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**Minutes of the Healthcare Quality Assurance and Improvement Committee held on
 Thursday 9th September 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 L Axford Chief of Nursing, University Hospital Hairmyres
 Dr J Burns Executive Medical Director
 Mrs C Clarke Chief Midwife, University Hospital Wishaw
 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 I Lindsay Practice Development Nurse (Excellence in Care)
 Dr R Mackenzie Chief of Medicine, University Hospital Monklands
 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
 Mr D Wilson Director of Information & Digital Technology

Apologies:

Mrs M Cranmer Staff Partnership Representative
 Professor K Currie Professor of Nursing & Applied Healthcare Research,
 Glasgow Caledonian University
 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 H Knox Chief Executive
 Mrs N Mahal Board Chairperson
 Dr M Malekian Assistant Medical Director, Acute Division
 Mrs K Sandilands Director of Human Resources

1. WELCOME

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

2. DECLARATION OF INTERESTS

Dr J Burns spoke to members regarding the current pressures on services across the whole system and the unprecedented circumstances Health

Boards are currently facing. Members heard that Covid 19 numbers are predicted to continue rising and there are large attendances at A&E departments, with a considerable number of patients presenting with serious illness. In addition, there is a high level of staff absence across the whole system therefore adding to current pressures. It was noted that 30 Care Homes are closed to new admissions at present due to staff absences and there are issues across primary care and community services. Dr J Burns added that there has been significant discussion regarding communication with the public to raise and maintain awareness of the situation. Work will be undertaken across all NHS Boards to strengthen communication to help support people and ensure they can access the appropriate care at the right time.

Dr L Thomson thanked Dr J Burns for the update and noted her appreciation of the situation and therefore if some issues require to be carried forward to a later meeting for discussion, this will be acceptable.

3. MINUTES

The minutes from the meeting held on 8th July 2021 were approved.

THE COMMITTEE:

Noted and approved the minutes of 8th July 2021.

4. ACTION LOG

The Committee discussed the action log from the meeting held on 8th July 2021. It was noted that mortality case-note reviews are scheduled for later in the year. The Fire Report update from the incident at University Hospital Hairmyres (UHH) is on the agenda. An Exception meeting of the Committee has been confirmed for 20th October 2021. Members heard that there was unanimous support from CMT regarding the requirement to continue resourcing staff for the Clinical Guidelines and Pathways work. Further consideration will be given as to how this will be funded. Dr J Burns will provide an update at the November 2021 meeting.

THE COMMITTEE:

1. Noted and approved the action log and agreed that Dr J Burns will provide an update regarding resourcing the Clinical Guidelines and Pathways work at the November 2021 meeting of the Committee.

Maternity & Neonatal Review of Covid 19 Impact

Mrs C Clarke presented a report regarding the Maternity & Neonatal Review of Covid 19 impact. Some highlights from the report included an increase in stillbirths across NHS Lanarkshire (NHSL) and NHS Scotland. NHSL have worked in collaboration with Health Improvement Scotland (HIS) to develop an Improvement Plan aimed at reducing stillbirths. The report also details an increase in Significant Adverse Event Reviews (SAERs) including an astronomical point in May 2020. This reflects an increase in poor birthing outcomes for women, many of whom presented late in their labour, resulting in emergency caesarean sections. Social media campaigns aimed at pregnant women, encouraging them to “call the midwife” and assuring them that maternity services are open as normal during the pandemic are having a positive impact. In terms of next steps, Mrs C Clarke advised that maternity

services are focusing on mitigating actions to support the workforce with regard to winter planning and are continuing to support Covid 19 vaccination clinics for pregnant women.

Dr L Thomson thanked Mrs C Clarke for the report.

