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**Minutes of the Healthcare Quality Assurance and Improvement Committee held on  
 Thursday 8<sup>th</sup> September 2022 at 1:30pm via MS Teams.**

**Chair:**

Mrs M Lees Non-Executive Director (Chair)

**Present:**

Mr A Boyle Non-Executive Director  
 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  
 Mr P Cannon Board Secretary  
 Mrs C Clark Chief Midwife, Maternity & Neonatal Services  
 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  
 Mrs P Ferrula Business Administration, Infection Control Team  
 Dr J Keaney Medical Director, Acute Division  
 Mrs L Macready Business Administration, Infection Control Team  
 Dr R Mackenzie Consultant in Critical Care, Chair Information Governance Committee  
 Ms J Martin Senior Clinical Leadership Fellow  
 Mrs T Marshall Nurse Director, North Lanarkshire HSCP  
 Mr P McCrossan Director, Allied Health Professionals (AHPs)  
 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 L Sutherland Associate Nurse Director, South Lanarkshire HSCP

**Apologies:**

Mrs M Cranmer Staff-side Representative  
 Dr L Findlay Medical Director, South Lanarkshire HSCP  
 Mrs S Friel Nurse Director, Acute Division  
 Mr M Hill Board Chairperson  
 Dr M Malekian Assistant Medical Director, Acute Division  
 Mrs M McGinty Head of Improvement, Quality Directorate  
 Dr J Pravinkumar Director of Public Health

**1. WELCOME**

Mrs M Lees welcomed colleagues to the meeting and apologies were noted.

**2. DECLARATION OF INTERESTS**

No declarations of interest.

### 3. **MINUTES**

The minutes from the Annual Report meeting held on 24<sup>th</sup> May 2022 and the minutes from the meeting held on 9<sup>th</sup> June 2022 respectively were approved.

#### **THE COMMITTEE:**

1. Noted and approved the minutes from 24<sup>th</sup> May 2022 and 9<sup>th</sup> June 2022.

### 4. **ACTION LOG**

The action log from the meeting held on 9<sup>th</sup> June 2022 was reviewed. The Committee heard that Dr J Burns will share the nosocomial review paper with members at the next meeting in November 2022 for discussion.

It was agreed that the Maternity Services gap analysis paper would be presented at the meeting in November 2022.

#### **THE COMMITTEE:**

1. Noted and approved the action log and agreed that the Nosocomial Review paper and Maternity Services gap analysis paper will be added to the agenda for the meeting in November 2022.

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

Dr J Burns presented the Quality Planning & Professional Governance Group highlight report and advised that she is updating the Professional Governance Framework document to reflect the feedback received to date. The updated paper will be shared with Managers, Clinical Directors and other staff groups and further feedback will be requested regarding helpfulness of the framework document. Dr J Burns will progress this action before she retires in December 2022.

Mr P McCrossan advised that the AHP Directors are developing a standard operating procedure (SOP) regarding Fit Notes.

Mr A Boyle noted that he feels the QPPGG meetings are going well and he was grateful for the addition of the list of attendees to the highlight report. Mrs M Lees also noted she was glad to see the continued effectiveness of the group meetings.

#### **THE COMMITTEE:**

1. Noted the Quality Planning & Professional Governance Group highlight report and agreed that Dr J Burns will present the updated Professional Governance Framework to the Committee at the meeting in November 2022.

6. **JOINT INSPECTION OF ADULT SUPPORT & PROTECTION, NORTH & SOUTH HSCPs**

Mrs T Marshall presented the Joint Inspection paper and advised the Committee that inspection dates and timelines have been confirmed. Mr E Docherty added that the review process will be multi-agency and multi-disciplinary. It will also require to be signed off by the Nursing Directors.

Mr P Couser enquired regarding the staff survey mentioned in the paper. Mrs L Thomson advised that a broad range of staff are involved in Adult Support & Protection services and they will all be surveyed as part of the Joint Inspection.

Mr C Lee enquired as to when the last Joint Inspection took place, what recommendations were made at that time and what learning was taken forward. Mrs T Marshall advised that the most recent inspection was around 2016 and this inspection will use different methodology. She added that the service will be taking part in self-assessment.

Mr E Docherty noted that during the pandemic, most reviews were on hold. The Public Protection Teams were ring-fenced and previous actions were considered.

