

**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"/>	
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## 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 07779421465

## 1. Introduction

This report to the Board provides an update on the current progress over June 2021 & July 2021, 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.

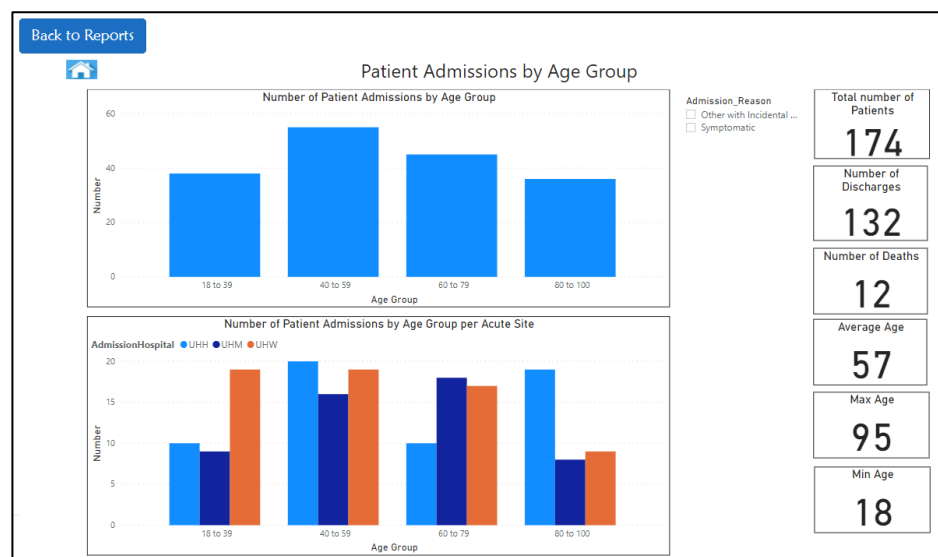
A report on the first quarter of the 2021/22 Quality Strategy implementation plan was reviewed at HQAIC in July 2021. The report demonstrated that at the end of June, 23 actions were completed with 149 actions are still open. The next quarter will be reviewed at the November HQAIC meeting with the component parts reviewed at every Safe Care, Clinical Effectiveness and Person Centred Care Committee meeting.

## 2. Assurance of Quality

### 2.1 QUALITY DATA & MEASUREMENT

#### COVID Surveillance Audit

As of June 2021, the Data & Measurement Team were asked to take the lead role in collating data related to COVID-positive hospital admissions within NHS Lanarkshire Acute Sites. This COVID Surveillance Audit is being performed on behalf of the Horizon Scanning Team (HST), led by Jackie Hyland and Josephine Pravinkumar.

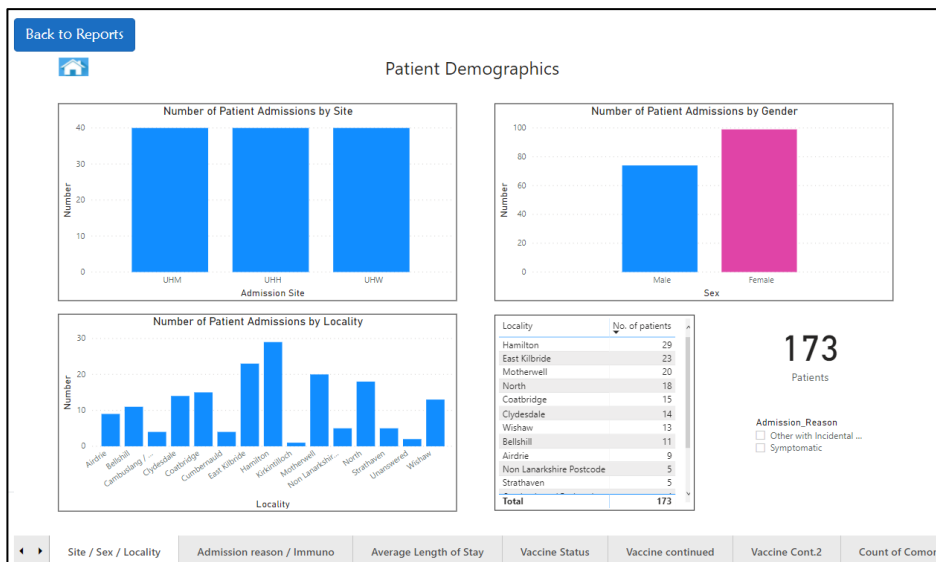


The purpose of the HST is to review emerging scientific evidence and changing Covid-19 transmission risks and alert NHSL and partner agencies so that action can be taken to prevent or minimise impact.

The HST meet remotely on a weekly basis through MS Teams. The Data & Measurement Team have been involved in providing periodic updates of the COVID Surveillance data through the COVID Surveillance Power Bi Dashboard.

The COVID Surveillance Dashboard is available online through LanQIP, and key stakeholders have been provided access.

The data has gained attention nationally due to its unique nature, and other Health boards are seeking guidance on the collection process, and data presentation.



This will be presented at a national Public Health group meeting in the near future. Data collection has been extended by a further month to coincide with changing National COVID guidance to allow key insights to be captured throughout this critical period.

### Health Improvement Scotland: Access QI Programme

In collaboration with NHS Education for Scotland (NES), NHS Lanarkshire were selected to participate in the Access QI Programme designed by Health Improvement Scotland. The Access QI Programme has been designed to help NHS Boards pull together the skills needed to make sustainable and positive changes to waiting times. The programme brings together a core team, data analyst and quality improvement (QI) advisor into one team focused on improving a care pathway.

