

NHS Board Meeting
29th July 2020

Lanarkshire NHS Board

Kirklands
Fallside Road
Bothwell
G71 8BB
Telephone: 01698 855500
www.nhslanarkshire.scot.nhs.uk



**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 the Lanarkshire Quality Approach and on progress with quality initiatives across NHS Lanarkshire.

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 the QPPG & PSSG and is presented in detail to 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:

- ▶ 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

July 2020



1. Introduction

This report provides an update on the current progress over June 2020 to July 2020, 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

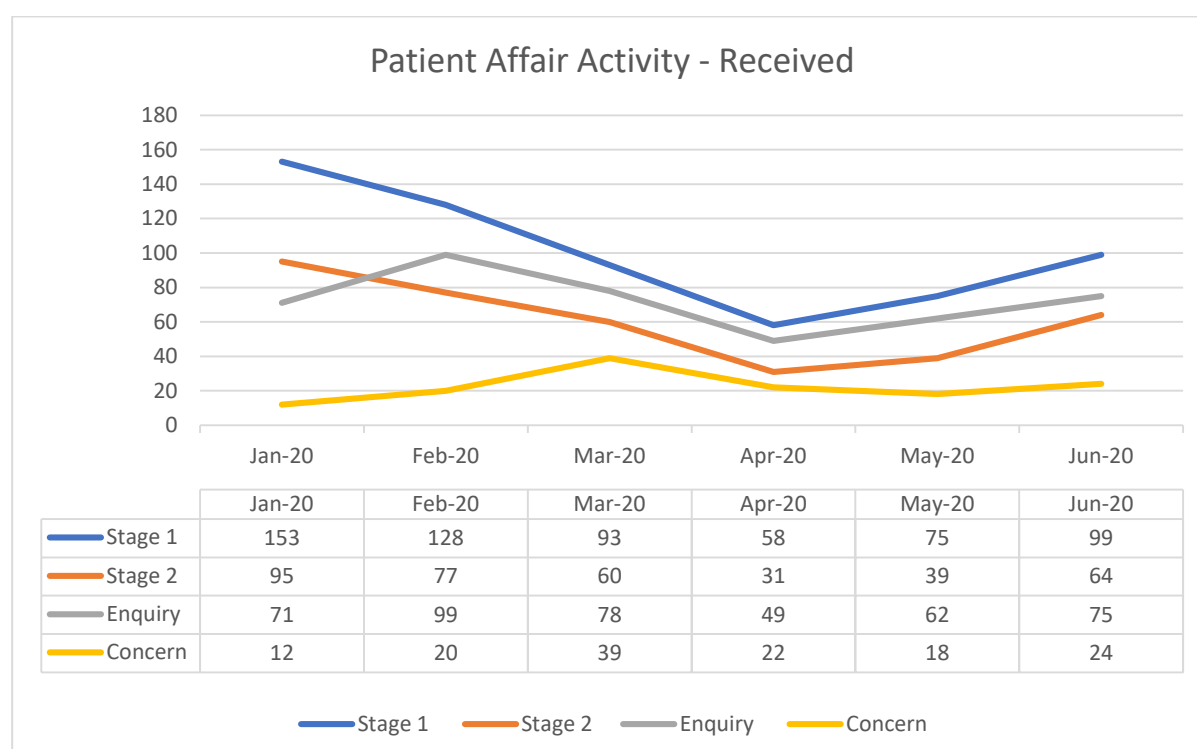
COMPLAINTS

Complaints Activity

The Complaint Handling Procedure (CHP) has remained in place throughout the pandemic, to continue compliance with the Patient Rights Act (2012), with the use of extensions endorsed by the Scottish Government and the Scottish Public Services Ombudsman.

Standard responses were agreed at the start of the pandemic to manage complainant expectations and keep complainants apprised. During July 2020, the decision was taken to cease the 'blanket' application of extensions for complaints, as there had been no noted delays to the return of witness statements and information required to draft responses.

Patient Affairs activity has fallen during initial phases of the pandemic, but has started to rise again in June 2020.



Monitoring of enquiries, concerns, Stage 1 and Stage 2 complaints directly or indirectly related to Covid-19 continues. This information is analysed to identify organisational learning e.g. identification of thematic issues, locations and specialities. Delays in appointments/treatment remains the prevalent issue raised by complainants.

