NHS Board Meeting
15ᵗʰ December 2021

Lanarkshire NHS Board
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SUBJECT: QUALITY ASSURANCE AND IMPROVEMENT PROGRESS REPORT

i.   PURPOSE

This paper is coming to the Board:

For approval	☐	For endorsement	☐	To note	☒

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	☐	Reviewed	☐	Endorsed	☒

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	☒	AOP	☒	Government policy	☒

| Government directive | ☒ | Statutory requirement | ☐ | AHF/local policy | ☐ |
| Urgent operational issue | ☐ | Other | ☐ | | |

5.   CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

| Safe | ☒ | Effective | ☒ | Person Centred | ☒ |

Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	☒
People are able to live well at home or in the community; (Person Centred)	☒
Everyone has a positive experience of healthcare; (Person Centred)	☒
Staff feel supported and engaged; (Effective)	☒
Healthcare is safe for every person, every time; (Safe)	☒
Best use is made of available resources. (Effective)	☒

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	☒	Effective partnerships	☒	Governance and accountability	☒
Use of resources	☒	Performance management	☒	Equality	☒
Sustainability Management	☐				

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	☐	Endorse	☒	Identify further actions	☐
Note	☒	Accept the risk identified	☐	Ask for a further report	☐

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

QUALITY ASSURANCE AND IMPROVEMENT
December 2021

1. Introduction

This report to the Board provides an update on the current progress over October to November 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.

The appropriate sections of the plan for 2021 / 2022 continue to be reviewed at the Safety Steering Committee, the Clinical Effectiveness Committee and the Person Centred Care Committee. Due to capacity issues within the service it is likely that not all of the objectives will be achieved in the desired timeframe and will therefore be carried over in next year's plan.

2. Assurance of Quality

ADVERSE EVENTS

Redesign of Incident Forms
Work on a full redesign of the format of the incident reporting forms on Datix is near completion. This work entailed changes with the layout of the sections, as well as renaming and numbering them, inclusion of short definitions and guidance to support staff when recording an incident, the re-order of form fields and listing page headers, combining relevant fields together for ease and the introduction of progress notes to replace the notepad section. This redesign of the forms is scheduled to be launched as of January 2022; there will be communication disseminated accordingly along with a guidance paper to describe the changes made. The aim of these changes is to improve ease of recording for the end user whilst increasing the accuracy of reports generated on incidents within NHSL.

Claims Module
Currently the organisation is using the Claims module within the Rich Client of Datix. This platform is no longer supported by RLDatix and it is also no longer being updated, due to the functionality and layout being less user friendly when it comes to customisation. By transferring the module on to Datix Web it aligns itself with the other modules like Incidents and Complaints. This will provide a better user experience enhancing the input, managing and reporting of claims. This change will be effective from January 2022.

Results Field
It had been recognised there was a need for additional option codes for the Results Field within Datix to be available for staff to record. Currently there are only 3 options *(Harm with a Negative Effect, No Harm, Near Miss),* this list has been reviewed and a more detailed list is being considered. There are 8 options on the new list which will allow more detailed recording of incidents and accurate reporting. Example of some of the suggested additions include *Death in Custody, Permanent Ill Health;* and all will be linked with the appropriate severity to ensure it would be impossible to record an incident with severity of Category 1 and the result as No Harm. The list is also being shared to capture some clinical opinion prior to final approval and will then be incorporated onto the Datix system.

Never Events
A Never Event is an incident that should be avoidable if available preventative measures have been implemented and when occur are associated with tragic consequences. Investigation and closer scrutiny of

never events seeks to assure the safety and reliability of the existing systems and processes in place. At present there is no specific coding within Datix to record never events, therefore work has commenced to consider how best to capture this data using the current coding within Datix and adapting, or incorporating additional coding. To provide better monitoring there will be a new Never Event field included which will identify the particular type of never event; also when a never event is recorded on the system, these will be automatically alerted to senior management as currently occurs with Category 1 events.