The Data & Measurement team will act as the data analyst link and collaborate with clinical leads of the NHSL Rheumatology department, which was the first Planned Care service selected for participation. There are plans for the Speech & Language Department, and Gynaecology Department to also participate in Access QI programmes, and the Data & Measurement Team will also act as the data analyst link for these Planned Care services, when the programmes commence.

### Data & Measurement Framework & Data Visualisation Framework

The team have taken the opportunity to liaise with external Active Governance advisors to update the internal Data & Measurement Framework and Data Visualisation Framework in line with Active Governance guidance.

The Data & Measurement Framework sets out a standardised approach to planning; prioritising; gathering; analysing; and reporting data & information within NHS Lanarkshire. Use of this guidance seeks to reduce the burden of data, and lead to improved information that provides insights to generate meaningful action.

The Data Visualisation Framework provides users with the guidance to create and present data in the most appropriate format that will be easily understood by the audience to generate the necessary actions. Both documents are in the final stages of review, and will be accessible online through FirstPort.

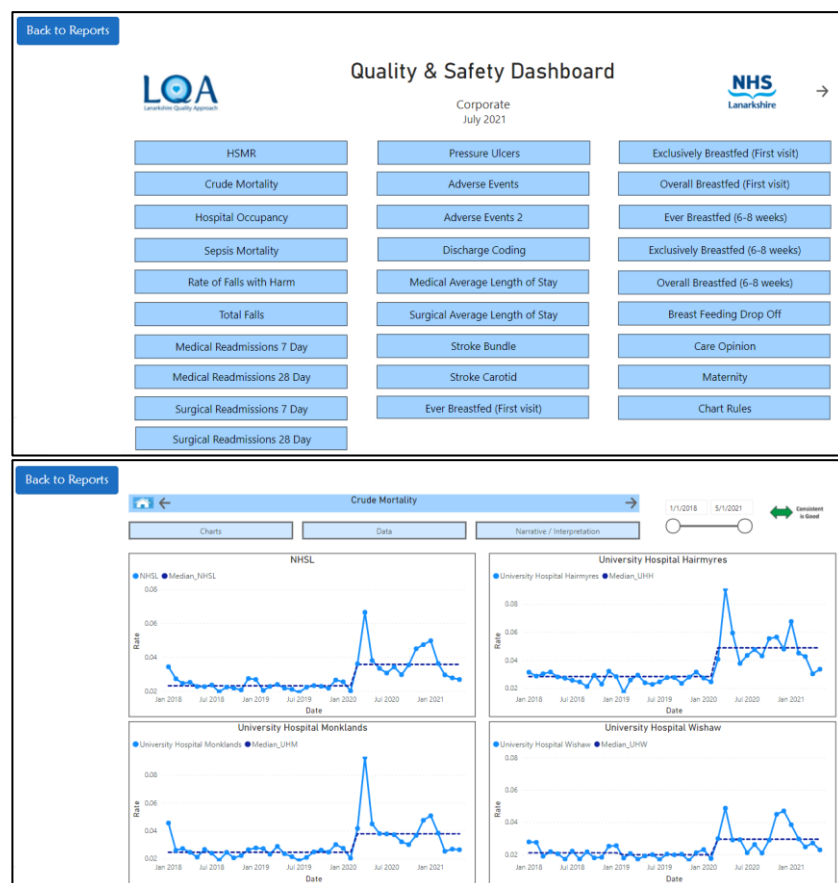
### Data & Measurement Master class

A virtual Data & Measurement Master class was developed by the Data & Measurement team to provide insight into the analytical tools used by the team, and processes applied across multiple data dashboards within NHSL. The first session was delivered virtually on 9th March 2021, and feedback was received by attendees for improvements for future presentations. The Master class was then added to the NHSL Quality Week schedule. The session was delivered on 27<sup>th</sup> May to 35 NHSL staff members, and was well received. Further Master class sessions are scheduled to be held in September 2021 and January 2022.

The team also created a video session to describe the COVID-19 Data dashboard that has been used throughout the pandemic by NHSL Gold Command and Corporate Management Team. This was submitted as a video web link as part of the NSHL Medical Induction Professional Development (MIPD) programme, which aims to provide specific training tailored to the needs of new consultant staff.

## Corporate and Acute Site Quality & Safety Dashboards

As of July 2021, the Corporate and Acute Site Quality & Safety Dashboards will be refreshed and updated fully through Power Bi software (as opposed to Crystal Reporting).



The Quality & Safety Dashboards are viewable online through LanQIP, and access has been provided to all key stakeholders for periodic review. The new dashboards are fully interactive and provide the ability to drill into the data for more meaningful and detailed analytics.

The Data & Measurement Team will now attend the Quality Planning & Professional Governance Group (QPPG) meetings, to discuss the Corporate Quality & Safety Dashboard data, prior to submission to HQAIC.

## 2.2 ADVERSE EVENTS

### Datix System

The adverse events team have delivered training sessions on how to navigate, search and report on the Datix System. A video has also been produced to allow the adverse events team to share this with the various groups of management and staff, along with guidance materials to support. Continued promotion of this training will be carried out with bespoke training sessions also being offered.

The annual upgrade for the Datix system took place on 21<sup>st</sup> July 2021, this upgrade is the latest version of the system that's currently available from RL Datix, which will address some of the bugs and issues within the system that staff have been experiencing while reporting incidents.