The Corporate Complaints team continues to liaise with Communication colleagues to ensure organisational consistency between the 2 areas of work, including press releases and MP and MSP policy responses, and information provided by Patient Affairs.

Current Complaints Reporting

Quarter 4 (2019-2020) reporting has been completed, which enables progression to the Annual Report. In light of Covid-19, the Scottish Government have extended submission of the Complaints Annual Report to September 2020. An annual report on Feedback, Comments, Concerns and Complaints will be submitted to HQAIC in July.

Complaints Module Datix Upgrade

An upgrade to the Datix Complaints module has been deployed for complaints received from 1st April 2020.

Some further development work is progressing, with issues being actively monitored.

We have a continued focus on enhancements, to maximise functionality and benefits with the following improvement work underway:

- i. An ability to link a specific outcome to a specific issue/location – this should improve the richness of our data, enabling us to ‘drill down’ to the specific issues that have been upheld or partially upheld
- ii. Production of meaningful data by specialty, locality etc.
- iii. Improved functionality to record learning and actions (recognising improvement as a key driver of the Complaint Handling Procedure)
- iv. Production of Excellence in Care data
- v. Development of cumulative information/reporting
- vi. Consider an approach to thematic analysis
- vii. Consider frequency of reporting e.g. monthly if reports can be automated. The Complaint Handling Procedure identifies a requirement to produce quarterly and annual reports.
- viii. Future move towards local e-recording of Stage 1 complaints

ADVERSE EVENTS

Adverse Events New National Notification System

NHS Lanarkshire commenced engagement with the National Notification system in February 2020; this requires monthly submissions of any new Significant Adverse Event Reviews (SAERs) commissioned as well as details of category of event and specialty involved. Further detail is added for each case when the SAER has been closed providing information on the recommendations/actions and reflections on process.

The submissions were paused during the height of Covid-19 but have now been reintroduced from June, with data submitted on SAERs commissioned for March, April, and May.

The Adverse Event Network and the Expert User Group, run by HIS, are looking at the output of the National returns and working on achieving elements of standardisation across Scotland. HIS

have started to pull some charts together to show numbers submitted to analyse any potential themes emerging and will share with Boards when complete.

SAER Monitoring Process

The new process to alert when there are delays in the SAER pathway was introduced from 1st June 2020. Discussions on this new process were held with Executive Team members and also discussed at the last Adverse Events Improvement Group meeting held on 9th March 2020, with the intention for this process to be introduced and implemented in April 2020. Implementation of the process had to be deferred due to the Covid-19 pandemic; therefore agreement was made for this to commence from 1st June 2020 for all adverse events commissioned as SAER.

This new process will allow early trigger points to alert at selected checkpoints within the current process of SAERs; it will also promote and encourage the use of the Tracker Tool and capture the additional detail to record on Datix. There will be regular monitoring of the data and reports produced.

DUTY OF CANDOUR

We continue to fully support the principles of Duty of Candour with data collation to evidence compliance against the legislation.

The Duty of Candour annual report has been developed for time period April 2019 to March 2020. During this second year of Duty of Candour legislation, NHS Lanarkshire has reported 20 events. These were all unintended or unexpected incidents that resulted in death or harm as defined in the Act and did not relate directly to the natural course of illness or an underlying condition. There are an additional 19 SAERs still open that may add to this number if the conclusion of the review assesses that the case meets the criteria for duty of candour.

All of the closed investigation events that meet the criteria and have fully complied with the legislation.

The annual report will be presented to the HQAIC members at the July 2020 meeting, final approval from Medical Director and Director of Quality will be sought, prior to submitting the final report to HIS, scheduled date for submission by end of July 2020.

