

Minutes of the Healthcare Quality Assurance and Improvement Committee held on Thursday 8th February 2024 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 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
Dr C Deighan Executive Medical Director
Mrs L Drummond Head of Assurance, Quality Directorate
Mr C Fairbairn Quality Programme Manager, Data & Measurement
Prof. J Gardiner Chief Executive
Dr J Keaney Medical Director, Acute Division
Dr R Mackenzie Consultant in Critical Care, Chair Information Governance Committee
Mrs A MacLean Corporate Services Business Manager
Mr P McCrossan Director, Allied Health Professionals (AHPs)
Mrs C McCulloch Assistant Nurse Director, North HSCP
Mrs M McGinty Head of Improvement, Quality Directorate
Mrs A Minns Head of Evidence, Quality Directorate
Dr L Munro Medical Director, North Lanarkshire HSCP
Dr M Russell Medical Director, South Lanarkshire HSCP
Mrs R Thompson Nurse Director, Acute Division

Apologies:

Mr P Cannon Board Secretary
Mr E Docherty Executive Director of Nursing
Mrs T Marshall Nurse Director, North Lanarkshire HSCP
Prof. J Pravinkumar Director of Public Health
Mrs L Thomson Nurse 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 minute from the meeting held on 9th November 2023 was approved.

The minute of the Annual Report meeting held on 24th May 2023 was approved. It was noted that the minute was reviewed by the Chair and shared with members following the meeting in May 2023, however it was not added to the subsequent Committee agenda at the September 2023 meeting as required.

THE COMMITTEE:

1. Noted and approved the minutes from 9th November and 24th May 2023.

4. ACTION LOG

The action log from the meeting held on 9th November 2023 was approved.

The action log from the Annual Report meeting held on 24th May 2023 was approved. It was noted that the action log was reviewed by the Chair and shared with members following the meeting in May 2023, however it was not added to the subsequent Committee agenda at the September 2023 meeting as required.

Members noted one outstanding action from the May 2023 action log i.e. Independent Sector Governance Group Annual Report 2022-2023, Mr E Docherty and Mrs K Orr will present a paper to CMT and then provide a report for HQAIC at the September 2023 meeting, outlining the issues, risks and future actions planned. An update on this action would be requested from Mr E Docherty and Mrs K Orr and shared with members for assurance.

THE COMMITTEE:

1. Noted and approved the action logs from 9th November and 24th May 2023. Agreed to request an update on the outstanding action regarding the Independent Sector Governance Group Annual Report 2022-2023.

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 11th December 2023. Members noted the action log updates, as detailed in the report. Dr C Deighan advised the Committee regarding the aspect of Professional Governance and the discussions that have taken place with colleagues to ensure this is given due focus. Going forward, it has been agreed that professional leads will provide a twice yearly highlight report to QPPGG on issues relating to professional governance from their profession. This will replace the previous Professional Governance Framework document and will provide more up-to-date information and highlight risks, issues and future actions planned.

Dr C Deighan advised members regarding the Trans vaginal mesh case record review, noting that of the 47 women in Scotland who raised concerns, 18 requested a complete review of their records. The review generated 21 recommendations; 2 were related to future reviews on how to do these in a better way, 12 were at a national level and 7 for NHS Lanarkshire. From these 7, one related to supporting GP's who have patients with vaginal mesh and sign-posting them to the appropriate resources. A resource has been developed on TURAS to support GP's and a letter from the Chief Medical Officer has been sent to GP's regarding this. 3 recommendations were related to data capture, document control, and sharing information with patients. 3

recommendations were related to decision-making and the consent process and to recording and measuring outcomes. Adeeb Hassan advised that NHS Lanarkshire is the first Health Board in the West of Scotland to adopt the decision making aid tool, doing so in 2017 (this was recommended by NICE in 2019). Dr C Deighan advised members that he was assured NHS Lanarkshire is in a good position and the SCAN for safety database will enable more rigour and oversight.

With regard to the Governance Group review, members heard that QPPGG will receive regular highlight reports from the Safe Care Group, the Clinical Effectiveness Group and the Person Centred Care Group and these will be exception reports, with a focus on risks and issues.

