

NHS Board Meeting
28th October 2020

Lanarkshire NHS Board
Kirklands
Fallside Road
Bothwell
G71 8BB
Telephone: 01698 855500
www.nhs.uk/lanarkshire



**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 information within this report is also shared with, and discussed by, the Quality Planning and Professional Governance Group and the Patient Safety Strategic Steering Group, and is also presented in detail to the Healthcare Quality Assurance and Improvement Governance Committee.

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 752784 Ext 402784

QUALITY ASSURANCE AND IMPROVEMENT

October 2020



1. Introduction

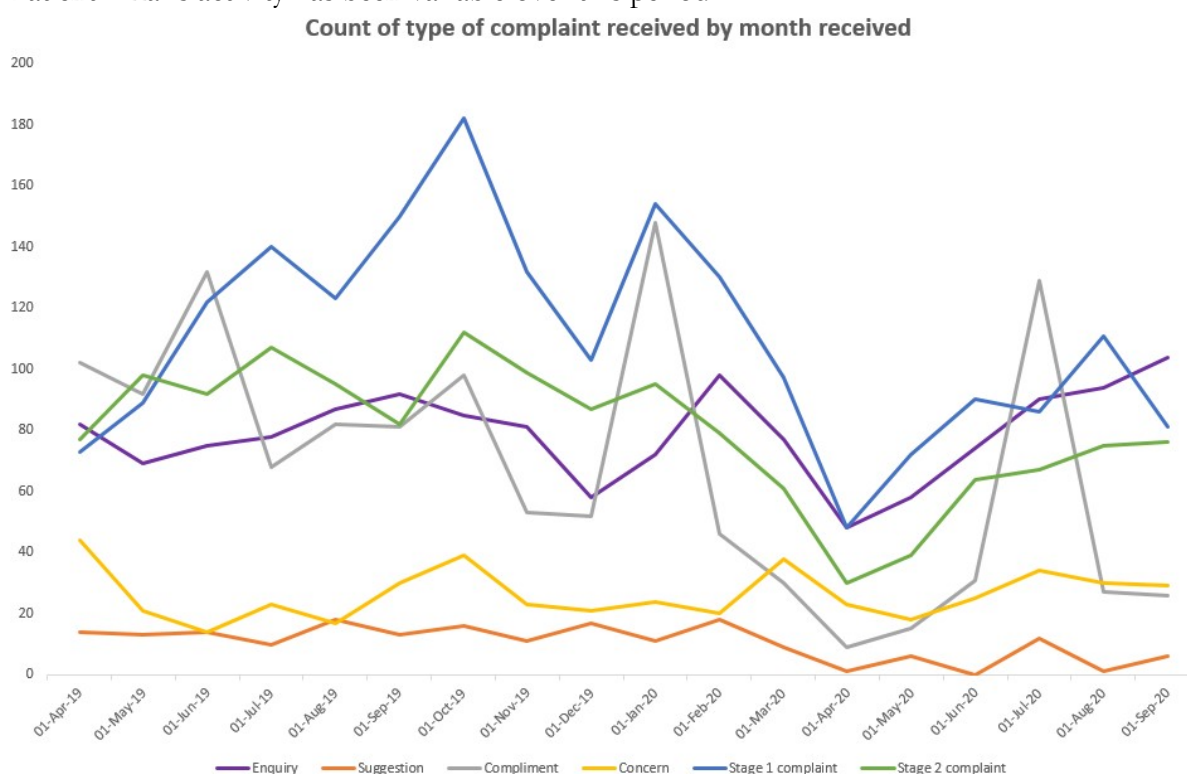
This report provides an update on the current progress over August 2020 to October 2020, of plans and objectives set out in the Quality Strategy to achieve the **Lanarkshire Quality Approach**. The routine monitoring of this work is with Executive scrutiny from the Quality Planning and Professional Governance Group which submits a Highlight Report to each meeting of the Healthcare Quality Assurance and Improvement Committee.

2. Assurance of Quality

CORPORATE COMPLAINTS

Complaint Handling - General

The Complaint Handling Procedure (CHP) has remained in place throughout the pandemic. Patient Affairs activity has been variable over this period.



