

Kirklands Hospital HQ
 Fallside Road
 Bothwell
 G71 8BB
 Telephone 01698 858181
www.nhslanarkshire.scot.nhs.uk



Minutes of the Healthcare Quality Assurance and Improvement Committee held on Thursday 14th November 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
 Mrs L Thomson Non-Executive Director
 Dr A Osborne Non-Executive Director

In Attendance:

Mrs I Barkby Executive Director of Nursing, Midwifery & Allied Health Professionals
 Mr C Campbell Chief Executive
 Dr A Cook Medical Director, North Lanarkshire HSCP
 Mrs K Cormack Director of Quality
 Mrs E Currie Quality Programme Manager, Business Support
 Professor K Currie Professor of Nursing & Applied Healthcare Research, Glasgow Caledonian University
 Mrs M Docherty Nurse Director, South Lanarkshire HSCP
 Mr G Docherty Director of Public Health
 Mrs L Drummond Head of Assurance
 Dr J Keaney Medical Director, Acute Division
 Mrs I Lindsay Practice Development
 Mr Peter McCrossan Director of Allied Health Professionals
 Mrs Donna McLean Head of Protection
 Mrs A Minns Head of Evidence

Apologies:

Mrs A Armstrong Nurse Director, North Lanarkshire HSCP
 Dr J Burns Medical Director
 Mrs L McInally Acting Head of Improvement
 Mrs M McGinty Head of Improvement

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 12th September 2019 were reviewed and approved. Mrs M Docherty noted that she is in contact with Joanne Jenkins and Graham McCurrach regarding nurse representation on the Radiation Safety Committee.

THE COMMITTEE:

1. Noted and approved the minutes of 12th September 2019.

4. ACTION LOG

The Committee considered and updated the Action Log as follows:

a) Queen Elizabeth Hospital SBAR

The Committee discussed the Lanarkshire Infection Control Committee recommendations and it was noted that NHS Lanarkshire has a detailed list of where the fans are located and the various types, including which are cleanable. It was agreed that this subject will be a separate item on the March 2020 agenda.

b) Complaints Development Day

This item was noted as complete.

c) Quality Strategy Measurement Plan

This item was noted as complete.

d) South Health & Social Care Partnership

It was noted that a draft Quality & Safety Plan has been circulated at the South HSCP Support Care & Governance Group, therefore this item is complete.

e) Inpatient Visiting Policy (Annual Review)

This item was noted as complete.

f) Clinical Guidelines

The Committee noted that the actions detailed on the log were complete and the subject of Clinical Guidelines is a stand-alone item on today's agenda for further discussion.

g) North Health & Social Care Partnership Governance Report Datix Category 1s

This item was noted as complete.

h) Radiation Safety Committee

This item was noted as complete.

i) Excellence in Care

This item was noted as complete.

j) Quality Strategy Highlight Report

This item was noted as complete.

k) Datix System

This item was noted as complete.

l) Information Governance

This item was noted as complete.

m) Area Drugs & Therapeutics Committee

This item was noted as complete.

n) SPSO report

This item was noted as complete.

o) Dementia Work-stream

As per the Action Log, this item will be carried forward to March 2020.

p) Quality of Care Orkney Pilot

As per the Action Log, this item will be carried forward to March 2020.

4a. **CLINICAL GUIDELINES**

Mrs A Minns provided an update regarding the current position of the Clinical Guidelines work as per the reports shared with the Committee. It was noted that work is underway to update the existing SHOW website and the Committee discussed the need to keep pathways and guidelines work separate. There was agreement on the importance of having a robust infrastructure in place. Recommendations regarding future resource implications (staffing and systems development) will be considered at CMT and an update brought back to the March 2020 meeting.

THE COMMITTEE:

Noted the Clinical Guidelines reports.

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

Mrs K Cormack presented the highlight report and advised that a framework is in place to provide assurance. Dr J Keaney updated the Committee regarding Interventional Procedures as detailed on the report. Mrs I Barkby requested confirmation that the appropriate sign off has taken place and resources are in place to ensure Nursing staff have capacity.

Dr A Osborne highlighted the issue of Leadership Walk-rounds and requested assurance that the current ethos will remain, advising that from her experience of Walk-rounds, there is a fine balance to ensure staff are comfortable with the conversation. Mrs K Cormack assured the Committee that this will be taken on board and will take this back to the next Quality Planning & Professional Governance meeting.

