

Unapproved Minutes



Meeting: The Healthcare Governance Committee
Date: Wednesday 13th November 2024 at 13:00 hours
Venue: MS Teams

Members

Mr D Reid	Non-Executive Director (acting Chair)
Mr M Coyle	Non-Executive Director
Mr C Lee	Non-Executive Director
Mrs E Logan	Non-Executive Director
Mr B Moore	Non-Executive Director
Mrs M Cranmer	Staff-side Representative
Mr K Dagg	Medical Director, Acute Division (incoming)
Dr C Deighan	Executive Medical Director
Mrs K Cormack	Director of Quality
Dr A Daly	Associate Medical Director & Chair of the Information Governance & Cyber Assurance Committee
Mrs L Drummond	Head of Assurance, Quality Directorate
Mrs J Jenkins	Nurse Director, North UHSCP
Mr P McCrossan	Director of Allied Health Professions
Mrs M McGinty	Head of Improvement, Quality Directorate
Mrs A Minns	Head of Evidence, Quality Directorate
Mrs S Murray	Nurse Director, Acute Division
Professor J Pravinkumar	Executive Director of Public Health
Dr M Russell	Medical Director, South Lanarkshire UHSCP
Ms S Stewart	Non-Executive Director
Mrs L Thomson	Nurse Director, South UHSCP

In Attendance

Mrs AM Sangster	Public Protection Lead
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Observers

Ms S Harkness	NHS Lanarkshire
Ms G Gaw	NHS Lanarkshire

Minutes

Mrs E Currie	Quality Programme Manager, Business Support
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Apologies

Mr G Bryson	Director of Pharmacy
Mr P Couser	Non-Executive Director
Mr E Docherty	Executive Director of Nursing
Mrs M Lees	Committee Chair & Non-Executive Director
Mrs C Hope	Corporate Risk Manager
Dr J Keaney	Medical Director, Acute Division
Mr J Muir	Non-Executive Director
Mrs T Marshall	Director of the Interface Division

Dr L Munro
Mrs R Thompson

Medical Director, North Lanarkshire UHSCP
Nurse Director, Acute Services

1 Preliminary matters

1.1 Welcome and Apologies:

Mr D Reid welcomed colleagues to the meeting and apologies were noted.

1.2 Declarations of Interest

There were no changes to the standing declarations of interest.

1.3 Minutes of NHS Lanarkshire Board meeting held on 4th September 2024:

The minute from the meeting held on 4th September 2024 was approved pending an amendment to the Quality & Safety dashboard item. Dr C Deighan advised that he would redraft a few lines within that section and share with the Committee secretariat. The minute will be updated accordingly and shared with the Chair and Committee members for review and approval.

1.4 Matters Arising: Action Log:

The action log from the meeting held on 4th September 2024 was approved. Members reviewed the progress updates, noting the completed items and that some information will come back via the Healthcare Governance Assurance Group (formerly Quality Planning & Professional Governance Group) meeting in December 2024.

Several actions were covered under separate reports on today's agenda including Cyber Security Risk (under the Risk Register report), Information Governance Cyber Security (under the Information Governance Committee highlight report), ADTC Annual report re. Formulary Compliance (Formulary Compliance paper at Item 7), Sepsis mortality case note review at UHW, Item 8, and a separate Risk Register action, covered in the Risk Register report at Item 13.

2 Quality Planning & Professional Governance

2.1 Healthcare Governance Assurance Group highlight report

Dr C Deighan presented the Healthcare Governance Assurance Group highlight report, from the meeting of 14th October 2024. From the action log, members noted that H Campbell, E Docherty and R Thompson are working together to confirm the level of training required for nursing staff in hospital wards in relation to isolating medical gas in the event of fire. A draft training programme has been developed however agreement is needed to confirm the exact level of training required.

Members noted that today's agenda included reports from the Acute Clinical Governance & Risk Management Committee (ACGRMC) and the North and South HSCP Support Care & Clinical Governance groups (respectively) therefore Dr C Deighan chose some highlights to share with members.

From discussions at the ACGRMC, members noted that the Ophthalmology risk rating will be downgraded to reflect the improvements made to their waiting times. Trakcare digital interface issues are impacting Radiology; Martin Downey is leading on this. From North HSCP, members heard that a significant amount of work has been done linking the True North statements with SAERs and a group has been established to take forward improvement work around prevention & management of pressure ulcers with representation from Senior Nurse, Tissue Viability, Performance & Quality Co-ordinator. From South HSCP, an area of focused improvement work is in relation to medicine administration issues. The incidents did not trigger Duty of Candour (DoC) or meet the criteria to require a Significant Adverse Event Review (SAER).

