

Kirklands Hospital HQ
 Fallside Road
 Bothwell
 G71 8BB
www.nhslanarkshire.scot.nhs.uk



**Minutes of the Healthcare Quality Assurance and Improvement Committee held on
 Thursday 10th February 2022 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
 Mr D Reid Non-Executive Director

In Attendance:

Dr M Barber Consultant, Care of the Elderly
 Mrs K Brennan Stroke Services, Managed Clinical Network Manager
 Mrs C Brown Senior Improvement Advisor, Quality Directorate
 Dr J Burns Executive Medical Director
 Mrs C Coloumbe Head of Infection Prevention & Control
 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
 Mr M Hill Board Chairperson
 Ms C James Deputy Head of Podiatry
 Dr J Keaney Medical Director, Acute Division
 Mrs H Knox Chief Executive
 Ms M McCardie Senior Nurse, Community Services
 Dr R Mackenzie Consultant in Critical Care, Chair Information Governance Committee
 Mrs T Marshall Nurse Director, North Lanarkshire HSCP
 Mrs A Minns Head of Evidence, Quality Directorate
 Dr L Munro Medical Director, North Lanarkshire HSCP
 Mrs L Thomson Nurse Director, South Lanarkshire HSCP
 Mrs M Ward Service Manager, University Hospital Wishaw

Apologies:

Mr E Docherty Executive Director of Nursing, Midwifery & Allied Health Professionals
 Dr L Findlay Medical Director, South Lanarkshire HSCP
 Mrs M McGinty Head of Improvement, Quality Directorate

1. WELCOME

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

2. DECLARATION OF INTERESTS

There were no declarations of interest.

3. **MINUTES**

The minutes from the meeting held on 11th November 2021 were approved.

THE COMMITTEE:

1. Noted and approved the minutes from 11th November 2021.

4. **ACTION LOG**

The action log from the meeting held on 11th November 2021 was discussed and it was noted that funding has been secured to support clinical guidelines work, therefore this action could be closed.

Members heard that Mrs T Marshall and Mrs K Cormack had met to discuss the Covid 19 outbreaks at Shotts Prison and a review was underway with the Scottish Prison Service. A Fatal Accident Inquiry (FAI) will take place with regard to the two deaths and these will proceed separately to any public inquiry. Mrs T Marshall will share learning with members at a future meeting of the Committee.

Members noted that Mr S Sengupta was unable to attend today, therefore his update regarding the Out of Hours Service has been deferred to the April 2022 meeting.

THE COMMITTEE:

1. Noted and approved the action log.

5.a **NORTH HSCP, PAEDIATRIC SERVICES – HIGHLIGHT REPORT**

Mrs T Marshall presented the North HSCP Paediatric Services highlight report, advising members that a deep dive was commissioned to better understand why they had seen an increase in Significant Adverse Event Reviews (SAERs) and complaints during the last 12-month period. As detailed in the report, 7 immediate, 12 medium and 3 long terms actions were identified and quality improvement actions were refined to focus on patient safety and care assurance standards are now in place. The team are adopting a learning team model, embracing a QI approach focusing on patient safety. PEWS (paediatric early warning score) data which identifies deterioration has been moved to the LanQip system and colleagues in the Quality Directorate are supporting Paediatric colleagues with the data.

Mrs M Lees enquired regarding staff vacancies and it was noted that appointments have been made to support the service.

Dr A Osborne enquired as to whether the transfer of medical staff to A&E has been resolved (reflecting on the impact on paediatric care) and the transfer of patients to ICU in Glasgow. Mrs T Marshall advised that a Paediatric Programme Board has been established and it will review interfaces and patient pathways across the whole system. The team are using the West of Scotland high dependency unit (WoS HDU) criteria to map out how many children meet these criteria and review how the service manages these patients.

Mr A Boyle noted he found the report very helpful and it will be interesting to hear how the work progresses. Dr L Thomson noted the benchmarking work was very helpful and it is apparent that there is a great deal of work in progress.

