

NHS Board Meeting
30 October 2019

Lanarkshire NHS Board
Kirklands
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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 type="checkbox"/>	Reviewed	<input checked="" 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 Karon Cormack, Director of Quality. Telephone 01698 858100

QUALITY ASSURANCE AND IMPROVEMENT

October 2019



1. Introduction

This report provides an update on the current progress over September 2019 to October 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

A Value Management seminar was held on the 23rd August 2019 to explore areas of potential to ensure quality whilst creating value. Attendees were informed regarding the planned national work before exploring potential areas that could be addressed in NHSL. Multidisciplinary working groups looked at:

1. Reduction in unwarranted variation & waste in the system
2. Reductions in overuse (unnecessary care delivered)
3. Reductions in underuse (effective care not delivered)
4. Reductions in misuse
5. People with long-term conditions
6. Frailty and complex needs
7. End of life care

All present were also asked to make a personal pledge as to how they would get involved in this work and the response was very encouraging.

Areas for waste reduction highlighted in the Kings Fund Better Value in the NHS report were used to prompt discussion. The group work produced a great deal of information and ideas that are currently being aggregated by the Quality Directorate who are producing a paper initially for the Corporate Management Team, describing potential topics to begin work on and suggested groups who would lead this work. The staff who made pledges will then be aligned to the work stream where they declared an interest.

2.2 Adverse Events

Healthcare Improvement Scotland (HIS) published the Adverse Events Management: NHS Board self-evaluation Report in September 2019. The self-assessment was instigated in response to the Cabinet Secretary for Health and Sport's request to HIS to:

- develop a reporting baseline to establish the status, gaps and inconsistencies in adverse event management processes in NHS boards, and
- further develop a methodology to deliver an external assurance component to adverse event management across NHS Scotland in line with HIS's quality of care approach and The Duty of Candour Procedure (Scotland) Regulations 2018 reporting requirements.

All 19 patient-facing NHS boards were asked by HIS to use a tool based on the quality of care approach to self-evaluate their systems and processes for the management of adverse events that involved patients. Whilst the report has highlighted areas of strength, the findings also identified

gaps, variation and inconsistencies in the application of the national Adverse Events framework across Scotland.

In response to the report the Cabinet Secretary for Health and Sport has requested that HIS introduce a system by the end of 2019 to facilitate NHS boards to notify them when a Significant Adverse Event Review has been commissioned, and to consider how the definitions and terminology used within the adverse event processes will be standardised across all NHS boards in Scotland.

HIS and NHS Education for Scotland (NES) are hosting a stakeholder engagement event on the 22nd October 2019 for NHS Boards to provide an opportunity to discuss the findings and to explore the notification system to be developed.

Two training sessions were held on the 10th October 2019 on how to investigate Significant Adverse Events including information on the process to be followed, human factors, error definitions, Duty of Candour and using the Accident Causation Model. These sessions will be run again on the 22nd November 2019.

The Significant Adverse Event Review toolkit is being updated to provide templates and decision making tools to promote a good quality review.

2.3 Complaints

The complaints improvement plan includes specific actions around training Patient Affairs staff and investigators in best-practice complaint handling and improving the systems for recording and reporting. The following developments support implementation of the plan.

NHS Lanarkshire hosted 3 workshops on the Power of Apology facilitated by Dorothy Armstrong, programme director and clinical adviser to the Scottish Public Services Ombudsman. The workshops took place on the 28th June 2019, 3rd and 17th September 2019 and provided senior clinical staff and managers involved in managing and responding to complaints with in-depth learning of the nature, elements and psychology related to feedback and complaints.

NHS Lanarkshire Complaints teams have completed the Queen Margaret University Public Services Complaint Management Award course. This University accredited course for professional complaints staff provides in-depth training on topical issues in complaint management.

Although the complaints team have established that it is possible to improve the reporting function of complaints on Datix and have negotiated with the supplier the changes required to allow this to happen, a current technical issue is delaying the progress. This is being pursued with the supplier to resolve this situation however they are currently unable to supply a resolution date.

2.3 Duty of Candour

Duty of Candour cases are monitored with a recent report to the Quality Planning and Professional Governance identifying from 1st April until 30th September 2019, 23 Significant Adverse Events have occurred that have commissioned a SAER. Of these, 5 investigations have closed and 18 remain open. 6 cases have been declared as meeting the criteria for Duty of Candour, 7 cases do not meet the criteria and 10 cannot be assessed until the investigation is complete. Most of the Duty of Candour cases currently declared are related to maternity services (5) and all but one of these are still under investigation.

A Duty of Candour Think Tank Event is taking place 28th October 2019 to allow the opportunity for discussion and to consider current progress with compliance of the legislation.

