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**Minutes of the Healthcare Quality Assurance and Improvement Committee  
 Exception Meeting held on Wednesday 20<sup>th</sup> October 2021 at 2pm via MS Teams.**

**1. WELCOME & APOLOGIES**

**Chair:**

Dr L Thomson Non-Executive Director (Chair)

**Present:**

Mr A Boyle Non-Executive Director  
 Mr D Reid Non-Executive Director  
 Mrs M Lees Chair, Area Clinical Forum  
 Mrs L McDonald Non-Executive Director  
 Mr J McGuigan Non-Executive Director  
 Dr A Osborne Non-Executive Director

**In Attendance:**

Dr J Burns Executive Medical Director  
 Mr C Fairbairn Quality Programme Manager, Data & Measurement  
 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  
 Mr G Docherty Director of Public Health  
 Mrs L Drummond Head of Assurance  
 Dr L Findlay Medical Director, South HSCP  
 Dr J Keaney Medical Director, Acute Division  
 Mrs L Macer Employee Director  
 Mrs A Minns Head of Evidence  
 Mr H Prempeh Public Health Directorate  
 Mrs T Marshall Nurse Director, North HSCP

**Apologies:**

Mr P Campbell Non-Executive Director  
 Mr E Docherty Executive Director of Nursing, Midwifery & Allied Health Professionals  
 Mrs H Knox Chief Executive, NHS Lanarkshire  
 Mrs C McGhee Corporate Risk Manager  
 Dr R MacKenzie Chief of Medicine, University Hospital Monklands  
 Dr L Munro Medical Director, North HSCP

**2. DATA & MEASUREMENT PRESENTATION:**

Mr C Fairbairn presented the Data & Measurement session to members and provided background in terms of the standardisation of data, the question of how to achieve meaningful data and the use of dashboards for CMT and other groups. Members heard of the importance of identifying key areas such as planning measures and prioritising data. A visualisation framework ensures that data is tailored to the audience, tells the story and explains the actions taken or required. The dashboards developed by the Data & Measurement

Team highlight two types of variation, i.e. common cause (expected fluctuations) and special cause (unexpected fluctuations). Mr C Fairbairn explained that we assess variation in line with the Health Improvement Scotland (HIS) guidance, using STAR (shifts, trends, astronomical points and runs).

Members were advised that the Data & Measurement team are delivering Masterclass training to staff and the next session is planned for January 2022. Further information will be shared following today's meeting.

Dr L Thomson thanked Mr C Fairbairn for his presentation and raised discussion around the importance of ensuring the organisation has a standardised approach to data and enquired as to how we ensure shared learning. Mrs K Cormack agreed that it was important not to make assumptions and ensure everyone has a clear understanding. In terms of sharing the learning, Mrs K Cormack gave the example of Sepsis data and how this led to the completion of mortality case-note reviews across the acute sites, the findings of which were captured in reports and these were shared with colleagues, including the recommendations for improvement actions going forward.

Mr A Boyle enquired as to staff involvement in deciding what information is collected and it was noted that the commissioning groups across the organisation provide a lead on what areas they want to focus on.

### **3. SETTING THE SCENE**

Members reviewed the Public Health Scotland "Discharge from hospitals to Care Homes" paper and heard from Dr J Burns regarding what happened to patients as they passed through services in NHS Lanarkshire.

Dr A Osborne enquired regarding the correlation of information and whether there is a need to further strengthen the position for NHS Lanarkshire. Dr J Burns advised that, in her view, the Public Health Scotland paper approach was to provide data therefore they have not contextualised their conclusion.

### **4. CARE HOME REVIEW REPORT**

Dr J Burns presented the Care Home Review Report to the Committee and noted that the timeline for the review was 1<sup>st</sup> March 2020 to 31<sup>st</sup> May 2020. In terms of approach, work started with the patients who had died including the initial mortality review findings and the national and local context at that time. NHS Lanarkshire services were under pressure throughout the period due to consistently high rates of Covid 19 in the population. Members heard that elderly population mortality rates were significantly greater than other age groups during the first wave of the pandemic.

The presentation highlighted that 77 patients died within 33 days of admission to care homes. These 77 patient deaths were reviewed and concluded that the data was in line with national and international data. There is also significant evidence of good person centred care and communication with patients, including the use of Treatment Escalation Plans (TEPs) and Anticipatory Care Plans (ACPs). 128 patients discharged to care homes in the same period were not reviewed (they lived).

Dr J Burns described the detail from the timeline of significant dates in March 2020 to members. In April 2020, there was reference to debate among clinicians regarding high risk

procedures for the transmission of Covid 19, which highlights that staff were still learning about the virus at that time, as well as the atypical presentation of many elderly patients. In the May 2020 timeline of significant dates and events, members noted that more information was emerging with regard to testing and by mid May 2020, it was known that symptoms of Covid 19 could include the loss of smell and taste. Cases were reducing at this time due to lockdown.

Dr J Burns explained the extended cohort review slide and advised that data cleansing was completed. Further details were shared in the presentation regarding episodes of care and testing.

## **5. CONCLUSIONS & DISCUSSION**

Dr L Thomson thanked Dr J Burns for the report, noting the brilliant presentation and how well this captures the changing landscape during the period in question. She added that it lays out exactly the situation being faced at the time and it is very clear why it has taken this long time to complete this piece of work. Dr A Osborne advised that she felt this was an absolutely outstanding report and provides assurance. In response to the question, “where do we go from here”, Dr J Burns advised that she will translate this report into a more narrative paper for sharing with members.

Mr A Boyle also expressed his thanks and his view that this was a great presentation and the level of detailed drilled down was very impressive. He enquired as to whether the log of learning will be shared with CMT for them to discuss further at a future meeting. He further asked if it would have been possible to anticipate the outcome for the patients affected if they had not been moved into Care Homes.

Mrs L Macer conveyed her appreciation for the work undertaken and the level of detail provided. She noted external factors, e.g. compliance with frequently updated and changing Scottish Government guidance. She also commended the level of support NHS Lanarkshire staff provided to Care Homes, acknowledging the significant impact this has made to staff and patients throughout the period of the pandemic.

Mr J McGuigan thanked Dr J Burns for the report and added that it provides the organisation with a tremendous amount of learning to take forward and conclusive evidence regarding the events, including how NHS Lanarkshire has prevented the situation being even worse.

Dr L Thomson agreed that it would be helpful if Dr J Burns could transfer the report into a more narrative format and include any gaps and the learning to be taken forward for the organisation.