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**Minutes of the Healthcare Quality Assurance and Improvement Committee held on
 Thursday 9th June 2022 at 1:30pm via MS Teams.**

Chair:

Mr A Boyle Non-Executive Director (Chair)

Present:

Mr P Couser Non-Executive Director
 Mr C Lee Non-Executive Director
 Mr D Reid Non-Executive Director

In Attendance:

Dr J Burns Executive Medical Director
 Mrs A Campbell Senior Charge Nurse, Paediatrics, University Hospital Wishaw
 Mrs C Coloumbe Head of Infection Prevention & Control
 Mrs K Cormack Director of Quality
 Mrs E Currie Quality Programme Manager, Business Support
 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 R Hamill Head of Research & Development
 Mrs I Lindsay Senior Practice Development Practitioner
 Dr R Mackenzie Consultant in Critical Care, Chair Information Governance Committee
 Mrs T Marshall Nurse Director, North Lanarkshire HSCP
 Mrs M McGinty Head of Improvement, Quality Directorate
 Mrs A Minns Head of Evidence, Quality Directorate
 Dr B Mukhopadhyay Realistic Medicine Lead Consultant
 Mrs S Murray Associate Nurse Director, North Lanarkshire HSCP
 Mrs L Thomson Nurse Director, South Lanarkshire HSCP

Apologies:

Mr M Hill Board Chairperson
 Mrs M Lees Committee Chair & Non-Executive Director
 Dr J Keaney Medical Director, Acute Division
 Mrs H Knox Chief Executive
 Dr M Malekian Assistant Medical Director, Acute Division
 Dr J Pravinkumar Director of Public Health

1. WELCOME

Mr A Boyle welcomed colleagues to the meeting and apologies were noted.

2. DECLARATION OF INTERESTS

Mr A Boyle declared interest regarding Cancer charities in relation to the Research & Development special interest item on today's agenda.

3. **MINUTES**

The minutes from the meeting held on 21st April 2022 were approved.

THE COMMITTEE:

1. Noted and approved the minutes from 21st April 2022.

4. **ACTION LOG**

The action log from the meeting held on 21st April 2022 was reviewed. Mrs K Cormack advised that Dr J Keaney is looking into Medical Re-admissions and will review individual cases to identify if the increased rate is related to coding. Once the cause(s) is known, Dr J Keaney will consider what can be done to resolve the issue.

THE COMMITTEE:

1. Noted and approved the action log.

DRAFT QUALITY STRATEGY IMPLEMENTATION PLAN 2022-2023

Mrs K Cormack advised that the draft Quality Strategy Implementation Plan 2022-2023 was for noting and an update for the first quarter, April to June 2022, will be presented at the next meeting. The update will provide detailed actions and more clearly defined objectives.

Mr P Couser enquired how we could strengthen the links between completed actions and the impact of these. Mr D Reid noted that he liked the structure of the plan and asked if a numeric reference could be added to the actions.

Mrs K Cormack noted her agreement in terms of the importance of effectively evaluating the impact of completed actions and confirmed there will be much greater emphasis on evaluation this year and ensuring we provide clarity around what has been done and the impact of the completed work.

Mr P Couser stated on reflection from reviewing the meeting papers, considering the Realistic Medicine plan and Excellence in Care, will the Quality Strategy reference these other areas of work. It was noted that Realistic Medicine work-plans are monitored by the Clinical Effectiveness Group and that group reports into this Committee. Dr J Burns confirmed that the Quality Governance agenda does encompass these key areas and is a very busy agenda. It is also aligned to the Board objectives and KPIs.

THE COMMITTEE:

1. Noted the draft Quality Strategy Implementation Plan 2022-2023 and will review the update to be presented at the next meeting in September 2022. This will include the addition of a numeric reference to be added to the actions.

