Meeting of Lanarkshire NHS Board: 25. 01. 2017

Lanarkshire NHS Board
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SUBJECT: QUALITY ASSURANCE AND IMPROVEMENT

1. PURPOSE

This paper is coming to the Board:

For approval	☐	For endorsement	☒	To note	☒

The purpose of this paper is to provide NHS Lanarkshire Board with an update on development of the Lanarkshire Quality Approach and on progress with quality initiatives across NHS Lanarkshire.

2. ROUTE TO THE BOARD

This paper has been:

Prepared	☐	Reviewed	☒	Endorsed	☐

By the following Committee: Healthcare Quality Assurance & Improvement Committee

3. SUMMARY OF KEY ISSUES

The paper provides an update on the following areas:

- Our approach to *Realistic Medicine* as part of the Lanarkshire Quality Approach and the NHS Lanarkshire *Achieving Excellence* Strategy
- An outline of work of the Primary Care and Mental Health Programme
- A summary of our approach to reducing mortality, describing two complementary methods of learning from mortality review
- An update on the Care Assurance & Accreditation System
- NHS Lanarkshire's 5th Annual Conference held on 6th December 2016

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate Objectives	☒	LDP	☒	Government Policy	☒
Government Directive	☒	Statutory Requirement	☐	AHF/Local Policy	☐
Urgent Operational Issue	☐	Other	☐		

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	☒	Effective	☒	Person Centred	☒

Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	☒
People are able to live well at home or in the community; (Person Centred)	☒
Everyone has a positive experience of healthcare; (Person Centred)	☒
Staff feel supported and engaged; (Effective)	☒
Healthcare is safe for every person, every time; (Safe)	☒
Best use is made of available resources. (Effective)	☒

6. MEASURES FOR IMPROVEMENT

The Transforming Patient Safety and Quality of Care Strategy and Work Programme provide measures for improvement.

7. FINANCIAL IMPLICATIONS

No financial implications are identified in this paper.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

The Healthcare Quality Assurance and Improvement Committee and Steering Group oversee a corporate risk with controls in relation to achieving the quality and safety vision for NHS Lanarkshire. Corporate Risk 1280 (Maintaining quality of care and prevention of harm and injury to patients) is rated as medium.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	☒	Effective partnerships	☒	Governance and accountability	☒
Use of resources	☒	Performance management	☒	Equality	☐
Sustainability	☐				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

An E&D Impact Assessment has been completed

Yes ☒ An assessment has been completed for the Transforming Patient Safety & Quality of Care Strategy.
No ☐

11. CONSULTATION AND ENGAGEMENT

The Transforming Patient Safety and Quality of Care Work Programme for 2016/17 was considered at the Healthcare Quality Assurance and Improvement Steering Group on 9th May 2016 and approved at the Healthcare Quality Assurance and Improvement Committee on 9th June 2016.

12. ACTIONS FOR THE BOARD

The Board is asked to:

- Note the range of work throughout NHS Lanarkshire to improve the quality and safety of care and services
- Endorse the governance approach to this work and in particular the assurance being provided by the Healthcare Quality Assurance and Improvement Committee
- Support the ongoing development of the Lanarkshire Quality Approach

Approval	☐	Endorsement	☒	Identify further actions	☐
Note	☒	Accept the risk identified	☐	Ask for a further report	

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact Lesley Anne Smith, Associate Director of Quality Assurance & Improvement. Telephone: 01698 858100.

Iain Wallace
Medical Director

QUALITY ASSURANCE AND IMPROVEMENT
PROGRESS REPORT AS AT JANUARY 2017

1. LANARKSHIRE QUALITY APPROACH

1.1 NHS Lanarkshire is committed to delivering world leading, high quality, innovative health and social care that is person-centred. Our ambition is to be a quality-driven organisation that cares about people (patients, their relatives and carers, and our staff) and is focused on achieving a healthier life for all. Through our commitment to a culture of quality we aim to deliver the highest quality health and care services for the people of Lanarkshire.

