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Minutes of the Healthcare Quality Assurance and Improvement Committee held on Thursday 9th February 2023 at 1:30pm 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 D Reid Non-Executive Director

In Attendance:

Mrs L Barbour Infection Prevention and Control Clinical Nurse Specialist
 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
 Dr C Deighan Executive Medical Director
 Mrs L Drummond Head of Assurance, Quality Directorate
 Mr C Fairbairn Quality Programme Manager, Data & Measurement
 Mrs J Gardiner Chief Executive
 Mrs C Hope Risk Manager
 Dr J Keaney Medical Director, Acute Division
 Dr R Mackenzie Consultant in Critical Care, Chair Information Governance Committee
 Mr P McCrossan Director, Allied Health Professionals (AHPs)
 Mrs A Minns Head of Evidence, Quality Directorate
 Mrs S Murray Associate Nurse Director, North Lanarkshire HSCP
 Dr J Pravinkumar Director of Public Health
 Dr Mark Russell Medical Director, South Lanarkshire HSCP
 Mrs L Thomson Nurse Director, South Lanarkshire HSCP

Apologies:

Mrs C Coulombe Infection Prevention & Control Lead
 Mr E Docherty Executive Director of Nursing, Midwifery & Allied Health Professionals
 Mr M Hill Board Chairperson
 Mr C Lee Non-Executive Director
 Mrs T Marshall Nurse Director, North Lanarkshire HSCP
 Dr L Munro Medical Director, North Lanarkshire HSCP
 Mr D Wilson Director of eHealth

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 10th November 2022 were approved.

THE COMMITTEE:

1. Noted and approved the minutes.

4. **ACTION LOG**

The action log from the meeting held on 10th November 2022 was reviewed and approved.

Mrs S Murray presented an update regarding the HMP Shotts Healthcare Improvement Scotland (HIS) report received in October 2022, noting 22 recommendations for improvement, 6 as priority (were RAG rated red, however now amber; progress ongoing) and 12 examples of good practice highlighted in the report. Mrs S Murray advised regarding a lack of focus on prisoners with long term conditions, therefore work is being undertaken in this area. There is concern regarding medical cover and consultation is ongoing with General Practice. Members heard that pharmacy support is another key area for improvement and there is a need for a national solution to this issue.

In terms of staffing, Mrs S Murray advised regarding challenges recruiting registered nursing staff to prisoner healthcare, therefore a focus on communications will be actioned, promoting the role(s) further. Mrs S Murray noted the staff focus on developing relationships with Scottish Prison Service (SPS) to work together on shared priorities and how this is helping to develop a shared vision. A further key action to progress is the recruitment of a Project Manager, aiming to commence in post mid March 2023. The successful candidate will be responsible for progressing the HIS recommendations and Service Model review.

Mrs L Thomson suggested linking with advanced nurse practitioners in General Practice with regard to the long term conditions work. Mr P Couser enquired regarding screening and the lack of specialist support, noting the need for a national screening solution and suggested asking HIS to provide comment on how other prisons are responding to the same issues.

Mr A Boyle advised that it would be helpful to see target dates for the action plans and noted it was very helpful to see the detail. Mrs S Murray agreed to add target dates. Mr D Reid noted the positive plans with regard to actively promoting vacant posts to attract new staff and enquired regarding the pharmacy provision out to tender. Mrs S Murray advised that Boards are waiting on a national solution and contingency plan. Mr D Reid enquired regarding dental oral hygiene being RAG rated red and whether this was accurate. Mrs S Murray advised this should be Amber and she will amend the report.

Dr C Deighan advised of recent discussions with Mrs C Gilmour regarding Lloyds Pharmacy support stopping at the end of March 2023 and the gap in service provision, therefore NHS will have to provide cover. Members were advised that Mrs C Gilmour is drafting a SBAR for CMT.

Dr M Russell highlighted medical cover, noting that local enhanced services have been put out to GP practices, however there has been no response,

therefore what should happen next if there is no uptake? He also enquired regarding long term conditions, and asked if there should be a GP practice identified to help. Mrs S Murray advised that others prisons do have advanced practitioner roles in place and discussions are ongoing with Mr D Barr. Dr M Russell suggested there were opportunities to look at the issues together.

Mrs R Thomson enquired as to whether there could be a combined role and if there is an opportunity to collectively develop a model for prisons in the central belt.

THE COMMITTEE:

1. Noted and approved the action log. Mrs S Murray will add target dates to the action plan and change the RAG status of the oral hygiene item to Amber.