5. **QUALITY PLANNING & PROFESSIONAL GOVERNANCE GROUP (QPPGG) – HIGHLIGHT REPORT**

Dr J Burns presented the Quality Planning & Professional Governance Group highlight report and noted the continued focus on Stroke Bundle compliance,

advising that a stroke bundle dashboard has been developed, allowing the sites to assess their progress and support more effective data analysis. Dr J Burns advised that staff are expecting very positive feedback later in the year following the SNAP Audit (Stroke Care Audit) and this will be shared with the Committee. In terms of the nosocomial review, members heard that work is continuing nationally; Mrs K Cormack is working to complete the Lanarkshire review and benchmark against the national position. Further details will be shared with the Committee later in the year.

It was noted that Mrs C Clarke will undertake a gap analysis of the NHS Lanarkshire position following review of the Ockinden Report. It was agreed that a list of attendees at the QPPGG will be included with the highlight report as an addendum in future.

THE COMMITTEE:

1. Noted the Quality Planning & Professional Governance Group highlight report and agreed that the SNAP Stroke Care Audit results will be shared when available.

The completed Nosocomial Review will be shared with members when available.

The NHS Lanarkshire Maternity Services gap analysis report will be shared with members when available.

A list of attendees at QPPGG will be included with future highlight reports as an addendum to the report.

6. PAEDIATRIC SERVICES (UNIVERSITY HOSPITAL WISHAW) HIGHLIGHT REPORT

Mrs T Marshall presented the Paediatric Services highlight report to the Committee and advised that the RAG status shows the service is making good progress against the improvement plan actions, with staff striving to embed a safety and learning culture. There was a reduction in medicines reconciliation in April 2022, therefore staff are examining the detail to understand the cause(s) and will then implement actions to improve that area.

On page 10, it is recorded that the NHS values are more apparent in the Unit and the culture is improving thanks to the work being undertaken by the staff there. Mr E Docherty congratulated Mrs T Marshall and Mrs A Campbell on the progress made so far within the service. He added that he is keen to consider how the care assurance methodology could be used in other inpatient sites.

Mr A Boyle thanked Mrs T Marshall for the report, noting that it was good to see the positive impact of the work. Mrs K Cormack thanked the team for their excellent report, adding that it was good to see the Safety Culture Cards are being used by the team(s) to support daily discussion.

THE COMMITTEE:

1. Noted the Paediatric Services highlight report.

7.

HMP SHOTTS PRISON

Mrs T Marshall presented the report regarding HMP Shotts Prison and updated the Committee about the increase in Category 1 deaths in custody and an increase in Datix medicine incidents. Members heard a deep dive was commissioned and deaths in custody have been reviewed. Mrs T Marshall advised that HMP Shotts transferred to the Scottish Prison Service (SPS) in 2011 and the area has a lot of issues. Partnership working is challenging and there are some factors out-with our control. Prison rules are written in legislation and some of these are causing disruption to the delivery of healthcare. The Category 1 review generated recommendations for improvement, therefore a Senior Nurse has been aligned to the area to support the improvement work and the action plan. Due to the scale of the task, it is felt that a Project Manager is also required. Mrs T Marshall advised that a Healthcare Improvement Scotland (HIS) Inspection is due at HMP Shotts, therefore the outcome of this local review and other information has been shared with HIS to ensure they are well informed regarding the current situation.

Mr P Couser thanked Mrs T Marshall for the report, noting the importance of providing appropriate healthcare for prisoners who will often have complex health needs. He enquired regarding recruitment to vacant posts; Mrs T Marshall confirmed recruitment is underway.

Mr A Boyle asked regarding whether there is a network between the Health Board areas. Mrs T Marshall advised that NSS hosts the National Prison Network and noted that the issues at HMP Shotts are consistent with other Health Boards experiences, therefore work is underway to implement national processes. Mr E Docherty noted the importance of a national approach. Mr C Lees enquired regarding the barriers and who is accountable for prisoner deaths in custody. Mrs T Marshall advised that SPS are accountable overall and responsible for the prisoner's needs, while the NHS is responsible for the provision of healthcare. Members heard it is challenging dealing with the rigidity of the SPS organisation and restrictions for its officers.