Realistic Medicine

1.2 In January 2016 the Chief Medical Officer for Scotland (CMO), Dr Catherine Calderwood, published her CMO Annual Report 2014/15 Report - Realistic Medicine. In her Report the CMO challenged doctors to consider thinking, behaving and delivering care differently by asking them to engage with her in addressing the following questions:

- How can we further reduce the burden and harm patients experience from over investigation and treatment?
- How can we reduce unwarranted variation in clinical practice to achieve optimal outcomes for patients?
- How can we ensure value for public money and prevent waste?
- How can people (as patients) and professionals combine their expertise to share clinical decisions that focus on outcomes that matter to individuals?
- How can we work to improve further the patient-doctor relationship?
- How can we better identify and manage clinical risk?
- How can all doctors release their creativity and become innovators improving outcomes for people they provide care for?

1.3 The CMO's Report builds on a number of other initiatives, namely Minimally Disruptive Medicine, Prudent Medicine and Choosing Wisely. The Report encourages clinicians to take account of multi-morbidity and the overall burden of treatment and risk of harm faced by some patients and in partnership with them to consider how treatment strategies might reduce this burden. By providing care in a more holistic fashion, it is suggested that clinical effectiveness, patient experience and other elements of quality will improve.

1.4 Since publication of Realistic Medicine feedback to the CMO's office has been very positive. It has been discussed widely on social media and supportive comments have been received from a wide variety of individuals and organisations including during the CMO's visit to Hairmyres Hospital in March 2016. Following the publication of Realistic Medicine, a thematic analysis of the feedback received by the CMO's office has concluded that while there is broad agreement with the principles described in Realistic Medicine, patient and public engagement is needed before the objectives of Realistic Medicine are likely to be fully realised.

1.5 Our Healthcare strategy *Achieving Excellence* makes frequent reference to realistic medicine in the context of reducing unnecessary variation in clinical practice, improving outcomes for patients and reducing harm and waste. In response to the recent public consultation, members of the public considered that more emphasis needed to be given to prevention, self-management and realistic medicine approaches including important conversations around medical interventions and likely outcomes. Respondents also wanted to understand what realistic medicine meant in practice, for example, in the delivery of a personalised approach to cancer care.

1.6 Building on the support highlighted above in response to *Achieving Excellence*, the Board is continuing to progress a wide ranging programme of realistic medicine approaches across acute and primary care. These include:

- The establishment up of a virtual intelligence group to support the commissioning of the evidence related to realistic medicine. The group has been tasked with scoping current key areas of work dovetailing this with the work that is being developed across Lanarkshire such as the trialling of an Ethical Peer Group, roll out of Hospital Anticipatory Care Planning (HACP) and development of a Prescribing Quality & Efficiency Programme (PQEP). In addition, the Director of Public Health and the Chair of the Area Medical Committee are working together to develop a priority setting framework backed up by explicit criteria for when certain interventions should be undertaken
- Ensuring that Anticipatory Care Plans are utilised in hospitals and the community
- Exploring with public health colleagues how GPs can access relevant information about risk and relative risk so they can more informed discussions with patients. Hypertension and obesity are two areas which are currently being considered
- Considering how GPs can be better involved in planning care for oncology patients. If GPs receive better information from hospital clinicians/MDTs then they can have more informed discussions with patents about treatment options. Exploring this for 3 cancers – breast, prostate and colon
- Enabling staff to develop quality improvement skills and supporting them to apply these in the workplace

1.7 A short-life working group is being set up to develop proposals for the implementation of realistic medicine approaches across NHS Lanarkshire as part of delivering *Achieving Excellence*. However, it is equally important that the workstreams that are being set up to deliver *Achieving Excellence* have a remit to consider how the principles of Realistic Medicine can be incorporated into their programme of work.

