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Minutes of the Healthcare Quality Assurance and Improvement Committee held on Thursday 20th April 2023 at 1pm via MS Teams.

Chair:

Mrs M Lees Non-Executive Director (Chair)

Present:

Mr C Lee Non-Executive Director
 Mrs L MacDonald Non-Executive Director
 Mr D Reid Non-Executive Director

In Attendance:

Mr P Cannon Board Secretary
 Mrs K Cormack Director of Quality
 Mrs E Currie Quality Programme Manager, Business Support
 Dr C Deighan Executive Medical Director
 Mrs L Drummond Head of Assurance, Quality Directorate
 Mrs J Gardiner Chief Executive
 Mrs C Hope Risk Manager
 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
 Dr L Munro Medical Director, North Lanarkshire HSCP
 Mr P McCrossan Director, Allied Health Professionals (AHPs)
 Mrs M McGinty Head of Improvement, Quality Directorate
 Mrs A Minns Head of Evidence, Quality Directorate
 Ms V Rainey
 Dr M Russell Medical Director, South Lanarkshire HSCP
 Mrs L Thomson Nurse Director, South Lanarkshire HSCP
 Mrs R Thompson Nurse Director, Acute Division

Apologies:

Mr A Boyle Non-Executive Director
 Mr P Couser Non-Executive Director
 Mr E Docherty Executive Director of Nursing
 Mr M Hill Board Chairperson

1. WELCOME

Mrs M Lees 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 9th February 2023 were approved.

THE COMMITTEE:

1. Noted and approved the minutes.

4. ACTION LOG

The action log from the meeting held on 9th February 2023 was reviewed and approved. It was agreed that a draft of the new Research & Development Strategy will be tabled at the Committee meeting on 8th June.

THE COMMITTEE:

1. Noted and approved the action log. Mr R Hamill will be invited to the meeting scheduled for 8th June to present the new Research & Development Strategy.

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

Dr C Deighan presented the Quality Planning & Professional Governance Group highlight report, noting the Audiology service report (review completed following NHS Lothian report) and confirmed actions were in progress. Members heard that no concerns were identified for NHS Lanarkshire when the national audit was undertaken. Mr D Reid enquired regarding DNA's for under 5's and whether there is any correlation with Speech & Language Therapy service waiting times. Dr C Deighan advised that a wider piece of work is underway regarding DNA's for young people. A further update from the Audiology service will be shared with members in approximately 4 months.

The Committee heard that significant work is underway in the Ophthalmology service following the faulty lens issue and a further update will be shared at the QPPGG meeting on 22nd May. Members noted the Public Interest Disclosure Act request from Health Improvement Scotland (HIS) and response given by University Hospital Wishaw Emergency Department in December 2022, noting HIS were satisfied with the response and measures in place.

THE COMMITTEE:

1. Noted the Quality Planning & Professional Governance Group highlight report and agreed that an update from Audiology Service will be shared in approximately 4 months.

6. QUALITY & SAFETY DASHBOARD

Dr C Deighan presented the Quality & Safety dashboard report, providing information relating to HSMR, re-admissions, adverse events and stroke bundle compliance. Members heard that the HSMR data explains the ratio of observed deaths versus predicted across the three acute sites; all within control limits. Site specific, UHH – 0.95, UHM – 1.01, UHW – 1.05. In terms of re-admissions at UHW, it was noted that a review was completed following the increase identified for medical and surgical and this identified these were not re-admissions, but appropriate use of ambulatory care, therefore the issue is with coding on Trakcare. Work has commenced with the Data & Measurement Team and Trakcare colleagues to resolve. Dr C Deighan updated members regarding SAERs, noting the increase relates to the compulsory SAER for

suicides and prison deaths. Mrs K Cormack will separate these on future reports for further clarity. Six SAERs were overdue at the time of the report, none were over the 150 days. Dr L Munro advised that North HSCP no longer process an extended briefing note for community suicides and deaths in custody.

