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Minutes of the Healthcare Quality Assurance and Improvement Committee held on Thursday 11th November 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:

Mrs C Brown Senior Improvement Advisor, Quality Directorate
 Mr P Cannon Board Secretary
 Mrs C Coloumbe Head of Infection Prevention & Control
 Professor K Currie Professor of Nursing & Applied Healthcare Research, Glasgow Caledonian University
 Mrs K Cormack Director of Quality
 Mrs E Currie Quality Programme Manager, Business Support
 Mrs L Drummond Head of Assurance, Quality Directorate
 Mrs S Friel Nurse Director, Acute Division
 Dr J Keaney Medical Director, Acute Division
 Mrs H Knox Chief Executive
 Dr R Mackenzie Chief of Medicine, University Hospital Monklands
 Mrs T Marshall Nurse Director, North Lanarkshire HSCP
 Mrs A Minns Head of Evidence, Quality Directorate
 Mrs A M Sangster Interim Head of Public Protection
 Mrs L Thomson Nurse Director, South Lanarkshire HSCP

Apologies:

Dr J Burns Executive Medical Director
 Mr G Docherty Director of Public Health
 Mr E Docherty Executive Director of Nursing, Midwifery & Allied Health Professionals
 Dr L Findlay Medical Director, South Lanarkshire HSCP
 Mrs N Mahal Board Chairperson
 Mrs L McDonald Non-Executive Director
 Mrs M McGinty Head of Improvement, Quality Directorate
 Dr L Munro Medical Director, North Lanarkshire HSCP
 Dr J Pravinkumar Consultant in Public Health Medicine

1. WELCOME

Dr L Thomson welcomed colleagues to the meeting and apologies were noted. Members were advised that today was the final meeting for Professor K Currie who was leaving the group after 4 years as an external expert on the Committee. Dr L Thomson thanked Professor K Currie for her guidance, support and advice to the Committee and wished her well for the future.

2. DECLARATION OF INTERESTS

There were no declarations of interest.

3. MINUTES

The minutes from the meeting held on 9th September 2021 were approved. The minutes from the exception meeting held on 21st October 2021 were approved and it was noted that both sets of minutes would be submitted to Mr P Cannon for inclusion at the Board meeting in December 2021. The minute from today's meeting will also be submitted for the Board meeting in December 2021.

THE COMMITTEE:

1. Noted and approved the minutes of 9th September 2021 and 21st October 2021.

4. ACTION LOG

The Committee discussed the action log from the meeting held on 9th September 2021 and noted that two mortality case-note reviews were complete, one outstanding was in progress. The report will be shared at the February 2022 meeting of the Committee.

Mrs K Cormack noted that CMT had agreed to source funds for the Clinical Guidelines & Pathways post. Mrs H Knox advised that as guidelines provide support across the whole system, funding sources could come from across acute and HSCPs. It was noted that confirmation would come back to the February 2022 meeting.

Mrs K Cormack updated members regarding an email from Mrs S Murray on the matter of HMP Shotts and Covid 19. The Committee heard from Mrs T Marshall that there had been two deaths and they will be dealt with as fatal accident inquiries (FAIs). Further information is due from Public Health therefore Mrs T Marshall will provide a further update to members at the February 2022 meeting.

Mrs T Marshall advised the Committee that a written update including data will be submitted for the next meeting in February 2022 regarding the paediatric item on the action log.

Mrs C Brown updated members regarding the SPSP Collaborative launch that took place on 22nd September 2021 for Falls and Cardiac Arrest reduction. Monthly data submissions have been established and staff are working to understand their system. Teams will be identified across the three acute sites to work with the Quality Improvement Team and a further update will be shared with the Committee at the meeting in February 2022.

Mrs K Cormack provided an update regarding the University Hospital Hairmyres (UHH) Fire item on the action log, noting that the alert will be added to the NHS Lanarkshire Resilience Team portfolio and discussions are taking place with national colleagues to further share the learning.

It was noted that the final version of the Infection Prevention & Control Annual Report was accepted by members (a draft was shared at the September 2021; this has been confirmed as the final version).

