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**Minutes of the Healthcare Quality Assurance and Improvement Committee held on Thursday 8<sup>th</sup> July 2021 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 MacDonald Non-Executive Director  
 Dr A Osborne Non-Executive Director

**In Attendance:**

Dr J Burns Executive Medical Director  
 Mr P Cannon Board Secretary  
 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  
 Mrs L Drummond Head of Assurance, Quality Directorate  
 Dr L Findlay Medical Director, South Lanarkshire HSCP  
 Mr P Graham Head of Spiritual Care  
 Dr J Keaney Medical Director, Acute Division  
 Mrs H Knox Chief Executive  
 Mr C Lauder Director of Planning, Property & Performance  
 Mrs N Mahal Board Chairperson  
 Dr R Mackenzie Chief of Medicine, UHM  
 Mrs T Marshall Nurse Director, North Lanarkshire HSCP  
 Mrs M McGinty Head of Improvement, Quality Directorate  
 Mrs A Minns Head of Evidence, Quality Directorate  
 Mrs L Thomson Nurse Director, South Lanarkshire HSCP

**Apologies:**

Mr G Docherty Director of Public Health  
 Dr L Munro Medical Director, North Lanarkshire HSCP  
 Mrs L Sutherland Assistant Nurse Director, South Lanarkshire HSCP

**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 13<sup>th</sup> May 2021 were approved.

#### **THE COMMITTEE:**

Noted and approved the minutes of 13<sup>th</sup> May 2021.

### 4. **ACTION LOG**

The Committee discussed the action log from the meeting held on 13<sup>th</sup> May 2021 and noted the Care Home Review item. Dr J Burns advised regarding the review of patients which had identified 783 episodes of care and 680 Covid 19 patients. Some of the patients were not care home residents therefore these 169 patients were removed from the process, leaving 511 patients in the period of 1<sup>st</sup> March 2020 – 21<sup>st</sup> May 2020. The Committee heard that the information has been added to a database, will be subject to further analysis and will generate more narrative.

Dr L Thomson noted that she was not surprised how resource intensive the review has been and suggested it would be helpful to have a single item, exception meeting to discuss the issue further.

Members discussed the item relating to the Quality Planning & Professional Governance Group and how the group can further support the proactive sharing of learning throughout the organisation. Some suggestions include the development of regular newsletters with clinical departments and a look at our internal communications to make it easier for staff to pick up. Dr J Burns will raise the matter with the Senior Medical Managers.

The University Hospital Hairmyres (UHH) Whistleblowing item was discussed and members were advised that an extensive action plan has been developed and will be available in September to share with the Committee. Mrs L Axford will be invited to the September meeting to provide an update.

#### **THE COMMITTEE:**

1. Noted and approved the action log and agreed that an exception, single item meeting to discuss Care Homes would be arranged. Dr J Burns will discuss shared learning options with Senior Medical Managers. Mrs L Axford will be invited to attend the meeting in September 2021 to provide an update regarding the UHH Whistleblowing action plan.

### 5. **QUALITY PLANNING & PROFESSIONAL GOVERNANCE GROUP – HIGHLIGHT REPORT**

Dr J Burns presented the Quality Planning & Professional Governance Group (QPPGG) Highlight Report, advising that the recent meeting in June 2021 was very productive. One topic of discussion was unusual sources of information, e.g. Twitter, which recently shared a document from the Nursing & Midwifery Council regarding non-medical testing. This raises questions in terms of how we are sighted on information and clear lines of accountability.

The Committee heard regarding the Clinical Guidelines report and NHS Lanarkshire's ambition to have one place for all Clinical Guidelines and Pathways. A huge amount of work has already been completed on the Covid

19 platform and staff are now working through other Guidelines. Dr J Burns advised of the need to identify resources / funding going forward to ensure this work continues. Mrs K Cormack added that the current funding for the Systems Librarian is non-recurring, therefore resource is required to support this post on an ongoing basis and also for the Editorial Board. This requires protected time for clinical staff; clinical leads have been identified for every department, however capacity is a huge challenge. Members were advised that there is a need to identify clinical pathways to improve efficiencies and engagement with patients. It was noted that this discussion will be raised at CMT.