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

Mrs K Cormack presented the Quality Planning & Professional Governance Group highlight report and noted that the guidance received from NICE regarding shared decision making had been welcomed.

Members heard that Mrs K Cormack is in the process of updating the Consent Policy and a compliance audit completed in 2022 evidenced a significant improvement from 50% (in 2021) to 80%.

Dr Christos Chatzigiannis is the new Chair of the Radiation Safety Committee and presented their Annual Report which detailed referral numbers and the development of a learn-pro module for referrers.

Mrs M Lees noted the great progress with regard to Consent Policy compliance. She asked that a copy of the Professional Governance Framework is shared with members, together with the minute of this meeting. Mr A Boyle enquired as to how the organisation will capture and learn from the benefits of shared decision making. Mrs K Cormack advised that Mrs K Morrow, Realistic Medicine Programme Manager, is undertaking a shared decision making audit and will share the outcome with members. Mrs K Cormack added that there are many variants in terms of relating this to outcomes, e.g. complaints, however work is underway to theme complaints and members will receive an update on this work at a future meeting.

THE COMMITTEE:

1. Noted the Quality Planning & Professional Governance Group highlight report and agreed that a copy of the Professional Governance Framework will be shared with members. Mrs K Morrow will be asked to share the outcome of the shared decision making audit.

6. QUALITY STRATEGY 2023-2028

Mrs K Cormack presented the draft Quality Strategy to the Committee and updated members regarding the progress to date, including the public and staff engagement exercises. Members heard a description of the 6 “I”s on the new graphic within the Strategy and the explanation of how these support quality.

In terms of further staff engagement, Mrs K Cormack advised that the draft has been shared with CMT and at a recent Public Reference Forum, noting their positive feedback. Members heard that the final draft will be sent to Medical Illustrations by 20th March 2023 and they will create the final version which will be shared with the Committee again at the April 2023 meeting for sign off.

Mr P Couser commented that he thought the Strategy was well written and noted his reflections regarding the previous Quality Strategy which included several references to Achieving Excellence. He enquired as to whether the new Quality Strategy would benefit from including additional reference to Our Health Together (OHT) and further mention to actions and measurement to reinforce the message.

Mrs K Cormack agreed there will be clear links to OHT, noting she is on the OHT Editorial Board and has also stated the importance of OHT having reference to the Quality Strategy.

Mrs A Boyle advised he felt the draft Quality Strategy was very good and describes the “why” and “what” very well and he noted the co-design of the document. He enquired regarding a communication strategy to ensure staff throughout NHS Lanarkshire understand what matters most to patients. With regard to measuring success, he enquired as to how we will capture the difference we make and how this will be linked back to the Quality Strategy. Mrs K Cormack agreed that staff want to deliver person centred care and the “True North” statements will help us to measure success.

Mrs M Cranmer noted that she felt it was a very good document and she was pleased to see staff are at the heart of the strategy. She added that, what matters to staff is providing the best possible care. Mrs K Cormack agreed and noted that the use of the NES Safety Culture Cards with staff is helping.

Mrs J Gardiner commended the work of the team in developing the new Quality Strategy, stating that she sees the Quality Strategy as the organisation’s North Star, setting out the principles by which we should all work. She noted the challenges with regard to measuring success, adding that the Quality Strategy should be the document against which all our action plans are developed and ensure we continually measure against it. Mrs J Gardiner stated the importance of understanding the ongoing pressures across the system and measuring how this is changing every week, gradually improving flow.

Dr M Russell commented on the development of OHT and the engagement process; Mrs K Cormack advised that she has shared the Quality Strategy engagement information with the OHT Editorial Board.

Mrs M Lees stated that she felt the draft Quality Strategy was excellent, with clear communication and helpful links to further sources of information for those who wish to read more. She added that she is very interested in how we develop metrics around the topic of compassionate leadership and she had emailed Mr Michael West (the Kings Fund) following a recent staff training session on the subject, which she feels would be very useful for Board members and CMT. Mrs M Lees expressed her thanks to Mrs K Cormack and her team for their work to develop the new strategy.

THE COMMITTEE:

1. Noted and approved the draft Quality Strategy. Agreed the final version will come to the meeting in April 2023 for sign off.

7. **QUALITY & SAFETY DASHBOARD HIGHLIGHT REPORT**

Dr C Deighan presented the Quality & Safety dashboard highlight report to members, covering HSMR, Crude Mortality, Hospital Occupancy, Medical Re-admissions and Occupied bed days.