Members briefly discussed the QAIC Development session outcomes, noting work undertaken by the Quality Directorate team with regard to updating the Terms of Reference, the Annual Report template, production of report writing guidance and how this will form a QAIC toolkit. Discussions are on hold at present in light of service pressures across the system, therefore a fuller discussion will take place at the meeting in February 2022. Dr A Osborne noted that she is hopeful the review work on all three Committees will be completed by February 2022.

THE COMMITTEE:

1. Noted and approved the action log and agreed that funding for the Clinical Guidelines & Pathways work will be confirmed at the meeting in February 2022. Further updates coming back to the Committee in February 2022 are:

HMP Shotts Prison – Covid 19 update;
Paediatric service in North HSCP;
SPSP Collaboratives (Falls & Cardiac Arrest);
QAIC Development session update

5. QUALITY PLANNING & PROFESSIONAL GOVERNANCE GROUP – HIGHLIGHT REPORT

Mrs K Cormack presented the Quality Planning & Professional Governance Group (QPPGG) highlight report, highlighting the following three items:

Gabapentinoids – QPPGG discussed the significant progress made regarding the review of prisoners.

The Food Fluid & Nutrition Annual Report – QPPGG were provided with an update in relation to plans in place for 2022 regarding new KPIs and a mapping exercise to help progress areas of work further (recognising the delays in some areas due to service pressures).

Annual Report template – the proposal to begin using a new Annual Report template was highlighted and it was agreed this would require discussion at QAIC.

Dr A Osborne enquired regarding the issue of non-medical referrers as highlighted by Dr G McCurrach at the QPPGG meeting. Mrs K Cormack confirmed that Dr G McCurrach had agreed to provide a SBAR paper detailing the issues and recommendations and this would be discussed at the QPPGG meeting scheduled for December 2021, with an update coming to QAIC in February 2022.

Mrs L Drummond was asked regarding the SPSO determinations for independent contractors. She advised that these are not currently shared with Corporate Complaints however they could be included on the Datix system going forward. Dr L Thomson requested additional information from Mrs L Drummond on the matter out-with today's meeting.

THE COMMITTEE:

1. Noted the Quality Planning & Professional Governance Group highlight report and requested an update regarding the non-medical referrer framework is shared at the February 2022 meeting.

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

Mrs L Thomson presented the South HSCP Support, Care & Clinical Governance Group highlight report, noting several areas including the increase in falls within Community Hospitals. Members heard that targeted improvement work is underway to reduce falls. Mrs L Thomson advised that there are three category 1 incidents pending and three that will progress into the child death governance process. The Committee were advised of pressures within Out of Hours (OOH) services and the requirement to take a multi-disciplinary approach to help alleviate service pressure. There is a risk with regard to Dental Services as a result of a waiting list of approximately 800 patients who are waiting on procedures requiring general anaesthetic. With regard to the Primary Care Improvement Plan (PCIP), Mrs L Thomson advised that a revised memorandum of understanding had been shared and colleagues are working through this. There is a risk to note in relation to the new MORSE system in the community; this is the transition period and it is not possible as yet to pull reports from the system, therefore there will be a delay with sharing figures and data. Members also heard that The Family Nurse Partnership recently received a very positive annual review. Mrs L Thomson also advised that a development session was planned to review the South HSCP Governance Framework, with a view to enhancing working arrangements with the Integrated Joint Boards and the Healthcare Quality Assurance & Improvement Committee.

Members discussed the risks in relation to Dental patients and noted that work is ongoing to prioritise those on the waiting list by clinical urgency. A prioritisation exercise was necessary for children waiting on dental procedures, especially for those children with developmental issues. Dr L Thomson noted the risk and the requirement to be clear with regard to the mitigating actions.

Mr A Boyle enquired regarding the increase in Violence and aggression incidents and whether people are being effectively supported in terms of unacceptable behaviour. With regard to the OOH service, Mr A Boyle noted that he found it difficult to interpret the table provided on the top of page 9 of the report. Mrs L Thomson clarified that the OOH service issue is a national one, there is an ongoing external review and work is underway in relation to the nursing workforce and GP recruitment with the hope that they can move into a more sustainable system. Dr A Osborne commented that the issues facing the OOH service require a whole system approach and enquired as to whether the external review will include the whole system review. Mrs H Knox suggested Mr S Sengupta is invited to the next meeting of the Committee in February 2022 to provide an update.

