

**SUBJECT: QUALITY ASSURANCE AND IMPROVEMENT**

**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 over the period from November 2018 to January 2019

**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"/>
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by the Executive Medical Director and Executive 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"/>	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"/>
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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 type="checkbox"/>
Sustainability	<input type="checkbox"/>				

## 10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

An E&D Impact Assessment has been completed

Yes  For the Quality Strategy 2018-23.  
No

## 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:

- 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; and
- 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 Karon Cormack, Director of Quality. Telephone: 01698 858100.

**Dr Jane Burns**  
**Medical Director**

## 1. Introduction

This report provides an update on the current progress over November 2018 to January 2019, of plans and objectives set out in the Quality Strategy to achieve the **Lanarkshire Quality Approach**. The routine monitoring of this work is by the Healthcare Quality Assurance and Improvement Committee.

## 2. Assurance of Quality

### 2.1 Adverse Events

The Health and Sport Committee published a report on *The Governance of the NHS in Scotland - ensuring delivery of the best healthcare for Scotland* in July 2018. This report contained recommendations regarding the management of adverse events by NHS boards and the role of Healthcare Improvement Scotland (HIS) and its assurance function. Resulting actions for HIS include the development of a reporting baseline to establish the status of adverse event management processes in NHS boards as set out in the *Learning from adverse events through reporting and review: A national framework for Scotland*, revised in July 2018.

HIS approached all Health Boards in Scotland in November 2018 requesting completion of a self-evaluation tool relating specifically to the management of adverse events involving patients. The information submitted by NHS Lanarkshire and other Boards will be used for a number of purposes:

- to inform Scottish Government in response to the Health and Sport Committee Report
- to inform the revision of the national framework
- to further develop the adverse events external assurance component of the Quality of care approach
- to identify focused improvement support either bespoke or aligned to an existing ihub portfolio, and
- to identify areas of good practice and areas of challenge

HIS have indicated that a report of the findings is scheduled to be published by the end of March 2019. Information in the self-evaluation tool covered the systems and processes in place to manage and learn from adverse events. It is anticipated that it is unlikely that each Board will receive a Board specific bespoke report but rather will be part of a national overview. Boards have not been advised as to the format of the report.

### 2.2 Complaints

The revised model Complaints Handling Procedure (CHP) was implemented across NHS Scotland from the 1st April 2017, implementing a 2 stage process of Early Resolution (Stage 1) and Investigation (Stage 2). The CHP is continuing to be embedded across NHS Lanarkshire.

An initial review of the Complaints Procedure in NHS Lanarkshire has been completed, based on the Scottish Public Service Ombudsman's (SPSO) Improvement Framework. Collaborative meetings were held with lead officers from each of the functional units during November 2018 to present the findings of the review. A prioritised improvement plan based on the findings and recommendations will be developed in collaboration with the functional units, and delivered as part of the Person Centred Care Plan. The first phase of the improvement plan will be delivered by March 2020. The review report will be presented to

CMT in January 2019 and includes findings and recommendations for the following areas of the complaint process:

- Accessibility of complaints process to service-users
- Early resolution – application & recording
- Operational Definitions - Complaints and Concerns
- Defining expectations / outcomes at the outset of the complaint
- Quality of investigation
- Sign-off levels
- Complaints timescales
- Data Quality
- Complaints Recording System
- Post complaint satisfaction
- Resiliency / Contingency
- Staff Training
- Learning from complaints
- Quality Assurance
- Scottish Public Services Ombudsman

The Health and Sport Committee report on The Governance of the NHS in Scotland - ensuring delivery of the best healthcare for Scotland in July 2018 highlighted that the SPSO believe that learning from complaints was the most important performance indicator of the revised model Complaints Handling Procedure. The SPSO highlighted several areas where improvements could be made in the operation of the current system. This included improvements to how the NHS learns from complaints and changes that were made to the system as a result. Additionally, the SPSO believed improvements could be made to the consistency of complaint handling by NHS boards. There were examples where a corporate explanation for a response to a complaint had been given which had not had the right level of clinical input. The SPSO emphasised that the new system needed an opportunity to become embedded to deliver a shift in culture.

