

## HEALTHCARE QUALITY ASSURANCE AND IMPROVEMENT COMMITTEE

This paper summarises the key issues considered by the Healthcare Quality Assurance and Improvement Committee at its meeting on Thursday 8<sup>th</sup> December 2016.

- 1. Quality Assurance and Improvement Board Dashboard** – The Committee considered an updated CQAI Dashboard, and noted, in particular, the position with regard to: the consideration being given to surgical readmission within 7 and 28 days at Wishaw General and Hairmyres Hospital, including case note reviews and work to further validate the data; the inclusion of haemodialysis AV fistula and graft as a new measure; Patient and Carer Experience Surveys; Discharges coded within 1 week, and Hospital Standardised Mortality Ratio performance.
- 2. Transforming Patient Safety and Quality of Care Strategy Implementation Plan** – Consideration was given to an update report, which included: ongoing development of the Lanarkshire Quality Approach; an outline of work with the Health Economics Network as part of the Quality and Efficiency Framework; progress against the Patient Safety Prioritised Plan and a Summary of Patient Safety Week; Clinical Effectiveness activity in the areas of Cancer, Quality Performance Indicators, Guidance on External Publication of study results and Clinical Quality Project Toolkit; and National and Local Quality Events. There was a substantial discussion on data, with agreement on the need to focus on the collection of meaningful data that would inform and drive quality improvement.
- 3. Stroke Quality Indicators** – The Lead Clinician for the Stroke Network and the Network Manager gave a full presentation highlighting performance against the Key Indicators and Stroke Standards, and explained, in full, the Lanarkshire position and performance. Members noted the good performance in a number of areas, and the ongoing improvement that was taking place in the area of carotid interventions. They also noted the introduction of a new standard involving a door to needle time of 30 minutes, as opposed to the current standard of 60 minutes, and were reassured that all relevant cases were considered at a Clinical Governance meeting. The focus, increasingly, on the collection of meaningful data was highlighted, and the Network Manager reported on the positive position in Lanarkshire relative to other systems, based on her visits to other systems. The presentation encompassed a number of positive developments in the stroke service, and the lead Consultant contextualised the position of the Stroke Service in relation to the Healthcare Strategy. Members welcomed the full and informative presentation which helped to inform their understanding of the Lanarkshire Performance across the breadth of indicators and standards.
- 4. Public Health Governance** - the Committee considered reports on Public Health Governance in the areas of: progress with the Inequalities Action Plan; Antenatal Communicable Disease Screening; Abdominal Aortic Aneurysm Screening Programme; and the Director of Public Health Annual Report 2015/16. The discussion on the Public Health Inequalities Action Plan highlighted some key areas, such as Family Nurse Practitioner/First Steps/Early Years, and Keep Well, where resource was a factor, given the 7.5% reduction nationally in ring fenced budgets. This highlighted the need for small scale permanency. Members highlighted the importance of protecting preventative services, and realigning the balance between treatment and prevention. Members received a full explanation about the Lanarkshire position against the Scottish average for Aortic Abdominal Aneurysm Screening, and the challenges within the Vascular Service, with the Vascular Service capacity currently being the subject of a Review.

5. **Clinical Effectiveness** – The Committee considered a Highlight Report on National Audit and Benchmarking Reports published since September 2016, evaluations completed during the reporting period, and action planning in relation to those indicators that did not meet the targets or were reported as outliers, with monitoring through the Acute Clinical Governance Committee and the Healthcare Quality Assurance and Improvement Steering Group.
6. **Hospital Standardised Mortality Ratio** – Members received a full presentation on changes to Hospital Standardised Mortality Ratio (HSMR) in Scotland, encompassing: the value of HSMR; Safety and Improvement; the factors which influence suspected deaths; the performance of Lanarkshire Acute Hospitals; the principal changes to HSMR and the rationale for the change to the previous HSMR methodology. Members were reassured about the current performance of Lanarkshire Acute Hospitals, which positioned them well in relation to delivery of the current target of a further 10% reduction in HSMR by December 2018. Members also noted the relationship between crude data used for real-time performance management and validated HSMR data.
7. **Incident Management** – Members noted an update report on Incident Management with particular regard to performance against the indicator for the completion of Significant Adverse Event Reviews for Category 1 incidents within 90 days. Members were reassured by the actions in place and planned to improve performance, including the designation of a Project Manager to oversee the progress of SAERs. Members would continue to review performance against the 90 day KPI for Category 1 SAERs at future meetings.
8. **Clinical Extract of Corporate Risk Register** – The current clinical component of the Corporate Risk Register was reviewed and noted.
9. **Scottish Public Services Ombudsman and High-Value Complaints** – Members received a report on SPSO Reports and Decision Letters and on High Value Claims, noting the trend in upheld complaints and the continuation of communication as the main theme in complaints. Members noted the focus on utilising the performance management arrangements in place for the Operational Units to monitor issues and themes in complaints.
10. **Feedback, Comments, Concerns and Complaints** – The Committee considered a mid-year update report, which included the revision of arrangements for gathering information from client groups; KPI Performance on handling complaints; engagement with Public Partnership Forums to obtain their views to further inform improvement and work on the development of a revised Complaints Procedure. Members noted the increase in the numbers of clinical complaints, and acknowledged that this should be viewed within the context of the responsibility which NHS Lanarkshire now had for Prisoner Healthcare.
11. **Person Centred Health and Care Progress Report** – Members received an update on the progress of the Person Centred Health and Care Initiative, including the Public Reference Forum. This included the work of Person Centred Care Improvement staff in the areas of communication and information, involving families and caring behaviours, and information; continued testing of the approach to gathering ‘right-time’ feedback by telephone two to three weeks post discharge; updating the system to enable Equalities Monitoring Information to be recorded; and the further development of a Person Centred Care Performance Dashboard.
12. **Realistic Medicine** – The Committee received a report on the proposed way forward with *Realist Medicine* in Lanarkshire. Members welcomed the proposals, and endorsed the principles of Realistic Medicine as a key component of high quality clinical care. They also welcomed the setting up of a Short Life Working Group to develop proposals for the implementation of Realistic Medicine approaches across NHS Lanarkshire as part of delivering Achieving Excellence. Any major changes to clinical practice resulting from applying the principles of Realistic Medicine will be presented to the Committee for approval.

The CMO Realistic Medicine Feedback Report would be made available to members, and it was agreed that a further progress report on the implementation of Realistic Medicine in Lanarkshire would be brought back to the Committee in six months time.

13. **Food, Fluid and Nutritional Care** – The Director for Nurses, Midwives and the Allied Health Professionals reassured members that the issues highlighted by the Internal Audit Review were being addressed Board-wide and on each of the individual sites, with input from key staff, including Dietitians.
  
14. **Reports from Committees** – Members received and noted reports from: the Healthcare Assurance and Improvement Steering Group; the Acute Clinical Governance and Risk Management Group; the North Health and Social Care Partnership Support, Care and Clinical Governance Group; and the South Health and Social Care Partnership Support, Care and Clinical Governance Group.
  
15. **Next Meeting:** the Healthcare Quality Assurance and Improvement Committee is due to meet again on Thursday 9<sup>th</sup> February 2017.

**Michael Fuller – Committee Chair**

**Iain Wallace, Medical Director**