3. Quality Improvement

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

Acute Kidney Injury (AKI) work continues across the 3 Acute Hospitals following the initial HIS Collaborative. A local networking event took place on the 4th October 2019 to ensure best practice is being shared across the 3 sites. Work has commenced on Hospital Acquired AKI (Phase 2 of the AKI Collaborative) in a Gastroenterology ward at University Hospital Monklands, with plans to include a Urology ward.

Challenges have occurred with the Laboratory Information Management System (LIMS) data as it has been difficult to filter Hospital Acquired AKI due to the number of alerts per patient and determining when patients have been admitted to the ward for 48 hours or more. An initial meeting with business intelligence and clinicians was held to discuss the development of an AKI dashboard, for completion March 2020. This will explore the use of real time data to support clinical teams in earlier identification and management.

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

The MCQIC work continues. The Neonatal Team recently presented at an International Quality Event on the work to reduce term admissions to the neonatal unit due to respiratory infections. The team are running a 'Cooie In' campaign; encouraging mums to have skin to skin with babies immediately post birth. Evidence shows that immediate skin to skin contact regulates breathing, regulates the heart rate and keeps the baby warm – all factors that can reduce transient tachypnoea of the new born.

Improvement outcomes have demonstrated a reduction in respiratory infections in babies who have had skin to skin following elective caesarean section. This improvement has been supported by the introduction of the neonatal Early Warning Track and Trigger (NEWTT) escalation pathway. This was developed to help keep mums and babies together by providing a pathway of care that midwives can follow when a baby is under observation for respiratory conditions.

3.3 Quality Medicines Strategy

The Medicines Quality Strategy was endorsed by the QPPG in June. Following this a meeting of key senior staff in October agreed the delivery of the Strategy would be via existing governance structures, with Site and Locality Quality and Safety Groups reporting to the Safety Plan Steering Group / QPPG and ultimately HQAIC. A short life working group will meet to discuss development of an implementation and measurement plan, initially identifying some key areas of focus which will feed into existing reporting structures such as Safe Care and Realistic Healthcare. A timeline of December 2019 has been put on establishing the Medicines Quality Strategy Implementation SLWG, and initial development of the implementation plan and measurement plan.

3.4 Deterioration/Management of Sepsis

Patient trak electronic observation testing at University Hospital Monklands is adding a sepsis module to the system. It is hoped that this trial will improve the early recognition and response to sepsis.

The early recognition and response to SEPSIS work continues in ED across the 3 acute sites. Following a review of the data captured on LANQIP, a focused improvement approach has been taken to improve the process for recording early recognition and response to SEPSIS at University Hospital Monklands.

Scottish Ambulance Service improvement team are monitoring paramedic's use of the alerting processes to improve the outcome of sepsis when a person arrives at hospital as this facilitates a quicker reaction to commencing treatment.

3.5 Falls

The Falls Strategy editorial group is finalising the Lanarkshire Falls Strategy which incorporates a whole systems approach to fall, frailty and bone health.

Lanarkshire collated a local response to the National Falls Strategy consultation. 135 responses were submitted in total from across Scotland. A short life national editorial group has been established following the consultation. Lanarkshire has representation at this group and this is supporting the development of the local strategy.

Staff at Kilsyth Victoria Memorial Hospital took part in a learning event on falls and ThinkActivity. Staff reported that this increased their awareness of the importance of patients being encouraged to be mobile/active on the ward and the interventions that are required to prevent falls.

Stonehouse Hospital staff continue to focus on reducing falls and improving activity levels for patients however staff absence has impacted on progress.

It was recommended as part of the whole systems process mapping that the Falls Register, which was developed by and currently sits as a database within Lanarkshire's specialist falls service should be more visible to staff across Lanarkshire. A review by IT has recommended that this is developed as part of the first phase of the MORSE system, this would enable information to be visible across Acute and Community. There are currently 9500 people registered on the Falls Register, who have had a fall in community and had a level 1 falls screening and subsequent interventions.

3.6 aEQUIP

- **aEQUIP for Teams (5 full days over 20 weeks)**

Cohort 7 graduate on 7th November 2019. During graduation there is an opportunity for 5 teams to present a story board to demonstrate how they have been applying quality improvement methods to their team improvement projects. These have included improving the uptake of flu immunisations in schools, Joy in Work, Occupational Therapy in Primary Care, reducing Gaviscon prescription in babies, improving clinical time for community nursing staff. Cohort 8 is underway and Cohort 2 of South HSCP aEQUIP. The programme content is being reviewed December 2019 – May 2020 in place of Cohort 9. Practice Education have supported the facilitation of Cohort 7 & 8.