1.8 Progress on this work is being monitored by the Healthcare Quality Assurance and Improvement Committee.

2. QUALITY AND EFFICIENCY FRAMEWORK

2.1 Quality is at the heart of our vision. We believe that a focus on efficiency without attention to quality is unthinkable but equally that promoting quality with no regard for efficiency is unsustainable.

2.2 The aim of the NHS Lanarkshire Quality Approach is to improve the patient's experience and outcome of care while systematically identifying and removing waste. There is considerable national and international evidence that better quality, safer care is more efficient and delivers financial benefits – by focusing on quality we will drive efficiency which will in turn drive financial stability.

Primary Care and Mental Health Transformation (PC&MHT) Programme

2.3 High quality primary and community services is the key that unlocks the potential for preventative, proactive management of patients in a community setting thereby reducing the need for acute care and addressing some of the systemic inequalities in health that persist in our area. Primary Care and General Practice in particular are facing significant challenges. Primary care is the cornerstone of health care that is effective and efficient and meets the needs of patients, families and communities.

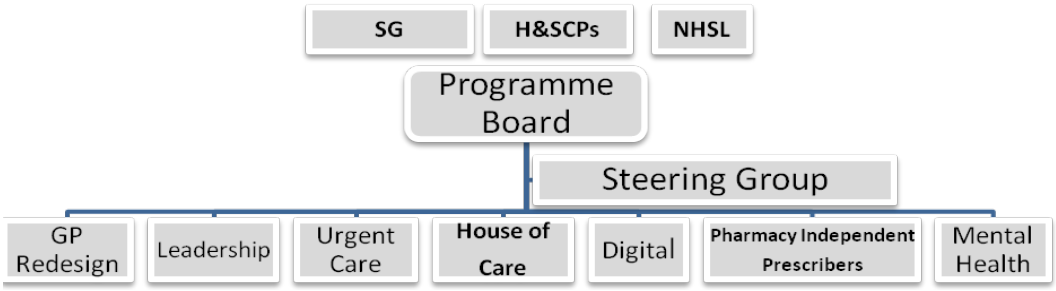
2.4 The growing complexity of primary care means that it is more important than ever to move from a divisional-focussed perspective on health service changes to a whole system one. It is here that the biggest opportunities for transformation and improvement exist. GP services are increasingly under pressure. The National Clinical Strategy for Scotland 2016 states

"General practitioner recruitment is challenging at the present, and will be for the next 5-10 years, with GPs known to be due to retire within that timescale" and NHS Scotland is looking for new ways to reduce the number of face to face appointments with GPs .

2.5 In April 2016, Lanarkshire received funding of approx £4m from the Scottish Government's Primary Care Transformation Fund to develop a programme approach to the PC&MHT. The programme is not a hosted service but seen as a pan Lanarkshire temporary improvement programme of work under the Executive Sponsorship of Val de Souza, Director of Health & Social Care, South Lanarkshire. The programme is a key component of the Board's *Achieving Excellence* Strategy and the delivery of both North and South Strategic Commissioning Plans.

2.6 With 8 interdependent workstreams (projects) the programme is complex, large scale and will test out ways of transforming the current state. Funding of approx £4m this year (with year two to be fully confirmed) across all workstreams has been granted to this programme of work. The workstreams include projects covering new approaches and new ways of working and shift the balance of care in primary care i.e. **Review and Redesign of GP services** including systems and structures around Information Management and **Digital services**; introducing **House of Care** as a means of improved Care Planning and co-ordination with patients/families; exploring **Recruitment and Retention** of the primary care workforce; further developments of the model of **Urgent Care**; **Pharmacists in Practice** exploring new roles and new ways of working; and improvements in how **Mental Health** services are delivered in primary care. The programme will also join up with the NHS Education Scotland (NES) funded projects such as **Leadership in Integration** to support locality based planning through health & social care staff develop capacity and capability to jointly lead developments for future service commissioning and provision.

