#### **THE COMMITTEE:**

1. Noted the Quality Planning & Professional Governance Group highlight report. Mrs K Cormack will draft an overview of transfusion adverse events to share with the Committee at the next meeting.

#### **6. ACUTE CLINICAL GOVERNANCE & RISK MANAGEMENT COMMITTEE SIX MONTHLY REPORT:**

Mrs R Thompson presented the Acute Clinical Governance & Risk Management Committee six monthly report. She highlighted a few key areas of work including the establishment of a Short Life Working Group (SLWG) that will help explore delays to MRI scans in patients suspected of having Cauda Equina. Members heard that the three acute hospital sites are reviewing unplanned admissions to critical care as part of their quality and safety work. University Hospital Monklands (UHM) have commenced an initiative to involve families more as early as possible in the Significant Adverse Event Review

(SAER) process. Face to face meetings are being offered to patients and families, giving them the opportunity to discuss the event in person and address any immediate concerns.

Members also heard that the Robotic Assisted Surgery (RAS) 1st Year Review is complete and has identified several benefits to patients and the service, including better outcomes and experience for patients and reduced length of stay in hospital. It was further noted that NHS Lanarkshire has an excellent performance against the Colorectal Cancer MCN QPI's; all targets being exceeded. The RAS program will be an excellent tool for recruiting and retaining medical and theatre staff.

Mrs R Thompson advised the Committee regarding the Stroke Bundle, noting some progress in improving performance and the ongoing challenge of poor compliance on swallow screening and access to specialised stroke beds. Work is underway with the Stroke Managed Clinical Network (MCN) to improve swallow screening at the front door.

In terms of risks, members noted issues with the Trakcare system and work has been undertaken with the system supplier. A theme was identified via Datix reports of patients experiencing delays to repeat colonoscopies and this had led to harm. A repeat Colonoscopy pathway has been agreed and the Endoscopy Governance Group has been asked to urgently look at the processes regarding these patients and provide assurance that the risk is minimised.

Mr P Couser enquired regarding the RAS and whether there is a business case and scope to do more of this, given the clear improvements that have resulted from the introduction of this technology. Professor J Gardner advised that discussions are ongoing regarding further utilisation of the RAS and stated the robot is in use 4 days per week at present. She added that capacity within NHS Lanarkshire was part of the West of Scotland plan, therefore would need further work with our colleagues and suggested an update is brought back to the Committee on this at a future meeting. Dr C Deighan added that there is clear evidence regarding reduced length of stay and recovery time for patients. He added however that there is further learning required as the current evidence is in relation to large cases, deep in the pelvis, therefore further work is required to ensure RAS is targeted where there is the strongest evidence base.

Mr D Reid noted that it was great to see the encouraging outcomes for patients following RAS and advised he would be keen to see further details emerging regarding the use of the technology. He enquired as to whether it is possible to confirm the return on investment (given the significant cost of RAS) and if yes, what is the potential to get greater value for the investment in future. Professor J Gardner advised that NHS Lanarkshire will sit within the national and regional model. Dr C Deighan added that 110 robotic cases have been carried out in the period from April 2021 to March 2023.

Mr A Boyle requested that future Acute Clinical Governance & Risk Management Committee reports include explanations regarding the technical language used. He noted that it was great to see the SAER work to involve patients and families early in the process and he enquired regarding the Stroke Bundle. He noted that concerns regarding failure to achieve compliance have been reported for a long time and does not feel assured to date on achieving full compliance or making significant improvement in the two failing elements of

the bundle, as highlighted. He therefore asked for a further update to come back to the Committee.

Dr C Deighan provided further information regarding stroke thrombectomy, noting that all Boards are in discussion with the Scottish Ambulance Service (SAS) regarding best approach for the rapid transfer of patients. In terms of swallow screening, he advised that ongoing, long term pressures at the front door are continuing to impact on this part of the bundle. Mrs R Thompson advised that supported education work is underway with staff at the front door to help with swallow screening.

Mrs K Cormack confirmed it has been agreed that future reports from the Acute Clinical Governance & Risk Management Committee, the North HSCP Support Care & Clinical Governance Group and the South HSCP Support Care & Clinical Governance Group will feed into the Quality Planning & Professional Governance Group (QPPGG) in future, with QPPGG continuing to provide this Committee with a regular highlight report following every meeting. This commences in March 2024.

