

Lanarkshire NHS Board

Kirklands Hospital HQ
Fallside Road
Bothwell G71 8BB
Telephone 01698 858181
Fax 01698 858288
www.nhslanarkshire.org.uk



Minutes of Meeting of the Healthcare Quality Assurance and Improvement Committee held on Thursday 8 November 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
 Mr Brian Moore Non-Executive Director
 Mrs Lesley Thomson Non-Executive Director

In Attendance:

Mrs I Barkby Executive Director of Nursing, Midwifery and Allied Health Professionals
 Dr J Burns Medical Director
 Dr J Logan Consultant in Public Health Medicine
 Mrs A Minns Head of Evidence
 Mrs M McGinty Head of Improvement
 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
 Ms. Karn Thomson Senior Nurse
 Mrs M Cranmer Staff side representative
 Mrs E Currie Quality Programme Manager, Business Support

Apologies:

Mr C Campbell Chief Executive, NHS Lanarkshire
 Mr G Docherty Director of Public Health
 Mrs L Drummond Head of Assurance
 Mr A Crawford Head of Clinical Governance (NHS GG&C)
 Ms. Karon Cormack Head of Clinical Risk (NHS GG&C)

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 13th September 2018 were reviewed. Dr Burns highlighted Item 16, Clinical Guidelines, advising that she would be writing to the authors of the out of date Clinical Guidelines, however these will remain on the system in the meantime. It was also noted under Item 11 that this will be changed to Quality Risk Register, instead of Corporate Risk Register.

Mr Fuller requested that details of the IHI Forum scheduled for 27th – 29th March 2019 are circulated to the Committee members for information.

THE COMMITTEE:

1. Noted the minutes from 13th September 2018.
2. Mrs. McGinty will circulate details of the IHI Forum.

4. **ACTION LOG**

The Committee considered and updated the Action Log.

a) **Organ Donation Annual Report**

It was agreed that the Annual Report discussion would be carried forward to the March 2019 meeting.

b) **Public Reference Forum**

The Committee requested a subgroup is established that will report into HQAIC and monitor progress of the Person Centred Care Plan.

c) **Adverse Event Policy**

It was agreed that an Implementation Plan will be developed to ensure that the implications of the reviewed Adverse Events Policy are translated into practice.

d) **Corporate Policies**

The Committee agreed to test the proposed amended process

for endorsement of the next policies due to come to HQAIC.

e) Child Protection Policies

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

f) Realistic Medicine

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

g) Completed Items at Previous Meeting on 13th September 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.

Dr J Burns advised the Committee that the meeting scheduled for October was cancelled and the group would next meet on 10th December 2018 as per the groups meeting schedule. Dr J Burns further advised that the Quality of Care Review Framework and the feedback from the NHS Orkney pilot are ongoing and work is continuing with regard to Fitness to Practice work.

Mr Fuller enquired as to the Physicians Associates and whether these are the same staff who were previously identified to supplement the workforce across the Acute Division. Dr. J Burns informed the Committee that a Professional Registration Framework is being developed which will underpin the use of these staff to support the workforce. Mrs M Docherty is Chairing the National Group and will link in through the Quality Planning & Professional Governance Group.

THE COMMITTEE:

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

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

The Committee considered a Highlight Report dated 21st August

2018. Mrs Docherty advised the group regarding several key areas. In terms of Datix, it was noted that there has been an increase in pressure ulcers therefore localities are reviewing these with the support of the Tissue Viability Team. Mrs Docherty informed the group that work is ongoing with GP practices to review their complaints and further work is required in this area with regard to governance arrangements. It was highlighted that South HSCP are aiming to secure Unicef Gold Accreditation for Breastfeeding. Kello Hospital has recently had dementia reviews carried and an action plan is now in place. With regard to HSCP Governance, a paper and accompanying presentation are available for scrutiny. Mrs Docherty described in some detail, the organisational framework in place which has the South HSCP Support Care & Clinical Governance Group at its centre. Work is being undertaken to develop Quality Plans. With regard to Hosted Services, a new GMS contract for primary care has been introduced. A significant workload exists to support Telehealth and Digital Services, e.g. the attend anywhere system. A paper will be going to the Corporate Management Team regarding the Out of Hours service.