5. QUALITY PLANNING & PROFESSIONAL GOVERNANCE GROUP – HIGHLIGHT REPORT

Dr J Burns presented the Quality Planning & Professional Governance Group (QPPGG) Highlight Report, advising that the meeting scheduled for August 2021 was cancelled. The agenda and papers were circulated electronically, with a more targeted approach for questioning members on particular items that required review and feedback to be gathered for assurance. Committee members noted the interesting discussion regarding Ionising radiation. Dr A Osborne enquired regarding organ donation changes. She further asked regarding the implications for Shotts Prison with regard to Covid 19. Mrs K Cormack noted that she Chairs the NHSL Organ Donation Committee and recent discussions have been around the “leave no doubt” message to the public Mrs T Marshall advised that they had 34 positive cases and 3 admissions to hospital with 1 in ICU. She further advised of challenges with regard to staff retention and the significant co-morbidities of the prison population. Members also heard of high security risk prisoners and that plans are in place for those high risk prisoners should they require hospital admission. Dr L Thomson asked Mrs T Marshall to provide a further update on Shotts Prison at the next meeting of the Committee.

Mr A Boyle enquired regarding the management of safety alerts and asked how we close the loop to provide assurance that these are being managed appropriately.

THE COMMITTEE:

1. Noted the Quality Planning & Professional Governance Group highlight report and the requirement for a further update regarding the impact of Covid 19 on Shotts Prison at the next meeting in November 2021.

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

Mrs T Marshall presented the North HSCP Support, Care & Clinical Governance Group highlight report, noting a typo on page 2 regarding violence and aggression (incidents have reduced, not increased). Governance groups are being encouraged to continue meeting when possible, appreciating the pressure services are under at present.

Members heard that Mental Health services staff are in the process of completing accreditation in relation to Significant Adverse Event Reviews (SAERs) for suicides and are confident they will achieve this and be the first in Scotland to do so. The North Digital Safety Plan has been launched for those at risk of suicide and some positive feedback has been received from patients. It was noted that SAERs from Paediatric services have been consistent and some themes emerging therefore a deep dive was completed and staff have identified areas for improvement; this improvement work will involve Practice Development staff and colleagues in the Quality Directorate Improvement

Team to work through an agreed action plan.

Dr L Thomson suggested it would be helpful to share the deep dive documentation to support shared learning. Mrs T Marshall agreed and confirmed she will share this with members at the next meeting of the Committee in November 2021. Mrs M Lees asked about the patient transfer in relation to the State Hospital forensic review. Mrs T Marshall advised that this has been escalated nationally and in the meantime, staff are ensuring the patient receives the service and care necessary (noting the intense level of need). Mr A Boyle enquired regarding the slips, trips and falls data, asking how this can be separated if the number of incidents is felt to be temporary and also, what are the implications for the new hospital regarding single rooms and the risk of falls. Mrs K Cormack advised the launch of the NHSL Falls Strategy and National Falls Strategy and these will help support the work around falls. Mrs M McGinty advised that the Improvement Team are working closely with staff regarding the wards experiencing higher rates of falls and noted that ward observations are a challenge. Mrs M McGinty will provide additional information to the Committee at the November meeting regarding the launch of the collaborative and updates on other national work.

The Committee noted the Care Homes SBAR presented by Mrs T Marshall regarding the Infection Prevention & Control input to Care Homes during the Covid 19 pandemic and the impact this has had on Care Homes. The SBAR provided details regarding supported visits, outbreaks, areas of focused work and recommendations for continued work with Care Homes going forward. Some of the recommendations include continuing to work with care home managers to design the programme of supported visits, continue providing support and advice to staff in relation to preventing and managing outbreaks and continuing to work closely with the Care Inspectorate.

THE COMMITTEE:

1. Noted the North HSCP Support, Care & Clinical Governance highlight report and agreed that further updates will come back to the Committee in November 2021 regarding the deep dive exercise in relation to shared learning from SAERs and the collaborative launch and national work regarding falls. The Committee further noted the Care Homes SBAR.

7. QUALITY & SAFETY DASHBOARD

Dr J Burns presented the Quality & Safety dashboard and noted an error on page 8 in relation to the chart name i.e. called chart 10, should say chart 16. The dashboard highlights assurances regarding crude mortality and these are consistent with levels of Covid 19 activity and also with other Health Board areas. Dr J Burns advised that the dashboard provides information regarding a good position for NHSL in relation to HSMR and asked members if they would like to receive data across standardised date ranges going forward or keep the dates as is.

