

Meeting of Lanarkshire  
NHS Board  
31 January 2018

Lanarkshire NHS Board  
  
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**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**

The content of this paper relating to adverse events 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**

NHS Lanarkshire’s quality vision is to achieve transformational improvement in the provision of safe, person centred and effective care for our patients and for our patients to be confident that this is what they will receive, no matter where and when they access our services.

To achieve our quality vision, we are committed to transforming the quality of health care in Lanarkshire aiming to:

- be the safest health and care system in Scotland
- have no avoidable deaths
- reduce avoidable harm
- deliver care in partnership with patients that is responsive to their needs
- meet the highest standards of evidence based best practice
- be an employer of choice
- develop a culture of learning and improvement
- deliver effective and inclusive services so that all individuals, whatever their background, achieve the maximum benefit from the services and interventions provided, within available resources.

The paper provides an update on the following areas:

- An update on our work on delivering the Lanarkshire Quality Approach. Specifically the paper provides updates on:
  - Person Centred Care  
Feedback and Complaints Management  
Duty of Candour
  - Safe Care  
Hospital Standardised Mortality Ratio (HSMR)  
Harms Reduction
  - Effective Care  
Taking Forward Realistic Medicine/Healthcare
- A summary of Quality Week – held on 13<sup>th</sup> to 17<sup>th</sup> November 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 implementation plan provide measures for improvement including Key Performance Indicators (KPIs) relating to adverse events. Building organisational capacity and capability in quality improvement is also a key strategic aim outlined in the plan.

#### 7. FINANCIAL IMPLICATIONS

No financial implications are identified in this paper.

#### 8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

The Healthcare Quality Assurance and Improvement Committee oversees 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 Strategy Implementation Plan for 2017/18 was approved by the Healthcare Quality Assurance and Improvement Committee in July 2017.

## 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

### 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.

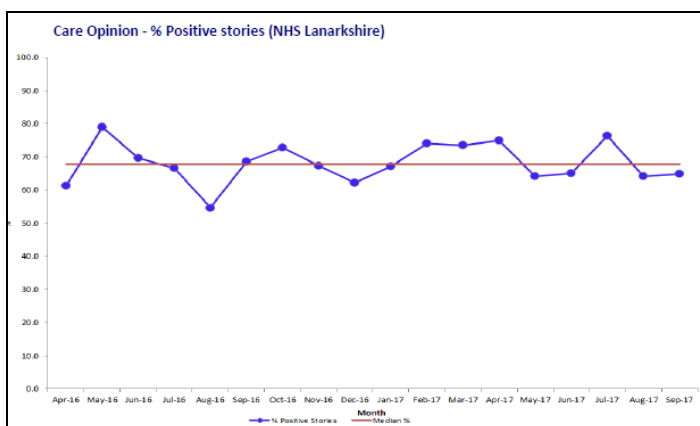


- 1.2 We are committed to delivering **person-centred, safe, effective and sustainable services** in line with the NHS Scotland Quality Strategy.
- 1.3 Progress on this work is being monitored by the Healthcare Quality Assurance and Improvement Committee.

### 2. PERSON-CENTRED CARE

#### Encouraging and gathering feedback

- 2.1. The NHS Lanarkshire Public Reference Forum has instigated a public survey on “wayfinding”. This survey is based on a previous Scottish Government Survey and invites people to provide feedback on information and communication before attending hospital as well as access, signage and support available on arrival at the hospital.
- 2.2 The NHS Lanarkshire Bereavement Group is in contact with colleagues at NHS Greater Glasgow and Clyde and Glasgow Caledonian University with a view to developing a short survey for bereaved families to provide feedback around communication and support provided around time of death and after by healthcare staff.
- 2.3 We continue to expand the number of staff who are registered as responders on the Care Opinion system. We know that it is important to the public that people close to, or with responsibility for the delivery of care and services are listening to feedback and are able to congratulate staff on their professionalism as well as have the ability and authority to identify and drive change and improvement. All submissions through the Care Opinion site are shared with the staff involved.



