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Minutes of the Healthcare Quality Assurance and Improvement Committee held on Thursday 12th September 2019 at 2.00pm in the Board Room, Kirklands HQ.

Chair:

Mr M Fuller Non-Executive Director (Chair)

Present:

Mrs M Lees Chair, Area Clinical Forum
 Dr L Thomson Non-Executive Director

In Attendance:

Mrs A Armstrong Nurse Director, North Lanarkshire HSCP
 Mrs I Barkby Executive Director of Nursing, Midwifery & Allied Health Professionals
 Mrs E Currie Quality Programme Manager, Business Support
 Mrs M Docherty Nurse Director, South Lanarkshire HSCP
 Dr J Keaney Medical Director, Acute Division
 Mrs I Lindsay Practice Development
 Mrs L McInally Acting Head of Improvement
 Dr G McCurrach Head of Nuclear Medicine Physics
 Mrs N Mahal Board Chair
 Mrs A Minns Head of Evidence
 Mrs C Mitchell Acting Head of Infection Control
 Dr B Mukhopadhyay Lead for Realistic Medicine

Apologies:

Dr J Burns Medical Director
 Mr C Campbell Chief Executive
 Dr A Cook Medical Director, North Lanarkshire HSCP
 Mrs K Cormack Director of Quality
 Professor K Currie Professor of Nursing & Applied Healthcare Research, Glasgow Caledonian University
 Mr G Docherty Director of Public Health
 Mrs L Drummond Head of Assurance
 Mrs M McGinty Head of Improvement
 Dr A Osborne Non-Executive Director

1. WELCOME

Mr Fuller welcomed colleagues to the meeting and apologies were noted.

2. DECLARATION OF INTERESTS

There were no declarations.

3. MINUTES

The minutes of the meeting held on 11th July 2019 were reviewed. Mrs M Docherty noted on page 4, in the Adverse Events paragraph, the review processes will be the same for all Category 1 incidents, not only suicides. The minutes were agreed subject to the amendment.

THE COMMITTEE:

1. Noted and approved, subject to the amendment to the minutes from 11th July 2019.

4. ACTION LOG

The Committee considered and updated the Action Log as follows:

a) Queen Elizabeth Hospital SBAR

It was noted that work is in progress and an update on this item will be provided at the November meeting.

b) Public Protection

This review is complete and recommendations were endorsed by CMT on 2nd September.

c) Legal Claims Annual Report

No comments were received on the new format of the report.

d) Complaints Development Day

Mrs L Drummond was unable to attend today's meeting therefore this action will be carried forward to the November meeting.

e) Quality Strategy Measurement Plan

Mrs K Cormack was unable to attend today's meeting therefore this action will be carried forward to the November meeting.

f) South Health & Social Care Partnership

Mrs M Hayward was unable to attend today's meeting therefore this action (South HSCP will provide a draft of their Quality & Safety Plan to the Committee) will be carried forward to the November meeting.

g) Inpatient Visiting Policy (Annual Review)

A report from the Annual Review will be shared with the Committee for information at the November meeting. Mr R Edwards will be in attendance.

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

Dr J Keaney presented the highlight report and advised that Physician Associates will now be registered with the General Medical Council (GMC).

Mrs I Barkby provided an update with regard to Safe Staffing Legislation, advising that funding was secured for a dedicated resource to support all staff groups and good governance arrangements are in place.

The Committee discussed the issue of under-resourcing in nursing and medical staffing and possible solutions to cope with increasing demands across services. It was agreed that it would be helpful to triangulate the available data including staff absence rates, vacancies, etc, and for HR, CMT and the Area Partnership Forum to review this to allow the Board to record the risk(s) accurately and mitigate against this.

THE COMMITTEE:

1. Noted that Quality Planning & Professional Governance highlight report.

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

The Committee considered the highlight report presented by Mrs A Armstrong, noting a few key areas. With regard to Adverse Events, July saw a reduction in the number of incidents reported on Datix, and staff are applying due diligence by ensuring information is recorded accurately. In the period May to July, there were 6 category 1 incidents and the reviews for these are running to time, however noted some challenges with those that overlap with Glasgow services. The Category 1 Group continues to meet and is helpful with regard to ensuring actions are closed off in time. In terms of Sexual Health, a notification of concern is being used to improve communication between social work services and NHS Lanarkshire.

