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Minutes of the Healthcare Quality Assurance and Improvement Committee held on Thursday 22nd July 2020 at 2.00pm via MS Teams.

Chair:

Dr L Thomson Non-Executive Director (Chair)

Present:

Mr A Boyle Non-Executive Director
 Mrs M Lees Chair, Area Clinical Forum
 Mrs L McDonald Non-Executive Director
 Mrs M Morris Non-Executive Director
 Dr A Osborne Non-Executive Director

In Attendance:

Dr J Burns Executive Medical Director
 Mrs K Cormack Director of Quality
 Mrs M Cranmer Staff Partnership Representative
 Mrs E Currie Quality Programme Manager, Business Support
 Professor K Currie Professor of Nursing & Applied Healthcare Research, Glasgow Caledonian University
 Mr E Docherty Executive Director of Nursing, Midwifery & Allied Health Professionals
 Mr G Docherty Director of Public Health
 Dr L Findlay Medical Director, South Lanarkshire HSCP
 Dr J Keaney Medical Director, Acute Division
 Mrs T Marshall Nurse Director, North Lanarkshire HSCP
 Mrs A Minns Head of Evidence, Quality Directorate
 Mr R Peat Interim General Manager, Bellshill Locality
 Mrs L Thomson Nurse Director, South Lanarkshire HSCP
 Mrs N Tatarkowska (re organ donation report)

Apologies:

Mr P Cannon Board Secretary
 Mrs H Knox Interim Chief Executive
 Mrs C McGhee Corporate Risk Manager

1. WELCOME

Dr Thomson welcomed colleagues to the meeting and apologies were noted.

2. DECLARATION OF INTERESTS

There were no declarations.

3. MINUTES

The minutes from the meeting held on 14th May 2020 were approved.

4a. ACTION LOG

The Committee noted the action log from the meeting held on 14th May 2020.

4b&c. CONSENT FORM & PATIENT INFORMATION LEAFLET (COVID 19 RISK)

The Committee discussed the Consent form and patient information leaflet developed for elective surgery procedures in relation to the risk of Covid 19. Dr J Keaney advised the Committee that patients are appraised regarding the risk of Covid 19 in full discussion with the clinician and pre-assessment team and the patient is given assurance of mitigations to reduce the risk of contracting the virus. Dr Keaney noted a change required to the document regarding surgery preparation, i.e. only one swab is needed from the patient (previously two). Dr Burns highlighted that the consent form and patient information leaflet are two documents from a suite of information given to patients to support them through the process.

Dr A Osborne questioned the level of assurance provided by the information leaflet, as did Professor K Currie who advised of her concerns on reading the documents and enquired as to whether there had been patient involvement in their development. Professor K Currie suggested it would be helpful to have a mechanism for capturing the number of patients who do not consent to elective surgery procedures following consideration of the risk regarding Covid 19.

The Committee agreed on amendments to the leaflet to improve readability i.e. the addition of realistic medicine images.

THE COMMITTEE:

1. Noted and approved the minutes of 14th May 2020 and action log. Dr J Keaney will amend the procedural detail in relation to swabs and link with Mrs A Minns to improve readability.

5. QUALITY PLANNING & PROFESSIONAL GOVERNANCE GROUP – HIGHLIGHT REPORT

Dr J Burns presented the Quality Planning & Professional Governance Group Highlight Report to the Committee, providing an update several areas of work including the Quality Strategy Implementation Plan, the NHS Lanarkshire Falls Strategy (excellent presentation from Mr McCrossan and Mrs McNally, to be shared with HQAIC members at the September 2020 meeting), Professional Governance Framework updates, Orthopaedic Policy update presented by Mr Al Murray and the Duty of Candour report by Mrs K Cormack.

Dr A Osborne questioned whether the Falls Strategy will be shared with the Care sector. Mr E Docherty agreed that it would be beneficial to consolidate best practice and share learning regarding the Falls Strategy with Care Homes.

The Committee noted that the Shotts Prison SBAR will be presented at the September 2020 meeting of the Quality Planning & Professional Governance Group.

