

Lanarkshire NHS Board

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Minutes of Meeting of the Healthcare Quality Assurance and Improvement Committee held on Thursday 13 September 2018 at 2.00pm in the Board Room, Kirklands Hospital HQ, Bothwell.

Chair:

Mr M Fuller Non-Executive Director (Chair)

Present:

Mrs M Lees Chair, Area Clinical Forum

Dr A Osborne Non-Executive Director

In Attendance:

Mr G Docherty Interim Director of Public Health

Mrs L Drummond Head of Assurance

Mrs A Minns Head of Evidence

Mrs M McGinty Head of Improvement

Dr L A Smith Director of Quality

Dr I Wallace Medical Director

Dr K Currie Professor of Nursing and Applied Healthcare Research, Glasgow Caledonian University

Mrs M Docherty Nurse Director, South HSCP

Mrs A Armstrong Nurse Director, North HSCP

Marta Lewandowska Medical Student

Mrs E Currie Quality Programme Manager, Business Support

Apologies:

Mrs I Barkby Executive Director of Nursing, Midwifery and Allied Health Professionals

Dr J Burns Medical Director (Acute Services)

Mrs M Cranmer Staff side representative

Dr L Findlay Medical Director, South Lanarkshire Health & Social Care Partnership

Mrs N Mahal NHS Board Chair

Mr P Cannon Board Secretary

Dr A Cook Medical Director, North Lanarkshire Health and Social Care Partnership

Mr A Crawford Head of Clinical Governance (NHS GG&C)

Dr G McCurrach Consultant Physicist

Mr C Campbell Chief Executive, NHS Lanarkshire

1. **WELCOME**

Mr. Fuller welcomed colleagues to the meeting.

2. **DECLARATION OF INTERESTS**

There were no declarations.

3. **MINUTES**

The Minutes of the meeting held on 12th July 2018 were agreed and approved.

THE COMMITTEE:

1. Noted the minutes from 12th July 2018.

4. **ACTION LOG**

The Committee considered and updated the Action Log.

a) Realistic Medicine

It was noted that the conference in Dunblane is fully booked. Dr B Mukhopadhyay and Mrs McGinty are attending from NHS Lanarkshire. Mrs Lees advised the Committee that a Government led Realistic Medicine survey is due out this year. Dr B Mukhopadhyay will present a report at the November 2018 HQAIC.

b) Child Protection Policies

The Committee noted that the Child Protection and Adult Protection Policies are under review and will be discussed at the November 2018 HQAIC.

c) Organ Donation

It was agreed that the Annual Report will be tabled at the November 2018 HQAIC. The Committee noted the Highlight Report tabled today as per agenda Item 21.

d) Missed Care

It was noted that this action can be marked as complete.

e) Quality Plans 2018 – 2023

It was noted that this action can be marked as complete.

f) Public Reference Forum

This item will remain on the Action Log and Mrs McGinty will action with Mrs Barkby.

g) Acute Clinical & Risk Management Group – Update Report

This item will be removed from the Action Log.

h) Review of Adverse Events Management Internal Audit Report 2017/18

This item will be marked as completed.

i) Completed Items at Previous Meeting on 12 July 2018

It was agreed that these items will be removed from the Action Log.

5. **QUALITY PLANNING & PROFESSIONAL GOVERNANCE GROUP**

The Committee considered a Highlight Report dated 4th September 2018 from the Quality, Planning and Professional Governance Group.

The Committee discussed the draft Clinical Records Policy (2018) and Dr A Osborne enquired as to the scale of the issue regarding staff failing to register appropriately with the NMC.

Mrs M Docherty advised that there are a small number of staff affected by this, however they are continuing to review processes and systems to ensure this is continually monitored and reported on.

THE COMMITTEE:

1. Noted the Highlight Report from the Quality Planning & Professional Governance Group.

6. **NORTH HSCP SUPPORT, CARE & CLINICAL GOVERNANCE GROUP – HIGHLIGHT REPORT**

The Committee considered a Highlight Report dated 21st August 2018. Mrs A Armstrong advised the group regarding Significant Adverse Events, in particular, a dip in compliance against the 90 day target during January, February and March, which resulted in an Implementation Plan being put in place to address the issues that caused this. Improvements have been achieved and regular reports are provided at the weekly Core Management Team and separately with the Commissioners & Head of Health to ensure focus is maintained.