Members received an update regarding stroke bundle compliance, noting the elements are admission to unit, swallow screening within 4 hours, aspirin and brain imaging. There has been a fall in compliance over the last 2 year period and this is similar to the national statistics. As discussed previously, admittance to a stroke unit has been impacted by hospital capacity and flow and issues with swallow screening are related to delays at the front door. The Committee heard that the Stroke Team will be invited to present an update to QPPGG and this will be shared with Committee members.

Mrs M Lees advised that she is keen to hear more regarding the trakcare coding impact on readmissions data and enquired regarding the potential impact of the Fire Break (Operation Flow) on patient flow and whether that would impact on re-admissions. She further enquired on whether there is any data to show whether stroke bundle compliance was better during the Fire Break, given the improved flow. Dr C Deighan suggested work could be undertaken to review the data for the 10 day period of the Fire Break and share this with members. Mr D Reid referred to the 4 stroke bundle elements and some being more critical than others in terms of patient outcomes, therefore is there a prioritisation of the bundle elements. Dr C Deighan advised there is a prioritisation and staff only have to fail on 1 element. Dr J Keaney advised that NHS Lanarkshire is performing well in terms of the National picture, especially in relation to CT scanning and aspirin. It was suggested that thrombolysis data could be shared at a future meeting

THE COMMITTEE:

1. Noted and approved the Quality & Safety dashboard and agreed that an update will be provided regarding progress with Trakcare (re-admissions data), Mrs K Cormack will separate suicide and deaths in custody SAERs on future reports, the Data & Measurement team will review data around the 10 day Fire Break period to identify any changes with regard to stroke bundle compliance and will provide data regarding thrombolysis on the next report.

7. QUALITY STRATEGY IMPLEMENTATION PLAN, HIGHLIGHT REPORT

Mrs K Cormack presented the Quality Strategy Implementation Plan highlight report, noting the updated for the period January to March 2023. She highlighted the huge amount of work undertaken across the services to complete the actions as per report, despite the significant, ongoing capacity issues. Members noted that the report contained information for the full year, because this is the final quarter.

Mrs K Cormack highlighted the Guidelines App developments, improvements with Adverse Events, Cardiac Arrest, Realistic Medicine and Maternity stillbirths. Mrs M Lees enquired regarding "coorie in" wording in the report and suggested this could be clarified (page 10). Mrs K Cormack will action this.

Mr P Couser noted that it was great to see what has been achieved and enquired as to how to move from evidencing completed actions, to delivering improvements and prove the real value of the implementation plans. Mrs K

Cormack agreed and noted that the outcome measures help to do that. Mr D Reid congratulated the team and commented on how the Quality Strategy Implementation Plan leads to better outcomes for patients and how best to measure impact on an ongoing basis, e.g. mapping services.

Mr C Lee noted that, as a new Board member, he would be interested to see performance data over the last 3 – 5 years to see how this compares to where we are now and this may help evidence the improvements that have been made as well as help understand our performance against the National picture. Mrs K Cormack noted that the Corporate Quality & Safety dashboards allow us to look at data over time and these are presented to QPPGG. Mrs J Gardiner added that we are starting to develop new reports, with different measures, on a monthly basis which she would be happy to share, however these are management dashboards. Dr C Deighan advised that the Board reports nationally on a variety of Quality of Care matters e.g. national KPIs for Cancer, national audits, e.g. STAG, stroke, trauma, cardiology, infection control, therefore we are continually benchmarking ourselves against other Boards and the dashboards help to track performance data over time.

Mr D Reid commented on the unsolicited feedback highlighting positive feedback from patients coming through Care Opinion. He noted this was great to see and wished to share his thanks to staff for going above and beyond.

THE COMMITTEE:

1. Noted and approved the Quality & Safety dashboard highlight report. Mrs C Cormack will amend page 10 re “coorie in” improvement work.

8. QUALITY STRATEGY 2023-2029

Mrs K Cormack presented the new NHS Lanarkshire Quality Strategy 2023-2029, noting the changes made since the previous meeting, e.g. improved graphics, strengthened reference to equality and teamwork. Further, minor changes would be made to some of the narrative. Members gave their approval and endorsed the new Strategy, commending its readability, visual appeal and inspiring vision. Mrs K Cormack advised that it would be launched during Quality Week (15th to 19th May 2023). A public version and animation/video have been developed and will be added to the public website. Mrs K Cormack added that work has started to develop the True North Action Plans to support implementation of the new Strategy. An evaluation summary of the previous Quality Strategy 2018-2023 will be shared with members at the meeting on 8th June.