Duty of Candour

The Duty of Candour Annual Report for time period April 2020 to March 2021 was compiled and published in July and communication sent to Scottish Government and Healthcare Improvement Scotland informing them of this. At the time of compiling the report there were another 7 Significant Adverse Events reported during the time period which may have been Duty of Candour, but due to these investigations still being open at the time of publication, it was not possible to declare this as the report only covers the known Duty of Candour events. The remaining 7 adverse events reviews have now concluded and there was 1 event that triggered the legislation, resulting in a total of 30 incidents where duty of candour applied for NHS Lanarkshire during time period April 2020 to March 2021. An addendum was compiled to provide this updated information which was published on the NHS Lanarkshire public website and communication also sent to Scottish Government and Healthcare Improvement Scotland informing them of this.

CHILD DEATH REVIEWS PROGRAMME

The Child Death Review (CDR) team met with stakeholders in August 2021 to discuss implementation objectives, specifically to discuss training review models, proposed vetting routes and core dataset completion.

The CDR Coordinator has linked with NHS Lanarkshire's Bereavement team to carry out a scoping exercise to determine the strengths and potential areas for improvement of the existing design of Bereavement pathways and to align existing pathways to CDR work.

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. The CDR group has also been linking with other pilot boards, NHS Greater Glasgow and Clyde and NHS Lothian to better understand their processes and determine if their processes could be adapted for NHS Lanarkshire.

Due to the significant pressure NHS Lanarkshire is currently under, concerns had been raised about lack of capacity to complete all reviews that meet the HIS criteria. In October 2021, it was agreed that priority must be given to deaths that meet existing statutory criteria and these will have the HIS core data sets completed. The deaths that do not meet existing statutory criteria will be prioritised and reviewed when staffing is sufficient. The CDR group are liaising with Public Health to agree leadership due to change in post holder.

Another CDR Implementation Group meeting has been scheduled for December 2021.

DATA & MEASUREMENT

Covid-19 Surveillance Audit & Dashboard

As described within the August 2021 report, 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. The data collection process has now drawn to a close, and analysis of the data has commenced on behalf of the Horizon Scanning Team. Over 350 individual patient cases were submitted for inclusion within the audit, and collated within the Covid Surveillance Power Bi Dashboard.

The Covid Surveillance Power Bi Dashboard acts as a source of learning in relation to the patient demographic being hospitalised through Covid-19. The aim is to provide top level data in the form of Run Chart displays and data interpretation to then indicate the direction of performance of certain Key Quality Indicators (KQI). The dashboard also highlights any patterns, and signals of change within the patient demographic, to allow for discussions of significance; a focus for further analysis; and if any required improvement action should be taken in the areas identified.

The dashboard presents analyses of data on patients with confirmed Covid-19 from the point of admission for patients attending hospital due to:
- Symptomatic Covid-19-related reasons
- Other reasons with incidental Covid-19

Data was provided using Covid Surveillance Forms which captured case-specific data for each patient admission with confirmed Covid-19 from the three NHSL Acute Hospital Sites.

Data was collected from 10th May 2021 to 23rd October 2021 across a variety of measures. In collaboration with medical staff from University Hospital Monklands and Public Health colleagues, results and interpretations shall be drafted within a Covid Surveillance Audit report for sharing internally and externally as required.

North and South Partnership Dashboards
The Data & Measurement Team have been requested to draft and design a measurement plan and Quality and Safety dashboard which focuses on both North and South Partnerships. There will be crossover of measures which are currently collated within the Acute Site dashboards, but with data now being filtered and collated from a Partnership perspective.

In collaboration with senior North and South Partnership colleagues, a measurement plan has been proposed, and data collection has commenced, once appropriate sources were identified. It is planned that draft versions of a standalone North and South Partnership dashboard will be available for review by senior colleagues by December, before this is submitted to the wider distribution group.

