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Minutes of the Healthcare Quality Assurance and Improvement Committee held on Thursday 10th November 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:

Mrs L Barbour Infection Prevention and Control Clinical Nurse Specialist
 Dr J Burns Executive Medical Director
 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 J Keaney Medical Director, Acute Division
 Dr R Mackenzie Consultant in Critical Care, Chair Information Governance Committee
 Mrs T Marshall Nurse Director, North Lanarkshire HSCP
 Mr P McCrossan Director, Allied Health Professionals (AHPs)
 Mrs A Minns Head of Evidence, Quality Directorate
 Mrs K Morrow Realistic Medicine Programme Manager
 Dr L Munro Medical Director, North Lanarkshire HSCP
 Mrs AM Sangster Head of Public Protection
 Mrs L Thomson Nurse Director, South Lanarkshire HSCP

Apologies:

Mr P Cannon Board Secretary
 Mrs M Cranmer Staff-side Representative
 Mrs S Friel Nurse Director, Acute Division
 Mr M Hill Board Chairperson
 Mrs H Knox Chief Executive
 Mr D Wilson Director of eHealth

1. WELCOME

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

2. DECLARATION OF INTERESTS

Mrs M Lees notified members of her declaration of interest with regard to the North HSCP report in today's agenda which refers to the Dietetic Service. It was agreed that Mr A Boyle would chair the meeting for that item.

3. **MINUTES**

The minutes from the meeting held on 8th September 2022 were approved.

THE COMMITTEE:

1. Noted and approved the minutes from 8th September 2022.

4. **ACTION LOG**

The action log from the meeting held on 8th September 2022 was reviewed and approved.

THE COMMITTEE:

1. Noted and approved the action log.

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

Dr J Burns presented the Quality Planning & Professional Governance Group highlight report and advised that the final version of the Professional Governance Framework has been shared with operational managers throughout the organisation.

Members heard that Mrs K Brennan attended the October 2022 meeting to provide an update regarding Stroke Bundle compliance and an overview of the recent national audit. Mrs K Brennan advised that NHS Lanarkshire benchmarks well against other Boards in relation to Thrombolysis, early CT scan and aspirin treatment. Areas for improvement are the bundle elements of swallow screening and admission to a stroke care unit.

Mr A Boyle enquired regarding current capacity with hospital wards in relation to admission to a stroke care unit. Dr J Burns advised that flow through all areas is an issue and as discussed previously, consistently high occupancy levels throughout the hospitals is having a significant impact.

Dr J Burns advised members of the very positive feedback received from University partners regarding excellence in Undergraduate training.

THE COMMITTEE:

1. Noted the Quality Planning & Professional Governance Group highlight report.

6. **ACUTE CLINICAL GOVERNANCE & RISK MANAGEMENT 6 MONTHLY REPORT**

Dr J Keaney presented the Acute Clinical Governance & Risk Management Report. In terms of crude mortality, Dr J Keaney advised regarding current pressures, long waits for patients and overcrowding and therefore anticipates an increase in crude mortality. Acute sites are not yet back to the pre-Covid baseline and some patients are presenting with more complex, progressed conditions following the pandemic period. Members heard that the HSMR

information has been embargoed, an update will follow. Dr J Keaney advised that improvement work is planned with regard to safety around MRI at University Hospital Wishaw, following shared learning from significant adverse events. The Committee heard that the SNAP (Scottish National Audit Programme) hip fracture audit indicated increased delays for patients due to limited theatre access. In terms of the Stroke Care Audit, members were advised that stroke bundle compliance remains a focus for the ACGRM committee and Dr J Keaney highlighted that emergency care for stroke patients remains good. With regard to the Scottish Trauma Audit Group (STAG), the report indicates that NHS Lanarkshire is back within control limits in terms of excess deaths from trauma (NHS Lanarkshire was previously an outlier). Dr J Keaney advised of the improvements in the care of frail patients including those with chest injuries and cervical spine injuries. Dr J Burns noted the fantastic improvement work for renal patients and advised that this evidences the benefit in looking closely at our data to identify the issues, especially when there are complex circumstances.

In terms of risk, Dr J Keaney highlighted concerns regarding A&E waiting times, hospital flow and occupancy.

Mr P Couser enquired regarding the stroke bundle diagram as he did not think it was clear in terms of the areas that NHS Lanarkshire is doing well. He stated the importance of ensuring the focus is on the right areas and patient outcomes.

