

Meeting on 13th May 2021

Key Issues Considered

1. Quality Planning & Professional Governance Group (QPPGG) Highlight Report and Annual Report 2020-2021

Mrs K Cormack presented the QPPGG highlight report and Annual Report 2020-2021 to members, noting discussion regarding the Quality Strategy Implementation Plan 2020-2021. Mrs K Cormack wrote to the Chairs of the governance groups that oversee the Implementation Plan (i.e. Safety Plan Steering Group, Clinical Effectiveness Group and Person Centred Care Group) and received confirmation from them that they were content with outstanding actions (delayed due to Covid 19) being carried forward to the 2021-2022 Implementation Plan. With regard to the Quality & Safety dashboard, work has been undertaken to provide additional information, including feedback from the three hospital acute sites.

2. Acute Clinical Governance & Risk Management Group

Dr J Keaney noted that the January & February 2021 meetings were cancelled due to Covid 19 however clinical governance activity continued on the sites, e.g. Chest drain sets – in response to a number of Significant Adverse Event Reviews (SAERs) which identified a design fault in the labelling of the sets, communication with the company in the USA is ongoing, the sets have been removed from circulation and a Safety Action Notice has been circulated nationally. In response to a Major Haemorrhage SAER, a checklist has been developed to support staff to ask the right questions and the right time and this has been rolled out across the three hospital acute sites.

3. North HSCP Support, Care & Clinical Governance Group - Highlight Report

The Committee considered the update presented by Mrs K McCaffrey, noting that North Health & Social Care Partnership (HSCP) have undergone a restructure and the Support, Care & Clinical Governance Group structure reflects this, ensuring it is able to provide appropriate oversight for services. Mrs K McCaffrey noted that the high number of Violence & Aggression incidents

reported via Datix are from Mental Health services where patients are stressed / distressed. Shotts Prison Covid 19 vaccination programme is going well, with uptake currently at 97% (180 patients so far). Six deaths in custody are progressing to Fatal Accident Inquiry (FAI). Recruitment to Psychiatry is a priority issue for Mental Health & Learning Disabilities services and work is underway locally to fill the gap.

4. South HSCP Support, Care & Clinical Governance Group Highlight report

Mrs L Thomson presented the report, highlighting areas such as complaints and adverse events. The Committee heard that 38% of stage 2 complaints were upheld and work is underway to convert the timeline for responding to stage 1 complaints. Technology enabled care, e.g. Near Me, are testing the use of the Florence system for blood monitoring and this could have a very positive impact on safety. Work is ongoing to implement the improvement plan generated from the Children's services inspection. A project team remains in place for the out of hours service and tests of change are ongoing regarding remote consultations. The Covid 19 assessment remains in place, ensuring that people see the right person at the right time. Long waiting lists are an issue for Dental services with regard to adults and children with additional support needs who require general anaesthetic.

5. SAER report for Covid 19 outbreaks at University Hospital Wishaw (UHW) Mrs K Cormack presented the final report to the Committee (partial report and presentation had been shared with members in March 2021). Members heard that the learning from the SAER is being shared locally and nationally, with NHS Lanarkshire seen as an exemplar.

Duty of Candour – verbal update on the National position

Mrs K Cormack advised the Committee of discussions across NHS Scotland regarding whether patients have been harmed due to delays to treatment cancelled as a result of Covid 19. The Central Legal Office (CLO) has concluded that this does not meet the Duty of Candour criteria as it could not have been avoided. A West of Scotland report is being prepared and will be shared Nationally.

6. SBAR University Hospital Hairmyres Whistleblowing investigation

Mrs L Thomson presented the SBAR, noting that actions and learning will be shared with the Committee in due course. Advice had been sought from HR and

Non-Executive Director Lesley McDonald and ward staff were engaged in the process. A group is in place to take forward agreed actions and a planned review will take place in June 2021. Healthcare Improvement Scotland (HIS) have been informed and they advised that they do not feel any further actions are required. Mrs L McDonald thanked Mrs L Thomson, Mr E Docherty and the Committee for the thoroughness of the investigation. It was agreed that the final report will be shared with the whistle-blower.

7. Quality & Safety Dashboard

Dr J Burns presented the Quality & Safety dashboard, highlighting Crude Mortality, Sepsis, Cardiac Arrest and the Stroke bundle. Committee members fed back on the high quality of the report and the additional narrative provided that enables easy comparisons. Dr J Burns noted that mortality case-note reviews will be completed across the three hospital acute sites this year.