- **aEQUIP for Individuals (1 day overview)**

- 3 quality improvement education sessions aimed at individual health and social care staff are planned during Quality Week and further 2 sessions November 2019 and December 2019.

- **aEQUIP for Leaders**

A new programme is being planned for Leaders which will include other management skills that enhance quality improvement. This programme is being led by the Quality Directorate and Organisational Development and is currently in development with a short life working group.

- **Scottish Improvement Leaders Programme**

Negotiations are taking place with NHS Education Scotland to support a regional Lanarkshire SCIL programme in May 2020. All content and delivery will be the same. However, this would assist Lanarkshire to build the lead level QI expertise with guaranteed places for Lanarkshire staff.

3.7 Mortality Case Note Review

A mortality case note review has taken place in September 2019 at University Hospital Hairmyres. 52 cases were reviewed and a draft report is currently being compiled for end of October 2019. LanQIP is being updated to improve the outcome reporting. The 3 Acute Sites have met to discuss the process for completion of the mortality case note review and sharing the learning going forward.

3.8 Quality Week

Planning continues for Quality Week 18-22nd November 2019 focussing on the six domains of Quality in Healthcare: Safe, Effective, Person-Centred, Timely, Efficient and Equitable; as well as Value Management.

Further information on events is available on the Quality Week 2019 page on FirstPort <http://firstport2/staff-support/quality-directorate/quality-week-2019/default.aspx>

3.9 NHS Lanarkshire Person-Centred Visiting

The NHS Lanarkshire implementation plan was submitted to Scottish Government Healthcare, Quality Improvement Directorate during August 2019 and a delegation visited NHS Lanarkshire during September 2019.

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. We have shared our approach, methodology, policy and administration with NHS Greater Glasgow and Clyde, NHS Lothian and NHS Ayrshire and Arran, as well as hosting other colleagues on visits.

NHS Lanarkshire staff continue to support national events on request. Engagement nationally will continue with particular focus on engagement with Medical and Allied Health Professions.

Annual review of visiting arrangements is scheduled for reporting to the November 2019 meeting of the Healthcare Quality Assurance and Improvement Committee. Acute hospitals have no time restricted visiting whilst mental health wards do have timed visiting in some areas.

4. Evidence for Quality

4.1 National and local evidence, guidelines and standards

The strategy developed by A Cook and M Malekian was agreed at the Clinical Effectiveness Group. This strategy is to be further developed before it is presented to CMT. A Minns to meet with GGCHB Guidelines team to review their guidelines review and approval process which will inform our next stage of our strategy development.

Our existing website continues to be managed by the evidence team and to date we have 172 guidelines with 16 out of date. Initial changes have been discussed with SHOW to improve the existing guidelines site. Initial feedback from staff has highlighted the need for a new landing page, further development of the search facility and changes to the guideline format (HTML rather than PDF). This work is being completed by SHOW who will also be proving a PID outlining

the agreed works to be complete by end of November. Launch date for completion of updates to existing site still to be agreed.

4.2 Quality of Care

HIS have published the quality of care test organisational review for the Golden Jubilee Hospital which was visited in April. The report is available [here](#). Positive highlights from the report include:-

- High level of feedback received from patients via a number of sources including social media channels
- Investment in spiritual care and volunteer services which makes a significant contribution to the work of the GJNH, particularly patient feedback
- Positive walkrounds and visibility of new Chief Executive
- Quality improvement and learning culture in evidence with plans to develop further

Areas for improvement include:-

- Use of data for improvement. Data could be consolidated to make it more accessible, timescale and trends would benefit from being longer and increase staff awareness and understanding of data strategy.
- Waiting times including cardiology recovery plan
- Urgent development of a Quality Improvement Strategy
- Development of a clinical outcomes framework

No further information is available to date on the report from Ayrshire and Arran or further visit dates to other boards.

An initial mapping document has been send to the leads of North and South Health and Social Care Partnership, Acute Division as well as Population Health, Primary & Community Services Governance Committee. This will allow us to see where there maybe potential gaps in reporting/evidence as we move forward. Returns are expected by 13th October 2019. Next stage of updates will be within Primary Care and Community services.

4.3 Searching

The evidence team have completed 36 literature searches since the start of September 2019. High level searching requests, which has a direct impact on decision making within the board, have covered topics such as the rheumatology service review which aims to improve capacity and increase options for self-management, an high priority reverse evidence review on the recommendations made in Best Start Report and over 20 searches from the MRP related to layout, design and accommodation.

Dr John Keaney
Divisional Medical Director, Acute Division
October 2019