**THE COMMITTEE:**

1. Noted the Joint Inspection of Adult Support & Protection, North & South HSCPs report.

7.

**QUALITY & SAFETY DASHBOARD**

Dr J Burns presented the Quality & Safety dashboard and noted that the team are developing whole system indicators, therefore the dashboard meetings will be extended to representatives from the Health & Social Care Partnerships.

In terms of Crude Mortality, members heard there is a downward trend post pandemic. There is a decreasing upward trend in Medical re-admissions and members noted that hospital environment changes e.g. creating additional beds, moving wards to improve patient flow impacts on coding. There is a deep dive underway for UHW regarding re-admissions.

Dr J Burns advised that the definition has changed in relation to Occupied bed days, therefore the team are working through this to understand the impact and agree what needs to be done as a result. With regard to Stroke Bundle compliance, it was noted that it is helpful to look at the different elements by site. Dr J Burns described the indicators that have most impact on patient outcomes and advised members regarding Quality Improvement work underway with regard to swallow screening.

Mr D Reid commended the report, noting that he found it very clear and easy to read. With regard to the Stroke Bundle, he noted it could be helpful to drill down into each measure to see more clearly what has most impact on patient outcomes. He enquired as to whether the hospital have set targets with regard to compliance with the bundle, as he noted the orange line indicator in the paper was different for each of the hospital sites.

Dr J Keaney noted that the recent Scottish National Audit Programme (SNAP) audit evidenced that NHS Lanarkshire is one of the top performers in Scotland with regard to Stroke Bundle compliance.

Mr P Couser commended the report and advised that he liked the presentation of the data. He suggested it would be helpful to have this type of information shared at the NHS Board meeting. Dr J Burns agreed that would be beneficial and she also thought it would be helpful to start the Board meetings with a patient story. Mrs M Lees agreed, noting that the minutes from this Committee are shared with the Board. Mr A Boyle added that it would be helpful to consider how this is shared with the Board, e.g. should there be a verbal update.

With regard to Crude Mortality, Mr A Boyle highlighted special cause variation (or non-random variation) and requested additional explanation is added to future reports to further improve understanding. He asked if we can say what our action is as a result of this data.

Mr A Boyle enquired regarding the difference in relation to occupied bed days and could additional information be added to the report to explain this further. Dr J Burns advised that there is no impact on patient outcomes however if it would be helpful, she would speak with Public Health Scotland. Mr A Boyle, Mrs M Lees, Mrs K Cormack and Dr J Burns will meet to discuss out-with the Committee meeting.

Mr A Boyle suggested he felt it was unhelpful to see different charts displayed in relation to the Stroke Bundle and asked if it would be possible to have the clinicians return to the meeting and provide a progress update since their last presentation to members in February this year.

It was suggested that the Stroke Care leads could be invited to provide a progress update to QPPGG. Members confirmed they were assured by the report.

#### **THE COMMITTEE:**

1. Noted and approved the Quality & Safety dashboard. Mr A Boyle, Mrs M Lees, Mrs K Cormack and Dr J Burns to discuss potential improvements to reporting in relation to occupied bed days. Mrs K Cormack will link with the Stroke Care lead clinicians in relation to attending a future QPPGG meeting to provide an update.

#### **8. QUALITY STRATEGY 2023-2028 SBAR**

Mrs K Cormack presented the Quality Strategy 2023-2028 SBAR, advising members that her team have begun working on the new Quality Strategy and are undertaking staff engagement via a wide range of governance groups and other staff meetings, ensuring whole system involvement. Mrs K Cormack is now a member of the “Our Health Together” Editorial Board and will focus on ensuring that quality underpins all aspects of the new NHS Lanarkshire strategy and threads through all work-streams detailed in the new strategy.

Mr C Lee advised that he liked the new “Q” infographic and enquired whether equality would be referred to. As fairness is one of the organisational values, it will remain on the infographic and a statement about equality will be included in the narrative section.

Mr P Couser also liked the approach described, the new infographic and advised that he was pleased to hear the new Our Health Together strategy will be developed with clear links to the new Quality Strategy.

Mrs M Lees noted that she really liked the new infographic and she was also pleased to hear about the engagement undertaken so far and that everyone understood the importance of ensuring Our Health Together and the Quality Strategy are developed with clear, strong links.

