

NHS Board Meeting  
28 August 2019

Lanarkshire NHS Board  
Kirklands  
Fallside Road  
Bothwell  
G71 8BB  
Telephone: 01698 855500  
[www.nhslanarkshire.scot.nhs.uk](http://www.nhslanarkshire.scot.nhs.uk)



**SUBJECT: QUALITY ASSURANCE AND IMPROVEMENT  
PROGRESS REPORT**

**1. PURPOSE**

This paper is coming to the Board:

For approval	<input type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input checked="" type="checkbox"/>
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The purpose of this paper is to provide NHS Lanarkshire Board with an update on 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 checked="" type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input type="checkbox"/>
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by the Medical Director and Director of NMAHPs.

**3. SUMMARY OF KEY ISSUES**

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.

NHS Lanarkshire's Quality Strategy 2018-23 was approved by the Board in May 2018. Within it are four NHS Lanarkshire Quality Plans 2018-2023.

The paper provides an update on the following areas:

- ▶ Assurance of Quality
- ▶ Quality Improvement
- ▶ Evidence for Quality

**4. STRATEGIC CONTEXT**

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	AOP	<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"/>
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### *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

We will measure the progress we make towards our aim of delivering the highest quality health and care services for the people of Lanarkshire against the strategic priorities identified in the Quality Strategy and the Measures of Success contained within the associated Quality Plans.

## 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 1492 - Consistent provision of high quality care, minimising harm 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 checked="" type="checkbox"/>
Sustainability Management	<input type="checkbox"/>				

## 10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

An E&D Impact Assessment has been completed for the Quality Strategy 2018-23

## 11. CONSULTATION AND ENGAGEMENT

The NHS Lanarkshire Quality Strategy 2018-23 was approved by the Healthcare Quality Assurance and Improvement Committee and the NHS Board in May 2018.

**12. ACTIONS FOR THE BOARD**

The Board is asked to:

Approve	<input type="checkbox"/>	Endorse	<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	<input type="checkbox"/>

The Board is asked to:

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

**13. FURTHER INFORMATION**

For further information about any aspect of this paper, please contact Laura Drummond, Interim Director of Quality. Telephone 01698 858150

## QUALITY ASSURANCE AND IMPROVEMENT

### August 2019



## 1. Introduction

This report provides an update on the current progress over May 2019 to August 2019, of plans and objectives set out in the Quality Strategy to achieve the **Lanarkshire Quality Approach**. The routine monitoring of this work is with Executive scrutiny from the Quality Planning and Professional Governance Group which submits a Highlight Report to each meeting of the Healthcare Quality Assurance and Improvement Committee.

## 2. Assurance of Quality

### 2.1 Value Management

NHS Lanarkshire have been recruited to be part of the new national Value Management Collaborative, led by Healthcare Improvement Scotland (HIS)'s ihub, working in partnership with NHS Education for Scotland (NES) and the Institute for Healthcare Improvement (IHI). It will run from August 2019 until March 2022, with the aim of having a value management approach embedded at team level within all appropriate care settings in the organisation.

This collaborative aims to test and spread an innovative model developed within NHS Highland that supports clinical, care and finance teams to apply quality improvement methods with combined cost and quality data at team level to deliver improved patient outcomes, patient and staff experience and value.

The collaborative will focus initially within acute care settings and spread in line with a three year plan described below.

- Year 1: five NHS boards identifying and work with three teams in one hospital site.
- Year 2: five NHS boards spread to remaining teams in that hospital site within that NHS board.
- Year 3: five NHS boards spread out with the initial hospital site to other areas within that NHS board

University Hospital Wishaw has been selected as the hospital site for year 1 and the 3 test teams have been identified as Ward 5 (General Medical), Ward 11 (Stroke) and the Adult Critical Care Unit in UHW. The site based team are very supportive of this work and would be keen to test across a diverse spectrum of clinical environments to see what benefits could be realised.

In addition to this work a Value Management seminar is being held on the 23<sup>rd</sup> August to explore other areas of potential to ensure quality whilst creating value.