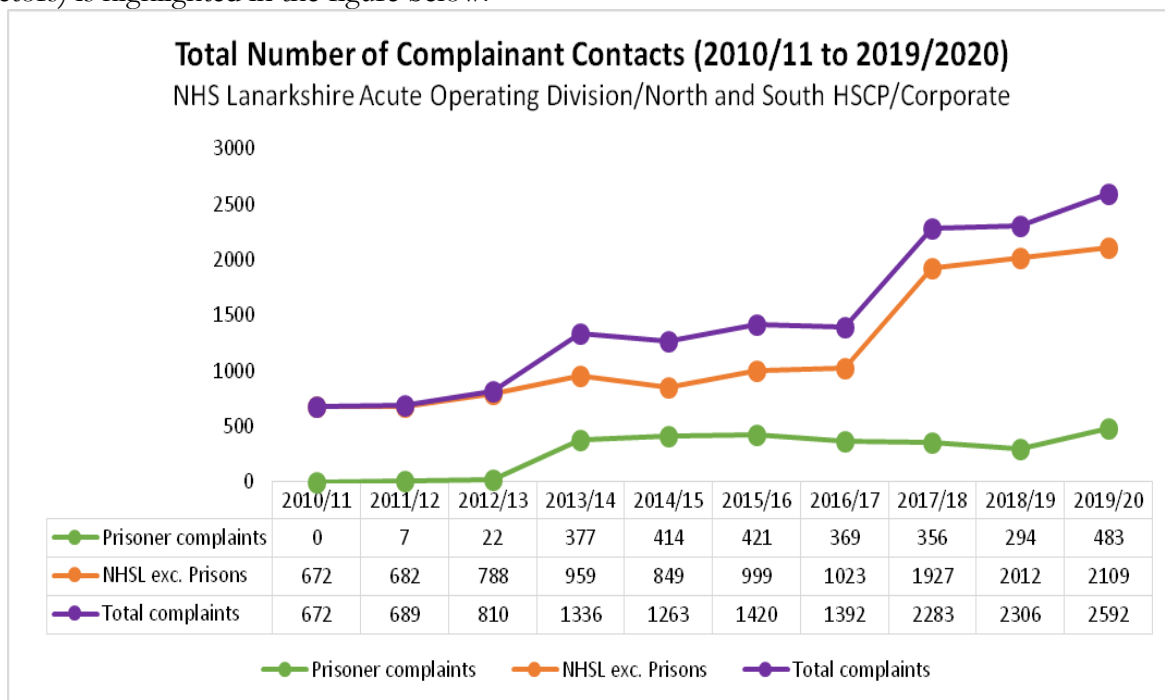
Annual Report 2019 - 2020

Annual submissions to the Scottish Government for 2019-2020 have been completed. The headline figures from the Annual Report on Feedback, Comments, Concerns and Complaints are as follows:

- We received **2592** complaints during 2019-2020 of which **483** related to prisoner healthcare.
- **1403** complaints were also received by NHS Primary Care Service Contractors
- NHS Lanarkshire closed **2,410** complaints in 2019-2020.
- **96%** of complaints were acknowledged within the national target of three working days.
- The average time in working days to respond to complaints at Stage 1 was **4 working days**.
- The average time in working days to respond to complaint at Stage 2 was **24 working days**.
- **81%** (1142/1415) of Stage 1 complaints were closed within 5 working days.
- **62%** (564/904) of Stage 2 complaints were closed within 20 working days.
- **87%** (79/81) of escalated complaints were closed within 20 working days

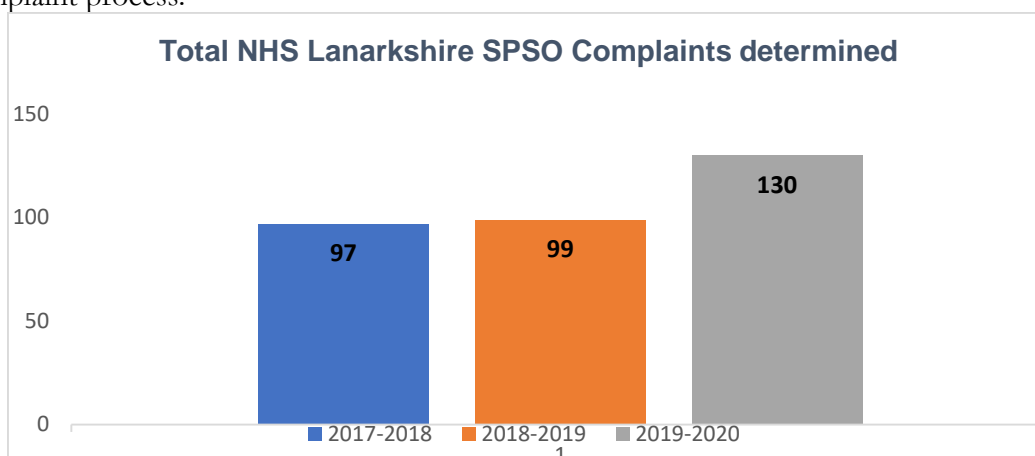
- 50 Scottish Public Service Ombudsman investigation reports were received in 2019-2020.

Complainant contacts to NHS Lanarkshire over the last 10 years (excluding Primary Care Service Contractors) is highlighted in the figure below:



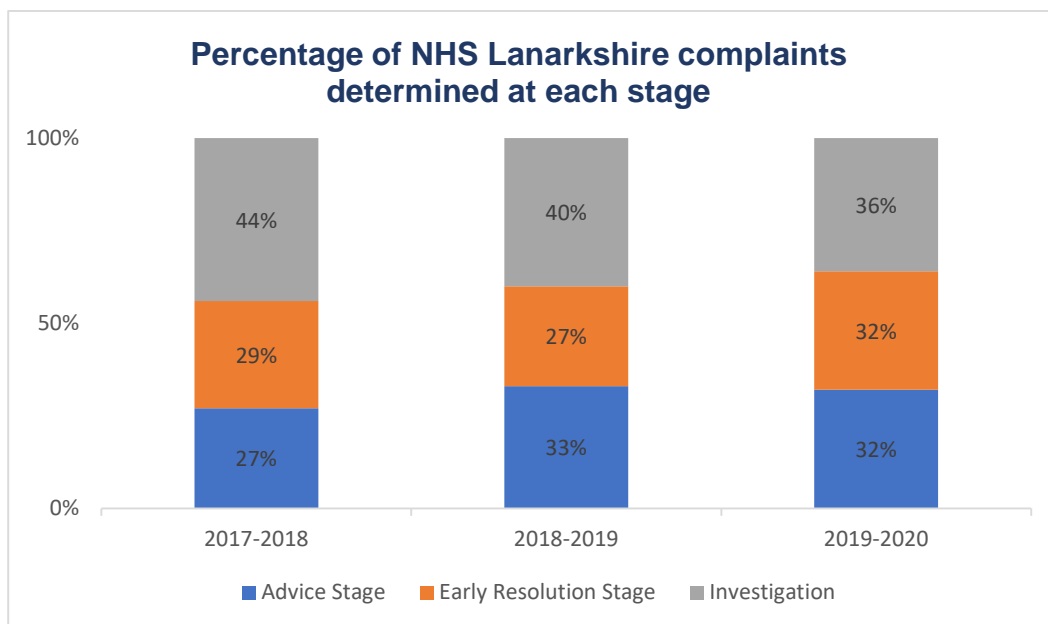
2019-2020 Scottish Public Services Ombudsman (SPSO) Activity

The SPSO published their Annual Statistics for 2019-20 on 17 July 2020. This data has been further analysed by the Corporate Complaints Team and compared to previously published statistics. In 2019-2020, 130 complaints about NHS Lanarkshire were determined (closed) in total by the SPSO (this includes prison health). This represents a 31% increase on 2018-2019. The increase in number of complaints determined may be as a result of improved signposting / greater public awareness of the complaint process.