2.7 A Primary Care & Mental Health Transformation Programme Board has been established, chaired by Dr Chris Mackintosh, South Lanarkshire Health & Social Care Medical Director. Each of the groups in the governance structure has terms of with clear linkages into the Primary Care Strategy and the *Achieving Excellence* infrastructure under Community Capacity Building.



2.8 There are both significant opportunities and challenges ahead:

<u>Opportunities</u>

- Greater use of new technologies
- A recognition in General Practice that things need to change
- An imminent new GMS contract (2017) which has been trialled in 2016/17
- Implementation of 'Pulling Together' (2015) – the Lewis Ritchie Report into out of hours primary care
- Changing patterns of care
- An increasing range of treatments available/new medical technologies
- Health and Social Care Integration Patients increasingly want a say in identifying their own care goals and, in turn, managing their own care

- Maximising use of NHS 24 – Urgent Care access 24/7

Challenges

- An immediate crisis of workload, morale and workforce pressures
- The challenge and requirements for efficiency savings
- A growing and ageing population with more complex health needs
- Growing expectation and strategic direction that sees more care transfer from secondary care settings to community care
- Managing patient & public expectations

2.9 The infrastructure is in place with key roles and membership of groups and committees agreed. The first meeting of the programme board was held in July 2016, with meetings currently taking place monthly. The initial programme bid included funding to recruit an Improvement Support Team (IST) to lead and support the large scale change required. Through root cause analysis, the team will help primary care teams focus on the main areas of challenge. The IST will support teams to implement a range of solutions that both deliver benefits for patients and create a more sustainable system of care.

3. SAFE CARE

3.1 NHS Lanarkshire has a clear ambition to be the safest health care system in Scotland, recognising that patient safety and quality are at the heart of everything we do. Ensuring that patients are kept safe within the health and care setting is central to achieving improvements in the quality of patient care.

Reducing Mortality

3.2 Reducing mortality is a multifaceted challenge and a key strategic priority for NHS Lanarkshire, with ambitious improvement aims to reduce harm, improve patient safety and mortality, as set out within the Boards wider Transforming Patient Safety and Quality Strategy, Implementation Plan and within the Patient Safety Strategic Prioritised Plan, which was recently refreshed and endorsed at the August meeting of the Healthcare Quality Assurance & Improvement Committee.

3.3 While death is a rare event, it is recognised as a useful lens to view the system and is generally thought to be associated with the quality of healthcare.

3.4 The majority of deaths in hospital are inevitable due to the condition of the patient on admission. Some deaths can be prevented, however by improving care and treatment or by avoiding harm. Hospital Standardised Mortality ratios (HSMR) allows acute hospitals to monitor progress in reducing these potentially preventable deaths. All three NHS Lanarkshire acute hospitals have exceeded the target set by the Scottish Patient Safety Programme of reducing HSMR by 20 % by December 2015.

3.5 HSMR will remain the Boards high level indicator of the quality and safety of care provided on our acute hospital sites.

3.6 A new Reducing Mortality aim has been agreed by the Scottish Government and was announced at the NHS Scotland event in June 2016 and has been set as a 10 % reduction by December 2018.

3.7 NHS Lanarkshire has developed two complementary methods of learning from mortality; reviewing episodes of (often specialised) care and reviewing whole system processes of care. Episodes of care reviews are usually described within departmental Morbidity & Mortality reviews (M & M) where all cases have a high level review for areas of concerns but a smaller selection of cases is filtered out for further discussion and learning using locally agreed

triggers. Whole system processes of care can be effectively identified by reviewing the care of 50 unselected sequential patients who have died in our care using a detailed structured, multiprofessional approach. Both are described below.

Morbidity & Mortality Review Meetings

3.8 For Morbidity and Mortality (M&M) meetings to facilitate whole system improvement and be more than just a forum for peer review, they need to be structured and systematic in reviewing and discussing deaths, directing discussions towards improving system and process variations and by using a structured mortality review process with a strong emphasis on learning and improvement including in relation to processes of care.