Mrs M Lees enquired as to the timeline for the Value Management work that had been paused during Covid 19. Dr J Burns advised that work had restarted and was progressing, but at a slower pace. A recent meeting with HIS and the national team had been postponed due to current pressures.

Mrs K Cormack provided feedback regarding Quality Week which took place in May 2021, noting the blended approach this year which allowed for greater flexibility for staff, i.e. the programme included a range of sessions via MS teams (both live and pre-recorded) and one face to face session.

Mrs N Mahal asked regarding Quality Improvement (QI) projects and could we ensure that acute QI projects are considered as part of the learning for the organisation and reflect on how this is shared. Dr J Keaney suggested a repository for sharing the QI projects that can be accessed across all sites. Mrs K Cormack advised of the end of year showcase and how staff would be encouraged to showcase their work. It would also be useful to show the links between the QI projects and Board objectives.

#### **THE COMMITTEE:**

1. Noted the Quality Planning & Professional Governance Group highlight report.

#### **6. NEW SCOTTISH GOVERNMENT VENTILATION PAPER**

Mr E Docherty advised members that the paper was being shared for awareness and to give members early sight of the document. A SBAR paper on the matter was discussed at a recent CMT meeting. Members heard that the actions highlighted are in place and further details will follow in due course.

#### **THE COMMITTEE:**

1. Noted the New Scottish Government Ventilation paper.

#### **7. ACUTE CLINICAL GOVERNANCE & RISK MANAGEMENT GROUP – HIGHLIGHT REPORT**

Dr J Keaney presented the Acute Clinical Governance & Risk Management Group highlight report, drawing attention to the “topics of interest”. Members heard that there had been a decrease in the number of Treatment Escalation/Limitation Plans (TELPs) completed at University Hospital Wishaw (UHW) therefore work was underway to identify the cause and embed the process. This will include identifying champions and promoting the use of TELPs via realistic medicine work.

It was noted that Cardiac arrest (CA) figures are low and recording of CAs will move onto Datix. In terms of risk management, members heard that the two sample policy for blood transfusion has been implemented and a new Risk Manager has been appointed at University Hospital Monklands (UHM).

Dr J Keaney advised that a Significant Adverse Event Review (SAER) was underway regarding the risk of Covid 19 transmission linked to ventilation at UHW and the Infection Prevention & Control Team were drafting a policy relating to the issue. In terms of SAERs, national research is underway to review the increase in the number of stillbirths and admissions to NICU, possibly related to Covid 19.

Dr A Osborne stated that members had been made aware of the ventilation issue affecting shared staff facilities earlier when the issues occurred at UHW. She requested further information regarding the increase in stillbirths and neonatal admissions. Dr J Keaney will link with the Chief Midwife to request a report for the September 2021 meeting. Dr J Burns noted that there could be a wider issue relating to Covid 19, sub-clinical infection and sub-clinical harm, e.g. reduced blood-flow through the placenta. Dr J Burns added that NHS Lanarkshire is seeing patients presenting with ongoing pathologies that are more complex and it is expected that this will come to the fore in the coming months.

#### **THE COMMITTEE:**

1. Noted the Acute Clinical Governance & Risk Management Group highlight report. Dr J Keaney will contact the Chief Midwife to request an update regarding the increase in stillbirths and neo-natal admissions at UHW.

### **8. QUALITY & SAFETY DASHBOARD**

Dr J Burns presented the Quality & Safety dashboard, noting an error on page 11 regarding pressure ulcer data, i.e. incorrect title and incorrect table, therefore the correct information will be circulated out-with the meeting.

Mr A Boyle advised that he enjoyed the report and enquired whether some information was missing regarding falls and the stroke bundle. Dr J Burns advised that falls are reported on regularly and correlates with patient cohort data.

#### **THE COMMITTEE:**

1. Noted the Quality & Safety dashboard and the correct information from page 11 will be shared with members out-with the meeting.

### **9. QUALITY STRATEGY IMPLEMENTATION PLAN 2021-2022 – HIGHLIGHT REPORT (APRIL – JUNE 2021 QUARTERLY UPDATE)**

The Committee noted the report presented by Mrs K Cormack and heard that 23 actions had been completed in the period April – June 2021. It was noted that 2 objectives have been removed as National work is underway that NHS Lanarkshire will link into with other lead Boards and embed into the service going forward.