**THE COMMITTEE:**

1. Noted and approved the Acute Clinical Governance & Risk Management Committee six monthly report.

**7. NORTH HSCP SUPPORT CARE & CLINICAL GOVERNANCE GROUP – SIX MONTHLY REPORT:**

Dr L Munro presented the North HSCP Support Care & Clinical Governance Group report, noting that the group has a rotational arrangement in place for the position of Chair and she has taken over the role from Mrs T Marshall. In terms of highlights, she advised members regarding a causation code 4 SAER where the deteriorating condition of a patient was not recognised. She noted there was good family involvement including two in person meetings with the family. Members heard that there was good transparency, candour and there are learning outcomes as a result of the SAER will be taken forward.

In terms of the historical FAI from 2015/2016, all actions are complete and recorded in the appendix to the report. Dr L Munro advised that work is underway with help from Mrs K Cormack to review outstanding SAER actions and the team are also working through administration issues that have impacted on Mental Health incidents recorded on Datix and in the holding area. The staff are currently looking at the breakdown of incident type and she will bring an update on this back to a future meeting.

Members heard that North HSCP colleagues have met to produce their True North plan and Dr L Munro noted the great focus and output from the session, which they plan to repeat early in 2024 to develop the next year's plan.

Members briefly discussed claims and Mr P Cannon advised that an apology does not evidence negligence for legal ramifications. Mrs K Cormack added that any outstanding claims do not impact on SAERs being progressed.

**THE COMMITTEE:**

1. Noted and approved the North HSCP Support Care & Clinical Governance Group report.

**8.**

## **SOUTH HSCP SUPPORT CARE & CLINICAL GOVERNANCE GROUP – SIX MONTHLY REPORT**

Mrs L Thomson presented the South HSCP Support Care & Clinical Governance Group report and confirmed that she is currently Chair of the group. Members noted the report section regarding Primary Care and the revised Scottish Government guidance to focus on vaccinations, as per the paper.

Members heard that there remains a significant risk in terms of GP sustainability and a Primary Care Strategy is under development. Another significant risk highlighted is the Out of Hours service, and the number of calls and high demand is noted in the report. Mrs L Thomson advised an increase of doctors in training and Advanced Nurse Practitioners applying to work in the service. The service continues to utilise the safety netting of nursing teams.

With regard to the Prescribing Quality & Efficiency Strategy, South HSCP are working to achieve savings and noted they are not an outlier, however there are some significant factors driving costs in relation to prescribing. Complaints and FOI data remains static and staff continue to work closely with the patient affairs team.

As part of their True North plan, South have commissioned quality improvement work with regard to palliative care medicines. In terms of risks, Mrs L Thomson noted delays with public dental services, waiting times and delays with diabetic foot screening. She advised members that the End of Life care pathways team won a Care & Compassion Award at the recent Scottish Health Awards ceremony.

Mr P Couser enquired regarding the Primary Care Improvement Plan (PCIP) and if it is delivering vaccination improvements for patients. With regard to the Out of Hours (OOH) service, he enquired as to whether there is a clear indication of what is driving the increase in demand. Mrs L Thomson advised that the vaccination service is fully implemented and delivered out-with general practice. In terms of the increasing demand on the Out of Hours service, Dr C Deighan advised that the PCIP has not positively impacted on the main areas of pressure. The causes for the increased demand are complex and varied; there has been agreement for extended GP access on Saturdays during January 2024.

Mr A Boyle requested additional information regarding the red RAG status against Pharmacotherapy. Mrs L Thomson advised that there is a national issue regarding trained pharmacy staff. Mr A Boyle enquired as to whether there is data available showing how many times the OOH service has been unable to deal effectively with a patient call. Mrs L Thomson advised that she would look into this and provide an update. In terms of Freedom of Information requests, Mr A Boyle asked how often these are published and whether it would be possible to group them together for more effective responding. Mr P Cannon advised that information frequently asked via FOI is regularly added to the NHS Lanarkshire public website.

### **THE COMMITTEE:**

1. Noted and approved the South HSCP Support Care & Clinical Governance Group report. Mrs L Thomson will provide further information regarding the number of OOH patient calls the service have been unable to deal with.