Mrs Armstrong reported on the results of an inspection carried out at HMP Shotts and confirmed that prison nursing posts are now filled and there is a nurse practice review underway. Following a fitness to go to work review, a new system has meant nurse capacity has been released.

The IPCU mental health welfare report was embedded in the report and Pharmacy and Psychology input reviewed.

The Committee were advised that the Chair of the Support, Care & Clinical Governance (SC&CG) Group changed as of 1st September with Mrs Armstrong taking on this role. An event is planned for 2nd October to take forward service connectivity.

Mrs Armstrong advised the group that a National Review of Support Care and Clinical Governance would commence this month.

Mr Fuller commented that there appears to be difficulty getting some areas reported on, hence the stocktaking event and advised that he would like to see future reports better reflect Social Work Services too.

Mrs Docherty advised the Committee that Health and Social Work services currently have different reports and reporting structures, policies and systems, therefore work is ongoing to pull together and have a multi-disciplinary approach.

Dr Osborne acknowledged the difficulties in achieving a common, agreed framework within HSCPs, however would like to see a mechanism to bring these together, reviewing the governance framework and linking with the National Review to ensure commonality and acknowledge cultural differences.

Mrs Armstrong advised that following the event in October, the HSCP would begin to build a framework to support Social Work colleagues regarding reports and timescales.

Dr LA Smith informed the committee that the National Review will be helpful and while the SC&CG Group covers both areas, the HQAIC only covers the health remit for NHS Lanarkshire.

Mrs Docherty advised that she would be happy to provide clarity and further information regarding the South HSCP governance framework at a future HQAIC meeting

THE COMMITTEE:

1. Noted the Highlight Report.

7. QUALITY AND SAFETY DASHBOARD

The Committee considered the Quality and Safety Dashboard Highlight Report dated 28th August 2018.

Dr I Wallace advised the group that there had been an increase in crude mortality figures over the winter period but this returned to normal soon afterwards. HSMR will continue to be reviewed.

There was discussion regarding the coding process, i.e. the speed at which patients are coded can feed into the HSMR statistics for that site, creating problems, therefore it is important that staff code this information as quickly as possible. This information will therefore continue to be reviewed. This will be followed up with the Acute Operating Committee.

Dr Osborne questioned the links between lengths of stay and re-admissions. Dr Wallace advised on factors to be considered, i.e. planned readmissions for minor surgery, medical pathways, national averages and felt these are pertinent questions to be put to the Acute Operating Committee.

THE COMMITTEE:

1. Noted the Quality & Safety Dashboard Report.

8. QUALITY PLANS

Dr Smith presented the updated Quality Plans and advised the Committee that previous feedback had been considered and taken into account. There are 3 issues to highlight as follows:

1. Change to measures of success – some areas were previously left blank and feedback was that the description should be at a higher level. Measures of success need to be meaningful and evidence based therefore the expectation is that each of the plans will have a data and measurement framework.
2. Each of the plans has a 1 year Implementation Plan and therefore a quarterly update against these Implementation plans will be submitted to HQAIC.
3. The Quality Planning & Professional Governance Group had raised the issue of whether 4 separate Plans were needed, or should these be combined into a single Plan?

Mr Fuller asked for further clarity regarding the detail of what is to be achieved from the Plans with regards to outcomes and measures of success. Dr Smith advised that there is a requirement for agreed, operational definitions in relation to each of the identified measures and it was important to take time to ensure there is an evidence based plan and approach with meaningful measures.

Dr Osborne questioned whether there should be measures of success against all objectives and reflect how different measures are needed across different services.

The group discussed the measurement framework, baseline information and therefore targets against plans, priorities and how to get assurance against these. Mrs L Drummond suggested that she could bring a measurement plan and framework for the Safety Plan to the November meeting for the committee to review and discuss.

Mr Fuller asked whether there is a sub-group in place to monitor the progress of the Person Centred Care Plan which would then report back into HQAIC, as per the structures in place for the other Quality Plans. Mrs M McGinty agreed to discuss this with Mrs Barkby and report back to the Committee.

Dr Osborne enquired regarding the objectives and will there be dialogue between the Improvement Team and Senior / Executive lead managers who are ultimately accountable and responsible for delivering on the Plans. Dr Smith advised that this should be monitored and reported via the Quality Planning and Professional Governance Group who have responsibility for this.

The Committee noted that the Patient Safety Strategic Steering Group has been reviewed and is now the Safety Group.