Mr Fuller enquired regarding the progress of integration for health and social work services within South HSCP and whether, for example, it would be necessary to look at both health and social work complaints. It was noted that there are ongoing issues with regard to the different systems in place currently in health and social work. It was noted that this Committees remit is for the health aspects of services.

Dr Burns enquired as to where the Risk Register is scrutinised and it was noted that this takes place at the Performance & Audit Group.

Mrs Barkby asked the Committee to note that South HSCP had recently had a Unicef Breastfeeding audit carried out and the feedback from Unicef was that they are “beyond excellent” with 100% attainment in many areas.

Mr Moore asked whether the Care Home Continence Pilot has been rolled out. Mrs Docherty confirmed that it had been rolled out and was very successful, having won a Scottish Health Award.

The Committee discussed the MiDIS system and Mrs Docherty confirmed that work is underway to develop a business case and present this to IM&T to move to a new, fit for purpose IT system.

Dr. Osborne commended the work being done and commented that when services become more integrated, further discussions will be required regarding governance and Committee arrangements. Dr Osborne requested that hyperlinks are added in future to documents referred to in the reports, for ease of reference. Dr Osborne enquired regarding the interface between North and South HSCTs and whether their systems are working in parallel. Mrs. Docherty confirmed that they work closely together and share their work agendas. Additional

work is required to forge stronger links with hosted services and Acute.

Mr Fuller asked whether the Out of Hours Service can be sustained in its current structure throughout the winter. Mrs Docherty advised that a paper is going to CMT which relates to this and further information relating to this will be available afterwards.

THE COMMITTEE:

1. Noted the Highlight Report.

7. QUALITY AND SAFETY DASHBOARD

The Committee considered the Quality and Safety Dashboard Highlight Report dated 24th October 2018.

Dr Burns advised the group that some amendments to the reporting format had been requested from Acute sites. It was noted that HSMR ratio is on track and both Sepsis and crude mortality rates are being scrutinised by the Resuscitation Committee. It was further noted that there has been an improvement in the provision of dialysis. Mrs McGinty highlighted that there has been a reduction in cardiac arrests across NHS Lanarkshire and this has been acknowledged nationally.

Mr Fuller enquired as to whether there are current pressures with regard to Sepsis mortality rates. Dr Burns advised that improvement work is ongoing regarding the deteriorating patient and progress is being made, as well as improvement in the detection of Sepsis. Dr Burns also advised the group that the increase in numbers of Sepsis at Hairmyres is in part due to changes in recording and increased awareness.

Mrs L Thomson enquired as to the process for data feedback. Dr Burns advised that there are regular meetings, improvement science is being applied, increased staff engagement and the work of Resuscitation Committee includes the development of integrated SIGN guidelines for the deteriorating patient.

Dr Osborne asked about the comparison of surgical readmission versus the hospital length of stay and whether there is correlation between the two. Dr Osborne also noted that there does not appear to be much improvement in falls with harm.

Dr Burns agreed that it is important to link the indicators when reviewing the data. Work was carried out looking at a deep dive of readmission patient notes regarding patients being brought back to hospital following discharge to have a follow up procedure and the debate around correct coding of readmissions versus planned admissions of returning patients.

With regard to falls, Mrs Barkby added that following the falls summit which took place earlier this year a pan Lanarkshire group is implementing the outputs of the summit to try to make improvements in the prevention and management of falls.

Mrs M Lees advised that she had been involved in a review of the last 50 falls on site and would have this data back for the March 2019 meeting. Dr Burns added that there are discharge coding issues as the system sits nationally and is not flexible.

Dr Osborne highlighted page 17 of the report regarding ongoing coding work. Dr Burns advised there has been performance management attention on SMR 1 episodes and these are being intensively scrutinised.

THE COMMITTEE:

1. Noted the Quality & Safety Dashboard Report.

8. QUALITY PLANS

Mrs McGinty presented the Quality Plans to the Committee. Mr Fuller noted the content and suggested that consideration could be given to the length of the report and whether it would be helpful to condense this to allow easier scrutiny for the Committee.

Mrs McGinty proposed to provide a highlight report at future meetings for areas that are not on track or areas that have been delayed, while members will continue to have access to the detailed report via a hyperlink to the full detailed report.

Dr Osborne advised that she felt the plans were very good and some information indicating progress made on the delivery of the plans would be very helpful.

