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**Minutes of the Healthcare Quality Assurance and Improvement Committee held on
 Wednesday 17th June 2020 at 3pm via MS Teams
 EXCEPTION MEETING TO DISCUSS CARE HOMES**

Chair:

Dr L Thomson Non-Executive Director (Chair)

Present:

Mr A Boyle Non-Executive Director
 Mrs M Lees Non-Executive Director & Chair of the Area Clinical Forum
 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
 Mrs J Jenkins Associate Nurse Director, South Lanarkshire HSCP
 Dr J Keaney Medical Director, Acute Division
 Mrs H Knox Interim Chief Executive
 Mrs N Mahal Chair, NHS Board
 Mrs T Marshall Nurse Director, North Lanarkshire HSCP
 Mrs M McGinty Head of Improvement
 Mrs A Minns Head of Evidence

Apologies:

Mr C Campbell Chief Executive
 Mrs L Drummond Head of Assurance
 Dr M Malekian Chair of the Clinical Effectiveness Group
 Mrs C McGhee Corporate Risk Manager
 Mrs L Sutherland Nurse Director, South Lanarkshire HSCP

1. WELCOME

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

2. SETTING THE SCENE

Dr Burns provided the committee with an overview with regard to the purpose

of today's meeting regarding care homes, including an update on discussions from the exception meetings of the Quality Planning & Professional Governance Group (QPPGG) and Ethical Advice & Support Advisory Group that took place earlier in the week regarding care homes.

The committee members were provided with several documents in relation to the support provided to care homes by NHS Lanarkshire, including action and decision logs from Command structure meetings, risk register information, the Care Home Assurance Group action log and information regarding Quality Directorate support throughout the pandemic.

Dr Burns highlighted the good discussion from the exception meetings and advised committee members of the 5 questions she had posed to the QPPGG, i.e.

1. Are we able to articulate the support that has been provided?
2. Do we have evidence regarding the level of support?
3. Do we have a clear timeline of events?
4. How does this evidence link with National requirements? Are we ahead or behind what is being asked of us?
5. With hindsight, could we have done better / more and if so what would that look like?

3. **ACTION NOTE FROM THE EXCEPTION MEETING OF THE QUALITY PLANNING & PROFESSIONAL GOVERNANCE GROUP ON MONDAY 15TH JUNE 2020**

The committee noted the following summary from the QPPGG meeting:

The group agreed that a vast amount of engagement with Care Homes had been undertaken and support provided before the letters from Scottish Government required NHSL to do so.

It was agreed that there was enough evidence to be able to articulate the support provided and that evidence for this could be provided.

The group were aware that the timelines of what happened when could be better described and a piece of work is required to construct a timeline covering the major decisions / events in this timeframe.

It was agreed by the group that the evidence we have does link with the National requirements and that some of the support had been implemented ahead of being asked.

It was acknowledged there were a couple of areas where NHSL may be out of alignment with Scottish Government thinking. One of these was in relation to Covid testing prioritisation as NHSL believes the schedule devised for this is the most logical and safe approach when resource and capacity is restricted. This has been shared with Scottish Government.

There were 3 topics reflected on in hindsight.

- *Regarding Adults with Incapacity and consent for testing. Are we doing the right thing by these patients if we are frequently testing them considering how uncomfortable the swabbing process is? Have we forgotten Realistic Medicine principles? – Ethics Group should further debate*

- *On a similar theme we need to remember the unintended harm to Care Home residents while protecting them from covid 19, e.g. did they suffer mentally/socially, etc. from the isolation measures/limited physical contact permitted? Is this perhaps something we should look into?*
- *We recognise in hindsight that some Care Home death rates were significantly higher than others but we have not looked into this – is that something we should do now?*

Mr E Docherty advised the committee that changes in accountability came late, however NHS Lanarkshire had provided support early to care homes.

Mrs H Knox noted that the Board had received many, frequent asks and she felt the response was outstanding, noting the exceptional circumstances.

Mr G Docherty advised that the Public Health Team are reviewing additional support options as they have been exceptionally busy over the period and staff are feeling it. He further advised that a robust analysis is needed to identify the causes of spread of infection in care homes and staff often felt care homes were the safest place for some patients, based on the knowledge and information available at the time.

Mr E Docherty noted that it would be useful to provide evidence of the discharge criteria for patients who were discharged from hospital to care homes. Mrs T Marshall agreed and advised that some analysis has already been done and demonstrates that patient discharge criteria is in line with previous years. The committee highlighted the importance of capturing this and also capturing any assumptions made over the period.

Mrs N Mahal added that she is supportive of capturing this information and evidence from the HSCPs and if there is evidence of poor practice in care homes in terms of infection control.

Mrs T Marshall informed the committee that a risk prioritisation exercise was completed for all care homes and NHS Lanarkshire were provided with verbal reassurances that they were well equipped and prepared to deal with the situation, however we did not receive measurable assurance from the care homes. High risk care homes received face to face visits and it was evident that they had difficulty interpreting the frequently changing infection control guidance regarding PPE and they required help with infection prevention and control.

Dr J Burns noted that consideration had to be given to the environment for the patients and the care homes being the most appropriate setting and whether coming into a hospital would be detrimental to the patients. It was further noted that staff were learning every-day and did not appreciate the complexity of the situation and how patients could present very differently in the elderly and sometimes asymptomatic. We now need to articulate this complex landscape, be clear about what informed decision making and evidence that patients continue to be at the heart of this. Also capture where did deviations occur, why and can we justify these deviations.

The committee agreed on the importance of strengthening the evidence base to ensure we can articulate where we disagreed with Scottish Government requests and have duly reflected on any unintended harm caused to patients, where there have been excess deaths of patients with dementia and Alzheimer's and have the evidence trail regarding discharge of patients from

acute to care homes and patients admitted to care homes from the community.