The update and redesign of the Actions module within the system is near completion; final agreement and approval to be gained in August with a scheduled go live date of September 2021. This will enable better management, tracking and reporting of actions from SAERs.

The function to allow staff to receive automatic feedback from an adverse event they have reported has successfully been activated. This sends the staff member the information that has been completed in the 'action taken' section of the manager's review so they are aware what has happened as a result of their report.

### Duty of Candour

The Duty of Candour Annual Report for time period April 2020 to March 2021 is complete. The report was shared with HQAIC members at the meeting held on 8<sup>th</sup> July 2021.

Between 1 April 2020 and 31 March 2021, there were 29 incidents where the duty of candour applied. These are unintended or unexpected incidents that result in death or harm as defined in the Act, and do not relate directly to the natural course of someone's illness or underlying condition.

There are another 7 Significant Adverse Events reported during this time which may be Duty of Candour, but due to these investigations still being open, it is not possible to declare this at this time, therefore, the report will only cover the known Duty of Candour events recognising it is likely more will be added to this annual count when all of the investigations have been completed. An addendum to the report will be added with the 7 SAERs are closed.

These incidents are identified through the adverse event management process and over the time period for this report there were 78 significant adverse event reviews carried out. These events include a wider range of outcomes than those defined in the duty of candour legislation as these also include adverse events that did not result in significant harm but had the potential to cause significant harm.

Notification has been sent to Scottish Government and Health Improvement Scotland informing this report has been compiled and is available on the NHS Lanarkshire website.

The report is also available via First Port on the Adverse Events and Duty of Candour web pages.

### **2.3 CHILD DEATH REVIEWS PROGRAMME**

Healthcare Improvement Scotland and the Care Inspectorate established the National Hub for Reviewing and Learning from the Deaths of Children and Young People in 2021.

Scottish Government require all health boards to work together to meet the three objectives delivered by the National Hub, which are:

- Ensure the death of every child and young person is reviewed to an agreed minimum standard
- Improve the experience and engagement with families and carers.
- Channel learning from current review processes across Scotland that could direct action to help reduce preventable deaths.

NHS Lanarkshire are currently implementing the Child Death Review (CDR) process and expect to have it in place for Scottish Government's go live date of 1<sup>st</sup> October 2021. The first year of implementation (1 Oct 2021- 30 Sept 2022) will be a learning year where we will be testing out the processes and modifying them in line with our findings.

A Child Death Review group has been formed which includes the CDR Clinical Lead, CDR Public Health Lead, CDR Coordinator and Head of Assurance. The CDR group has started initial screening of deaths to better scope the time involved to vet the cases, to test the live tracker system and decision making process for vetting complex cases.

A process mapping event took place in May 2021, involving a range of stakeholders including key representatives from Health, Social Care and Police. The aim of the event was to map out current processes for notification, review and reporting of child death cases, and to commence re-design of these processes to ensure compliance with the national Hub standards. Representatives from the National Hub also attended to provide an overview of the national programme.

The CDR Coordinator has linked with NHS Lanarkshire's Information Governance team to ensure all aspects of information sharing as part of the CDR process are considered. A Data Protection Impact Assessment has been drafted.

Weekly notifications of new child deaths are received via NRS and stored on a secure database. This database has been adapted to include 'tracker' data to track the stages of the vetting and review process to ensure that each stage is timely managed.

It has been agreed that Child Death Review data will be recorded on the national system and NHS Lanarkshire will receive a regular extract of local death data from the national hub for local analysis, reporting and identification of themes and improvement plans.

There has been good engagement from review leads in health, police and local authority who have shown keen interest in developing the processes, and have supported testing out the nationally required CDR core dataset using hypothetical or historical deaths. Issues highlighted by this exercise will be fed back to the national hub by the CDR Group and over the pilot year consideration will be given as to how best to complete the core dataset. We are also mindful that NHS Lanarkshire is under a great deal of resource pressure due to the COVID-19 pandemic, and appropriate timing of review completion will be considered in light of this.

A CDR Implementation Group is currently being established as a Short Life Working Group to develop and implement all stages of the new process. Terms of Reference and membership for this group have been agreed and the first meeting is due to take place in August. Membership includes wide representation from Health, Social Care and Police Scotland.

NHSL Child Death Review team attend all National Hub updates/meetings. The National Hub are completing a carers survey with the aim of developing national resources including guidance on contact with bereaved families and how to discuss child death reviews with families.

## 2.4 COMPLAINTS

The Scottish Public Services Ombudsman (SPSO) published their annual statistics on 9 June 2021.

In 2020-2021, **80** complaints about NHS Lanarkshire were determined (closed) by the SPSO. This represents a **38%** decrease on 2019-2021 (130 received).

In the course of publication, the SPSO noted an overall decrease of 28% in the number of complaints received by their offices in 2020-2021, noting that this is likely attributed to COVID-19. The number of determinations received is also likely to have been impacted by SPSO processes e.g. availability of medical advisers may have delayed some determinations.