Mrs A Armstrong informed the Committee of the Mental Health Welfare Committee Review and the positive feedback received. It was noted that the Review made no recommendations for the service. North HSCP received a People's Choice Award for their High Resource Users work which has resulted in a 36% reduction in A&E attendances. The Committee discussed ways of spreading this work to other areas and Mrs N Mahal expressed the desire to see this work rolled out as quickly as possible across NHS Lanarkshire. Mrs A Armstrong confirmed that work is ongoing to test what works well, review staffing arrangements and plan roll out.

Mrs L Thomson queried whether Datix outstanding actions come back to the Committee to confirm completion. Mrs A Armstrong will add a new column to report back to the group confirming that outstanding actions are completed and will bring the new format back to the November meeting.

THE COMMITTEE:

1. Noted the North HSCP Support, Care & Clinical Governance Group Highlight Report.

7. QUALITY & SAFETY DASHBOARD – HIGHLIGHT REPORT

Mrs A Minns presented the Quality & Safety Dashboard Highlight Report.

The Committee discussed the work of the Falls Group and it was noted that there is a lot of excellent work underway in Ward 22 of University Hospital Monklands which has resulted in a significant reduction in patient falls. They have also introduced an alarm system that alerts staff to patient's movements to help prevent falls for those at risk.

It was noted that the Dashboard indicates the total number of falls has reduced, however falls with harm has increased. Mrs L McNally advised that this could be due to the complexity of the patients. A whole system review linked to the National Strategy is underway and in the meantime, the Quality Directorate are continuing to work with the 3 Acute senior nursing teams and also Stonehouse Community Hospital. Mrs L McNally described some of the ongoing work, e.g. interventions, risk assessments and patient observations, including patients with delirium who are at high risk, therefore staff are observing and monitoring the pattern of activity. It was agreed that Falls will be a special interest item at the November meeting.

Dr J Keaney commented that 7 day and 28 day readmission rates are declining over the last year however this cannot be recorded on Trakcare.

Mrs M Lees queried the Stroke Bundle reference to swallow screening causing issues for patients and Dr J Keaney confirmed that work has been completed in this area and there has been an improvement.

THE COMMITTEE:

1. Noted the Quality & Safety Dashboard Highlight Report.

8. QUALITY STRATEGY – HIGHLIGHT REPORT

Mrs L McNally presented the Quality Strategy Highlight Report to the Committee and provided an update with regard to the RAG status of the overdue actions.

Mrs M Lees requested two items are reviewed and clarified, i.e. the timescale for the Complaints Development Plan and timescale for the Draft Clinical Audit Programme.

THE COMMITTEE:

1. Noted Quality Strategy Highlight Report and the recommendations put forward with regard to clarifying the timescale for the Complaints Development Plan and the Draft Clinical Audit Programme.

9. EXTRACT OF CORPORATE RISK REGISTER (CLINICAL)

The Committee noted the paper and Mrs E Currie will contact Mr P Cannon to confirm the frequency of the High Value Claims Report.

THE COMMITTEE:

1. Noted the Extract of Corporate Risk Register (Clinical).

10. **ADVERSE EVENT – ANNUAL REPORT (DUTY OF CANDOUR)**

The Committee considered the Annual report presented by Mrs A Minns and discussed clarity of definitions. It was noted that training has been delivered to many staff. Mrs L Thomson suggested that it would be helpful to view the information at a glance in one report as opposed to several reports. Mrs I Barkby advised there is a need to triangulate incidents and complaints including the Ombudsman Reports and this would be a focus for discussion at the Sharing Intelligence Group. Dr J Keaney agreed and noted the system issues with triangulating the data from the multiple systems and sources in use. Mrs N Mahal advised that Healthcare Improvement Scotland (HIS) are working on a review of Adverse Events in terms of variations across NHS Boards. The Committee discussed issues with the current Datix system and it was agreed that Mrs K Cormack will be asked to provide an update on the ongoing discussions with the Datix providers at the November meeting.