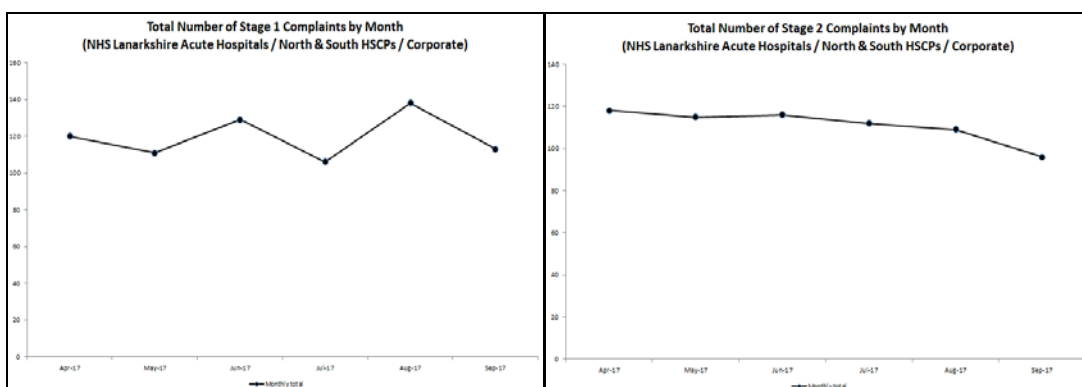
Care Opinion Feedback April 2016 – September 2017

- 2.4 We have continued to publish regular blogs via the Care Opinion website detailing activities and changes we have made as a result of feedback received through other mechanisms. The blogs can be viewed through this link on the NHS Lanarkshire website by scrolling to the bottom of the page <http://www.nhslanarkshire.org.uk/ContactUs/Feedback/Pages/care-opinion.aspx>

**Encouraging and handling complaints**

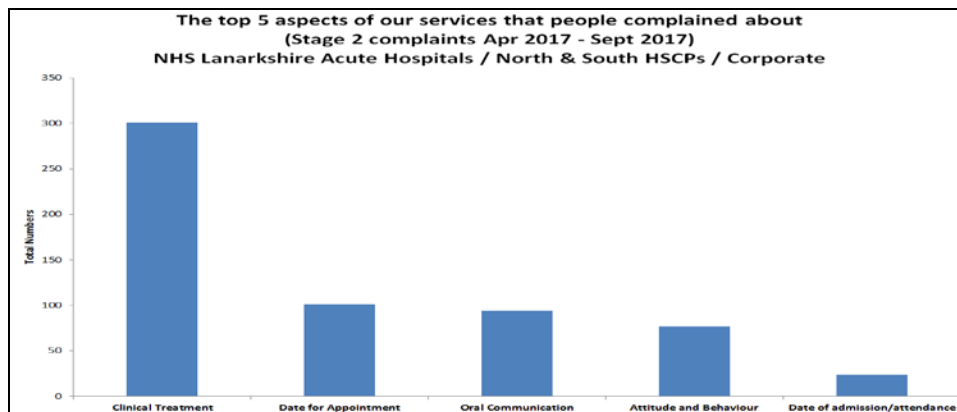
- 2.5 In April 2017 a new 2-stage process for Complaints Handling was introduced nationally. At Stage 1 (early resolution) the complaint is dealt with quickly, without a formal investigation. This should be completed within 5 working days. If the complainant is dissatisfied with the organisations response at Stage 1 they can ask the organisation to consider the complaint at Stage 2 (investigation). At Stage 2 the complainant should receive an acknowledgement of their complaint within 3 working days and a decision after no more than 20 working days, unless there is clearly a good reason for needing more time. If the complaint is complex or needs more detailed investigation, the organisation may look at the complaint immediately at Stage 2 without going through Stage 1.

- 2.6 We received a total of 1383 complaints between April and September 2017 (717 Stage 1 complaints, 666 Stage 2 complaints). The chart below shows the pattern over the last 6 months.



- 2.7 99% of the complaints we received were acknowledged within the national target of 3 working days.