Scottish Patient Safety Programme (SPSP): Acute Adult Collaborative Steering Group
NHS Lanarkshire shall be participating in the SPSP Acute Adult Collaborative, which commenced in September 2021, with a focus on reducing falls, and early recognition and timely intervention of deteriorating patients. As part of the collaborative, each Health Board will be required to submit data for the following Outcome Measures:
- Cardiac Arrest Rate
- All Falls Rate
- Falls with Harm Rate

An initial submission of 12 months of data (from October 2020 – September 2021) was required (for NHSL and each individual Acute Site) on 11th November 2021, with Quarterly update submissions required thereafter (1st February 2022; 2nd May 2022). The Data & Measurement Team will be collating the data on behalf of NHSL, and each Acute Site, and submitting this as per the reporting schedule.

Data & Measurement Masterclass
A virtual Data & Measurement Masterclass 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 team delivered the third of these sessions in September 2021 to 35 members of staff

from a variety of backgrounds across NHSL. The feedback received was very positive, with a further Masterclass session scheduled for January 2022, which is currently receiving registrations.

An additional data session was delivered as part of an HQAIC Exception meeting agenda, titled *Achieving Assurance*. This allowed the Data & Measurement team to showcase the Data & Measurement Framework, and indicate to key stakeholders the tools and practices that are utilised to achieve assurance across the health board.

Complaints

NHS Lanarkshire (NHSL) are experiencing delays in responding to complaints, mirroring the national picture. The Scottish Public Services Ombudsman, Rosemary Agnew, has written to Chief Executives, outlining national challenges with complaint handling, and identifying a number of action areas for Boards to address delays. The actions recommended by the Ombudsman have been considered by NHS Lanarkshire and have been incorporated into a complaints recovery plan.

A local Complaints Quality Assurance tool has been developed and implemented in November 2021. 30 complaints are currently being reviewed applying the NHSL developed tool, based on key Complaint Handling Procedures and best practice principles. This will underpin organisational improvement of complaint handling processes.

A learning bulletin has been circulated to incorporate complaints. The bulletin outlines a number of process and system changes (some are currently being piloted in University hospital Wishaw) to enhance learning at an individual complaint level and to drive change at service/organisational level, including:

- Amended witness statement processes and documentation to encourage reflection and learning from those closest to the source of the complaint
- Learning and actions communicated to the complainant in a 'learning summary' at Stage 2 (upheld/part upheld complaints)
- Use of the HCAT thematic analysis tool – a small-scale pilot has been completed in South HSCP.

We are also concluding work on the development of an issues dashboard, which will enable identification of upheld issues by site/location, specialty, staff group etc. It is anticipated that this approach will support issues analysis and further embed a learning approach.

3. Quality Improvement

Scottish Patient Safety Programme: Essentials of Safe Care Change Package

Healthcare Improvement Scotland (HIS) have launched the Scottish Patient Safety Programme (SPSP) Essentials of Safe Care Change Package and have invited all NHS Boards, Health and Social Care Partnerships and Third Sector organisations to use the package.

The Essentials of Safe Care is a practical package of evidence-based guidance and support that enables Scotland's health and social care system to deliver safe care. It builds on the evidence captured over the last 10 years of the SPSP in Scotland.

In designing this package HIS worked in partnership with health and social care teams and a number of representative bodies across Scotland, and the following essentials were identified as being central to supporting the safe delivery of care in any setting.

- Person Centred Care - Person centred systems and behaviours are embedded and support safety for everyone
- Safe Communications - Safe communications within and between teams
- Leadership and Culture - Leadership to promote a culture of safety at all levels

- Safe Clinical and Care Processes - Safe consistent clinical and care processes across health and social care settings

This package is for use by health, social care, third sector and independent sector organisations.