Dr J Keaney advised that it is very difficult to measure the outcome for patients with regard to admission to a stroke unit, however there is a focus at present on further improvements for swallow screening as there is a clear understanding of the impact this has on patients.

Mr D Reid noted that he was pleased to see a QR code for patient feedback and he looks forward to seeing the outcome.

The Committee discussed medicines costs with reference to a study looking at medicine governance during the covid 19 pandemic, noting the Command structure in place during covid and the ability to move more quickly without long clinical trial processes and using the Area Drugs & Therapeutic Committee (ADTC) to support decision making.

Mr A Boyle advised he is looking forward to hearing more with regard to patient feedback and seeing what services will do with it. He enquired as to the impact on patient outcomes as a result of long A&E waiting times. Dr J Keaney advised that there is some international research available that shows there is an impact on patient outcomes from long A&E waiting times. He added that it could be useful to look at Datix and SAERs to see when delays are recorded as a factor. All cardiac arrests are captured on Datix, as are falls. Dr J Keaney noted that the workforce is acutely aware of the situation and want to make it better.

Dr J Burns added that she is also aware of international studies evidencing the impact on patients from long waits in A&E. She added that individual patient outcomes would require a subjective analysis, including reviewing Datix and SAERs.

With regard to Cardiac Arrest data, staff will review CA occurrence monthly and will undertake an exercise to compare the numbers with those on Datix. Mrs K Cormack advised that the adverse events team are looking at data for the period Jan – Sept 2022, comparing against Jan – Sept 2019. An update will be

brought back to the Committee when available. Mr A Boyle noted it will be helpful to see the learning regarding A&E waiting times.

THE COMMITTEE:

1. Noted the Acute Clinical Governance & Risk Management 6 monthly report. Dr J Keaney will share the HSMR data when available. Cardiac Arrest data for Jan-Sept 2019 will be reviewed against the same data for the period Jan – Sept 2022 and a report shared with members in the new year.

7.

NORTH HSCP SUPPORT CARE & CLINICAL GOVERNANCE GROUP – HIGHLIGHT REPORT

Mrs T Marshall presented the North HSCP Support Care & Clinical Governance Group highlight report, noting a small typo i.e. data should be up to September 2022. With regard to the Datix system, members heard that a new structure is in place within North, i.e. 2 sectors and 3 localities, therefore Datix requires to be updated to reflect these changes. Work is underway with colleagues in the Quality Directorate to update the system accordingly.

Members heard an update regarding Category 1 incidents and ongoing work to ensure that briefing notes are being completed correctly, including capturing the learning and preventative measures.

Mrs T Marshall advised there have been 4 Fatal Accident Inquiries (FAIs) at HMP Shotts in the period and she will keep the Committee informed regarding these. She is working with the Central Legal Office (CLO) and supporting the staff involved.

The Committee noted the reduced bed capacity in Skye House for young people with mental health issues, therefore two young people have had to be accommodated in the adult mental health unit.

Mrs T Marshall advised that suicide reviews have highlighted improvements are required to risk assessments. The improvement work is being led by Nurse Consultants who are piloting a new risk assessment and safety plan which is more holistic and person centred. A module is also being developed on Learnpro.

Members were advised that five Care Homes are testing MDTs at present and these are evaluating well. Realistic Medicine approaches are being used e.g. Anticipatory Care Plans (ACPs). A further update on this work in Care Homes will be shared with members at a future meeting.

The Adult Support & Protection services inspection is complete and has highlighted very good practices and no major issues. Mrs T Marshall advised that the inspection outcome is a reflection of all the hard work of the staff.

Mrs T Marshall advised that a recent SPSP complaint was upheld regarding nursing care and an action plan is in place. She added that there is a requirement to improve oversight of complaints correspondence and to have a more person centred approach.

In terms of risk, Mrs T Marshall advised members regarding the Dietetics Service input to Neonatal care, gaps in provision and the impact of this on babies in Neonatal care. Standards have not been met in terms of the required

weekly review, therefore there is a need to mitigate the risk and resolve the issue. It was agreed that a full update on this will come to the Committee at the meeting in February 2023.

Mrs A Boyle enquired regarding whether there is correlation of the number of incidents recorded and staff capacity issues. Mrs T Marshall advised that there is a feeling reporting incidents via the Datix system declines when staff are extremely busy. In terms of the occurrence of violence and aggression incidents, she noted that these are consistent within mental health services due to stress and distress experienced within the patient group.