- 2.8 There were no cases in which alternative dispute resolution (mediation) was used to try to resolve a complaint. However, anyone wishing to make a complaint was signposted to PASS for any assistance they might need. Senior staff regularly met with patients and their families in an attempt to resolve issues. The PASS Patient Advisers often accompanied those they were supporting to meetings with staff.
- 2.9 Between April and September 2017 we replied to 92% of complaints within the national target of 20 working days. This compares with the latest national figure of 72% for 2016/17.
- 2.10 We record up to three issues raised in each complaint. The top 5 aspects of our services that people complained about in the first half of the year are detailed in the following chart:



### **Duty of Candour**

- 2.11 The Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 received Royal Assent on 6<sup>th</sup> April 2016 and introduced a new organisational Duty of Candour on health, care and social work services. The implementation date for the Duty of Candour provisions to come into effect is 1st April 2018.
- 2.12 The overall purpose of the new duty is to ensure that organisations are open, honest and supportive when there is an unexpected or unintended incident resulting in death or harm.
- 2.13 This duty requires organisations to follow a Duty of Candour procedure which will include:
- Notifying the person affected
  - Apologising and offering a meeting to give an account of what happened
  - Reviewing the incident and
  - Offering support to those affected
- 2.14 The details of this procedure will be set out in Regulations which, along with associated Guidance will be published prior to 1st April 2018. Organisations will have new requirements to publish an annual report on when the Duty has been applied. This will include the number of incidents, how the organisation has complied with the Duty and what learning and improvements have been put in place.
- 2.15 A short life working group (SLWG) for Duty of Candour has been established and 3 meetings have been held (July, September and November 2017), the next meeting is scheduled for January 2018.
- 2.16 A draft guidance document has been developed and shared with the group for feedback and comments. The document includes some detail on the key stages of the process, a proposed flowchart for the process, and the most suitable system for data capture to collate the necessary and relevant information to allow NHS Lanarkshire to produce an annual report. It also includes details of which incidents activate the Duty with some examples based on the criteria set out in the national factsheet: Duty of Candour Procedure. At the November 2017 meeting the group discussed the draft guidance document and considered various

amendments and changes. These changes will be made to the document and circulated to the group prior to the meeting scheduled for January 2018.

- 2.17 On the national Community of Practice website a Duty of Candour page has been set up by Healthcare Improvement Scotland although access to this page is currently restricted to the Adverse Event Network. NHS Lanarkshire has set up a FirstPort page specifically for Duty of Candour where information and detail relating to pathways, processes, dataset, etc will be posted and shared with the SLWG members.
- 2.18 The Scottish Government, NHS Education for Scotland, Scottish Social Services Council, Scottish Public Services Ombudsman, the Care Commission and Healthcare Improvement Scotland are delivering four conferences across the country during February and March 2018 for all relevant health and social care staff including independent contractors and care providers. The Duty of Candour sessions will include an experiential session on having difficult conversations, information about the Science of Sorry, the legal perspective and the experience of implementing Duty of Candour south of the border. Events have been promoted to staff via Team Brief. Details can be found at <http://events.nes.scot.nhs.uk/>
- 2.19 NHS Education for Scotland has released a new Duty of Candour e-learning module that is available on LearnPro. This has been promoted to staff via Team Brief.
- 2.20 Board Members will be briefed on the latest position at the seminar immediately after the Planning, Policy & Resources Committee meeting on 28 February 2018.

### **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.
- 3.2 The Enabling Patient Safety Plan sets out how the NHS Lanarkshire Quality Directorate works in support of the agreed safety priorities to further reduce harm in NHS Lanarkshire and North and South Health and Social Care Partnerships (HSCPs) during 2017/2018.

#### **Hospital Standardised Mortality Ratio (HSMR)**

- 3.3 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.
- 3.4 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.

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

- 3.5 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.
- 3.6 The Scottish Patient Safety Programme's **aim is to reduce hospital mortality by 10% by the end of December 2018.**

3.7 HSMR data for April – June 2017 were published in November 2017. The Scottish HSMR for April - June 2017 is 0.86 which represents a 9.7% reduction.