The Essentials of Safe Care driver diagram has been developed by HIS and the NHS Lanarkshire Quality Directorate contributed to it at its design stage. This driver diagram outlines the key elements within each essential that can support achieving the overall aim of delivering safe care for every person within every setting, every time.
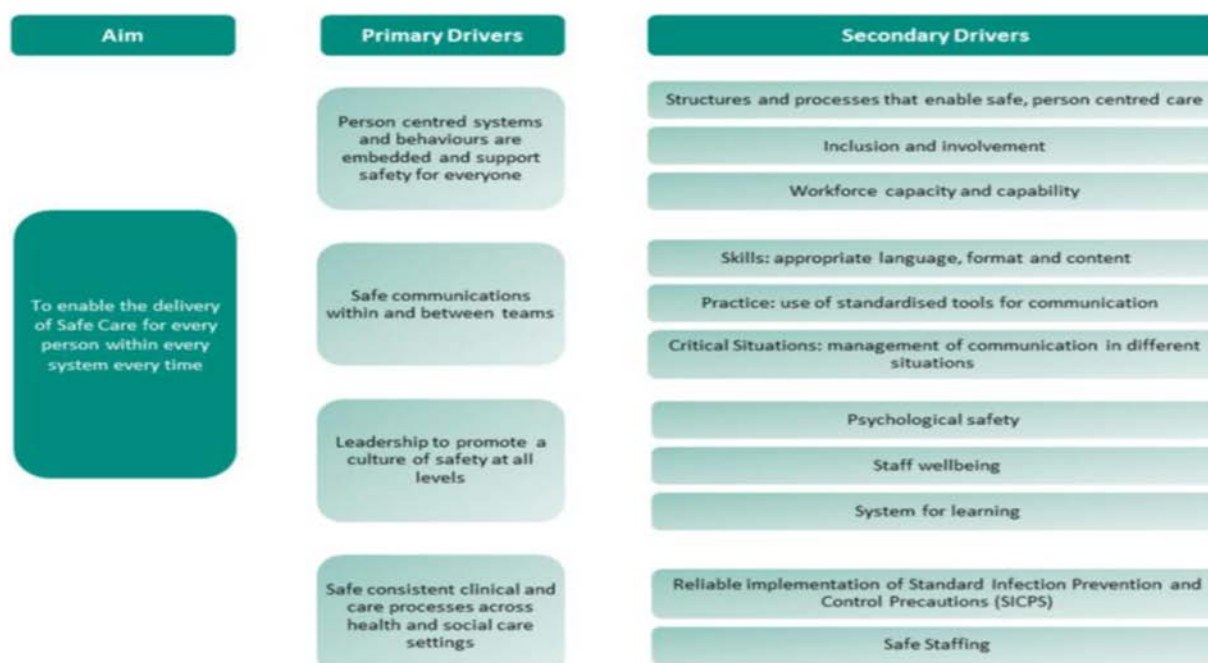
Each essential provides a range of information and resources based on:
- the best available evidence
- existing standards and guidelines, and
- examples of current practice for services to consider as part of their own improvements

The Essentials of Safe Care Learning System will be a key element of the work and underpins all activities. It aims to accelerate sharing of learning and improvement work through a range of engagement and learning opportunities. These will include:
- the development of an Essentials of Safe Care network
- a series of webinars
- a website where case studies and resources will be available
- a measurement framework, and
- bespoke improvement support

Additional resources have been developed by HIS to support organisations to take forward the package including:
- Readiness and Prioritisation Tool – This tool helps to understand strengths and gaps in the organisation and teams, and prioritise areas for improvement.
- Measurement Framework – This document contains practical guidance to support staff to measure the impact of implementing the Essentials of Safe Care.
- Measurement Toolkit – Run charts are an excellent way to present data, and this toolkit will enable staff to generate them.

NHS Lanarkshire is already committed to delivering the primary drivers in this change package as part of our other strategies and we are using some of the suggested evidence based tools within this package however they may not be used consistently across all areas.