### **QUALITY STRATEGY IMPLEMENTATION PLAN – HIGHLIGHT REPORT**

Mrs K Cormack presented the Quality Strategy Implementation Plan highlight report for the period April – June 2022. She noted that it was a brief update, as it was the first quarter of the year and going forward, she will highlight key areas of progress for members by way of assurance that work is progressing as planned and actions are on course to be completed. Mrs K Cormack will also highlight any risks, challenges or changes to the plan as appropriate.

Mrs M Lees noted her thanks for the update and advised that she was impressed with the work around the NHS Lanarkshire Guidelines app development. Mrs A Minns advised that the team have received great feedback from staff about the app and it is leading to greater demand for more information to be available to staff at their fingertips. Mr D Reid also commended the Guidelines app, advising that it is very informative.

### **THE COMMITTEE:**

1. Noted and approved the Quality Strategy 2023-2028 SBAR.
2. Noted and approved the Quality Strategy highlight report April – June 2022 highlight report.

## **9. EXTRACT OF CORPORATE RISK REGISTER (CLINICAL)**

Mr P Cannon presented the Extract of Corporate Risk Register (Clinical) noting the report was in the old format and highlights three risks that sit with the Committee. Members were invited to raise any queries with Mr P Cannon either today or out-with the meeting. Mr P Cannon advised that the new, updated format will be used for future reports.

Mr A Boyle noted risk 2125 – amber outcomes for patients; on discussion, regarding mitigation, this also sits with the Population Health Committee.

Mr P Couser noted risk 1710 – rated medium; he enquired how the organisation could manage the risk down to a tolerable level. Mr E Docherty advised that there has been a significant shift over time in relation to Public Protection issues and some queries remain with regard to this particular risk, noting concerns regarding mental health and child protection issues. Mr P Couser asked whether it would be possible to capture that intelligence in the narrative.

Mr P Cannon advised that part of the template paperwork will state when the risk was last reviewed so people can see that it is under constant review.

Mr A Boyle noted the long standing risks, suggesting it was important for them to remain on the risk register and ensure systems are in place to continually review and update them.

Mrs M Lees noted risk 2125 and asked whether Scottish Government re-prioritisation will impact on this risk.

It was noted that the Gold and Silver Command structure reference requires updating on the risk register. Members agreed that the session planned for 5<sup>th</sup> October 2022 will be helpful for discussing the register in greater detail.

### **THE COMMITTEE:**

1. Noted the Extract of Corporate Risk Register (Clinical) and agreed the Gold and Silver Command structures require to be updated.

10.

### **SIGNIFICANT ADVERSE EVENT REVIEWS (SAERS) – UPDATE REPORT**

Mrs K Cormack presented the Significant Adverse Event Review (SAERs) update report and noted it was not surprising to see an increase in SAERs in North HSCP given that all community suicides are now included in their SAERs data. Dr L Munro added that the increase also reflects the inclusion of deaths in custody at HMP Shotts.

On page 8, Categories, it was noted that Cardiac Arrest appears instead of “deterioration” due to more accurate recording on the Datix system. In terms of SAER review times, Mrs K Cormack advised that these have reduced overall despite ongoing capacity issues as per page 10 and the figures for NHS Lanarkshire are better than the national average.

Mrs K Cormack is continuing to work with the Risk Facilitators across NHS Lanarkshire to support them with regard to any open or overdue actions.

Members heard that SAER training sessions are continuing to run and the Adverse Events team have updated the SAER toolkit to ensure staff have access to the most current information. The Committee also heard that the next edition of the Adverse Events Learning Bulletin was due out in October 2022 and will have a fresh new format.

Mrs C Clarke advised that Scottish Government have launched a Perinatal Adverse Event Framework and her team are currently testing this. She anticipates this could result in an increase in SAERs from Maternity & Neonatal Services.

Mrs M Lees commented that she welcomed the report and it was great to see the work going on throughout the organisation to support SAERs.

Mr A Boyle noted he felt this was a great report and really helpful to see the data and shared learning from SAERs. He requested that all abbreviations are expanded on in future reports to help improve understanding. Mr A Boyle enquired whether information is available on comparisons with neighbouring Boards. Mrs K Cormack advised that NHS Lanarkshire is performing better than NHS Greater Glasgow & Clyde and NHS Lothian in relation to SAERs and Health Improvement Scotland (HIS) are in the process of gathering data for all Boards across NHS Scotland, so this will be shared with the Committee when available.