5b. SBAR Non-Medical Referrers

Dr J Burns presented the SBAR regarding Non-Medical Referrers, noting the intention to provide members with assurance regarding the governance framework around non-medical referrers. The Committee discussed the importance of competency frameworks and staff training. Dr J Burns advised patients have not experienced a delay, however there is an additional administrative burden for general practice staff.

THE COMMITTEE:

1. Noted the North HSCP Paediatric Services highlight report and requested Mrs T Marshall provides an update regarding the ongoing improvement work at a future meeting. The Committee noted the SBAR regarding Non-Medical Referrers and agreed that work needs to continue in this area.

6. QUALITY PLANNING & PROFESSIONAL GOVERNANCE GROUP (QPPGG) - HIGHLIGHT REPORT

Dr J Burns presented the Quality Planning & Professional Governance Group highlight report, highlighting key areas not featured on the agenda today, including the topic of vaginal mesh insertion. Members heard that hernia mesh repair will be included going forward and a review of the hernia mesh repair pathway will be undertaken.

Dr A Osborne commented that it was helpful to see the work of the QPPGG being consolidated. Regarding hospital delayed discharges, Dr J Burns advised that there appears to be a question over staff engagement in terms of the discharge policy.

Members noted the information provided regarding the NES Safety Culture Cards, designed for use by staff during their safety huddles to initiate conversation. Mrs K Cormack will provide an overview of the Safety Culture Cards at the next meeting of the Committee in April 2022.

THE COMMITTEE:

1. Noted the Quality Planning & Professional Governance Group highlight report and that Mrs K Cormack will provide an overview of the NES Safety Culture Cards at the meeting scheduled for April 2022.

7. QUALITY & SAFETY DASHBOARD

Dr J Burns presented the Quality & Safety Dashboard and noted that crude mortality is an arithmetic calculation with no clinical coding applied, therefore it is not something we can make comparisons on with other Boards. It is possible however to measure changes over time, e.g. we can the trends over time as a result of Covid 19 pressures, as well as the peaks in Covid 19 activity.

Members were advised that a measure for improvement is no longer used with regard to HSMR; staff complete a deep dive exercise, reviewing hospital mortality case-notes. With regard to hospital occupancy, the Scottish

Government reporting requirement does not allow for measuring where beds are not in use, e.g. red Covid 19 pathways, therefore does not accurately reflect occupancy in the three acute sites. An alternative has therefore been agreed locally, allowing for more accurate reporting. This shows significantly higher occupancy (approx. an 11 point difference in October 2021 and this is standard) therefore Black status was put in place. Dr J Burns advised there is a need to look at the impact on patient care, outcomes and identify where improvements are required. Members also heard that some patients have been miscoded as re-admissions when they were in fact planned re-admissions.

Dr L Thomson advised that the hospital occupancy information was very useful and helps people understand why Black status has been put in place. Mr A Boyle commented that he felt the organisation is doing well and enquired regarding the additional beds created without additional staffing to provide care. Dr J Burns suggested the need to review the parameters and consider the areas affected, e.g. Infection Prevention & Control issues as a consequence of full capacity protocol. Dr J Burns will review to quantify risks faced due to increased demands and consider what further assurances could be provided to the Committee going forward.

Dr A Osborne enquired as to what was happening Nationally and whether other Boards were experiencing a similar issue. Dr J Burns advised that discussions have taken place at Scottish Government regarding the black status with a view to ensuring consistency across all of the Boards. Mrs H Knox added that the organisation reviews hospital capacity daily, as well as the number of additional patients and predicted numbers at the end of each day, together with staff absence and other factors across the whole system. Dr L Thomson stated there is assurance at this stage with regard to the issue.

THE COMMITTEE:

1. Noted the Quality & Safety dashboard and Dr J Burns will review risks faced due to increased demands and capacity to provide additional assurances to the Committee.

8. QUALITY STRATEGY IMPLEMENTATION PLAN – QUARTERLY REPORT

Mrs K Cormack provided an overview for members regarding the Quality Strategy Implementation Plan quarterly report including what actions will be completed by the year end and those that will not due to capacity issues in the system. The risk register has been updated to reflect the increased risk that all actions will not be complete by end March 2022. Mrs K Cormack noted that the new Implementation Plan 2022-2023 is in draft and will be available to share at the next meeting of the Committee. The new plan will have a focus on evaluation and ensuring previous completed actions are embedded.

