

NHS Board Meeting  
29 May 2019

Lanarkshire NHS Board  
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**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 May 2019



### 1. Introduction

This report provides an update on the current progress over March 2019 to May 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 with Executive scrutiny from the Quality Planning and Professional Governance Group.

### 2. Assurance of Quality

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

HSMR has been reported quarterly for all Scottish hospitals participating in the Scottish Patient Safety Programme (SPSP) since December 2009. This single quality indicator has been used by HIS to reflect patient safety and use as a flag for engagement with Boards where there is an upward change in HSMR.

The most recent quarterly release of the hospital standardised mortality ratios (HSMR) publication was on 14 May 2018, which included case-mix adjusted 30 day mortality on admissions up to December 2018. This is the last HSMR publication reporting on HSMR within the current SPSP aim; to reduce hospital mortality by 10% by December 2018.

HSMR will continue to be used in future as one of a range of whole system indicators that are being developed by Healthcare Improvement Scotland (HIS), and will be reported once a year instead of quarterly. Unadjusted (crude) mortality rates will replace HSMR as the key measure for monitoring hospital mortality over time.

At the end of this final quarterly reporting period:

- ▶ NHS Lanarkshire had the lowest absolute Board HSMR at 0.75 and was the most improved mainland Board over the reporting period from Jan 2014 – Dec 2018 with a 25.9% reduction (Orkney and Western Isles were 32% & 33.5% respectively).
- ▶ University Hospital Monklands (UHM) has the lowest absolute HSMR at 0.68 of any of the 29 participating hospital sites.
- ▶ University Hospital Wishaw (UHW) is the most improved mainland District General Hospital over the reporting period from Jan 2014 – Dec 2018 with a 30.6% reduction (Balfour Hospital on Orkney had a 32% reduction).
- ▶ All 3 NHS Lanarkshire District General Hospitals were in the top 10 across Scotland in respect of percentage reduction in HSMR; UHW 2<sup>nd</sup> with 30.6%, UHM 5<sup>th</sup> with 22.4%, UHH (Hairmyres) 8<sup>th</sup> with 18.7%

This exceptional achievement reflects the commitment of all NHS Lanarkshire staff to delivering a wide range of patient safety improvements across the whole system of care.

#### 2.2 Complaints

The feedback received from complaints is vital source of learning for improvement in our services as well as having the opportunity to formally address an individual's concerns about care and/or

treatment received. It is essential that we continue to improve our services in response to complaints and also improve how we interact with those who have expressed concerns.

A Complaints Development Day was held on 8<sup>th</sup> May 2019, primarily to consider recommendations from the local review of NHS Lanarkshire's approach to complaints management.

Part of the session was facilitated by NHS Education for Scotland, with a focus on the new model Complaints Handling Procedure (CHP). A draft Improvement Plan, based on a prioritisation exercise held at the event will now be prepared by the Complaints Manager. Engagement will be sought from the Public Reference Forum and the prioritised Improvement Plan will be shared with stakeholders before endorsement by the Healthcare Quality Assurance & Improvement Committee (HQAIC).

To support our complaints Improvement Plan, we have arranged 3 workshops on the Power of Apology facilitated by Dorothy Armstrong, programme director and clinical adviser to the Scottish Public Services Ombudsman (SPSO). These workshops will provide staff with in-depth learning of the nature, elements and psychology related to feedback and complaints, and are aimed at senior clinical staff and managers involved in managing and responding to complaints.

A review of the first year of the New Model NHS Complaints Handling Procedure was published by the Scottish Government in March 2019. The recommendations from this report will also be considered when developing the prioritised Improvement Plan.

Within this period, the SPSO has introduced a new Support and Intervention Policy. This policy formalises the mechanisms the SPSO use to offer support to organizations' and take intervention when required.

Work is progressing on the development of the Datix Web complaints module, which should enable more accurate recording and reporting of NHS Lanarkshire performance against national Key Performance Indicators for complaints.