It would be useful to undertake the Readiness Assessment Tool at a Senior Leader level to identify readiness for change at an organisation level before moving to site/team level. The Quality Directorate Improvement Team is leading this work and an assessment session is planned for 21st December where senior leaders will review the organisations readiness for change based on the HIS Readiness Assessment Tool.

The session will include:
- Nursing – Executive Director of NMAHPs
- Medical – Executive Director
- AHP – Director of AHPs
- Senior Manager – Director of Acute Services
- Quality – Director of Quality
- Public Health – Director of Public Health

The Senior staff will answer the 7 questions below in terms of the overall organisation:

Section 1: Assessing Organisational Readiness

This section should be completed by an identified senior leader within the organisation who will provide overall leadership to embedding the Essentials of Safe Care into day to day practice.

Answer each question by scoring it as: 0 – No evidence   1 – Some evidence   2 – Good evidence

ORGANISATION QUESTIONS	SCORE OF EVIDENCE
The organisation is committed to safe, effective and person centred care and sees the Essentials of Safe Care as integral to delivery.	
There is executive commitment to embedding the Essentials of Safe Care into day to day practice.	
There is an identified senior leader within the organisation who will provide overall leadership to embedding the Essentials of Safe Care into day to day practice.	
The organisation is committed to providing resources and time to work on the Essentials of Safe Care.	
The organisation provides teams with access to leaders who can support changes and improvements in practice.	
The organisation provides education, training and support to enable staff to take forward changes in practice.	
The organisation has mechanisms to capture, collate and use data to support improvement.	

It would also be helpful to undertake a mapping exercise of current NHS Lanarkshire practice against the Essentials of Care driver diagram primary and secondary drivers to identify what is being used where and what gaps we have as an organisation. The Quality Directorate Improvement Team will lead this mapping exercise and will link with Operational Unit triumvirates and professional leads over the next 3 – 6 months to assist with capturing site/locality level information regarding which tools are already being used in their areas.

This will provide NHS Lanarkshire with a position statement on where it is using the evidence suggested and where we can make improvement to adapt or adopt further tools within the Essentials of Safe Care package.

Mortality Case Note Reviews 2021/22

There are several systems in place in NHS Lanarkshire to record and learn from errors and adverse events, i.e. Datix, Significant Adverse Event Reviews (SAER's) and Morbidity and Mortality reviews. Research has

shown that only a minority of errors are reported in traditional systems, and of these, the majority do not lead to harm to the patient.

An alternative and complementary approach is to review a sample of patient clinical records to search for evidence of physical harm as experienced by patients while under our hospital care. Identifying physical harm as experienced by the patient does not mean it was necessarily due to error or predictable, but still provides an opportunity to learn.

The value of a Mortality Case Note Review is based on the judgment of professional peers. It requires transparency and honesty. It is well recognised that errors of judgment or poor standards of care are easier to identify retrospectively than at the time. Individual errors often result from systems deficiencies. The latter need to be clearly identified because they may be occurring more frequently than can be identified in individual mortality reviews.

The fact that the patient who died is subject to review does not imply that suboptimal standards of care or wrongdoing are suspected. The review process does not set out to apportion blame, although it is subject to the constraints and obligations that arise from Duty of Candour and Criminal Law legislation. If either of these apply, then a separate more detailed investigation is required. The review process is distinct from processes involved in assessing formal complaints.

NHS Lanarkshire has carried out Mortality Case Note Reviews for a number of years and last year also carried out Mortality Case Note Reviews relating to Covid-19 deaths.

In preparation for the 2021/2022 mortality case note reviews, and in response to an action within Lanarkshire's Quality Strategy, Safe Care plan which states "Following each mortality case note review explore new processes and tools for learning from the care we provide" it was felt that the previously used NHS Modernisation Agencies 3x2 matrix and the Institute of Healthcare Improvement (IHI) Global trigger tool were outdated and there was an opportunity to review the process for undertaking these reviews and documentation used.