Mrs L Thomson advised that she enjoyed reading the plans very much and welcomed the level of detail included in them.

Mr Moore advised that it was difficult to get a sense of patient feedback with regard to patient experience and care opinion.

Mrs McGinty informed the Committee that the Patient Centred Care Plan provides further information with regard to patient feedback. Mrs Barkby also advised that there are multiple strands of feedback and it will be important how this is all brought together.

Mr Fuller advised that he is happy with the reduced report while still having access to the full detail for those who require it. Mr Fuller also noted that there is no overall Medicines Quality Strategy. Dr

Burns advised that there is a lot of good information available regarding medicines and a Medicines Quality Strategy is currently being developed. An update on progress on this strategy will be submitted to the next meeting in March 2019.

THE COMMITTEE:

1. Noted and approved the Quality Plans.

9. NHS LANARKSHIRE QUALITY SAFETY PLAN 2018 – 2023: MEASUREMENT PLAN

Mrs McGinty presented the Measurement Plan to the Committee and described the underpinning Implementation Plan which helps to provide evidence and assurance on the delivery of the plan.

THE COMMITTEE:

1. Noted and approved the Safety Plan.

10. QUALITY OF CARE ORKNEY PILOT REPORT

Dr Burns presented the SBAR report and spoke of the work underway assessing quality of care with an improvement ethos. A national Quality of Care Framework has been developed and a self-assessment and detailed analysis is to be undertaken of NHS Lanarkshire's position against the framework indicators are at present and compare this to NHS Orkney and NHS Ayrshire & Arran when their report is available.

Mr Fuller questioned whether some of this work is already underway and overlaps with the Integrated Boards.

Dr Burns confirmed that a whole system approach to this work is imperative and Healthcare Improvement Scotland need to clarify the measures to be used. Dr Burns added that it is always good to undertake self-assessment.

THE COMMITTEE:

1. Noted the Report.

11. EXTRACT OF CORPORATE RISK REGISTER (CLINICAL)

The Committee considered the Corporate Risk Management Report and noted that Mr Paul Cannon was unable to attend today's meeting to update the Committee regarding this.

Mrs Barkby noted that nursing staff vacancies have been filled therefore risk factors are expected to reduce as a result.

It was noted that there are a high number of GDPR risk issues due to the huge volume of work required in this area.

Mr Fuller enquired as to whether it would be possible to filter the risk register details further and only view the risks which the HQAIC have a role in.

THE COMMITTEE:

1. Noted the Report.

12. ADVERSE EVENT POLICY

The Committee considered an update report dated 8th November 2018.

Dr Burns updated the Committee regarding the compliance data breakdown and the nature of the adverse events, the highest number being slips, trips and falls. Learning summaries are being developed to support whole system learning.

Mr Fuller enquired as to what is going well currently and what further work could be done in terms of, for example, preventing suicides. Dr Burns advised that it depends on the individual case as some areas are difficult to determine, however there is a requirement for the organisation to have a well developed safety culture.

Mrs Armstrong advised that the Mental Health Policy is currently under review.

Dr Osborne enquired as to why the data stops at June 2018. It was agreed that this would be explored.

THE COMMITTEE:

1. Noted the report.

13. PUBLIC PROTECTION GROUP – ANNUAL REPORT

The Committee considered the Annual Report for the Public Protection Group. Mrs T Lyttle advised that the group is continuing with improvement work to develop and train staff, e.g. improving awareness of MAPPA and a public protection review, providing greater stability. Further work will focus on clinical quality and ensuring services are working together as effectively as possible. Recruitment is underway with regard to a Lead for Public Protection

and work is being taken forward to review policies, including the need to review Child Protection Policy which links with the Adverse Event Policy.

Mr Fuller enquired regarding the work of the committees for Child and Adult Protection across North and South Partnerships. It was noted that further detail is available in the Public Protection Strategic Enhancement Plan 2018/'19.

Dr Osborne commented that it was helpful to hear about staff training to improve resilience.

Mrs Thomson noted that the recruitment of two members of staff were replacements, not new staff members and queried whether there are any staffing concerns. Mrs Lyttle advised that there are no issues at present however they recognise the need for greater stability within the team(s).