The Committee heard that in the period June 2021-July 2022, HSMR was 1.01% and within the control limits. The next HSMR data release is due in February 2023. Dr C Deighan advised that crude mortality had increased from early 2020, however there is a gradual reversion back to pre-pandemic levels, as per Chart 5, with the latest data point (0.026 – October 2022) indicating the system is currently below control limits.

Hospital occupancy has been rising since January 2021 including increasing ED attendances and admittances, therefore a number of mitigations have been put in place to try to relieve the ongoing system pressures. Members noted that Hospital occupancy continues to be kept under review across the three acute hospital sites.

Dr C Deighan provided an update regarding Medical re-admissions, noting the increase in 2021 at University Hospital Wishaw (UHW) and work underway to improve data accuracy, including liaison with Patient Trakcare colleagues to ensure patient return cases (assessed through ambulatory emergency care processes) are not recorded as new admissions. Members were advised that a review of the data used to calculate occupied bed days is underway, with a move toward the ISD data for improved accuracy (as Trakcare is not validated).

Mr A Boyle stated this was a good report and it was helpful to see reports acknowledging when capacity is over 100% in the acute hospitals. He enquired as to whether a retrospective piece would be useful, regarding when we were over occupied and the impact on patients, e.g. infections, mortality, etc. He further enquired as to how we capture the extra beds added to the wards to cope with the extra patients and what impact this has overall on patient care, to help better understand periods of pressure and use the learning going forward.

Dr C Deighan advised that it was difficult to measure the impact on patient care, however it was possible to measure waiting times in ED and at the front door; the patients who have presented in ED and waiting to be assessed and have no treatment care plan in place, therefore more feasible to measure impact with this cohort. Infection Prevention & Control reports will also help to see rates of infection and understand whether there has been an impact there of e.g. SABS, CDI in wards with extra patient beds.

Members heard that medical re-admissions appear higher at University Hospital Wishaw (UHW). Mr C Fairbairn noted the work undertaken at UHW with regards to their data capture and analysis for medical re-admissions and how this has been impacted by the movement of the medical receiving unit, therefore some patients were being moved within the site, not re-admitted.

Dr C Deighan explained regarding excess deaths and crude mortality, noting the excess death data is from across hospital and community settings, crude mortality is from the acute hospitals only. Members heard the crude mortality data does not take into account other factors, such as co-morbidities. Dr J Keaney added that the acute hospital sites collect and log information daily.

Dr J Pravinkumar noted the national work underway regarding excess mortality and highlighted the higher medical re-admissions at UHW while they are shown as decreasing at UHM. Dr J Keaney advised that the relocation of orthopaedic

trauma to UHW has had significant impact on UHW due to the complexity of the patients.

THE COMMITTEE:

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

8. QUALITY STRATEGY IMPLEMENTATION PLAN, OCTOBER-DECEMBER 2022:

Mrs K Cormack presented the Quality Strategy Implementation Plan update, noting that 13 actions had been closed since the previous report and highlighted four of the completed actions, i.e. Consent Policy update, HCAT thematic analysis for Maternity Services, Mortality Case-note reviews and Guidelines app work. Mr A Boyle enquired regarding the 50 open actions due for completion by end March 2023 and communication with staff regarding these.

THE COMMITTEE:

1. Noted and approved the Quality Strategy Implementation Plan highlight report for the October – December 2022 period.

9. EXTRACT OF CORPORATE RISK REGISTER

Mr P Cannon presented the Extract of Corporate Risk Register and introduced Mrs C Hope (the new Risk Manager) to the Committee. Mrs C Hope will be meeting with colleagues and risk owners in the coming weeks. Members heard that there were no changes to the Risk Register since the previous meeting and noted the cyber security risk sits separately.

Mrs K Cormack advised that Internal Audit had questioned what is discussed at the Committee in terms of risk and the level of ownership HQAIC has for risks e.g. risks that are managed under the remit of other Committees but still impact here. Mr P Cannon advised that he is developing new documentation for the Committees and will clarify how we provide assurance to the Board on issues managed elsewhere.

Mr A Boyle enquired regarding risk number 2125 (clinical outcomes) and suggested this needs further mitigation(s) including a reference to Primary Care.