6. **ACUTE CLINICAL GOVERNANCE & RISK MANAGEMENT GROUP - HIGHLIGHT REPORT**

Dr J Keaney presented the Acute Clinical Governance & Risk Management Group highlight report and advised that the meeting structure was now themed to strengthen clinical relevance. The Committee heard that NHS Lanarkshire is the 2nd best performing Board in relation to HSMR (based on previous years admissions) and significant work has been carried out regarding medicine safety, e.g. there has been a reduction in allergic reactions to penicillin at University Hospital Wishaw. Dr J Keaney advised that a 50 case-note review would be completed at each of the three hospital sites and a report on findings provided to the September 2020 meeting of the Committee. Dr J Keaney paid tribute to his colleagues on the group for their involvement and contribution during the Covid 19 pandemic, noting that there is an ongoing risk for all work e.g. waiting times as a result of the pandemic, however innovative solutions are being implemented, such as virtual clinics. The Committee noted that the NHS Lanarkshire Clinical Guidelines app has been successfully launched.

Dr A Osborne commented that it will take a long time to work through the waiting times and questioned what approach NHS Lanarkshire will take. Dr J Keaney advised that it would be necessary to categorise patients and prioritise those whose illness is life threatening or life shortening. NHS Lanarkshire is working through the patient lists to ensure accuracy, identifying different types of procedures. It was noted there is a great deal of work to be done and a lot of detail to be worked through.

The Committee had further discussion regarding HSMR in relation to Covid 19 and heard that age, pre-existing conditions and frailty are three key factors. These factors therefore inform the discussions with patients and decisions regarding escalation of treatment. Dr J Burns advised that international evidence has yet to be peer reviewed in terms of the risk factors and how to mitigate against them. Healthcare Improvement Scotland and ISD are trying to categorise mortality for Covid 19 patients. The Committee heard that a huge study collated by Intensive Care societies in England, Wales and Northern Ireland looked at information for thousands of patients with Covid 19 and analysis of morbidity statistics and this has produced the same risk factors for this patient group. There is also a huge volume of information supporting the benefits of critical care interventions.

Dr L Thomson asked how anticoagulant guidelines would be reviewed and missed cancer diagnosis. Dr J Keaney advised that thematic review from Datix and significant adverse event reviews were coming through and being monitored.

THE COMMITTEE:

1. Noted the Acute Clinical Governance & Risk Management Highlight Report.

7. **CARE HOMES – HIGHLIGHT REPORT**

Mrs K Cormack presented the Care Homes highlight report, noting the three action agreed i.e.

- Create an evidence based timeline of actions and decision making.
- Develop a narrative review which clearly describes the position at the start of the pandemic and thereafter the decisions made including the evidence base and all advice available at the time. This will inform a best practice framework to set out how NHS Lanarkshire will support care homes on a whole systems basis
- Recognising the need for research related to the unintended harm caused to care home residents due to isolation measures, Mr E Docherty will liaise directly with SEND (Scottish Executive Nurse Directors) and the Chief Nursing Officers directorate regarding a research funding opportunity.

The Committee discussed the need to review the lessons learned and Mrs K Cormack confirmed that a further update would be available for the next meeting. Mrs T Marshall advised that the tactical group for Care Homes continues to meet and feeds directly into CMT, therefore it will be important to ensure the actions from this group are captured. Dr J Burns agreed and noted that work is ongoing to complete the timeline, then the lessons learned can be reviewed and a framework developed.

THE COMMITTEE:

1. Noted the Care Homes highlight report.

8. QUALITY & SAFETY DASHBOARD

Dr J Burns presented the Quality & Safety dashboard highlight report to the Committee, noting a caveat in relation to sepsis figures i.e. Covid 19 positive patients will not be included in the sepsis figures. It is therefore essential to ensure the 50 case-note review is completed at each of the Acute sites. In relation to falls, it was noted that there continues to be a focus on reviewing falls with harm.

Mrs M Lees enquired regarding whether the figures for University Hospital Wishaw (UHW) included Maternity Services and Dr J Burns confirmed that Maternity use different codes therefore were not included. Mrs M Lees noted the rise in sepsis at UHW, rise in cardiac arrest at University Hospital Hairmyres (UHH), the rise in falls at University Hospital Monklands (UHM) and a perceived issue with pressure ulcers at UHM.