THE COMMITTEE:

1. Noted the South HSCP Support, Care & Clinical Governance highlight report. Mr S Sengupta, Head of Health & Social Care, South HSCP will be invited to the meeting in February 2022 to provide an update regarding the Out of Hours service.

7. QUALITY & SAFETY DASHBOARD

Dr J Keaney presented the Quality & Safety dashboard and noted that crude

mortality had been stable for a long time however is increasing as we get into the winter period. Hospital occupancy rates are significantly above average at present and the Data & Measurement team are reviewing the data and daily sheets. Members were advised there is a big difference between reported occupancy rates and the reality, due to the way the information is recorded. Significant variability is not captured in the data, all three sites are currently above 90% occupancy and extra patients are waiting in Emergency Departments for beds. Dr L Thomson asked whether the issues with trakcare and recording have always existed and whether we have highlighted the matter to Scottish Government. Dr J Keaney confirmed the issues are not new and Scottish Government have been informed. Mr A Boyle enquired whether it would be helpful to go through the data retrospectively and if there is a way we can improve the accuracy of what is reported to Scottish Government. Dr A Osborne added that if it is not possible to resolve the recording issues, how do we report the real figures instead. Dr R MacKenzie advised that it would be helpful to avoid manual counts in future and an easier more accurate and efficient system for staff would be helpful. He added that current pressures on the workforce result in staff being unable to keep trakcare up to date. Dr J Keaney advised that the report will continue to detail the recorded data versus the reality and he will liaise with the Data & Measurement Team. Dr L Thomson requested the concerns of the Committee are recorded in relation to recording and reporting of hospital occupancy and the ineffective system for this information. She added that the organisation should not be left in a position where by it has to share a misleading impression.

Dr J Keaney advised members that stroke bundle compliance is at 50%, comparing to a national average of 64%. He highlighted that compliance states the need to achieve all four elements of the bundle. The Committee heard that admission rates to stroke wards has been impacted by staffing pressures, Covid 19 and trakcare issues, e.g. when the designation of wards is changed to cope with changing clinical priorities. In terms of the Acute Clinical Governance & Risk Management Committee, Dr J Keaney advised that work has started to develop an improvement plan around stroke bundle compliance. Mrs K Cormack noted that clinical fellow Carolyn MacInnes is going to support this improvement work.

Mr A Boyle noted that it will be helpful to see the impact of the enhancements described for the patients going through the system and he found the appendices 1, 2 & 3 of the report very helpful.

THE COMMITTEE:

1. Noted the Quality & Safety dashboard.

8. QUALITY STRATEGY IMPLEMENTATION PLAN – QUARTERLY REPORT

Mrs K Cormack noted that three new objectives have been added to the Implementation Plan as they require significant work. It was noted that reduced clinical staff capacity has impacted on the progress made with parts of the Safe Care Plan in particular. Staff are continuing to work hard to progress the remaining actions in the plan.

Mr A Boyle advised he felt there was a surprisingly small amount of slippage considering the pressures across services and he requested revised target dates are confirmed for those that have breached their original target.

Dr A Osborne enquired regarding the PPF meetings and whether they had not

met due to a lack of digital solutions for the members. Mrs K Cormack will provide an update on this.

THE COMMITTEE:

1. Noted the Quality Strategy Implementation Plan report.

9. EXTRACT OF THE CORPORATE RISK REGISTER (CLINICAL)

Mr P Cannon presented the Extract of the Corporate Risk Register (Clinical) to the Committee and noted that four clinical risks were highlighted for information. Members were advised that Mrs C McGhee Risk Manager, meets regular with the risk owners. Mr P Cannon highlighted a query on page 2, i.e. the heat map, therefore he will liaise with the risk owner to check and confirm the correct level.

THE COMMITTEE:

1. Noted the Extract of the Corporate Risk Register (Clinical) and Mr P Cannon will confirm the risk level for the heat map on page 2 of the report.

10.