#### **THE COMMITTEE:**

1. Noted the Quality Strategy Implementation Plan highlight report for period April – June 2021.

**10. BOARD BRIEFING – ISSUE WITH THE NATIONAL SCREENING PROGRAMME**

Dr J Burns provided a verbal update to the Committee regarding a national adverse event from March 2021, when it was identified that some women were not recalled for screening. The issue had affected all NHS Boards.

Work is ongoing and 163 patients have been identified and reviewed so far in NHS Lanarkshire with 69 patients invited back for further examination.

Dr J Burns advised that she is a member of the national screening committee therefore will continue to be sighted on developments and information. She further advised of Public Health involvement and noted that a Duty of Candour review will be undertaken.

**THE COMMITTEE:**

1. Noted the National Screening verbal update.

**11. WHISTLEBLOWING INVESTIGATION REPORT - TOUCHPOINT CLEANING AT UNIVERSITY HOSPITAL WISHAW (UHW)**

Mr C Lauder presented the Whistleblowing Investigation Report regarding touchpoint cleaning at UHW. The Committee heard the report reached two conclusions, i.e. there was no evidence of falsification of documents however there was some evidence regarding a need for management improvement. The standing group will remain in place and will review domestic issues and oversee the implementation of recommendations.

Mrs N Mahal enquired as to whether feedback will be sent to the whistleblowers regarding the outcome of the review.

Mrs L MacDonald advised that this is an anonymous complaint and noted a possible pattern with contracted employees, perceived lack of confidence by staff to speak up and this impacts on the investigation. Mrs L MacDonald also advised that there is no requirement for a Committee to review or sign off on the report, however it is good practice to highlight and share the issues and learning from the event. Mr C Lauder advised that lessons learned have been shared widely across NHS Lanarkshire.

**THE COMMITTEE:**

1. Noted the Whistleblowing Investigation report regarding touchpoint cleaning at University Hospital Wishaw.

**12. LEGAL CLAIMS ANALYSIS – ANNUAL REPORT 2020-2021**

The Committee noted the Legal Claims analysis Annual Report 2020-2021 presented by Mr P Cannon, noting this was the 3<sup>rd</sup> report and highlights indicators such as values and payments. Members heard that there were fewer outstanding claims at the end of the financial year and noted that gynaecology claims had reduced significantly. Items detailed in table (i) 8.3 are under investigation. Mr P Cannon advised that he had met with the

Central Legal Office (CLO) regarding Covid 19 claims and there are none for NHS Lanarkshire as yet. Furthermore, contact with colleagues in CLO is very good, including weekly contact and regular meetings and alerts regarding Fatal Accident Inquiries (FAIs).

**THE COMMITTEE:**

1. Noted the Legal Claims Analysis Annual Report 2020-2021.

**13. EXTRACT OF CORPORATE RISK REGISTER**

Mr P Cannon presented the Extract of Corporate Risk Register and noted this is a shorter version, honed in on Committee business, highlighting clinical risks for which the Committee is responsible. Members heard that the Covid 19 risk register will be incorporated into the business as usual risk registers.

**THE COMMITTEE:**

1. Noted the Extract of Corporate Risk Register report.

**14. ADVERSE EVENT ANNUAL REPORT 2020-2021**

Mrs K Cormack presented the Adverse Event Annual Report 2020-2021 and advised members that 7 incidents were open at the time of writing of the report. When these are closed, Mrs K Cormack will provide an addendum to the report to ensure the complete year of cases is included in the Annual Report. 29 cases were confirmed as Duty of Candour and all elements of Duty of Candour had been met. Members were advised that the headings in the report match the headings provided in the Scottish Government report for consistency and assurance. It was also noted that the report includes information regarding staff support, the updated information leaflet and examples of shared learning from Duty of Candour cases.

**University Hospital Hairmyres (UHH) Intensive Care Unit (ICU) SAER**

Mrs K Cormack provided a verbal update regarding the UHH ICU Fire Report, noting that the Significant Adverse Event Review (SAER) was ongoing and the report was almost complete. The Committee heard that the SAER is progressing with great sensitivity and wide consultation with colleagues from the Fire Service, PSSD and hospital staff and the final report will be available to the Committee at the September 2021 meeting.