With regard to cardiac arrest data, Dr J Burns advised that this is picked up on site at safety huddles and there are no major concerns at present. In terms of the increase in falls at UHM, Dr J Burns advised that UHM has a different environment which may have an impact on the number of falls, however this will continue to be monitored. It was further noted that the acute medical receiving unit at UHM has been affected by the HEPMA system and an interim discharge summary is being developed. In terms of sepsis rates at UHW, the increase is partly due to the denominator however it would be helpful for a deep dive to understand exactly what has happened.

Dr J Burns confirmed that a detailed report from UHW, UHH and UHM would be provided to the Committee at the September 2020 meeting regarding the case-note reviews. These reviews would be completed for 50 consecutive deaths. Dr A Osborne enquired regarding the length of stay information. Dr J

Keaney advised that consultant ward rounds were being completed 7 days per week, therefore this has impacted on the length of stay data.

THE COMMITTEE:

1. Noted the Quality & Safety dashboard highlight report.

9. QUALITY STRATEGY HIGHLIGHT REPORT

Mrs K Cormack presented the Quality Strategy highlight report to the Committee and provided an update regarding the 2020-2021 Implementation Plan. The Committee heard that there are new objectives e.g. delivery of a virtual, quality improvement training programme to staff, while other objectives were carried forward from the previous year. Mrs K Cormack advised that it is important for the plan to reflect what services across NHS Lanarkshire are doing, therefore the Quality Directorate are actively seeking new actions and objectives from all service areas that can be added to the plan.

THE COMMITTEE:

1. Noted the Quality Strategy Highlight Report.

10.

EXTRACT OF CORPORATE RISK REGISTER (CLINICAL)

The Committee noted the report submitted by Mr P Cannon. Dr A Osborne asked whether information was available in terms of benchmarking against other NHS Boards. Mrs E Currie will liaise with Mr P Cannon regarding this. Mrs M Lees enquired as to whether an update was available from the Healthcare Staff Oversight Board. Mr E Docherty advised that the Board would commence in September 2020.

THE COMMITTEE:

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

11. ADVERSE EVENTS (DUTY OF CANDOUR) ANNUAL REPORT 2019-2020

The Committee considered the Adverse Events (Duty of Candour) Annual Report 2019-2020 presented by Mrs K Cormack. Members heard that it was not possible to confirm whether some events within the timeframe were duty of candour because the investigations were ongoing, however these will be picked up and a further report provided to the Quality Planning & Professional Governance Group and to this Committee in due course. Once approved, the report will be shared with Scottish Government.

Dr A Osborne commended the report, noting that it was good to see the legislation was being followed in NHS Lanarkshire as appropriate.

THE COMMITTEE:

1. Noted the Adverse Events (Duty of Candour) Annual Report 2020-2021.

12. RESUSCITATION COMMITTEE ANNUAL REPORT 2019-2020

Dr J Keaney presented the Resuscitation Committee Annual Report 2019-2020 to the Committee, noting that there had been fewer meetings than normal. The Committee heard that NHS Lanarkshire is the 3rd best performing Board in terms of crude mortality and a new electronic system has been introduced at UHM. Dr J Keaney advised of focused work underway regarding sepsis and other deterioration to improve consistency across the three acute hospital sites. With regard to cardiac arrest, data shows 2 per 1000 admissions and staff are able to review these in greater detail. Staff on site are maintaining good communication by having team huddles and utilising an electronic handover trakcare solution across the three acute hospital sites. Dr J Keaney noted the CPR guidance that was shared at the Clinical Reference Forum and the decision taken by NHS Lanarkshire to follow the Resuscitation Council guidance in response to Covid 19 patients, rather than the Health Protection Scotland guidance. Improvements were noted overall in cardiac arrest, sepsis and HSMR.

