

Meeting of Lanarkshire
NHS Board
28 March 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 quality assurance and improvement initiatives has been:

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

by the Medical Director.

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:
 - Person Centred Care
Encouraging and Gathering Feedback
Managing Complaints
Duty of Candour
 - Safe Care
Hospital Standardised Mortality Ratio (HSMR)
Harms Reduction
 - Effective Care
Knowledge Services
Taking Forward Realistic Medicine/Healthcare
- An update on the development of NHS Lanarkshire’s Quality Strategy
- An update on Joy in Work

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 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 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.

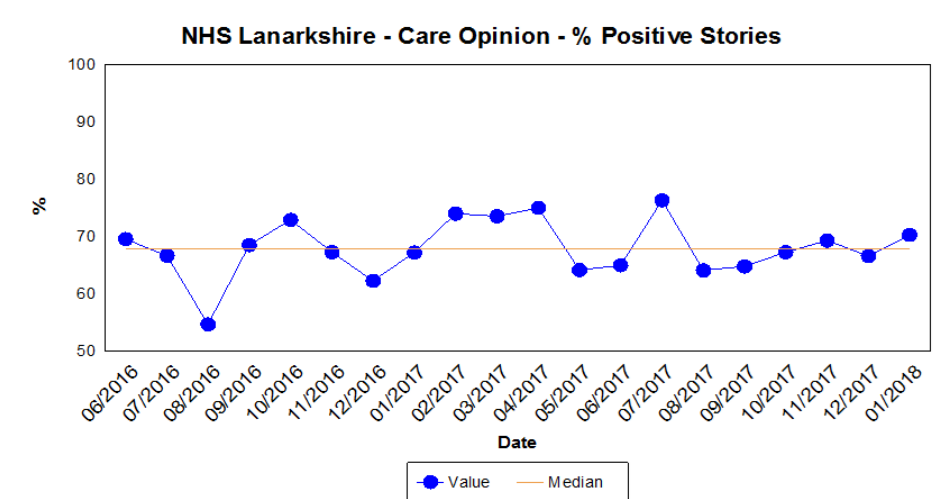


- 1.2 We are committed to delivering **person-centred, safe, effective and sustainable services** in line with the NHS Scotland Quality Strategy.
- 1.3 Progress on this work is being monitored by the Healthcare Quality Assurance and Improvement Committee.

2. PERSON-CENTRED CARE

Encouraging and gathering feedback

- 2.1. The NHS Lanarkshire Public Reference Forum was engaged to consider and contribute to the NHS Lanarkshire Infection Prevention and Control Annual Communication Plan at the February 2018 meeting. They were provided with a summary update on the Wayfinding survey; reporting will be shared with Acute Site Triumvirates for their consideration and action during March 2018. They also considered NHS Lanarkshire's Participation Standard Assessment of Level 3 awarded by the Scottish Health Council for 2016-2017.
- 2.2 The NHS Lanarkshire Bereavement Group has developed a short survey for bereaved families to provide feedback around communication and support provided around time of death and after by healthcare staff. The Group will consider testing during 2018-2019.
- 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 June 2016 – Jan 2018

- 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>
- 2.5 Healthcare Improvement Scotland is currently concluding the evaluation report on using patient experience to improve person-centred care. NHS Lanarkshire was one of four participating Health Boards gathering and using “Real-time” (at point of care) and “Right-time” (two-three weeks post discharge) feedback as part of this two year project . As part of the report they have also filmed an exemplar film of Ward 6 staff at University Hospital Wishaw conducting nurse led clinical bedside handover.

Managing Complaints

- 2.6 A process mapping exercise has taken place to look at our current methods for managing NHS Lanarkshire complaints that are escalated to the Scottish Public Services Ombudsman (SPSO). This has led to development of proposed new processes that should increase efficiency around timelines for submitting information to SPSO to support their investigations. As part of this a new system for tracking and monitoring SPSO complaints was implemented in December 2017. This will be used to monitor the quality of responses sent to SPSO, the timeliness of responses to SPSO, and themes arising from SPSO complaints that will be used to inform improvement programmes.
- 2.7 A visit to SPSO was organised for 8th February 2018 to learn about their internal processes and discuss and agree improved ways of working and methods to increase our quality of responses to SPSO.
- 2.8 Work has commenced on standardising the reporting templates for complaints monitoring across NHS Lanarkshire, and to agree a defined set of Quality Indicators for complaints, a quality assurance and reporting timetable, and data visualisation standards for reporting.