Dr C Deighan advised that clinicians from University Hospital Monklands, Wishaw and Hairmyres presented their respective Mortality Case-note Review reports, highlighting their processes and findings to the group. Recommendations going forward include improving processes, further improving realistic medicine approaches (including a focus on Treatment Escalation Plans (TEPs) and Anticipatory Care Plans (ACPs) and further palliative care input. Dr C Deighan noted that no SAERs or Duty of Candour were identified for any of the cases reviewed and each of the three sites have developed a detailed action plan which will be discussed and managed at the Acute Clinical Governance & Risk Management Committee meetings. Colleagues were advised to ensure the action plans are well aligned and evidence good triangulation.

Members heard regarding the Complaints and SPSO reports for quarter 2 (highlight report and flash report), noting that performance is high regarding stage one complaints; the target is 65% and for September 2023 73.94% of NHS Lanarkshire complaints were closed at stage one. With regard to stage two complaints (target of 50% to be closed within 20 days), NHS Lanarkshire achieved 42%. It was also noted that 18 decisions received for SPSO, none were upheld and 16 of them did not proceed because the SPSO were satisfied that the level of response given was appropriate. The Quality Planning & Professional Governance Group (QPPGG) noted the significant improvement work being undertaken regarding complaints and the excellent work of the complaints team.

Dr C Deighan advised members regarding a Valproate report reviews and expert advice SBAR shared for discussion at QPPGG. This follows the National Patient Safety Alert regarding Valproate, which is the medication used for Epilepsy and Bipolar Disorder. Patient Safety Alerts indicate that those most likely to be affected are women of childbearing age (defined in these patient safety alerts as women up to the age of 55), the main risk being physical birth defects and neurodevelopment disorders. A new National Patient Safety Alert advises there is evidence that current national processes have been ineffective and of new evidence that there are effects for males in terms of fertility, with the possibility of neurodevelopment disorders for their children. In response, Dr A Daly and colleagues have reviewed the recommendations and developed an action plan to oversee and implement recommendations as required, ensuring the risk assessments are fed in. It was agreed that QPPGG will continue to have oversight of this work for assurance.

Members were advised that the QPPGG will have its first Annual Report meeting on Monday 6th May 2024 at 2pm via MS Teams.

Mrs M Lees enquired regarding the Professional Governance leads who will begin to report into QPPGG. Mrs K Cormack advised that she has met with colleagues across several specialties including Mrs M Russell for Practice

Development (NMAHPs), Dr I Hunter for Medical Education, Dr P Graham for Psychological Services, Ms E Connolly for Laboratories and has a meeting scheduled with a Pharmacy Educational lead.

Mr D Reid advised that he found the mortality review report updates very helpful, particularly the information regarding avoidable and unavoidable harm and noted that the level of interrogation of the data provides good assurance. Dr C Deighan agreed and noted that he and Mrs K Cormack have discussed this and are mindful of the approach to future reviews and the importance of ensuring these are geared towards learning from everything we do, including what we do well and not only learning from possible harm caused.

THE COMMITTEE:

1. Noted the Quality Planning & Professional Governance Group highlight report.

6. CLINICAL SAFETY CULTURE REVIEW (SBAR):

Mrs K Cormack presented the Clinical Safety Culture Review SBAR to the Committee, advising that a high level questionnaire circulated to colleagues in the acute sites and HSCPs, asking for their feedback on our current systems and processes with regard to how concerns are raised. Mrs K Cormack has developed a discussion paper based on responses and a follow up meeting has been scheduled with Dr C Deighan and Mr E Docherty to discuss next steps. Mrs M Lees noted her interest in the governance around this matter and whether we have assurance that robust systems and processes are in place in NHS Lanarkshire.

THE COMMITTEE:

1. Noted Clinical Safety Culture Review SBAR and agreed that Mrs K Cormack will return with an update in due course.

7. QUALITY & SAFETY DASHBOARD :

Dr C Deighan presented the Quality & Safety dashboard, noting the items for discussion were HSMR, crude mortality, pressure ulcer rates and the stroke bundle (including data on individual elements for further clarification, including thrombolysis performance).