It was noted that the cause of the fire was a mechanical fault with an air conditioning unit. Mrs N Mahal advised that she has been on site and the staff involved are continuing to receive support. Mrs K Cormack added that staff provided good support to patients involved and have followed up with those patients since the incident. To date, there have been no complaints submitted.

**THE COMMITTEE:**

1. Noted the UHH ICU SAER and that the final Fire Report will come to the Committee meeting in September 2021.

**15. SPSO ANNUAL REPORT 2020-2021**

Mr K Rooney presented the SPSO Annual Report 2020-2021 and highlighted that the percentage of complaints proceeding to investigation has decreased. Members heard regarding themes relating to clinical treatment and documentation / communication and the report contains analysis of NHS Lanarkshire compared to other NHS Scotland Boards.

There was discussion about sharing the learning from upheld complaints and how the organisation can further improve processes to reduce complaints. Mr K Rooney advised that there is a focus on empathising with complainants, particularly at stage 1 of the complaints handling process. The Corporate complaints team are finalising a stage 2 toolkit to emphasise the focus on learning. It was also highlighted that a significant percentage of complaints were not taken up by SPSO due to the high standard of complaints undertaken by NHS Lanarkshire. MR K Rooney also advised that a thematic analysis would be completed to ensure all learning was captured accurately. Mrs K Cormack added that the next Adverse Event Bulletin would include learning from complaints. Mr E Docherty noted that he was keen to see the thematic analysis work.

**THE COMMITTEE:**

1. Noted the SPSO report.

**16. REPORT ON FEEDBACK, COMMENTS, CONCERNS & COMPLAINTS**

Mr K Rooney presented the report on feedback, comments, concerns and complaints and advised members. that patient affairs activity has increased in relation to the number of enquiries. The Committee heard that there has been an increase in the percentage of complaints closed at stage 1 and the data for NHS Lanarkshire will be sent to Scottish Government in September 2021.

**THE COMMITTEE:**

1. Noted the Report on Feedback, Comments, Concerns & Complaints.

**17. INFORMATION GOVERNANCE ANNUAL REPORT 2020-2021**

Dr R Mackenzie presented the Information Governance Annual Report 2020-2021 and noted the late submission of the paper. He advised that the schedule has been amended to ensure the report is tabled in time in future. The Committee heard that discussions are ongoing with Internal Audit regarding the focus of the Information Governance work.

Dr R Mackenzie highlighted the addendum of the report referring to Copyright and sections 6 a & b thematics regarding Information Governance errors. Members heard that the thematics, e.g. email errors, access to files, correspondence to wrong address and misfiling, feed into the Committee's Implementation Plans. Cyber prevention plus will not be renewed and NIS will be used instead. A Project Manager will be appointed to the eHealth team to review deficits, identify quick wins and prioritise an action plan regarding areas of highest risk.

Dr R Mackenzie also noted that a large amount of work has been completed on data protection information agreements. Members heard that human error

is difficult to mitigate against and work continues to design systems that help minimise the risk of human error.

Dr L Thomson enquired regarding Cyber security, NIS and the timescale. Dr R Mackenzie advised this is not known as yet however NHS Lanarkshire has benchmarked well and further scoping work will be required to prioritise next steps. Mrs H Knox advised that the NHS Lanarkshire eHealth team have led on testing with regard to Cyber security and were one of the few Boards in NHS Scotland to do so. Dr R Mackenzie will provide a timescale regarding NIS at the next meeting of the Committee.

Members discussed human error and agreed this should be a main focus going forward. Good rates of staff training were highlighted and it was helpful to note that the Information Governance Committee are actively looking at new, innovative ways to provide staff training in future.

Mrs M Lees noted the great work being undertaken by the Information Governance team and enquired regarding the timescale for the fair warning system. Dr R Mackenzie advised that this has been delayed due to Covid 19 therefore eHealth is in contact with NSS to seek clarification.

Dr A Osborne requested a further breakdown regarding section 8b, which states that the Board is required to be aware of the risks of Cyber technology.

Mr A Boyle highlighted human error and noted that the numbers appear very small overall. He enquired as to whether it would be helpful to introduce a feedback loop to expand on communication with those who are involved in errors, to learn more from these incidents.

