

SUBJECT: QUALITY ASSURANCE AND IMPROVEMENT

1. PURPOSE

This paper is coming to the Board:

For approval	<input type="checkbox"/>	For endorsement	<input checked="" type="checkbox"/>	To note	<input checked="" type="checkbox"/>
--------------	--------------------------	-----------------	-------------------------------------	---------	-------------------------------------

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	<input type="checkbox"/>	Reviewed	<input checked="" type="checkbox"/>	Endorsed	<input type="checkbox"/>
----------	--------------------------	----------	-------------------------------------	----------	--------------------------

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 Leadership and Behaviours and Quality Improvement Knowledge and Skills as part of the Lanarkshire Quality Approach and the NHS Lanarkshire *Achieving Excellence* Strategy
- An update on the NHS Lanarkshire Hospital Standardised Mortality Ratios
- A summary of our approach to learning from Adverse Events
- NHS Lanarkshire's inaugural Person-Centred Health & Care Learning Event held on 27th February 2017

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate Objectives	<input checked="" type="checkbox"/>	LDP	<input checked="" type="checkbox"/>	Government Policy	<input checked="" type="checkbox"/>
Government Directive	<input checked="" type="checkbox"/>	Statutory Requirement	<input type="checkbox"/>	AHF/Local Policy	<input type="checkbox"/>
Urgent Operational Issue	<input type="checkbox"/>	Other	<input type="checkbox"/>		

5. CONTRIBUTION TO QUALITY

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

Three Quality Ambitions:

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
------	-------------------------------------	-----------	-------------------------------------	----------------	-------------------------------------

Six Quality Outcomes:

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

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	<input checked="" type="checkbox"/>	Effective partnerships	<input checked="" type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance management	<input checked="" type="checkbox"/>	Equality	<input type="checkbox"/>
Sustainability	<input type="checkbox"/>				

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	<input type="checkbox"/>	Endorsement	<input checked="" type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input checked="" type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>	Ask for a further report	

13. FURTHER INFORMATION

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

Iain Wallace
Medical Director

QUALITY ASSURANCE AND IMPROVEMENT PROGRESS REPORT AS AT MARCH 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.



- 1.2 We are committed to establishing a connected infrastructure that supports the organisation to deliver on its ambition of putting quality at the heart of the organisation. The components of this infrastructure include:
- Leadership and behaviours
 - Improvement and innovation
 - Communications and engagement
 - Information
 - Knowledge and skills
- 1.3 Progress on this work is being monitored by the Healthcare Quality Assurance and Improvement Committee.

2. QUALITY IMPROVEMENT INFRASTRUCTURE

- 2.1 To bring the culture of quality to life the quality ambitions must be demonstrated in day to day behaviours “from board room to the patient”. We will ensure that leaders at all levels in the organisation are empowered to work in this way.
- 2.2 In addition we want our staff to be the most caring, knowledgeable and skilled workforce in Scotland. We are committed to ensuring staff are provided with the appropriate knowledge, skills and confidence to deliver high quality services on a day to day basis and at the same time continuously improve those services.
- 2.3 A range of activities have recently taken place that supports these components of Leadership and Behaviours and Knowledge and Skills.
- 2.4 Second National Masterclass, QI for NHS Board Members**
- 2.4.1 A number of NHS Lanarkshire Board Members and colleagues attended the Healthcare Improvement Scotland hosted second National Masterclass, QI for Board Members on 21st February 2017.

2.4.2 The keynote presentation was given by Don Berwick who is the president emeritus and senior fellow at the Institute for Healthcare Improvement (IHI). Dr Berwick spoke on the subject of 'Leading for Improvement under conditions of constraint'. He described the work of the IHI Leadership Alliance, a collaboration of healthcare executives and their teams committed to delivering on the full promise of the Triple Aim by working in partnership with patients, their workforces and communities. The group has developed and is testing a set of guiding principles or "rules" to help accelerate their progress.