THE COMMITTEE:

1. Noted and approved the North HSCP Support Care & Clinical Governance Group highlight report. Agreed that Mrs T Marshall will provide an update regarding Dietetic service provision for neonatal care at the meeting in February 2023.

8. SOUTH HSCP SUPPORT CARE & CLINICAL GOVERNANCE GROUP – HIGHLIGHT REPORT

Mrs L Thomson presented the South HSCP Support Care & Clinical Governance Group highlight report. Members were advised that the group are in the process of reviewing joint themes with South Lanarkshire Council in terms of complaints, particularly for integrated teams. A new Complaints toolkit is in place and work is ongoing with the complaints teams to ensure implementation.

Members heard that the post of Governance Manager is vacant and it is hoped this will be recruited to in January 2023. It was noted that 17 risks are currently on the risk register, with themes including the Out of Hours Service, Primary Care delivery and Workforce. Members noted the very high risk associated with Community Nursing and social work.

Mrs L Thomson advised of the extensive work to review terms of reference and therefore reduce variation between the South localities and support greater consistency.

Mrs K Cormack enquired regarding the very low number of Significant Adverse Event Reviews (SAERs) and whether there are any concerns e.g. under reporting, awareness of the SAERs process among staff. Mrs L Thomson advised that she is not aware of any concerns, however they are very open to raising awareness and SAERs training for staff.

Mr D Reid noted that it was good to see staff resilience highlighted in relation to the Out of Hours Service issues. He emphasised the importance of robust contingency plans when digital solutions fail to ensure minimum impact on patient services.

Mr P Couser was temporarily unavailable for a section of the meeting and asked Mrs M Lees to raise a question on his behalf with regard to the very different reporting styles from North HSCP and South HSCP Support Care & Clinical Governance Groups respectively. Mrs M Lees stated that Mr P Couser expected to see more commonality and asked whether the two Governance Groups are operating in the same way.

Mr E Docherty advised that both HSCPs are directed by the IJBs. Mrs T Marshall advised that she feels the variation reflects differing progress and the different areas each HSCP has responsibility for. Dr L Munro agreed, adding that the variation is warranted given the different services hosted within the HSCPs.

THE COMMITTEE:

1. Noted and approved the South HSCP Support Care & Clinical Governance Group highlight report.

9. QUALITY & SAFETY DASHBOARD

Dr J Burns presented the Quality & Safety dashboard report, advising that she does not think crude mortality will return to pre covid 19 levels. Members heard that work is ongoing to drill down further into the medical re-admissions data to better understand this and a further update will be shared with members when available.

The Committee discussed occupied bed days data on the report, noting feedback from Dr J Burns that the data on the system versus what staff are reporting are very different, i.e. the real time data captured by staff shows much higher occupancy. Mrs M Lees suggested it could be helpful to have a data & measurement session with Mr C Fairbairn on this issue.

Mr A Boyle enquired as to how we could get greater clarity on the reports and understand the real impact on patient and staff safety. The Committee discussed the different sources of data, both local and national including NSD and emphasised the complexity. Mr A Boyle stated the importance of ensuring that Scottish Government is aware of and understands the reality of the current situation, i.e. that occupancy is consistently above 100% in all three sites.

Mr D Reid stated that he felt the report was helpful and added that today's discussion reflects the importance of treating data with caution and the need to understand the narrative supporting the data, as this often helps give a truer picture of the lived experience across our services.

Dr J Keaney confirmed that occupancy is greater than 100% everyday across the three acute sites. There are some highly specialist beds that require to be kept specialist use only, e.g. Intensive Care Units. Mrs M Lees thanked all members for the discussion and Dr J Burns for presenting the report and challenging explanation.

THE COMMITTEE:

1. Noted and approved the Quality & Safety dashboard report.

10. QUALITY STRATEGY IMPLEMENTATION PLAN HIGHLIGHT REPORT, JULY – SEPTEMBER 2022 UPDATE

Mrs K Cormack presented the Quality Strategy Implementation Plan highlight report update for the period July – September 2022. Members heard that many of the actions remaining have target dates of 31 March 2023, therefore Mrs K Cormack has pulled out three items to share today and give assurance regarding ongoing progress.

Members heard that two actions have been removed, i.e. Rheumatology Access QI pathway; this is now progressing as a national innovation project. The Active Governance action has also been removed and discussions are ongoing with Mr P Cannon regarding this work.