The Committee discussed attendance at the Quality Planning & Professional Governance Group, i.e. two meetings this year were not quorate, therefore highlighting work to be done to engage with group members and ensure that they provide deputies to attend in their absence for future meetings.

Mrs K Cormack provided a Duty of Candour update and advised that these cannot be signed off until the investigation has been closed. The Quality Directorate will continue to monitor this going forward.

THE COMMITTEE:

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

6. QUALITY STRATEGY – HIGHLIGHT REPORT

Mrs K Cormack presented the Quality Strategy Highlight Report to the Committee and provided an update with regard to the Implementation Plan for the period August – September 2019. Mrs K Cormack highlighted the actions that are overdue and those presenting risks or issues, one of these being Duty of Candour. It was noted that there are ongoing issues with the Datix system however work is ongoing with Datix to resolve these. Mr C Campbell noted his concerns regarding the Datix system and advised that this would be raised with Donald Wilson from eHealth.

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.

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

The Committee considered the highlight report presented by Mrs M Docherty. It was noted the Group are reviewing their governance structure, therefore the updated version will require sign off at a future meeting. Training needs have been identified and work is going through the Learning Improvement Review Group and a Governance Support Officer is in post. The Primary Care Improvement Plan clinical modelling updates will come to this Committee meeting for discussion, while the GMS contract discussions will take place at the Population Health Committee. Mrs M Docherty highlighted that South are undertaking increased auditing in light of policy breaches with regard to incident reporting. Staff met recently with Mrs L Drummond regarding complaints handling and are implementing an improvement plan for this area.

Mrs K Currie enquired regarding the high risks relating to staffing levels as detailed in page 9 of the report. Mrs M Docherty advised that this is with regard to the Out of Hours Service and GP sustainability. This remains a high risk and is being monitored via CMT. Discussions are taking place regarding

remodelling in the community, involving nursing, pharmacy and paramedic staff. Mr M Fuller asked whether the Out of Hours Service could operate without GPs. Mrs M Docherty suggested that this could work if the appropriately trained, multidisciplinary team were in place. It was highlighted however that there are recruitment and retention issues for nursing staff impacting on the out of hours service.

THE COMMITTEE:

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

8. QUALITY & SAFETY DASHBOARD – HIGHLIGHT REPORT

Mrs L Drummond presented the Quality & Safety Dashboard Highlight Report.

The Committee noted several areas for discussion, including a reduction in the number of Cardiac Arrests. Dr J Keaney advised that audit work has been undertaken at University Hospital Hairmyres with regard to the increase of surgical readmissions and this identified that approximately 50% of these were planned readmissions. Unfortunately the trakcare system does not allow planned readmissions to be recorded correctly, therefore the figures are misleading. The Committee discussed the issue with trakcare and it was agreed that this would be discussed further out-with the meeting and an update brought back to the Committee in March 2020.

Mr P McCrossan provided an update regarding falls and noted the data shows there has been an overall reduction, however an increase in the number of falls with severe or moderate harm. This could be linked to an issue with categorisation and is being reviewed. Work is ongoing to develop the NHS Lanarkshire Falls Strategy which aligns to the National Strategy and a falls data dashboard is being developed. Day of care audits are being carried out in the three hospital sites to review the number of falls. Discussions are in progress with eHealth regarding the existing Falls database and whether a better IT system can be identified that allows the information to be used across Community and Acute sites.

The Committee discussed the current situation regarding falls, what improvements are in place and what else is planned to help reduce these and embed the culture for staff that it is everyone's responsibility. Mr P McCrossan advised that the development of the NHS Lanarkshire Falls strategy will set out clear aims and objectives, aligned to the National Strategy, with specific targets for improved safety. Dr J Keaney suggested that the focus should be on a reduction in falls overall, not just falls with harm. Mrs L Drummond confirmed that falls will remain on future dashboard reports for monitoring and discussion.

THE COMMITTEE:

1. Noted the Quality & Safety Dashboard Highlight Report.

9. EXTRACT OF CORPORATE RISK REGISTER (CLINICAL)

The Committee noted the papers provided. It was noted that Datix is recorded on the Quality Directorate's Risk Register. Mrs I Barkby advised that she is working with Mrs C McGhee to merge the workforce risks and the Committee discussed workforce pressures, including remodelling services

without additional resources.