THE COMMITTEE:

1. Noted the Resuscitation Committee Annual Report 2019-2020.

13. INFORMATION GOVERNANCE COMMITTEE ANNUAL REPORT 2019-2020

Mr G Docherty presented the Information Governance Annual Report 2019-2020 and highlighted the work achieved in relation to cyber security. From section 8 of the report, the risks of human error were highlighted and the need for continued training, education and awareness for all NHS Lanarkshire staff including the Information Handling learnpro module. Mr G Docherty also highlighted the requirement to appoint a new Chairperson of the Committee and stated this is a great opportunity for someone to develop. The Committee considered the SBAR regarding two breaches from Public Health, one being an email error involving "blind copies" to a recipient and the other regarding information sent to staff from the team.

Dr L Thomson noted that she expects there will be a bigger focus on Information Governance going forward in light of more people working from home. Mr G Docherty advised that Mrs K Sandilands is leading on the development of further staff guidance coming out from the HR perspective. Mrs M Lees enquired as to when a new Chair would be appointed to the Committee and also if there was a timescale for sharing the work-plan and performance data in relation to the fair warning system. Dr L Findlay added that it would be helpful to have a mechanism to share learning regarding breaches across all of NHS Lanarkshire in real time. Mr A Boyle advised that he would share lessons learned from private sector with Mr G Docherty. The Committee noted that Mr G Docherty, Mr E Docherty and Dr J Burns will meet to discuss how best to take this forward. Mr G Docherty will also confirm the timescale regarding the Committee work-plan. It was noted that the Information Governance Committee membership supports good representation.

Mrs K Cormack advised that a risk awareness notice template is available and can be shared throughout the organisation. In addition, an adverse event bulletin will be circulated early August 2020, providing helpful guidance principles and this will also be added to the Firstport site.

The Committee noted the importance of ensuring safe information handling is being promoted for all staff throughout NHS Lanarkshire and referred to the

potential of other solutions e.g. development of IT to help reduce the risk of human error.

THE COMMITTEE:

1. Noted the Information Governance Committee Annual Report 2019-2020.

14. AREA DRUG & THERAPEUTIC COMMITTEE HIGHLIGHT REPORT

Dr J Burns presented the Area Drug & Therapeutic Committee highlight report submitted by Dr M Malekian, commending the group for having additional, virtual meetings in response to requests from the command and control structure, to help fast track urgent, medicine protocols during the Covid 19 pandemic.

THE COMMITTEE:

1. Noted the Area Dugs & Therapeutic Committee highlight report.

15. CLINICAL POLICIES ENDORSEMENT PROCESS – HIGHLIGHT REPORT

Mrs A Minns presented the Clinical Policies Endorsement Process highlight report, advising the Committee that the normal process was suspended in March 2020 due to Covid 19 and any policies affected by this have a Covid 19 watermark to identify them. It was noted that policies can be fast tracked if required and any policies delayed will be brought forward. Dr L Thomson enquired as to the risk posed in relation to this. Mrs A Minns advised that it is the responsibility of the lead to notify us if they are unable to update their policy and there have been no issues identified to date. Dr A Osborne asked whether CMT will update the Audit Committee.

THE COMMITTEE:

1. Noted the Clinical Policies Endorsement Process highlight report.

16a. SPSO SBAR

The Committee reviewed the report presented by Mr K Rooney who advised that there had been an increase in complaints and performance data indicates a decline in terms of response timescales, however Mr K Rooney advised this is due to improved thoroughness in terms of the quality and standard of responses going back to patients.

16b. PERFORMANCE INDICATOR DATA COLLECTION 2019-2020

Mr K Rooney presented the Performance Indicator data collection report for 2019-2020, highlighting that NHS Lanarkshire are performing well in relation to benchmarking data against other NHS Boards.

THE COMMITTEE:

1. Noted the SPSO report and Performance Indicator data collection

report for 2019-2020.

17. REPORT ON FEEDBACK, COMMENTS, CONCERNS & COMPLAINTS – INTERIM ANNUAL REPORT, 2019-2020

The Committee noted that the Report on feedback, comments, concerns and complaints Interim Annual Report presented by Mr K Rooney. Members commended the report and thanked Mr K Rooney for the work completed to date. Dr L Thomson enquired regarding the number of complaints not upheld. Mr K Rooney explained that further analysis is needed in this area, however work is underway to increase value at stage 1. Mr E Docherty advised the Committee that a thematic analysis on complaints would be completed and he was impressed with the NHS Lanarkshire system, noting that a high number of complaints can indicate an open culture.