Work has commenced on developing the Complaints Annual Report, which is required to be submitted to the Scottish Government and published on the NHS Lanarkshire website by the end of June 2019. The Annual report will be presented to the HealthCare Quality Assurance & Improvement Committee (HQAIC) in July 2019.

### 2.3 Duty of Candour

The Duty of Candour (DoC) legislation requires all Health Boards to acknowledge where there has been avoidable harm during the course of providing care and treatment to our patients and to offer a formal apology for that harm. Boards are now required to prepare an annual report as soon as reasonably practicable after the end of the financial year which will demonstrate compliance with the required elements of the legislation. The first annual report is due for publication by end June 2019 and will cover the timeframe from 1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2019. An annual report template based on Scottish Government guidelines has been developed and is being populated by the Adverse Events team. The report will include the following detail:

- ▶ Number of DoC events recorded for NHS Lanarkshire grouped by Operational unit
- ▶ Compliance with regulations (including Information to explain any areas of non-compliance). This will include:
  - ▶ % where Patient or Relative **informed** of the adverse event.
  - ▶ % **where Apology** given
  - ▶ % where the Adverse event was robustly **reviewed** and recommendations
  - ▶ % where Patient or Relative was **informed of the results of** the review

- ▶ What have we learned / changed as a result of reviewing these events?
- ▶ What the organisation put in place to prepare for and implement the legislation

The Duty of Candour figures are currently being checked for accuracy and the final annual report will be submitted once these have been confirmed. The number of DoC events reported to date for NHS Lanarkshire for the period April 1<sup>st</sup> 2018 to 31<sup>st</sup> March 2019 is 18.

## 2.4 Sharing Intelligence Group

An NHS Lanarkshire Sharing Intelligence Group, which has been influenced by the national model developed by Healthcare Improvement Scotland, is being tested by the Quality Directorate, and has met on 2 occasions since January 2019. The initial purpose of the group is to review recorded data and intelligence gathered from national reporting and local systems available to NHS Lanarkshire with respect to adverse events and patient outcomes. The group will:

- ▶ Identify themes or areas of potential concern, exemplar practice or performance through the triangulation of data from sources available to NHS Lanarkshire.
- ▶ Produce a highlight report with recommendations for the Clinical Effectiveness and Safety Governance Groups after each meeting
- ▶ Provide feedback to care providers around findings

It is hoped that over time this group will mirror all components of the national Sharing Intelligence Group which looks at all external assessments undertaken within the Board.

## 2.5 Creating and using quality scorecards

NHS Lanarkshire was selected to present as an exemplar Board on the Healthcare Improvement Scotland WebEx – “Board level measurement of quality of care” on 21<sup>st</sup> March 2019. The purpose of the WebEx was to share with other boards across Scotland our approach to development of measures and utilisation of scorecards/dashboards about the quality of care, as part of our local governance systems.

This was an opportunity for colleagues from NHS boards to share their practical experiences with each other directly, in order to explore questions such as:

- ▶ how are data best used as part of governance systems, to help learn about and improve the quality of care?
- ▶ which indicators are of greatest practical use?
- ▶ which techniques work best for visualising data and understanding variation?

## 2.6 Healthcare Improvement Scotland Cancer QPI review

NHS Lanarkshire will take part in Healthcare Improvement Scotland’s (HIS) review of Cancer Quality Performance Indicators which is due to take place on the 6<sup>th</sup> and 7<sup>th</sup> June 2019. This takes forward for the first time HIS responsibilities in relation to CEL 06 (2012).

The West of Scotland Cancer Network (WoSCAN) on behalf of WoS NHS Boards submitted for each cancer type 3 years’ worth of audit reports, exception reports and Board action plans in September 2018, along with detail of regional and local governance processes.

A local review of the Cancer Quality Performance Indicators (QPIs) results for the 3 year period is underway ahead of the review visit in June. Findings will be reported to Cancer Services in preparation for the review.