Of the 130 NHSL cases determined by the SPSO:

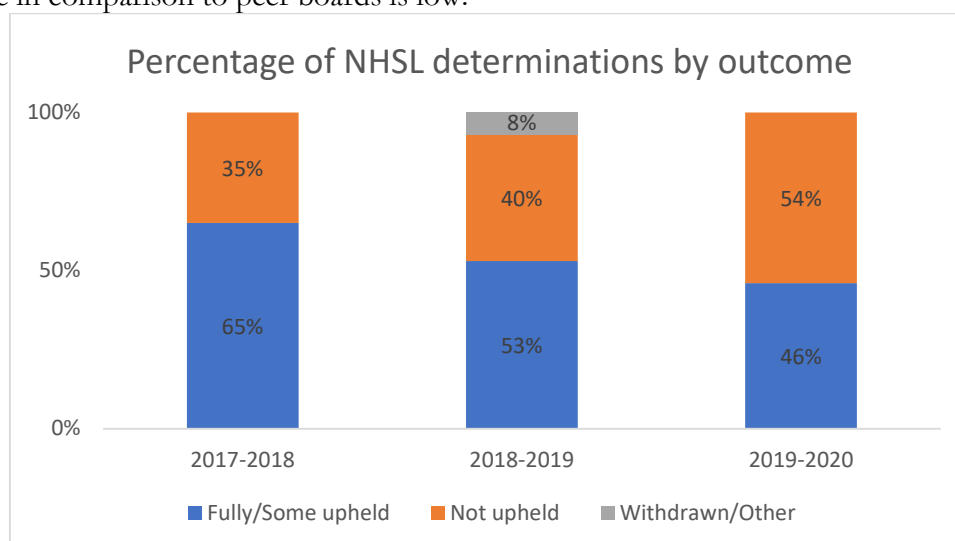
- 42 (32%) cases determined at Advice Stage (i.e. complaint is out with SPSO jurisdiction or resolved through advice)
- 42 (32%) cases determined at Early Resolution Stage (SPSO able to resolve complaint with the organisation, or there is considered to be no significant benefit - or achievable outcome - from a full investigation).
- 46 (36%) cases determined at Investigation Stage (full investigation undertaken).

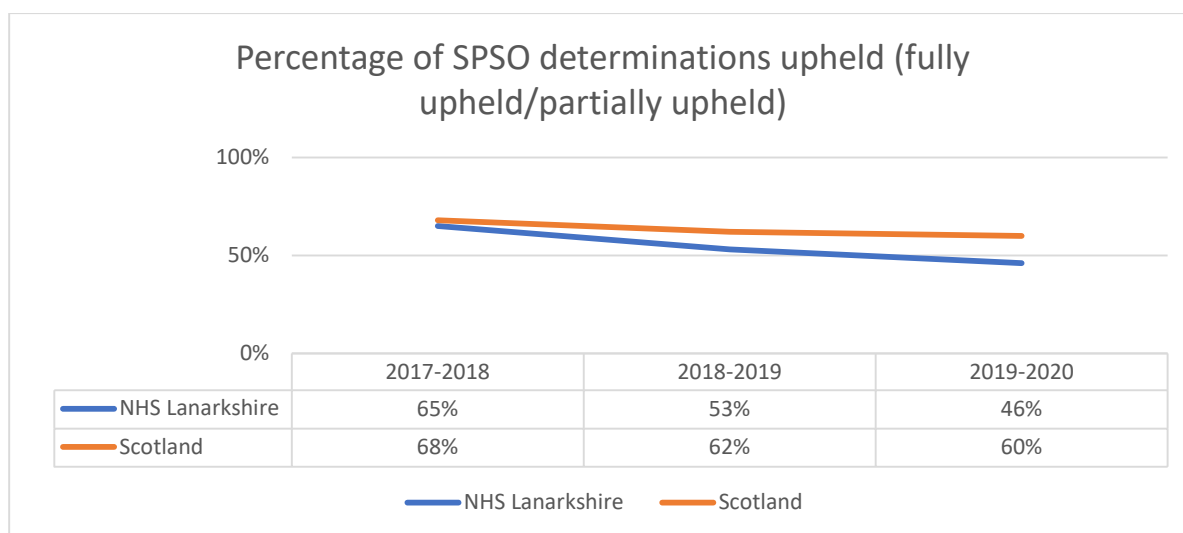


The % of NHSL complaints determined at the investigation stage by the SPSO has continued to decline since 2017 – 2018, again reflecting improved complaint handling processes. Of the 46 cases determined by the SPSO at the Investigation Stage:

- 11 (24%) were fully upheld
- 10 (22%) were partly upheld
- 25 (54%) were not upheld
- 0 (0%) were withdrawn or otherwise resolved

The percentage of NHS Lanarkshire complaints fully or partly upheld by the SPSO has decreased year on year since 2017 – 2018, which indicates improvements in complaint handling in NHSL. Our uphold rate in comparison to peer boards is low.