Mr D Reid commented that NHS Lanarkshire is an exemplar Board in the context of the National comparisons. He enquired as to the ramifications of not closing a SAER in time. Mrs K Cormack advised there are no legal

ramifications, however delayed SAERs can result in complaints, issues with the Ombudsman and impacts on our staff, patients and service users.

Mrs M Lees noted this raises an interesting point in terms of accountability if there are no legal consequences to not achieving SAER timescales. Mrs T Marshall added that leading a SAER is very complex and hugely time consuming for those involved, often multi-agency and multi-disciplinary therefore it is helpful to recognise the work required to complete a SAER.

Dr L Munro added that Commissioners can be asked for extensions to the timeframe if there are exceptional circumstances impacting on the review, e.g. sickness absence of the staff involved. She noted that the Mental Health Accreditation body commented positively regarding the quality of the NHS Lanarkshire documentation and process for SAERs and this was recorded at the North HSCP Support Care & Clinical Governance Group. Mrs M Lees advised this was a good external measure of quality.

#### **THE COMMITTEE:**

1. Noted and approved the Significant Adverse Event Review update report and agreed all abbreviations will be expanded in future reports.

#### **11. HEALTH IMPROVEMENT SCOTLAND (HIS) INFECTION PREVENTION & CONTROL STANDARDS**

The Committee received an update from Mrs P Ferrula regarding the Health improvement Scotland (HIS) Infection Prevention & Control Standards and NHS Lanarkshire's performance against these as per the position statement provided. Mrs P Ferrula highlighted a few key areas from the statement, noting which standards have been fully implemented, mostly implemented and partially implemented, including details of actions and timescales to be progressed.

Mrs T Marshall highlighted the wording in relation to Care Homes and suggested this may need to be amended; the responsibility for the action sits with the Care Inspectorate.

Mr E Docherty agreed with Mrs T Marshall and noted the importance of being clear around who is responsible for which actions. The Committee heard that the anti-microbial team have been reassigned.

Mrs L Thomson highlighted section 5.2, noting the wording requires to be amended to provide greater clarity regarding who would be prescribing and also the need to remove social care colleagues from references to prescribing.

Mrs M Lees enquired regarding uptake of training by Care Home Managers; Mrs T Marshall advised that uptake has been good.

#### **THE COMMITTEE:**

1. Noted the HIS Infection Prevention & Controls Standards NHS Lanarkshire Position Statement and agreed on the amendments to be made for accuracy and the updated document to be shared at the next meeting in November 2022 for noting.

## **12. FAI NEONATAL MORTALITY SBAR**

Mrs C Clark presented the FAI Neonatal Mortality SBAR to the Committee, providing context, timeline and a progress update for the three recently instructed FAIs into neonatal deaths spanning three years that have received media attention.

Dr J Burns noted that NHS Lanarkshire should have received earlier notification from the Central Legal Office (CLO) regarding the FAI. Mrs K Cormack emphasised the importance of ensuring staff involved are receiving the appropriate support, especially in the lead up to the FAI. Mrs M Lees acknowledged these points and noted that she recognised the difficulties around this.

Mrs C Clark confirmed that support has been initiated for staff in Maternity & Neonatal Services and other departments involved. An update will be shared with QPPGG at the meeting scheduled for October 2022.

### **THE COMMITTEE:**

1. Noted the FAI Neonatal Mortality SBAR.

## **13. SPSO UPDATE REPORT**

Mrs L Drummond presented the SPSO update report and advised that the Patient Affairs Team have now transferred fully to the Quality Directorate. She noted there is a significant backlog that is impacting on compliance, however the team are working through this together. Mrs L Drummond advised that University Hospital Hairmyres (UHH) continue to have more Stage 2 complaints than the other sites; this continues to be monitored by the team and is gradually coming down.

The Complaints & Patient Affairs Team are on target to finalise the Stage 2 complaints handling toolkit by end September 2022 and this will be a helpful resource for the team and anyone involved in complaints investigations.