The Committee also noted that Mrs L Drummond will be reviewing Quality of Care standards against the NHS Orkney benchmark and will discuss this report with Dr Smith prior to it being considered at the November meeting of HQAIC.

THE COMMITTEE:

1. Noted and approved the Quality Plans.
2. Agreed that a Measurement Plan for the Safety Plan should be considered at the November HQAIC meeting.
3. Agreed that a paper of the Quality of Care Standards and Review process be considered at the November HQAIC meeting.

9. SUPPORT CARE AND CLINICAL GOVERNANCE FRAMEWORK

The Committee considered a SBAR Report on the Support Care and Clinical Governance Framework.

Dr Smith outlined the principal elements of the report and highlighted that the narrative is unchanged at present, but could be subject to review following the National Review previously described. It was noted that HQAIC sets the overall direction and governance and other

groups oversee the implementation of work plans.

Mr Fuller enquired as to whether HSCPs are clear on the reporting mechanisms, timetables, etc.

Mrs Docherty advised that they are continuing to work through this and are clear on what's required. It was noted that there is a review date of 2020 and Mrs Docherty suggested the issue is revisited at that time.

THE COMMITTEE:

1. Approved the updated Support, Care & Clinical Governance Framework

10. MISSED CARE – UPDATE REPORT

The Committee considered a Highlight Report on Missed Care as at 30th August 2018.

Mrs Docherty informed the Committee that this work had stemmed from staff concerns regarding service delivery and the survey results are being used to inform improvement programmes. It was noted that an AHP tool and Medical Staff tool were being developed.

Mrs Docherty advised that the report should help inform workload issues and there was discussion regarding a safe workplace for staff, factoring in iMatters results, and the need for robust Clinical Supervision, review of processes, admin staff requirements, system and IT, together with workload issues. Dr Wallace advised that staff resilience is an important factor and ways in which staff can offload, i.e. psychological safety. Mrs Armstrong advised that the Midas system causes significant issues for Mental Health Services. Dr Smith advised that there is evidence to show that staff psychological safety directly impacts on patient care and this is referenced in the Person Centred Care Plan. Mrs Docherty confirmed that they are at the very beginning of this work and models for AHP and Medical staff will be developed in due course. Mrs Lees advised that the Speech & Language Therapy Service has developed a tool for AHPs.

THE COMMITTEE:

1. Noted the Report.

11. EXTRACT OF CORPORATE RISK REGISTER

The Committee considered the Highlight Report dated 13th September 2018. It was noted that issues such as cyber-attacks, GDPR, records and IT sit within the Information Governance Committee which reports to HQAIC. It was asked whether this should sit within the Policy and Performance Group instead. The Committee agreed that it would be helpful to seek further information

from Carol McGhee regarding the process.

THE COMMITTEE:

1. Noted the Highlight Report.

12. ADVERSE EVENT POLICY

The Committee considered the SBAR report dated 5th September 2018.

Dr Smith advised that the policy has been reviewed and now provides greater clarity regarding definitions of Category 1, 2 & 3 Adverse Events. It was noted that there will be less Category 1s and more Category 2 incidents due to the new definitions, e.g. falls with fracture to hip are now a Category 2 (previously Category 1). Dr Smith emphasised that all Category 1 and 2s will be reported at HQAIC and the appropriate Operational Governance meetings.

Dr Wallace advised that he is a member of the Independent Review of Gross Negligence, Manslaughter and Culpable Homicide Working Group where cases are referred to other agencies. He is happy with the Policy however feels this will be subject to further scrutiny if a National review is undertaken.

Mrs Docherty asked if the Child Protection Procedures could be incorporated into this Policy. Dr Smith advised that the same principles will apply. She also stated that an Implementation Plan will be required to ensure that the implications of the new policy are translated into practice. This will be shared with the Committee once developed.

THE COMMITTEE:

1. The Adverse Event Policy was endorsed.
2. The Committee agreed to receive a copy of the Implementation Plan once developed.

13. ADVERSE EVENTS HIGHLIGHT REPORT

The Committee considered the highlight report dated 12th September 2018. Dr Osborne questioned the period August to July and why category 1s had decreased during the winter period. The group discussed whether all category 1s are being recorded.

The group discussed accuracy of the information and difficulties in capturing data. Dr Wallace suggested an exercise could be carried out to review fractures figures and see if this correlates with the datix reported figures. This will be raised at the Acute Clinical Governance and Risk Management Group.