3.9 A standardised Hospital & Board-wide process offers greater levels of assurance that learning and accountability is shared between departments and acute hospital sites.

3.10 Currently in NHS Lanarkshire mortality reviews are managed manually with data collected on paper forms which are then taken to the M&M's review meeting for discussion. This process involves obtaining extracts of case listings which are manually consolidated and formatted before the file is imported into a MS access database, data is cleansed using a number of pre defined queries and a crystal report is produced as the pre-populated M&M review form, which is then sent to the consultants within each specialty.

3.11 Although the existing process has worked very well, it is not scalable in its current format for the following reasons.

- Heavy reliance on manual processing, limited resource within Clinical Quality prevents the process from spreading to other areas
- Limitations of existing technology, direct access to the database for clinicians to enter review data is not possible because security cannot be put in place to safeguard patient information
- Access to the existing database by an increased number of concurrent users would cause instability and possible database corruption

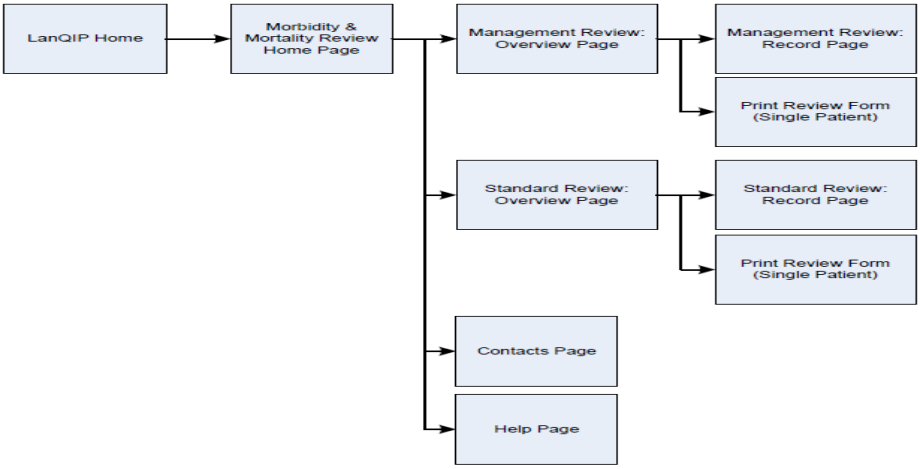
3.12 Phase one of the development of a new web based system is further described below. The system which will be hosted within the Lanarkshire Quality Improvement Portal (LanQIP) is primarily for mortality reviews and will culminate in the delivery of the following high level outcomes:

- Functionality to import a case listing extract file and dependent lookup files for all acute inpatient deaths
- Functionality to cleanse imported data and append it to existing
- Automated email notification to all consultants with incomplete review to make them aware that reviews are available in LanQIP for them to complete
- A new module within LanQIP to collect Mortality review data
- A section for Manager\lead to view and manage all records for the specialty they are responsible for
- A section for reviewers to view and complete records where they are the responsible Health care professional (HCP)
- Printing of mortality review form for an individual patient record
- An administration section with access to manage all records within the system

3.13 The Morbidity and Mortality Review will be a new module within LanQIP and will consist of summary pages accessible by all staff which do not contain review\patient identifiable information and secure pages containing review\patient identifiable information. Access to secure pages can only be achieved by logging into the system using a named user account.

3.14 A standard menu will be available to provide navigation to all public and secure pages, on selection of a secure page the user will be forwarded to a login screen if they are not already logged in.

3.15 Below is a flowchart visualisation of the page structure of the new M&M Review module. This shows all the pages which will make up the new module and the path by which the pages can be accessed by the user.



3.16 Testing of the new web based system was carried out over several months in 2016 by consultants on all hospital sites. The development of the system is now complete as at December 2016 and a roll out programme planned.