Mrs L Drummond advised that the team have been using an analysis tool to review Maternity complaints and identify themes and have analysed nine months of data so far. A meeting will be arranged with Maternity colleagues to develop an implementation plan and take forward the actions agreed.

Members heard that there had been three upheld complaints as detailed in the report. Similar issues were noted, e.g. record keeping. Mrs L Drummond will look back and share further information regarding themes with Mrs M Lees.

Mr D Reid enquired regarding excessive / persistent complainant contact and what impact this has on the complaints and patient affairs staff. Mrs L Drummond confirmed this type of complainant is becoming more frequent and NHS Lanarkshire has an unacceptable behaviour policy in place. She advised that complaints staff support, training and development is ongoing and the team have recently been focusing on health and wellbeing and a future session will look at trauma.

Mr P McCrossan noted similar to Mr D Reid in terms of vexatious complaints and the upset and trauma this can have on the staff. Mr A Boyle advised that



he was thoughtful about how the organisation could better manage these types of complaints and ensure staff are as well protected and supported as possible. Committee members asked if it would be possible to see more comparative information over time, to identify trends.

#### **THE COMMITTEE:**

1. Noted and approved the SPSO update report. Mrs L Drummond will share thematic information with Mrs M Lees regarding upheld complaints.

#### **14. INFORMATION GOVERNANCE COMMITTEE HIGHLIGHT REPORT**

Dr R MacKenzie presented the Information Governance Committee highlight report and advised that staff training is going well, as detailed in the figures contained within the report.

He noted there had been three Category 2 incidents, one involving Whatsapp. Freedom of Information (FOI) requests have increased and are now back to pre-Covid levels.

In terms of Cyber Security, members heard that there are three Key Performance Indicators (KPIs); NHS Lanarkshire is compliant with two of these, the other is very difficult as it is out-with our control, therefore discussions are taking place nationally.

The importance of ensuring all MS Team Channels are set up as “private” not “public” was highlighted in the report and guidance has been shared widely across NHS Lanarkshire.

Mrs M Lees thanked Dr R MacKenzie for the report, noting it was very helpful and timely. Mr D Reid enquired as to whether it would be possible going forward to include a definition of incident categories as an appendix to the report to improve understanding for members. Dr R MacKenzie agreed this would be possible.

Mr P Couser noted that he was seeking assurance regarding the Cyber threat and the level of discussions taking place in the organisation around Cyber Security, in terms of controls and mitigations in place. Dr R MacKenzie confirmed that he is assured by the discussions taking place at the Cyber Security Group and this continues to report into the Information Governance Committee.

#### **THE COMMITTEE:**

1. Noted the Information Governance Committee highlight report and agreed that an appendix will be added to future reports, providing definitions of incident categories.

#### **15. COMMITTEE WORK-PLAN**

Mrs L Thomson requested a copy of the six monthly report template; Mrs E Currie will share this via email. A Quality Strategy “place-holder” will be added to the Work-plan to ensure the Committee receives regular updates on progress.

## **THE COMMITTEE:**

1. Noted the Committee Work-plan and addition of a Quality Strategy place-holder to ensure updates are shared with members as required.

### **16. ISSUES OF CONCERN – BY EXCEPTION ONLY**

- Operational
- Safety
- Independent Sector
- Staffing

There were no issues of concern noted by the Committee.

17.

### **ANY NEW RISKS IDENTIFIED TO BE CONSIDERED FOR INCLUSION ON THE CORPORATE RISK REGISTER**

No new risks identified by the Committee.

### **18. ANY OTHER COMPETENT BUSINESS**

#### **Electronic Document Transfer Data loss update**

Dr J Burns provided a verbal update to the Committee regarding electronic document transfer data loss, advising members that the nature and exact number of documents affected was being determined by e-Health and arrangements were being put in place for individual GP practices.

### **19. INTERNAL AUDIT REPORTS**

Mrs M Lees advised members that the five Internal Audit reports attached to the agenda were for noting. There were no questions from members.

20.

### **DATES OF MEETINGS FOR 2022-2023 AT 13:30 HOURS**

- a) Thursday 10<sup>th</sup> November 2022 at 13:30 – 17:00 hours
- b) Thursday 9<sup>th</sup> February 2023 at 13:30 – 17:00 hours
- f) Thursday 20<sup>th</sup> April 2023 at 13:30 – 17:00 hours