This review was led by Professor Robin Taylor, Respiratory Consultant and supported by NHS Lanarkshire's Quality Directorate Improvement Team. Components parts of the IHI Mortality Review, Royal College of Physicians Structured Judgement Review Method, HIS Morbidity & Mortality Review and Mortality Review Practice Guide have been incorporated into the present Mortality Review Tool pro forma.

The aims of a mortality case note review are:
- to provide educational feedback about overall case management, both as to its strengths and its weaknesses
- to promote and encourage best practice and to improve patient care by encouraging high standards of professional practice
- to identify specific or systems-related safety issues or adverse events that should be drawn to the attention of personnel with responsibility for improving or correcting operational procedures

The brief for the 2021/22 mortality case note review was for each acute hospital site in Lanarkshire to undertake a review of 50 consecutive non Covid-19 deaths for the period 1st November 2020 to 18th December 2020 to identify if there had been an impact on the care of non Covid-19 patients as a result of the focus on Covid-19 and the reduction of services.

The approach to undertaking the review could be determined by the staff on each acute hospital site. This approach could be single clinicians, in pairs or multi-disciplinary teams.

There were clear inclusion and exclusion criteria for all cases as below:
Inclusion
- All non-Covid-19 deaths on each acute hospital site
- Patients who died from 1st Nov – 18th Dec 2020.
- Patients who have been admitted and survived more than 24hours
- Patients who have died within 30 days of admission to hospital

Exclusion
- Patients under 16
- Deaths that do not contribute for HSMR
- Patients who die on route to hospital/A&E

Despite the challenging pressures on clinical staff capacity over recent months all three acute sites have made progress with their mortality case note reviews. University Hospital Hairmyres have completed their 50 cases and are reviewing the draft report. University Hospital Wishaw have completed 31 cases and the data from these is currently being analysed and their draft report is being produced. University Hospital Monklands have completed 32 cases and the data from these is currently being analysed and their draft report is being produced. Final site reports will be submitted to HQAIC meeting in February 2022.

The findings from each report will generate a site action plan to ensure any learning and areas for improvement are taken forward. Learning from each site is also shared across sites.

4. Evidence for Quality

National and Local Evidence, Guidelines and Standards

Existing Local Clinical Guidelines
Phase one and two of the transfer of the existing Clinical Guidelines from the old Clinical Guidelines website to the new NHSL Guidelines Mega App/Website has been successfully completed.

The old website has now been decommissioned and is no longer available. A redirection to the new website is currently in place.

Effective Use of New Technologies
The revised process for the review and assessment of Health Technologies publications from Scottish Health Technology Group (SHTG) and Interventional Procedures Guidance from National Institute for Health & Care Excellence (NICE) is now fully in place and working well.

There have been 32 new publications published from between January and October 2021. These were appropriately reviewed and those which are relevant for further consideration have been passed on for assessment by the Governance Groups of Acute, North SHCP and South HSCP.

There were also 10 outstanding assessments reports which had been delayed due to the Covid-19 pandemic. These have now all been completed and returned by the three Governance Groups.

Developments are currently in progress for testing an information only report on the publications of NICE Guidelines.

Clinical Standards
The publications by Healthcare Improvement Scotland of new standards continues to be effected by the Covid-19 pandemic and further delays to consultations and publications have occurred.

Two new standards have been published Abdominal Aortic Aneurysm (AAA) Screening Final Standards were published in June 2021 and Barnahus (Bairn's Hoose) Standards were recently published in September.

These have been appropriately disseminated within the NHSL and also reported through the Clinical Effectiveness Group.

Knowledge Services
A total of 50 requests for literature searches and copyright permission checks have been submitted via the eHelp portal since the beg of Aug 2021. Only 1 request related to Covid-19 which represents a significant reduction in the number of requests for evidence on this topic compared to previous months. Requests for searches came from the following teams, with a number focusing on Near Me and video consultations.