Dr C Deighan advised members that the group were asked to endorse a new approach as outlined in a SBAR regarding the management of diabetic foot disease. The Podiatry service have been looking into a different approach for low risk, diabetic patients, utilising a tool for patients to do a self-check. It was noted that this is deviation from the SIGN guideline however the option for anyone to self-refer to podiatry at any time and access the service, remains available. The group agreed that the service require to link with colleagues in Public Health to discuss this further, including the utility of the screening and possible impact on national reporting regarding diabetic foot screening and return with an update to the December 2024 meeting.

Members heard that Dr I Hunter presented the Medical Education Professional Governance Annual Report 2023-2024 and highlighted key achievements including the General Medical Council (GMC) National Trainee Survey (NTS) and NES Scottish Trainee Survey (STS) which showed that the data returns were good and two departments were in national high performers for the third / fourth year, i.e. UHH Anaesthetics and UHM ENT. Another particular highlight included the Paediatric Department, who were recorded as low performers last year and are a national high performer this year. The report also outlined work underway regarding staff culture, professionalism and team working.

Dr C Deighan noted the Professional Governance report reviewed from the NMAHP Governance Group, including Practice Development. This included information regarding improvement work around pressure ulcers and supporting 1,500 pre-registration students with apprenticeships and working towards additional further education awards.

Members heard that a Professional Governance report from Psychological Services was reviewed and this included information relating to Clinical Associates in Applied Psychology (CAAPs) who are not regulated by HCPC (Health and Care Professions Council), the statutory regulator of healthcare professionals from 15 health and care professions in the United Kingdom. The professional group is covered under the HR CEL guidance. In NHS Lanarkshire, CAAPs trainees (under NES contracts) are required to be supervised by Primary Clinical Supervisors, Clinical/Counselling Psychologists.

Dr C Deighan advised regarding the DoC and SAER report that came to the meeting and this showed a slight increase in compliance for SAERs closing within 150 working days. He advised regarding the Duty of Candour Annual Report addendum, advising that when the Annual Report is written, many SAERs are open, so this catch up report is provided to cover the final number of SAERs and DoC cases within the year. There were a total of 66 incidents (from 132 significant adverse event reviews reported), where the duty of candour applied during time period April 2023 to March 2024. All cases have met the criteria for DoC and there is full compliance. There are some ongoing issues regarding the new InPhase system which replaced Datix, and this continues to be a priority area of work for the teams involved.

Members heard that the group reviewed the Clinical Effectiveness Group highlight report, including a reminder that the Realistic Medicine Conference will take place on 5th December at the University Hospital Hairmyres lecture theatre. Dr C Deighan noted a risk highlighted in relation to the Cancer Audit Team work, with regard to new criteria being added and the increasing number of asks from national cancer auditing therefore the team workload continues to rise, resulting in capacity issues.

Dr C Deighan advised regarding the SPSO and Complaints update, noting that SPSO statistics were published in May 2024 and NHS Lanarkshire continues to have a high rate of complaints not proceeding to full review, with a high percentage of complaints closed at early resolution which is a marker of good complaint handling.

Mr D Reid thanked Dr C Deighan for presenting the highlight report and invited questions from members. Professor J Pravinkumar enquired regarding the SBAR about screening for diabetic foot disease, noting that it was important to flag the evidence base for identifying the patients. She asked if a one stop shop approach could be considered. Dr C Deighan advised that part of the challenge is that many patients do not physically attend the service for their review. He confirmed that Mrs L Thomson would contact colleagues in Public Health to discuss the matter further and she will return to the Healthcare Governance Assurance Group meeting in December 2024 with an update.

Mr B Moore enquired regarding the update concerning Medical Gas and whether a plan is in place or an indicative timeline to conclude the action, noting he was mindful regarding the level of risk. Mr D Reid likewise enquired regarding the fire safety issue, noting his attendance at a recent meeting where attendees referenced a log of the NHS Lanarkshire fire risk assessments however this medical gas issue was not mentioned.

Dr C Deighan advised it is his understanding that there is a training plan in place, however the level of training for ward staff has to be agreed. He added that he has been advised there are mitigations in place and he will pick this up with Mr E Docherty on his return from leave. Mr D Reid advised that he will also discuss the matter with Mr C Lauder, in terms of the overall fire risk assessments. Mr D Reid thanked Dr C Deighan, noting this was a great report, he was particularly pleased to see the tremendous improvement reported via Medical Education with regard to the Paediatric team and wished to pass on his congratulations to the team.

2.2 Coding Recovery Plan Report

Mrs J Galloway presented the Coding Recovery Plan report for noting. Highlighted some key points including the quarterly submission data of 90.6%, up from previous quarter of 79.12%; the main reason for the improvement is linked to staffing stabilisation taken place. Sept figure 80.25%.