Mrs L MacDonald enquired regarding the incomplete actions including those for Maternity Services, Food Fluid & Nutrition and Hand Hygiene. Mrs K Cormack noted that audits are planned for Food Fluid & Nutrition and Maternity for next year. With regard to Food, Fluid & Nutrition, Mrs S Friel noted that work continues to reframe and standardise and this will place the team in a good position to progress actions early in the new financial year.

THE COMMITTEE:

1. Noted the Quality Strategy Implementation Plan report.

9. EXTRACT OF THE CORPORATE RISK REGISTER (CLINICAL)

Dr L Thomson highlighted the risks related to the Committee to members. There were no questions raised.

THE COMMITTEE:

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

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

Mrs K Cormack presented the Adverse Event highlight report noting there had been 76 Significant Adverse Event Reviews (SAERs) in the period Jan – Dec 2021, 28 of which met the criteria for Duty of Candour (DoC). Page 5 of the report includes detail of the learning and what has changed as a result of the SAERs. Page 7 refers to the learning bulletin that has been developed and includes learning from complaints. Mrs K Cormack advised that the Datix team are undertaking training and SAER training is ongoing. Datix categories will be reviewed by the end of March 2022.

Mrs M Lees enquired as to why there were more incidents in the first quarter of the year; Mrs K Cormack will check and feedback. Mr A Boyle asked why the University Hospital Hairmyres (UHH) had twice the number of DoCs. Mrs K Cormack advised that the site has had an increase in SAERs and she is meeting with UHH staff to review and understand why and provide support as necessary. Dr A Osborne noted the maternity figures; Mrs K Cormack advised that they are a high risk speciality and they are very good at reporting incidents. Dr J Burns agreed Maternity are more high risk and have a very mature risk management system in place. Covid 19 has also had an impact on Maternity services and patient outcomes. Members noted it was a good report and very helpful to see the lessons learned and improvements coming through.

With regard to Duty of Candour, Mrs K Cormack noted a typo regarding figures from Jan – Dec 2021, the number was 76, not 80. 29 were DoC, 16 of these remain open. The Annual Report will be prepared soon and will come to the Committee for review. Dr A Osborne commended the team for their work to produce the reports.

Mrs K Cormack provided an update regarding Never Events, noting that the organisation should be monitoring these to help avoid them. The Datix system will be used and Never Events data will be included in future reports.

THE COMMITTEE:

1. Noted the Adverse Event highlight report, including Duty of Candour.

11. ADVERSE EVENT MANAGEMENT REPORT (INTERNAL AUDIT) (L18-22)

Mrs K Cormack noted the Adverse Event Management Report from Internal Audit for information, advising that all the actions requested had been progressed.

THE COMMITTEE:

1. Noted the Adverse Event Management Report (Internal Audit).

12. INFORMATION SECURITY FRAMEWORK MANAGEMENT REPORT (L26 – 22)

Mr D Wilson provided members with an update regarding the Information Security Framework Management Report L26-22. The Committee noted the report detailed 12 actions, 6 have been completed, 3 are on track and 2 are yet to start.

INFORMATION GOVERNANCE HIGHLIGHT REPORT

Dr R MacKenzie presented the Information Governance Highlight Report and advised that the Information Governance Committee had met twice since the last meeting of the Healthcare Quality Assurance & Improvement Committee. There have been 3 category 2 incidents and these were reported to the Commissioning Officer; no further actions were required. Members heard that the Cyber Security work undertaken is commendable and good progress has been made in a short period of time. There is a global problem with Apache, however testing systems is underway and work to protect our systems. In terms of Freedom of Information (FOI) a response is awaited from the Commissioner. Members noted the risk highlighted with regard to Copyright, linked to app development and an assessment tool.

Mr M Hill reflected on the SEPA cyber-attack and noted there was good assurance today with regard to the improvement work underway, however there is a need to remain vigilant and ensure all steps are taken to be prepared for when a cyber-attack occurs, not if.