There were no public investigation reports published about NHS Lanarkshire complaints this year. This compares with 2 in 2018-2019.

Further development of Recording System and Reporting

We are continuing to make developments with the new recording system, implemented for complaints/Patient Affair correspondence received from 1 April 2020. We are completing a mid-year data and performance report, which will be used for broader consultation on what other data is useful in sites/localities. We are striving to make improvements to ensure meaningful data is captured to enable analysis and identification of recurring themes and shared learning from complaints.

LANARKSHIRE QUALITY IMPROVEMENT PORTAL

The rollout of version 2 of the Lanarkshire Quality Improvement Portal (LanQIP) is underway and is being used by teams for Morbidity and Mortality Reviews and the Quality departments Implementation Planning.

The new survey section which allows users to dynamically build their own data sets is being tested by the Excellence in Care team for MRSA, CPE and Epilepsy care planning.

The development of a Face Fit module has been completed and planning for rollout is underway. The Face Fit module will allow the recording of Face Fit results and facilitate PPE stock management across the organisation.

Over the next few months a rolling programme of migration will be undertaken to move all current functionality from LanQIP version 1 to the new system.

ADVERSE EVENTS

Serious Adverse Event Review (SAER) Monitoring

As a result of the COVID-19 situation, some of the SAER Timelines were suspended due to unavailability of clinical staff to perform the reviews.

Arrangements were agreed and communication circulated to ensure Category 1 and Duty of Candour incidents were still being reported during the height of the pandemic, although this did result in decisions being made for some SAERs to be put on hold. For the ones that were on hold, communication was made to the patients/families involved in the reviews, informing them of the delay and providing them with reasons why.

All SAERs have now been restarted, however this has resulted in some of the timelines for the SAERs going beyond the 90 day timeline for completion, which has been reflected within the suite of adverse events reports disseminated to all relevant groups, commissioners, executive team and triumvirate.

All areas have provided assurance that they are actively trying to complete the delayed investigations as soon as possible and this is being monitored by management.

Duty of Candour

Monitoring of all SAERs that trigger the duty of candour legislation continues on a regular basis.

The Duty of Candour annual report was produced for time period April 2019 to March 2020 and presented to the HQAIC members at the July 2020 meeting, with final approval given from the Medical Director and Director of Quality.

Notification was sent to HIS confirming that the report was final and made available on NHS Lanarkshire web site as well as being circulated within the organisation.

Adverse Events Bulletin

To improve the sharing of lessons learned an Adverse Events Bulletin has been produced and was circulated across NHSL in August. The Bulletin includes information on reviewing adverse events & sharing learning and improvements from Significant Adverse Event Reviews (SAERs) which have been carried out.

This 1st edition has been well received and the 2nd edition is currently being produced and scheduled for publication in October 2020.

QUALITY DATA & MEASUREMENT

The Data & Measurement Team continue to prioritise the submission of the COVID-19 Data Dashboard for review at the CMT Huddle.

COVID-19 reporting templates released by Scottish Government were edited on the 10th of September, with several measures being removed. The decision was made to maintain secondary COVID-19 templates for NHSL internal use only. This included a new ITU Daily Report template for monitoring status of ITU across Acute Sites. Number and COVID-19 status of Level 3 patients was then incorporated within the COVID-19 Data Dashboard.

The Epidemiology report released by NHSL Public Health was edited, and updated to a 'Surveillance' report, which now provides COVID-19 new cases and testing data, by locality. Locality data has now been incorporated within the COVID-19 Data Dashboard.

Updating of Acute Site Quality and Safety Data Dashboards recommenced in June, and review of latest datasets indicates a potential return to normalised hospital occupancy levels from the astronomical data points evidenced in April-May 2020, where attendances had significantly decreased.

There has been progress in the development of a Critical Care Data Dashboard, through communication with ICU Clinical Leads, and measures for display have been finalised, under the subheadings of: Demand; Capacity; Activity; Queue; Quality. Data sources have been identified.

The team continue to liaise with the Systems Development team to streamline reporting processes through use of Lanarkshire Quality Improvement Portal (LanQIP), version 2.

A framework for a new Data & Measurement Masterclass has been compiled, and the team continue to source and develop further material for inclusion, with the aim of having a finalised version ready for delivery during Quality Week (w/b 2nd November).

HSMR

The latest release of HSMR data using updated methodology (introduced in August 2019) was published by ISD on 11th August 2020.

The data includes case-mix adjusted 30-day mortality on admissions from April 2019 to March 2020. 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.