THE COMMITTEE:

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

10. ADVERSE EVENT – HIGHLIGHT REPORT (DUTY OF CANDOUR)

The Committee considered the Highlight report presented by Mrs K Cormack and it was noted that adverse events can take up to 3 months to review, therefore causing a delay in obtaining the learning from these events. It can therefore be difficult to gauge what has changed as a result, what is being implemented and the impact of any changes. Awareness raising with Site leads is ongoing, looking at types of events, categories and looking out for unusual events. A new report will be produced and shared with CMT detailing current and overdue events, therefore allowing these to be monitored in real time. Mrs M Lees commented that she felt the report was very helpful, especially the description of causation and the item regarding falls. Dr A Osborne advised that she also found the report very helpful and was assured regarding the system analysis. Dr A Cook noted that with regard to self-harm, all suicides recorded in the Community are classed as Category 1. Mrs K Cormack requested that all closed significant adverse events come to the Acute Clinical Governance meetings and a new bulletin will be developed and shared across all services.

THE COMMITTEE:

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

11. PUBLIC PROTECTION GROUP – ANNUAL REPORT

Mrs D McLean presented the Public Protection Group Annual Report to the Committee, highlighting progress made in the last 6 month period and updating members regarding the current position in NHS Lanarkshire. It was noted that the Adult Support and Protection Resource is fully embedded and a new case policy is in place regarding Child Protection supervision which is more robust and dovetails more with GIRFEC (getting it right for every child).

With regard to data collection, Mrs D McLean advised that the service is moving toward an intelligence led system therefore future reports will be more robust with thematic analysis, e.g. will pull out themes from the data held on the database for child protection supervision, allowing them to be more responsive to service need, SAERs, staff feedback, etc. NHS Lanarkshire staff are on target for revalidation in terms of completion of the appropriate Learn-pro modules.

The Committee heard that gender based violence and adult protection services will be co-located in South Health & Social Care Partnership, aiming for January 2020. It was noted that a recent Internal Audit Report and control measure framework provides assurance on the good current position of the service.

Mr M Fuller commented that it was a very comprehensive report and enquired regarding page 11, Adult Support and Protection. Mrs D Mclean advised that changes have been made with regard to the service model in response to the

resources issue identified in the internal audit report, therefore this has been resolved.

Dr A Osborne congratulated Mrs D Mclean on the report and the work undertaken. It was noted that the data regarding gender based violence is contained within the Adult Protection data at present.

The Committee provided feedback regarding the traffic light format on the report, confirming that this was helpful.

THE COMMITTEE:

1. Noted the Public Protection Group Annual Report.

12. TRANSFUSION GOVERNANCE COMMITTEE – ANNUAL REPORT

Dr A Fyfe presented the Transfusion Governance Committee Annual Report, highlighting risks and concerns. It was noted that there are inconsistencies with staff training and uptake of training. Transfusion Practitioners are not NHS Lanarkshire employees therefore there has been a change with regard to how NHS Lanarkshire recruits to this role. Safety issues were also noted with regard to blood samples, in that NHS Lanarkshire is the only NHS Scotland Board that does not follow a policy where two matching blood samples are required. It was further noted that the acute sites in NHS Lanarkshire are all following different policies at present and staff are currently handwriting patient identifiable labels.

Dr J Keaney recommended that further discussion takes place out-with today's meeting to go through the variety of safety issues highlighted and an update should be brought back to the Committee meeting in March 2020.

Mrs L Thomson also noted her concerns regarding the issues highlighted in the report, including inconsistencies and varying practice across NHS Lanarkshire acute sites and the impact of this on patient care.

Mr C Campbell agreed that a more detailed conversation was required and noted that the report does not provide assurance to the Committee.

Mrs I Barkby advised that Transfusion Practitioners are only involved in significant adverse event reviews while Ward Managers are responsible for reviewing incidents. It was also noted that Transfusion Practitioners do not participate in local audit programmes.

THE COMMITTEE:

1. Noted the Transfusion Governance Annual Report, agreed that this does not provide assurance and an update will be required for the March 2020 Committee meeting.