Backlog figures are available for the period from Feb – Sep 2024 – total of 2023. Recovery plans are in place and being monitored at data governance groups. Mrs J Galloway advised that Public Health Scotland are now asking for the information on a regular basis. She highlighted the need for Acute site clinical leadership to focus on driving the improvements and trajectories. Coding has recently been added to the Acute site risk registers.

Professor J Pravinkumar noted the excellent work by the teams involved to move take matters and enquired regarding whether surgical coding is an issue. Mrs J Galloway advised that does not have a breakdown of figures by specialty available today, however she would be happy to share this out-with the meeting.

Mr B Moore offered congratulations on the improvements that have been achieved and enquired with regard to clinical leadership, specifically, how can this Committee help to facilitate the required leadership. He enquired as to the levels of confidence in site ownership of the issue. Mrs J Galloway advised that they have regular meetings with service managers who feed the information up to senior leaders and they are looking toward DMT to help promote leadership and help drive the trajectories. She advised that she understands the challenges for the sites.

Mr D Reid enquired regarding clearing the backlog of trakcare errors and how significant an area of work this is. Mrs J Galloway advised that there is a requirement to correct a lot of trakcare errors, however now the staffing levels have stabilised, they have been able to make good progress on clearing the backlog. She added that digital trainers completed training on wards with staff regarding trakcare coding and updated guidance manuals were distributed and this has also resulted in some improvement.

2.3 Formulary Compliance

Dr C Deighan presented the Formulary Compliance report in the absence of Mr G Bryson who was unable to attend the meeting. Members heard that this stems from a request from the Board Chairperson at a previous meeting of the Committee. Members heard that the report summarises the overarching NHS Lanarkshire estimated Primary Care formulary compliance. Data were taken from prescriptions between May 2023 and April 2024 and covers seven of the top ten BNF chapters. These seven chapters represent 80% of all items prescribed and 70% of total spend in primary care. The average formulary compliance for the included chapters is:

- Prescription volume (number of items): 88%
- Prescription spend (cost of items): 82%

Benchmark greater than 80% represents good formulary compliance. The three chapters not included were explained in the report.

Mr D Reid thanked members for the helpful discussion, noting it is a multi-faceted issue and it is reassuring to hear there is a multi-faceted approach.

3 Operational Performance and Governance:

3.1 Acute Clinical Governance & Risk Management Committee - six monthly report

Mrs K Cormack presented the Acute Clinical Governance & Risk Management Committee 6 monthly report and highlighted a few key areas. Members noted the information with regard to the Homecare Medicines Service, which was introduced during the pandemic and is now being reviewed to confirm suitability of the service in meeting patient needs post pandemic. Members heard regarding work underway in terms of peri-operative KPIs and theatre efficiency; current data indicates they are performing well. In terms of risks, Mrs K Cormack advised regarding Endoscopy and delays with colonoscopies, resulting in harm to patients. A review has been completed and this identified a process issue, therefore changes have been implemented including a new standard operating procedure now in place. Mrs K Cormack advised the ACGRM Committee will undertake a review of its function including its structure in the new year.

Mr D Reid opened the discussion to members' questions and Dr C Deighan enquired regarding whether the harm identified as a result of delayed colonoscopies met SAER criteria. Mrs K Cormack confirmed that they had, as well as Duty of Candour.

Mr B Moore enquired regarding the early interventions work with families in terms of SAERs being undertaken at UHM and whether there were plans for the other two acute sites to do this. He also enquired regarding the KPIs and which ones are not performing as well. Mrs K Cormack advised regarding the KPIs, noting these are speciality specific and meetings are taking place with staff to discuss and develop improvement plans. In terms of the early steps work at UHM, this is now also happening in Mental Health services and Maternity services. It was noted this usually applies when there is a complex case e.g. if a person has died, and Mrs K Cormack advised that UHW and UHH are planning to adopt the approach.

Mr D Reid enquired regarding improvements to theatre scheduling systems; Mrs K Cormack will follow this up as an action. Dr C Deighan advised that a theatre scheduling programme is being rolled out nationally and NHS Lanarkshire await confirmation of the timeline. He added that the theatre non-productive time for NHS Lanarkshire is one of the best nationally. Mr D Reid enquired regarding the robotic arm issue and noted the arm had been replaced however some uncertainty remains. It was noted that Dr J Keaney continues to link with the manufacturer and has requested further information.

University Hospital Wishaw Sepsis Mortality Review Report

Mrs K Cormack presented the UHW Sepsis mortality review report and advised that the site completed a deep dive of their sepsis mortality case notes. The review identified issues and

delays with coding of some patients where sepsis was not the cause of death. On removal of these figures, the actual rate of deaths from sepsis was within control limits. UHW staff fed back that the deep dive review had been a helpful exercise and aligns well with and supports their work around the deteriorating patient.