Mr A Boyle commented on the very helpful stroke bundle data and advised that he would find it helpful to use a consistent date for the dashboards. Dr J Burns noted that the date range is on the top right hand side of the page and will be highlighted in future.

Members heard regarding Sepsis at University Hospital Hairmyres (UHH) and noted they are not an outlier; however, a coding issue has been identified. It

was noted that the Care Opinion chart is very helpful and it is good to note what is recorded in terms of what we are doing well.

Dr A Osborne advised that she feels the new format is the best so far and provides a very helpful narrative. She enquired as to the breastfeeding data and if the differences in rates are due to deprivation or other factors. With regard to the dates, she would like these to be up to date. It was agreed the breastfeeding data poses questions and therefore requires further analysis. Mrs T Marshall noted that North HSCP are aware of the lower rates of breastfeeding compared with South HSCP and advised that significant work is underway with North Lanarkshire Council to achieve Breastfeeding accreditation and they will be the first Council in Scotland to do so.

THE COMMITTEE:

1. Noted the Quality & Safety dashboard and the welcomed the new format and helpful narrative provided.

8. UNIVERSITY HOSPITAL HAIRMYRES (UHH) – WHISTLEBLOWING ACTION PLAN

Mrs L Axford presented the UHH Whistleblowing action plan to the Committee and advised members that focus work has been undertaken with staff and the Senior Charge Nurse (SCN) are conducting regular environmental audits. Infection Prevention & Control, Senior Nurses, PSSD and ISS have worked together to complete unannounced inspections, highlighting some issues for further action and improvement. It was noted that the SCN is continuing the daily peer audits and discussing with the team at their monthly meetings. Further consideration will be given to how best the two separate workforces (domestic staff and nursing staff) can work together going forward. Mrs L Axford advised that she feels the staff have come a long way already and have a good working relationship with PSSD and ISS. Mrs L Thomson noted that she was very impressed with the culture, staff engagement in the process throughout, especially during this difficult pandemic period. Mrs S Friel added that she commends all the work undertaken and highlighted the need for the development of an electronic system to capture and track issues in future, as opposed to the paper based system in use at present. Dr A Osborne expressed that she liked the emphasis on the SCN and congratulated the team on the progress made.

THE COMMITTEE:

1. Noted the UHH Whistleblowing Action Plan.

9. UNIVERSITY HOSPITAL HAIRMYRES ICU FIRE – SAER REPORT

The Committee noted the report presented by Mrs K Cormack and heard that the cause of the fire was a faulty air conditioning unit. The report details how very well the staff managed the incident. The SAER report includes areas highlighted for improvement, e.g. staff commented that they were surprised at the speed at which the smoke spread through the ward, therefore making it very difficult for them to see. Local work is underway with regard to simulation which could help support staff fire training. It was also noted that staff were very distressed by the incident therefore a focus has been placed on support for the staff involved.

Mr A Boyle advised that the feedback received is very commendable, he supports all of the recommendations in the report and he would be happy to support the work going forward in any way he can. He noted the importance of completing the environmental review regarding essential equipment, the layout of areas, etc. He enquired as to whether the alert regarding the faulty air con unit has been resolved and if there was a manufacturer's recall of the equipment. Mr A Boyle wished to note personally the phenomenal response by the staff involved in this very serious incident.

Dr J Burns added that this is an excellent review, sensitively done with great support given to the staff and commended Mrs K Cormack for her work. She agreed that simulation in ward areas would be beneficial to staff in terms of training and she has therefore linked with colleagues at Strathclyde University to ask if they could support simulation exercises in any way.

Dr A Osborne commented that this is a great review and great actions highlighted to take forward. She posed three questions as follows; has the manufacturer flaw been eliminated in relation to the faulty air con unit; is there a need for improved fire alarm connectivity (noting that the fire alarm did not go off in the neighbouring theatre)? will there be a review in terms of the flow of smoke through the roof system? Lastly, Dr A Osborne noted that there does not appear to be a system wide approach to survivor support.