THE COMMITTEE:

1. Noted the Information Security Framework Management Report.

13. FALLS - UPDATE REPORT

Mrs C Brown presented the Falls Update Report, noting that work has been focused on three main areas, i.e. the Falls Strategy, the Falls Collaborative and a national mapping exercise. Members heard that the Falls Strategy Implementation has been delayed however 17 out of the 24 actions are progressing and local Falls groups continue to meet regularly. Improvement Advisors are aligned to the operational units, supporting the SPSP Adult Collaborative and a mapping exercise has provided very helpful feedback. In terms of next steps, the Improvement Team will be working with teams across NHS Lanarkshire and will be reviewing Datix incidents to support a whole system approach, share learning and develop the safe care plan.

Dr A Osborne commended the significant work undertaken and commented that it feels as though the Falls Strategy can get back on a front foot. Mr M Hill commented that the report was very helpful and he was struck by the statistical difference between acute sites, asking how this can be explained and will the Collaborative help to address this. Mrs C Brown noted that there is a need to better understand our systems and the Collaborative work will help. Mr A Boyle noted this was a good report and it was great to see engagement with staff, especially during Covid 19 pressures.

THE COMMITTEE:

1. Noted the Falls update report.

14. HOSPITAL STANDARDISED MORTALITY RATIO (HSMR): MORTALITY CASE-NOTE REVIEWS REPORT

Mrs C Brown presented the HSMR mortality case-note review progress report to members. Following agreement on the finalised reports for the 3 acute hospital sites, an NHS Lanarkshire Improvement Action Plan will be developed based on the findings. The plan will be monitored through the Acute Clinical Governance and Risk Management Group which reports into this Committee. The improvement action plan will be aligned to site quality and safety plans. Members noted that planning will commence soon to complete further mortality case-note reviews for 2022-2023.

THE COMMITTEE:

1. Noted the report and requested a further update comes back to a future meeting.

15. STROKE BUNDLES UPDATE REPORT:

Dr M Barber delivered a presentation to the Committee regarding Stroke care and compliance with the elements of the stroke bundle, i.e. CT scan, aspirin, swallow screen, admission to a stroke unit. He advised that CT scans are done quickly and patients receive aspirin in good time. In terms of swallow screening, members heard that NHS Lanarkshire is below the national average and performance in this area is declining. This could be due to patients presenting at A&E, therefore not being seen first by stroke care staff, but by A&E staff and there are also "front door" pressures. He highlighted a concern regarding stroke unit staffing and admissions to a stroke unit, stating that compliance with this element of the bundle is poor and has declined since Covid 19 added additional pressures to the system.

Dr M Barber advised that the stroke units sit within the Care of the Elderly speciality. The Committee discussed staffing within stroke care and heard that Specialist Medical Consultants are being appointed to UHM and UHW at present.

Mrs K Brennan provided a further update to members, advising that further work is required to raise the profile of nursing recruitment within stroke care. A programme from Scottish Government will be published in the next few weeks which should help support workforce improvements. Mrs S Friel noted that more work is needed around stroke care, especially following the impact of Covid 19. She assured the Committee that the stroke units within NHS Lanarkshire are staffed in line with national guidance and work has been commissioned regarding the workforce and swallow screening.

Dr J Keaney advised that stroke care has transformed in NHS Lanarkshire thanks to the work of Dr Barber and the team. He noted that swallow screening is a complex matter and needs to be everyone's issue as this should be happening at the "front door" when patients present at A&E. The three acute sites have been asked to produce improvement plans and there is a need to review in more detail to gain a deeper understanding of the issues. Dr J Keaney added that with wards changing function to cope with Covid 19

demands, it has been more difficult to achieve compliance with the bundle.

Mr A Boyle asked whether NHS Lanarkshire is seeing poorer outcomes for stroke patients and what is the impact on patient flow. Dr A Osborne commented on the triage system and whether stroke patients are being moved through the system as appropriate. Mrs M Lees asked whether there are any issues with Allied Health Professional (AHP) staffing levels within stroke care.