Mr A Boyle thanked Mrs T Marshall for the report, recognising the work being undertaken and requested a progress update comes back to the Committee in approximately 6 months.

THE COMMITTEE:

1. Noted the HMP Shotts report and requested a progress update in approximately 6 months.

8. RESEARCH & DEVELOPMENT UPDATE – SPECIAL INTEREST ITEM

Mr R Hamill provided an update regarding the recovery phase and impact on Research & Development work, including areas of concern, challenges and issues for the Research & Development Committee.

He advised that the continued strengthening of relationships with partner Universities has been fantastic and projects are arising from this, however there are concerns regarding capacity within NHS Lanarkshire. In terms of innovation, there is great ambition to be involved and NHS Lanarkshire is part of the West of Scotland Innovation Hub, however the infrastructure is lacking to be involved in innovation. With regard to funding, money accrued has been

utilised to fund Clinician's time and all accrued funding (£1.8 million) has now been spent in the last 3-year period. Mr R Hamill highlighted the risk of insufficient funding for staff going forward and capacity concerns in relation to Pharmacy and Radiology.

Dr J Burns advised that there is a great deal of enthusiasm for innovation and she is hopeful things will develop further, however recognises it will take time. Members heard of the importance of pump priming the service and the need to improve recruitment in relation to Consultant appointments to attract more people to NHS Lanarkshire. Dr J Burns stated that it is essential to grow the Research & Development work as it helps to deliver safe, effective patient care and provides other benefits including pharmaceutical developments, helping to develop effective new patient treatments.

Mr A Boyle declared his interest in Cancer Charities and his involvement in many areas of their work. He advised that, as a haematology patient, he was aware that it was often the work of research trials that helped patient's to live longer. He agreed on the importance of growing the reputation of NHS Lanarkshire to attract innovation and generate income.

Mr P Couser agreed that clinical research is essential and noted the importance of ensuring strong links exist between innovation and Research & Development. He commented on the significant difference between the Boards that have medical schools in their area and those that do not, such as Lanarkshire. Mr P Couser asked what is the vision and how ambitious should we be, considering the benefits of Research & Development for patients.

Dr J Burns advised that NHS Lanarkshire had previously submitted a bid to Scottish Government regarding Medical Graduates, however were not successful. Mr A Boyle noted it would be helpful to see the NHS Lanarkshire journey mapped out, as the organisation from the current position toward supporting our ambition as a Centre of Excellence with the new hospital development as a key milestone/target.

Mr R Hamill advised that the Research & Development Committee is meeting again soon and will be working to develop a local strategy, linking this with the new hospital development. He noted his gratitude for the support received today and aims to develop a strategic vision that maps out the ambitions of the organisation.

THE COMMITTEE:

1. Noted the Research & Development item of special interest and requests a progress update regarding the local strategy when this is available.

9. EXTRACT OF CORPORATE RISK REGISTER (CLINICAL) AND HIGH LEVEL CLAIMS

Mr P Cannon presented the Extract of Corporate Risk Register (Clinical) and High Level Claims to the Committee and highlighted the claims report, noting that it would be helpful going forward to see what are staff incidents and what is "other". In terms of themes and learning, Mrs K Cormack will link with Mr P Cannon to work together reviewing these areas.

Mr D Reid enquired as to how the organisation deals with claims, e.g. the recent Dr Singh case could have a multitude of claims. Dr J Burns advised that the organisation has vicarious liability if incidents occur on NHS Lanarkshire premises, however patient's solicitors may still pursue claims. NHS Lanarkshire would work closely with the Central Legal Office (CLO). Members heard that the organisation often can anticipate issues, e.g. where there have been complaints or recorded incidents, therefore can be pro-active.

In terms of protecting the Board, Mr C Lees asked how claimants affect the Board's finances? Dr J Burns advised that claims come out of a reserve budget and Scottish Government are responsible for authorising high value claims.

THE COMMITTEE:

1. Noted the Extract of Corporate Risk Register (Clinical) and High Level Claims. Mr P Cannon and Mrs K Cormack will review themes and learning from claims.