1. Change the balance of power - Co-produce health and well-being in partnership with patients, families and communities.
2. Standardise what makes sense - Standardise what is possible to reduce unnecessary variation and increase the time available for individualised care.
3. Customise to the individual - Contextualise care to an individual's needs, values and preferences, guided by an understanding of what matters to the person in addition to "What's the matter?"
4. Promote well-being - Focus on outcomes that matter the most to people, appreciating that their health and happiness may not require healthcare.
5. Create joy in work – Cultivate and mobilise the pride and joy of the healthcare workforce.
6. Make it easy - Continually reduce waste and all non value-added requirements and activities for patients, families and clinicians.
7. Move knowledge, not people - Exploit all helpful capacities of modern digital care and continually substitute better alternatives for visits and institutional stays. Meet people where they are, literally.
8. Collaborate and cooperate - Recognise that the healthcare system is embedded in a network that extends beyond traditional walls. Eliminate silos and tear down self-protective institutional or professional boundaries that impede flow and responsiveness.
9. Assume abundance - Use all the assets that can help to optimise the social, economic and physical environment, especially those brought by patients, families and communities.
10. Return the money - Give the money from healthcare savings to other public and private purposes.

2.4.3 Two further sessions focused on measurement:

- Data driven decision making - What stories are your board papers telling you? ; and
- The measurement and monitoring of safety framework -Testing a Health Foundation tool.

2.4.4 Subsequent discussions with NHS Lanarkshire colleagues who attended the masterclass have taken place regarding the next steps for the Board. A Board development session is being planned for May/June 2017 where the focus will be on the role of the Board in creating the conditions to support the implementation of *Achieving Excellence* with a focus on the Lanarkshire Quality Approach.

2.5 Institute for Healthcare Improvement (IHI) Patient Safety Executive Development Programme

2.5.1 The Director of Nursing, Midwifery and Allied Health Professions (NMAHPs) recently attended this intensive, week-long training designed to prepare those responsible for safety to be leaders of strong, effective patient safety programmes. The concepts taught in this programme are a result of the experience IHI has gained through years of guiding organisations in their patient safety improvement efforts. Examples from the 2,400+ alumni of this programme were shared to serve as models. During the programme participants:

- Developed and refined detailed, customised patient safety strategies and implementation plans
- Understand topics critical to a successful patient safety programme

- Learned how to effectively advise and coordinate implementation plans with senior leaders

2.5.2 The Director of NMAHPs will feedback her learning to the Corporate Management Team in early April and is working with the Medical Director and Director of Quality to finalise an Action Plan to guide our patient safety and improvement efforts going forward. This will be considered and endorsed by the Healthcare Quality Assurance & Improvement Committee.

2.6 NHS Lanarkshire Quality Improvement Education Programme

2.6.1 As part of the Transforming Patient Safety and Quality of Care Strategy NHS Lanarkshire committed to building organisational capacity and capability in quality improvement in order to deliver continuous quality improvement. During 2016/17 we agreed to develop and implement a programme of dedicated capacity and capability building events in patient safety and quality improvement.

2.6.2 Based on a Quality Improvement Attributes Framework¹ we have developed a curriculum focused on three levels within the organisation:

DELIVERING IMPROVEMENT	DRIVING IMPROVEMENT	DIRECTING IMPROVEMENT
Staff and those in training, who can lead small-step-change(s) with support, in their service	Staff who lead team(s) or service(s) within their organisation	Staff charged with leading quality improvement across their organisation and/or across health and social care systems

2.6.3 Evidence suggests that programmes which incorporate practical exercises and work-based activities are more likely to deliver positive changes in care processes and patient outcomes. Active learning strategies, where participants put quality improvement into practice, are more effective than didactic classroom styles alone. With this in mind we have designed our programmes to ensure that they link to 'Achieving Excellence' thus ensuring that we connect the theory of quality improvement to the work that needs to be delivered. The programmes will therefore be delivered under the banner of 'Achieving Excellence Quality Improvement Programmes' or



2.6.4 The first **aEQUIP for Teams** programme is scheduled to commence in April 2017. Six teams have been identified to take part in this programme which will run over 12 weeks and include teams working on our priority areas of Falls and High Risk Medicines as well as those from Neonatal Services, Children's Services, Medicine for the Elderly and Emergency department. The programme will be delivered by NHS Lanarkshire 'faculty' – consisting of staff who have completed a Scottish Quality & Safety Fellowship or the Scottish Improvement Leader (SCL) Programme.