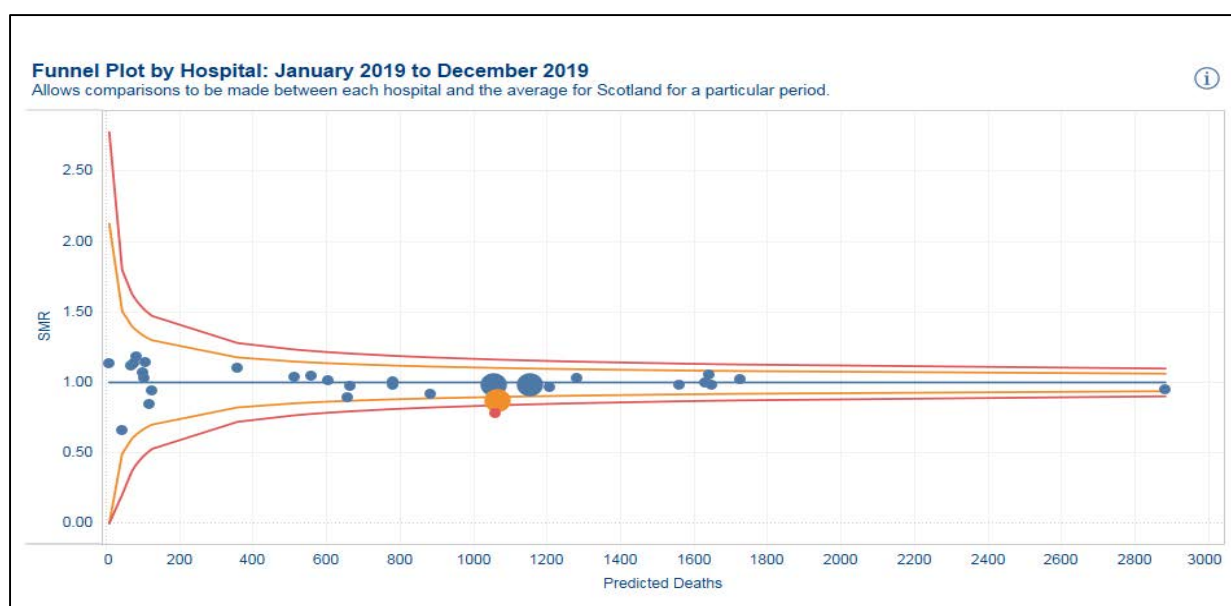
HSMR

The latest release of HSMR data using updated methodology (introduced in August 2019) was published by ISD on 12th May 2020.

The data includes case-mix adjusted 30-day mortality on admissions from January 2019 to December 2019. Data is presented as a Funnel plot to allow comparisons to be made between each hospital and the average for Scotland for a particular period.

Latest Hospital Standardised Mortality Ratio						
Please note that as of August 2019, HSMR is presented using a 12 month reporting period when making comparisons against the national average. This will be advanced by three months with each quarterly update.						
Crude mortality values presented here are reflective of the latest 12 month HSMR reporting period. For crude mortality trends by individual quarter please refer to Crude Trends (Overall) .						
Health Board of Treatment: NHS Lanarkshire	Period January 2019 to December 2019					
Location	Observed Deaths	Predicted Deaths	Patients	Crude Rate (%)	HSMR	Comparison to Scotland on the Funnel Plot
Scotland	25,758	25,758	704,255	3.7%	1.00	n/a
NHS Lanarkshire	3,097	3,278	83,341	3.7%	0.94	n/a
University Hospital Hairmyres	926	1,066	23,426	4.0%	0.87	▼
University Hospital Monklands	1,039	1,057	26,098	4.0%	0.98	●
University Hospital Wishaw	1,132	1,155	33,817	3.3%	0.98	●

The 3 NHS Lanarkshire hospitals are represented on the funnel plot by the 3 large dots on the chart. University Hospital Monklands and University Hospital Wishaw are both within normal limits. University Hospital Hairmyres is below the lower control limit by between 2 and 3 standard deviations from the Scottish average.



In this new model, trends over time are not captured for individual hospitals but they are reviewed internally through the Corporate Governance Report. This will continue to be monitored through HQAIC.

QUALITY DATA & MEASUREMENT

The Covid-19 Data Dashboard was established at the beginning of April, with the Data and Measurement team receiving extracts from a range of disciplines, and formatting this data into appropriate run chart displays to assist with assessing the status of NHSL, under the following measures:

- Public Health
- Community Hub
- Care Home
- Out of Hours Services
- Covid-19 Acute Site Results
- Staff Absences
- Hospital & ICU Occupancy
- Covid-19 Recoveries

- A&E Waiting times
- Covid-19 Deaths

The Dashboard was developed further over the course of the last two months, with the inclusion of additional measures such as Mortuary data, and submitted to the Gold Command Meeting on a weekly basis. This meeting structure has now been stood down, and there has been a return to normal reporting schedules, with the reintroduction of CMT Huddle datasets and meetings from the first week of June. The Covid-19 dashboard continues to be updated on a weekly basis, and submitted for review at CMT every second week, and for publication on the Covid-19 FirstPort site.