3.8 The HSMR for NHS Lanarkshire’s hospitals for the same time period are shown overleaf:

|                          | Scotland        |             | NHSL            |             | Hairmyres       |             | Monklands       |             | Wishaw          |             |
|--------------------------|-----------------|-------------|-----------------|-------------|-----------------|-------------|-----------------|-------------|-----------------|-------------|
|                          | Crude Mortality | HSMR        | Crude Mortality | HSMR        | Crude Mortality | HSMR        | Crude Mortality | HSMR        | Crude Mortality | HSMR        |
| April – June 2016        | 2.6             | 0.86        | 2.8             | 0.80        | 3.2             | 0.78        | 2.9             | 0.83        | 2.4             | 0.72        |
| July – September 2016    | 2.7             | 0.87        | 2.6             | 0.76        | 2.8             | 0.74        | 2.8             | 0.75        | 2.4             | 0.79        |
| October – December 2016  | 3.1             | 0.94        | 3.2             | 0.87        | 3.5             | 0.86        | 3.6             | 0.87        | 2.7             | 0.89        |
| January – March 2017     | 3.1             | 0.93        | 3.3             | 0.88        | 3.7             | 0.90        | 3.5             | 0.87        | 2.9             | 0.87        |
| <b>April – June 2017</b> | <b>2.8</b>      | <b>0.86</b> | <b>2.8</b>      | <b>0.79</b> | <b>3.4</b>      | <b>0.85</b> | <b>2.9</b>      | <b>0.76</b> | <b>2.4</b>      | <b>0.77</b> |
| <b>% change</b>          | <b>-9.7%</b>    |             | <b>-21.7%</b>   |             | <b>-14.9%</b>   |             | <b>-18.0%</b>   |             | <b>-25.8%</b>   |             |

Detailed charts for each of the acute sites are included in Appendix 1.

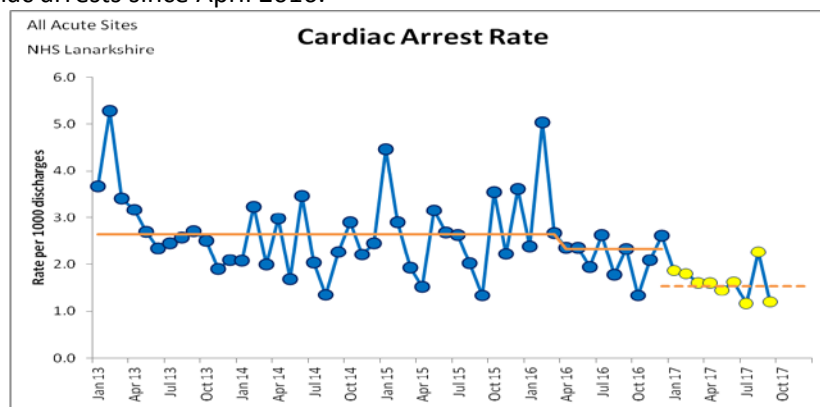
3.9 HSMR remains the Board’s high level indicator of the quality and safety of care provided on our acute hospital sites. It is monitored on a quarterly basis and reported regularly via the Integrated Corporate Performance Dashboard to the Planning, Performance & Resources Committee, and in the Quality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

#### Reduction in Harm

3.10 Further reductions in harm from falls, deterioration and medicines have been identified as priorities by the Healthcare Quality Assurance & Improvement Committee. The harm reduction work extends across the care continuum, therefore includes both acute care and HSCPs.

3.11 One of the aims of the deterioration work is to reduce mortality and harm for people in acute hospitals by reliable recognition and response to acutely unwell patients. The focus is on; early recognition of deteriorating patients through the National Early Warning Score (NEWS); the implementation of a process for structured response and treatment for sepsis; and person- centred care planning and early referral where required.

3.12 One measure of the impact of this work is the rate of Cardiac Arrests. Following a continued focus within the board on deterioration, improvement is now noted at University Hospital Monklands. There is also sustained improvement at University Hospital Wishaw with a 48% reduction in cardiac arrest rate. Overall there has been a 30% reduction in the overall rate of cardiac arrests since April 2016.



3.13 Staff from University Hospital Wishaw shared their falls work at a recent national falls networking event. Sustained improvement is noted within the pilot ward at University



Hospital Wishaw and improvement is noted at University Hospital Hairmyres and University Hospital Wishaw and board level data. A paper was presented to Corporate Management Team (CMT) in September 2017 with a number of recommendations on how to take forward falls reduction work. These included a Falls Summit and establishment of a pan-Lanarkshire Falls Group to develop a single, cohesive approach to reducing falls across hospital and community settings. The Falls Summit is scheduled to take place on 8<sup>th</sup> March 2018.