Mrs Docherty highlighted that they work closely with Independent Chairs on the Protection Groups and that the Adult Protection Advisor and Child Protection Advisor in both North and South Partnerships also work very closely together.

Mrs Barkby thanked Mrs Lyttle for the report and ongoing work with regard to Public Protection.

THE COMMITTEE:

1. Noted the highlight report.

14. TRANSFUSION GOVERNANCE COMMITTEE – ANNUAL REPORT

The Committee noted the Annual Report from the Transfusion Governance Committee. Dr Burns advised that there is a strong message about staff training needs and she will be taking action regarding this matter. There is a new Transfusion Practitioner appointed at Wishaw Hospital and there is good site engagement there.

Dr Osborne noted that she saw a number of issues highlighted in the report and would appreciate the opportunity to review this again in a year.

Mrs Lees advised that she felt there were too many abbreviations in the report.

Mrs Barkby fed back that there has been an IT issue at Wishaw in terms of the lab system not connecting effectively with other systems.

Dr Burns noted that she will review issues identified and provide an update at the next meeting in March 2019.

THE COMMITTEE:

1. Noted the Annual Report.

15. RADIATION SAFETY COMMITTEE – ANNUAL REPORT

The Committee considered the Annual Report from the Radiation Safety Committee. Dr McCurrach advised that regulations had been amended which came into law in February 2018 and this presented some challenges for NHS Lanarkshire with regard to taking these changes forward. There has therefore been work undertaken to review policies and procedures to ensure compliance and adopt a Scotland wide approach in partnership with other Boards. They now need to inform the Health & Safety Executive. The change in regulations now requires external contractors to submit risk assessments before servicing items of equipment, e.g. Siemens and Phillips. Work will now also need to be undertaken to monitor Radon gas levels over the winter period. There is also new legislation to be implemented regarding the safety of carers and comforters (e.g. a mother holding their child during an x-ray) and it is hoped that there will be a National approach to this.

An Employer's licence will now be required for Radioactive substances. Dr McCurrach also advised that there is an increasing number of non-medical referrers e.g. nursing staff, physiotherapists, requesting x-rays, therefore this is creating additional work for administrative staff and there is a need to complete a Clinical Audit. Dr McCurrach informed the Committee that there are approximately 4 / 5 radiation incidents per annum in NHS Lanarkshire reported to Scottish Ministers.

Dr Burns thanked Dr McCurrach for the report and acknowledged that while the new legislation helps to ensure safety, it can be difficult to implement.

Mrs Barkby enquired as to whether the issues highlighted are on the Corporate Risk Register, i.e. are they risks or issues.

Mrs Thomson raised the same point as Mrs Barkby and added, if there was an incident while the new legislation was being implemented, would NHS Lanarkshire be held culpable and what actions are required to mitigate against new risks. Mrs Thomson also asked, how staff will track the necessary information regarding carers and comforters; will this be recorded in the patient record for every examination. There was discussion regarding whether it would be helpful to note on the patient's CHI record that they had been exposed to radiation.

Mrs Docherty advised that there are approximately 450 non-medical staff potentially referring into the service, not to mention GP staff and how do we ensure they are represented e.g. should representatives be invited to join relevant Committees or groups.

Dr Osborne enquired as to what actions are taken when staff have requested examinations for the wrong patients.

Dr McCurrach advised that they would carry out an investigation if a patient received more radiation than required, it would also be recorded in the patient's notes and a report would be sent to Scottish Government in which it should detail what actions will be taken to prevent recurrences.

THE COMMITTEE:

1. Noted the Annual Report.

16. REALISTIC MEDICINE – UPDATE REPORT

Dr Burns presented the Report dated 23rd October 2018 to the Committee and advised that the Atlas of Variation provides a helpful benchmark. Mr Fuller asked if there are any documents available to review following the recent Conference and Dr Osborne advised that it would be helpful to see a 6 monthly report at this Committee, to help keep updated regarding Pathways developments, etc.

THE COMMITTEE:

1. Noted the Realistic Medicine Update Report.

17. INFORMATION GOVERNANCE – HIGHLIGHT REPORT

The Committee considered the Information Governance Committee Highlight Report. Dr Moore commented that North and South Partnerships should be more involved in Information Governance and will contact Dr McMenemy about this.

Dr Osborne noted that a National Review has this on their agenda and it would be helpful to have further guidance.