Mrs K Cormack suggested that an Information Governance section could be added to the Adverse Events bulletin to promote shared learning. Dr R Mackenzie agreed this would be helpful and the preferred option over creating a new bulletin.

#### **THE COMMITTEE:**

1. Noted the report and the following actions:  
Dr R Mackenzie will provide a timescale regarding NIS at the September meeting of the Committee and will provide a more detailed breakdown of section 8b regarding the risks of Cyber technology. Mrs K Cormack will add an Information Governance section to the Adverse Events Bulletin to enhance shared learning.

#### **18. REALISTIC MEDICINE – UPDATE REPORT**

Dr J Burns presented the report, noting that much of the work had been paused during the Covid 19 pandemic. A Realistic Medicine Manager has been appointed and is due to start in August 2021 and shortlisting for the Clinical post(s) has been completed.

#### **THE COMMITTEE:**

1. Noted the Realistic Medicine update report.



**19. CORPORATE POLICIES ENDORSEMENT PROCESS – UPDATE REPORT**

Mrs A Minns presented the Corporate Policies Endorsement Process update report, noting that 3 policies went through the process in the 1<sup>st</sup> quarter. Members heard that eHealth are reviewing MS Access databases with Mr B McAllister leading on this work. Mrs A Minns advised of an approximate timescale of 18 months.

**THE COMMITTEE:**

1. Noted the Corporate Policies Endorsement Process update report.

**20. BEREAVEMENT CARE GROUP ANNUAL REPORT 2020-2021**

Mr P Graham presented the Bereavement Care Group Annual Report 2020-2021 and asked members to note his apologies for the late submission of the report. It was noted that the Bereavement Care Group met 4 times during the year, working under a more “national” umbrella, sharing information and good practice. The MCCD online process was implemented earlier due to Covid 19. Mr P Graham spoke regarding the trauma experienced by many people during lockdown and the impact of this, staff care and support for staff working in exceptional circumstances. Dr L Thomson thanked Mr P Graham for the report and advised it was expected that there would be an increase demand on these services as a result of Covid 19.

Mr A Boyle commented that the report reflects the supportive culture of the organisation and the way the team go about their work. He advised he was impressed and moved by the report section regarding impact of the work. The Committee heard that a Spiritual Care Event will launch in September 2021 and will focus on “no-one dies alone”. Work will continue with faith and belief groups and staff training will be delivered in November 2021 via a virtual platform.

**THE COMMITTEE:**

1. Noted the Bereavement Care Group Annual Report 2020-2021

**21. COMMITTEE WORK-PLAN**

The Information Governance Committee Annual Report will be scheduled for the May meeting of the Committee going forward.

**22. ISSUES OF CONCERN – BY EXCEPTION ONLY**

- Operational
- Safety
- Independent Sector
- Staffing

The Committee noted there were no issues of concern.

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

No new risks were identified by the Committee.

**24. ANY OTHER COMPETENT BUSINESS**

**Non-Executive Evening Site Visits Procedure & Process**

Mrs K Cormack presented the paper to members. Mrs N Mahal welcomed the update and noted she was mindful that it should be left to the sites to confirm times that are suitable for them. It was requested that the feedback forms are returned to Mr P Cannon instead of the Quality Directorate. Mrs K Cormack confirmed that she would make the changes requested.

Dr A Osborne suggested a lightness of approach to focus on patients was required therefore requested a recalibration onto patients and their safety. Mrs M Lees added that it was a good opportunity to check on staff with regard to their wellbeing. Mr A Boyle commented that it was a good addition to the process and an opportunity to get staff together and thank them. He added that it would be important to ensure the Non-Executive Directors have information in advance of any visits regarding site / ward.

**25. DATES OF MEETINGS DURING 2021-2022 AT 14:00 HOURS**

- a) Thursday 9<sup>th</sup> September 2021
- b) Thursday 11<sup>th</sup> November 2021
- c) Thursday 10<sup>th</sup> March 2022
- d) Thursday 12<sup>th</sup> May 2022

**\* Please note that subsequent to the meeting, the time of the meeting scheduled for Thursday 9<sup>th</sup> September 2021 was changed to 9:30am.**