THE COMMITTEE:

1. Noted and approved the Extract of Corporate Risk Register.

10. SIGNIFICANT ADVERSE EVENT REVIEWS (SAERs) UPDATE REPORT

Mrs K Cormack presented the Significant Adverse Event Review (SAER) update report, highlighting an increase in SAERS in 2022 which is felt reflects more accurate and better quality reporting. Prison deaths are now also reported in this way, therefore the increased numbers are to be expected. Members heard regarding themes and shared learning including the Learning Bulletin which was published in December 2022. Mrs K Cormack advised that investigation times are reasonable and NHS Lanarkshire is performing better

than several other Boards in this regard. The NHS Lanarkshire target for closing a SAER is 90 days, however the national target is 150 days. Members heard that the SAERs training is ongoing and 71 members of staff attended a session last week.

Mr D Reid advised this was a comprehensive report and very helpful annual round up. In terms of the national position, he stated we should be commended as an exemplar Board for the high standards being achieved. He added that he was not concerned regarding the increased number of SAERs and understands the rationale, adding his appreciation of the shared learning. Mr D Reid also noted the 1300 datix incidents and how this evidences the volume of work being involved for the staff.

Mr P Couser stated that he found it useful to see the overall numbers and enquired regarding the number of SAERs for South HSCP which appears low; is this due to HMP Shotts prison deaths inflating the North HSCP figures? He further enquired regarding UHW figures and linking patient contacts at UHW, asking if this was telling us anything e.g. drivers.

Mrs K Cormack advised regarding the SAER education programme for Pharmacy in May 2023 and confirmed that the North and South HSCPs have different, hosted specialities impacting on their SAERs figures. Similarly, the increased number of contacts UHW will be related to the higher number of SAERs.

Dr M Russell confirmed the different services hosted within South HSCP and North HSCP, e.g. South HSCP hosts Independent Contractor services and North HSCP hosts Mental Health services. He highlighted the increase in SAERs will increase the learning, the challenge being ensuring the learning is implemented therefore we need to consider the different ways to do that most effectively across the Partnerships.

Mrs R Thomson enquired regarding the UHW datix and if these include staffing. Mrs K Cormack advised it is only SAERs. With regard to incidents waiting, Mrs R Thomson noted that it will be interesting to see whether any relate to high occupancy, the full capacity protocol and staffing.

Dr C Deighan noted page 7, overall SAERs for 2022 and 20 SAERs at UHW, noting the impact of Maternity Services SAERs on overall UHW numbers, as they are based on site.

Mr A Boyle advised that he enjoyed reading the report and felt it had a great focus on training and learning. He enquired regarding three retrospective recorded incidents and why these happen. He noted it was interesting to see the level of SAERs aligned to areas of service pressure and understand implications of e.g. impact of having 5 beds in a 4 bed ward. Mrs K Cormack advised that she would need to look back, however sometimes the retrospective incidents are about missed care, e.g. a missed chest x-ray; patient should get a CT scan, but does not, then the patient returns one year later and staff discover the patient did not receive the appropriate follow up. She noted that the "clock" starts on a SAER when we become aware of it.

THE COMMITTEE:

1. Noted the SAERs update report.

11. **INFECTION CONTROL COMMITTEE SURVEILLANCE UPDATE**

Mrs L Barbour presented the Infection Control Committee Surveillance update, noting the validated data is for the period July – Sept 2022. Validated data for Oct – Dec 2022 will be available in April 2023.

Members heard that NHS Lanarkshire had 18.3 cases per 100 000 Total occupied bed days for Healthcare Associated Infection cases (HCAI) Staphylococcus aureus Bacteraemia (SAB) (target 16.1).

Clostridioides difficile Infection (CDI) – 19.7 cases per 100 000 Total occupied bed days (target 14.8); Escherichia coli bacteraemia (ECB) – 40.7 cases per 100 000 Total occupied bed days (target 33.5); Staphylococcus aureus bacteraemia (SAB) 27 cases (24 cases in previous quarter): 18.3 per 100,000 bed days. NHS Lanarkshire had therefore not met the national rate for HCAI SAB, or AOP Standard for HCAI SAB for this reporting period.

Mrs L Barbour stated that hand hygiene audits for the period indicated 61% compliance, however these were paused. There are 3 risks on the register and these are discussed at the IPC Committee.

Dr J Pravinkumar enquired as to what number is used as a denominator, in terms of the occupied bed days' data. Mrs L Barbour advised that the denominator was not adjusted for the period.