## **2.7 Scottish National Audit Programme (SNAP)**

NHS Lanarkshire has completed a scoping exercise looking at our participation in national clinical audit activity. This exercise will inform a National Services Scotland (NSS) Information Services Division (ISD) project which has been commissioned by the Scottish Government to design, develop and establish a Scottish National Audit Programme (SNAP). The aim of SNAP is to improve the coordination and oversight of all national clinical audits and registries in which Scotland participates or manages to ensure greater consistency in our approach and use of audit data. The information submitted by NHS Lanarkshire will help towards fully understanding the scale of the national clinical audit activity taking place across Scotland and the UK (in which Scotland participates).

## **2.8 NCEPOD (National Confidential Enquiry into Patient Outcome and Death)**

An NHS Lanarkshire NCEPOD Study Management database has been developed and is currently being tested with 2 recently announced new studies: Dysphagia in Parkinson's and In Hospital Management of Out of Hospital Cardiac Arrest.

A new process for the management of NCEPOD studies has been developed which includes a 'consideration of participation in new studies' component. This has been shared with site ambassadors and will be tested with the 2 new studies.

## **2.9 UK Parkinson's Audit**

The 2019 UK Parkinson's Audit is the recognised quality improvement tool for Parkinson's services. It allows measurement of practice against evidence based standards and patient feedback in a continuous cycle for improvement.

The 2019 audit is open for data collection from 1<sup>st</sup> May 2019 until 31<sup>st</sup> October 2019. On completion of the audit, each service that participated will receive an individual service benchmarking their data against the results for the UK.

In NHS Lanarkshire, a number of Care of the Elderly clinicians as well as colleagues from Speech and Language Therapy have registered to take part in this year's audit.

## **2.10 Best Start**

Best Start is a five year plan for NHS Scotland which places the current and future needs of women, babies and families at the heart of redesigned maternity and neonatal services. There is an expectation of full implementation by December 2021. As one of five early adopter boards, NHS Lanarkshire has begun to make significant progress in transforming local services. With a number of local recommendations already well established, this has allowed for a greater emphasis on those requiring the most focus.

Members of the Best Start Executive Group which includes representatives from the Scottish Government will visit NHS Lanarkshire on 29<sup>th</sup> May 2019. The purpose of this visit is to share learning, feedback on local success and discuss actions going forward.

The Clinical Audit team continues to support this programme of work with the next NHSL Best Start Highlight Report in progress and due to be finalised towards the end of May 2019.

## **2.11 Child Death Reviews**

The pilot period for the Child Death Review (CDR) Pilot Project has been extended for six months (with the necessary funding) until September 2019. The next phase of the pilot will test change ideas including the development of a database to enable ongoing collation and reporting of data; develop a process between NHSL and North and South Lanarkshire councils that will link with SWIS data on care experience children and young people (18-25); actively review the CDR process and output for a sample of child deaths to identify challenges and best practice and to inform the development of a standard protocol. This will support the longer term goal of developing a local policy, process and governance mechanism which supports proportionate, consistent and quality child death reviews and systematic shared learning and improvement.

### 3. Quality Improvement

#### 3.1 International Forum on Quality and Safety

The International Forum on Quality and Safety in Healthcare took place in Glasgow on 27<sup>th</sup> & 28<sup>th</sup> March. As part of the event NHS Lanarkshire Quality Directorate hosted an additional experience day on 26<sup>th</sup> March. A programme of events took place for 80 delegates in North and South Lanarkshire at the University Hospital Wishaw and University Hospital Hairmyres. Teams from NHS Lanarkshire and North & South HSCP presented improvement work through presentations or market stalls. Delegates had the opportunity to visit several on-site services where there was an opportunity to network and share learning.

Feedback from delegates included:

- ▶ ‘Quality in Lanarkshire is grassroots driven.’
- ▶ ‘Very proud and dedicated staff with a culture of improvement, true involvement of the patients.....Impressive...and with fewer resources than my home country.’