THE COMMITTEE:

1. Noted the Adverse Event Annual Report (Duty of Candour).

11. **SAFETY PLAN STEERING GROUP – ANNUAL REPORT**

Mrs L McInally presented the Safety Plan Steering Group Annual Report and highlighted some of the achievements, e.g. HIS Cardiac Arrest data shows a 40% reduction in NHS Lanarkshire and was highlighted as a good, sustained improvement. Other areas of work highlighted were deterioration pathways e.g. AKI, Sepsis and the use of the patient trac system. The Committee heard that NHS Lanarkshire is developing a Falls strategy linked to the National strategy and a process mapping exercise has been completed. Mrs I Barkby noted that it is helpful to see where improvements are being made and are being tracked, supported by the reformatting of the Implementation Plan.

Mr M Fuller noted a type error regarding the HSMR data and Mrs L McInally will amend this and provide an update.

THE COMMITTEE:

1. Noted the Safety Plan Steering Group Annual Report and Mrs L McInally to update the HSMR data.

12. **LANARKSHIRE INFECTION CONTROL COMMITTEE – ANNUAL REPORT**

Mrs I Barkby presented the Lanarkshire Infection Control Committee Annual Report. It was noted that this has already been to the Board meeting, however it would be helpful to give the appropriate time to Mrs C Mitchell and consider what information other NHS Boards are reporting.

Mr M Fuller enquired regarding page 5 of the Executive Summary “outbreak data”. Mrs I Barkby advised that it would be helpful to have access to trend data, to note progress against National and other Boards.

Mrs C Mitchell provided an explanation regarding the reduction in bed and ward closures as they are able to isolate infection. Mrs N Mahal noted that the report was very helpful and highlighted some excellent work and asked to see the accompanying action plan to see the detail of what is going to happen next. Mrs L Thomson also commented that this was a great report and detailed great effort and work undertaken and should be congratulated.

It was agreed that a quarterly action plan will be made available and there was discussion regarding whether going forward, all Annual Reports presented to the Committee should be submitted with an accompanying action plan or request authors add a section at the end "what next / next steps".

A change to scheduling was agreed, i.e. reports should come to this Committee prior to going to the Board meeting. Mrs E Currie will link with Mr P Cannon to implement this change.

THE COMMITTEE:

1. Noted the Lanarkshire Infection Control Committee Annual Report.

13. RADIATION SAFETY COMMITTEE – ANNUAL REPORT

Dr G McCurrach presented the Radiation Committee Annual Report and highlighted a few key areas, i.e. in section 8 Risks and Issues, it was noted that there is an increasing number of non-medical referrers to the service (approx. 440 nursing staff and approx. 90 Allied Health Professionals) therefore considerable work is required with regard to tracking requests. It was suggested that a clinical audit would be helpful. Dr G McCurrach will link with Dr J Keaney and Mrs F Dodd out-with the meeting to discuss further.

The Committee noted that there have been 9 reportable radiation incidents to date in 2019 and 6 of these were due to referral errors, all of which were investigated. Dr G McCurrach advised that the x-ray unit in Orthopaedic theatre is managed out-with the Radiology service therefore requires more robust Clinical Governance arrangements.

There have been issues with regard to GP referrals via hand written cards. Some are not signed and some of those with signatures are not legible therefore it would be beneficial if GPs could have access to the electronic referral system. Dr G McCurrach is having discussion with colleagues regarding this. It was further noted that some nursing staff employed directly within GP practices (Independent Contractors, not NHS Lanarkshire employees) have requested access to the service, however this has been delayed. Mrs M Docherty advised that the Advanced Practitioner Steering Group is aware of this issue and is working to ensure that the appropriate governance arrangements are in place.

The Committee were advised that Healthcare Improvement Scotland (HIS) are changing their inspection regime and there has been a pilot at University Hospital Monklands.

Mrs I Barkby informed the Committee that there is a high level of audit from the Nursing, Midwifery and Allied Health Professional perspective, therefore there is assurance with regard to the governance of radiology referrals from these staff groups. It was agreed that representatives from Nursing and General Practice should be on the Radiation Safety committee, therefore Mrs M Docherty will link with Dr G McCurrach to discuss.

Mrs N Mahal highlighted an assurance query regarding how issues identified are being addressed and requested detail of the action plan including next steps, e.g. reportable incidents, advising that it would be helpful to see the plan for dealing with the risks that have been identified in the report.

