

NHS Board Meeting  
26<sup>th</sup> August 2020

Lanarkshire NHS Board  
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**SUBJECT: QUALITY ASSURANCE AND IMPROVEMENT PROGRESS REPORT**

**i. 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 three particular topics related to the Quality agenda.

**ii. ROUTE TO THE BOARD**

The content of this paper relating to quality assurance and improvement initiatives has been:

Prepared	<input type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input checked="" type="checkbox"/>
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by the Medical Director and Director of NMAHPs. The ongoing work within this report is overseen by HQAIC.

**iii. 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:

- ▶ Care Opinion
- ▶ Non-Executive Director Evening Visits
- ▶ Duty of Candour Annual Report 2019/20

**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: *3 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:

1. Note the update on Care Opinion and the Annual Report
2. Note the update on development of Non-Executive Director Evening Visits
3. Note the update on the Duty of Candour Annual Report 2019/20

**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

## August 2020



### 1. Introduction

This report provides an update on two particular aspects of work which are within 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.

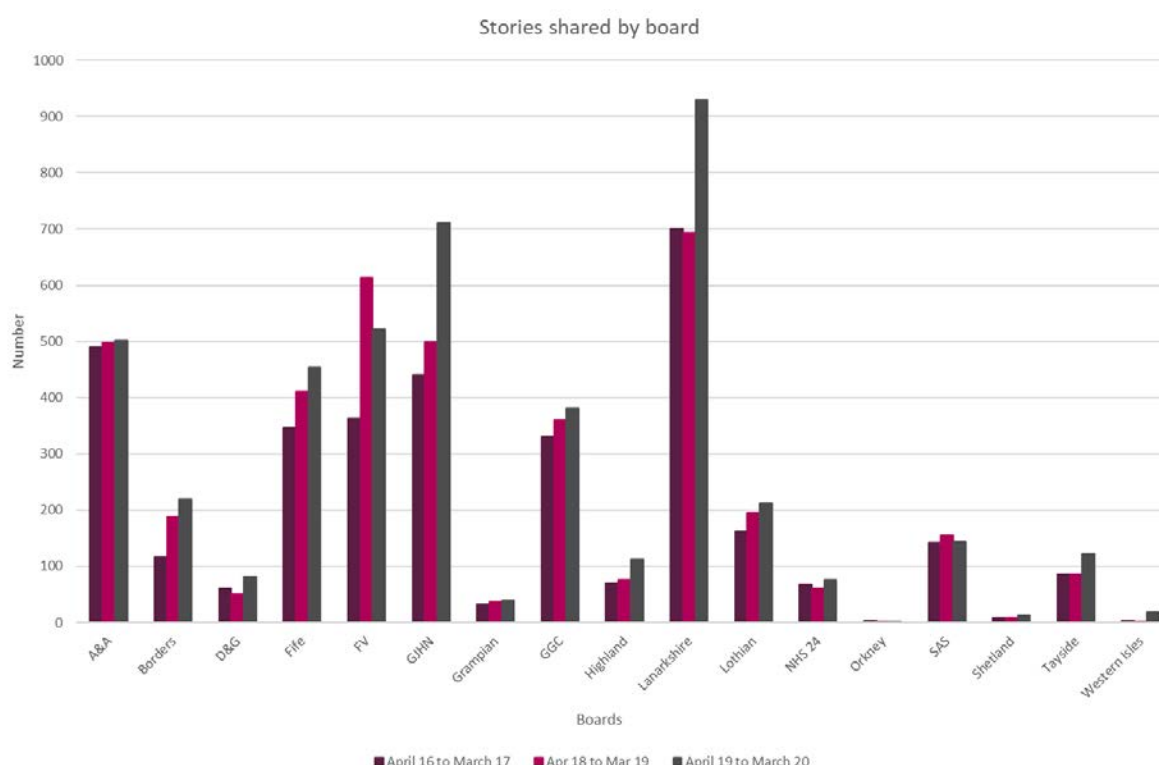
### 2. Care Opinion Annual Report April 2019 – March 2020

Care Opinion is a national social enterprise which enables the public to tell their stories of their experience of health and social care. It has been running for 14 years and is an open online feedback system, with the aim of public service improvement. It has continued to grow nationally and internationally year on year.