Duty of Candour

- 2.9 The implementation date for the Duty of Candour provisions to come into effect is 1st April 2018.
- 2.10 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.

- 2.11 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
- 2.12 Regulations were laid before parliament on 12 February 2018. Overall the procedures and type of incidents that trigger the duty have not changed. However, some further clarification is required.
- 2.13 Previous guidance from Scottish Government (SG) provided timelines around steps in the procedure i.e. to provide apology within 5 days. SG has recognised this may not be feasible on every occasion and has changed this to “within what is reasonably practicable”. Updated national guidance scheduled for release before end of March 2018.
- 2.14 The national working group is considering the draft guidance document issued recently by SG. The content of this mirrors what we have included in the local NHS Lanarkshire guidance. SG has issued a helpful checklist of steps in the process and this will be included as part of the updated NHS Lanarkshire Guidance document.
- 2.15 NHS Education Scotland (NES) has launched an eLearning module which is available via LearnPro. Details have been disseminated to staff. National events led by SG & NES - “Supporting Feedback and Complaints and Duty of Candour Incidents across health and social care” - took place during February and March 2018. The sessions were oversubscribed.

There are two parts to education for Duty of Candour –

- Raising general awareness for all staff
 - Knowing what to do to comply with the procedures (mainly relates to staff with management responsibilities)
- 2.16 Formal procedures are being put in place with defined roles and responsibilities. For incidents that appear to trigger the duty it is proposed that:
- commissioners agree with the assessment and confirm using agreed documentation that procedures should commence
 - management teams then ensure that the procedures are enacted.
- 2.17 A dataset is currently being agreed and will be incorporated into the Datix system to allow the Board to be in a position to produce an annual report for SG as well as monitoring activity locally (including triangulating adverse events, complaints and Morbidity & Mortality data) to support learning.
- 2.18 A Duty of Candour web page is being developed for First Port and is scheduled for release this month. The Board will be provided with a presentation at the 28 March 2018 Board meeting on the main features of the Duty, and an update on how the legislation is being implemented in NHS Lanarkshire.

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)

- 3.1 The Scottish Patient Safety Programme's aim is to reduce hospital mortality by 10% by the end of December 2018.
- 3.2 HSMR data for July - September 2017 were published in February 2018. The Scottish HSMR for July - September 2017 is 0.86 which represents a 10.6% reduction.
- 3.3 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 |
| 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 |
| April - June 2017 | 2.8 | 0.86 | 2.8 | 0.79 | 3.4 | 0.85 | 2.9 | 0.76 | 2.4 | 0.77 |
| July - September 2017 | 2.8 | 0.86 | 2.8 | 0.77 | 3.5 | 0.88 | 3.0 | 0.74 | 2.2 | 0.70 |
| % change | -10.6 | | -23.1 | | -13.6 | | -19.8 | | -29.0 | |

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

- 3.4 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

- 3.5 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.
- 3.6 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.
- 3.7 The Quality Directorate Improvement Team is currently working with the Clinical Lead to develop spread plans for each of the three acute hospitals to extend this work beyond the Emergency Departments. In addition, scoping work is underway to identify and progress work with GPs regarding pre-alerting of patients in the community.
- 3.8 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 29th March 2018. The focus of the Summit will be – Why do people fall? – and will prompt discussion amongst the subject matter experts attending to identify the reason for falls in the various environments of the person home, community hospital, care home and hospital ward. The output from the Summit will be a pan Lanarkshire Implementation Plan, the delivery of which will be overseen and monitored by the Lanarkshire Falls Group, chaired by Peter McCrossan, Director of AHPs.

- 3.9 NHS Lanarkshire successfully applied to be a pilot board for the national **Acute Kidney Injury (AKI)** collaborative. Work to date has focussed on developing system enablers and learning what works. Access to the laboratory systems has allowed manual extraction and analysis of alerting data. Testing of the AKI bundle is planned to start in Monklands Emergency Dept this month.
- 3.10 The Quality Directorate Improvement Team are developing content for a ½ day local session where Staff will help to co design HUB approach to enable AKI work. Staff from NHS Lanarkshire will be attending the national AKI learning session in May.
- 3.11 The NHS Lanarkshire Human Factors Group delivered its first 2 day education programme in November. The second cohort will undertake training in April 2018 and include staff multi-disciplinary staff from various specialties/depts. Across the three acute sites. 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