- Medical staff in ENT/Orthopaedics/Gynaecology/Gastroenterology/Rheumatology
- Nursing – General/Community/Mental health
- Maternity
- Primary Care Improvement Team
- Practice Development
- Cancer services
- Paediatrics
- Clinical Governance
- HR
- Public Health/Health improvement
- Care of the Elderly
- Occupational health
- Pharmacy
- Modernisation/Planning
- Dietetics

A number of the copyright permission checks were requested which related to images used in patient leaflets. This suggests that the greater emphasis on copyright via the patient information proposal form is proving successful.

Patient Information
A full review has been undertaken of all outstanding patient information leaflets from 2018-2021 to ensure that there are no leaflets with an unknown status.

A report was submitted to the Person Centred Care Group to highlight progress to date and forthcoming plans for the service, which includes identifying a system to better manage the production process of all patient information leaflets. 2 potential systems have been identified and are currently being reviewed by the team.

The Written Information for Patients policy has been reviewed by the Evidence Manager and circulated to Lead Authors for comment.

Ongoing meetings are taking place with the Communications team to progress the transfer of patient leaflets for identified priority departments onto the public site, with processes tested to ensure a standard and accessible format.

Current Awareness Service - eUpdates
A new platform called Vable has been purchased by the Evidence Team to produce eUpdates for NHSL. Vable will provide staff with a more comprehensive service, pulling in content from a far wider range of sources (multiple databases and websites). This will automate the production of the eUpdates and provide

detailed analytics to enable a more tailored service. A licence for 8 Vables has been procured in the first instance, covering:

- Dementia
- Diabetes
- Domestic Abuse
- Incontinence
- Health Inequalities
- Child Healthy Weight
- Podiatry
- S&LT

Realistic Medicine

RM programme continues to progress the implementation of the action plan. Whilst action and implementation planning had been in delay due to ongoing pressure associated with pandemic, progress is being achieved with the support of the extended RM Core Group members.

Lanarkshire leads have and will continue to participate in the national RM framework for this programme of work and the six-month progress report has been submitted.

The programme of work continues to develop through the multidisciplinary Realistic Healthcare Programme Board and through the RM Core Group. Key factors in progress are:

- Leading and implementing principles and practice of RM
- Identifying areas of practice that could be enhanced in light of RM, Remobilisation, Recovery and Redesign, such as waiting list review and priority outcomes
- Supporting various specialties or departments with projects to showcase as part of this year's conference
- Improved support to colleagues from deputy leads and programme manager, such as the developing new Treatment Escalation Plan (TEP) and the progress to re-ignite a collaborative approach with community, primary, palliative and acute anticipatory and escalation planning
- Developed and maintained webpage on Firstport linking to evidence and new learning opportunities, such as: NES Shared Decision Making, NES Human Factors and the provision of projects within and outside Lanarkshire
- Development of additional appointment information to support patient prompts in shared decision making such as; NHSL '5Q', NHS Scotland 'Its ok to ask' and 'BRAN' available for face to face, virtual and or telephony consultations.

NHS Lanarkshire submitted three highly scored applications to the Value Improvement Fund. However, Scottish Government acknowledged their administration error and no funding was received. In view of this NHS Lanarkshire will re-submit the original applications in addition to a further three new applications.

Risks identified for the programme delivery has been influenced by the ongoing impact of the pandemic and with reduced access to clinical teams. Despite this, work is progressing in key areas of the action plan and is anticipated to achieve most if not all in the projected timeframe of March 2022.

On the 25th of November 2021 NHSL held an all-day Realistic Medicine conference entitled 'Back to the Future' with good attendance within and out with the Board. A wide variety of topics were covered which included a focus on staff wellbeing and shared decision making.

Nationally the programme of delivery spans a two-year period therefore the current action plan will be reviewed and refreshed to meet with the national timeframe and with local objectives and priorities

Dr J Burns
Board Executive Medical Director
December 2021