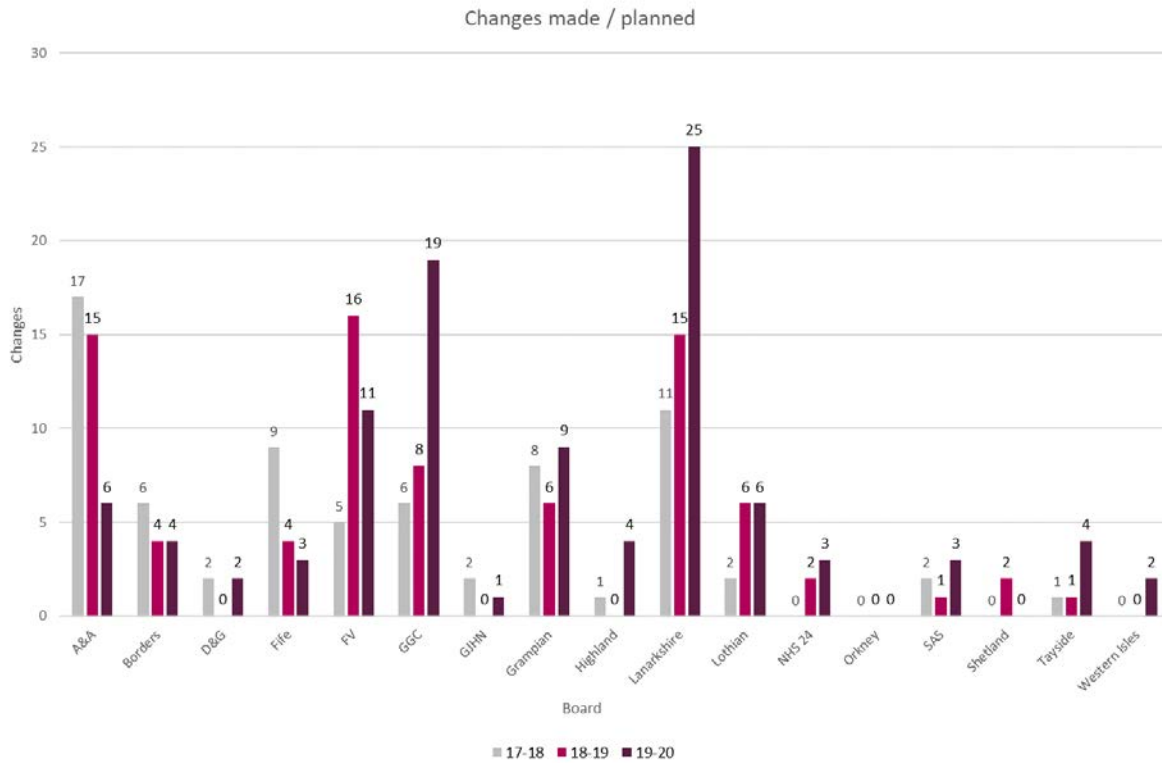
In Lanarkshire Care Opinion covers several NHS Lanarkshire services; acute hospitals, community hospital and primary care services. It does not cover independent contractors such as GPs, Dentists and Optometrists.

Care Opinion is a key part of our Quality Strategy Person Centred Care Plan and is the main way we receive unsolicited feedback from service users and their families. Care Opinion plays an important part in creating an open dialogue between people accessing our services and the direct providers of those services.