2.6.5 A programme of events for **aEQUIP for Individuals** and **aEQUIP for Senior Leaders** will be delivered during 2017/18.

2.7 Human Factors

2.7.1 An NHS Lanarkshire Human Factors Group was established in 2015 to consider a Human Factors & Ergonomics (HFE) approach to quality and patient safety in NHS Lanarkshire. An agreed output from this group was the development of an education programme covering

¹ Supporting Leadership for Quality Improvement and Safety: An Attributes Framework for Health and Social Care. Northern Ireland Department of Health, Social Services and Public Safety. November 2014. <http://www.knowledge.hscni.net/Topics/Index/510>

HFE theory and the utilisation of simulation training to assist in the delivery of the organisational priorities for safety.

- 2.7.2 The group identified a variable understanding of HFE across the organisation, the desire to support teams vs. individuals and the need to build more local faculty to deliver any future programme. A facilitated two- day masterclass to develop identified faculty and to provide education to a number of teams took place in February 2017. The training focused on developing team skills and effectiveness.
- 2.7.3 The masterclass was delivered to 25 people - 10 faculty and three teams of 5 from each acute hospital. The multi-disciplinary teams, including site chiefs, attended from 2 medical receiving units and an endocrinology ward. All teams are actively working on patient safety issues.
- 2.7.4 The objectives of the master-class were to:
- Introduce the concept of human factors
 - Introduce the vocabulary of human factors
 - Show the link between human factors and safety
 - Establish a link between effective team working and safety
- 2.7.5 The two days evaluated positively, with all delegates rating the masterclass as 'very-good' or 'excellent.'
- 2.7.6 Following the masterclass the HFE group met to consider the next steps. Agreement was reached that a formal education programme, under the banner of the aEQUIP programme will be developed in 2017 with the priority being an offering to teams. The NHS Lanarkshire HFE programme will deliver content on:
- Interpersonal Relationships
 - Limits of Human Performance
 - Decision making
 - Communication
 - Situational awareness
 - Leadership, Followership, Authority, Hierarchy
 - Feedback & Learning
- 2.7.7 This will be delivered to teams using class room based education, simulation and coaching. This approach will be tested on the 3 teams that attended the master-class. A faculty coach has been assigned to each team and simulation sessions are being planned.

3. SAFE CARE

Hospital Standardised Mortality Ratio (HSMR)

- 3.1 Deaths that occur in hospital may be inevitable because of the patient's condition on admission. However, there are some deaths that can be prevented by improving care and treatment or by avoiding harm.
- 3.2 The Hospital Standardised Mortality Ratio (HSMR) is based on all acute inpatient and day case patients admitted to all specialties in hospital. The calculation takes account of patients who died within 30 days from admission and includes deaths that occurred in the community as well as those occurring in hospitals.

$$\text{HSMR} = \text{Observed Deaths} / \text{Predicted Deaths}$$

- 3.3 Information Services Division (ISD) has produced quarterly HSMR for all Scottish hospitals participating in the Scottish Patient Safety Programme since December 2009. The model was

re-based in 2016, ensuring that the predicted mortality used within the HSMR calculation is based on up to date data. HSMRs calculated using the updated base period are not comparable to releases prior to August 2016.