In terms of HSMR, members heard that all 3 sites were within control limits as at June 2023; 0.98% HSMR for NHS Lanarkshire and the next publication of data is due on 13th February 2024.

Dr C Deighan advised of the increase with regard to crude mortality from 2019 – 2023 due to Covid 19. UHW actual increase from Covid 19 was not as high and this reflects the different patient population. Special cause variation was noted in April 2020, 7 points below the line from May to November 2023, and below the control limits despite service pressures.

With regard to Pressure Ulcer data, members heard there was an increase in rates at the end of 2022 and this was linked with the vascular unit relocation. The analysis chart shows that rates remain within control limits. Table 5 – 8 provide information regarding avoidable and unavoidable pressure ulcers. Members were advised that a run chart will be developed to track these on a quarterly basis going forward.

Dr C Deighan provided an update regarding the Stroke bundle data, highlighting the 4 key aspects to achieving the bundle, i.e. admission to a specialist stroke unit (most challenging element of the bundle at present), swallow screen within 4 hours of admission, CT scan within 12 hours of admission and aspirin given within 24 hours of admission.

NHS Lanarkshire is not meeting the stroke unit admission target due to ongoing whole system service pressures and over occupancy. In terms of swallow screening within 4 hours of admission, services are achieving 60-70% and this is very similar across the three acute sites. With regard to CT scanning within 12 hours, we have a high degree of compliance with the 90% target rate and similarly, there is a high degree of compliance with the aspirin given within 24 hours of admission target.

Dr C Deighan advised that the first two elements of the bundle are the most challenging to achieve. NHS Lanarkshire is achieving 80% target for thrombolysis within 1 hour of arrival, consistently above the national average.

Mr A Boyle commented that it was very helpful to see the breakdown of this information, especially crude mortality. He enquired regarding avoidable pressure ulcers and what improvement work was underway in this area. He noted the helpful discussion regarding the stroke bundle however advised it was still concerning that the bundle is not being achieved. He enquired as to what this means for patients in terms of outcomes and he would like to further detail on what the evidence is telling us, including consistency across the three acute sites. He requested further assurance with regard to hospital occupancy and admitting patients to a specialist stroke ward.

Dr C Deighan noted that the pressure ulcer data for NHS Lanarkshire benchmarks very well nationally and there are no concerns in this area. He deferred to Mrs R Thomson to respond regarding improvement work underway. With regard to the stroke bundle, he noted there is evidence that having these elements combined does result in improved patient outcomes, however with regard to which individual element gives the best gain for patients, he feels this is thrombolysis and this could be a beneficial area to focus on. He noted a test of change ongoing within UHH at present, where they are "protecting" frailty beds from 8am-8pm and he looks forward to seeing what impact this has and sharing the learning.

Mr A Boyle agreed on the importance of measuring outcomes and meantime, he suggested it would be helpful to have greater assurance regarding stroke bundle compliance. Mr P Couser advised that he was supportive of what we can do to improve patient outcomes and enquired regarding crude mortality; he noted that it was interesting to see the data regarding pre Covid 19 levels of crude mortality and asked if we have an understanding of why this remains above Covid 19 levels. He further enquired regarding the IPQR and whether there would be benefit in having a suite of IPQR reports and he was thoughtful with regard as to how this dashboard report links with the IPQR.

Dr C Deighan advised that there are several reasons why crude mortality rates remain above Covid 19 levels. One is in relation to chronic co-morbidities and how this has been affected over the last few years. There has also been a loss of some of the chronic disease management services, which is a national issue. In terms of the IPQR query, Dr C Deighan stated that he attends a regular dashboard meeting where they discuss a whole suite of indicators and decide what should be highlighted. He asked members regarding whether they have a preferred approach i.e. go through a suite of indicators or go through a pre-selected suite of the most significant data.

Mrs M Lees advised that the data presented should allow the Committee to anticipate what issues may arise and support useful discussion.