Organisations have been asked by the Scottish Public Services Ombudsman (SPSO) to complete a survey on the effectiveness and usability of the CHP. The NHS Lanarkshire response will be submitted in January 2019. It is intended that the responses will be used as part of a review of the procedure and to inform any changes to the NHS CHP in the future. Of notable interest, is the questionnaire commentary that the SPSO intend to make it mandatory for organisations to contact individuals at the start of Stage 2, by the customer's preferred means of communication, to clarify the points of complaint and identify expected outcomes. This area has already been identified as part of the CHP review, with a recommendation for implementation of a head of complaint and expectation management approach included.

### **2.3 Data & Measurement**

An organisational Data & Measurement Framework developed by the Quality directorate was approved by the Corporate Management team in October 2018. The framework sets out agreed best practice for planning, prioritising, gathering, analysing and reporting information to allow meaningful action to be taken from data. Education on the framework will be delivered as part of the aEQUIP training programme, and the framework will be promoted throughout 2019/20.

### **2.4 Clinical Audit**

The Scottish Government funded National Asthma and COPD Audit programme (NACAP) launched in November 2018. The Adult Asthma and COPD Audit programme will run continuously until at least February 2021 and includes acutely admitted patients with exacerbations of COPD and asthma attacks. NHS Lanarkshire has registered to participate

across all three acute sites, commencing with sampling of asthma data at University Hospital Wishaw.

Registration for the National Paediatric Asthma Audit opened in November 2018 and the audit will commence in June 2019, running until at least February 2021. NHS Lanarkshire will register to participate in this audit and to become a pilot site to test the dataset and system from Feb 2019.

## 2.5 **Cancer Audit**

ISD published a report in January 2019 on findings from their Quality Assurance exercise looking at the accuracy of the data collected by NHS Lanarkshire for the National Endometrial Cancer Quality Performance Indicator dataset. ISD assessed a random sample of recorded cases where the patient was diagnosed between 1<sup>st</sup> October 2016 and 30<sup>th</sup> September 2017. From the total of 435 data items assessed, only six discrepancies were identified. The overall accuracy of recording of Endometrial QPI data items was calculated to be 98.6%.

## 2.6 **Quality of Care Framework**

HIS have developed a new approach to how they design inspection and review frameworks and provide external assurance of the quality of healthcare provided in Scotland. This new “quality of care approach” is designed to deliver quality assurance activity that drives improvement.

In December 2017, a draft edition Quality Framework was published. In the first half of 2018, HIS tested the framework and quality of care approach as part of a pilot organisational (NHS board level) review with NHS Orkney. The report from the NHS Orkney pilot was published on 23 August 2018.

Learning from the pilot, along with feedback from stakeholders informed the First Edition of the Quality Framework and the Quality of Care Organisational Review Self-evaluation Tool, which were published on 14 September 2018.

The report on NHS Orkney outlines areas of strength, challenges, recommendations and jointly agreed next steps for taking forward improvements. NHS Lanarkshire has commenced an assessment of NHS Lanarkshire’s current position in relation to the quality of care framework, informed by the detailed findings from the Pilot review. The assessment report which will include any gaps identified will be presented to the HQAIC.

## 2.7 **Duty of Candour**

There is a requirement for a Board annual report for Duty of Candour to cover the period between April 1<sup>st</sup> 2018 and 31<sup>st</sup> March 2019. To allow capture of the events occurring at the end of March, report production would aim for final release in May 2019. The draft report to demonstrate the template that will be used will be submitted to the Healthcare Quality Assurance and Improvement Committee (HQAIC) in March with the final report being submitted to the May meeting of HQAIC for endorsement before release. Preparation for this has started by:

- reviewing the current number of events reported
- assessing if current events reported are true Duty of Candour and reassessing if required
- preparation of guidance material
- training for key individuals initially, with a view to wider training being available
- reconfiguring the Datix system to facilitate improved data collection
- preparation of an annual report template
- review of monitoring and reporting arrangements

### 3 Quality Improvement

#### 3.1 Public Reference Forum (PRF)

The PRF was engaged in the ongoing work in relation to Anticipatory Care Planning in primary care by Jean Donaldson Associate Director of Nursing, South HSCP at the November meeting. Non-executive Directors have been provided with the PRF meeting schedule dates up to 2021 with an invitation to attend the PRF (one member per meeting).