THE COMMITTEE:

1. Noted and approved the Quality Strategy 2023-2029 and agreed to review the Evaluation Summary for the Quality Strategy 2018-2023.

9. EXTRACT OF CORPORATE RISK REGISTER

Mrs C Hope presented the Extract of Corporate Risk Register paper, noting there are 17 risks at present, 3 are in focus, i.e. Cyber risk, Public Protection, Optimal Clinical outcomes. Dr C Deighan enquired regarding the increase from 12 to 16 for the clinical risk and does this reflect that 12 was as too low to begin with, as opposed to the risk actually increasing from 12 to 16. Mrs J Gardiner suggested it would be helpful to consider Operation Flow at the next HQAIC meeting, as it will be necessary to change the pace of the work, i.e. frame out

risks related to the Operation flow delivery plan. Mrs L MacDonald highlighted risk number 2125, Optimal clinical outcomes, and the goal of trying to restrict spend while achieving the best possible clinical outcomes for patients. Dr C Deighan suggested it would be helpful to identify key factors related to Operation Flow to deliver greatest benefit and map out where investment could be targeted, and whether we approach Scottish Government to explain what we would deliver if they could provide support with investment. Mr J Gardiner advised it is a very live topic and we need to establish an Executive Oversight Board for Operation flow. She added it is critical that there is clarity around what are the right actions and what is the return for these actions, therefore conversations are required with the Board regarding defining values and triangulate more with the Board strategy, risk register, refining down to obtain a strategic view.

Mrs L MacDonald thanked Dr C Deighan and Mrs J Gardiner for their very helpful responses and added that she likes the readability of the new risk register format. Mrs M Lees noted that she likes the new format of the report. Mr P Couser who was unable to attend the meeting, shared comments with Mrs M Lees; he commented that he would like to see actions and timelines, as well as the controls and stated the importance of being aware of the consequences for services of our actions. Members noted that it would be helpful to separate controls and actions on future reports. Mrs L Thomson noted the challenges around finance, clinical priorities and opportunities for innovation. Mrs C Hope advised that she will update the report to reflect comments from members regarding clearer articulation of the risks, controls and actions.

THE COMMITTEE:

1. Noted and approved the Extract of Corporate Risk Register. Mrs C Hope to consider how to frame risks in relation to Operation Flow and will update the report, separating controls and actions.

10. SPSO UPDATE REPORT ON FEEDBACK, COMMENTS, CONCERNS & COMPLAINTS

Mrs L Drummond presented the SPSO update report on feedback, comments, concerns and complaints. She advised that the team are continuing to work through a backlog. No quarterly data was available for this report due to timing. Members heard that CMT are receiving stage 2 data and Acute, North and South Partnerships receive weekly and monthly reports. In terms of SPSO, 1 complaint was upheld in the last quarter and SPSO were not proceeding with 18 complaints, which is a good indicator of the effectiveness of our complaints handling. New stage 1 guidance has been developed and will be launched during Quality Week; maternity services will test out the guidance. A new Datix module has been finalised and a meeting arranged with maternity services who are testing its use. Efforts are ongoing to build capacity within the team to help cover leave and to this end, two complaints assistants are being trained to draft response letters.

Mrs L MacDonald commented that it was great to read about SPSO not proceeding with so many complaints and well done to the team for their great work. She enquired as to when the clock starts on complaints and how we communicate about and learn from complaints. Mrs L Drummond advised that the clock starts on the day the complaint is received and if a complaint is withdrawn, it is closed on the system. In terms of learning from complaints, the Learning Bulletin is a useful tool for sharing and the new action module on Datix also provides a focus on learning, both from adverse events and complaints.