10. SIGNIFICANT ADVERSE EVENT REVIEWS (SAERS) – UPDATE REPORT

Mrs K Cormack presented the Significant Adverse Event Review (SAERs) update report and noted that the number of SAERs had increased in the final quarter of the year. Members heard that there was a spike in SAERs in March 2022 and following a review by the Quality Directorate Adverse Events team, no themes were identified. Mrs K Cormack highlighted that 41% of SAERs were not preventable.

On page 5, members were advised regarding a patient who had the wrong eye operated on and the learning work underway now, without waiting on the outcome of the SAER, e.g. staff are introducing theatre procedures to clinic settings. The Committee noted page 10 of the report which states that discussions are ongoing with management regarding some poorly phrased actions (hard to achieve) and how these can be improved to make them easier to understand. Page 11 of the report includes details of Datix training for staff and SAER training also being delivered throughout the year.

Mr A Boyle asked whether there is any evidence that the increase in SAERs and the continued high level of pressure/occupancy for staff across the organisation are connected. Mrs K Cormack advised that she is working with the three acute site Risk Facilitators to identify themes, e.g. staffing levels, waiting times, unusual environment, staff capacity and she will bring a report back to a future meeting.

Mrs K Cormack provided an update regarding the Adverse Events Management Policy for information; this includes details relating to "Never Events", updated language, hyperlinks to other useful resources and guidance on SAERs commissioning.

THE COMMITTEE:

1. Noted the Significant Adverse Event Review update report and the Adverse Events Management Policy. Agreed that Mrs K Cormack will share an update regarding themes from the acute site review.

11. **DUTY OF CANDOUR UPDATE REPORT**

The Committee received an update from Mrs K Cormack regarding Duty of Candour (DoC), noting that 6 SAERs met the DoC criteria and the Duty of Candour Annual Report 2021-2022 was submitted to the Committee Annual Report meeting in May 2022. An addendum will be added when all the cases are closed. The reports have also been shared with Scottish Government.

THE COMMITTEE:

1. Noted the Duty of Candour update report and that an addendum will be shared with the Committee when all cases are closed.

12. **MORTALITY AT NHS LANARKSHIRE HOSPITALS - EMERGENCY ADMISSIONS TO GENERAL MEDICINE SPECIALTY**

Members heard that Public Health Scotland (PHS) responded to an individual request from an anonymous staff member within NHS Lanarkshire, enquiring regarding mortality rates in NHS Lanarkshire Hospitals – Emergency Admissions to General Medicine Speciality. Dr J Burns advised that she discussed the request with Mrs L MacDonald (NHS Lanarkshire Non-Exec Director responsible for Whistleblowing) and wanted to give assurance to the Committee that the request has been responded to.

PHS completed a thorough analysis and concluded that they could not uphold the individual's concerns, acknowledging the complexities of HSMR. Dr J Burns noted that we did not see a copy of the individual's letter, however the PHS response was included today to provide assurance that the matter has been dealt with.

THE COMMITTEE:

1. Noted the Mortality at NHS Lanarkshire Hospitals PHS report and feedback from Dr J Burns.

13. **PUBLICATION OF HEALTHCARE IMPROVEMENT SCOTLAND (HIS) INFECTION PREVENTION AND CONTROL STANDARDS**

Mrs C Coulombe provided an update regarding the HIS Infection Prevention and Control Standards (published in May 2022), advising that these are being implemented across all health and social care settings, supporting an integrated approach for staff and patients.

Members heard that the Care Inspectorate will use these standards to inspect social care and HIS will do likewise for NHS inspections.

Webinars will take place from June – August 2022 to support staff regarding the new standards and the deadline for implementation is 8th August 2022 (3 – month phase).

It was agreed that Mrs C Coulombe will present a gap analysis to the Committee in September 2022.

THE COMMITTEE:

1. Noted the HIS Infection Prevention and Control standards and agreed that Mrs C Coulombe would present a gap analysis at the next meeting in September 2022.