Various reporting schedules which were temporarily suspended in April 2020, have also now been reintroduced, with the Acute Site Quality and Safety Dashboards updated for June and submitted to Site leads for review.

3. Quality Improvement

In March 2020 Healthcare Improvement Scotland (HIS) advised that the core national programmes; Adult & Mental Health Scottish Patient Safety Programmes, Maternity & Child Quality Improvement Collaborative, Value Management Collaborative and Acute Kidney Injury Collaborative would be paused until after the pandemic.

The Improvement Team completed the Hibernating QI Programmes Checklist developed by HIS to record the current status of each of the NHSL QI Programmes, both national and local, to ensure that all relevant information on each programme is up to date and can be paused until further notice. This process will ensure that all programmes can smoothly be reinstated following the pandemic.

QUALITY IMPROVEMENT IN RESPONSE, RECOVERY & REDESIGN

The NHS Lanarkshire Quality Strategy sets out its ambitions for improvement and innovation to use a consistent approach to improvement throughout the organisation that reflect all stages of the improvement journey and that apply to continuous daily improvement as well as large-scale transformational change.

During the pandemic response stage many rapid changes were made in response to the emerging situation. The team provided University Hospital Wishaw (UHW) and University Hospital Hairmyres (UHH) with support to implement the response stage rapid changes which were put in place such as development of specialty plans to reconfigure site services to meet the new Covid-19 demand. In addition across Lanarkshire quality improvement methodology and expertise was used to design and implement the following changes:

- Shortened version of Anticipatory Care Plans in community settings
- Treatment Escalation/Limitation Plans for all emergency admissions to hospital
- Coping with Crisis Booklets made available to GPs, Care Homes, Community Hospitals, Community Teams and Acute Hospitals.
- Talking with Relatives aide memoire posters
- Death Certification Process changes
- Personal Protective Equipment changes to process and distribution
- Mortality Reviews of Covid-19 deaths at UHH

The Improvement Team has the skills and experience to lead clinicians, managers and other staff through the improvement journey from identifying the need for change, designing a change, testing and implementation of that change through to spread and sustainability.

As the organisation moves towards recovery and redesign of services the Improvement Advisors within the team have been deployed to work with the Operational Unit triumvirates across UHH, UHM, UHW and North & South Health and Social Care Partnerships (HSCPs). This approach will support a consistent approach to using robust quality improvement methodology as specialties and services begin to recover and redesign their services.

In addition Improvement Advisor capacity has been deployed to support the Lanarkshire Critical Care Group to learn from the response phase and plan for a potential second wave of increased infections.

LESSONS LEARNED FROM COVID-19

Covid-19 has created a platform for change. Health and Social Care organisations are required to think and act as a system in ways we have not done before. In recent months staff across NHS Lanarkshire and both North and South HSCPs have designed and adopted new ways of working across all of their services. This accelerated change in response to rapidly changing demand has seen lots of changes being made and we need to ensure we are able to evaluate what works and what does not.

In order to sustain change for the future it is important to learn from the practice of today. At the current time there is a unique opportunity to understand and consolidate what we are learning from different parts of the system and identify the practice and behaviours that will have benefits and can inform what our future state looks like.

As part of the pan Lanarkshire approach to response, redesign and recovery one key element will be capturing the information relating to what lessons we have learned and how do we act on that learning.

The Improvement Team are leading on the capture of lessons learned during the response phase using the Learning Framework developed by Collaborate CIC. This framework enables information to be captured at individual, organisation and system level. This work will supplement the lessons learned captured by the Resilience Team as part of the Structured Debrief process.

QUALITY IMPROVEMENT EDUCATION GOING VIRTUAL

We have well established Quality Improvement Education Programmes in Lanarkshire. As with other national and local education providers we are now reviewing our face to face QI programmes; aEQUIP for Individuals and aEQUIP for Teams to be able to offer these in a blended approach using an online format.