THE COMMITTEE:

1. Noted the highlight report.

14. PATIENT SAFETY STRATEGIC STEERING GROUP – HIGHLIGHT REPORT

The Committee received and noted the Highlight Report dated 29th August 2018. Mrs McGinty advised that the group has been reviewed and will now be called the Safety Group and will provide strategic direction on the Safety Plan. Mrs McGinty further advised that the Safety Group has a new Terms of Reference and is scheduled to meet in November 2018. The Implementation Plan and Measurement Plans will be ready for the meeting and a subsequent report prepared at year end.

THE COMMITTEE:

1. Noted the Highlight Report and verbal update provided regarding the Safety Group.

15. RADIATION SAFETY COMMITTEE – ANNUAL REPORT

Dr McCurragh had submitted his apologies due to an urgent clinical commitment. It was agreed therefore that this item would be deferred until the November meeting of the committee.

THE COMMITTEE:

1. Noted the Annual Report dated August 2018 and acknowledged that this will be discussed at the November meeting.

16. CLINICAL EFFECTIVENESS GROUP – HIGHLIGHT REPORT

Dr Wallace presented the Highlight Report dated 30th August 2018 to the Committee and advised that the group had its first meeting in August this year. The group's main focus will be to ensure there is appropriate governance around guidelines and pathways. It was noted that there are approximately 84 guidelines currently in NHS Lanarkshire and 25 of these are more than 2 years out of date, i.e. the author/owner has not reviewed or updated the guidelines, therefore these have been added to the Risk Register. Dr Wallace further advised that he has written to the guidelines owners to inform them that the out of date guidelines will be removed if they are not updated and he will be discussing the matter further with Dr J Burns. It was noted that Mrs Barkby will also be raising the matter at CMT.

The Committee discussed the issues with regard to the guidelines in

terms of relying on guidelines owners to adhere to the procedure for reviewing and updating as there is no systematic recall. A short life working group will be led by Dr Burns and will prioritise the most important out of date clinical guidelines.

Dr Wallace advised the Committee that there is a West of Scotland handbook and App available that holds a large volume of guidelines and is in use by NHS Greater Glasgow & Clyde colleagues. It could be beneficial for NHS Lanarkshire to begin using this.

The Committee discussed the Canterbury Care Pathway, which is an electronic, web based system for care pathways and is viewed as a gold standard system. It was presented to the Scottish Government in July 2018 for consideration and work is ongoing. There is a cost for the license to use the system.

THE COMMITTEE:

1. Noted the Clinical Effectiveness Group Highlight Report.

17. CARE ASSURANCE AND ACCREDITATION SYSTEM (CAAS) STEERING GROUP – ANNUAL REPORT

The Committee considered an Annual Report from the Care Assurance and Accreditation System Steering Group. Dr Smith advised that work is being taken forward to strengthen links with Excellence in Care. Unfortunately the most recent meetings have not been quorate. As a result of this, the Steering Group is planning a Summit in November 2018. This will allow key stakeholder to come together to reflect on the journey NHS Lanarkshire has had to date regarding CAAS; to identify what has gone well, the benefits to the organisation and patient care; to consider the pitfalls, what didn't go so well and what could we have done differently; and consider the future direction. It will also explore why there has been a recent lack of engagement and allow the organisation to re-invigorate the steering group.

The Committee discussed how best to seek assurance regarding the care being provided and how to measure and benchmark around these.

Dr Osborne commented that she was disappointed in the feedback from the report, But welcomed that further discussion will take place at the November summit.

THE COMMITTEE:

1. Noted the Annual Report from the Care Assurance and Accreditation System Steering Group.

18. INFORMATION GOVERNANCE – HIGHLIGHT REPORT

The Committee considered the Information Governance Committee minutes. It was noted that it has been recommended by Internal Audit that these minutes are considered at each meeting of the Committee. Dr Smith advised that it would be helpful for the minutes to come with a Highlight Report.

THE COMMITTEE:

1. Noted the Minutes from the Information Governance Committee and will request a Highlight Report.

19. SPSO & HIGH VALUE CLAIMS – UPDATE REPORT

Mrs L Drummond presented the SBAR report to the Committee for the period July to August 2018. Common themes coming through are communication, documentation, delays in diagnosis and delayed referrals. Mrs Drummond advised that the SPSO issue public reports if the concerns raised are deemed in the public interest. The report is laid before Parliament and the NHS will be held to account and need to respond to the Ombudsman and Government.

The Committee discussed whether we are reviewing our practices against the three highlighted areas.