- 3.4 The Scottish Patient Safety Programme’s aim is to reduce hospital mortality by 10% by the end of December 2018.
- 3.5 HSMR data for July to September 2016 were published in February 2017. The Scottish HSMR for July to September 2016 is 0.88 which represents an 8.6% reduction.
- 3.6 The HSMR for NHS Lanarkshire’s hospitals for the same time period are shown below:

	Scotland		NHSL		Hairmyres		Monklands		Wishaw	
	Crude Mortality	HSMR	Crude Mortality	HSMR	Crude Mortality	HSMR	Crude Mortality	HSMR	Crude Mortality	HSMR
July - September 2015	2.6	0.90	2.6	0.85	2.7	0.82	2.4	0.76	2.8	0.95
October - December 2015	2.8	0.95	2.7	0.88	3.0	0.86	2.8	0.85	2.5	0.93
January to March 2016	3.0	0.97	3.2	0.94	3.2	0.86	3.6	0.97	3.0	0.99
April to June 2016	2.6	0.86	2.8	0.80	3.1	0.78	2.9	0.84	2.4	0.78
July - September 2016	2.7	0.88	2.6	0.76	2.8	0.74	2.7	0.74	2.4	0.81
% change	-8.6%		-20.9%		-18.3%		-17.1%		-21.9%	

- 3.7 HSMR remains the Board’s high level indicator of the quality and safety of care provided on our acute hospital sites. It is monitored on a quarterly basis and reported regularly via the Integrated Corporate Performance Dashboard to the Planning, Performance & Resources Committee, and in the Quality Report to the Healthcare Quality Assurance & Improvement Committee.

Adverse Event Management

- 3.8 NHS Lanarkshire has in place an incident reporting and recording system that supports good practice and compliance with legal duties. This is underpinned by an Adverse Event Management Policy which was revised in June 2016.
- 3.9 An Adverse Events Project Manager was appointed in August 2016. They are responsible for the development and management of an Incident Management Implementation Plan that will ensure all adverse events are reported, acted upon and analysed as appropriate and that the knowledge thus gained is regularly disseminated to improve quality, patient safety, staff safety and performance of the organisation.
- 3.10 NHS Lanarkshire has set targets for the completion of reviews into adverse events and these are monitored on a regular basis. Compliance with the target for closing Category 1 incidents within 90 days was variable and this has been the focus of work over the last few months.
- 3.11 An initial process mapping exercise was carried out on the Significant Adverse Event Review (SAER) process as well as meetings with all Risk Facilitators involved in the process. This highlighted where there were barriers, challenges and common themes experienced throughout, resulting in delays for the incidents to be closed off and low compliance against the target of closing incidents within 90 days.
- 3.12 A findings report was produced from the information and detail captured via the meetings that helped inform the development of the Adverse Event Project Plan, categorised into the following five sections:
- Procedures & Documentation
 - Datix & Systems
 - Reports & Compliance

- Meetings & Communication
- Training & Education

3.13 The project plan was endorsed by the Category 1 Review Group and is reported on through Healthcare Quality Assurance & Improvement Steering Group. An update on progress is described below:

Shared Drive

The Documentation Library System (DLS) license expired at the end of August 2016. A replacement solution of a Shared Drive was agreed and implemented from October 2016. All documentation relating to SAERs from June 2016 was uploaded and made available on this drive. The Risk Management Shared Drive was discussed at the Risk Improvement Group meeting held in November. Positive feedback was received from the risk facilitators who have been working with this shared drive; it will continue to be monitored on a regular basis to ensure its efficiency.

Tracker

A Tracker tool was introduced in October 2016 to support tracking the step processes for SAERs; this is an excel sheet set up to automatically calculate the relevant dates of the various stages of the SAER, giving a quick view of the current status. This was tested for a period of 3 months, comments received back were positive and encouraging; a decision was made in January 2017 to continue with this tracker as the agreed tool for SAER process.

Datix

Meetings have been held to discuss the existing data fields within the Datix system, to ascertain what fields could be changed to accommodate the collation of more relevant information on SAERs to support easy entry of data and also timelier reporting being available.

Some changes and updates have been carried out on Datix to support the capture of the information currently being recorded on the Action Plan documentation. A new process is being tested where data can be entered directly onto the Action Plan section of Datix; with a printing functionality available; printed reports will include full details of the incident and Action Plan and can be shared at local meetings for discussion and review of progress on the actions. Process being fully tested prior to implementation to all sites and areas.