Learning from Mortality Case Note Reviews

3.17 As part of the Patient Safety Strategic Prioritised Plan a programme of **mortality and patient safety specific case note reviews** have been progressed over the past two years, with findings reported to the Patient Safety Strategic Steering Group, Healthcare Quality Assurance & Improvement Steering Group and Healthcare Quality Assurance & Improvement Committee and has encompassed the following:

- Mortality Case Note Reviews of 50 consecutive deaths at Wishaw Hospital between January and March 2014, with a second review undertaken in July 2015 following a rise in the Wishaw sites HSMR
- Mortality Case Note Reviews of 50 consecutive deaths at Monklands Hospital – February 2016
- Case note review of Cardiac Arrests
- Case note review of Sepsis deaths

3.18 The mortality case note review reports were produced to provide the detailed findings, themes and case studies from the reviews of 50 consecutive deaths on each site, and propose recommendations on improvements and actions that can be taken to contribute to reducing harm, mortality and improving systems, processes and quality of care. As part of the recommendations set out within the reports have been the development of site based mortality improvement plans, of which progress in relation to the Wishaw site was reported to the Patient Safety Strategic Steering Group in December 2016 and the Monklands site plan is currently under development.

3.19 The case note review sessions have all been positively received with good levels of clinical engagement and participation from a wide multidisciplinary site based teams and utilised as an opportunity to teach and coach staff in the use of this recognised improvement tool and support them through the process.

3.20 A planned case note review of 50 consecutive deaths for October 2016 deaths at Hairmyres is scheduled for February 1st 2017.

Clinical Coding

3.21 The HSMR is based on a statistical model and can therefore be impacted by the quality of data feeding the model. Late submission of data or failure to complete discharge summaries, may affect the HSMR value published and it is the responsibility of the NHS board to submit accurate and timely data. NHS boards are expected to submit SMR01 records to Information Services Division (ISD) of National Services Scotland within 6 weeks of the end of the month in which the discharge occurred. The Healthcare Improvement Scotland Rapid Review of the Safety and Quality of Care for Acute Adult Patients in NHS Lanarkshire recommended that NHS Lanarkshire should take further urgent action to address its late submission of national inpatient data (SMR01) and should ensure that our existing plan to produce accurate and timely discharge summaries is implemented on schedule.

3.22 A rapid review of clinical coding was commissioned and the recommendations formed an action plan that has been implemented and overseen by the Director for Acute Services and the Director of Planning and Performance. An additional 6wte Band 3 posts have been funded and a multi-disciplinary action plan to address the key issues that are preventing discharge completion and clinical coding has been implemented.

3.23 As a result, the target of 95% of discharges coded within 6 weeks has been met across NHS Lanarkshire for the last 4 consecutive months.

4. EFFECTIVE CARE

Care Assurance & Accreditation System (CAAS)

4.1 CAAS has been developed and implemented as part of a range of measures to enable NHS Lanarkshire to ensure safe, effective and person centred care at ward / team level. It enables Senior Charge Nurses / Team Leaders to be clear of the standards of care and experience expected of them and their teams. When NHS Lanarkshire embarked on its journey to examine the quality of care provided, several models were identified and explored. At this stage the prevalent model identified was that of inspection and scrutiny. Whilst there is a place for this approach, there is concern regarding a disconnect between organisational processes which impact on outcomes, staff morale and improvements (Hovlid, Hoifodt, Smebraten & Braut 2015).

4.2 It could be argued that the move to assurance is based on semantics alone. However in terms of organisational culture the use of assurance as a 'positive declaration intended to give confidence' has greater impact in terms of open , transparent discussions which engage staff in identifying ways to improve care and experience for our patients. As the thinking progresses this is a model which has been adopted during such exercises as the "Deep Dive Review" within inpatient acute adult general ward areas and as the test as part of the Care Assurance Systems in conjunction with NHS Greater Glasgow and Clyde (NHSGG&C) and NHS Ayrshire and Arran.