Mrs K Brennan responded agreeing that swallow screening is a complex issue and it is a concern. In terms of triage, improvement work is underway to help identify where there could be failures. Mrs K Brennan advised there is strong evidence that being in a stroke unit saves lives, therefore the team are working to identify additional stroke bays at UHH (noting that stroke beds at UHM and UHW are adequate). Members heard that there are well trained, dedicated AHP within the service including Speech & Language Therapy staff who work across the whole system. There is a robust stroke support team who follow up with patients upon hospital discharge.

Dr M Barber added that there is evidence that failure to meet all elements of the stroke bundle has a significant impact on patient outcomes. NHS Lanarkshire has the shortest length of stay in hospital and has reduced re-admissions.

Dr L Thomson advised that the Committee will ensure the risks and issues highlighted today are included in the reports from this meeting and asked whether it would be helpful to complete a deep dive into the issue of workforce planning. Dr J Burns advised that it was great to see the passion of Dr M Barber and Mrs K Brennan in the delivery of their presentation to the Committee. She added that a number of different services have struggled to maintain their excellent standards due to Covid 19 and the impact on patients, staff and pathways is notable.

Dr L Thomson requested additional information from the perspective of patient safety and requested Dr J Burns consider the best way in which to take this forward.

Mr M Hill thanked colleagues for the great discussion on this matter, noting his disappointment regarding the impact on services, however it was not surprising given the Covid 19 pandemic. He added that it was encouraging to see the improvement work underway and agreed that this should be discussed at the Board.

THE COMMITTEE:

Noted the Stroke Care report and presentation and asked Dr J Burns to consider how best to progress with the issues highlighted to the Committee.

16. BREATHROUGH SERIES COLLABORATIVE (INFECTION CONTROL)

Mrs S Friel and Mrs C Coloumbe provided an update to members regarding the Breakthrough Series Collaborative for Infection Control, noting that a steering group and a framework have been established.

The Committee discussed the Hand Hygiene presentation delivered Mrs C Coloumbe. Dr L Thomson enquired as to why the data is different to the IPC data that is shared publicly. Mrs C Coloumbe confirmed that the data is only

shared at Board level and further work is required to explain the differences.

Mr A Boyle noted that he liked the QI methodology and the sense of pride from the staff regarding their achievements (shared via social media). He enquired as to whether there is assurance that the improvements will result in better patient outcomes and fewer infections. Mrs C Coloumbe stated that the aim of the Collaborative is to improve patient outcomes so that is at the centre of everything the staff are doing. She added that the behavioural change work is really important.

Dr A Osborne advised that this was great to hear and suggested staff proceed with caution in regards to self-appraisal. She enquired as to failed elements theme where it appears that staff were failing to follow hand hygiene after touching a patient. Mrs S Friel advised that further work is required to understand the complexities.

Mrs M Lees noted that Non-Executive Board members were previously invited to take part in hand hygiene training and enquired as to whether this would be of benefit for new Non-Executive Board members. Mrs C Coloumbe agreed to have this discussion offline.

THE COMMITTEE:

1. Noted the Breakthrough Series Collaborative (Infection Control) update.

17. SPSO UPDATE

Mrs L Drummond presented the SPSO update report and noted that there are no overdue actions at present. SPSO are currently tracking our progress. In terms of cumulative themes, the team recently produced an article on record keeping for the Learning Bulletin.

THE COMMITTEE:

Noted the SPSO update report.

COMMITTEE WORK-PLAN 2021-2022

No issues noted or questions raised.

18. FEEDBACK, COMMENTS & CONCERNS

Mrs L Drummond presented the report on Feedback, comments and concerns and highlighted variance in the numbers with response times. An exercise has identified some inconsistencies therefore the team are looking into this in more detail. A Development Session will be taking place soon with Patient Affairs managers and the team will create an action plan following the session. Members heard that a Short Life Working Group (SLWG) has been established for complaints and the staff based on acute sites will transfer to the Quality Directorate to improve resilience and consistency regarding the management of complaints across the whole system.