Dr G McCurrach responded to a question from Mrs L Thomson regarding the

previous year's regulations issues, confirming that these have been partially addressed and good improvements have been made.

Mr M Fuller requested an updated report on the risks including mitigation, with details of what's happening, what's projected and a timeline.

THE COMMITTEE:

1. Noted the Radiation Safety Committee Annual Report and requested an updated report is brought to the November meeting.

14. REALISTIC MEDICINE – MID YEAR HIGHLIGHT REPORT

The Committee considered the Mid Year Highlight Report presented by Dr B Mukhopadhyay and it was noted that a Realistic Healthcare Group has been established, chaired by Dr J Burns. Staff training sessions have been completed and Dr B Mukhopadhyay feels that NHS Lanarkshire is making good progress with this area of work. With regard to the Atlas of Variation, maps of clinical activity from ISD will be published and 9 are available at present. The maps highlight areas of variation for NHS Lanarkshire, e.g. Gallbladder surgery, therefore Dr J Burns tasked surgical teams to look into this and find out why this the case. The Committee discussed possible reasons for unwarranted variation, e.g. lack of uniform, whole system pathways and guidelines and it was noted that considerable efforts are being made currently with regard to guideline and pathway development. Mrs A Minns informed the Committee that Drs M Malekian and A Cook have written a draft Guidelines Strategy paper and to date, only 11% of guidelines require updating and work continues to review and update all guidelines. Work is also progressing with regard to the SHOW website development for hosting guidelines.

Mrs L Thomson enquired as to whether the same emphasis was on the development of pathways as is evident in the work regarding guidelines. Mrs A Minns advised that it would be helpful if the draft Guidelines Strategy paper could be endorsed by CMT first and this will help scope out the resource implications going forward. Mrs A Minns will take this action. Dr B Mukhopadhyay agreed that pathways development is a big issue and there is a need for guidance from surgical colleagues regarding the best pathways. Furthermore it was noted that many junior doctors in NHS Lanarkshire refer to NHS Greater Glasgow & Clyde guidelines. The Committee discussed that it would be more beneficial for clinical staff to have access to regionalised guidelines and this work should be progressed urgently. Three actions were agreed and updates will be brought back to the November meeting of the Committee, i.e. a Guidelines Strategy update, an update on the number of out of date guidelines, guidelines website development and a pathways update.

THE COMMITTEE:

1. Noted the Realistic Medicine Mid Year Highlight Report and agreed actions to be recorded on the Action Log.

15. INFORMATION GOVERNANCE – HIGHLIGHT REPORT

The Committee considered the Information Governance Highlight Report and discussed the issue of security staff wearing body cameras and what arrangements are in place to protect staff and patients whose images could be unintentionally captured. Mrs L Thomson noted that controls are very tight

with regard to the use, storage and destruction of such images, in line with Data Protection. It was agreed that Dr P McMenemy would be invited to the November meeting to provide an update to the Committee. Mrs I Barkby provided a verbal update regarding the recently established Sharing Intelligence Group, including its purpose and remit.

THE COMMITTEE:

1. Noted that the Information Governance Highlight Report.

16. AREA DRUG & THERAPEUTICS COMMITTEE – ANNUAL REPORT

The Committee was provided with the Area Drug & Therapeutics Committee Annual Report. It was noted that report lacked detail and information and therefore did not provide the Committee with the appropriate assurance. It was agreed that Dr M Malekian would be asked to resubmit the report for discussion at the November meeting and he will be provided with the Annual Report template. Dr M Malekian will also be invited to attend the November meeting to present the Report.

THE COMMITTEE:

1. Noted the Area Drug & Therapeutics Committee Annual Report and agreed that a revised submission will be requested for the November meeting.

17. EXCELLENCE IN CARE REPORT

Mrs I Lindsay presented the Excellence in Care Report to the Committee and highlighted that this applies to nursing and midwifery staff only at present, however it is hoped that it will encompass multi-disciplinary staff going forward. It was noted that the Excellence in Care work should link with the Value Management Collaborative, therefore Mrs I Lindsay will liaise with Quality Directorate colleagues to discuss taking this forward.