13. RADIATION SAFETY COMMITTEE – HIGHLIGHT REPORT

Dr G McCurrach presented a Highlight Report addressing the areas discussed from the Annual Report shared at the previous meeting of the Committee. It was noted that Mrs M Docherty will link with Mrs F Dodd to discuss an appropriate Nursing representative on the Radiation Safety Committee and Mr P McCrossan would help identify an AHP representative.

THE COMMITTEE:

1. Noted the Radiation Safety Committee Highlight Report.

14. **LANARKSHIRE INFECTION CONTROL COMMITTEE WORK-PLAN 2019 / 2020**

The Committee considered the Lanarkshire Infection Control Committee Work-plan for 2019/2020 presented by Mrs I Barkby. It was noted that there is 1 delayed issue regarding a change of cleaning product. The next Lanarkshire Infection Control Committee (LICC) meeting is scheduled for 10th December 2019 where discussions will take place to RAG rate the action plan.

THE COMMITTEE:

1. Noted the Lanarkshire Infection Control Committee Work-plan.

15. **INFORMATION GOVERNANCE – HIGHLIGHT REPORT**

Mr G Docherty presented the Information Governance Highlight Report and provided an update regarding the issue of body cams worn by Serco Security staff. It was noted that these are being used in conflict situations only and there are robust processes in place with regard to the storage of this data and who can access it, in line with GDPR regulations. The legal responsible sits with Serco, not NHS Lanarkshire. Mr M Fuller requested future updates continue to come to this Committee.

THE COMMITTEE:

1. Noted the Information Governance Highlight Report.

16. **CLINICAL EFFECTIVENESS GROUP – ANNUAL REPORT**

Mrs L Drummond presented the Clinical Effectiveness Group Annual Report and advised that NHS Lanarkshire is participating in National Studies and an evaluation relating to the effective use of new medicines and technologies. An Internal Audit Report of the group has been reviewed and signed off. IT was also noted that the Clinical Effectiveness Implementation Plan has been updated in line with recommendations from this group. A Clinical Audit Plan has been circulated and will come back for final sign off. With regard to the Quality of Care framework, this has not yet been signed off due to the Healthcare Improvement Scotland internal review. Work is underway to finalise the list of Quality Indicators and work is ongoing as discussed under Item 4a regarding the process and system for Guidelines.

THE COMMITTEE:

1. Noted the Clinical Effectiveness Annual Report.

17. **AREA DRUG & THERAPEUTICS COMMITTEE – SUMMARY REPORT**

The Committee noted the summary report provided by Dr M Malekian, who advised that he has a meeting scheduled with Mrs C Gilmour to review the Terms of Reference for the Committee, including engagement with other

groups, and a mapping exercise of what other medicine groups exist already in NHS Lanarkshire. The AD&T Committee are mindful of governance in relation to medicines, disseminating information and increasing efficiency. Dr A Osborne noted that the series of principles around guidelines was very helpful. Mrs I Barkby enquired as to whether the group membership was well established and Dr M Malekian advised that it would be helpful to have some additional Primary Care Input as well as Community Nursing and AHP representation.

THE COMMITTEE:

1. Noted the Area Drug & Therapeutics Committee Summary Report.

18. INDEPENDENT SECTOR GOVERNANCE GROUP – ANNUAL REPORT

Mrs I Barkby presented the Independent Sector Governance Group Annual Report and noted that there has been significant progress, i.e. 17 out of 40 providers have been reviewed. 2 of these were suspended due to lack of assurance. A database has been established and a review of the policies associated has been completed.

THE COMMITTEE:

1. Noted the Independent Sector Governance Group Annual Report.

19. EXCELLENCE IN CARE – HIGHLIGHT REPORT

Mrs I Lindsay presented the Excellence in Care highlight report and provided an update on several points, confirming that workforce data has been added to the Care Assurance & Improvement Resource system (CAIR), including bank and agency for nursing & midwifery staff. A workforce tool will be added to the system in 2020. It was noted with regard to the Safe Staffing Bill, that data over time will be provided and a Think Tank Event is scheduled for 26th November 2019. Going forward, an Annual Report will be provided to the Committee for information and assurance. It was agreed that Excellence in Care will be added to the Committee Reporting Schedule and Work-plan.

THE COMMITTEE:

1. Noted the Highlight Report and advised that Excellence in Care will be added to the Committee Reporting Schedule and Work-plan.