### 2.2 Adverse Events

Learning from Adverse Events continues to be a key are for prioritising areas for improvement. An Adverse Event Senior Stakeholder engagement session took place on 12<sup>th</sup> June 2019, with representation from all operational units. The session provided an opportunity for senior leaders to provide comment and suggestion on ways to improve the current processes in place for managing Adverse Events, in line with the revised Adverse Events policy. Common themes that came out of the session include:

- Simplification / automation of the Adverse Events recording system
- Changes to the Adverse Event process & pathway
- Changes to commissioner level

- Requirements for education / training
- Better ways to share learning from Adverse Events

The findings from the session will be used to inform the Adverse Events Policy Implementation plan going forward.

### 2.3 Duty of Candour

The first NHS Lanarkshire Duty of Candour Annual report, (April 2018 to March 2019) was prepared and published in June 2019.

The Duty of Candour (DoC) legislation became active from the 1st April 2018. This placed a statutory obligation on health organisations to follow the subsequent regulations which stipulate a number of actions to take place if certain circumstances occur. These are as follows:

If a patient suffers death or serious harm as a result of an adverse event that the organisation is responsible for, the following should occur:

- An apology is offered to the patient or their relative.
- The patient / relative is informed that there will be an investigation.
- The patient / relative is given the opportunity to ask questions to be answered as part of the investigation.
- The result of the investigation is shared with the patient / relative and a meeting is offered.
- The organisation learns from the investigation by implementing the recommendations/ actions.

During this first year of Duty of Candour legislation being live, NHS Lanarkshire has reported five events. These were all unintended or unexpected incidents that resulted in death or harm as defined in the Act and did not relate directly to the natural course of illness or an underlying condition.

A significant learning point as a result of reviewing these events has been the need for contemporaneous data collection and regular review of that by the Adverse Events team centrally. Variation in coding and compliance with completing all data fields has made completion of this first annual report very resource intensive. However we are now confident that future reporting to our Board's Governance Committee on a quarterly basis will be both accurate and complete.

This first year of Duty of Candour legislation has been a learning exercise for all involved and we have taken this as an opportunity to review our current process for reviewing adverse events and capturing the information required to evidence duty of candour, with many changes and updates made to our adverse event management policy and procedures ensuring inclusion of duty of candour where applicable.

The report has been submitted to Health Improvement Scotland (HIS) and shared within NHS Lanarkshire structures and with all stakeholders.

### 2.4 HSMR

The first release of HSMR data using updated methodology was published by ISD on 13<sup>th</sup> August 2019; this data cannot be compared to previous releases. The data have been updated to include case-mix adjusted 30-day mortality on admissions up to March 2019.

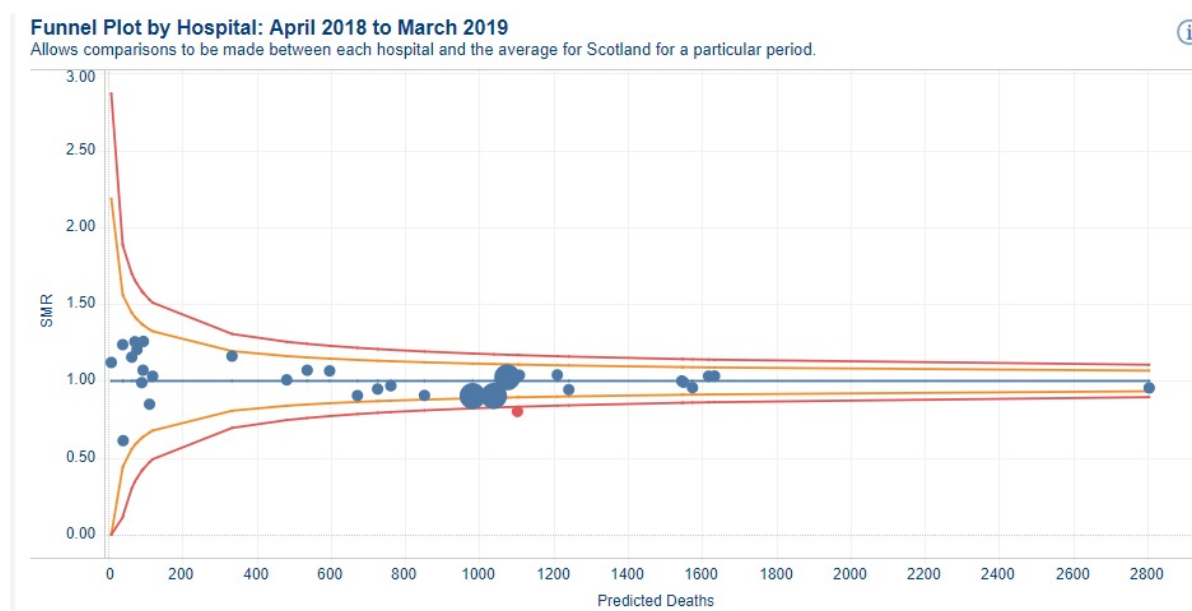
The main changes made to the HSMR are:

- The statistical model used to produce HSMR has been **re-based** to a new initial three year reference period of April 2016 to March 2019. Further to this, the **reference period will be advanced by three months** for each subsequent reporting period. This ensures that comparisons in relation to the national average are robust for each point in time.