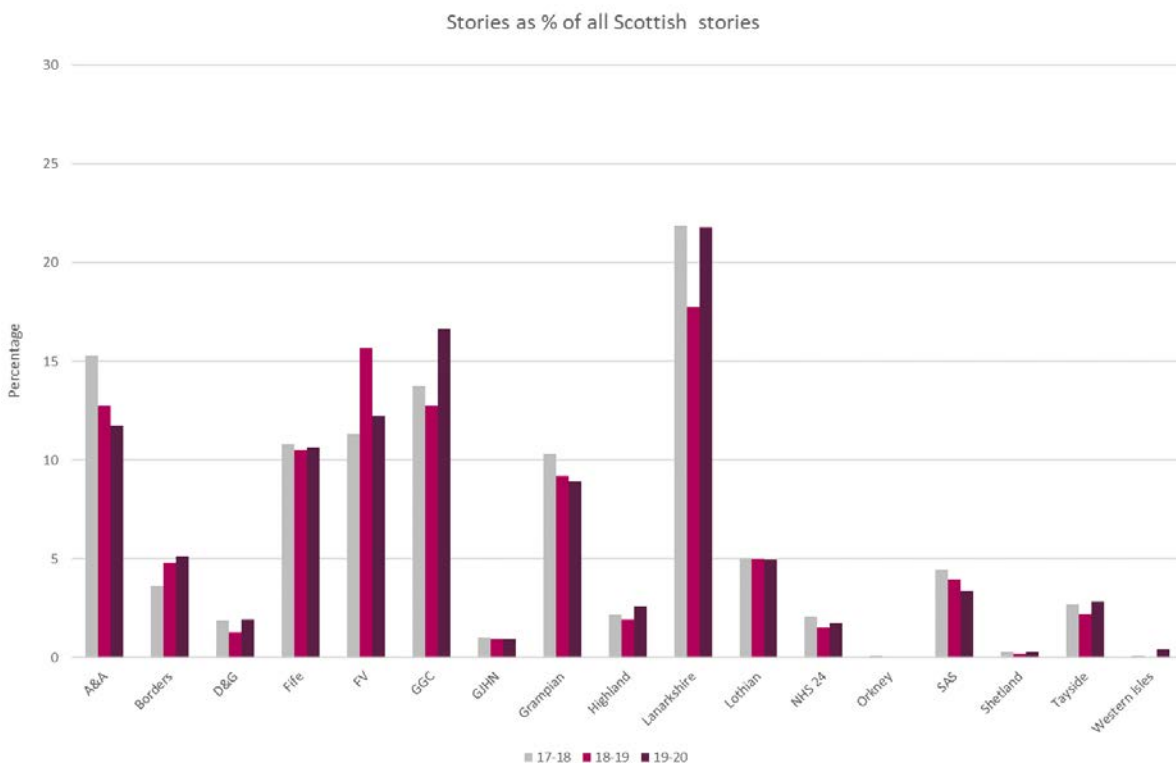
In 2019/20 in Scotland 4,267 people shared their stories of health and care services on Care Opinion. Of these 930 were Lanarkshire stories.