A Short Life Working Group is reviewing the content of the aEQUIP for Individuals programme and it is anticipated that using MS Teams as the web based system a virtual aEQUIP for Individuals programme for a test cohort will be delivered in August. Feedback from this test will inform the design of an aEQUIP for Teams online version.

4. Evidence for Quality

SCOTTISH PARTICIPATION IN HQIP COMMISSIONED WORK

We have been notified by HQIP (Healthcare Quality Improvement Partnership) that the Scottish Government is withdrawing from taking part in the Medical & Surgical and Child Health Clinical Outcome Review Programmes, and other enquiries and audits commissioned by HQIP. The Scottish Government on behalf of NHS Scotland and other stakeholders has been working with HQIP since November 2018 to try and identify a mutually agreeable legal basis that will support Scotland's continued participation, specifically around the financial payment for that participation. So far they have not been able to identify one, with the result that there will now be a phased withdrawal by the Scottish Government from paying to participate in the NCAPOP (National Clinical Audit and Patient Outcomes programme). This Programme includes a number of audits NHS Lanarkshire contributes to including for example NCEPOD, NMPA, MBRRACE and NACAP. Scottish Government have confirmed we will remain in these audits until such time as the contracts expire and are keen to continue Scottish participation in these audits.

SUPPORT TO COVID-19 SHIELDING WORK

The Clinical Audit Team have supported Public Health colleagues with the Covid-19 Shielding work, specifically with the data analysis and reporting aspect of this work. The team are maintaining a centralised database of all shielding individuals in Lanarkshire and are using this source data from PHS to provide regular and ad-hoc analysis and reporting on key measures. In addition, the team have been identifying those care homes where shielding individuals reside and also closed settings such as The State Hospital, HMP Shotts and Stanmore House School. Children and Young People who are shielding have been identified and details provided to the Community Children's Nursing Teams across North and South Lanarkshire.

EVIDENCE SEARCHING

The Evidence Team has responded to a number of requests for literature searches as well as producing regular research current awareness bulletins on Covid-19 since March. The topics requested have ranged in complexity and include the following:

- Models/ranking systems/criteria used to assess which health services would have worse effects than others if cut, in the longer term during the Covid-19 pandemic
- Emerging evidence about the effects and side-effects of Covid-19
- What are the characteristics of Covid-19 that could make the Early Warning Modelling System more effective? Can we draw anything from the SARS/MERS/Other CV outbreaks?
- Evidence on excess deaths and avoidance of care since Covid-19
- Evidence about the benefits, harms and costs of temperature screening (both Covid-19 and other diseases in acute and community settings)
- Technology options and availability of technology e.g. scanning machine for large groups of people and then individual screening of people showing up on the scanning screen as having elevated temp (both Covid-19 and other diseases in acute and community settings)
- Ranking scales/ models/ criteria/ scoring systems used for rating individual's need (be they either clinical and/or social i.e. vulnerable groups)
- Steps health and social care organisations have put in place to minimise adverse impacts from reducing services

- Similar to above, any models/ranking systems/criteria used to assess which health services would have worse effects if cut than others, in the longer term i.e. if reduce HIV prevention services could result in more people with HIV in long term
- Comparisons of intra-thoracic pressures from coughing vs chest compressions
- German testing /predictor/testing system
- HAI in enclosed settings (community and acute hospital/care home settings) – what are the prevalence and incidence of HAI for cases of Covid-19 and the factors that influenced the epidemiology for Covid-19? Can we draw anything from the SARS/MERS/Other CV outbreaks
- Looking for evidence about anywhere that has looked at stepping back up (normal services) and anything on reduction in presentations to Acute and to GPs and what happens when the acute crisis is over. Covid-19 chaperones' for people attending clinical appointments

LIBRARY RECOVERY

Work is underway to reinstate the hospital libraries following a period of reduced access during the height of the Covid pandemic. An environmental walk round has been completed and a number of structural changes will be made before opening to ensure safe social distancing for library and visiting staff. The libraries are well used by our staff for IT access, particularly medical and nursing students who lack other opportunities. We are therefore keen to re-establish this facility to support staff in their development.

Dr J Burns
Medical Director
July 2020