Review of SAER Documentation

A Review of SAER documentation has been carried out and meetings held in January and February 2017 to consider what changes to the documentation would be beneficial and ensure its fit for purpose. The changes will be based on the comments and suggested changes received back from the risk facilitators, hospital and health and social care partnership leadership teams, SAER commissioners and risk management team. These amendments will also have an impact on the current process and result in providing more timely communication and clear decision making for commissioning of SAERs. A further workshop is planned for March 2017 with a focus on process mapping on the SAER pathway, with plans for all changes to the documentation finalised and being implemented from April 2017.

Training & Education

A scoping exercise on training and education has been carried out to determine what specific training is required for staff involved with SAERs. A matrix and training needs assessment report has been produced to review the roles and responsibilities of staff participating in SAERs as well as detail and information collated to show what training is available within NHS Lanarkshire, what is available externally and which staff groups require which type of training. An agreed training programme will be agreed by end of March 2017.

- 3.14 To ensure consistent reporting to the various groups within NHS Lanarkshire, a reporting schedule has been agreed and commenced, with effect from January 2017. A suite of reports have been developed to demonstrate compliance and numbers of all Category 1 incidents, providing detail of current situation of incidents that are overdue and still on target.
- 3.15 These reports are updated on a monthly basis and submitted to the various groups i.e. CMT, Category 1 Review group, Healthcare Quality Assurance & Improvement Steering Group and shared with the Risk Facilitators to forward on and discuss as appropriate at the relevant site and local group meetings to support the monitoring and progress of SAERs.

4. NATIONAL AND LOCAL QUALITY EVENTS

Person-Centred Health & Care Learning Event

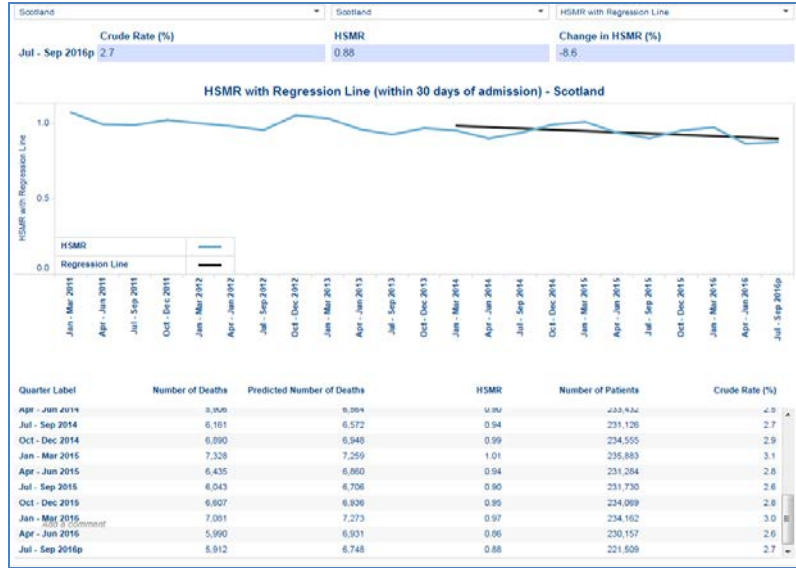
- 4.1 NHS Lanarkshire's inaugural Person-Centred Health & Care Learning Event was hosted within the South Lanarkshire Council Banqueting Suite on Monday 27 February 2017. The theme of the conference was the five "Must do with me" elements of care.
- 4.2 The event was co-chaired by Richard Edwards, Head of Patient Affairs and Paul Graham, Head of spiritual Care with presentations from Lanarkshire Health & Social Care staff throughout the morning. Shaun Maher (Scottish Government Strategic Lead for Person-Centred Care) closed the morning session. NHS Lanarkshire is currently working in collaboration with Healthcare Improvement Scotland on a number of projects; this work was shared in a number of presentations and posters exhibited throughout the day with Healthcare Improvement Scotland colleagues also in attendance.
- 4.3 The morning session focused on a presentation highlighting work against each of the five "Must do with me" elements of care, whilst the afternoon session considered staff experience before breakout sessions for poster presentations and facilitated discussion. A total of **45** posters were displayed on the day, with **15** being selected for oral presentation. 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 collaboration with public partners or people with lived experience – including clinical quality improvement, patient safety 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.
- 4.4 The Event also afforded an opportunity to introduce the Person-Centred Health & Care five "must do with me" elements of care to a wide audience, and a summary of the approach, and the background to it, was provided in the Event "Passport" (a learning journal) along with the Lanarkshire Quality Approach.
- 4.5 A total of 171 staff, including a number of colleagues from other Health Boards booked places with 157 attending on the day. Facilitated discussions throughout the day were lively, and informal feedback was very positive.
- 4.6 Healthcare Improvement Scotland and Scottish Government staff selected posters and two presentations to go forward to the West of Scotland Person-Centred Health & Care Learning Event on 30 March 2017. Lesley Anne Smith congratulated the staff on the day during the closeout.
- 4.7 The wards / departments selected will received a certificate of recognition signed by Irene Barkby. Some of the work selected to be shared at the West of Scotland event as follows:

Presentation 1	
<i>Chief Nurse Gillian Corbett, Wishaw General Hospital</i>	John's Campaign aims to give carers of those living with dementia the right to stay with them in hospital, in the same way that parents stay with their sick children.
Wishaw General Hospital was the first in Scotland to sign-up to the campaign; as well as being the first hospital to enable relative's to stay with their loved one in emergency receiving areas. All NHS Lanarkshire acute hospitals are signed-up to the campaign and Lanarkshire Community Hospitals will sign-up during 2017.	
Presentation 2	
<i>Senior Charge Nurse Janet Prentice, Monklands Hospital Ward 7</i>	Improving information and communication for patients on discharge.
The presentation described how Ward 7 had established a monthly "local care team" meeting to listen, reflect and act on patient feedback. One of the issues identified was poor information and communication on discharge. Having reviewed and revised their discharge process, the team is consistently providing 90%-100% of patients with discharge letters. This has resulted in a reduction of returned medicines to pharmacy, reduced the number of enquiries from patients, GP and community staff post discharge, as well as ensuring accurate information is available to share with bed managers.	
Poster 1	
<i>Senior Charge Nurse Paula Smith Monklands Hospital Ward 6</i>	Nurse led bedside clinical handover.
Routine nurse handover at the nurse station or in the duty room did not enable visualisation of the patient. This revised approach enables staff to visualise the patient, introduce themselves and conduct safety checks, the patient is able to contribute and ask questions regarding their ongoing care. This approach ensures care is safe, person-centred and effective.	
Poster 2	
<i>Senior Charge Nurse Lorraine Bennet Hairmyres Hospital and Kirriemuir Nursery</i>	"Bridging the Gap" a collaborative project to stimulate and increase activity in older people during rehabilitation
The Poster described how an acute rehabilitation ward for older people has teamed up with a local nursery. Nursery children originally attended at Christmas time to sing carols, however, this initial visit proved very therapeutic and the children now attend throughout the year to sign songs, recite nursery rhymes and participate in painting and drawing in the dayroom with patients. This provides physical and mental stimulation as well as enhancing cognitive therapy for patients and provides the children with an opportunity to interact with older adults and may help alleviate any anxieties the children may have around attending hospital.	