Mrs K Cormack informed members that there has been a review of all equipment throughout NHSL and this make and model of air con unit removed. The issues have been fed back to the manufacturer and IRIC. Mrs K Cormack commented that a systematic approach for future incidents is a good idea therefore she will liaise with Martin Gordon in the Resilience Team to add this to the major incident portfolio. Mr A Boyle added that the fire system in UHH is state of the art and Fire Safety Management on site is excellent.

Dr L Thomson offered her thanks for the report and noted it was crucial that members keep sight of the learning to be carried forward in terms of the new hospital site. Since work continues at UHH, Dr L Thomson requested a brief, verbal update at the November meeting of the Committee.

THE COMMITTEE:

1. Noted the UHH ICU Fire Report and requested a brief, verbal update comes back to the Committee at the November 2021 meeting.

10. EXTRACT OF THE CORPORATE RISK REGISTER (Clinical)

The Committee noted the Extract of the Corporate Risk Register (Clinical) paper. No issues or questions were raised.

THE COMMITTEE:

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

11. ADVERSE EVENT HIGHLIGHT REPORT (incl, Duty of Candour)

Mrs K Cormack presented the Adverse Event highlight report to members, noting that the previous quarter has seen the largest number of SAERs commissioned (26) in one quarter, therefore there has been difficulty achieving timelines (however timescale is improving). The paper includes a breakdown of incidents per sector. Members heard that changes have

been implemented with regard to the Datix system, i.e. those reporting an incident receive an automatic reply to let them know what has been done as a result of their reporting. The actions module in Datix is being launched and this will support better tracking and monitoring of actions. It was also noted that training is ongoing with GP leads and a there is new module on report writing including an improved template to support staff with writing reports. Dr L Thomson gave her thanks for the update and noted significant improvements in terms of the SAER process and that it was great to see this progress and receive this assurance.

THE COMMITTEE:

1. Noted the Adverse Event highlight report.

12. INFECTION CONTROL COMMITTEE – DRAFT ANNUAL REPORT 2020-2021

The Committee noted the draft Infection Control Committee Annual Report 2020-2021 presented by Mrs T Marshall. Members noted highlights from the report such as in Section 6, work to develop the Infection Prevention & Control (IPC) dashboard including community settings, which will improve understanding across the system. In Section 7, it was noted that the team are very stretched as a result of Covid 19 however their response to the pandemic has been excellent. Members heard that there is a lack of IPC capacity nationally, therefore work is underway to review capacity and the impact this could have on recruitment and retention. Mrs T Marshall recommended a step approach with regard to the workforce and discussion required with regard to how the organisation manages and supports resilience with such a small, specialised team. contact and regular meetings and alerts regarding Fatal Accident Inquiries (FAIs). It was noted that the IPC collaborative launch has been delayed as a result of pressures.

Dr L Thomson noted that IPC is an area the Committee will continue to scrutinise and today's report is a helpful reminder that things are very different at present while the organisation is dealing with a pandemic.

THE COMMITTEE:

1. Noted the Infection Control Committee Draft Annual Report 2020-2021 and requested a copy of the final version for the next meeting of the Committee in November 2021.

13. SPSO UPDATE REPORT

Mrs L Drummond presented the SPSO update report and advised that there were 11 determinations in the last quarter, 4 of which were upheld by the Ombudsman. SPSO recommendations are in progress and work is being completed to identify themes. The Committee heard that the Adverse Events Bulletin will include thematic analysis and learning from Complaints.

Annual Report on feedback, comments, concerns & complaints

The Committee noted the Annual Report on feedback, comments, concerns & complaints and heard that this was a combined report including complaints, KPIs, feedback and comments from Care Opinion. Mrs M McGinty provided an update regarding solicited feedback and the use of volunteers on the acute

sites, however it was not possible to continue with this arrangement during the pandemic. The use of unsolicited feedback was further promoted i.e. Care Opinion. Mrs M McGinty advised that the Public Reference Forum has not met during the pandemic and the membership were unable to get together virtually. Members are being kept up to date by the Improvement Team and arrangements will be made to reconvene the group when it is safe to do so.