4. **SUMMARY NOTE FROM THE ETHICAL ADVICE & SUPPORT ADVISORY GROUP MEETING ON TUESDAY 16TH JUNE 2020**

The committee reviewed the following recommendations and next steps which were agreed at the Ethical Advice & Support Advisory Group meeting:

JB advised that a timeline would be developed setting out the different stages, noting how the support provided has evolved and a review of the Covid 19 frameworks and command structures. Current guidance and systems will be reviewed to ensure we have a guidance framework for the management of health and care of older people, throughout all the domains.

The group were asked to support the above recommendations for the exception meeting of HQAIC and these were noted as agreed. The group also approved the Terms of Reference, noting that these may evolve over time.

Mrs M Morris advised that she had found the information provided by Dr D Cromie about testing and asymptomatic patients very helpful. She further noted the concerns highlighted regarding out of hours services, the media challenges regarding DNACPR (especially for elderly, frail patients and those with incapacity). Mrs M Morris noted that the Ethical Advice & Support Advisory Group were keen to review the evidence and timelines when available.

Dr A Osborne advised that she felt it was important to articulate a systems approach and individualisation of patient care (person centred care) and monitor death certification. Dr L Thomson informed the Committee that the Lord Advocate has established a special unit to deal with covid 19 deaths.

Mrs N Mahal advised of the importance of managing expectation from the Cabinet Secretary and providing the appropriate scientific evidence to ensure the Board can highlight any issues. The Department of Public Health letter to Scottish Government requesting to see the scientific evidence will form part of the evidence log.

Mr G Docherty noted that the response to the Scottish Government regarding care home staff testing recorded that NHS Lanarkshire were facilitating the advice from the Chief Nursing Officer. Furthermore, the Crown Office is in dialogue with the National care homes group and work is progressing at pace, therefore Mr G Docherty will keep the committee updated.

Mrs T Marshall advised that care homes have been part of NHS Lanarkshire's assurance for some time predating Covid 19, supported by a dedicated Care Home Liaison Team. She also highlighted that the majority of care home patient care is provided by GPs, community nursing teams and palliative care teams, therefore acute care forms only part of the care provided to these patients.

Dr J Burns advised that this is a real opportunity to consolidate our thinking in terms of the learning, navigating boundaries to patient care and reflect on why our engagement with care homes was not formalised earlier. Now NHS Lanarkshire is accountable, it is imperative we have the appropriate assurance and work to strengthen relationships. The Committee were

advised that the evidence will be reviewed and a best practice framework will be developed to set out how NHS Lanarkshire will support care homes on a whole systems basis. Dr J Burns advised of the need to review all the guidance documentation and refresh this as required to reflect Covid 19 specific guidance.

Mr E Docherty agreed with this strategy, highlighting that NHS Lanarkshire has a legislative requirement.

Mrs T Marshall commented on the unintended harm caused to care home patients, e.g. weight loss when isolation measures are implemented for infection control and what other harm could have been caused. This led to a brief discussion regarding support to research proposals and collaboration to build an evidence base. Professor K Currie agreed on the need for research, despite the funding challenges. Links have already been established with NHS Lanarkshire's Research & Development Team, however it would be helpful to have a funded opportunity via the Chief Nursing Officers department. Mr E Docherty will liaise directly with SEND (Scottish Executive Nurse Directors) and the Chief Nursing Officers directorate regarding a research funding opportunity.

Dr A Osborne advised of her interest regarding unintended consequences and concerns regarding "closed institutions".

In terms of timescales around this work, Dr J Burns advised that it is a huge undertaking and links have already been made with Public Health colleagues and the Quality Directorate. It will be possible to bring a highlight report to a future Board meeting potentially Late July or August. Mr G Docherty confirmed it is a work in progress and they are currently pulling together a high level report that will provide a very good insight. Mrs K Cormack advised that she has been in touch with Public Health colleagues and they have advised that this is a very active situation therefore they remain extremely busy and currently unable to retrospectively provide information but going forward will log decisions.

5. CONCLUSION TO UPDATE THE BOARD

Based on the information provided and discussions from the exception meetings this week, Dr L Thomson asked the committee if they were assured that NHS Lanarkshire provided appropriate, professional and timely support to care homes. The committee confirmed that they had assurance and they would require to be updated when further evidence and information becomes available in due course, including the issue of unintended harm to care home patients.

Dr A Osborne asked if NHS Lanarkshire is prepared to avoid the same level of deaths and if staff will have the resilience to deal with the challenge if there is a second wave of the virus.

Dr J Burns advised that there has been significant learning in terms of how services could do things differently if there is a second wave and some of this work is coming through the Recovery Board. It was noted that there has been a huge support from the general public in terms of compliance with lockdown measures and the question remains whether the same level of compliance would be achieved if there is a second wave. Mr G Docherty confirmed that more is learned each week that passes however it is difficult to know how

things will evolve in the coming months.

The Committee agreed that the evidence based timeline of actions and decision making as described by Dr Burns was a crucial piece of work. It was necessary to ensure this review clearly established the position at the start and thereafter the decisions made including the evidence base at the time and all advice available at the time. It was recognised that it was important to place decisions in context of advice and knowledge at the time made. This work would provide important learning and guidance going forward and updates provided to the Board through HQAIC.

Dr L Thomson advised that she never fails to be impressed by NHS Lanarkshire and how it strives to look forward and continuously learn for the benefit of patients and staff.

Mr E Docherty noted that the work undertaken by the teams working with Mrs T Marshall and Mr G Docherty has been outstanding and is considered a benchmark for other NHS Boards.

Dr L Thomson thanked the Committee for their participation and contribution to today's care homes discussion.