With regard to IPQR, Professor J Gardner advised that she was cautious as to how much data we look at and noted that the Board are required to review the key elements. She was happy to consider the best way forward with colleagues offline with regard to a more in depth, deep dive discussion. In terms of the discussion regarding stroke bundle compliance, Professor J Gardner stated that significant system changes are planned therefore will require full understanding of the data regarding what impact this will have and emphasised the need to be thoughtful about what we develop. She asked Committee members to consider the rate of change about to take place and the challenges ahead as a result of these changes, adding that this needs more thought.

Mrs R Thompson advised regarding the pressure ulcer improvement work discussed earlier and stated that prior to the Christmas 2023 period, they had identified three sites where the Care Assurance bundles would be prioritised. With regard to UHH, she noted pressure ulcer rates are higher due to the vascular ward located on site and stated this was a priority for staff and they are being well supported by the specialist Tissue Viability nurses.

THE COMMITTEE:

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

8. QUALITY STRATEGY 2023-2029 TRUE NORTH UPDATE

Mrs K Cormack presented the Quality Strategy 2023-2029 True North update report and noted that 17 actions were closed, 39 on track, 33 delayed and 7 at risk of not being completed by 31st March 2024. Additional detail regarding these figures is included in the report. Mrs K Cormack stated that the majority of the actions are on track to be completed by end March '24.

Mr A Boyle commented on the brilliant work ongoing as described in the report and enquired regarding harm free care actions that are delayed; how assured are we that individuals are prioritising these actions for completion. Mrs K Cormack stated that some of the actions are about scoping therefore it is important that those accountable close the loop on these actions. She has no concerns however and added that there is significant work ongoing to support Operation Flow and these actions remain on track. Going forward, it is the intention to have 10 to 12 actions detailed under each True North statement. At present, "Safe" has more actions due to legacy work, so this will be refined for 2024-2025.

Mrs M Lees enquired regarding the plan for 2024-2025, asking about what the thoughts are to confirm actions aligned with the Board transformation work. Mrs K Cormack advised that engagement sessions are scheduled to take place with North and South HSCPs respectively to discuss their priorities and plans for the year ahead.

THE COMMITTEE:

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

9. EXTRACT OF CORPORATE RISK REGISTER (CLINICAL)

Mrs A McLean presented the Extract of Corporate Risk Register (Clinical) noting the two risks pertinent to this Committee. The first of these is risk no. 2135 Cyber Security. Members noted that this risk sits with the eHealth Director Mr D Wilson. The target score was updated from 6 to 9 and Mrs A McLean will link with Mr D Wilson regarding the Datix update. Mr D Wilson had stated previously that he would be happy to meet with the Non Exec Directors offline to discuss any questions further. Mrs A McLean will liaise with Mr P Cannon and the Non Exec Directors regarding a briefing session.

Members noted two other risks, no. 2218, Urgent and Unscheduled Care and no. 2219, Planned Care, hearing that 2218 has increased to 55% in January 2024. There is no change to 2219. Mrs K Cormack enquired as to whether it was appropriate for these to be presented to the Committee, stating that a recent CMT discussion was about separating clinical issues from performance issues.

Mr P Couser noted he was pleased to see the change in target score for risk 2135 and enquired as to the level of confidence regarding the actions. With regard to the controls in place, he asked whether there is more that could be done in the event of a cyber-attack e.g. Contingency Plans. Members agreed that Mr D Wilson would provide a further update at the Committee in April 2024 when he returns to the meeting with the NIS audit update.

THE COMMITTEE:

1. Noted and approved the Extract of Corporate Risk Register (Clinical) and agreed that Mrs A McLean would liaise with Mr P Cannon regarding a Non Exec Directors Briefing session. Mr D Wilson will be asked to present an update regarding Cyber Security risk at the meeting in April 2024 when he returns with the NIS audit update.

10. DUTY OF CANDOUR AND SIGNIFICANT ADVERSE EVENT REVIEWS (SAERS) UPDATE REPORT AND FLASH REPORT

Mrs K Cormack presented the combined Duty of Candour and Significant Adverse Event Reviews (SAERs) report to the Committee and flash report. Members noted that the flash report details information relating to the end of 2023 and the last quarter. 117 SAERs were recorded and 31% of these triggered Duty of Candour (DoC), meeting all elements of DoC. 35 SAERs remain open at the time of this report. For the period October to December 2023, 20 SAERs were progressed and details of these are included in the report. Mrs K Cormack advised that 12,866 clinical adverse events were recorded during 2023 and of these, 0.8% were SAERs. There were 3 more SAERs during 2023 than the previous year, however if the self-harm category is removed, there are 11 fewer cases than last year.