8. Quality Strategy Implementation Plan 2020-2021 (close position) and the Implementation Plan 2021-2022

Mrs K Cormack presented the report, sharing the now closed 2020-2021 plan and the new 2021-2022 plan. Members heard that the plan has been through the Quality Planning & Professional Governance Group, Safety Plan Steering Group, Clinical Effectiveness Group and Person Centred Care Group for oversight. The plan has been shared and shaped by discussions with the services, to reflect local need and co-produced with these key stakeholders.

9. Corporate Risk Register

Mr P Cannon advised the Committee that the risk profile is the same as that presented to the Board in April 2021. It was agreed that a review date will be added to the tables for future reports for additional clarity.

10. Adverse Events Highlight Report

Mrs K Cormack presented the report, advising re the outstanding SAERs. Further improvements have been completed to the Datix system to improve reporting regarding Pressure ulcers. The Committee will receive a detailed report in July 2021 regarding the University Hospital Hairmyres ICU SAER.

11. SPSO

Mrs L Drummond presented the report, noting 31 final determinations, 18 of which were upheld. Some complaints themes of note were record keeping,

clinical practice and medication errors. Work is ongoing to benchmark NHSL with other NHS Boards and a report is expected in August 2021, therefore aim to share this with members at the September 2021 HQAIC meeting.

12. Safety Plan Steering Group Annual Report 2020-2021

Mrs M McGinty presented the report to the Committee, highlighting some of the achievements, e.g. the launch of the NHSL Falls Strategy, completion of three mortality case-note reviews across the hospital acute sites. In terms of risks and issues, the Committee noted the incomplete actions on the Implementation Plan due to delays caused by Covid 19 (decreased staff capacity) therefore actions that remain relevant are being carried forward to the 2021-2022 plan.

13. Public Protection Group, mid-year report

The Committee reviewed the report presented by Mrs D Mclean and noted that an internal audit was completed, the outcome of which provides assurance regarding the service. Improvement work underway includes the implementation of a Learning & Development Strategy for staff. The team are anticipating an inspection this year regarding Adult Support & Protection services and will update the Committee as appropriate.

14. Information Governance highlight report

Dr R MacKenzie presented the report and highlighted reassuring data in terms of staff training. The Information Sharing Agreement (ISA) between NHSL and General Practices is progressing well. Members noted that an investigation into the SBAR breach (presented to HQAIC in March 2021) has been undertaken, a review process has been initiated and there is ongoing Police interest. The Lanarkshire Data Sharing Partnership Board (LDSB) will be added to the Information Governance Committee agenda going forward. NHSL were part of a review completed by Network and Information Systems Directive and benchmarked well against other Board areas. Updates on the progress of the action plan will be brought back to future meetings.

15. Clinical Effectiveness Annual Report 2020-2021

Mrs A Minns presented the report, noting that this had been presented to QPPGG in April 2021. The report covers several areas of work including audit, guidelines, standards, inspections, quality indicators and Realistic Medicine. It

was noted that “Quality of Care approach” has been removed in response to a pause on this area of work from HIS.

16. Research & Development Annual Report 2020-2021

Mr R Hamill presented the report, advising that the majority of research activity for the year was focused on Covid 19. NHSL were involved in several studies, including the Oxford Recovery Trial, one of the largest trials globally and studies are ongoing with regard to Covid 19 vaccinations. NHSL is the third highest recruiting Board into these studies, looking at the effectiveness of vaccines. Mr R Hamill is working with key stakeholders regarding the new University Hospital Monklands site, trying to secure a dedicated Clinical Research Facility as part of the new development.

17. Person Centred Care Annual Report 2020-2021

The Committee reviewed the report presented by Mrs M McGinty, noting highlights regarding patient information and patient experience. Members heard that Leadership Walkrounds had been paused during Covid 19 and a blended approach was tested including the use of virtual technology. NHSL performed well with regard to Anticipatory Care Plan work during the pandemic. In March 2021, a new Treatment Escalation / Limitation Plan (TELP) was commissioned and this was rolled out across the three hospital acute sites and the HSCPs.

18. HQAIC Annual Report 2020-2021, Board Assurance Framework and Terms of Reference

It was noted that the Information Governance Annual Report should come to the Committee in May each year for assurance, therefore the Committee Workplan will be amended to reflect this. The Committee heard that a QAIC Development session is being planned and Mrs K Cormack has had preliminary discussions with Mrs K Cole, Head of Organisational Development regarding the session. Further information will be shared with Committee members.

19. Care Home verbal update

Dr J Burns provided a verbal update regarding the Care Home review, noting that 580 patients were discharged from hospital acute sites to Care Homes in the period from 1st March 2020 – 31st May 2020. 300 have been reviewed to date and 30 excluded from further review. Numbers are expected to reduce further. A more detailed update will be provided to the July 2021 meeting.

Any Decisions / Approvals taken to highlight

1.

Any risks identified that need to be highlighted

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