- 3.14 A series of meetings was held with operational leaders to support the development of site and locality quality and safety plans. Each hospital now has a local, prioritised plan and programmes of work to address the corporate patient safety aims and local aims. The North and South HSCPs have agreed to develop similar plans and a number of workshops have been held to support this.
- 3.15 The Patient Safety Strategic Steering Group successfully conducted and concluded a 90 day review of the patient safety walkround process. The review highlighted the value of the walkrounds in building a positive safety culture, visibility of senior leaders and the ability to highlight and share areas of good practice. Ideas for improving the process include: brief and debrief including site chiefs; engage with patients; broaden pool of senior leaders; and increase the frequency of walkrounds, including those in the evenings and weekends. The final report was published in November 2017 and testing of the new process is underway.
- 3.16 NHS Lanarkshire successfully applied to be a pilot board for the national Acute Kidney Injury (AKI) collaborative. Along with 6 other health boards NHS Lanarkshire is participating in prototyping and early testing to prevent and manage AKI. Initial diagnostic work has identified intra-operative blood pressure management as a contributory factor in hospital AKI.
- 3.17 The NHS Lanarkshire Human Factors Group has delivered its first 2 day education programme covering Human Factors and Ergonomics (HFE) theory to assist in the delivery of the organisational priorities for safety. The first cohort completed the 2-day programme in November 2017 and included multi-disciplinary teams working in Theatres, Intensive Care, Mental Health and General Practice. The programme is being delivered by six NHS Lanarkshire 'faculty' – consisting of staff who have completed HFE training including MSc in Human Factors, the Scottish Quality & Safety Fellowship or the Scottish Improvement Leader (Skill) Programme. The faculty plan to deliver the 2-day programme 3 times a year. Planning is also underway to develop half-day and 1-day programmes.

#### **4. EFFECTIVE CARE**

##### **Taking Forward Realistic Medicine/Healthcare**

- 4.1 In February 2017, the Chief Medical Officer (CMO) published her Annual Report for 2015/16 called *Realising Realistic Medicine*. In this Report she acknowledged the multi-professional, national and international support which had emerged around Realistic Medicine. The publication of *Realising Realistic Medicine* was followed by a conference held in August 2017 at the Royal College of Surgeons of Edinburgh under the banner of 'Realistic Medicine – Can it be Done?'. At this conference, Dr Josephine Pravinkumar, Consultant in Public Health Medicine, and Karen Morrow, Service Improvement Manager, Acute Services, presented on the range of work being undertaken in NHS Lanarkshire in support of Realistic Medicine.
- 4.2 In response to the CMO's desire to have widespread engagement of the public in implementing Realistic Medicine, Dr Gill Patterson, from the CMO's Office, lead a session on Realistic Medicine at the Board's Public Reference Forum (PRF) in May 2017. Subsequent to this a member of the PRF has joined the Working Group (see below).
- 4.3 The CMO's vision is that:

*'By 2025, everyone who provides healthcare in Scotland will demonstrate their professionalism through the approaches, behaviours and attitudes of Realistic Medicine'.*

- 4.4 In order to achieve this, the CMO has recently appointed a national Clinical Lead for Realistic Medicine, Dr Helen Mackie. Dr Mackie was previously the Chief of Medical Services at University Hospital Hairmyres. It is anticipated that a national plan will be developed and the Board's local actions in support of Realistic Medicine will take due cognisance of this.
- 4.5 A Working Group on Realistic Healthcare (the title recognises the requirement for a multi-disciplinary approach) first met on 22<sup>nd</sup> March 2017 and meets quarterly. It is chaired by the Medical Director. The aim of the group is to co-ordinate the Board's response to 'Realistic Medicine' and associated activities by other professionals and teams that align with its goals. The Working Group's objectives are to:
- Ensure work under the banner of Realistic Healthcare is aligned across the organisation and partner agencies
  - Identify any gaps in activity and commission new work if it is felt to be a priority
  - Support embedding the approaches highlighted in 'Realistic Medicine' into everyday clinical practice
  - Support embedding the approaches highlighted in 'Realistic Medicine' into the strategic planning of services including the workstreams supporting the delivery of Achieving Excellence
  - Review the international evidence-base to inform the [Working Groups'] approach
- 4.6 A critical function of the Working Group is to support healthcare professionals practise effective shared decision making and also help them be more comfortable sharing and discussing risk and variation in healthcare practice and outcome. It is often difficult for clinicians to 'do nothing', even when this is the best option, so realising Realistic Medicine requires both culture change and a change in how people engage with healthcare professionals.
- 4.7 A great deal of improvement work going on within the Board aligns with the principles of Realistic Medicine. However, it is not possible to include all activities in this update. In particular, the work being taken forward in relation to Achieving Excellence is being reported separately to the Board. The main strands of work currently being taken forward under Realistic Medicine are described in Appendix 2. These are categorised under the 6 aims of Realistic Medicine.
- 4.8 A conference to further raise the profile of Realistic Medicine is being planned for 2018. This will be a multi-professional endeavour and will be closely aligned to the Lanarkshire Quality Approach.