Members heard that NHS Lanarkshire is in a good position with regard to the management of SAERs and DoC and there continues to be excellent levels of engagement with staff training (386 staff training in 2023) and good feedback from staff regarding the impact of this. In terms of the target for closing adverse events (150 days) NHS Lanarkshire continues to meet this and are performing consistency well nationally. The Learning Bulletin continues to be developed and shared widely throughout the organisation.

Mrs K Cormack highlighted page 2 of the report, noting the harm category and stated that 76% of adverse events resulted in no harm. With regard to Category 1 (death or major harm) members noted that this includes cardiac arrest therefore is not always avoidable.

Members were advised to note a new chart on pages 3 to 4 of the report, which looks at adverse events by the date they were reported, not when they occurred. There was a question with regard to the time periods and causation codes. A deep dive was completed and findings conclude there was no theme or reason for the peak.

Mrs K Cormack advised regarding page 8, the distribution of the top 5 SAER categories and noted the reduction in the following SAER categories; falls, Fetal/Neonatal, Cardio pulmonary arrest and cardiac arrest. Members heard that reviews were completed and it is possible to see the number of incidents that convert to a SAER and capture the learning. It is very good to know that these are being reviewed by multi-disciplinary teams and NHS Lanarkshire has been commended nationally for this.

With regard to never events, Mrs K Cormack stated that the report narrative explains regarding a retained object in a patient and the requirement to ensure an incorrect blood transfusion is reported as a never event. In terms of actions, members heard that North HSCP are actively working to close open actions in their system.

Dr C Deighan enquired regarding the chart on page 4 of the report, to further understand category 3 & 4 SAERs where harm has occurred. He would like to add a line that this would not be known until the SAER has been closed. With regard to 2 ectopic incidents in Obstetrics, he noted that we sought assurance with regard to these and the learning from them and can confirm that additional checks have been put in place. A wider review is ongoing and an update on this will be shared with the Committee when available.

Mrs M Lees stated she found the reports very useful and enjoys the format of the flash reports. She advised that NHS Lanarkshire are in a good position with this work and noted the need to consider actions moving forward in relation to how this aligns with the Transformation and Reform work. Mr C Lee advised that he also likes the reports, especially how the learning aspects are captured and the additional information regarding how learning is taken forward. He welcomed the decrease in total number of SAERs.

THE COMMITTEE:

1. Noted the combined Significant Adverse Event Review and Duty of Candour report and the flash report.

11. INFECTION PREVENTION AND CONTROL (IPC) SURVEILLANCE – HIGHLIGHT REPORT

Mrs R Thompson presented the Infection Prevention & Control Surveillance highlight report, noting that NHS Lanarkshire was an outlier for quarter 3 for SABs. Members heard that breaches were investigated and no causal link was identified. In quarter 4, NHS Lanarkshire is back within control limits and the IPC team continue to focus on maintaining that.

Mrs R Thompson advised members regarding collaborative work in progress to improve hand hygiene including IPC team audits. Hand hygiene audits were

paused in December 2023 and restarted in January 2024. Audit results for January 2024 indicated 83% compliance (85% target). A quality improvement project is starting next week involving 5 wards in each of the 3 acute hospital sites.

Members heard an update regarding the work of the Hand Hygiene Steering Group (which reports directly to the IPC Committee) and the 3 sub-groups reporting into the Steering Group, i.e. Communications Group, Assurance Processes and Dress Code & Uniform Compliance.

Mrs M Lees stated that the report provided assurance on the improving performance around hand hygiene compliance and that NHS Lanarkshire is no longer an outlier.

Mr D Reid noted this was the first time he had noticed staff group compliance rates and the data indicates that doctors hand hygiene compliance is poorest, therefore what approaches will be taken to address issues across the different disciplines. Dr C Deighan advised that Mr E Docherty is keen to have medical representation on each of the Hand Hygiene compliance sub-groups. Mr P McCrossan advised members regarding a recent staff survey about the dress code policy and uniform compliance, stating responses have been received from approximately 400 staff so far. Further information will be shared with members upon completion of the exercise.