Mrs R Thomson advised that discussions have taken place with Site Chiefs and hand hygiene audits (including peer audits) have restarted across the three acute hospital sites. Members were advised that Health Improvement Scotland (HIS) carried out an unannounced inspection at UHW in January 2023, highlighting one issue; training was delivered with immediate effect. Support has also been received from the company who supply hand hygiene products.

Clarification was sought regarding e Coli rates being outside range; members noted this relates to community settings.

Mr A Boyle stated it was frustrating that more recent data is not available to review and he would be pleased to see a more up to date narrative for greater assurance.

Mrs M Lees enquired regarding the decontamination service and was advised that decontamination queries are directed to the IPC mailbox. Mrs L Barbour advised that she is keen to ensure the Committee receives the information it requires for assurance and she would be happy to discuss this further.

THE COMMITTEE:

1. Noted the Infection Control Committee Surveillance update.

12. **SPSO – UPDATE REPORT AND REPORT ON FEEDBACK, COMMENTS, CONCERNS & COMPLAINTS**

Mrs L Drummond presented the SPSO report to members, highlighting quarterly complaints activity and the request from Internal Audit to include additional information. She noted that North HSCP has a backlog of complaints to be added to Datix from HMP Shotts and that the complaints team are helping with this task. University Hospital Hairmyres (UHH) remains an outlier with regard to the percentage of stage 1 complaints, however this is continuing to

improve. Service areas are struggling to meet the 20 day response target for stage 2 complaints (see chart 10) therefore the complaints staff are working to reduce the inherited back-log of cases.

Mrs L Drummond advised of the internal audit review completed in 2022 when the team were asked to provide data on open complaints; charts provide further detail re stage 1 and stage 2; most were awaiting statements. CMT are receiving fortnightly updates regarding the status of complaints and area leads are receiving weekly updates. A new standard operating procedure has been developed covering acceptable timescales and the escalation process.

The Committee heard that Scottish Government published statistics in December 2022 including comparison with other Boards. The performance of NHS Lanarkshire is comparable for stage 1's, less so for stage 2's. In reference to the SPSO quarter 3 update, cases upheld are detailed in the report.

Mrs M Lees commented that the information regarding open complaints is very useful and Mr D Reid noted his thanks for a very comprehensive report, adding he appreciates the challenging times at present. He enquired regarding the 17 Ombudsman cases, but none proceeding. Mrs L Drummond advised that the Ombudsman decides if they feel a complaint has been dealt with effectively and if so, they will not proceed any further.

13. COMPLAINTS 2022 SPECIALTY ANALYSIS FOR ACUTE HOSPITALS – SBAR

Mrs L Drummond presented the Complaints 2022 Specialty Analysis for Acute Hospitals SBAR, noting UHW as an outlier regarding complaint numbers, therefore her team have reviewed the number of complaints by specialty. A&E was an outlier therefore the data was broken down further into stages which identified that the majority were stage 1 complaints.

Looking at the months in which the complaints were made, September 2022 was identified as the busiest, which does not correlate with the busiest month in terms of patient numbers. The team applied the HCAT tool for July – December 2022 at A&E at UHW; emerging themes were excessive waiting, lack of communication, poor communication, no food, water for waiting patients no pain relief, lack of patient observations during long waits, staff attitude and patient perception that they were discharged too soon without the appropriate assessment. Mrs L Drummond advised that the team will now complete a similar exercise for UHH and UHM A&E to compare, identify the themes and share any learning.

Dr J Keaney noted the lack of correlation between the increase in complaints and the patient numbers, however advised that he would liaise with Mrs L Drummond with regard to the very long waits for patients at UHW from September onwards due to delays accessing beds.

Dr C Deighan noted that the major trauma unit opened in UHW in 2020 therefore there has been a significant increase in patient numbers from then.

Mrs K Cormack enquired with regard to the comfort of patients while waiting to be seen e.g. providing free water machines. Mrs M Lees advised of some national discussions with fellow Dieticians regarding nutrition and the provision of food in A&E for patients.

Mr A Boyle highlighted the issue of activity and outcomes and how to better capture patient experience, as he feels so many people do not complain

therefore how can we obtain their feedback and should we be identifying resources to help do that.

THE COMMITTEE:

1. Noted and approved the SPSO update report on feedback, comments, concerns and complaints and the Complaints 2022 SBAR.

14. CLINICAL POLICIES ENDORSEMENT PROCESS HIGHLIGHT REPORT

Mrs A Minns presented the Clinical Policies Endorsement process highlight report, noting nine were listed and there are no concerns, comments or changes to the risks. Mrs A Minns advised members that NHS Lanarkshire continues to seek an alternative to MS access databases.