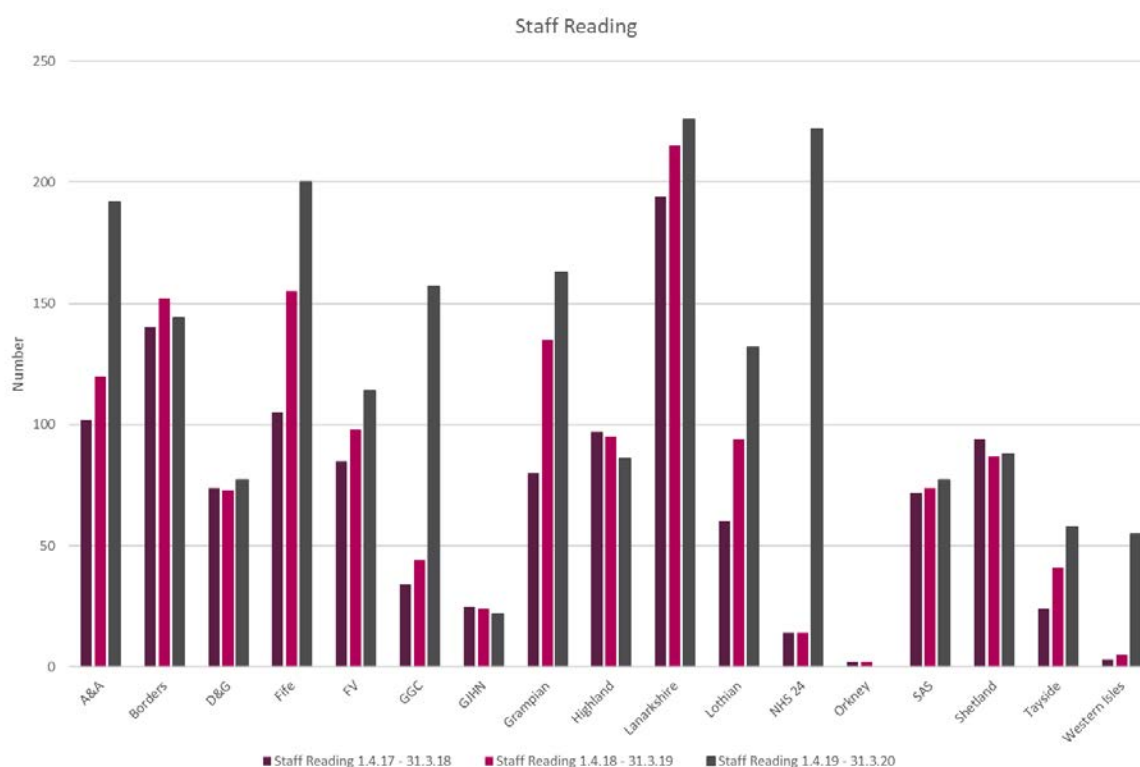
Of these stories, 64% reported positive experiences with the remaining 36% giving critical feedback of the service they received. For both types of stories, 100% received a reply to their story. The stories in 2019/20 have already been read 135,275 times. Of the 34% of the stories which highlighted critical feedback, 7% resulted in 25 changes being made to the service in view of the care opinion story. This is an increase on previous years and we continue to encourage Care Opinion feedback to be used a way of informing service change.



The 930 stories in 19/20 is a 34% increase from 2018/19. We continue to actively encourage the use of Care Opinion to the public as a way of telling us what went well and what could be even better with our services.



We are continually recruiting staff to be care opinion subscribers and currently have 194 members of staff registered as responders. Our numbers of staff reading Care Opinion continues to increase each year with 226 staff reading stories in 19/20 and this is a very powerful way of hearing the experiences of people who use our services.



In 19/20 we used the new Kiosk mode function available with Care Opinion. This is a new storytelling page which can be used for any service listed on Care Opinion. This is a shorter mode and can be accessed using an iPad. Any stories submitted through the kiosk mode will automatically be linked to the single service for that page. The story form is more compact than the usual Care Opinion process and the story author isn't required to be logged in. Once a story is submitted, the page returns to the start ready for the next story.

In NHS Lanarkshire we trained our patient experience volunteers in the use of the Care Opinion Kiosk Mode. They then used this on iPads when visiting ward areas and offered patients and their relatives the opportunity to have their stories captured.

Our volunteers have been using the Kiosk Mode since August 2019 to record experiences of care in inpatient settings using iPads. It is easy to use for volunteers to record a conversation, or patients can record their own feedback story. It removes the need for paper systems and the people providing feedback get a response from a Service Manager, Senior Nurse, or Team Leader. Feedback stories were obtained from Medical, Surgical and Care of the Elderly wards across the three acute hospital sites as well as from UHM Physiotherapy and the Hospital at Home service.

In total there were 110 stories told using the Kiosk Mode which is 12% of our stories overall.

We plan to continue to use the Kiosk Mode with volunteers (where COVID19 restrictions allow) and we are also planning to train ward staff in how to use it to support people to tell their stories.

Please see the full Care Opinion Annual Report Attached.

### **3. Non-Executive Director Evening Visits**

#### **INTRODUCTION**

There is a desire from Non-Executive Directors to gain greater insight into the conditions and approaches to patient care in an evening setting to compliment the routine Leadership Walkround process.