THE COMMITTEE:

1. Noted and approved the Infection Prevention & Control Surveillance report.

12. MORTALITY CASE NOTE REVIEW REPORTS AND ACTION PLANS

Mrs M McGinty presented the Mortality Case-note review reports and actions plans and stated that she would focus on the process elements.

Members were advised that an action plan has been developed for each of the 3 acute hospital sites and they also have access to each other's action plans to support sharing knowledge, experience and learning. The Quality Improvement Team who support the teams throughout the reviews, have suggested process improvements for the sites to progress for the next reviews. Experience and feedback to date concludes that the best approach is a multidisciplinary team approach. Mrs M McGinty advised that a session with review leads is planned for 20th February 2024 to discuss plans going forward and they will take the opportunity to liaise with other Boards regarding their processes. The Committee discussed deaths that are excluded from the review process and it was confirmed that those who die more than 30 days after admittance are excluded from mortality case note reviews.

Mr P Couser enquired regarding other exclusions, e.g. patients who die on route to hospital and whether we have knowledge of these figures. Dr C Deighan advised that we do have an overview of patients who die on route to hospital and of anyone who dies in A&E. If a patient dies in an ambulance will come under the remit of the Scottish Ambulance Service (SAS).

Mr A Boyle noted it was interesting that some Boards do not carry out mortality case-note reviews and he felt it was a very useful exercise and helps to capture and record organisational memory of recurring trends over the years. Mrs M McGinty advised that they have analysed the previous 4 years of reviews to see what came up and have cross referenced with the action plans. She noted that other Boards might complete a case note review if asked, however not all

Boards complete them annually. SPSP safety programme elements are not all fully embedded. Mrs K Cormack advised that it is a great deal of work to complete the mortality case-note reviews each year and she is aware that mortality case-note reviews and Leadership walk-rounds have been dropped by other Boards. Mrs M Lees stated that it was very helpful to have this information.

THE COMMITTEE:

1. Noted and approved the Mortality case-note review report and action plans.

13.

PUBLIC REFERENCE FORUM SBAR

Mrs M McGinty presented the Public Reference Forum (PRF) SBAR, advising that there are currently 3 forums supporting public engagement within NHS Lanarkshire. There is a Public Partnership Forums (PPF) for North HSCP and one for South HSCP, and there is the PRF which was established in 2015. Members heard that both PPFs report into the Integrated Board meetings annually.

The PRF did not meet during the Covid 19 pandemic and recently began using MS teams to re-establish meetings, however the number of members has significantly reduced and it is felt there is some overlap with the PPFs.

Discussions are therefore required regarding the future of the PRF to ensure it has clarity of purpose, the appropriate membership and does not duplicate the work of the North and South PPFs.

THE COMMITTEE:

1. Noted the Public Reference Forum SBAR.

14. **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. Members heard that we continue to meet the stage 1 target and despite significant and ongoing improvements, we are not currently meeting the stage 2 target. Mrs L Drummond advised that page 2 of the report provides information regarding reasons for delays, including system delays such as late receipt of statements. With regard to SPSO, members heard that 2 complaints were upheld in quarter 3 and there was an increased percentage of cases not proceeding further.

Mrs L Drummond provided an update regarding Child Friendly complaint handling and noted a consultation has been launched on the principles which will be circulated via the Board. Meantime, work is underway with South Lanarkshire Council complaints team, testing out child friendly complaint handling. It was noted that Mr K Rooney recently delivered a presentation at SPSO, showcasing the NHS Lanarkshire toolkits and dashboard, sharing our learning nationally. The team are also working with NES to develop more education and learning around complaints. Mrs M Lees thanked the team for their ongoing work in this area.

THE COMMITTEE:

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

15. INFORMATION GOVERNANCE COMMITTEE HIGHLIGHT REPORT

Dr R MacKenzie presented the Information Governance highlight report and noted that staff training rates are very positive, with all modules above 95% uptake. Members heard there were 30 information governance incidents reported to the IG Committee meeting on 31st October and 72 at the 12th December 2023 meeting, with the report providing a breakdown and further detail as required.