## **5. QUALITY WEEK**

- 5.1 Awareness raising weeks are an increasing feature of healthcare's strategy to raise the profile of important work and provide education to the workforce and public. In the United States alone there are 200 official raising awareness days, weeks and months, with countless un-official events.
- 5.2 This strategy has been employed by NHS Lanarkshire in recent years to raise awareness of SEPSIS, Adults with Incapacity, Deteriorating Patients and the organisation's Patient Safety Plan. Previous activities, although successful, were narrow in focus and thus engagement of staff and public was limited. In recognition of this the Quality Directorate, building on previous activities, designed and implemented a more inclusive 'Quality Week' for 13th – 17th November 2017.

- 5.3 The purpose of Quality Week 2017 was to promote the Lanarkshire Quality Approach (LQA) and celebrate quality in Lanarkshire. A series of events delivered by members of the Quality Directorate across the week were designed to meet this requirement.
- 5.4 Highlights from the week included 7 Q Labs across Lanarkshire, a QI Development Session for North HSCP, a visit from the National Confidential Enquiry into Patient Outcome and Deaths (NCEPOD) CEO, Dr Marisa Mason and our Celebration Event on 16th November.
- 5.5 The celebration event was attended by over 130 staff from across health and social care. Over 50 posters were displayed, highlighting quality improvement projects. The morning plenary, opened by Dr Iain Wallace, showcased 3 projects making a difference to our service users:
- **Person Centred Visiting/End PJ Paralysis**  
Gillian McAuley, Chief of Nursing Services, Wishaw General  
Karen Wilson, Senior Charge Nurse, Wishaw General
  - **Improving Continence in Care Homes**  
Jean Donaldson, Associate Director of Nursing, South Health & Social Care Partnership
  - **Paediatric Out of Hours**  
Pamela Buddy, Senior Charge Nurse, Paediatric Unit

The morning plenary concluded with an inspirational talk from Mr Tommy Whitelaw, Project Engagement Lead, the Health & Social Care Alliance. Tommy challenged us to turn our intentions into meaningful actions by pledging how we will each spread joy in work during 2018. The afternoon was designed as a World Cafe, with facilitated discussions on:

- The Model for Improvement / Measurement for Improvement
- Prescribing Quality & Efficiency Programme (PQEP)
- Primary Care / Mental Health Transformation
- Good Intentions to Purposeful Actions – how can the LQA help?

- 5.6 Each hospital had planned a week of activities. University Hospital Hairmyres focused on raising allergy awareness, University Hospital Monklands concentrated on high risk medicines and University Hospital Wishaw promoted quality as a way of life, not just for a week.
- 5.7 All 10 Localities were visited by teams from the Quality Directorate and Primary Care Improvement Support Team. Information stalls, Q labs and staff engagement activities were carried out at Health Centres across Lanarkshire.
- 5.8 Quality Week yielded a number of outputs.
- The development session with the North HSCP has established themes and priorities for 2018 as well as securing a commitment to develop a data wall and weekly huddle.
  - In the weeks following Quality Week the Quality Directorate saw an increase in projects registered and requests for support from staff.
  - The pledges received during the week will form part of the Quality Directorates plan to increase joy in work during 2018.
  - We anticipate an increase in interest for the aEQUIP programmes that will be on offer in 2018 as many of the staff we engaged with expressed an interest in accessing this type of training.
  - The week acted as an excellent team building exercise for the newly forming teams within the Quality Directorate. Members of the team have written blogs on their experience, an example can be found at the link below.  
<http://www.thepulse.scot.nhs.uk/my-view-of-quality-week-by-jonathan-oreilly/>

5.9 A planning group has been established to design Quality Week for 2018 which will be held in the autumn. The membership of this group will be expanded to include the communication team and organisational development.