To aid the development of a process and the feasibility of this proposal, a simulated evening visit took place at Hairmyres Hospital on the 5<sup>th</sup> August between 6-7pm. This visit was assessed by the Medical Education Dept which included an expert on Human Factors which was thought to be of help during the assessment. The Director of Quality performed the role of the Non-Executive Director and the site Director and Chief Nurse led the visit with assistance of a nurse from the Emergency Department. The full assessment report has still to be received however some of the main reflections of the visit will be included in this report.

#### **FORMAT**

It is envisioned that this visit would be less formal and less structured than the Leadership Walkround process whilst allowing the Non-Executive Director to ask questions aligned to their area of interest.

At a pre-arranged time, the Non-Executive Director will be met by a member of the hospital / site management staff who will have considered a safe and appropriate route through the site to provide access to a clinical area. This will enable opportunities to meet staff and patients should the Non-Executive Director wish to ask a question.

From the simulation visit, it was apparent that the area regarded as most suitable for the visit was the Emergency Department which would include aligned areas such as Minor Injuries and waiting areas. The main reason for this view is the capacity of staff to accommodate the visit and allow interaction with the Non-Executive Director.

The main principle for the host manager to follow is that the visit should be informative, therefore they should consider points of interest related to the site or current issues that would be helpful to have increased awareness of. It must be noted that there may be areas of the department that cannot be seen at the time of the visit if occupied by patients (such as resuscitation rooms).

The visit should be completed within one hour and any follow-up information or actions required will be resolved by the site manager.

#### **PROCESS**

The Board Secretary will collate a list of the Non-Executive Directors who wish to undertake an evening visit. Once a Non-Executive Director is identified for a forthcoming visit they will be asked if there is a particular site they wish to attend ensuring equal allocation across the sites.

The site/ hospital management team (Triumvirate) will be contacted who will suggest a date and time and organise the escort for the evening visit. The dates should be arranged at least a month in advance to provide adequate notice.

**FEEDBACK**

Although the Non-Executive Director will undoubtedly provide feedback in real time on the visit, it would also be helpful to gather reflections centrally to be included in the reporting structure for walkrounds. Therefore an Evening Site Visit feedback form (appendix 1) should be completed by the Non-Executive Director and emailed or posted to the Quality Directorate. The Board Secretary will inform the Quality Directorate of visits planned so they can include in the annual report and know to expect the feedback form.

The Quality Directorate will follow-up on any actions that were agreed to be taken forward on the visit and ensure any further information requested is provided back to the Non-Executive Director. The Quality Directorate will also provide an overview report to the site / hospital management team and include in the Quality Directorate update to the Board Meetings.

**4. Duty of Candour Annual Report 2019/20**

This second Annual Report sets out the overall numbers (20 events) and the lessons learned. The Report was submitted to the Healthcare Quality Assurance & Improvement Committee in July 2020.

Extract of Minute below.

*The Committee considered the Adverse Events (Duty of Candour) Annual Report 2019-2020 presented by Mrs K Cormack. Members heard that it was not possible to confirm whether some events within the timeframe were duty of candour because the investigations were ongoing, however these will be picked up and a further report provided to the Quality Planning & Professional Governance Group and to this Committee in due course. Once approved, the report will be shared with Scottish Government.*

*Dr A Osborne commended the report, noting that it was good to see the legislation was being followed in NHS Lanarkshire as appropriate.*

Dr J Burns  
Medical Director  
26th August 2020

## Appendix 1

<b>NON-EXECUTIVE DIRECTOR EVENING SITE VISITS FEEDBACK FORM</b>	
<b>Date:</b>	<b>Non-Executive Director:</b>
<b>Site Visited:</b>	<b>Host Manager:</b>
<b>Summary reflection of visit:</b> <i>(please consider what you noticed, any surprises, any concerns, any areas of good practice)</i>	
<b>Any further information requested:</b> <i>(this should be requested in person during the visit)</i>	
<b>Any actions agreed to be taken by Host Manager:</b> <i>(this should be agreed in person during the visit)</i>	
<b>Any feedback on the process of the visit:</b> <i>(please consider the arranging of the visit, any logistical issues, any aspects of the process that could be improved)</i>	
<b>Any other comments:</b>	