

HEALTHCARE QUALITY ASSURANCE AND
IMPROVEMENT COMMITTEE:
CHAIR PERSON, MICHAEL FULLER

Meeting on Thursday 9th May 2019

Summary of key issues

1. Vale of Leven Report – a report was presented highlighting the recommendations for the Board and progress to date and it was noted that any ongoing and outstanding actions are being monitored and taken forward via the Lanarkshire Infection Control Committee and Food, Fluid and Nutrition Committee. Further update to HQAIC in July.
2. Queen Elizabeth Report – it was noted that NHSL has formally replied to HIS regarding this report. 3 unannounced inspections have been completed in NHSL acute sites and a report on the findings will be sent to the Lanarkshire Infection Control Committee and then tabled at HQAIC in July '19.
3. Transfusion Governance Committee – the Annual report was shared highlighting gaps and steps to rectify issues e.g. recruitment and retention, uptake of training.
4. Acute Clinical Governance & Risk Management Group – the Committee noted the highlight report presented by Dr J Keaney, highlighting areas of good work, i.e. reduction in HSMR, Falls reduction at University Hospital Wishaw, reduction in overdue Significant Adverse Event Reviews.
5. North HSCP Support, Care & Clinical Governance Group – report highlighted areas of Improvement work including staff completing Psychological Safety questionnaires, an Adverse Events sub-group, Mental Health Care Assurance standards to be implemented and review the groups Terms of Reference to provide governance and assurance.
6. South HSCP Support, Care & Clinical Governance Group – report highlighted significant work in progress regarding Breastfeeding rates, and promoting Breastfeeding Week (W/B 4th June) and concerns regarding a Falls Significant Adverse Event Review therefore work ongoing. Risks highlighted with regard to the General Medical Services (GMS) contract impacting on GP capacity, GP input to sustain Community Hospitals and the Out of Hours service; a paper will be submitted to CMT regarding this.

7. Quality & Safety Dashboard – report highlighted an improvement in HSMR figures, an improvement in Cardiac Arrest rates at Hairmyres Hospital, and an increase in the re-admission rates at Monklands Hospital which is being reviewed. Committee discussed rates of Sepsis and it was noted that variability exists with regard to diagnosing and coding Sepsis, therefore work is ongoing with the sites, with ISD and the Data & Measurement team.
8. Quality Strategy – a highlight report was presented and it was noted that the Quality Planning & Professional Governance Group will monitor the Strategy Implementation Plan going forward and the format of the Plan has been reviewed and improved to provide clearer information and updates and incorporates recommendations from Internal Audit. It was noted that the Quality Directorate are facing capacity issues at present due to staff absence and vacancies, therefore work-streams are being prioritised.
9. Corporate Risk Register & High Value Claims – Mr P Cannon advised that he would review the report format to provide more detail and highlight trends going forward.
10. Adverse Events (including Duty of Candour) – it was noted that work is underway to cleanse the data and there is a better understanding regarding definitions. Staff who can record Duty of Candour is restricted to Risk Facilitators to ensure accuracy and 2nd stage revalidation is in place. An Annual Report will be published in June 2019 and will be shared with HQAIC. It was noted that a more detailed analysis of Mental Health Duty of Candour incidents is required and supplementary information regarding the nature of these incidents will be provided.
11. Safety Plan Steering Group – the Committee received the highlight report, noting that the Safety Group is reviewing key areas of work including Sepsis, Acute Kidney Injury, Falls, Medicines and HSMR. A whole system approach across the Acute sites and HSCPs is the agreed, best way forward.
12. Radiation Safety Committee – the Midyear report detailed that new regulations are in place and therefore ongoing monitoring is required. It was noted that there is a risk with regard to the increasing number of non-medical referrers. This area of work will be monitored via the Quality Planning & Professional Governance Group.
13. Public Protection Group – a Midyear report was presented highlighting some risks, i.e. Initial Referral Discussions (IRDs) being monitored, MAPPA process and the need to review workforce planning arrangements. It was also noted that Internal Audit are undertaking a report regarding Protection arrangements.

14. Information Governance – an Annual Report was presented and the Committee noted the risks regarding Cyber Security as highlighted, i.e. NHSL has 300 servers, 100 of which are located in GP practices, there are State sponsored threats to security and one of the main threats is via our staff, therefore there is a requirement to boost the Fair Warning Resilience, review systems of work and the need for all staff to reflect on a personal level including ensuring everyone has this within their PDPs to support the necessary culture around Information Governance duties and responsibilities.

15. Clinical Effectiveness Group - report shared highlighting work underway including the Quality of Care Framework, benchmarking performance and ensuring implementation plans are being delivered. Work will be undertaken regarding the Atlas of Variation, highlighting areas where NHSL is an outlier. The Internal Audit Report identified 4 key recommendations (all in progress), i.e. Clinical Guidelines (15% out of date, was previously 31% and meeting with SHOW regarding IT system updates), allocate Audit work, Highlight Reports for HQAIC and reporting of the Clinical Effectiveness Group into the Quality Planning & Professional Governance Group going forward.

16. Food, Fluid & Nutrition Steering Group – it was noted that the group has met 6 times and 2 key areas have been highlighted, i.e. Medical representation (now resolved) and patient representation (still trying to identify someone). The group is developing a Work-plan for the coming year and will use improvement methodology and shared learning opportunities.

17. SPSO Update Report – the Committee noted the recent staff Development Day which was well attended and considered new processes and identified priority actions. Feedback and recommendations have been received regarding the Complaints Handling procedure. The SPSO report and intervention policy has been submitted to CMT with a view to improving performance. A Sharing Intelligence Group has been established to help triangulate information and support learning and sharing feedback from complaints.

18. Report Inpatient Visiting Policy – a paper was presented providing background information and details regarding the current arrangements across NHSL sites. The Person Centred Visiting Policy was developed to support patients and staff and it was noted that Lanarkshire is a leading Board in Scotland. An Annual Review will be undertaken in October 2019 incorporating staff, patient and families feedback regarding what's working well. Will be discussed at the November HQAIC meeting and Mr R Edwards to be invited to the November meeting.

Any Decisions / Approvals taken to highlight

Any risks identified that need to be highlighted