The discussion was opened to questions and Mrs S Stewart enquired regarding coding issues and if there is an understanding of why this happened and what the learning is from this. Dr C Deighan advised that there is a recommendation for the case note reviews to continue as part of the deteriorating patient group work, to help provide ongoing assurance.

3.2 North HSCP Support, Care & Clinical Governance Group – six-monthly report

Dr A Daly presented the North HSCP Support Care & Clinical Governance Group six monthly report and highlighted some key areas. Members heard that Mental health, addictions and learning disabilities specialist services has undertaken a refresh of their clinical governance structures in this reporting period to bring visibility and assurance to the breadth of work going on.

Members heard that the Steering Group for the Lanarkshire Safety Assessment Framework meets monthly. Dr A Daly advised regarding complaints for Children & Adolescent Mental Health Services (CAMHS) noting that waiting times had improved. In terms of Mental Welfare Commission Visits, the Mental Welfare Commission review group was refreshed in March 2024 and the decision was made to merge MWC & Pan Lanarkshire Legislation Review Group. This was due to the overlapping remit and membership of both groups. The group's Terms of Reference have been agreed. This group follows up all MWC reports and ensures actions are undertaken and now reports directly to North HSCP Support Care & Clinical Governance Group.

Dr A Daly advised the Committee regarding North Hosted Adults Services; with regard to Sexual Health, a Scottish Government visit is scheduled for February 2025 to have an overview of Blood Borne Virus standards. In terms of Prisoner Healthcare, there has been an increase in illicit drug use and self-harming which had increased Emergency Department presentations. Assurances have been received with regard to work to ensure patients and staff safety with the Scottish Prisons Service.

The Committee received an update regarding Public Protection, noting that the Medical Director, Interim Nurse Director and the Head of Adult Social Work met with the Head of Children & Families & Justice Services CSWO of North Lanarkshire Council, the executive Nurse Director and the independent chair of both PP committees' regarding public protection reporting assurance to North SCCG. A plan for reporting was fed back and agreed at North SCCG Group.

Mr D Reid thanked Dr A Daly for the report and opened up to questions from members. Mr B Moore enquired regarding prison healthcare, stating he was aware of the significant scrutiny of the service and it would be helpful to hear more about the assurances received. Dr A Daly advised regarding the HIS inspection report and noted the HMP Shotts health service now have a member of staff (either a GP or Advance Nurse Practitioner) on site Monday to Friday 9am-5pm who can respond to on site medical issues.

Mr D Reid enquired regarding falls, noting the small number however an increase in mental health wards and if there was an understanding of why. Mr P McCrossan advised of additional support into the wards to help. Dr A Daly noted the challenges as these are inpatient Dementia wards therefore they are quite unique in terms of the risks. Mr D Reid thanked Dr A Daly for the assurance.

3.3 South HSCP Support, Care & Clinical Governance Group – six-monthly report

Dr M Russell presented the South HSCP Support Care & Clinical Governance Group six monthly report and noted primary care services and elements of the Primary Care Improvement Plan which are now quite mature therefore will become business as usual.

He noted arrangements for Pharmacotherapy hubs, highlighting that prescription signing sits with the GP practice, however governance for the hubs is with NHS Lanarkshire.

Members heard regarding some urgent issues relating to medication incidents and that there is some focused work underway around this. Future reports will have a more strategic view of risks and the group are planning to complete a review of the sub-groups reporting into them to ensure groups are clear regarding the reporting structures.

Mr D Reid thanked Dr M Russell for the report noting the focus on risks was very helpful. Mr B Moore stated that it was reassuring to see the improvements within the Out of Hours services service and felt this was important to highlight. He enquired regarding primary care complaints and how primary care learn from these. Dr M Russell stated this was a challenge as most primary care complaints are resolved at stage 1 therefore more difficult to capture the learning, however he was assured there is a lot of good practice. For any that go to SPSO, staff are involved and they would go through governance groups including the Learning Review Group.

Professor J Pravinkumar enquired regarding the medicines management incidents and whether these were connected to the outlier recorded for one of the localities. Dr M Russell advised these were not connected.

Mr D Reid stated he was encouraged regarding the Care Opinion feedback, stating it was great to see the patients voice is being heard. Dr M Russell agreed and noted that they had significant feedback via Care Opinion which was very reassuring.

4 Quality Governance:

4.1 Quality & Safety Dashboard report

Dr C Deighan presented the Quality & Safety dashboard and advised that the report covers the areas of sepsis mortality, stroke bundle compliance and re-admission rates.