Dr A Osborne thanked the team for the report and stated she understands the rationale for standing down the volunteers and the PRF. She enquired as to how we maintain dialogue with the public during these difficult times and also stated that the complaints analysis provides volume however limited detail regarding the nature of the complaints. Mrs L Drummond advised that the team adhered to the Scottish Government request and this does not break down the nature of complaints. Expanding of the complaints module on Datix however will further improve reporting.

Mrs L McDonald enquired regarding the 4 upheld determinations and the comment from the Ombudsman that the stage 2 report was “excellent”, asking how this will be shared with NHSL staff. Mrs L Drummond agreed that it was important to share the SPSO feedback with all Patient Affairs staff regarding the exemplar stage 2 report. Mrs M McGinty advised that the PRF will contact members to communicate regarding future meetings of the group and ask for their views on how best to support engagement going forward.

THE COMMITTEE:

1. Noted the SPSO update report and Annual Report on feedback, comments, concerns and complaints.

14. INFORMATION GOVERNANCE COMMITTEE – HIGHLIGHT REPORT

Members reviewed the Information Governance (IG) Committee highlight report presented by Dr R MacKenzie. The report provided an update covering several areas of work, including the IG Committee meetings, Information Governance training for staff, an update regarding MS Teams, the Information Sharing Agreement (ISA) between the Board and GP practices, the IG Committee work-plan and the work of the Cyber Security Group.

Mr D Wilson delivered a presentation to the Committee regarding Cyber Security (a copy of which will be shared with members out-with the meeting for reference). The presentation provided information regarding the Information Governance and Cyber Security Framework and information security management system. Members heard that Board compliance is a legal requirement. There is an audit every 3 years and the compliance rate at present is 52% (49% compliance average across NHS Scotland).

THE COMMITTEE:

1. Noted the Information Governance Committee highlight report and the Cyber Security presentation.

15. EXCELLENCE IN CARE ANNUAL REPORT 2020-2021

Mrs I Lindsay presented the Excellence in Care Annual Report 2020-2021 to the Committee and advised that a work-plan is being developed nationally. Excellence in Care work will be aligned with other initiatives and dashboard developments and work will be undertaken to build on local ownership of the

data. Mrs M Lees enquired regarding risks and issues, including the benefit of having an electronic system to ensure the information is well managed. It was noted that this links with the work discussed in the presentation delivered by Mr D Wilson.

THE COMMITTEE:

1. Noted the Excellence in Care Annual Report 2020-2021.

16. COMMITTEE WORK-PLAN 2021-2022

Dr L Thomson advised members to raise any questions with Mrs K Cormack out-with the meeting.

17. ISSUES OF CONCERN – BY EXCEPTION ONLY

- Operational
- Safety
- Independent Sector
- Staffing

The Committee noted there were no issues of concern.

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

No new risks were identified by the Committee.

19. ANY OTHER COMPETENT BUSINESS

Feedback from the HQAIC Development Session on 5th August 2021

The Committee reviewed the SBAR provided by Mrs K Cole regarding the HQAIC Development session held on 5th August 2021. Mrs K Cormack advised members that the Quality Directorate were progressing the key actions agreed including the development of a HQAIC toolkit. This will consist of a revised Terms of Reference, a new Annual Report template with guidance to support authors in writing reports (ensuring content is appropriate, provides assurance, high quality and covers consistent time periods). A Committee meeting etiquette document will also be developed, providing guidance for new members and those invited to attend meetings to present updates with regard to what to expect. Another action from the development session was to consider an additional Committee meeting each year that focused on the Annual Reports and there was agreement that this could be scheduled for June each year. The Quality Directorate Management Team will progress this action and will provide a proposed meeting schedule and draft work-plan for 2022 at the November 2021 meeting for discussion.

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

- a) Thursday 11th November 2021
- b) Thursday 10th March 2022
- c) Thursday 12th May 2022