Delegates identified, through their feedback, particular areas that they felt were outstanding including MAC Club at University Hospital Wishaw, Emergency Department, Frailty Clinic at University Hospital Hairmyres and #ThinkActivity at Kello Hospital.

The subsequent two days of the IHI Conference in Glasgow were attended by a number of NHS Lanarkshire and HSCP staff who will bring much of the learning from around the International community back into local practice.

#### 3.2 Healthcare Improvement Scotland Acute Kidney Injury (AKI) Collaborative

Staff from NHS Lanarkshire have been involved in Healthcare Improvement Scotland’s Acute Kidney Collaborative. Improvement work has focused on early identification of AKI using the laboratory system to help manage AKI and improving response when a person is highlighted as having an AKI. Outcomes from improvement work at ED Monklands Hospital and Ward 14 University Hospital Wishaw have been presented as part of the good practice happening locally. Ward 14 University Hospital Wishaw have focused on prevention of AKI following elective orthopaedic surgery. The focus of the work has involved increasing fluid intake post operatively. This has led to a reduction in AKI for elective orthopaedic patients and reduced the length of stay by 2.04 days. A local networking event has been arranged for May 2019 to share the learning and plan spread of the improvements to date.

#### 3.3 Maternity and Childrens Quality Improvement Collaborative (MCQIC)



Maternity and Neonatal staff won 2 poster awards at the MCQIC annual event in recognition of their improvement work at University Hospital Wishaw. Maternity staff have been focused on reducing still birth with the use of nurture ribbons for expectant women and teach back to confirm a woman's understanding of movement discussion. 95% compliance has been achieved. They have also reintroduced a fresh eyes sticker and education for staff around measuring fresh eyes compliance.

Neonatal have focused on reducing respiratory infections in pre-term babies by offering of skin to skin contact starting in theatre during elective caesarean section procedure. There is evidence that this reduces the risk of respiratory infections. The use of a NEWTT escalation pathway for baby's requiring observations on the post natal ward has also been implemented. Since starting this work in January, 57% of all babies born by elective caesarean section have received skin to skin in theatre. 72% of women who wanted to have skin to skin in theatre achieved it and 72% of babies who were commenced on NEWTT observations, following the escalation pathway, remained with their mum on the postnatal ward (rather than being transferred to neonatal unit). Reasons for not completing skin to skin include the health and wellbeing of either mum or baby at the time in theatre or staff not being familiar with the benefits of skin to skin, work is on-going to maintain these improvements.

### 3.4 Quality Medicines Strategy

A Quality Medicines Strategy is being developed and will be discussed at the both next Patient Safety Steering Group and the next Realistic Healthcare Group. It will be available in the next quarter. It is intended that this will cover;

- Improve the quality and safety of medicines use
- Deliver a person centred approach to medicines management
- Ensure effective use of resources
- Develop the associated workforce

### 3.5 Deterioration/Management of Sepsis

Improvement work continues with recognition and management of Sepsis and all other forms of Deterioration. A Lanarkshire wide approach to the early identification of deterioration and escalation pathway is being developed as it had been established that variation had evolved in the processes across the 3 University Hospitals. As Sepsis work has matured a number of different processes/pathways have been tested and adopted at the different sites, including RESPOND, REACT and Red Flags. The variance in approaches has been recognised and a meeting has taken place involving staff from all 3 acute sites where it was agreed that there would be one consistent approach to the early identification of deterioration and escalation pathway that would retain the proven benefits of all tested processes. This would include AKI (Acute Kidney Injury). Pre alert work with Scottish Ambulance Service continues as there is variability in the compliance of paramedics to pre alert the Emergency Departments on Sepsis.

### 3.6 Falls

Work is underway to develop a Lanarkshire Wide Falls Strategy. This coincides with the drafting of the National Falls Strategy and outcomes are being aligned. The bi-monthly falls strategy group is established and monthly sub groups for each stage of the 'up and about' pathway are planned to deliver on the strategy implementation plan.