## **9. QUALITY & SAFETY DASHBOARD**

Dr C Deighan presented the Quality & Safety dashboard report and explained regarding the three areas of focus i.e. Recorded Readmission Rate: Medical/Surgical Specialties, Pressure Ulcer Rate and Sepsis Mortality (%).

With regard to readmission rates, members heard that the background to this was the increase in readmissions at University Hospital Wishaw (UHW) related to the inclusion of ambulatory care pathways being counted in error as readmissions. The charts show the adjusted readmissions data and UHW now aligns with the other sites of University Hospital Monklands (UHM) and University Hospital Hairmyres (UHH). Dr C Deighan advised the Committee that the learning from the standard recording at UHW reflects the true site performance and he highlighted the data for UHM in June 2023, when ambulatory care pathways were also misreported as readmissions. Future reports will continue to provide information on this for assurance.

Dr C Deighan highlighted non-random variation at UHW in May 2023 with regard to pressure ulcers. Charts 17-20 indicate that there has been a clear improvement since then, with UHW showing a decrease in pressure ulcer rates for consecutive months and the lowest rates in the last four years. A tissue viability pressure ulcer pathway is now in place. Avoidable and unavoidable pressure ulcer data is recorded on the dashboard, providing increased visibility on this issue.

In terms of sepsis, Dr C Deighan noted that charts 21-24 show a decrease at UHH and attributes this to better identification and treatment of sepsis. The improvement in the data may also reflect better coding.

Mrs M Lees thanked Dr C Deighan and advised that the additional information in the report was very helpful and provided further assurance to the Committee on the accuracy of the data.

#### **THE COMMITTEE:**

1. Noted and approved the Quality & Safety dashboard report.

#### **10. QUALITY STRATEGY 2023-2029 TRUE NORTH REPORT**

Mrs K Cormack presented the Quality Strategy 2023-2029 True North report, noting that this was a progress update for quarter 2. Members heard that of the 98 actions, 6 have been closed. The monitoring of the actions is through assigned governance groups who will receive updates at every meeting. Mrs K Cormack noted that some of the actions are in the Quality Planning phase and relate to engagement or planning which will lead to the improvement implementation phase in the next year's plan. She added that discussions are underway for planning sessions in the New Year to facilitate events that will co-produce the True North Actions for 2024-2025.

Mr P Couser advised that it was great to see the progress and delivery of the actions in the report and enquired as to when the impact of these actions will be known on outcomes. Mrs K Cormack advised that the report to be shared up to end March 2024 will include information on impact and outcomes. She added that there are a variety of action types, e.g. planning, processes, clinical and non-clinical and these are reviewed and discussed at the appropriate governance groups.

Mrs K Cormack advised members regarding the True North COMPASS newsletter, edition 1, explaining that the intention of creating the newsletter is to provide staff with a guide to the True Norths; this first edition focuses on

Person Centred Care. The newsletter contains useful links to further resources, animations and information relating to complaints and shared decision making.

Mrs M Lees advised that she thoroughly enjoyed reading the newsletter and found it very helpful. She looks forward to reading future editions.

#### **THE COMMITTEE:**

1. Noted and approved the Quality Strategy 2023-2029 True North report and COMPASS newsletter.

#### **EXTRACT OF CORPORATE RISK REGISTER (CLINICAL)**

11.

Mr P Cannon presented the Extract of Corporate Risk Register (Clinical) noting this covers the period July – September 2023. Members noted there are three corporate risks and the Cyber threat risk has been heightened; the eHealth team have updated the risk. Mr P Cannon will circulate further information regarding risk no. 2135 out-with the meeting and he noted that this has been changed following review at CMT.

Mr P Couser enquired as to whether the score should change for the Cyber security threat, noting that the risk will always exist but he has concern that the score does not change to reflect the work undertaken to mitigate against it. Mr P Cannon advised that the target has changed from 6 to 9, adding that the target changes. Mr P Couser asked whether it is possible to achieve the target.

#### **THE COMMITTEE:**

1. Noted the Extract of Corporate Risk Register (Clinical) and Mr P Cannon will circulate information to members regarding risk 2135, as per CMT review.

#### **DUTY OF CANDOUR AND SIGNIFICANT ADVERSE EVENT REVIEWS (SAERS) UPDATE REPORT AND FLASH REPORT**

12.