- A **twelve month reporting period**, rather than three months, has been used to present HSMR figures for hospitals in relation to the Scottish average. Crude mortality data continues to be published over time using a three month reporting period.

Data is presented as a Funnel plot to allow comparisons to be made between each hospital and the average for Scotland for a particular period. The 3 NHS Lanarkshire hospitals are represented on the funnel plot by the 3 large dots on the funnel chart – all within normal limits.

Health Board of Treatment:	Period				
NHS Lanarkshire	April 2018 to March 2019				
Location	Observed Deaths	Predicted Deaths	Patients	Crude Rate (%)	HSMR
Scotland	25,362	25,362	702,449	3.6%	1.00
NHS Lanarkshire	2,925	3,097	82,074	3.6%	0.94
University Hospital Hairmyres	938	1,039	24,005	3.9%	0.90
University Hospital Monklands	886	982	24,857	3.6%	0.90
University Hospital Wishaw	1,101	1,076	33,212	3.3%	1.02



### 3. Quality Improvement

#### 3.1 Healthcare Improvement Scotland Acute Kidney Injury (AKI) Collaborative.

Acute Kidney Injury (AKI), is a potentially reversible cause of morbidity and mortality with 20-30% of cases of AKI are both predictable and preventable, NHS Lanarkshire is continuing with the Acute Kidney Injury Collaborative – the focus in phase 2 is preventing hospital acquired AKI. Data from the laboratory LIMS system is being reviewed by LANQUIP team to determine if there is a digital solution to identify hospital acquired AKI. It is planned to identify areas where focused improvement work would take place to reduce hospital acquired AKI. Work continues in Elective Orthopaedics and the team are exploring if this could spread to Emergency Orthopaedics.

#### 3.2 Maternity and Children's Quality Improvement Collaborative (MCQIC)

A number of improvement workstreams to reduce perinatal and maternal morbidity and mortality are ongoing with improvement work supported by an Improvement Midwife. Recent NHS Lanarkshire

public communication has focused on the nurture ribbon (a prompt for expectant mothers to check their baby's movement) and education of mums on fetal movement to reduce perinatal morbidity and stillbirth.

### **3.3 Quality Medicines Strategy**

The Quality Medicines strategy is now produced and the next phase is to develop an implementation and measurement plan. This work will link into ongoing patient safety in medicines management and to Realistic Healthcare. It will also help to support the development of a workforce plan for Pharmacy.

### **3.4 Deterioration/Management of Sepsis**

Improvement work has focused on scoping of community pathways for earlier detection of sepsis related deterioration.

Meetings have taken place with SAS regarding the variation in their pre alert recently and this will be addressed through SAS locality teams to encourage paramedics refer to appropriate pathways timeously.

### **3.5 Falls**

Local consultation has taken place on the Lanarkshire Falls, Frailty and Bone Health Strategy driver diagrams and change ideas. The editorial group is reviewing the comments made and reflecting on what is required for the Falls Strategy.

Lanarkshire is also collating a local response to the National Falls Strategy consultation.

Improvement work continues at Kilsyth Victoria Memorial Hospital and a staff learning event is planned for 30<sup>th</sup> August 2019. Stonehouse Hospital staff have completed their aEQUIP programme with their project focusing on Estimated Day of Discharge and improving multidisciplinary communication. They have commenced an activity programme at the weekend to improve social stimulation and support people who may be at higher risk of falls.

Over all rates of falls per 100 bed days is reducing but unfortunately the rate of falls with harm is not and is a reflection of the increasing frailty of the patients in our hospitals.

### **3.6 aEQUIP**

- **aEQUIP for Teams**

Cohort 6 have recently graduated. Cohort 7 now underway. Plan to review course content in place of cohort 9 and start cohort 9 later to allow for the consolidation of the learning so far. The Improvement Team have supported South HSCP with cohort 1 of their QI education programme.