Mrs Drummond advised that the new Complaints Manager, Mr K Rooney, is reviewing current processes and set up engagement sessions with key stakeholders.

With regards to the Annual SPSO letter, the Committee noted that a copy of any reply from NHS Lanarkshire will be shared with them.

THE COMMITTEE:

1. Noted the SBAR Report dated 28th August 2018.

20. OLDER PEOPLE / DEMENTIA STEERING GROUP – ANNUAL REPORT

The Committee received and noted the Annual Report for 2017/2018.

Mrs Docherty highlighted page 6, with regard to the programme of activity and areas of progress. Wishaw had a visit from Healthcare Improvement Scotland and this highlighted an area for improvement is documentation. Mrs Docherty also highlighted page 8 of the report which provides details around improvement work plans for each site.

THE COMMITTEE:

1. Noted the Annual Report.

21. ORGAN DONATION COMMITTEE – HIGHLIGHT REPORT

Dr G Doherty presented the Highlight Report to the Committee. He advised that 19 patients received transplants in 2017 / 2018.

THE COMMITTEE:

1. Noted the Highlight Report.
2. Agreed that an Annual Report should be considered by the Committee at the November 2018 meeting.

22. COMMITTEE WORKPLAN 2018/2019

The Committee noted the Work plan.

23. ISSUES OF CONCERN – BY EXCEPTION

The Committee noted that there were no issues of concern.

24. NEW RISKS IDENTIFIED

The Committee noted there were no new risks identified.

25. ANY OTHER COMPETENT BUSINESS

Corporate Policies

Recent discussions regarding the assurance process for policies has identified that the assurance/endorsing group/committee would not necessarily benefit by receiving the policy in full with the noted changes, but might be more assured that the right people have been involved in the review; the review has been timeous and that due process as set out in the NHS Lanarkshire Policy for Organisation Policies has been adhered to.

CMT considered this proposal with a draft template and agreed the approach in principle but would require ‘testing’. Dr Smith asked whether the Committee were happy to test this approach for the next policies that were due to be endorsed by HQAIC.

THE COMMITTEE:

1. Agreed to test the proposed amended process for endorsement of the next policies due to be endorsed by HQAIC.

Mesh – High Vigilance Restricted Use Protocol

Dr Wallace informed the meeting that he has written to NHS Lanarkshire clinicians to instruct them to stop using Mesh products on patients as per the recent national guidance. This will be discussed at the Acute Clinical Governance Committee.

IHI International Safety Conference

Dr Wallace advising the Committee that NHS Lanarkshire have been invited to host an Experience Day as part of the BMJ/IHI International Forum on Quality & Safety in Healthcare in March 2019 to showcase the range of quality initiatives being implemented.

Dr Smith and Dr Wallace Retirement

Mr Fuller advised the Committee that this would be Dr Smith and Dr Wallace's last Committee meeting, as they are retiring.

Dr Wallace offered his sincere thanks to Dr Smith, saying it has been a delight to work with her over the last three years and she has turned around NHS Lanarkshire's Quality and Improvement work, not least in terms of the departmental restructure, but also the quality of plans and reports and can see how these will support the delivery of the best quality of care for NHS Lanarkshire patients. Mr Fuller also extended his thanks and best wishes to Dr Smith and hopes that the great work that has commenced goes from strength to strength.

Mr Fuller offered his thanks and best wishes to Dr Wallace, noting that they first met in 1998 at a Staff Partnership Forum and it was noticeable that Dr Wallace always had an inclusive approach and was committed to developing a system fit for staff. Mr Fuller added that it has been a great pleasure working with Dr Wallace, commending his friendly and approachable manner and noting his tremendous reputation throughout NHS Lanarkshire and other areas of the NHS where he has worked throughout his career.

Dr L Smith extended her thanks to Dr I Wallace and Mr M Fuller for their support during her time in NHS Lanarkshire and noted that they had come a long way in the development of the Lanarkshire Quality Approach and she was confident that with the ongoing support of the Committee and the Quality Directorate Heads of Department, the department will continue to flourish.

26. DATE OF NEXT MEETING

a) Thursday 8th November 2018 at 14:00 hours
Venue: Boardroom, Kirklands H.Q.

b) Thursday 14th March 2019 at 14:00 hours
Venue: Boardroom, Kirklands H.Q.

c) Thursday 9th May 2019 at 14:00 hours
Venue: Boardroom, Kirklands H.Q.

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