ADVERSE EVENT HIGHLIGHT REPORT (incl, Duty of Candour)

Mrs K Cormack presented the Adverse Event highlight report noting a few key areas for information. On page 2 of the report, it shows that University Hospital Monklands (UHM) had a larger number of Significant Adverse Event Reviews (SAERs) and the next chart indicates these were “unavoidable”. The report records two never events, however only one of these is a true never event and this took place at University Hospital Hairmyres (UHH) where the wrong treatment was given to a patient. Mrs K Cormack has created a list for staff to help inform them regarding the criteria for a never event and work is underway on the Datix system to improve monitoring of never events. This should be complete by early 2022 and will be followed by staff training. Members heard that the Learning Bulletin now includes learning from complaints, adverse events and it continues to evolve. Mrs K Cormack advised there are no open SAERs at present.

Dr L Thomson advised that the timescales were very positive and she liked the new name of the “learning bulletin”. Dr A Osborne added that she would welcome further clarity regarding the criteria for never events.

With regard to Duty of Candour, members heard assurances that the seven outstanding duty of candour events previously reported have now been closed and details shared with Scottish Government. Thirty events met the Duty of Candour criteria in the last year.

Mrs H Knox advised that good feedback had been received from the National Group regarding a Covid 19 Duty of Candour incident and thanked Mrs K Cormack for her support.

THE COMMITTEE:

1. Noted the Adverse Event highlight report. Mrs K Cormack will

share her never events paper with the Committee at the meeting in February 2022.

12. PUBLIC PROTECTION COMMITTEE – ANNUAL REPORT

Mrs A M Sangster presented the Public Protection Committee Annual Report 2020-2021 and highlighted several key areas for consideration, including changes to the Public Protection Team. Members heard that a new learning and development strategy has been created and implemented to support the workforce to fulfil their roles. Mrs A M Sangster provided an overview of the management system that supports governance arrangements around Public Protection and the whole system approach within NHS Lanarkshire.

In terms of Child Protection, members were advised of the Initial Referral Discussion (IRD) Guidance re-write; National Child Protection Guidance was published in September 2021 therefore pan Lanarkshire Multi-Agency IRD Process and Guidance will be progressed by the IRD re-write group. NHS Lanarkshire Public Protection Service are in the process of reviewing their Notification of Child Protection Concern Guidance to complement the new IRD guidance, strengthen processes and provide additional escalation routes for all NHS Lanarkshire staff. Mrs A M Sangster advised that North & South HSCPs are anticipating Inspections this coming year, therefore they are actively engaging in multi-agency preparative action.

In line with the Public Protection Strategic Enhancement Plan, members noted the report recommendations. Dr L Thomson thanked Mrs A M Sangster for the report and for attending the Committee meeting to provide an overview.

THE COMMITTEE:

1. Noted the Public Protection Committee Annual Report 2020-2021.

13. SPSO UPDATE REPORT

Mrs L Drummond presented the SPSO update report, highlighting the change in nature of some complaints becoming more aggressive and complex in nature. Dr L Thomson enquired regarding the overdue complaints. Mrs L Drummond advised that the timescale is 3 months and she will provide further details around this and an update at the February 2022 Committee meeting. Dr L Thomson stated the importance of knowing the outcome, timescale and see the learning has been shared across the organisation from complaints.

Mr A Boyle noted the increase in complaints and the complexity and enquired if there is an indication of what number proceed to level 2 due to staff capacity issues. He further enquired regarding the stage 2 complaints data from University Hospital Hairmyres (UHH). Mrs L Drummond advised that a review of the percentage of stage 2 complaints had been completed. This identified variation exists across the acute sites, therefore the team are looking into this further to better understand why.

Dr A Osborne commented on the Ombudsman letter and her sympathy for those who are going through multiple reviews, highlighting the importance of support for the complaints staff.

THE COMMITTEE:

1. Noted the SPSO update report.

13. REALISTIC MEDICINE - UPDATE REPORT

Members reviewed the Realistic Medicine update report and opened the discussion for questions. Mr A Boyle enquired regarding the theme of complaints regarding poor communication and poor attitude of staff and asked how can we fully understand this. He also asked if it would be helpful to pull patient experience themes through into Realistic Medicine training for staff. Mrs K Cormack agreed to discuss this with Mrs K Morrow.