Mrs K Cormack presented the combined Duty of Candour and Significant Adverse Event Reviews (SAERs) report to the Committee and flash report. Members were invited to comment on the format and content of the flash report. Mrs K Cormack advised that there had been 127 SAERs and 27% of these were Duty of Candour, meeting all elements of DoC and were recorded on Datix. 42 of these SAERs were open at the time of reporting. She added that an addendum was added to the annual Duty of Candour report to include all the SAERs that were ongoing at the time of the report in May and have since closed.

Members heard that there are a number of open actions for North HSCP and staff are working closely with North HSCP leads to close these off on the Datix system. In terms of the SAER timeline, 3 were open greater than the 150 days. The new target for SAER completion is 75% to be closed within the 150 calendar days which is well within the timeframe in the national framework. Mrs K Cormack presented information on delayed diagnosis SAERs as this is the most common category of SAER events following self harm. She reviewed 32 events over an 18 months timeframe. Themes were presented and will be shared for discussion at the Acute Clinical Governance & Risk Management Committee. There have been 2 learning bulletins published since the previous report and the team are pleased with the quality of these, noting that they are becoming more refined and include learning from complaints. SAER training continues with 6 sessions being delivered this year and 4 session planned for next year with attendance continuing to be very good.



Mrs M Lees advised that she likes the format and content of the flash report and found this very helpful. Mr A Boyle added that he thought it was very helpful to combine the SAER and DoC reports and he also liked the flash report. He enquired as to whether the Committee is satisfied that learning is embedded and the same errors are not recurring within the organisation.

Mrs K Cormack replied, noting that there are some system issues e.g. ongoing staff capacity for more than one SAER therefore this is an influencing factor. Mr A Boyle enquired regarding the Stroke Rehab Unit and the Blantyre Life Unit as per Item 9 on today's agenda; Mrs L Thomson confirmed that she will arrange for the Non Exec Directors to be invited to the Units.

### **THE COMMITTEE:**

1. Noted the combined Significant Adverse Event Review and Duty of Candour report and the flash report. Mrs L Thomson will liaise with Mr A Boyle regarding arranging a visit for the Non-Executive Directors to the Stroke Rehab Unit and Blantyre Life Unit.

### **13. INFECTION PREVENTION AND CONTROL (IPC) HAND HYGIENE – HIGHLIGHT REPORT**

Mr E Docherty introduced Senior Infection Prevention & Control Nurse Mrs Jackie Barmanroy to the meeting and advised that Mrs R Thompson is leading on new work with regard to hand hygiene; a deep dive exercise has been undertaken and several actions for improvement have been identified. Mrs J Barmanroy advised regarding the significant discrepancies with hand hygiene scores compared to the audit results undertaken by Infection Prevention & Control team staff. Part of the reason for this is that staff were auditing differently. The hand hygiene assurance process group are focusing on how to ensure greater consistency with the collaborative audits involving senior nurses on site. In terms of the Bare Below Elbows audit, issues have been identified with staff wearing jewellery and false nails.

The Committee heard that a Communications group has been established and have a vital role regarding the hand hygiene message. Mrs J Barmanroy noted that hand hygiene training kits are available and the infection prevention and control team are working closely with staff to raise awareness regarding transmitting infections. Hand hygiene toolbox talks are taking place with the message "it's everybody's business" and this consistent messaging will be shared at safety huddles in all areas. A drill down of the hand hygiene audit tool will be completed in November 2023 to identify why the current technique has failed to improve understanding. It was noted that other Boards are experiencing similar issues and there is a willingness to share good practice and learning.

Mr E Docherty advised that they are keen to stratify the process and benchmark with other Boards nationally, adding that he knows NHS Lanarkshire can do better. He stated that staffing levels continue to be variable, however hand hygiene should not be.

Mrs M Lees enquired as to whether the hand hygiene toolbox talks could also be delivered to community staff and Mrs J Barmanroy confirmed that this would be possible.

Professor J Gardner thanked colleagues for the very valuable work undertaken to date and stated that it is important NHS Lanarkshire is ambitious with regard to achieving excellent hand hygiene across the organisation. She advised that

the current results are hugely concerning and she welcomes the focus of attention on this work from Mr E Docherty and Dr C Deighan. Members heard that a communication will be written jointly from the Executive team to all staff regarding Uniform compliance, leaving no ambiguity, to ensure we start to see improvements immediately to protect our patients.