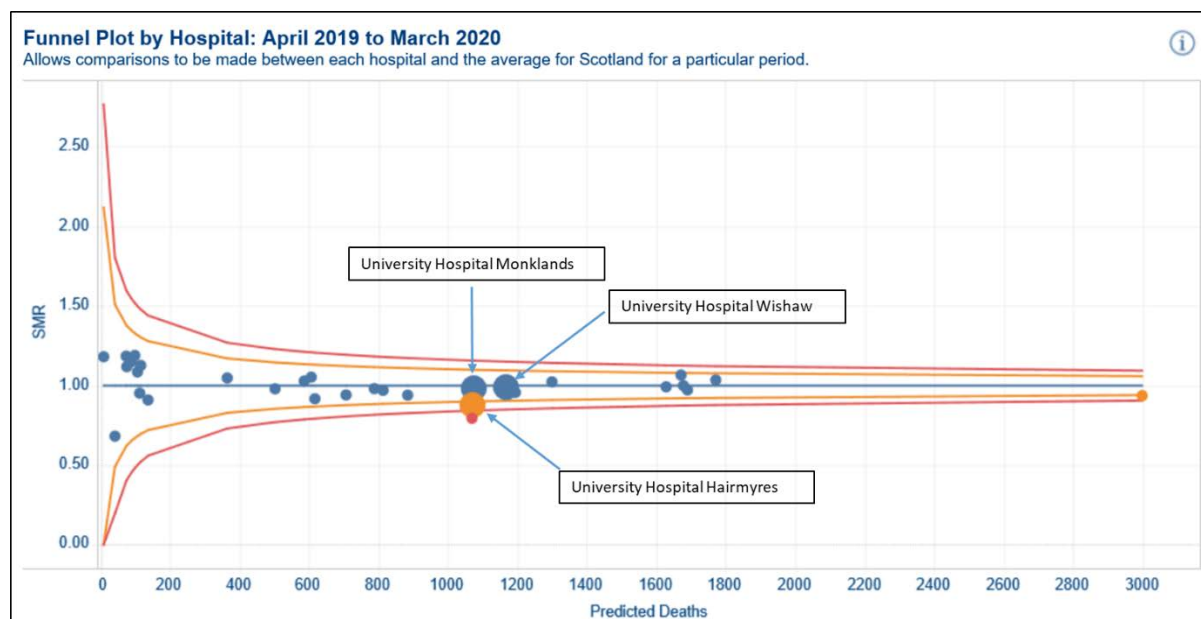
The 3 NHS Lanarkshire hospitals are represented on the funnel plot by the 3 large dots on the chart.

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.

This will continue to be monitored through the Healthcare Quality Assurance and Improvement Committee (HQAIC).

Location	Observed Deaths	Predicted Deaths	Patients	Crude Rate (%)	HSMR	Comparison to Scotland on the Funnel Plot
Scotland	26,228	26,228	692,768	3.8%	1.00	n/a
NHS Lanarkshire	3,152	3,312	80,608	3.9%	0.95	n/a
University Hospital Hairmyres	940	1,071	22,579	4.2%	0.88	▼
University Hospital Monklands	1,056	1,074	25,398	4.2%	0.98	●
University Hospital Wishaw	1,156	1,167	32,631	3.5%	0.99	●



3. Quality Improvement

Leadership Quality Walkrounds during COVID19

Leadership Quality Walkrounds (referred to hereafter as walkrounds) are part of the organisation's programme of work to improve our quality and safety culture and outcomes. Leadership Walkrounds also support the organisation to achieve the implementation of the 'Patient Safety Essentials' (CEL 19, 2013).

Walkrounds have been undertaken in NHS Lanarkshire since 2014 initially focussing on patient safety in acute hospital wards and departments and subsequently extending to quality and safety in all sites including community hospitals and Health Centres.

Walkrounds are a key component of the NHS Lanarkshire Quality Strategy and are in the Person-Centred Care section of the Quality Implementation Plan:

- We will ensure our services are user focused
- We will promote control, independence and autonomy for the patient, their family and carers
- We will support staff to build resilience and psychological safety

Our current visit programme supports a team of staff led by an Executive Director/Senior Lead accompanied by a Non-Executive Director, physically visiting a previously identified area. The walkround process includes meeting on site, moving together to the visit area, walking the area led by the Senior Charge Nurse/Department Lead, having discussions with staff on duty and then moving to a small meeting area to go through the template the area have populated and have a discussion of its contents.

Due to the COVID19 pandemic all aspects of NHS Lanarkshire's working practices are being reviewed and we have had to review our walkround processes to take account of COVID19 restrictions such as:

- Social distancing
- Reduced footfall in clinical areas
- Hand hygiene and PPE requirements
- Supporting visiting team members who are at risk or shielding
- Reducing non-essential travel

The Leadership Quality Walkround visit is **not an inspection, audit or Back To The Floor exercise** it is an opportunity to:

- Discuss healthcare quality issues openly and honestly
- Identify opportunities for improving quality in healthcare
- Promote a quality culture and encourage reporting of adverse events
- Support Leadership learning to identify and prioritise actions to improve quality

Until this year all walkrounds have been conducted on site by all team members. The walkround visit programme was suspended in March due to COVID19. With the likelihood of restrictions being in place for the rest of this year, new ways of working needed to be sought to enable us to continue to meet the objectives of the walkrounds.

A new blended approach has been developed which consists of:

- Face to face onsite walkrounds
- Virtual input to the walkround using MS Teams/iPad
- A mixture of virtual and face to face attendance

The approach used will depend on:

- Status of the area being visited on the day of the visit i.e. able to accommodate staff on site or not
- Status of each member of the visiting team i.e. staff able to travel and be on site.

This approach will ensure that areas are not disadvantaged and can still be visited either physically/virtually or a mixture of both and that members of the visiting team can still take part even if they can't physically be on site.

Use of technology such as iPads and MS Teams means that staff can still “walk” the area and speak to staff without being physically present.

Due to the variety of areas to be visited and how far in the future the visit will be, it is very difficult to predict in advance what will be appropriate in terms of; face to face meeting, PPE required and accessibility. Therefore, each visit will be tailored to the need of the area and also what Covid related restrictions are in place at the time. To help facilitate this a Pre-Visit Checklist will be completed by the Quality Directorate and the host team to identify the most appropriate way to conduct the walkround.

In August three Leadership Quality Walkrounds took place which covered 6 acute hospital wards. One walkround was with the team being physically on site and the other two were a blended approach of some members of the team physically on site and some joining virtually.

The Pre Visit checklist was completed 24 hours prior to the walkround date to ensure that all aspects of safe practice were being adhered to. All areas were deemed suitable to visit. The use of the Pre Visit Checklist worked well and provided Senior Charge Nurses, onsite managers and visiting team members with assurance that all aspects of environmental safety, social distancing, use of PPE etc were being adhered to.