Members noted an issue with emails being sent to the wrong people via the auto populate feature and also the use of the DAG lists on the global contact lists. There is a recommendation that these are removed and work is in progress.

In terms of themes, Dr R MacKenzie advised that MORSE incidents remain high and these will be reviewed by the MORSE Service Board who will be able to action changes required.

Dr R MacKenzie advised that the Terms of Reference for the IG Committee re due for review and will require approval from members of this Committee. It was noted that other Boards have amended their committee title to include Cyber Assurance and the IG committee agreed that this was a sensible approach. The Terms of Reference have therefore been drafted to include Cyber Assurance and the IG Committee are seeking approval from HQAIC. The IG Committee would also like to request that the meetings are moved to bi-monthly rather than every 6 weeks. Other Boards meet quarterly, but the IG Committee agreed that this was not sufficient to provide assurance and were more comfortable with the bi-monthly approach. Urgent issues are dealt with routinely out with the IG Committee therefore this should have no impact on governance.

Mr P Couser enquired regarding whether the IG Committee Terms of Reference include a reference to risk management. Dr R MacKenzie will confirm and feedback to members on this.

Mrs M Lees noted concerns regarding MORSE system misfiling of information and the need to understand why this is happening, the cause of the increase in incidents and confirmation of how this will be monitored and improved. She added that the Cyber Security Group meets 2 weeks before the IG Committee therefore it would be helpful to reflect this in the IG Committee Terms of Reference.

With regard to the IG Committee Terms of Reference, Dr R MacKenzie will ensure there is a reference to risk management, update regarding the Cyber Security Group meetings and provide clarity regarding where the MORSE incidents will be fed into and who will be responsible.

Dr R MacKenzie advised that he provided feedback to the ICO regarding the previously reported Whatsapp incidents and no further action is required.

THE COMMITTEE:

1. Noted the Information Governance Committee highlight report. Dr R MacKenzie will confirm regarding the IG Committee Terms of Reference queries raised and provide an update at the next meeting in April 2024.

16. HEALTHCARE QUALITY ASSURANCE & IMPROVEMENT COMMITTEE, TERMS OF REFERENCE

Mrs K Cormack advised that this Committee's Terms of Reference are due to be reviewed, however she suggested that this is postponed until discussions have taken place with Board Secretary Mr P Cannon regarding the wider review of Board Governance Committees. Members agreed this was reasonable and noted that the Terms of Reference would come back to the meeting scheduled for April 2024.

THE COMMITTEE:

1. Noted the HQAIC Terms of Reference review would be postponed until discussions have progressed regarding the Board Governance Review. The HQAIC Terms of Reference will therefore be tabled at the next meeting in April 2024.

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

Mrs K Cormack will contact Mr D Wilson regarding the Cyber Security risk.

20. ANY OTHER COMPETENT BUSINESS

a) NHS Lanarkshire IPQR January 2024

Mrs M Lees and Dr C Deighan noted that the majority of issues noted in the IPQR as relevant for HQAIC have been covered in the papers on today's agenda with the exception of falls. Professor J Gardner stated that this should be an interactive process and all clinical governance should come to this Committee, aiming to avoid duplication with other Governance Committees. Mrs M Lees suggested it would be helpful when reviewing agenda papers to cross check and highlight anything not covered that features on the IPQR so we are prepared to pick up on this.

b) Internal Audit Report Internal Audit, L28-24 Final Information Assurance Report 2023 – 2024

Mrs K Cormack advised that the report contains information relating to Information Governance therefore has been added to today's agenda. Members noted that Internal Audit suggested the addition of an assurance statement on future Annual Reports, therefore a section has been added to the Committee Annual Report template.

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

- a) Thursday 11th April 2024
- b) Wednesday 22nd May 2024, 09:30 – 12:30 hours
(please note this is the Annual Report Meeting)
- c) Thursday 13th June 2024
- d) Thursday 19th September 2024
- e) Thursday 14th November 2024
- f) Thursday 6th February 2025
- g) Thursday 10th April 2025