Mr Cannon will be asked to share the report regarding the Radiographer breach for the next meeting in March 2019.

THE COMMITTEE:

1. Noted the Information Governance Committee Highlight

Report.

18. AREA DRUG & THERAPEUTIC COMMITTEE – MID YEAR REPORT

Dr Burns presented the report, noting that it was very brief and enquired as to whether the Committee found it of value. It was agreed that the report does not give the Committee adequate assurance, therefore Dr Burns and Mrs Barkby will review this and provide an update on future reporting at the next meeting in March 2019.

THE COMMITTEE:

1. Noted the Mid-Year Report and will review with the Report author before the meeting in March 2019.

19. INDEPENDENT SECTOR GOVERNANCE GROUP (PREVIOUSLY CONTRACT MONITORING GROUP)

Mrs Barkby presented the Annual Report dated 2nd November 2018.

The Committee discussed whether any concerns raised would be escalated to this group and it was confirmed that they would be highlighted firstly to CMT and then to this group.

THE COMMITTEE:

1. Noted the Annual Report.

20. SPSO & HIGH VALUE CLAIMS – UPDATE REPORT

The Committee noted the SBAR Report dated 23rd October 2018. Mrs Barkby advised that work is ongoing with the Quality Directorate on triangulating the learning. A review has been undertaken using the new SPSO framework and engagements events are planned for North, South and Acute sites on the new processes. A report will be provided at the next meeting in March 2019.

THE COMMITTEE:

1. Noted the Annual Report.

21. BEREAVEMENT CARE GROUP – ANNUAL REPORT

Mrs Barkby presented the Annual Report to the Committee for noting progress.

Mrs Barkby confirmed that the risks on the register were local and not corporate. Mrs Lees commented that she welcomed the report and noted that it was great to see progress and the achievements that have been made.

THE COMMITTEE:

1. Noted the Annual Report.

22. ORGAN DONATION COMMITTEE

The Committee noted that the Annual Report will be presented at the next meeting in March 2019.

THE COMMITTEE:

1. Noted that the Report will be presented in March 2019.

23. COMMITTEE WORKPLAN

- a) The Committee noted that the work plan.
- b) The Committee noted the Self-Assessment and Effectiveness Review paper provided by Mr Cannon. Mr Fuller requested that all members review it by Monday 12th November and provide feedback to allow it to be signed off by Dr Burns and Mrs Barkby.

THE COMMITTEE:

1. Noted the Work plan and the Self-Assessment and Effectiveness Review paper and actions required by all members to review the Self-Assessment.

24. SURGICAL SITE INFECTION (SSI) SURVEILLANCE PROGRAMME

The Committee noted the Infection Prevention and Control Annual Report and SBAR Report presented by Mrs Shepherd and Mrs Young.

Mr Fuller thanked Mrs Shepherd and Mrs Young for such detailed reports.

Dr Osborne enquired as to the percentage comparison for large bowel and vascular and whether NHS Lanarkshire are outliers. Mrs Young

advised that NHS Lanarkshire is not flagged up as such and rates are lower than expected. Dr Burns asked whether there are clear definitions on the procedures for vascular and large bowel. Mrs Young confirmed that these are available as per the guidance.

THE COMMITTEE:

1. Noted the Annual Report and SBAR Report.

25. ISSUES OF CONCERN – BY EXCEPTION ONLY

The Committee noted that there were no issues of concern.

26. NEW RISKS IDENTIFIED

Dr Logan advised that there is a resources issue for sexual health services and advised that there has been an increase in the number of syphilis cases in NHS Lanarkshire. 33% of heterosexual syphilis cases occur in NHS Lanarkshire. Dr Logan advised that Dr Docherty is Chairing a sexual health service short life working group to look further into the issue.

Mr Fuller asked whether it would be helpful for this issue to be raised at the Population Health Committee, rather than this Committee.

27. ANY OTHER COMPETENT BUSINESS

Quality Week, 19th – 23rd November 2018

Mrs McGinty agreed to circulate information regarding Quality Week to the Committee.

DATE OF NEXT MEETING

- a) Thursday 14th March 2019 at 14:00 hours
Venue: Boardroom, Kirklands H.Q.
- b) Thursday 9th May 2019 at 14:00 hours
Venue: Boardroom, Kirklands H.Q.

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