4.3 <u>Link Role Support & Development</u>

Significant work has been undertaken to support and develop the link practitioners who have been identified for each of the acute CAAS standards. This is being led by the Senior Nurses and Practice Development (PD) Practitioners. Joint sessions run with PD and Knowledge Services have been undertaken. Although there has been limited attendance, this has evaluated well. During 2017, sessions for each standard to allow learning, development and sharing across sites will be scheduled across the year.

4.4.1 Update on Workstreams

4.4.1 Acute Inpatient – Further benchmarking exercise undertaken October/November with SCNs using the CAAS standards to examine practice. CAAS Standards review is nearing completion to ensure standards are current and reflect contemporary evidence base.

4.4.2 Paediatrics – Standards have been reviewed locally and would hope to be finalised in collaboration with NHSGG&C by March 2017. Within paediatrics there is still an appetite to continue working in partnership with NHS GG&C in standard development.

4.4.3 Mental Health & Learning Disabilities – plan to revise and refresh the current standards that are being piloted to ensure the development of a set of core standards which are applicable and relevant within a mental health inpatient context.

4.4.4 Maternity - Due to the Maternity Services Redesign, quality improvements have been identified which are aligned to the CAAS standards. CAAS standards have been incorporated into each area of the redesign, antenatal, intrapartum and postnatal wards.

4.4.5 District Nursing/ICST - Standards have been finalised and are currently being tested.
Health Visiting -Standards have been ratified, rolled out and benchmarking undertaken.

4.5 Challenges

One of the main challenges within the care assurance work is the perception that this is a uniprofessional activity, a perception which has been echoed by the Chief Nursing Officer work relating to Excellence in Care. Work continues to engage with professions outside of nursing. There has been successful engagement with Allied Health Professions, in particular Physiotherapy, Occupational Therapy and Dietetics. Pharmacy is also engaging in relation to the medicines management standard. Wider engagement is required, however with medical staff.

4.6 Excellence in Care (EiC)

Local work undertaken through CAAS links with the national Excellence in Care proposals, which forms part of the government's response to the Vale of Leven Hospital Inquiry Report. EiC focuses on four key deliverables:

1. A nationally agreed (small) set of clearly defined key measures/indicators of high-quality nursing and midwifery.
2. Design of a local and national infrastructure, including an agreed national framework and dashboard.
3. A framework document that outlines key principles/guidance to NHS boards and integrated joint boards on development and implementation of local care assurance system/processes.
4. A set of NHS Scotland record-keeping standards.

NHS Lanarkshire has been identified as a pilot site in taking this national work forward.

4.7 Ongoing discussions and debate continue to explore models of care assurance. More recently work has commenced with Professor Brendan McCormack, Head of the Division of Nursing, Queen Margaret University to explore models and frameworks for care assurance.

4.8 In 2016 each of the acute sites hosted a local CAAS event celebrating the progress to date for each of the acute standards. These events were extremely well supported with good evaluation. It is proposed to repeat these sessions on an annual basis.

4.9 The Board is asked to agree to receive a detailed presentation on the Care Assurance & Accreditation System (CAAS) at the meeting of the Planning, Performance and Resources Committee on 1st March 2017.

5. NATIONAL AND LOCAL QUALITY EVENTS

5.1 NHS Lanarkshire's 5th Annual Conference (*previously the Research & Clinical Quality Conference*) was hosted within the Ken Corsar Medical Education Training Centre on Tuesday, 6 December 2016. The theme of this year's conference was ***Improving the Patient Journey: 'Right Place: Right Time: Right Care'***.

5.2 The Conference was chaired by Dr Iain Wallace, with individual sessions facilitated by Dr Manish Patel, Peter McCrossan and Margot Russell. The welcome address was delivered by Professor Dawn Skelton of Glasgow Caledonian University who was recently appointed as NHS Lanarkshire Visiting Professor in Ageing and Health. This, in part, reflects the closer collaborative working between Higher Education Institutions and NHS Lanarkshire, which was further emphasised in a number of the presentations and posters exhibited throughout the day.