14. MORTALITY CASE-NOTE REVIEW SUMMARY REPORT (INCLUDING ACTION PLANS)

Mrs K Cormack presented the Mortality Case-note Review Summary Report, noting that this was in relation to “routine” patients. Members were advised regarding the use of Treatment Escalation Plans (TEP) in the 3 acute sites and very positive aspects relating to communication and documentation of the TEPs. Mrs K Cormack noted that interface groups want to progress different areas of work around TEPs and Anticipatory Care Plans (ACPs) including auditing the use of these tools. All 3 sites intend to review frailty scoring and consider different aspects such as staff training, how it’s recorded on electronic patient systems (Trakcare).

Mrs K Cormack advised that there will be specific action plans with timescales and individuals for every action and these will be monitored via the ACGRM Group where all 3 sites are present. This will further promote shared learning and communication across the sites. In terms of the process related actions, the Quality Directorate’s Improvement Team will work closely with colleagues to progress these areas.

Members discussed the importance of capturing the learning long term from the Mortality case-note reviews, making it possible to identify if issues reoccur and check if the learning is being incorporated and improvements are having an impact. Mrs M McGinty agreed with this point and noted the importance of maintaining an accurate record of the learning year on year. Mr A Boyle noted an error with the charts on pages 13 & 14, i.e. columns regarding “leading to harm”, one should say “yes” and one should “no”. Mrs M McGinty noted the error and confirmed this would be amended.

THE COMMITTEE:

1. Noted the Mortality Case-note Review Summary Report (including action plans). Mrs M McGinty will ensure the columns will be corrected to state “yes” and “no”.

15. SPSO UPDATE REPORT

Mrs L Drummond presented the SPSO update report and advised this is a summary of the annual SPSO statistics. A benchmarking exercise of the data will be undertaken to compare our performance to previous years. Members heard that 94 complaints were determined in the year 2021-2022. 67% were closed at early resolution due to the high standard of good complaint handling. The percentage of complaints continues to fall overall. 19% were upheld or partially upheld and no public investigation reports have been published.

Mr P Couser noted that it was good to hear about the high standards and complaints figures. He enquired regarding possible links between complaints and SAERs, i.e. for each complaint, is there a SAER? Mrs L Drummond advised that the teams who are responsible for managing complaints and adverse events work very closely together (within the Quality Directorate) and have great links and use the same systems.

Mr E Docherty added that it is often the case high functioning organisations have a high number of low level complaints and this is a good indicator of organisational performance.

Mrs K Cormack advised that lots of Adverse Events are investigated below the level of SAERs. Mrs L Drummond added that a HCAT report will be available to share with the Committee at a future meeting.

THE COMMITTEE:

1. Noted the SPSO update report.

16. INFORMATION GOVERNANCE COMMITTEE HIGHLIGHT REPORT

Dr R MacKenzie presented the Information Governance Committee highlight report and noted the decision note issued from the Information Commissioner's Office (ICO) regarding a category 2 breach that involved a missing Stillbirth book. An action plan has been produced by the service and work is in progress.

Members heard that the Forensic Medical Services Act came into effect in April 2022, therefore a number of important changes will have enacted for the victims of sexual offences.

In terms of the Survey monkey system, the Committee are reviewing options for an alternative system.

Mr P Couser enquired regarding the ICO framework and whether a gap analysis would come back to HQAIC for assurance. Dr R Mackenzie confirmed that the Information Governance team are preparing for the inspection and will share an update with the Committee when available.

THE COMMITTEE:

1. Noted the Information Governance Committee highlight report and Dr R Mackenzie will bring an update back to HQAIC when available regarding the gap analysis.

17. REALISTIC MEDICINE UPDATE REPORT

Dr B Mukhopadhyay presented the Realistic Medicine update report and advised that the action plan is a work in progress. The Realistic Medicine team has been strengthened with new staff, managed by Mrs K Morrow. He noted that the work is gathering momentum and highlighted some challenges, e.g. how best to review planned care, how best to prioritise those patients waiting to be seen. Dr B Mukhopadhyay referred to staff wellbeing support and noted that the Realistic Medicine team has good links with Staff Wellbeing support and the Board's robust Staff Wellbeing programme.