THE COMMITTEE:

1. Noted the Clinical Policies Endorsement process highlight report.

15. INFORMATION GOVERNANCE HIGHLIGHT REPORT

Dr R MacKenzie presented the Information Governance highlight report and advised the Committee that staff training continues to go well and uptake is on track. He advised that a large number of incidents were reported at the previous Committee and the majority of these pertain to information being recorded on the wrong record. Members heard that there have been 3 category 1 incidents, 1 in HMP Shotts. ICO has accepted the ICO Audit report final draft and it is good to see NHS Lanarkshire has a high assurance rating. The report details 8 recommendations, 4 high and 4 medium priority therefore these will be added to the action plan and brought back for discussion at the next meeting.

With regard to Freedom of Information (FOI), despite a record high number of requests, Dr R MacKenzie advised that the team have achieved 95% response rate. Members were advised that a significant amount of work is ongoing in relation to Cyber Security including work to obtain the Cyber Essentials Plus certification.

Mr P Couser enquired regarding the cyber threat in relation to the war in Ukraine therefore the risk remains high and so, are we assured that the necessary protections are in place, are we tolerating a high risk or is there more the organisation can do. He added that it would be helpful to update the risk if there is nothing further we can do, as he feels this is unclear. Dr J Keaney advised that he attended a recent Executive eHealth meeting where Mr D Wilson described a cyber attack that had recently been detected and prevented. Dr R MacKenzie added that the Cyber Security action plan is responsible for managing the risk and eHealth complete regular penetration tests to identify areas of vulnerability.

Mrs K Cormack advised that it would be good to separate the actions from the controls, then it will be clearer in terms of what needs to be done to mitigate the risk. Mrs C Hope advised that she is planning to complete a review of all the risks on the Corporate risk register and bring a paper back to a future meeting.

THE COMMITTEE:

1. Noted the Information Governance highlight report.

16. HQAIC Toolkit

Mrs K Cormack advised that, as agreed last year, the QAIC toolkit would be reviewed annually, therefore requested members' feedback. She noted that the video / animation has been updated to reflect changes with the Committee membership.

Mr P Couser stated that the toolkit should make reference to the new Quality Strategy. Mr A Boyle and Mr D Reid advised that they thought the Committee toolkit was very helpful and a great source of information.

THE COMMITTEE:

1. Noted the QAIC toolkit and recommended reference to the new Quality Strategy.

17. COMMITTEE WORK-PLAN

Members noted and approved the Committee Work-plan.

THE COMMITTEE:

1. 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

No new risks identified by the Committee, however further clarity requested regarding existing risks and a review of previous data.

20. ANY OTHER COMPETENT BUSINESS

- a) Internal Control Evaluation 2022/2023 Report No. L08/23 was noted by the Committee. Mrs K Cormack will liaise with Internal Audit to confirm this has been shared with the Committee.
- b) Review of Network & Information Security (NIS) 2022/2023 Report No. L34/23 was noted by the Committee as above.

21. NHS LANARKSHIRE GAP ANALYSIS REPORT AGAINST OCKENDEN REPORT

Mrs C Clarke presented the gap analysis paper against the Ockenden report from July 2022, sharing the background and advising what was required of NHS Lanarkshire by way of response. The embedded excel document detailed 93 recommendations including gaps, actions, risks and RAG rating.

Members were advised that 63% of the actions are complete and the accompanying narrative is detailed in the report. 10% are RAG rated green, almost complete, 10% amber, work underway and red RAG rating as per the report. Mrs C Clarke explained some differences for NHS Scotland Boards e.g. peer clinical support is different in NHS Scotland.

Mrs M Lees stated that as the paper was received late, members have not had sufficient time to review the document. Mr A Boyle agreed and noted that it was not possible at this time to provide assurance.

Dr C Deighan requested an update paper with narrative and action plan comes back to members via the Quality Planning & Professional Governance Group (QPPGG).

22. DATES OF MEETINGS FOR 2022-2023 AT 13:30 HOURS

- a) Thursday 20th April 2023
- b) Wednesday 24th May 2023, 09:30 – 12:30 Hours
(Annual Report meeting – please note different time)
- c) Thursday 8th June 2023 *(meeting time changed to 11:30am)*
- d) Thursday 14th September 2023
- e) Thursday 9th November 2023
- f) Thursday 8th February 2024
- g) Thursday 11th April 2024