Mrs M Lees noted that it was great to see the UNICEF Breastfeeding Accreditation Award was achieved.

Mrs K Cormack highlighted the ongoing Staff engagement, asking all NHS Lanarkshire staff to contribute their views around what quality means to them in their role and how these views will be captured to help develop the new NHS Lanarkshire Quality Strategy 2023-2028.

Members were advised that a draft Quality Strategy 2023-2028 will be shared with the Committee at the February 2023 meeting, aiming to sign off on a final version at the April 2023 meeting.

THE COMMITTEE:

1. Noted the Quality Strategy Implementation Plan highlight report and the Quality Strategy 2023-2028 update, including plans to share a first draft at the February 2023 meeting.

11. EXTRACT OF CORPORATE RISK REGISTER (CLINICAL)

Members heard from Mrs M Lees that the Non-Executive Directors had met to discuss risks since the previous meeting of the Committee.

There has been a recruitment delay following the retiral of Mrs C McGhee, therefore any enquiries regarding risk should be sent to Mr P Cannon directly. Mr A Boyle advised that he had discussed adding something in the report that reflects whole system.

Mrs K Cormack noted that the wording in risk 2125 (Ukraine) requires updating.

Mrs L Thomson spoke of multi-agency learning from adverse events that occur within Independent Contractor services. Dr L Munro added however that any complaint against an Independent Contractor is captured within Primary Care and is not shared out-with.

THE COMMITTEE:

1. Noted the Extract of Corporate Risk Register (Clinical) and agreed that any queries should be sent to Mr P Cannon until the Risk Manager post is filled.

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

Mrs K Cormack presented the Significant Adverse Event Review (SAERs) update report and noted the predicted increase in SAERs as per page 2 for North HSCP, reflecting incidents in the hosted service of HMP Shotts.

Members were advised regarding shared learning to improve processes around specimen transfers, including improvements in recording of missing specimens on Datix. On page 9 of the report, Mrs K Cormack highlighted an increase in

wrong delayed diagnosis from SAERs and added that cardiac arrest has now appeared on the report because it has a new, specific category on Datix. Charts looking back at SAERs as displayed on page 10 provide good assurance.

Mrs K Cormack noted that six SAER training sessions are planned for 2023 and staff from NHS Orkney, Borders and Outer Hebrides will be in attendance, paying a nominal fee to NHS Lanarkshire for the training.

The Committee heard that the due diligence of the Risk Facilitators is evidenced in the actions and timescales information recorded on page 11, and this reflects well on all staff involved in the SAER process.

Mrs M Lees enquired as to whether 90 days to close a SAER in Maternity Services is realistic. Mrs K Cormack confirmed these are often complex cases involving other agencies and other Boards, therefore it is difficult to get timely information from all parties. When internal only, the response timeframes are very good.

Mr D Reid asked for clarity regarding wrong and delayed diagnosis. Mrs K Cormack advised that these are two separate categories on Datix and reflects whether the patient is right treatment at the right time. Mr A Boyle noted this was a great report and enquired regarding an incident where a patient was discharged before being properly assessed. Mrs K Cormack advised that she would look into this in greater detail to see if there are any emerging themes.

THE COMMITTEE:

1. Noted and approved the Significant Adverse Event Review update report. Mrs K Cormack will look in depth at the incident regarding the patient who was discharged before assessment and will share any themes and learning with the Committee.

13. INFECTION CONTROL COMMITTEE HAND HYGIENE REPORT

Mrs L Barbour, Infection Prevention and Control Clinical Nurse Specialist, presented the Infection Control Committee Hand Hygiene report and advised that this provides a 6 monthly overview for hand hygiene.

Members heard that the hand hygiene data shows a deterioration since the previous review in April 2022 however this reflects a snapshot in time. Teams are carrying out more audits and different types of observations. Mrs L Barbour advised that the Breakthrough Series Collaborative is very helpful.

Mr E Docherty advised members that the teams are working to identify which datasets are truest and the peer to peer review process tends to get closer to reality, therefore teams are keen to pilot and test that approach long term. Mr P Couser noted that he is keen to better understand why the gap has grown recently and agreed that it would be helpful to find a solution.

THE COMMITTEE:

1. Noted the Infection Control Committee Hand Hygiene Report.

14. PUBLIC PROTECTION GROUP, MID YEAR REPORT

Mrs A M Sangster presented the Public Protection Group six monthly report and shared highlights regarding Adult Support & Protection, Child Protection, Gender Based Violence and MAPPA.