- **aEQUIP for Individuals**

The programme content for individuals is being reviewed and dates have been allocated to deliver sessions October –December 2019.

### **3.7 Quality Week**

Quality Week 18-22 November 2019 is once again inviting our staff to focus on, celebrate success and share learning across the six domains of Quality in Healthcare: Safe, Effective, Person-Centred, Timely, Efficient and Equitable.

The Quality Directorate has developed a programme for the week which includes:

- Significant & Adverse Event training for senior stakeholders
- Complaints Master class for senior stakeholders & six month review workshop
- Public Reference Forum
- Introduction to Quality Improvement for individuals training

- NHS Lanarkshire “Celebration Event” at South Lanarkshire Council Banqueting Suite for 180 staff (CE, Chair and other senior staff will be attending; invitation has been extended to Board members)
- Quality Improvement networking event for “Quality Improvers” to try and develop a NHS Lanarkshire QI community
- The “Great Taboo” workshops - encourage people (public and staff) to discuss death and dying
- Realistic Medicine workshop
- Human Factors for Quality Improvement workshop

Members of the Quality Improvement Team are liaising with North & South Lanarkshire H&SCP and each acute site to encourage “local activities” throughout the week.

### 3.8 NHS Lanarkshire Inpatient Visiting Policy

NHS Lanarkshire is heralded as a leading, exemplar Board for “person-centred visiting” which has been identified as a priority by the Cabinet Secretary for Health & Sport. NHS Lanarkshire has recently completed a six month review of person-centred visiting prior to submitting our implementation plan to Scottish Government Healthcare Quality Improvement Directorate during August 2019 as requested by the Cabinet Secretary for Health & Sport:

**Table 1 – Health & Social Care Partnership**

Location	No of wards	Arrangements – Dec 18	Arrangements – Jul 19
Community South	2	Unrestricted visiting between 8am-10pm and at other times by arrangement / agreement between patients, relatives and clinical staff	No change
Community North	1	No time restrictions	No change - No time restrictions
Mental Health & Learning Disabilities	15	Various – see attached MH & LD guidelines	No change - see attached MH & LD guidelines

**Table 2 – Acute Services**

Location	No of wards	Arrangements – Dec 18	Arrangements – Jul 19
University Hospital Hairmyres	19	No time restrictions	Change: Surgical Receiving Ward 4: 10am – 12pm 1pm – 4pm 6pm – 8pm  Two full ward rounds per day, often either prior to, or post theatre. This ward has no day room or space to



Location	No of wards	Arrangements – Dec 18	Arrangements – Jul 19
			accommodate relatives who are asked to step out of the multi-bedded rooms
University Hospital Monklands	22	Unrestricted visiting in all areas between 11:30hrs – 20:30hrs and at other times by arrangement / agreement between patients, relatives and clinical staff	Change – No time restrictions
University Hospital Wishaw	27 Including maternity, neonates, paediatrics	No time restrictions	No change - No time restrictions

## 4. Evidence for Quality

### 4.1 National and local evidence, guidelines and standards

A strategy for the future development of clinical pathways and guidelines has been presented and accepted at the clinical effectiveness group. Funding to take forward the recommendations has yet to be agreed. SHOW are currently working with the evidence team to update the existing website and they will send a Terms of Reference and plan for short and medium term improvements by Mid-August 2019.

There has been an improvement relating to guidelines that require review, down to 18 awaiting update/removal from site as of August 2019.

### 4.2 Quality of Care, Self-Assessment- Shotts Prison

Shotts prison submitted the first self-assessment process under the new HIS Quality of Care process in June 2019.

The HIS Quality of Care process is undergoing an external review. Report from NHS Ayrshire and Arran which was due in April 2019 has yet to be released. Awareness raising continues on the review process with presentations made to Acute, North and South Support care and Clinical Governance Groups.

Although there is no planned date for Lanarkshire to be reviewed, it is sensible to begin collecting the information to complete the self-assessment so we are prepared and also to establish if there are any gaps we need to start working on. There is a significant amount of information required covering 9 domains with a request to identify 3 priorities to work following self-reflection. The completion of the self-assessment will be coordinated by the Quality Directorate who will feed the questions through the existing committees and governance structures.

**Dr Jane Burns**

**Medical Director**

**August 2019**