The Committee discussed the Complaints system and noted that quarterly reports are submitted to the Scottish Government regarding Datix. It was further noted that NHS Lanarkshire is working on updating the Datix system to a newer version and Mrs K Cormack, Director of Quality, has been leading on this for the organisation.

The HEPMA system is helping to more easily identify medicine omissions and further information should be available in Spring 2020. Data for bank staff usage will be available for the end of October 2019 from the Finance Department.

It was agreed that a further update would be provided at the November meeting of the Committee and should also be shared with the Clinical Effectiveness Group for discussion.

THE COMMITTEE:

1. Noted the Excellence in Care Report and agreed that an update will be brought back to the November meeting.

18. SPSO – SBAR REPORT

Mrs I Barkby presented the SPSO SBAR report to the Committee and advised

that it would be helpful going forward to have a variety of different reports available for the group to be able to review trends, themes, number of complaints per reporting period / in year. Mrs I Barkby will meet with Mrs K Cormack to discuss reporting options for future Committee meetings.

The Committee noted that the Complaints Development Plan would be submitted to the November meeting for consideration.

THE COMMITTEE:

1. Noted the SPSO SBAR report.

19. COMMITTEE WORK-PLAN 2019-2020

It was noted that the CAAS Steering Group no longer exists therefore will be removed from the Committee reporting schedule and work-plan. Similarly, the Older People Dementia Steering Group no longer exists, therefore will also be removed from the reporting schedule and work-plan. Dementia work is now discussed at the North HSCP Support Care & Clinical Governance Group therefore Mrs A Armstrong will provide an update at the March 2020 meeting of this group.

THE COMMITTEE:

1. Noted the changes required to the work-plan.

20. ISSUES OF CONCERN – BY EXCEPTION ONLY

Operational

The Committee considered the report received on Value Management and noted that feedback, themes and areas of work are being collated in a report following the session on 23rd August and this will be brought back to the November meeting of the group. Mrs C Brown, Improvement Advisor in the Quality Directorate has been appointed to the Value Management role and will commence in post in early November 2019. It was agreed that a progress update report on Value Management would be provided to the Committee in March 2020.

Safety

Dr J Keaney asked the Committee to note that NHS Lanarkshire plan to use a currently unlicensed medicine for Ophthalmology and there are potential savings of approximately £2 million per annum. Work is underway in conjunction with other West of Scotland Boards and the matter has been discussed at the NHS Lanarkshire Board meeting. The Committee noted that the medicine has been approved by Eye Care Scotland and the Institute for the Blind. The timeline for use is by the end of this year.

Independent Sector

The Committee noted the report presented by Mrs I Barkby and heard that there have been improvements in processes within NHS Lanarkshire. Further work to be completed will include the development of a memorandum of understanding and a review of the referral protocols for inspections to provide assurance that the appropriate level of service scrutiny is carried out.

Staffing

Mrs I Barkby informed the Committee that a multi-disciplinary Think Tank Event is scheduled for Monday 28th October and will focus on legislation, the current situation in NHS Lanarkshire including what processes are currently in place and discussion regarding what people want to see happening. A draft Terms of Reference will be written for an oversight Board and the lead will be Mr J White, Director of HR.

THE COMMITTEE:

1. Noted the Issues of Concern by exception only.

21. **ANY NEW RISKS IDENTIFIED TO BE CONSIDERED FOR INCLUSION ON THE CORPORATE RISK REGISTER**

No issues were raised.

22. **ANY OTHER COMPETENT BUSINESS**

- a) Risks

noted that some reports did not provide assurance, e.g. the Area Drugs & Therapeutics Committee Annual Report and SPSO report therefore actions have been agreed to address this.

- b) Workplan

The Area Drugs & Therapeutics Committee Annual Report will be requested for resubmission at the November 2019 meeting therefore the Committee Workplan will amended to reflect this.

- c) Requirements for submitting reports

The Committee noted that some reports are not being submitted within the required timescales. All members are reminded of the importance of submitting their reports when requested as per email notifications.

23. **DATE(S) OF NEXT MEETING(S)**

Thursday 14th November 2019 at 14:00 hours
 Thursday 12th March 2020 at 14:00 hours
 Thursday 14th May 2020 at 14:00 hours
 Venue: Boardroom, Kirklands H.Q.