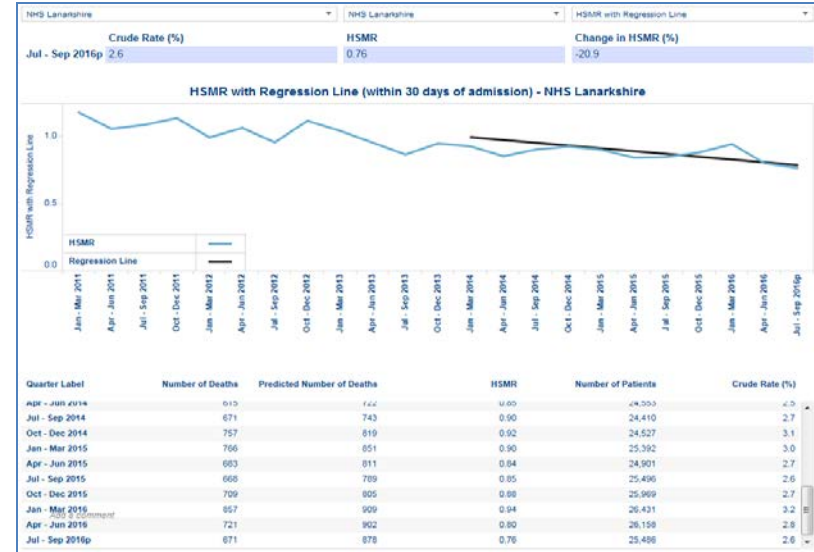
- The Faculty of Medical Leadership and Management Scotland Regional Conference**
- 4.8 The Faculty of Medical Leadership and Management Scotland Regional Conference took place on 14th March 2017 with the theme of promoting resilience in medical leadership. A range of speakers and workshops were held including two led by NHS Lanarkshire. One by Dr Jane Burns, Medical Director of Acute Services, and Dr Helen Mackie, Chief of Medical Services, Hairmyres Hospital described a multi-tiered intervention within an acute division to transform and strengthen medical leadership. The second by Dr Lesley Anne Smith, Director of Quality, looked at how medical leaders can use QI approaches to improve services.
- 4.9 The conference featured a dedicated poster session with categories of: Transforming culture; Improvement and innovation; and Leadership development. Dr Alison Shepherd and the team in Hairmyres Hospital won the best poster award for describing the work of the hospital's successful Chief Resident's programme.

HSMR July – September 2016

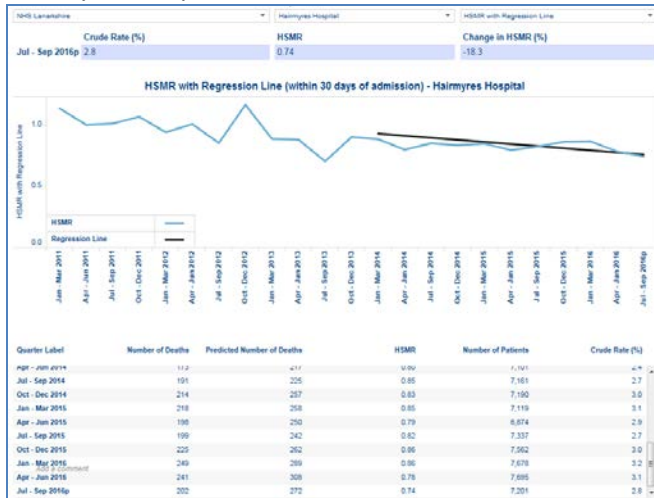
NHS Scotland



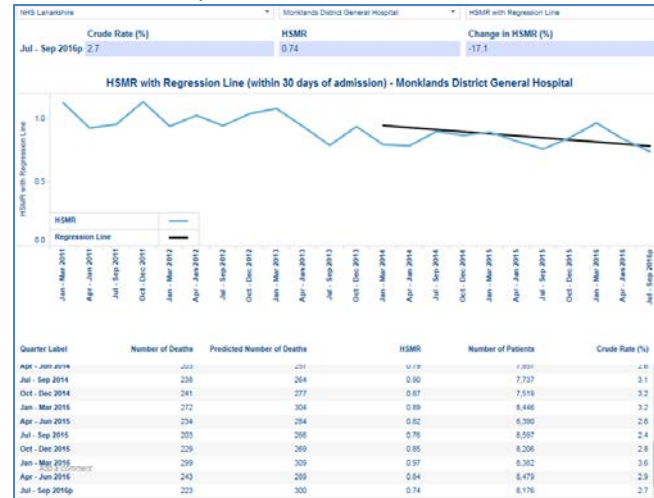
NHS Lanarkshire



Hairmyres Hospital



Monklands Hospital



Wishaw General Hospital