Of the **80** NHSL cases determined by the SPSO:

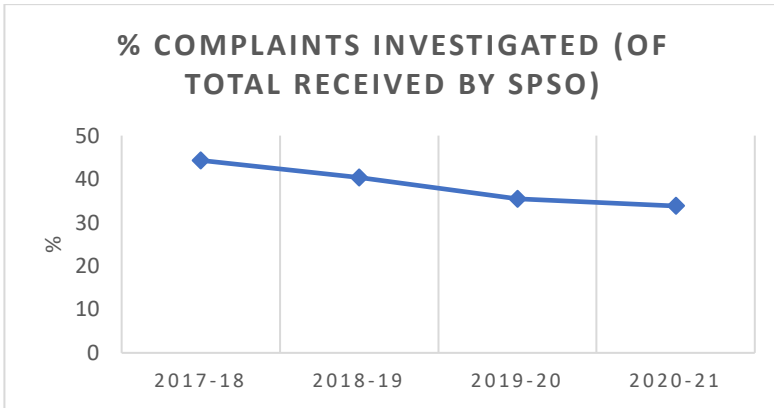
- **13 (16%)** cases determined at Advice Stage (i.e. complaint is out with SPSO jurisdiction, premature or unable to proceed)
- **40 (50%)** cases determined at Early Resolution Stage (SPSO able to resolve complaint with the organisation, or there is considered to be no significant benefit from proceeding to a full investigation e.g. SPSO are content that NHSL have provided a robust Stage 2 investigation).
- **27 (34%)** cases determined at Investigation Stage (full investigation undertaken).

### SPSO Investigation Reports 2020-2021

Of the 80 cases determined by the SPSO:

- 7 (8.75%) were fully upheld
- 10 (12.5%) were partly upheld





The % of NHS Lanarkshire complaints determined at the investigation stage by the SPSO has continued to decline since 2017 –2018. There were no SPSO public investigation reports published about NHS Lanarkshire during 2020-21.

### 3. Quality Improvement

#### Quality Week 2021

Quality Week 2021 is NHS Lanarkshire’s annual celebration of improvements staff have made to the quality and safety of care over the previous 12 months. During the pandemic the date of this event was changed from November 2020 to May 2021 and the event will run in May each year in future.

Quality Week took place across Lanarkshire from Monday 24th to Friday 28th May. In the planning stages it was anticipated that social distancing would still be in place in May, therefore a Lanarkshire wide programme of events that made best use of technology and media to connect with staff was developed to share learning and celebrate success. An entirely virtual overall Lanarkshire programme of sessions was designed.

As well as the overall Lanarkshire programme of events, each of the 5 operational units; University Hospital Hairmyres, University Hospital Monklands, University Hospital Wishaw, North HSCP and South HSCP were supported by the Quality Directorate to devise a local programme of events and activities to showcase the work they had done over the previous 12 months to improve the quality and safety of care.. These sessions throughout the week provided staff with an opportunity to promote quality and celebrate the improvement work taking place across the organisation. The local operational unit sessions were delivered as a mixture of face-to-face, live MS Teams and pre-recorded sessions. Staff had the opportunity to sign up for these sessions over the course of a number of weeks.

For the overall Lanarkshire virtual programme, **627** staff across a variety of specialties and disciplines in the organisation signed up to join the sessions on offer over the course of the week and **486** staff attended the sessions and received a certificate of attendance and participation. These included sessions on staff wellbeing, infection prevention and control training, data and measurement master class, treatment escalation plans, significant adverse event review training, a quality improvement education and networking event and many more. The full Lanarkshire programme of events is embedded below.

The Lanarkshire QI Network which is a network of approximately 60 staff who have a QI qualification and a keen interest in quality improvement also hosted a learning event with staff sharing their learning in areas of improvement such as:

- Looked After Children and Young People – Health Needs Assessment
- QI Friday – Trainee Led Innovation in Improvement Work – University Hospital Hairmyres
- Reducing Hospital Acquired Acute Kidney Injury (AKI) in Ward 10 at University Hospital Monklands
- Value Management, University Hospital Wishaw
- Digital Safety Planning – A Pilot Project
- What Makes a Good Day?

