ITEM 19

NHS Board Meeting
31st March 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
March 2021

1. Introduction

This report provides an update on the current progress over February & March 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.

2. Assurance of Quality

COMPLAINTS

Complaints Reporting

The new DatixWeb module for complaints has been fully implemented and extraction of data for performance and quality assurance reporting is now possible. A Power BI dashboard has been developed for continuous monitoring and reporting of the complaints Key Performance Indicators. Charts from the dashboard have been embedded in this report displaying KPI's for the reporting period 1st April 2020 to 31st December 2020.

Contacts by Patient Affairs

The Complaint Handling Procedure (CHP) has remained in place throughout the COVID19 pandemic. Chart 2A and chart 4 illustrates that the volume of complaints has been changeable, initially falling in the first Covid-19 wave, peaking in September/October 2020.

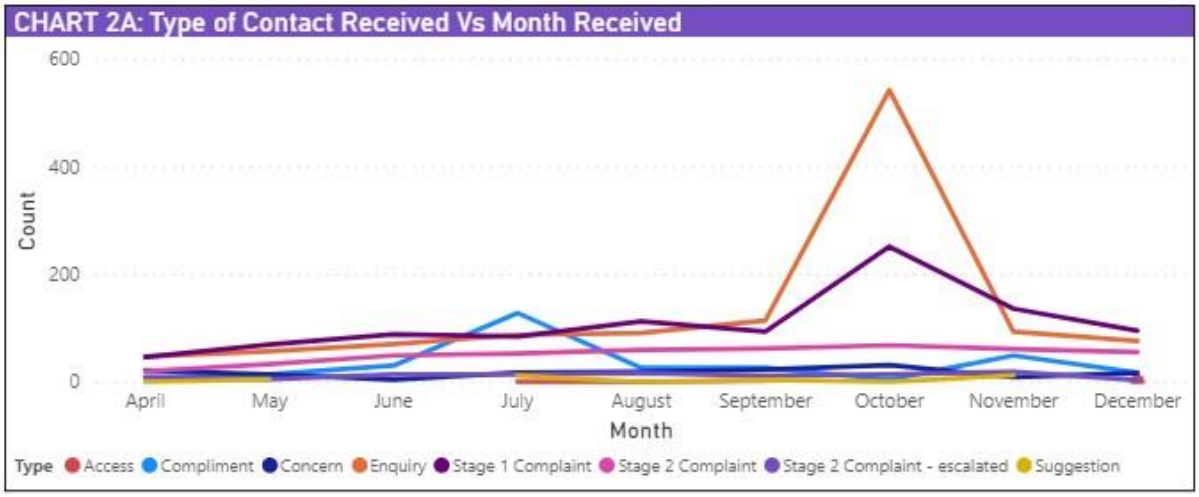


Chart 2 also highlights a significant increase in enquiries. These primarily relate to increased activity relating to the Flu Programme. Enquiries were either responded to or referred to the Flu Programme, to make arrangements directly with the patient for appointment, outlining prioritisation, scheduling etc. Patient Affairs Teams have recently experienced an influx of enquiries relating to COVID 19 vaccination. Some contacts are initially advising that they wish to make a complaint, but when it is explained that the complaint process will not have any impact on prioritisation for vaccination, they are content to proceed to an enquiry or concern.

Chart 4 also highlights a spike in complaints closed at Stage 1 (Early Resolution). For 2020-2021, we had identified an objective to increase the number of complaints closed at Stage 1. Progression of some of this work has been restricted with Covid-19. Handling of Stage 1 complaints often hinges on the availability of front-line staff to assist with resolution. The Scottish Public Services Ombudsman (SPSO) has advised that if a Stage 1 complaint cannot be closed within 5 working days, with a further extension of 5 days applied, it should automatically be escalated to a Stage 2 (Investigation) complaint. We are attempting to keep this to an absolute minimum, as complaints would be escalated to Stage 2 and signposted to SPSO based on availability of staff, opposed to issues being unresolved at Stage 1 or based on the complexity of investigation required.