THE COMMITTEE:

1. Noted the Report on feedback, comments, concerns and complaints Interim Annual Report.

18. PERSON CENTRED HEALTH & CARE REPORT (INCLUSIVE OF PUBLIC REFERENCE FORUM) – ANNUAL REPORT 2019-2020

Mr E Doherty presented the Person Centred Health & Care Annual Report 2019-2020 written by Mr R Edwards. Mr E Docherty has recently been appointed Chair for the group and is undertaking a sense checking exercise regarding the work to date.

THE COMMITTEE:

1. Noted the Person Centred Health & Care Report (inclusive of Public Reference Forum) Annual Report 2019-2020.

19. ORGAN DONATION ANNUAL REPORT 2019-2020

Dr J Burns advised the Committee that the Organ Donation Annual Report provided a good sense of the work undertaken in the period, including information regarding the position held by NHS Lanarkshire against other NHS Boards. There are no red areas highlighted and good scores against the indicators as detailed in the report. The Committee heard that the Organ Donation Committee were pleased to note that NHS Lanarkshire have had three donations during the period of the pandemic and the report was complimentary of NHS Lanarkshire staff.

Mr A Boyle noted that this was a very positive report and asked regarding what work is underway to address the lower number of organ donations in NHS Lanarkshire. He also suggested that perhaps NHS Lanarkshire could consider more prominent recognition of the lasting legacy of donations. Dr J Burns advised that communication around this comes from the National team and she felt Mr G Docherty in Public Health would also be able to support and promote. Dr J Burns will speak with Mr G Docherty regarding this.

Dr A Osborne enquired regarding clinical capacity in terms of patients having to opt out and asked whether NHS Lanarkshire is reviewing its capacity and looking at projections. Dr J Burns advised that there is a need to look at this and that organ replacement is mainly completed out of hours, so it would be

beneficial to formalise arrangements.

THE COMMITTEE:

1. Noted the Organ Donation Annual Report 2019-2020.

20. COMMITTEE WORK-PLAN 2020-2021

Dr L Thomson informed the Committee that the work-plan is subject to change. Mrs K Cormack explained that the paper under today's AOCB provides additional information regarding the change of reporting arrangements affecting the Quality Planning & Professional Governance Group and HQAIC.

21. ISSUES OF CONCERN – BY EXCEPTION ONLY

- Operational
- Safety
- Independent Sector
- Staffing

The Committee noted there were no issues of concern.

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

No new risks were identified by the Committee.

23. ANY OTHER COMPETENT BUSINESS

SBAR Inpatient Suicide

Mrs K Cormack presented the Inpatient Suicide SBAR to the Committee, advising that there is a desire to have another NHS Board complete an independent review, however this has proven very difficult to organise in the current climate. Mrs K Cormack is currently reviewing the NHS Lanarkshire process overall and Mr E Docherty noted he would help support this work. The Committee also heard that the Mental Health Welfare Commission has completed a study with NHS Lanarkshire to review inpatient suicide across NHS Scotland to inform a National Framework. Dr A Osborne noted that it was essential for NHS Lanarkshire to maintain a tight focus and timeline on this and see our recommendations honoured. Dr L Findlay enquired as to whether we are able to secure external reviews for never events. Mrs K Cormack advised that it has not been possible, there have been significant delays for independent review and adds to the anxiety for the families. Dr J Burns commented that external reviews have been requested previously for specific incidents. In summary, Dr L Thomson advised that it was essential to keep the promise made to the family in this case and an update must go back to the Board in due course. The Committee noted they are content to proceed with this short term solution. Dr L Findlay will explore options for a new model and provide a report including actions for the next meeting.

The Committee approved the updated reporting schedule for the group.

DATES OF MEETINGS DURING 2020 / 2021 AT 14:00 HOURS

- a) Thursday 10th September 2020 via MS teams
- b) Thursday 12th November 2020
- c) Thursday 11th March 2021
- d) Thursday 13th May 2021