**Quality Directorate - Quality Week 24<sup>th</sup> – 28<sup>th</sup> May 2021**

Mon 24/05/21	Tues 25/05/21	Wed 26/05/21:	Thurs 27/05/21:	Friday 28/05/21:
<p><b>Staff Wellbeing</b> 9.30-10.30am</p> <p><b>Infection Prevention Control work in Care Homes during Covid-19</b> 10.30-11.30am</p> <p><b>Near Me across NHS Lanarkshire and beyond...</b> 11.30-12.30pm</p> <p><b>Treatment Escalation Plans - Communication Guidance</b> 13.30-13.50pm</p> <p><b>Human Factors for Quality Improvement + Q&amp;A</b> 14.30-15.30pm</p> <p><b>Value Management Collaborative + Q&amp;A session</b> 15.30-16.30pm</p> <p><i>NB. There is a mixture of face to face, live teams and pre-recorded sessions. See additional programme information for more details.</i></p>	<p><b>QI Networking &amp; Education Event</b> 10.00-12.00pm</p> <p><b>The Hidden Professionalism Curriculum Workshop</b> 10.00-12.00pm</p> <p><b>Bringing your Datix Data to Life</b> 11.30-12.30pm <b>FULL</b></p> <p><b>Civility Saves Lives</b> 11.30-12.30pm</p> <p><b>Prevention and Management of Falls in Care Homes</b> 13.30-14.30pm</p> <p><b>aEQUIP Going Virtual</b> 13.30-14.30pm</p> <p><b>Unconscious Bias &amp; the Hidden Curriculum</b> 14.00-15.00pm</p> <p><b>Using a QI Approach for Large Scale Vaccination Programmes + Q&amp;A</b> 15.30-16.30pm</p> <p><b>Delayed Discharge Improvement Plans</b> 15.30-16.30pm</p>	<p><b>LEAN Library Access: Simplifying free access to research</b> 9.30-10.00am</p> <p><b>Treatment Rooms Improvement Plan (South)</b> 9.30-10.30am</p> <p><b>Going Mega with Guidelines for NHS Lanarkshire Quality Ambitions</b> 10.00-10.30am</p> <p><b>Prevention &amp; Management of falls in Hospital</b> 11.30-12.30pm</p> <p><b>Infection Prevention &amp; Control Training</b> 11.30-12.30pm</p> <p><b>Treatment Escalation Plans: It's win win</b> 13.30-14.30pm</p> <p><b>Social Media - Another Tool in our Toolbox</b> 13.30-14.30pm</p> <p><b>Staff Wellbeing</b> 14.30-15.30pm</p> <p><b>Demystifying Simulation: How simulation can contribute to improving quality</b> 14.30-15.30pm</p> <p><b>Every Move I make: Reducing still births across NHS</b> 15.30-16.30pm</p> <p><b>Challenges of Teaching Teachers during the Pandemic</b> 15.30-16.30pm</p>	<p><b>Data &amp; Measurement Framework &amp; Masterclass</b> <b>FULL</b> 9.30-12.30pm</p> <p><b>Mediation Skills Workshop</b> 9.30-12.30pm <b>FULL</b></p> <p><b>Writing Patient Information</b> 11.30-12.30pm</p> <p><b>IV Therapies in the Strathaven &amp; East Kilbride</b> 11.30-12.30pm</p> <p><b>Facing criticism, concerns or complaints during Covid-19.</b> 11.30-12.30pm</p> <p><b>Significant Adverse Event Review Investigation Training</b> 13.00-16.00pm <b>FULL</b></p> <p><b>Registering your Clinical Audit Project &amp; Accessing Guidance &amp; Support</b> 13.30-14.00pm</p> <p><b>Infection Prevention and Control Training</b> 13.30-14.30pm</p> <p><b>Atlas of Variation &amp; Realistic Medicine: Using Health Intelligence to Redesign Services</b> 14.30-15.30pm</p> <p><b>Community Covid Pathway - Decision making Data</b> 15.30-16.30pm</p>	<p><b>Falls Frailty &amp; Bone Health</b> 9.30-10.30am</p> <p><b>The Dr's role in providing high quality discharge summaries for audit, outcomes, research and management</b> 10.00-11.00am</p> <p><b>Improving Resident Experience in Care Homes and Ensuring Continuity of Care across NHS</b> 10.30-11.30am</p> <p><b>Human Factors for Quality Improvement</b> 11.30-12.30pm <b>FULL</b></p> <p><b>Anticipatory Care Planning in the age of Covid</b> 13.30-14.30pm</p> <p><b>Treatment Escalation Limitations: Plans: It's win win - 14.30-15.30pm</b> <b>CANCELLED</b></p> <p><b>Mortality and Morbidity Reviews with LanQIP</b> 15.30-16.30pm</p> 

**#LQAWeek2021**  
To register for a session, please email [LQA.Qualityweek2021@lanarkshire.scot.nhs.uk](mailto:LQA.Qualityweek2021@lanarkshire.scot.nhs.uk)

The programmes were shared widely on various platforms in the lead up to quality week (Firstport, Facebook, twitter, local intranet pages) to promote these sessions and encourage staff to sign up. All sessions on the main programme were evaluated using a three question format:

1. Did you find the session helpful?
2. Did it meet your expectations?
3. Was there anything missing from the session?

The feedback received from participants was very positive with staff saying that the sessions were helpful and met or exceeded their expectations.

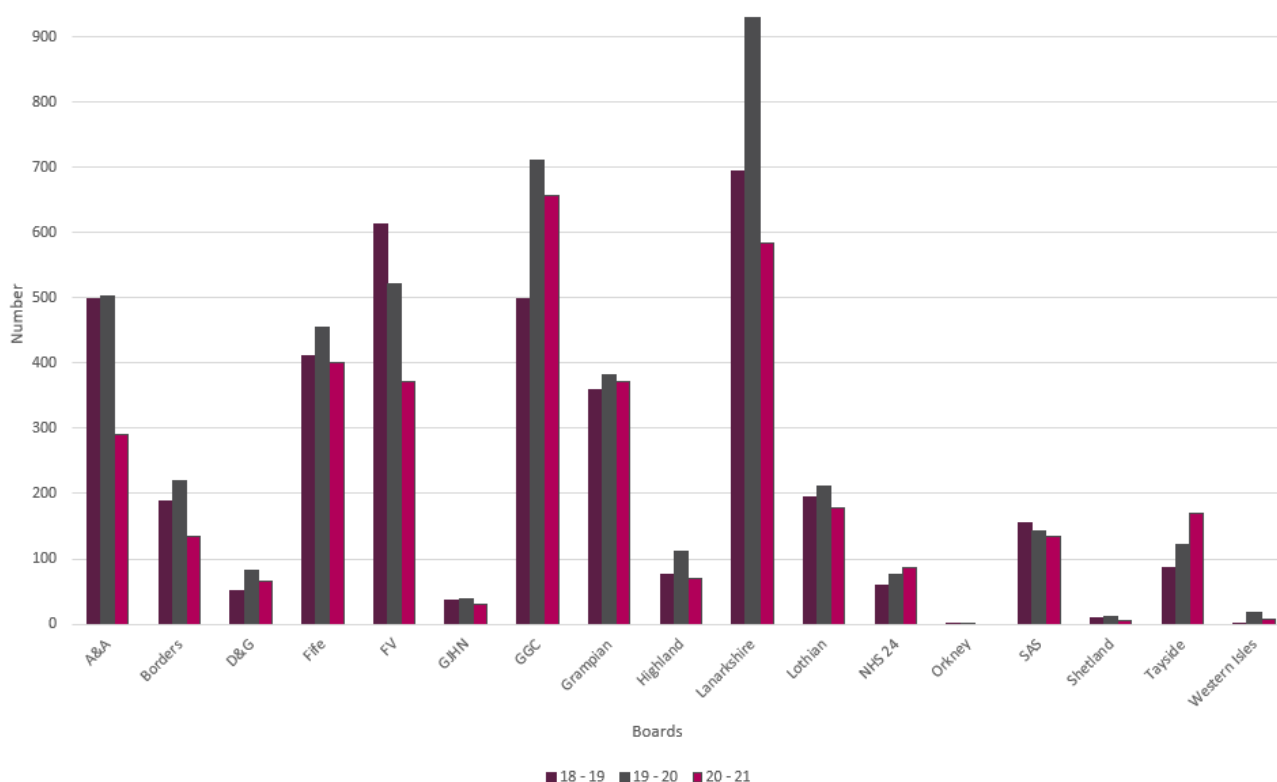
This feedback will be used to inform future planning for quality week 2022. Feedback from staff shows the following comments captured from a variety of sessions:

<b>Staff feedback:</b>
“Very informative and an excellent brief explanation on the course and models and framework of quality improvement!”
“Well done - really good variety and interesting topics and discussion”
“Online platform assisted in saving time and travel. Thanks”
“Great talk and overview - very exciting and useful resource!”
“Excellent session, which was recorded and be good to have a copy of presentation to share with colleagues”

The full evaluation report is available if required.

## Patient Experience: Care Opinion Annual Report April 2020 – March 2021

We know that it is important to the public that staff close to, or with responsibility for the delivery of care and services are listening to feedback, are able to congratulate staff on their professionalism and have the ability and authority to identify and drive change and improvement. We have more staff listening and responding to feedback through Care Opinion than any other Health Board in Scotland (Data Source: Care Opinion Annual Report 20/21).



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 hospitals and community and primary care health services. It does not cover independent contractors such as GPs, Dentists and Optometrists.

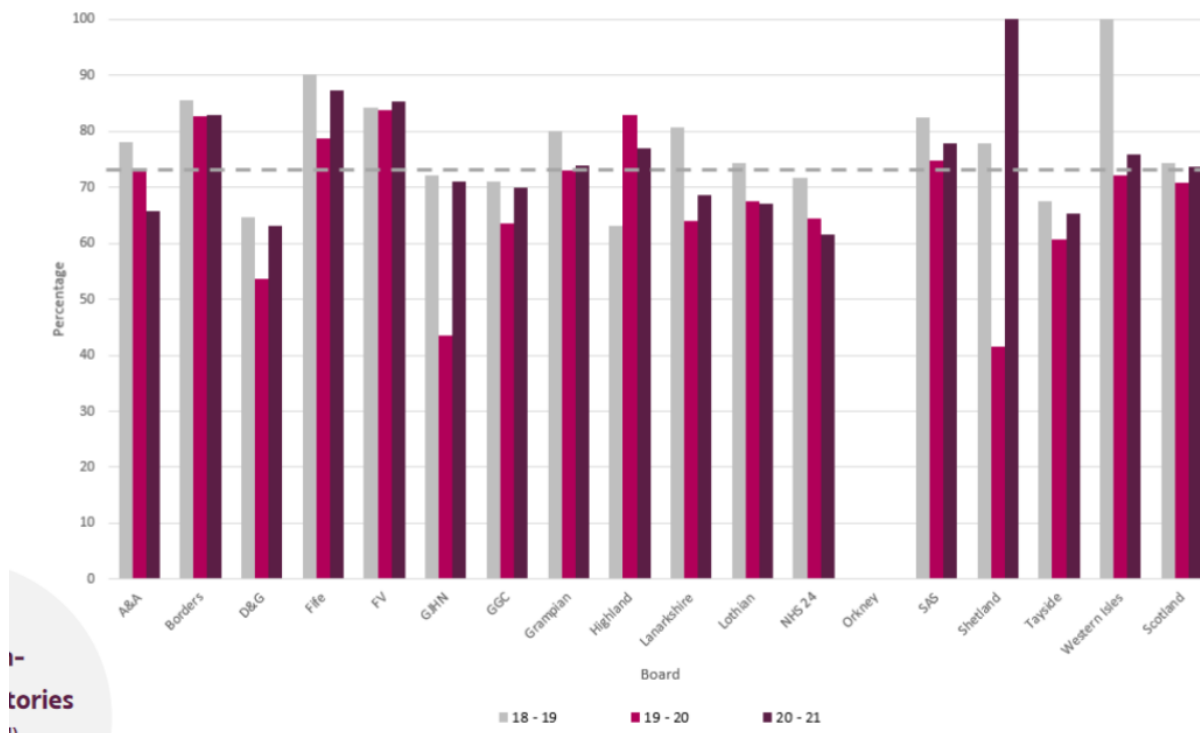
Care Opinion is a key part of our Quality Strategy Person Centred Care Plan and is the main way we receive unsolicited feedback from service users and their families. Care Opinion plays an important part in creating an open dialogue between people accessing our services and the direct providers of those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

During the pandemic it was noted nationally that patient feedback was reduced across most Board areas and while we still actively encouraged use of Care Opinion the uptake by the public was less than in the previous years.