He noted that some data appeared to be missing from the report in terms of performance for Thrombolysis Received within 60mins at 67% (compares well nationally) and carotid intervention data, which is driven by shortage of vascular consultants and is a national issue.

Our carotid intervention numbers are low per month which leads to month to month variation. Dr C Deighan will ask the dashboard team to present this quarterly in future.

Regarding sepsis mortality, members were advised that charts 1 – 4 show the percentage sepsis mortality across NHSL has remained stable over a 3-year period and University Hospital Wishaw (UHW) has returned to the baseline; figures for January 2024 have been adjusted with the removal for points that were miscoded. Random variation exists across NHSL.

Section 1b SPC analysis for UHW, the run chart 1, the percentage of sepsis mortality has returned to the median. There is an astronomical point in April that will be reviewed further. There has been a reduction in number of coded admissions at UHM and UHW and might be related to the coding delay issues.

Members noted charts 8 – 11 which show numbers of sepsis admission and deaths and there has been a steady decrease in admissions.

With regard to the Stroke bundle, overall compliance for NHSL has been static over the last 2 years and is tracking below national performance. UHM is generally the best performing site, and there is trend of improved overall performance against the bundle at UHW and at UHH, noting the UHH improvement has led to an increase in the median.

In terms of the individual aspects of the bundle, chart 16 onwards, describes the 4 elements i.e. stroke unit admission, swallow screen within 4 hrs, CT imaging within 12 hours and receiving aspirin. It was noted that the biggest challenge remains swallow screen within 4 hrs. Improvements have been seen in terms of admission to a stroke unit. There is a clear and significant increase in median related to that, showing signs of improvement across NHSL.

Swallow screening within 4 hours remains static as per chart 18, with some improvement at UHM, and it is worth noting there is a True North action regarding compliance within EDs, as per page 14 of the report.

Charts 20-21 scan with 12 hours, we are surpassing target and similar for receiving aspirin, noting the sustained improvement just under 99% for this target. Each of the actions are charted in the paper with improvements detailed.

Dr C Deighan provided an update regarding re-admission rates, noting the adjustments made with regard to the ambulatory care units which are not re-admissions; the updated data is now available as per the report. Charts 24 – 27 indicate this is generally stable rates across NHSL and this is relevant in terms of the work ongoing to drive down occupancy. He noted an interesting reduction at UHH for medical readmission within 7 & 28 days and will continue to monitor this to see if it's sustained.

In terms of surgical readmission rates, these remain stable across NHSL, however noted it is less relevant to compare the sites due to the differences in patient cohorts.

In summary, there is evidence that adjusting for the ambulatory care units, this has the greatest impact on figures at UHW. Rates across NHSL remain stable and there is an early indication of a decrease in medical readmissions at UHH.

Against national performance for medicine and surgery, readmission rates align with those nationally, with the exception of medical readmission at 28 days, where NHSL is tracking higher, therefore there is a need for further work to identify and understand the underlying reasons for that.

Mr D Reid thanked Dr C Deighan for the report and great summary. Professor J Pravinkumar enquired regarding the reduction in surgical readmission rates and whether there is any correlation with length of stay. Dr C Deighan advised that the only reduction in readmission rates are 7 & 28 day medical rates at UHH, so it is not possible to determine correlation at this time. He noted there are various ways of reducing occupancy, however we haven't achieved 92% occupancy yet.

Mr B Moore enquired regarding the stroke performance and table 2, stood out for him regarding bundle compliance and the 10% drop; it is different for each element of the bundle and strikes him, can we expect to see improvements in the short to medium term. He noted the improvement plans for each site and references to staff training and confidence levels so he has a concern around this area and wondered if this is also an area of concern from a Board perspective. Dr C Deighan provided an explanation; in trying to break it down, the reason for monitoring the bundle is that it is felt to be a surrogate marker of patient care. While working in NHS GG&C, NHSL was always pointed to as best in class for stroke bundle performance, especially regarding the 4-hour swallow screening and when trying to improve this in GG&C, his team visited NHSL, so he is mindful that it has been achieved previously, so why not now. He noted that NHSL consistently achieve compliance for two elements of the bundle and there is an improvement in other areas. The 4-hour swallow screen target sits with the ED area, not the stroke team, so improvement are needed within ED. Another challenge is the recording of when this is done, as it needs to be done manually by whoever sees the patient in the ED team; it needs to become routine standard practice with QI work within ED. Mr B Moore acknowledged areas where it is working well and it will be useful to see if the QI plan brings around the improvement we need.