Mr A Boyle enquired regarding surgical waiting lists and the process around how a patient is involved when planned treatment is delayed. In terms of shared decision making and high risk surgery, he enquired as to how we capture the patient's experience and how can we further strengthen relationships with patients.

Dr B Mukhopadhyay advised that patient engagement is a priority and the Realistic Medicine team have developed a public facing web page to share information and get feedback. In terms of waiting lists, he advised that the organisation is reviewing the lists to prioritise who requires the treatment more urgently, then patients are being contacted to discuss the situation and give them the options.

Mr A Boyle enquired as to whether patients are sufficiently involved in the design of patient communication. Dr J Burns advised that she feels there is not currently enough patient involvement in designing our communication structure and this will be crucial going forward to ensure we get the language right for all patients. In terms of patient reported outcomes, she noted that the process for assessing patients pre-operatively is unstable at present due to service infrastructure disruption. This is therefore a good reminder that we need to reflect on what and how we take this forward.

Mr P Couser enquired regarding Anticipatory Care Plan (ACP) pilots and whether we need to be more ambitious as an organisation and focus on this as an area of improvement.

Dr B Mukhopadhyay advised that he feels there needs to be a cautious approach; during Covid 19, ACPs and TEPs worked well, however things have changed and he feels there is more complexity now. Members heard that work is underway to re-audit use in the acute sites and with regard to Community settings, another tool is being used for Palliative Care. In terms of shared decision making, Dr B Mukhopadhyay advised regarding a tool to ask patients focused questions after consultations, to get their feedback on engagement; he will bring an update on this back to the Committee later in the year. Mr A Boyle thanked Dr B Mukhopadhyay for the report and noted it was very helped and interesting to receive this update.

THE COMMITTEE:

1. Noted the Realistic Medicine update report and agreed that Dr B Mukhopadhyay will return to the Committee later this year with a further update regarding the shared decision making patient audit.

18. CLINICAL POLICIES ENDORSEMENT PROCESS – UPDATE REPORT

Mrs A Minns advised that the team are seeking to replace the system for Corporate Policies and are working closely with the IT department. At present, hundreds of databases contain the information and these require better IT support, therefore the team are working with eHealth colleagues to identify suitable alternatives to the databases. Mr A Boyle noted concern over the risk and asked Mrs A Minns to provide a progress update to Committee for assurance that the issue is being resolved going forward.

THE COMMITTEE:

1. Noted the Clinical Policies update report and action for Mrs A Minns to provide an update regarding progress made to identify a suitable, alternative system for Corporate Policies.

19. EXCELLENCE IN CARE HIGHLIGHT REPORT

Mrs I Lindsay presented the Excellence in Care highlight report and advised members that the work has been paused in 2020 and very little progress has been made since that time. Members were advised that the reference files have been updated and data continues to be collected manually for the CAIR dashboard. In June 2022, the Excellence in Care programme will be relaunched nationally, then NHS Lanarkshire will have a local relaunch. Mr A Boyle thanked Mrs I Lindsay for the update.

THE COMMITTEE:

1. Noted the Excellence in Care highlight report.

20. COMMITTEE WORKPLAN

Noted by the Committee.

21. ISSUES OF CONCERN – BY EXCEPTION ONLY

- Operational
- Safety
- Independent Sector
- Staffing

There were no issues of concern noted by the Committee.

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

No new risks identified by the Committee.

23. ANY OTHER COMPETENT BUSINESS

24. DATES OF MEETINGS FOR 2022-2023 AT 13:30 HOURS

- a) Thursday 8th September 2022 at 13:30 – 17:00 hours
- b) Thursday 10th November 2022 at 13:30 – 17:00 hours
- c) Thursday 9th February 2023 at 13:30 – 17:00 hours
- f) Thursday 20th April 2023 at 13:30 – 17:00 hours