In 2020/21 in Scotland 3,333 people shared their stories of health and care services on Care Opinion. Of these 584 were Lanarkshire stories.

Of these stories, 69% reported positive experiences with the remaining 31% giving critical feedback of the service they received. This is a small increase in the number of non-critical stories compared to previous year.

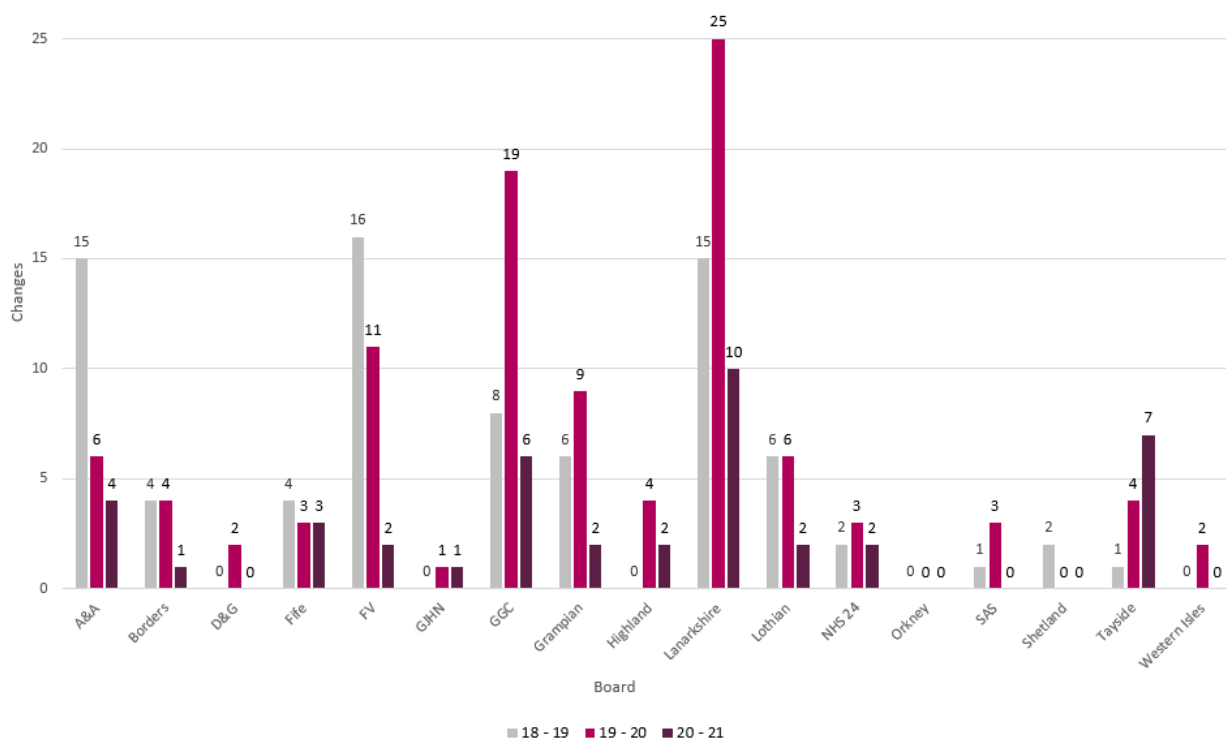
## % of Non-Critical Stories



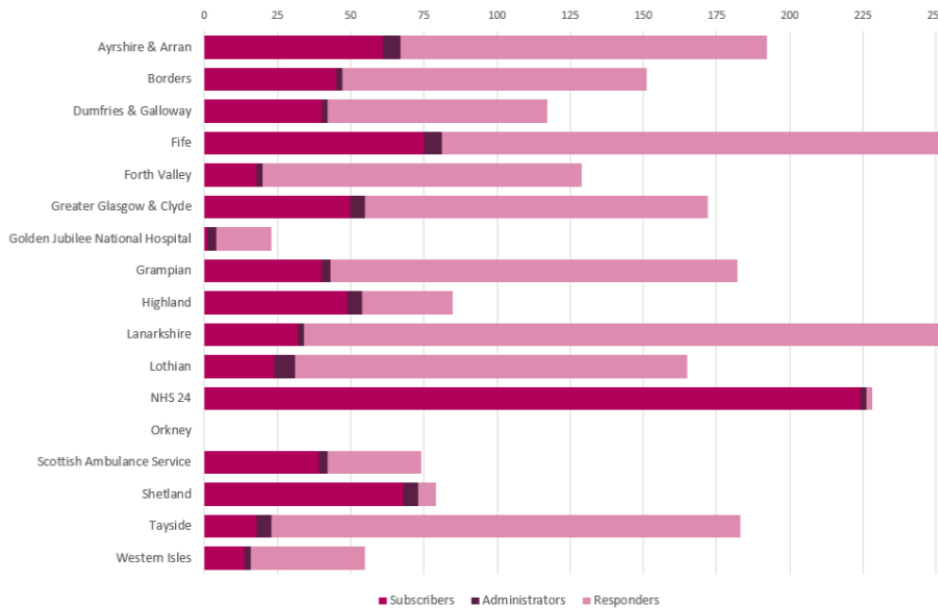
For both types of stories, 100% of patients received a reply to their story. During the pandemic the capacity of frontline staff to respond to stories was challenging at times however despite this NHS Lanarkshire was still able to respond to 83% of stories within 5 working days.