Mrs M McGinty stated that it is her team who are working in ED regarding swallow screen compliance and what they are doing is getting down into the small detail of what's stopping us being able to achieve this. Anecdotally, it would seem that more patients are receiving swallow screening than are being recorded, so there is an issue in terms of recording systems. She stated there has been a significant turnover of staff across different professions. There are also issues regarding who should carry out the swallow screening test, e.g. a doctor, a nurse, in ED, or in the ward if the patient moves through within 4 hours. ED staff are very engaged in the work to drive improvements forward.

Mrs S Murray noted a slight improvement at UHM an agreed regarding recording issues and the need to meet with the Chiefs regarding the differences at the sites.

Mr D Reid noted he was mindful that this has been a frequent topic of discussion and the weighting applied to each of the components of the bundle. In terms of the implication for patient care and outcomes, does this affect outcome for the patients. It is keeping it in context and really understanding how it impacts on the standard of care and outcomes. Dr C Deighan noted the individual weighting of the bundle will vary patient to patient, depending on the extent / severity of the patient's condition when they present.

4.2 NHS Lanarkshire Quality Strategy 2023 – 2029, Year 2, Quarter 2 True North update

Mrs K Cormack presented the report and noted that 7 actions are closed in this quarter. 7 actions are delayed – due to different aspects, will not meet their target date but will be done before end March 25. One action will not be completed by end March. Scoping has identified that this will be 18 months so this will be carried onto next year's plan to continue monitoring of it through to completion. From the table on page 2 – 4, overview of the status of the different actions, we are 16% complete at present.

Mr D Reid noted the very positive report and very encouraging progress.

4.3 Extract of Corporate Risk Register (Clinical)

Mrs K Cormack presented the report in the absence of Mrs C Hope. Appendix 1, there has been work with CMT to review how the risks are described and work is ongoing. This report looks at the 3 risks assigned to this committee, 1 is new, re very long waits, see last page of the report where members can see the description of this new risk and a number of current controls and actions in place and risk is graded very high at the moment.

Other risks remain the same in regard to public protection and heightened cyber threat and these descriptions are being worked on. Summary of all other risks are there for information.

Dr C Deighan flagged regarding the background of unscheduled and planned care shared with PPRC and HGC and agreed the clinical focus of the risk for unscheduled care would sit here. Working with C Hope to develop further a similar risk for planned care and will bring through HGC when finalised. Mr D Reid noted that the recent exec briefing session on Risk Awareness was very meaningful and helpful. Some committees have recently had risk at the start of their agendas to keep that focus running through everything so it's central to what we do and worthy of consideration up front before moving onto the other items.

4.4 Duty of Candour and Significant Adverse Event Reviews (SAERs) update report

Mrs K Cormack presented the report, noting that 24 SAERs were commission in Q2 of 2023/24. There was very good compliance with for all aspects of the elements of DoC for completed SAERs in the last 12 months. For October 2023 - September 2024, SAERs by quarter and by site were noted and following a request from this Committee, the report separated prison and MH incidents. It was noted that this is very helpful as we can see these elements more clearly. Looking at the table on page 3, where we are looking at causation, having prison and MH separated out, the majority of those are unavoidable so organisation is not directly responsible for them. All prison deaths are mandatory reporting to SAER. The

chart at the bottom of page 5 showed the number of SAERs commissioned each year, there's an increase which is expected, due to the reporting for prisons, suicides and maternity. This also reflects more recognition of the benefit of doing SAERs for learning. Also complex complaints sometimes being transferred to SAERs to help respond more effectively which is further evidence we are a learning organisation. Another issue as per page 6 increase in Cardiac Arrests – all now being reviewed by a multi-disciplinary team, some of them are turning out to be SAERs. This is a really positive aspect for enhanced learning.

As per pages 7 & 8, it was noted that the target of 75% being closed within 150 working days is not being met, however it was noted that we are better than many other Boards. Several factors are impacting on the target, including meetings with patients and families before the start of the review; the timescale starts when the incident happens, so improved patient family communications is impacting on how long the review takes. Also the requirement for external reviewers and other Boards coming to us for external reviewers, so this can hold up proceedings. Would require to improve this and each area has an improvement plan that they are working through with the work monitored via IPQR and various governance groups. A little bit of a delay is also related to the move from Datix to InPhase and very hopeful that will be resolved in the next few weeks.

Mr D Reid stated he agreed SAERs are not a bad thing and it is important that the lessons are learned. He enquired regarding the move from Datix to InPhase and if this is now fully transferred across to the new system. Mrs K Cormack confirmed the move is complete however the company was overtaken by another company as NHSL went live and this affected the support received initially. This has been highlighted with the company and work is ongoing as a priority to resolve issues.

4.5 Infection Prevention & Control Standards – Hand Hygiene Highlight Report

Mrs L Thomson presented the annual report covering the period April 2023 – March 2024. Main areas include enhanced surveillance for 3 different areas of infection, ECB, SABs and CDiff. She noted that NHSL are not meeting the targets however, NHSL is sitting around middle of the pack nationally and is not an outlier.