Mrs L Drummond confirmed that the Datix system allows data to be recorded by location and discipline and produce a thematic analysis. Work is underway to allow themes to be identified by speciality. Dr A Osborne enquired regarding resolution of complaints at Stage 1, as this is known as the gold

standard. Mr A Boyle asked why UHH have almost double the number of Stage 2 complaints than the other acute sites. Mrs L Drummond noted there are lots of influencing factors and complexities and working together will help to support greater consistency.

THE COMMITTEE:

Noted the Feedback, comments and concerns report.

19. CLINICAL POLICIES ENDORSEMENT PROCESS – UPDATE REPORT

Mrs A Minns presented the Clinical Policies Endorsement Process update report, noting that 11 policies have been processed. Members were advised that Covid extensions have ended therefore normal process has kicked in again. Mrs A Minns further advised that there is a risk in relation to the database currently used to track and monitor Clinical Policies, i.e. it may not be available in future, therefore the team are working with IT colleagues to identify alternatives.

THE COMMITTEE:

Noted the Clinical Policies Endorsement Process update report and the risk identified with regard to the database used to support the process.

20. GUIDANCE ON EXTERNAL PUBLICATIONS / PRESENTATION OF STUDY RESULTS

Mrs A Minns provided an update on Guidance on external publications / presentation of study results. It was noted that the report had been endorsed by the Clinical Effectiveness Group prior to submitting to the Committee.

THE COMMITTEE:

Noted the Guidance on External Publications / Presentation of Study Results.

21. HEALTHCARE QUALITY ASSURANCE & IMPROVEMENT COMMITTEE SBAR MEETING SCHEDULE

Mrs K Cormack presented the SBAR to members, request that the Committee agrees to one additional meeting per annum, dedicated to reviewing Annual Reports. This would support greater consistency in terms of the standard of Annual Reports coming to the Committee and also ensure the Annual Reports are presented at the same time, as opposed to the current position where Annual Reports are presented throughout the year.

HEALTHCARE QUALITY ASSURANCE & IMPROVEMENT COMMITTEE TOOLKIT

The Committee reviewed the HQAIC toolkit and noted that this has been created to support members with regard to meeting etiquette, provide a copy of the Terms of Reference and provide guidance and a template for authors of Annual Reports, to further support quality and consistency of the reports being presented to the Committee.

22. COMMITTEE WORKPLAN

The Committee noted and agreed the work-plan.

23. ISSUES OF CONCERN – BY EXCEPTION ONLY

- Operational
- Safety
- Independent Sector
- Staffing

The Committee noted there were no issues of concern.

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

No new risks were identified by the Committee.

25. ANY OTHER COMPETENT BUSINESS

Health Improvement Scotland response

Dr L Thomson and Committee members discussed the media response to an incident reported regarding patients who were placed in an area considered as a non-standard care environment. A process was implemented whereby daily updates were communicated to Mrs S Friel, explaining the situation.

Dr L Thomson advised that, while this is not an adverse event, it would be necessary to ensure that issues such as this are reported appropriately, fully investigated and all actions are identified and progressed to provide assurance to the Committee and to the Board.

Covid 19 inquiry

Mrs K Cormack provided a verbal update to members, advising that work has commenced to pull together evidence of the work undertaken throughout the pandemic. This includes all the actions progressed by the Quality Directorate and Mrs K Cormack and Dr J Burns are reviewing nosocomial deaths.

Dr L Thomson noted that public inquiries are resource intensive so it was very helpful to know that this preparatory work is underway.

Thank-you to Dr A Osborne

The Committee thanked Dr A Osborne on this, her last meeting, for all her support, advice and guidance over the years. Many colleagues said that they would frequently have the same thought in the meetings to come and that is, “what would Avril ask”?

Dr A Osborne thanked her fellow members and said she is “constantly impressed by the work behind the scenes, the discussion and expertise and I learn something new at every meeting. If you are going to miss me, I am certainly going to miss you”.

Members shared heartfelt messages of thanks and well wishes for Dr A

Osborne to conclude the meeting.

NEW DATES OF MEETINGS FOR 2022 AT 14:00 HOURS

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

NEW ANNUAL REPORT MEETING DATE ADDED POST MEETING

- a) Tuesday 24th May 2022 11:30am – 1pm, via MS Teams