20. SPSO – SBAR REPORT

The Committee considered the SPSO SBAR report presented by Mrs L Drummond and highlighted that two complaints were upheld by the Ombudsman. One of these was at University Hospital Hairmyres where NHS Lanarkshire failed to disclose that a brain lesion was found following a head CT scan. The other upheld complaint was at University Hospital Wishaw and related to a patient who was discharged with suspected appendicitis and later suffered from a ruptured appendix and was readmitted.

Mrs L Drummond provided an overview of the Complaints Development Plan, assuring the Committee that work is progressing well and patient affairs staff have attended recent training and workshops. Further updates will be provided to the Committee as appropriate.

The Committee noted the information provided for Quarter 1 Complaints Reporting and were invited to comment on whether they found this helpful. Dr A Osborne advised that it would be helpful if complaints were categorised by their nature. Mrs I Barkby noted that only 31% of complaints were closed within the first quarter and suggested this could be linked to staffing issues. The Committee agreed that it is important to understand how the organisation is performing and the number of upheld complaints is a good indicator of this.

THE COMMITTEE:

1. Noted the SPSO SBAR.

21. BEREAVEMENT CARE GROUP – ANNUAL REPORT

Mr P Graham presented the Bereavement Care Annual Report to the Committee, highlighting achievements such as the introduction of purple bags for patients' belongings (there are approximately 3,000 deaths per annum in the acute hospitals). Staff education is ongoing with regard to support for facilitating conversations about death and dying and the need to normalise the language used. It was noted that improvements have been made regarding Death Certification in terms of quality of information therefore resulting in better communication with patients. A risk was highlighted relating to the location of the mortuary at University Hospital Monklands, where it is on route to the staff canteen and domestic cleaning areas. Mr P Graham noted that there are plans to provide training for mortuary staff with regard to their bereavement communication skills.

Mrs L Thomson congratulated Mr P Graham on the work of the team and noted that other organisations such as the Police and Voluntary Sector would also benefit from knowing about this. Dr J Keaney noted that this is a very important area for the organisation, not least because the memories family and friends have of the care given to their deceased relative(s) will stay with them forever.

Mr P Graham provided some additional information regarding the “no-one dies alone” work linked with compassionate Inverclyde and advised that volunteers are being recruited and trained. This will provide staff with additional support and provide family members with respite. This will start in the acute sites and where capacity allows, will be spread to the Community.

The Committee were advised that Mr Tosh Lynch has been appointed to the role of Staff Wellbeing Deputy and as detailed in the Annual Report, a 24/7 staff support service has been established and will be reviewed in March/April 2020.

Dr A Osborne commented on the high quality and sensitivity of the report and enquired as to whether Marie Curie has representation on the Bereavement Care Group. Mr P Graham confirmed that he has links with Marie Curie, Macmillan, St Andrew's Hospice and the Haven.

THE COMMITTEE:

1. Noted the Bereavement Care Group Annual Report.

22. INPATIENT VISITING – HIGHLIGHT REPORT

Mrs I Barkby presented the Inpatient Visiting Highlight Report and advised that this will be submitted via the Annual Person Centred Care Report in future.

THE COMMITTEE:

1. Noted the Inpatient Visiting Highlight Report.

23. COMMITTEE WORKPLAN 2019-2020

The Committee Work-plan was noted.

24. ISSUES OF CONCERN – BY EXCEPTION ONLY

Operational

Mrs I Barkby advised the Committee regarding Nursing staff capacity and Band 6 and Band 7 staff expressing at a recent session that they are overwhelmed at present. It was noted that the CMT approved 126 support workers to help fill gaps. Mr P Graham advised that he will come back to the Committee in 2020 with an update on the peer support network. Dr A Osborne suggested it would be helpful to have a focus on staff support involving Human Resources, Salus and the Staff Wellbeing service.

Safety

No further issues raised.

Independent Sector

No further issues raised.

Staffing

No further issues raised.

THE COMMITTEE:

1. Noted the Issues of Concern by exception only.

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

No new risks were identified.

26. ANY OTHER COMPETENT BUSINESS

No other competent business was raised for discussion.

DATE(S) OF NEXT MEETING(S)

Thursday 12th March 2020 at 14:00 hours

Thursday 14th May 2020 at 14:00 hours

Thursday 9th July 2020 at 14:00 hours

Thursday 10th September 2020 at 14:00 hours

Venue: Boardroom, Kirklands H.Q.

DRAFT