Page 11 and 13, pareto charts show the main sources of infection for ECBs and SABs and therefore where targeted work is required to address those areas of infection. There has been a great focus on the sites and HSCPs to target areas where there are highest rates of infection, as detailed in the work-plan. There have been two unannounced HIS inspections which highlighted different areas and the recommendations from these inspections are either complete or progressing.

In terms of risk, the infection control team staffing is not optimum and has been this way for a significant period of time. There remains no Chief Nurse in place, however interim arrangements continue and the hope is to recruit to the vacancy soon with interviews planned.

Members heard regarding Quality Improvement (QI) work around Hand Hygiene (HH) and noted a project was concluded this year; staff developed a QI toolbox and this has been rolled out across many areas and continues to spread. The HH target has been realigned to 90% to reflect the national target and teams are now consistently reporting above 90%. The

Dress code and uniform policies will help with HH process too and are seeing consistent improvements.

Mr D Reid thanked Mrs L Thomson for the comprehensive reports. Mr P McCrossan stated the dress code policy is complete and will be discussed at the next Area Partnership Forum in December. Mr D Reid spoke of the transformation regarding HH and huge commendation on the work and hope to see this continue; thanks to all involved. He highlighted infection control and infection outbreaks reduction showing the work being done too which is great to see. Great to see the glossary of terms included in the report to explain the acronyms and abbreviations.

4.6 Public Protection – six monthly report

Mrs A M Sangster presented the report and highlighted three main points, under organisational assurance, framework published in 2022. National working group looked at developing a toolkit to help boards take the framework forward. Following a first benchmarking exercise, we have baseline summary of compliance at 82% and we have an improvement plan which is reported on quarterly.

Highlighted increased activity around child protection and yearly increase of inter-agency referral discussions (IRDs) as per the report. Thematic analysis highlights allegations of assault, domestic abuse and sexual abuse. Members noted there is now a widened eligibility for IRD criteria following changes to legislation since 2020 especially with regard to child protection.

Members heard regarding Audit activity and noted plans to continue with multi agency audits and monitoring; there is a continuous cycle / programme in place.

Mrs A M Sangster highlighted child protection supervisions and the increase in accessing advice calls by 30% and the 22% increase in adult support and protection referrals.

She noted the Public protection changing landscape and increased complexity and demand on resources. Huge volume of national changes currently underway and to be implemented in future, stating these are quite transformational changes and she will keep the Committee updated.

Mr D Reid thanked Mrs A M Sangster for the detail of the report and was reassured regarding the improvements in various areas. Mr B Moore enquired regarding different levels of partner agencies, multi-agency information sharing; what does that look like and where do we want to get to ultimately, knowing this has been an issue historically. Mrs A M Sangster noted this was a good question and information sharing between agencies is an issue. After a notification of concern has been submitted, this generates an increase in IRDs and she anticipates the increase will continue. The service is looking to implement the EIRD system to help service process these more efficiently which is an electronic system to support information sharing. Mr B Moore enquired regarding wider information sharing, before an IRD is held, can staff access health and social work information easily or do they still rely on e.g. telephone, emails. Mrs A M Sangster, health staff cannot access social work

information unless they work in an integrated team. Lots of discussions and work around this at the moment.

Professor J Pravinkumar enquired regarding trauma informed practice; trying to embed this in the system, are there any more figures, in reference to the training. Mrs A M Sangster noted this comes under the gender based violence aspect of the report and is part of the accountability framework will get back to JP out-with the meeting.

Dr M Russell noted regarding Mr B Moore's information sharing query and the challenges around this. Within public protection, the expectation is different and the use of the information in the system is different. In public protection there is more potential for conflicts, and it is difficult to tease that out. Information must be used in the best interest of the child and it is a complex area. Dr A Daly stated the Information Governance report pertains to a SLWG working on information sharing.

Mr D Reid stated it was encouraging to note the benchmarking exercise and well covered in the report. He enquired regarding the red item, will it be changed back to amber. Mrs A M Sangster stated the red item relates to their self-evaluation and is around attendance at public protection meetings. It is red at present because they do not record the data currently, but have started to do that and expect that to be improved for the next report.

4.7 SPSO and Report on Feedback, Comments, Concerns and Complaints – Update Report and Flash Report

Mrs L Drummond presented the Q2 report, noting that NHSL continues to meet the stage 1 target. Stage 2 has dropped from 48 – 34% for quarter 2 and reasons are outlined including staffing and delays with receiving comments. Interim changes are now in place with regard to staffing which should help improvements.