The stories received in 2020/21 have already been read 97,592 times. Of the 31% of the stories which highlighted critical feedback, 6% (10 stories) resulted in changes being made to the service in view of the care opinion story. This is a decrease in number of changes planned compared to previous years and we continue to encourage Care Opinion feedback to be used as a way of informing service change.

## Changes made/planned

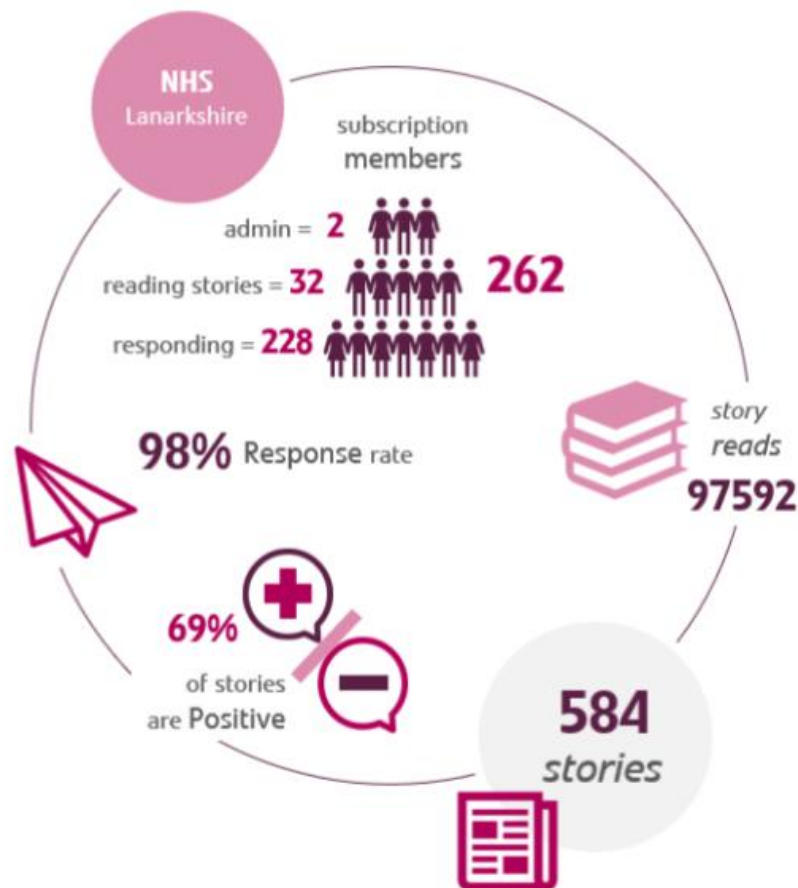


## Members on subscription



During the reporting period and despite the challenges of the pandemic we have continued to train frontline staff as responders so that staff working in the areas patients write to tell us about are able to directly respond to the stories.

In summary NHS Lanarkshire has continued to encourage patient feedback using Care Opinion and despite the challenging year we have continued to respond to patients and learn from what they have told us about their experiences of using our services. We plan to further promote Care Opinion over the rest of this year and aim to increase our number of stories received. We only learn and improve when we listen to and act on what our service users tell us about their experiences.



## 4. Evidence for Quality

### Clinical Guidelines App

Work on the NHSL Guidelines mega-app continues to improve access to information for clinical decision making as more information is added. Following the launch on the 10<sup>th</sup> May 2021 the number of users has been recorded:

July 2021	June 2021	May 2021
374	298	400

There are several requests from clinical departments for all of their guidelines to be transferred to the app however the demand outweighs the current staff available to do this at the moment so the guidelines are being prioritised for common use or clinical safety. Additional resources are required to progress the work and ensure a robust system to manage, review and update clinical guidelines. A paper is currently being prepared for submission to CMT, outlining the issues and requirements.

Achievements to date include:

- 6 independent toolkits brought together under one mega-app in Phase 1 of Guidelines roll out- Including general specialty related guidelines, medical scores and calculators, referral pathways, antimicrobial guidelines, medicines guidance which includes adult formulary and medicines guidance and updates and COVID guidelines
- 360 items (including mixed-media such as web-based content, PDFs, pathways and URLs to external resources/tools)
- FAQ/submit guidelines resources developed
- Feeding into the national Right Decisions team including highlighting improvements and bugs to improve system design and performance

### [NHSL Guidelines Link](#)

### Patient information

A full review has been undertaken of patient information leaflets from 2018-2021 to ensure that there is consistency of content across the Quality Directorate Patient Information database, Firstport and the Medical Illustration database. This has resulted in every patient leaflet managed by the Patient Information team, being available on Firstport and will be reviewed every 2 years (1 year for consent leaflets).

The next stage will be to move the patient information leaflets onto the public site in order to comply with the Scottish Government's Charter of Patient Rights and Responsibilities. The charter aims are for patients to have the right to receive information about their health and the services available to them, and to be involved in decisions about their care. The process to enable this is currently being tested ensuring a standard and accessible format. This will enable monitoring of the subsequent use of the leaflets by patients.

**Dr J Burns**  
**Board Executive Medical Director**  
**August 2021**