#### 3.2 NHS Lanarkshire Safety Plan Steering Group

A Safety Plan Steering Group, chaired by Irene Barkby, Executive Director of NMAHPs has been established and had its first meeting in November 2018. The purpose of the Safety Plan Steering Group is to provide strategic direction in the development of the NHS Lanarkshire Safety Plan 2018-2023 and its associated Implementation Plan 2018/19,, monitor its implementation and provide assurance to the Healthcare Quality Assurance and Improvement Committee on its delivery. This SLWG replaces the previous Patient Safety Strategic Steering Group (PSSSG) whose remit was to oversee the previous Patient Safety Prioritised Plan.

#### 3.3 NHS Lanarkshire Building Quality Improvement Capacity & Capability Steering Group

A Building Quality Improvement Capacity & Capability Steering Group, chaired by Marjorie McGinty, Head of Improvement, has been established and had its first meeting in January 2019. The purpose of the Steering Group is to provide expert direction in the development of the NHS Lanarkshire Building Quality Improvement Capacity & Capability Plan 2018-2023 and its associated Implementation Plan 2018/19, monitor its implementation and provide assurance to the Healthcare Quality Assurance and Improvement Committee on its delivery.

#### 3.4 Medicines Quality Strategy

An identified outcome of the Safety Plan is that all patients regardless of age and setting of care will be supported to ensure they get the best possible outcomes from their medicines while avoiding waste and harm.



A Short Life Working Group (SLWG), chaired by Christine Gilmour, Chief Pharmacist has been established to develop an NHS Lanarkshire Medicines Quality Strategy. This SLWG does not replace or duplicate the work of any existing group.

The focus of the Medicines Quality Strategy is to develop and implement the strategic ambitions and vision as laid out in Achieving Excellence and identified in the NHS Lanarkshire Quality Strategy.

Specifically, this strategy will provide strategic objectives and critical success factors necessary for the delivery of the Quality Strategy in relation to:

- Improving the quality and safety of medicines use
- Effective use of resources
- Developing the Workforce
- Delivering Person Centred Care

Alongside the high-level strategic objectives, a list of concepts noted below have been established, and from these, the critical success factors will be developed.

Improve the quality and safety of medicines use:

- Learning from errors
- Allergies
- High dose HCS
- Transfer of Care
- High Risk Medications
- Omitted doses
- Polypharmacy
- Controlled Medications
- Antimicrobial Resistance

Effective use of Resources:

- Financial Planning
- Meds chosen based on best value
- Unwarranted Variation
- Use of technology to improve delivery
- Medicines Waste

Deliver Person Centred Care:

- Patient confidence - share experiences
- Patient confidence – taking medicines
- Promote lifestyle advice
- Improve Health Literacy
- Realistic Medicine – 5 Questions
- Self-care / self-manage
- Access to medicines

Develop the workforce:

- Health Literacy
- QI Capacity & Capability
- Extending access to the Clinical Record
- ID high risk drugs for specific areas
- Inter-professional learning

Consultation with the SLWG continues and critical success factors and measures are being considered by members of the group.

### 3.5 Psychological Safety

NHS Lanarkshire is committed to providing safe, reliable and effective care and a safety culture within the organization. The Institute of Healthcare Improvement (IHI) Framework for Safe, Reliable, and Effective Care provides clarity and direction to health care organizations on the key strategic, clinical, and operational components involved in achieving safe and reliable operational excellence — a “system of safety,” not just a collection of stand-alone safety improvement projects.

Psychological safety is about creating an environment where staff feel comfortable and have opportunities to raise concerns and ask questions.

NHS Lanarkshire has developed a psychological safety questionnaire which has been used across the NMAHP workforce at various learning and development sessions during 2018. The responses from these questionnaires have been analysed and results have been reported back to Chief Nurses and Senior NMAHP leaders to progress appropriate actions.

The questionnaire is now also being tested with non-clinical staff in early 2019 and it is anticipated that it will be used with medical staff in 2019 alongside other assessments of a safe working environment. This tool will help develop the safety culture where staff feel psychologically safe.



### 3.6 IHI/BMJ International Forum on Quality and Safety in Healthcare

The IHI/BMJ International Forum on Quality and Safety in Healthcare is a biannual gathering of healthcare professionals in quality improvement and patient safety, now in its 24th year. The International Forum supports and energises the movement for healthcare improvement and connects healthcare leaders and practitioners worldwide to improve outcomes for patients and communities.