# ITEM 8

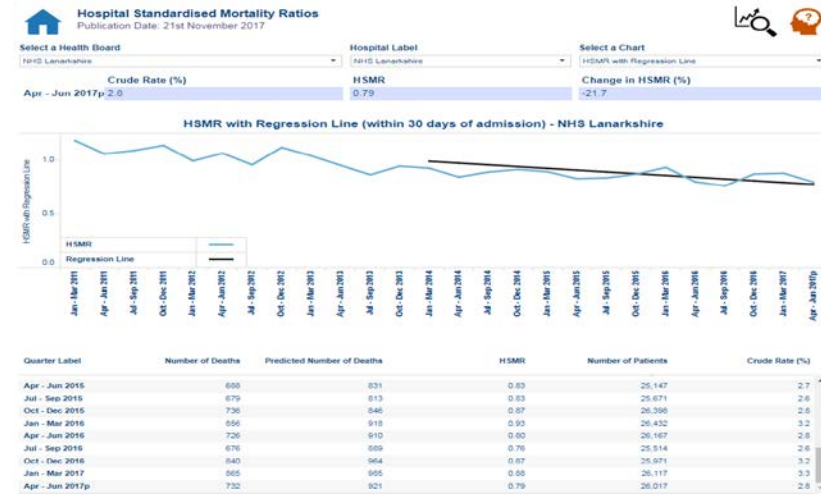
## Appendix 1

### HSMR April – June 2017

#### NHS Scotland



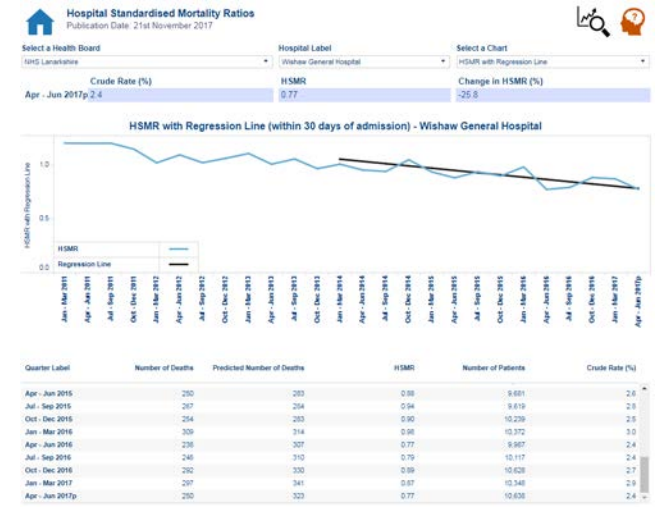
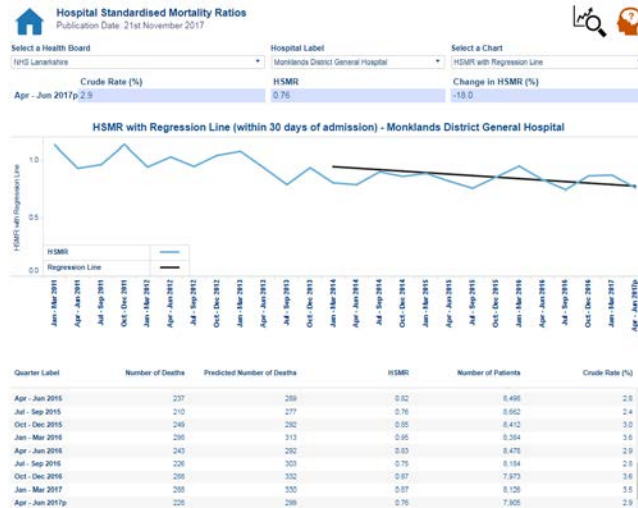
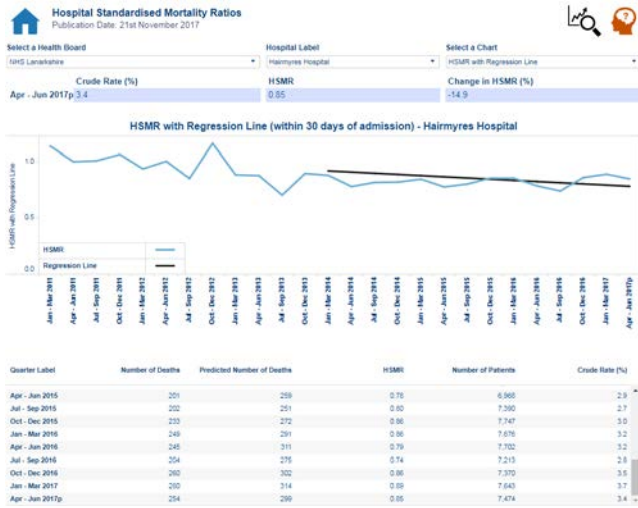
#### NHS Lanarkshire