The Evidence Search Service

- 4.1 The searching service is a core part of the service and is in high demand across the board. There have been over 54 evidence search requests to the department since January 2018 both from individuals and in support of organisation-wide projects. These include the Prescribing Quality & Efficiency Programme, HQAIC and MRRP.
- MRRP – several summary searches requested from public health on future trends/epidemiology and design of various services including COPD, heart disease, mental health, pharmacy automation, models of care of multi-morbidities and diabetes
 - Searching for the team who are working on ‘PQEP QI theme: Analgesia’ continues
 - Other searches from teams across the Board have included themes on:-
 - o Health literacy
 - o Staffing in high dependency units/ Shift work
 - o LARC (Long acting reversible contraceptive) link to obesity
 - o Unexplained deaths definition
 - o Cancer
 - o Falls, winter and community interventions
- 4.2 Other work priorities for the Knowledge Services Team:
- Development of the 5 dementia pillars to support patients/carers in first 12 months after diagnosis programme using the Clinical Knowledge Publisher- project with Mental Health & Learning Disability Services. Project lead now in place and this work will commence 2018/19
 - Reading Ahead Project 2018, launched for the 4th year in February 2018. This is in partnership with SALUS - Occupational Health & Safety as part of the Healthy Working Lives programme.

- Implementation of new helpdesk to manage both search and copyright enquiries.
- Review of clinical guidelines database and online system via Firstport.
- Clinical pathway online development for: - Obesity and cancer
Stocking clinic
Dietetics
Universal Health Visor pathway

Taking Forward Realistic Medicine/Healthcare

- 4.1 On 20 April 2018 the Board is holding a 'Realistic Medicine' conference. At this event Dr Catherine Calderwood, Chief Medical Officer, will launch her 3rd Annual Report which will look at how Realistic Medicine is being practised. Speakers include Professor Sir Muir Gray from the University of Oxford, on 'Moving from Quality to Value' and Dr Belinda Hacking, NHS Lothian, on 'Effective Communication and Realistic Medicine'. There will also be multi-professional presentations from Board colleagues on the work they are doing. There will be time for small group discussions and to maximise learning and sharing and posters will also be on display.

5 Quality Strategy

- 5.1 An NHS Lanarkshire Quality Strategy 2018-23 is currently being developed.
- 5.2 Over the last 18 months we have developed the Lanarkshire Quality Approach (LQA) and this features as the first section in Achieving Excellence strategy. When we considered the development of our new strategy document we wanted to build on the LQA and also ensure that any quality strategy was firmly linked to the overall strategic direction and plans for the organisation. Therefore, we have used the narrative for the LQA that is in Achieving Excellence as the basis for the new Quality Strategy.
- 5.3 A Team (Iain Wallace, Marjorie McGinty, Laura Drummond, Amanda Minns, Rick Edwards, Jonathan O'Reilly and Lesley Anne Smith) has met on two occasions to draft NHS Lanarkshire's Quality Strategy for 2018-2023. Time was spent considering what success would look like in 5 years time and from this 4 strategic objectives have been developed. The document then goes on to outline the main Enabling Plans that are required to deliver against our quality ambitions of providing safe, effective and person centred care.
- 5.4 The first draft of the strategy document was sent to CMT, Corporate Heads of Department, Site and Locality Triumvirates, Quality & Safety Fellows and other key stakeholders for comments. In particular we asked for their views on the Key Strategic Objectives. A number of positive responses were received and will inform the next draft of the strategy. The Strategy was also discussed at the March meeting of the Healthcare Quality Assurance and Improvement Committee. In advance of this being presented to the May HQAIC meeting in May 2018 for approval, this will be circulated to Board Members as a final draft for comment. The final version will then be presented at the May meeting for approval.

6 Joy in Work

- 6.1 The Institute for Healthcare Improvement produced a White Paper on Improving Joy in Work. This described how burnout leads to lower levels of staff engagement, patient experience, and productivity, and an increased risk of workplace accidents. Lower levels of staff engagement are linked with lower-quality patient care, including safety, and burnout limits providers' empathy which is a crucial component of effective and person-centered care.
- 6.2 The Quality Directorate Senior Management Team are taking part in a 12 week IHI virtual training programme – *Finding & Creating Joy in Work*. The learning format of this virtual course includes six weeks of biweekly video content and three group calls, plus added coaching. The course will share proven methods to create a positive work environment that

fosters camaraderie, meaning, choice, and equity, and ensures the commitment to delivering high-quality care, even in stressful times. This builds on the theme of Joy in Work which was initiated at the Lanarkshire Quality Week in November 2017.

ITEM 7A

Appendix 1

HSMR July – September 2017