A whole systems process mapping session has taken place to identify areas of good practice and plan the development of the strategy. Key to the success of the falls pathway is the Lanarkshire Falls

Register. There are currently over 8500 people living in the community who have had a conversation about falls and had interventions to prevent and manage future falls. Work is planned to develop the IT system supporting the register to make it more visible and accessible across the whole system.

University Hospitals Hairmyres, Monklands and Wishaw conducted a falls day of care audit to gain a real time understanding of the current system in relation to the appropriate use and staff awareness of the falls risk assessment guidance documentation and care planning.

Falls incidents recorded on Datix were analysed to identify which wards would be audited. The initial focus was the three wards on each hospital site with the highest number of falls in 2018, with the exception of University Hospital Wishaw which audited wards 9, 10, 11 and 12 and University Hospital Hairmyres, which due to the imminent relocation of ward 13, it was decided to review ward 14 due to the similar patient group, which also allowed for a Care of the Elderly overview of falls risk assessment on the site.

The wards audited are summarised in the table below:

UHW	UHH	UHM
Ward 9	Ward 14	Ward 12
Ward 10	Ward 15	Ward 20
Ward 11	Ward 16	Ward 22
Ward 12		

#### ***Falls Day of Care Audit – wards audited by site***

SBAR reports have been prepared detailing the findings from each of the audits, the outcome of which has identified targeted areas for improvement:

- ▶ Education and training on the falls risk assessment and guidance document
- ▶ Improving the quality of person centred care plan
- ▶ Improved recording of action taken and monitoring and review of the falls risk assessment and interventions
- ▶ Lanarkshire review of falls risk assessment and guidance documentation

The plan is to share the good practice identified with a view to testing in other areas.

### **3.7 Achieving Excellence Quality Improvement Programme (aEQUIP)**

Cohort 6 of aEQUIP for teams is currently underway with 7 & 8 planned for later this year. An event is planned during Quality Week in November to develop an improvement network for staff who have completed aEQUIP to help nurture their QI knowledge and skills.

Human Factors Team Skills training has taken place and a rolling programme is being developed to incorporate a Human Factors Day course to aEQUIP.

The Improvement Team have supported South HSCP to run aEQUIP for teams within the localities rather than via NHS Lanarkshire. Further development of this programme is on-going.

### **3.8 NHS Lanarkshire Inpatient Visiting Policy**

The NHS Lanarkshire Inpatient Visiting Policy was developed to provide standards for visiting across Lanarkshire. The policy along with local guidelines aims to enable staff to promote control, independence and autonomy for the patient, their carers' and family and was developed after testing and engagement with staff groups and the public. NHS Lanarkshire is heralded as a leading, exemplar Board in for "person-centred visiting" which has been identified as a priority by the Cabinet Secretary for Health & Sport. NHS Lanarkshire staff have led sessions at two national learning and collaboration events during 18/19. The policy was endorsed by HQAIC at the May 2019 meeting.

## **4. Evidence for Quality**

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

A Short Life Working Group reporting to the Clinical Effectiveness Group has been established to take forward the actions from the previous SBARs on clinical guidelines. This group will be responsible for ensuring the actions from the SBARs and the recent internal audit report are completed.

### **4.2 QAF for Apps**

The Quality Assurance Framework (QAF) for Mobile Apps for Health and Care Professionals in NHS Scotland is a framework that has been designed to bring a quality assurance process to the development of apps by NHS Boards whether or not they are considered medical devices. New Medical Device Regulations (MDR) come into force in May 2020, which clarify the regulatory requirements for software as a medical device. An SBAR on this new process has been presented to the safety group and work will start to ensure this framework is adopted in NSH Lanarkshire where appropriate.

### **4.3 Quality of Care, Self-Assessment- Shotts Prison**

Shotts prison are to complete the first self-assessment process under the new HIS Quality of Care process in June 2019. Work has started to advise the healthcare team on site of the requirements for the submission.

**Dr Jane Burns**

**Medical Director**

**May 2019**