The use of MS Teams as the platform for virtual attendance worked well overall. Signal strength at one point dropped for a short period during one of the walkrounds but audio was still available although picture was poor for a short while. As staff are becoming more familiar with using technology for clinical and non-clinical work and meetings the use of technology for the walkround was not seen in a negative way by either the SCN or the visiting team members.

All those involved in the new process were asked for feedback on how they found the experience.

All staff agreed that having the virtual option was helpful although the preference would be for the visiting team to be able to be on site to get the best experience. Everyone agreed that the technology had worked well given the limitation of signal strength. There was positive feedback on the organisational processes for the walkround.

We asked staff to tell us what had gone well:

“I found the LQW a positive experience and enjoyed being given the opportunities to express my concerns and showcase any positive work we have undertaken as a team.” (Senior Charge Nurse)

“Great engagement with SCN and excellent opportunity to discuss what is going well and what they need further support with” (team member)

“Great to provide teams with the feedback following the LQW as this re-energise the team and they really enjoy the engagement and discussion opportunity” (team member)

“All questions raised by team were relevant to the Ward.” (Senior Charge Nurse)

“I was well briefed and sent all the information in good time. There was sufficient time to ensure a comprehensive visit. I felt free to ask the questions that I wanted. Despite the use of remote technology, I felt the visiting team worked well together and as someone who was new to the process, I felt very supported.” (Non Executive Director)

“I felt I was able to be open and honest throughout” (Senior Charge Nurse)

“Led well by the QI team member, introduction of what was planned for the visit and very thorough debrief of actions. The SCN’s appeared to feel valued by the experience and were grateful of the opportunity to discuss the challenges/ success within their areas of responsibility.” (Team Member)

“Innovative new approach using technology.” (Executive Director)

“Lovely Team. Made myself feel at ease. Listened to concerns raised by myself and Consultant Physician” (Senior Charge Nurse)

There are areas for improvement for example all of the three walkrounds were held on the same day which caused time constraints for some of the site triumvirate staff therefore we will review how we do this in future. Due to restrictions the team didn’t speak directly with patients and other staff members in all areas to reduce contact and it was noted that this element of the walkround was missed by team members.

We asked staff to tell us what could be made better:

“As a SCN it might be valuable to be present at the debrief.” (Senior Charge Nurse)

“Environmental Walk round. Perhaps meet with some patients regarding their opinion on what it feels to be safe in hospital.” (Senior Charge Nurse)

“More engagement with the whole team we only managed to speak to SCN and medical consultant would be good to try and secure an opportunity to speak to others within the team” (team member)

“Particularly at this time and with all that our staff have been through, it would be very useful to build in a time to be able to speak to the local team as a group so that I could pass on the thanks of the Board and acknowledge directly the amazing contribution that has been made.” (Non-Executive Director)

“It would have been good to have had a chance to speak other members of staff as well as the SCN and do more of a walk round however obviously challenging to do this in current times.” (Team Member)

“Missed the walkround and meeting more staff. Possibly, walkround with smaller groups, e.g. group of two with the use of PPE” (Executive Director)

Following this positive feedback on testing a further five walkrounds were booked for October however in view of further local covid19 restrictions in Lanarkshire it was decided at the emergency CMT meeting held on 8th October to cancel these. Further walkrounds will be planned when the situation is more stable.

World Patient Safety Day

World Health Organisation (WHO) World Patient Safety Day, held annually, took place on 17th September 2020, with the aim of raising awareness and improving global understanding of patient safety issues. **Health Worker Safety: A Priority for Patient Safety** was selected as the theme for World Patient Safety Day 2020 and focused on the inter-relationship between staff safety and patient safety.

Lanarkshire Falls Strategy

As part of the event this year Lanarkshire Falls Strategy was launched. The Falls Strategy is a whole systems lifespan approach to Falls, Frailty and Bone Health from birth to older adults.

Our shared vision for Lanarkshire is where more people live a life free from harm from falls.

The Scottish Government National Falls Strategy has been in development in tandem with the Lanarkshire Falls Strategy. This is currently not ready for publication. However, Lanarkshire has built on the local Falls Strategy aligning to the ambitions for the people of Lanarkshire and strengthening the work already commenced on falls, frailty and fracture.

We will:

1. **build an integrated approach:** working more closely together across the system and with individuals and communities to design, plan, fund and deliver falls and fragility fracture prevention and management, and frailty prevention, identification, management and care.
2. **build resilience at a population level:** working together across sectors and with individuals and communities to enable more people to maintain or build their resilience and reduce their exposure to risk factors for falls and osteoporosis
3. **take action earlier:** working together across sectors and with individuals and communities to cultivate a shared responsibility for recognising and exploiting valuable opportunities to take earlier preventative action – when signs of frailty and functional decline are first recognised and, after one fall or fragility fracture, to prevent another
4. **target evidence-based and personalised support:** collaborating to deliver evidence-based falls and fragility fracture prevention interventions for those at highest risk and with complex needs, with a focus on supporting people to achieve outcomes that are important to them

A series of videos and information were distributed on social media via NHS Lanarkshire Facebook and Twitter feeds to support the launch of the Falls Strategy. The campaign ran for the period 17th September to 30th September 2020 however some footage had to be suspended due to Lanarkshire communications department social media priorities changing due to COVID19.