Members were advised of new Child Protection guidance involving changes to practice, policy and procedures. A Child Protection inspection is expected to be announced within North HSCP.

Mr P Couser enquired regarding pages 2 to 3, in reference to Inter Agency Referral Discussions (IRDs) and whether there are any trends. Mrs A M Sangster advised that the team are continuing to monitor IRDs closely, noting that eligibility for IRDs has increased. The team are using run charts to monitor their monthly and quarterly data.

Mr E Docherty noted concern regarding the significant increasing numbers of IRDs and capacity within the system to deal with the volume.

THE COMMITTEE:

1. Noted the Public Protection Group Mid-Year report.

15. SPSO UPDATE REPORT

Mrs L Drummond presented the SPSO update report and noted that the report includes complaints data over time. Page 2 of the report shows the total count of contacts per month and highlights the astronomical point in October 2022 due to the increased volume of flu and Covid vaccination enquires.

Members were advised that page 3 includes a breakdown by site of stage 1 and stage 2 complaints. Mrs L Drummond noted that teams continue to struggle to achieve the response targets. They have commenced a weekly huddle when they review live data, their stage in the process and review how they are managing complaints, allowing resource to be targeted to areas that require most help.

Mrs L Drummond advised that they have made changes to the SPSO thematic analysis (back to April 2022) so this is more structured. At the time of this report, the team have a 11 month backlog to work through.

Dr J Burns enquired regarding the increase number of complaints at UHW. Mrs L Drummond advised that the team will look into this in greater detail and share an update with the Committee at the next meeting in February 2023. Mrs K Cormack noted it is great that staff are now working together in one team, however the team are under-resourced.

Mr P Couser highlighted stage 2 responses and the need to understand why there is variation across the system. He asked regarding the number of complaints; is there a sense that the percentage of complaints per site is in proportion with patient activity? Mrs L Drummond advised that UHW manages to deal with complaints at stage 1 which is very good. She agreed there is more variation at stage 2 and this can be due to staffing shortages, as well as the impact of the old ways of working i.e. before the teams came together as one.

Mr E Docherty noted that a high number of low level complaints can be a positive indicator for a site or service area.

THE COMMITTEE:

1. Noted and approved the SPSO update report. Mrs L Drummond will review the increased number of complaints for UHW and update the Committee at the meeting in February 2023.

16. INFORMATION GOVERNANCE COMMITTEE HIGHLIGHT REPORT

Dr R MacKenzie presented the Information Governance Committee highlight report and advised that there have been two meetings of the Committee since the previous report, August and October 2022.

Members heard the Board reported an incident around documentation that had been identified as missing from the prison service patient management system vision. Work is ongoing to identify the impact and resolution to this incident.

Dr R MacKenzie advised that documentation has to be submitted to the Information Commissioners Office (ICO) by 4th November 2022 for the audit commencing on 24th November 2022. Key staff have been identified for interview and arrangements have been made for these interviews to be carried out via MS Teams.

Members heard that NHS Lanarkshire benchmarks well against other Boards with regard to Cyber Security, showing a 1% risk level.

THE COMMITTEE:

1. Noted the Information Governance Committee highlight report.

COMMITTEE WORK-PLAN

17. Members noted and approved the Committee Work-plan.

THE COMMITTEE:

1. Noted and approved the Committee Work-plan.

18. ISSUES OF CONCERN – BY EXCEPTION ONLY

- Operational
- Safety
- Independent Sector
- Staffing

There were no issues of concern noted by the Committee.

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

No new risks identified by the Committee.

20.

ANY OTHER COMPETENT BUSINESS

The NHS Lanarkshire Digital Strategy presentation was shared for noting with Committee members.

Dr J Keaney advised this was the last HQAIC meeting to be attended by Dr J Burns who is retiring in December 2022.

Members thanked Dr J Burns for her leadership and guidance, noting her vast memory, expertise, knowledge, abilities and approach, stating these would be greatly missed by everyone. The Committee offered a heartfelt thank-you to Dr J Burns.

Dr J Burns thanked everyone for their comments, stating that it has been a fantastic experience, working with Committee members to provide assurance and she has greatly enjoyed the challenge and scrutiny which is at the core of everything we do.

21.

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

a) Thursday 9th February 2023 at 13:30 – 17:00 hours.