Mrs R Thompson stated that the report submitted does not include the October 2023 data which shows an improvement and she is working closely with staff (including staffside and partnership representatives) on the matter. Mrs M Cranmer enquired as to whether the hand hygiene policy and Uniform policy have been recirculated to staff and she agreed with Professor J Gardner regarding the concerning levels of non-compliance and the impact of this on patient safety. She emphasised that patient safety is paramount and Staffside are similarly concerned with the current situation and are keen to be involved.

Mr A Boyle stated that it was good to hear the level of support for this work and there are huge issues to be resolved. He advised that he is not assured from today's report, despite the slightly improving picture and he welcomes the comments today from leadership and Staffside.

Mr E Docherty agreed that there is a need for greater consistency with regard to communication with staff; the issue of Uniform compliance is significant and requires to be managed more effectively.

Professor J Gardner thanked members for their comments and stated that the leadership team must continue to be held to account, emphasising that the changes need to happen now.

#### **THE COMMITTEE:**

1. Noted Infection Prevention & Control hand hygiene report. Members were not assured by the report and discussed urgent actions to be progressed at pace, including Communications with staff regarding compliance with the Uniform Policy and Hand Hygiene Policy.

#### **14. PUBLIC PROTECTION GROUP – SIX MONTHLY REPORT**

Mrs A M Sangster presented the Public Protection Group report and advised that a recent Internal Audit concluded there was substantial assurance that objectives were met with regard to public protection activity in NHS Lanarkshire. Mr E Docherty noted that NHS Lanarkshire has also been positively flagged nationally.

The Public Protection (PP) service has continued to progress the PP Strategic Enhancement Plan V4, aligning objectives to the Phase Two transition of the PP service. This focused on Organisational assurance, Organisational understanding and ownership, Workforce planning and development and IT Systems and information management.

Members heard that there is a continuous yearly increase in Initial Referral Discussions (IRDs) with data from March 2020 to March 2023, showing a 148% increase. During the annual reporting period April 2022 to March 2023, there were 1528 IRDs undertaken resulting in 772 (52%) Child Protection Investigations (CPI).

Mrs A M Sangster updated the Committee regarding the implementation of national changes, noting that NHS Lanarkshire is on target in terms of the new Scottish Government Child Protection guidance. She further advised that NHS Lanarkshire is part of a national pilot looking at a Public Protection Accountability Assurance Framework, hoping to conclude work at the end of the year and she will return to the Committee with an update in due course.

Mrs M Lees thanked Mrs A M Sangster for a great report and acknowledged the achievements of the team. It was noted that the report contains a number of abbreviations and there was a request for these to be expanded upon for future reports.

#### **THE COMMITTEE:**

1. Noted Public Protection six monthly report.

#### **15. SPSO REPORT ON FEEDBACK, COMMENTS, CONCERNS AND COMPLAINTS – UPDATE REPORT AND FLASH REPORT**

Mrs L Drummond presented the SPSO report on feedback, comments, concerns and complaints and the flash report summary to the Committee. She advised regarding the 3 performance indicators, noting that stage 1 targets were met, however stage 2 were not, as per the report. There is however a definite improvement on this indicator and compliance for October 2023 was 59%, an increase on the previous period. Reasons for delays have been categorised to help with targeting further improvement work and guidance is being reviewed to help with delays in relation to witness statements.

Members heard that no SPSO decisions were upheld this quarter. The flash report summary includes performance charts to allow us to see the improvements over time. Mrs L Drummond noted that the team are promoting the benefits of timely responses and undertaking enhanced monitoring of live complaints. She added that a thematic analysis of mental health complaints is almost complete and she will share the report with the Committee when available.

Mrs M Lees stated that she liked the flash report summary and the information regarding delays was very helpful. She expressed her gratitude to the complaints team for the sustained improvements they are delivering for the

service. Dr C Deighan added that the SPSO data received is very good and a marker of the quality of complaints responses coming through from our staff. Professor J Gardner also wished to commend the team and stated that the report does not do justice to the work undertaken and what they have achieved. She noted the often, complex cases, therefore this is a very positive reflection of the high standard of work and asked Mrs L Drummond to convey her thanks to the team.