University Hospital Hairmyres

University Hospital Monklands

University Hospital Wishaw



Appendix 2

REALISTIC MEDICINE ACTIVITIES

| Activity  | Changing our style to shared decision making | Building a personalised approach to care | Reducing Harm and Waste | Reducing unnecessary variation in practice and outcomes | Managing risks better | Becoming improvers and innovators |
|---|--|--|-------------------------|---|-----------------------|-----------------------------------|
| Ophthalmology<br>2 <sup>nd</sup> Eye Cataract Pathway                   | ✓  | ✓  |                         | ✓   |                       | ✓                                 |
| ENT<br>Tonsil Hygiene for Watchful Wait patients                        | ✓  | ✓  |                         | ✓   |                       | ✓                                 |
| Gynaecology<br>Building on Alternative approaches for Menorrhagia       | ✓  | ✓  |                         | ✓   | ✓                     | ✓                                 |
| Endoscopy<br>Realistic Vetting  |  |  | ✓                       | ✓   | ✓                     | ✓                                 |
| Endoscopy<br>Exploring alternatives                                     |  |  | ✓                       | ✓   | ✓                     |                                   |
| Colonoscopy<br>Use of Q-Fit, building on alternatives to interventional |  |  | ✓                       | ✓   | ✓                     | ✓                                 |

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| <b>procedures</b>  |   |   |   |   |   |   |
| <b>Introduction of Biosimilars</b>   |   |   | √ | √ | √ |   |
| <b>Introduction of the 5 Qs supporting patients choices and decisions</b>                          | √ | √ | √ | √ | √ | √ |
| <b>Ethical Decision Making</b>   |   |   | √ | √ | √ |   |
| <b>Prescribing Quality and Efficiency Programme</b>  | √ |   | √ | √ | √ |   |
| <b>Applying the House of Care approach in general practice</b>                                     | √ | √ |   |   |   |   |
| <b>Introducing the Outcome star™ approach in addictions &amp; criminal justice services</b>        | √ | √ |   |   |   |   |
| <b>Promotion of advance statements in Mental Health services</b>                                   | √ | √ |   |   |   |   |
| <b>Introducing the ‘Triangle of Care’ approach to family involvement in Mental Health services</b> | √ |   |   |   | √ |   |
| <b>Use of hospital and community Anticipatory Care Plans</b>                                       | √ | √ | √ | √ | √ |   |
| <b>Use of MyRAP recovery action plans in Mental Health services</b>                                |   | √ |   |   |   |   |
| <b>Promotion of self directed support</b>  |   | √ |   |   |   |   |
| <b>Learning from complaints and adverse events</b>   |   |   | √ |   | √ |   |
| <b>Patient safety workstreams – falls, deterioration and medicine</b>                              |   |   | √ |   |   | √ |
| <b>Use of risk management tools</b>  |   |   | √ |   | √ |   |

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| within Mental Health services                                  |   |   |   |   |   |   |
| aEQUIP programme to upskill staff in QI approaches             |   |   | √ | √ |   | √ |
| Introduction of John's Campaign and open visiting              |   | √ |   |   |   |   |
| Promotion of Care Opinion and responding to patients' concerns |   | √ |   |   |   |   |
| Development of Service Dashboards                              |   |   |   | √ |   |   |
| Training staff to have 'realistic' conversations               | √ | √ | √ |   | √ |   |