5.3 A total of **116** abstracts were submitted, with **11** being selected for oral presentation, and **26** as posters displayed on the day of the Conference. The abstracts submitted, including those presented on the day, provided an opportunity to highlight, share and celebrate some of the excellent and innovative work carried out by our staff - often in conjunction with colleagues in higher education – including clinical quality improvement, patient safety, clinical research and a range of service developments. The work as described improves many aspects of the care provided for our patients, ensuring that optimum care is delivered in the most appropriate setting when that care is needed.

5.4 The Conference also afforded an opportunity to introduce the Lanarkshire Quality Approach to a wide audience, and a summary of the approach, and the background to it, was provided in the Conference Booklet.

5.5 A total of 123 staff, including a number of HEI colleagues, booked places with 95 attending on the day. Facilitated discussions throughout the day were lively, and informal feedback was very positive.

5.6 As is the case every year, NHS Lanarkshire Ken Corsar Awards—judged by two multi-disciplinary panels—were presented by the Board Chair, Neena Mahal, for the Best Oral and Best Poster Presentations. An additional "People's Award" for best poster was voted on by attendees.

5.7 Winners all received a commemorative plaque, and will also be supported – up to a value of £500 each - to attend an educational or professional conference during the coming year. The prize winners this year were as follows:

Ken Corsar Best Oral Presentation: Joint Award

Dr Sandeep Thekkepat, Morag Hearty, Michelle Brogan On Behalf Of United4health Telemedicine Project Group	**U4Health Diabetes telemedicine project: from pilots to large scale deployment; Lanarkshire, Scotland and European experience and results**

The U4H project described a collaboration with European partners to enhance the evidence base for large scale deployment of telemedicine services in diabetes. The presenters demonstrated that that large scale deployment of telehealth services for diabetic patients is feasible. The results showed that there are beneficial effects in terms of reduction in HbA1c levels, health care resource use and patients accessing health education online via the MyDiabeteMyWay portal.

Ken Corsar Best Oral Presentation: Joint Award

Dr Nicola Moultrie, Dr Fiona Hunter, Accident & Emergency Medicine

Use of metal detector for investigation of ingested foreign bodies in the Emergency Department

The presentation described the introduction of a Hand-held Metal Detector (HHMD) for investigation of ingested metal foreign bodies in the Monklands Emergency Department. The presenters demonstrated a statistically significantly reduction in use of x-rays – no patients have returned with complications, and the study reduction in time in the ED is significant for the predominantly paediatric population. X-rays cost £55 each in NHS Lanarkshire and the metal detector cost £390 therefore only 8 x-rays require to be avoided before this is cost-effective and - 5 x-rays have been avoided to date, therefore this demonstrated a cost- and clinically-effective development.

Ken Corsar Best Poster Award

Liz Kearney, Jill Marshall - North Lanarkshire Early Years Collaborative

The impact of a 12-15month child health review in improving the outcomes for children at their 27-30 month review.

The project addressed health inequalities within our youngest population utilising anticipatory guidance to provide the right care at the right time, and clearly showed that having a 12-15 month review, with appropriate anticipatory guidance, significantly reduces the likelihood of the child having any developmental concerns by the 27-30month review.

People's Award for Best Poster

Martin Carberry, Dr John Harden, Ann Rodger (SAS)

A collaborative improvement project by an NHS Emergency Department and Scottish Ambulance Paramedics to improve the identification and delivery of Sepsis 6

The Poster described a collaborative improvement project involved Scottish Ambulance Service Paramedics pre-alerting potentially septic patients to the ED to speed up the delivery of care with the aim reducing the time taken to deliver the Early Sepsis 6 bundle, which is crucial for the management of sepsis. The poster illustrated improvements including reductions in triage time and increases in Sepsis 6 completion.