Video links:

Falls Register https://vimeo.com/458844970	Active Health https://vimeo.com/460366932
Scottish Fire and Rescue Service https://vimeo.com/458842980	North Lanarkshire Leisure https://vimeo.com/460365669
Peter McCrossan https://vimeo.com/458840860	Balance Challenge https://vimeo.com/460365499
Karon Cormack https://vimeo.com/458842873	

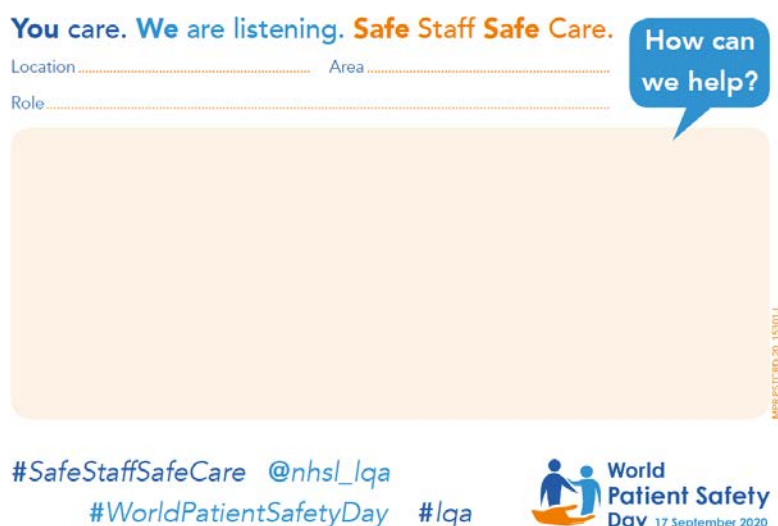
The Community Falls Service and Improvement Team linked with the 3 Acute Hospital Emergency Departments to highlight the pathway to the Falls Register Hub and the Falls Strategy launch. It has been highlighted through improvement work with Scottish Ambulance Service (SAS) that patients who are discharged from the Emergency Departments are not referred to the Falls Register Hub.

Recent analysis of the SAS pathway has found that patients signposted to the Falls Register Hub pathway had a 73% reduction in Falls 3 months following their referral. It is planned to monitor referrals to the Falls Register Hub from the Emergency Departments.

Safe Staff Safe Care

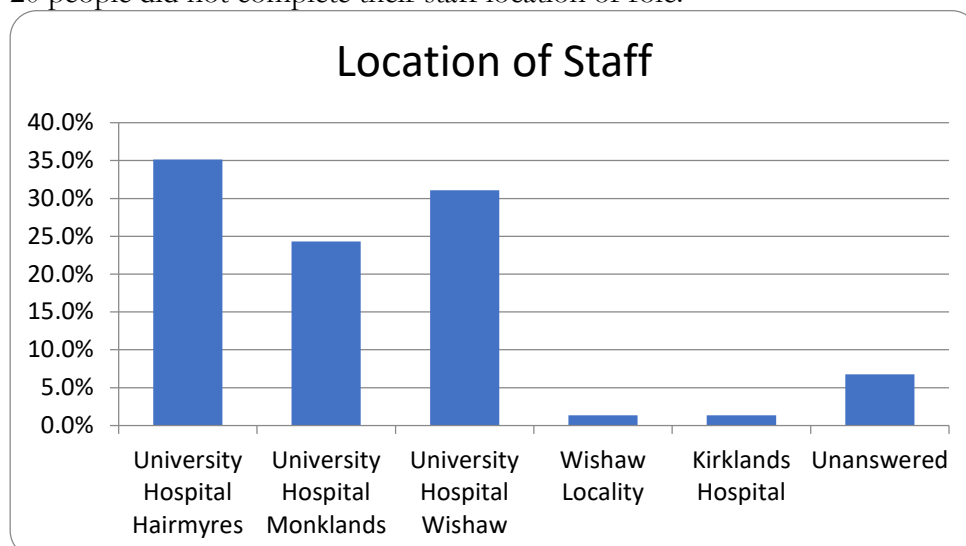
In addition to the launch of the Falls Strategy our focus was on Safe Staff, Safe Care. Spiritual Care and the community Falls Service were available in the Staff Care areas at University Hospital Monklands, University Hospital Hairmyres and University Hospital Wishaw from 11.30am to 2pm on Thursday 17th September 2020. Safe staff, safe care is important across Lanarkshire and we recognise the contribution that our community staff make. Unfortunately, due to current restrictions we are unable to attend community venues. Staff were signposted to Staff Care and Wellbeing service who seek to build resilience and enhance wellbeing through: provision of regular wellbeing focussed classes and events; promoting wellbeing information; 1-2-1 active listening; peer support; group support; and a variety of training courses.

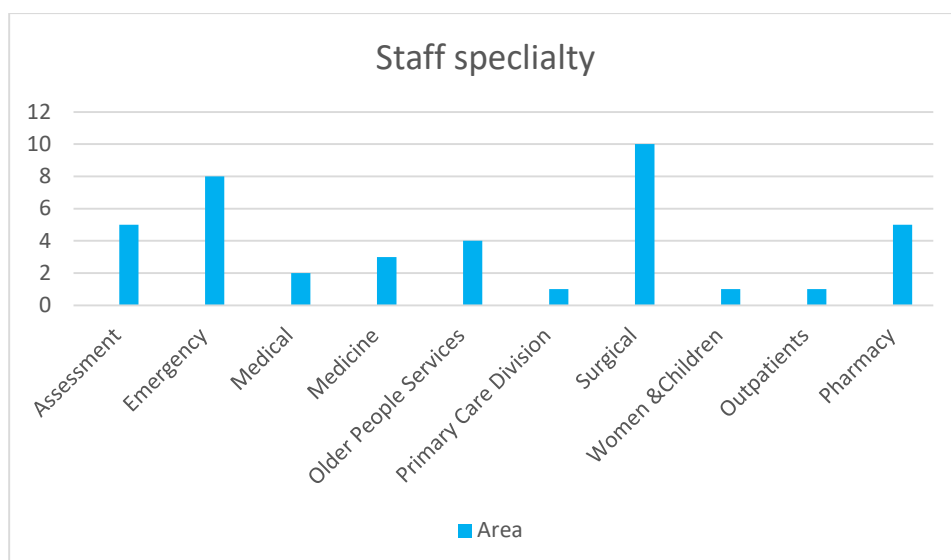
As part of World Patient Safety Day staff across Lanarkshire had an opportunity to take part in our You care. We are listening survey. Staff were asked to complete a postcard or online survey How can we help? Safe Staff Safe Care. These are available across NHS Lanarkshire.