Scottish Government is one of the IHI's Strategic Partners and Glasgow has been chosen to host the conference which is being held in Glasgow on 27-29 March 2019. It is a great opportunity to showcase Quality Improvement work being carried out in Scotland in the NHS and beyond.

NHS Lanarkshire has been invited to host between 60 – 90 delegates for an “experience day” on the 27 March as part of the conference. The experience days are an opportunity for delegates to see first-hand Quality Improvement work being carried out on the front line.

The programme for the day will include areas where NHS Lanarkshire has made sustained improvements in areas of quality and safety including; HSMR, Hospital Anticipatory Care Plan, John's Campaign, Theatre Buddy for patients with dementia, Promoting Continence in Care Homes, Primary Care Improvement Plan, Think Activity in a Community Hospital, Sepsis and Distress Brief Intervention.

### 3.7 Quality Week November 2018

NHS Lanarkshire Quality Week (19-23 November 2018) with a focus on:

- Scottish Patient Safety Programme 10
- Realistic Medicine
- Reducing Waste in Healthcare
- Joy in Work

This is the second year that NHS Lanarkshire held a “Quality Week” with a focus on priority areas enabling staff to identify and share good practice and improvement activity for learning, sustainment and spread.

Quality Directorate staff linked with key staff across acute services and HSCP to bring work into focus and support activities throughout the week. A calendar of events was shared locally and on FirstPort, with the Communications Department promoting the week through the staff bulletin, online Pulse and computer wallpaper, with numerous activity promoted through Twitter.

A celebration event was held in South Lanarkshire Council Hamilton on 21 Nov 18. Acute Services and each HSCP were allocated 30 spaces and invited to identify the staff they would like to attend. This targeted approach was an attempt to broaden the professional mix of staff attending based on learning from the 2017 event. Over 100 staff attended the event which was opened by Dr Jane Burns and closed by Val de Souza, with colleagues from Scottish Government, Healthcare Improvement Scotland and public partners in attendance throughout the day.

This year's event incorporated the graduation of staff who had completed the internal improvement capacity and capability training programme “aEQUIP”, as well as celebrating the success of NHS Lanarkshire staff who had completed national lead level improvement programmes, or shared improvement work at national conferences. Feedback from staff attending the event asked for more examples of work in Primary Care and more junior staff to be released to take advantage of this learning and development opportunity. Feedback will be incorporated into the planning for the 2019 Quality week.

## 4 Evidence for Quality

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

The process for the adoption of SIGN guidelines within the board is under review. SIGN have been contacted regarding the national process review but as no date has been set for this, an internal review has started and will be reported through the Clinical Effectiveness Group.

Work continues through the Clinical Effectiveness group to develop improved processes to ensure that data gathered through local and national clinical audit programmes are reported, analysed and acted upon as appropriate. An example of this would be testing a new approach to evaluation of national audit and benchmarking reports in order to improve the timeliness, quality and completeness of the evaluations. The test involved real time completion of the 2018 Scottish Intensive Care Society Audit Group (SICSAG) evaluation report by the clinical team, with facilitation provided by the Clinical Audit team. The meeting provided an opportunity for a broader discussion about improvement and the evaluation was completed and signed off by the leads within a few days. It is proposed to continue testing this approach with future reports where the lead clinicians are in agreement.

#### 4.2 **Health Technology Assessments**

A new process for evaluating Health Technologies Advice & Evidence published by the Scottish Health Technology Group (SHTG) and Interventional Procedures Guidance published by the National Institute for Health & Care Excellence (NICE) is being tested through the Clinical Effectiveness group.

#### 4.3 **Clinical and Care Pathways**

A new SLWG has been established via the Service Development and Improvement Team involving a number of local and national partners. The SLWG will meet three times between February and April 2019 to appraise a number of options for guidelines going forward. At the end of these meetings, a stakeholder engagement meeting will be held to make a decision on the preferred option. From this point, further development work and funding will be required depending on the preferred option for the board. This work will hopefully compliment the work of national partners as well to ensure the approach taken is fit for purpose across the west of Scotland. The existing internal governance process is being reviewed to reduce the number of out-of-date guidelines. This will ensure we are in a good position to move forward once the new system has been established. Clinical Guidelines has been recorded as a risk on Datix. The Quality Directorate will contribute to the SLWG that has been established to take forward the principles of future guidelines development as well as the IT system through which those guidelines will be held.

**Karon Cormack**  
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**January 2019**