THE COMMITTEE:

1. Noted the Realistic Medicine update report.

14. INFORMATION GOVERNANCE COMMITTEE – HIGHLIGHT REPORT

Mr R MacKenzie presented the Information Governance Committee highlight report and noted the completion of the information sharing agreement with GPs. Members heard there has been a significant number of information governance incidents reported since the last meeting and work is ongoing to capture the learning from these. Cyber Security work continues with an emphasis on increasing controls. For noting, the team have received several Freedom of Information (FOI) requests, impacting on capacity.

Dr L Thomson enquired regarding the increase in information governance incidents and noted it was helpful to hear that staff are capitalising on the learning from these. Dr R MacKenzie advised that the Data Protection training for staff remains on track and satisfactory progress has been made regarding the breaches.

THE COMMITTEE:

1. Noted the Information Governance Committee highlight report.

15. INDEPENDENT SECTOR GOVERNANCE GROUP

Mrs K Cormack provided an update the Committee regarding the timescale issues and the new person in post is Mrs K Orr, who was unaware of the requirement to submit the report. Mrs K Cormack assured members that Mrs K Orr has been advised regarding requirements going forward and a report will come to the next meeting of the Committee in February 2022.

THE COMMITTEE:

1. Noted the verbal update from Mrs K Cormack and agreed that the Independent Sector Governance Group report will be accepted for the February 2022 meeting of the Committee

16. UPDATE ON HAND HYGIENE COLABORATIVE APPROACH

Mrs C Coloumbe provided an update on the Hand Hygiene Collaborative approach to the Committee, highlighting various key areas of work. Members heard that the data from quality assurance audits should be interpreted with caution as it relates to the sample size. The Committee were asked to note the following key points, i.e. this is the first change package to be presented. The next step is to produce run charts for each of the three acute sites compliance data and interventions. There will be an emphasis on what success looks like. There is a risk in terms of service pressures impacting on improvement work activity.

Mr A Boyle noted that he was concerned regarding the figures, particularly during the Covid 19 pandemic and enquired regarding whether 2 areas were pulling down the overall compliance figures. He also noted the importance of the dip at University Hospital Monklands (UHM) and the need to understand this better and capture the learning. Mr A Boyle advised that he was pleased to see a focus on staff led solutions and the need to continue to reinforce these fundamentals.

Dr A Osborne enquired as to whether the targets are valid during the pandemic. She noted that the improvement work described is timely, necessary and the 90% target to be achieved by December 2021 must be a priority. Dr A Osborne shared her congratulations on the progress to date.

Mrs S Friel advised that all staff remain focused and the intention is to go through the data in further detail site by site to further deepen our understanding. She advised that the audits are a moment in time and local audits may show a different picture. Members were assured of the multi-disciplinary approach going forward, including the utilisation of student nurses to compliment and reinforce their training.

Mrs K Currie commented on her knowledge of the issue, advising that low compliance does not mean that staff are not washing their hands. She added that it is essential to reinforce, re-educate and utilise the student nurse resource available. Members heard that the data has to be take in context and it is recognised that it is difficult to ensure the 5 moments of hand hygiene are adhered to.

Dr R MacKenzie added that it reflects changing systems of work, e.g. staff using new PPE, working in different wards, clinical areas changing together with other service pressures, therefore there is a human factors element to consider. He stated the importance of ensuring all staff groups are compliant and suggested it might be helpful to include a balancing measure in future.

Dr L Thomson thanked Mrs C Coloumbe for a great report and noted that she feels there is no doubt the people in NHS Lanarkshire are working hard to improve hand hygiene compliance across the organisation.

THE COMMITTEE:

1. Noted the update on Hand Hygiene Collaborative Approach paper and requested further update is shared with members early in 2022.

COMMITTEE WORK-PLAN 2021-2022

17. No issues noted or questions raised.

18. ISSUES OF CONCERN – BY EXCEPTION ONLY

- Operational
- Safety
- Independent Sector
- Staffing

The Committee noted there were no issues of concern.

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

No new risks were identified by the Committee.

20. ANY OTHER COMPETENT BUSINESS

No other competent business.

NEW DATES OF MEETINGS FOR 2022 AT 14:00 HOURS

- a) Thursday 10th February 2022
- b) Thursday 21st April 2022
- c) Thursday 9th June 2022
- d) Thursday 8th September 2022
- e) Thursday 10th November 2022