You care. We are listening survey results

A total of 68 responses were received via postcards and online survey. 47% responses were nursing. 20 people did not complete their staff location or role.





There were 5 key themes from responses received:

- **Workforce**

Safe staff levels on wards
 More nursing/medical staff
 Rotas including frequency of on call rota
 Staff being moved to other wards all of the time leaving areas short

'A good rota to allow rest and recovery between shifts.'

'Provide more than one pair clogs/shoes for theatre/endoscopy staff (per year)'

'Due to the pandemic and problems with transport (I do not drive and live rurally), I would appreciate being able to carry out my role working from home.'

'I feel safe at work when there is enough staff and I know I can give 100% to my patients.'

- **Environment**

Better security/CCTV and lighting in car park
 Better car parking spaces
 More communal space and designated rest areas

'No screens up at eye clinic and ENT reception. No masks for patients coming in back door from car park.'

'No-one way system in place for ENT and dental department.'

- **Education/Training**

Lack of opportunities for education/training during COVID19
 No designated time to join education/training or engage in CPD
 Communication between IPC and MDT about changes in procedures
 Keeping up to date with current COVID19 information

'Working outwith my sphere of competence - sent to wards/areas to work. Fear I would make a drug error/mistake'

- **Visibility of Senior Leadership Team during COVID19**

More adequate support from senior staff

'During coronavirus I did not feel safe when managers were not visible during the coronavirus outbreak - working from home - dictating from a desk - not even within the workplace.'

'Did not feel safe when there was no visible managers to provide any form of support - this was unfair on staff and patients. Caused major anxieties at work - very bad experience - no trust in management.'

- **Staff wellbeing**

Availability of mindfulness sessions

Regular COVID testing for staff

Impact on staff that patients have no visitors

Medical staff apparently not being considerate of other staff e.g. not wiping tables after use and not adhering to social distancing in canteen area.

'Allow staffing levels to be as such to permit us to have time to be able to offer peer support within our departments. Provide a listening ear/ quiet place to reflect.'

'I feel safe at work. Worked also in Monklands during the covid period and also felt safe and supported by colleagues. Only down side in visitors and relations restrictions! Have found this hard, but understand why.'

4. Evidence for Quality

Evaluation and benchmarking of national audits

A new process for review, evaluation and reporting of cancer quality performance indicators has been implemented following approval by the Cancer Management Team. The process facilitates systematic follow up, reporting and monitoring of action plans thus providing assurance to the Board that actions have resulted in improvement and informing audit and improvement priorities within Cancer Services.

This has been achieved by the production of timelier local reporting of cancer QPI data – quarterly or bi-annually, individual case review by tumour lead and audit co-ordinator where QPI is not met, monitoring of reviews and action plans by Cancer Management Team and at the Cancer Strategic Leads meetings, as well as benchmarking and reporting of evidence of improvement through the development of a Cancer QPI Monitoring database and associated Crystal Reports.



CancerQPIs_NewProcess.docx

The Clinical Audit team continues to support the review and evaluation of non-cancer nationally published clinical audit and statistic reports through the production of audit evaluation reports. This process is under review following the publication of the revised Scottish National Audit Programme (SNAP) Governance policy and whilst progress has been made during the last six months, the impact of the Covid-19 pandemic has resulted in some delays, particularly where audit leads were redirected back to clinical roles during this time.

Publication dates for almost all of the national audit reports were delayed as a result of the pandemic. Six national audit reports have been recently published and evaluations have been produced and sent to clinical leads for the following reports; Scottish Stroke Care Audit (SSCA), Scottish Intensive Care Society Audit Group (SICSAG), Scottish MS Register (SMSR), Scottish Hip Fracture Audit (SHFA) and Scottish Arthroplasty Project (SAP). The evaluation of the Scottish Trauma Audit Group (STAG) report is in progress. The final report to be published this year is the Scottish Renal Registry (SRR)

report, due to be published on 13th October 2020. These are expected to be the final evaluations taking this format. The processes described in the SNAP governance policy mirror those that currently exist in NHSL, and in order to minimise duplication, the Clinical Effectiveness Group have agreed in principle that the NHSL evaluation process can cease with the assurance that any issues are highlighted, and actions monitored by SNAP under this policy. The Clinical Audit team will continue to work with audit leads in order to provide assurance that, under the new arrangements, data is being submitted and quality assured in line with the SNAP submission deadlines; that reports are being reviewed through the appropriate governance groups; and to seek reassurance that data is being used for improvement. The evaluation process for all non-SNAP audits will remain unchanged.

Local Audit Activity

Between 1st April 2020 and 30th September 2020 there have been **74** new local audit projects submitted through the Clinical Quality Project Register. **21 (28%)** of these projects had a link to Covid-19. Further details of the specific projects are available on request from the Clinical Audit Team or through the Clinical Quality Project Register via FirstPort. The Clinical Audit Team continues to offer guidance and support through the Clinical Audit Toolkit; the Toolkit provides signposting and guidance for staff carrying out audit or service evaluation projects and can be accessed via FirstPort.

Dr J Burns
Medical Director, Acute Division
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