In terms of SPSO decisions, members heard that 3 were upheld during Q2, 2 at UHW and 1 at UHH. Mrs L Drummond advised regarding team developments, noting the complaints team have completed a full review of their processes and are planning out new ways of working to improve efficiencies and streamline processes.

The Committee were advised regarding Child Friendly complaints procedure; currently waiting on official training materials from SPSO and these are expected by end of this calendar year, then NHSL will develop local resources to align with the national work.

The team have been promoting NHSL complaint handling at national events and Mr K Rooney attended national conferences and has been working with University Stirling on a research project. In terms of InPhase issues, the team are still able to report however there are some problems therefore staff are working hard to resolve these.

Mr D Reid thanked Mrs L Drummond for the report and noted that this demonstrates the good quality of responses being maintained and recognises NHSL at a national level, role modelling the work here. He commended the summary flash report, stating this was very good, hits home and gives a great overview.

4.8 Information Governance Committee highlight report

Dr A Daly presented the Information Governance highlight report and noted some highlights. Majority of the report was prepared in advance of the actual IG meeting, now realigning dates so that doesn't happen again.

In terms of IG incidents, members noted some teething problems with InPhase, but were still able to pull the data and details as per the report including themes.

Work-plan details included a section on accountability tracker; NHSL are one of the few Boards who are completing this as intended. Take that information for an audit tracking tool so the various sub groups of the Committee will look at those different measures and ensure they are applicable and bring this back in a future report.

Dr A Daly advised that the Cyber security group meets as a sub group of the IG Committee and a number of work items are ongoing, including MS Windows and Office compatibility.

Looking at the section on Freedom of Information (FOI) requests, these are slightly down, 94% responded to within timelines. A culling project has commenced in terms of Health records. External contractors assessing systems regarding fair warning checks being administered, good progress in this area. With regard to records management code of practice, a SLWG has been established to undertake a gap analysis.

Data and info sharing agreement was approved at the Committee and the information sharing agreements are complete.

Service developments link with Mrs A M Sangster update regarding sharing of data between social work staff and health; meetings are ongoing.

The NHSL risk register has split the risks on the risk register into 5 risks as per report.

Mr D Reid thanked Dr A Daly for a great summary given to the Committee. Mrs K Cormack enquired regarding the cyber security risk, when split into 5, which ones of these will still come to this Committee or will they all come here. Dr A Daly will find out and come back to the Committee with a response.

Dr C Deighan noted from page 1, reports to the ICO, flagged a WhatsApp group. Dr A Daly noted this is a new WhatsApp group and was discussed at Committee. There are continuing challenges with this despite the updated policy being clear regarding staff use of WhatsApp for work purposes. This time use was regarding staff information and we have accepted that the work regarding WhatsApp groups is going to be ongoing. ICO advised that no more investigations would go ahead, they felt it was more of a HR issue. Concerned there are further WhatsApp groups out there that we don't know about. Mr D Reid agreed this is a difficult issue, very difficult to monitor and manage and enquired regarding whether there is a policy and is it well circulated and mandatory Learnpro module staff are required to complete. Dr A Daly confirmed there is a policy in place and we are encouraging people to use MS Teams for work related messaging instead of WhatsApp. Dr M Russell agreed this is a very challenging area and stated the need for a pan Scotland approach

5 Committee Assurance:

5.1 IPQR

Adverse Events (SAERS)
HSMR
Total Inpatient Falls & Falls (With Harm)
Pressure Ulcers
SAB, C Diff, ECB, Hand Hygiene (HAI/HCAI)
Complaints
Care Opinion
Freedom of Information

Mr D Reid noted the items covered today also contained in the IPQR and the Committee was reassured, noting the plans in place to address red areas. No concerns or questions were raised by the Committee.

5.2 Committee Work-plan

Members noted and approved the Committee Work-plan.

5.3 issues of concern – by exception only

- Operational
- Safety
- Independent Sector
- Staffing

There were no issues of concern noted by the Committee.

5.4 Any new risks identified to be considered for inclusion on the Corporate Risk Register

Mr D Reid enquired as to whether there are any other risks. None raised, however noted the earlier discussion in the meeting under the Risk Register item.

5.5 Any Other Competent Business

No other competent business.

5.6 Date and Time of future meetings

- a) Wednesday 15th January 2025 at 09:00 – 12:30 hours

- b) Wednesday 5th March 2025 at 13:00 – 16:30 hours
- c) Wednesday 7th May 2025 at 13:00 – 16:30 hours (Annual Report meeting)
- d) Thursday 10th July 2025 at 09:00 – 12:30 hours
- e) Wednesday 10th September 2025 at 13:00 – 16:30 hours
- f) Wednesday 5th November 2025 at 13:00 – 16:30 hours