Dr C Deighan agreed with previous comments regarding the SPSO, noting the very positive indicator regarding the quality of the response and also timely. Mrs M Lees added that it was good to see the focus on investing in high quality responses as well as on target response rates. She advised that the Quality Directorate is the right place for the complaints team and she is very appreciative for their work.

THE COMMITTEE:

1. Noted the SPSO update report.

11. INFORMATION GOVERNANCE COMMITTEE HIGHLIGHT REPORT

Dr R MacKenzie presented the Information Governance Committee highlight report from the recent meeting of 7th March 2023. The report details that uptake of training is good and 62 incidents were discussed. Members heard of a category 2 incident regarding a streaming device and recording of patient surgery. Discussion took place with those involved and awareness raising carried out. An ICO audit took place in November 2022 and ICO have given NHS Lanarkshire a high level of assurance therefore no re-audit is required. Actions are being undertaken and are on track to be completed by June 2023. This is a testament to the great work of the Data Protection Team.

Members heard that there has been a very high level of activity with regard to Freedom of Information (FOI) and staff are achieving greater than 90% responses within the timeframe. A re-audit for Cyber Security is expected in October or November 2023. Dr R MacKenzie advised the Committee that a Standard Operating Procedure (SOP) is being developed with the support of the Data Protection Team, with regard managing requests from external contractors who request access to NHS Lanarkshire systems. A Fair Warning system will be rolled out to help prevent inappropriate access of records.

The Committee discussed the great outcome of the recent audit and thanked the team for their work to achieve this. Mrs J Gardiner suggested it would be helpful to consider training for management to use information better e.g. could there be a live dashboard presentation at a future meeting featuring e.g. the ward beat. Mr R MacKenzie will share the terms of reference with Mr P McCrossan with regard to AHP representation on the IG Committee. Mrs M Lees noted the exceptional work of the team in achieving timely responses to the high volume of FOI requests. Mrs K Cormack advised members of the roll out of the updated Consent Policy and that training will be provided to staff to further raise awareness. Dr C Deighan suggested it would be worth ensuring the Consent Policy references the need for any recording of images to be done using NHS Lanarkshire equipment only.

In terms of Cyber Security, the Committee noted that further work is planned to complete penetration testing as this action was not completed with the suggested timeframe. Mrs M Lees suggested further consideration is given to the controls in terms of IG risks.

THE COMMITTEE:

1. Noted the Information Governance Committee highlight report.

12.

HQAIC ANNUAL REPORT 2022-2023

Mrs K Cormack presented the QAIC Annual Report 2022-2023 which contains highlights including matters considered by the Committee during the year, areas of improvement, achievements, risk and issues and future work plans. Members noted the Terms of Reference will require updating to reflect that Excellence in Care is now called Care Assurance. Mrs K Cormack advised that a review of the information provided by the Infection Prevention & Control Committee is underway to ensure it continues to provide the necessary assurance within its reports, without duplicating the information being presented elsewhere, e.g. the Board.

THE COMMITTEE:

1. Noted the QAIC Annual Report 2022-2023.

13. **COMMITTEE WORK-PLAN**

Members noted and approved the Committee Work-plan.

THE COMMITTEE:

1. Noted and approved the Committee Work-plan.

14. **ISSUES OF CONCERN – BY EXCEPTION ONLY**

- Operational
- Safety
- Independent Sector
- Staffing

There were no issues of concern noted by the Committee.

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

No new risks identified by the Committee.

16. **ANY OTHER COMPETENT BUSINESS**

- a) Review of Handling Complaints 2022-2023 (L10/23). Members reviewed the 6 recommendations within the report and noted that 2 are already complete. The remaining 4 actions are scheduled to be complete by end June 2023.
- b) Review of Infection Control 2022-2023 (L25/23) – report noted by members.

17. **DATES OF MEETINGS FOR 2022-2023**

- a) Wednesday 24th May 2023, 9:30am (Annual Report meeting)

- b) Thursday 8th June 2023 (*meeting time changed to 11:30am*)
- c) Thursday 14th September 2023, 1:30pm
- d) Thursday 9th November 2023, 1:30pm
- e) Thursday 8th February 2024, 1:30pm
- f) Thursday 11th April 2024, 1:30pm

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