### **THE COMMITTEE:**

1. Noted the SPSO report on feedback, comments, concerns and complaints, and the flash report summary.

## **16. INFORMATION GOVERNANCE COMMITTEE HIGHLIGHT REPORT**

Dr R MacKenzie presented the Information Governance highlight report and noted that staff training figures are very good, above 95% uptake; work is underway to target GP staff uptake of training. Members heard that there were 71 information governance incidents reported at the Information Governance Committee meeting on 19<sup>th</sup> September 2023, 4 were category 2 and 67 were category 3.

Members were advised that work continues on the action plan developed following the reprimand from the Information Commissioners Office (ICO) around the use of WhatsApp as a communication tool. A number of other areas have been identified as using WhatsApp to communicate and the eHealth Department are working to finalise alternative arrangements for these communications.

Dr R MacKenzie advised that work has recommenced on the ICO Accountability Framework now that the audit actions have been completed. An updated spreadsheet will be taken to the next IG Committee for review.

The Committee noted that the Cyber Security Group is a sub-group of the IG Committee, with the primary purpose of providing oversight, scrutiny and assurance of Cyber Security within NHS Lanarkshire. Dr R MacKenzie stated that the current work plan includes a focus on improving compliance for support and stability of Microsoft Windows and Office versions, as well as reducing the numbers of servers that are already out of support or soon to be out of support.

### **NETWORK & INFORMATION SYSTEM (NIS) AUDIT SBAR**

Mr D Wilson, Director of eHealth, attended the meeting to provide this update to the Committee. He stated that the Network & Information System regulations 2018 were developed to improve Cyber Security and protect the eHealth infrastructure. The Board is subject to an annual audit and in 2022, achieved 70%. The 2023 audit is scheduled for 30<sup>th</sup> November 2023 with a new framework, reflecting the new and emerging threats. Members heard that 427 controls will be checked and the Scottish Government target / standard for Boards to achieve is 60%. Mr D Wilson stated that NHS Lanarkshire is likely not to be compliant until 2024.

Mr P Couser asked whether the target level of risk was too high; Mr D Wilson acknowledged regarding the Board's risk appetite. Mrs M Lees enquired as to whether the work required will be an unexpected financial burden for the Board. Mr D Wilson stated that funding has yet to be secured however it is included in the eHealth business plan. Mr A Boyle advised that he attended a recent Digital event and he enquired regarding which Committee has oversight for Digital. Mr

D Wilson advised that Digital matters are discussed at the eHealth Executive Group and PPRC.

Mr D Reid enquired regarding compliance with the Scottish Government target and whether SG will apply sanctions to Boards who are unable to comply. Mr D Wilson stated that the majority of Boards will not be able to comply with the targets, therefore there are questions with regard to how the targets are set; discussions around this will be picked up with the auditors.

**THE COMMITTEE:**

1. Noted the Information Governance Committee highlight report and the NIS Audit SBAR report. Mr D Reid will return to the Committee in 2024 when a further update is available.

17.

**COMMITTEE WORK-PLAN**

Members noted and approved the Committee Work-plan.

18.

**ISSUES OF CONCERN – BY EXCEPTION ONLY**

- Operational
- Safety
- Independent Sector
- Staffing

There were no issues of concern noted by the Committee.

19.

**ANY NEW RISKS IDENTIFIED TO BE CONSIDERED FOR INCLUSION ON THE CORPORATE RISK REGISTER**

Members noted the financial risk associated with the procurement of new eHealth system(s) as reported in the NIS Audit SBAR.

20.

**ANY OTHER COMPETENT BUSINESS**

None.

**21. DATES OF FUTURE MEETINGS, 2024–2025, 13:00-16:30 HOURS:**

- a) Thursday 8<sup>th</sup> February 2024
- b) Thursday 11<sup>th</sup> April 2024
- c) Wednesday 22<sup>nd</sup> May 2024, 09:30 – 12:30 hours (Annual Report Meeting)
- d) Thursday 13<sup>th</sup> June 2024
- e) Thursday 19<sup>th</sup> September 2024
- f) Thursday 14<sup>th</sup> November 2024
- g) Thursday 6<sup>th</sup> February 2025
- h) Thursday 10<sup>th</sup> April 2025