Complaint Response Targets

Achievement of KPI's in relation to response targets has dipped during the pandemic as would be anticipated (see charts 12 through to 16). Considering Covid-19, we have been advising complainants within acknowledgement letters that there is likely to be a delay, and we would provide an update after 30 working days, however the national reporting target remains as 20 working days.

SPSO Activity

SPSO activity initially dipped in the first 6 months but is now gathering momentum. This is in line with national trends, with the SPSO anticipating a 30-40% reduction in NHS complaints this year from 2019-2020. We have been advised that there is a significant delay in the SPSO accepting and acknowledging complaints.

Complaint Development Work

Increased Patient Affairs activity has slowed the pace, but several areas have progressed:

i. The importance of early engagement with complainants and agreeing the remit of investigation is well embedded.
ii. A pilot has commenced on collection of post Stage 2 (investigation) feedback/satisfaction
iii. Work is progressing on a Stage 2 Investigation Toolkit
iv. A Quality Assurance tool is being tested
v. Dr Dorothy Armstrong has delivered 2 bite-size sessions on 'Facing criticism, complaints and concerns in Covid-19'. We are progressing with the development of a Complaints Coach programme.

Other

The implementation of the National Whistleblowing Standards from 1 April 2021 will make the whistleblowing section within the current Complaint Handling Procedure inaccurate. The SPSO and the Scottish Government will issue revisions imminently.

Revised Model Complaint Handling Procedures are being implemented across all sectors except for health from 1 April 2021. There are currently no timescales for health revision. NHS Lanarkshire are represented on the NHS Complaints Personnel Association, which will input to revisions.

DUTY OF CANDOUR

NHS Lanarkshire continues to fully support the principles of Duty of Candour with data collation to evidence compliance against the legislation.

The monitoring process carried out by the adverse events team includes tracking the SAERs to establish which events are Duty of Candour, monitoring compliance to ensure all aspects of the legislation have been followed and correlation with the causation codes recorded for each incident.

For time period October to December 2020 there has been 13 Significant Adverse Events Reviews (SAERs) commissioned. The majority of these incidents were recorded during the month of November (7).

4 SAERs have been completed with 9 remaining open and on-going.

For all 9 SAERs that are open it is unknown at this time if they trigger the legislation for Duty of Candour due to the investigation not yet being complete, which is an acceptable reason for not having the information recorded. The 4 completed SAERs did not trigger the legislation for duty of candour.

LANARKSHIRE QUALITY IMPROVEMENT PORTAL (LANQIP)

Further development of version 2 of the Lanarkshire Quality Improvement Portal (LanQIP) is ongoing with the recent completion of the reporting platform. The new reporting functionality, powered by Microsoft Power BI technologies, will allow the distribution of interactive dashboard visualisations and paginated reporting to staff in the organisation via the LanQIP website.

The team have also recently moved the new version of LanQIP over to the Microsoft DevOps platform which is a software tool used to support and manage software development projects. This new software will allow the LanQIP system to adopt a continuous delivery model allowing new functionality to be delivered at a rapid pace. The release of new functionality can be done on a daily basis allowing frequent incremental delivery of improvements to the system bringing considerable benefits to end users, allowing LanQIP to adapt and grow in line with changing business needs and priorities.

Identification of content to be migrated to the new version is already underway with ward level projects like 10 Essentials, Excellence in Care and Standard Infection Control Precautions (SICPS) being early candidates for migration to this new platform. These observational type audits will be captured in the survey module which allows users to design and deploy their own datasets across the organisation. This new module will allow for the rapid development of this type of dataset by other members of the Assurance team freeing up developer resource.

LanQIP version 1 is planned to be fully migrated to version 2 or other more suitable platforms and decommissioned by the end of March 2022.

HSMR

The latest release of HSMR data was published by ISD on 9th February 2021.

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.

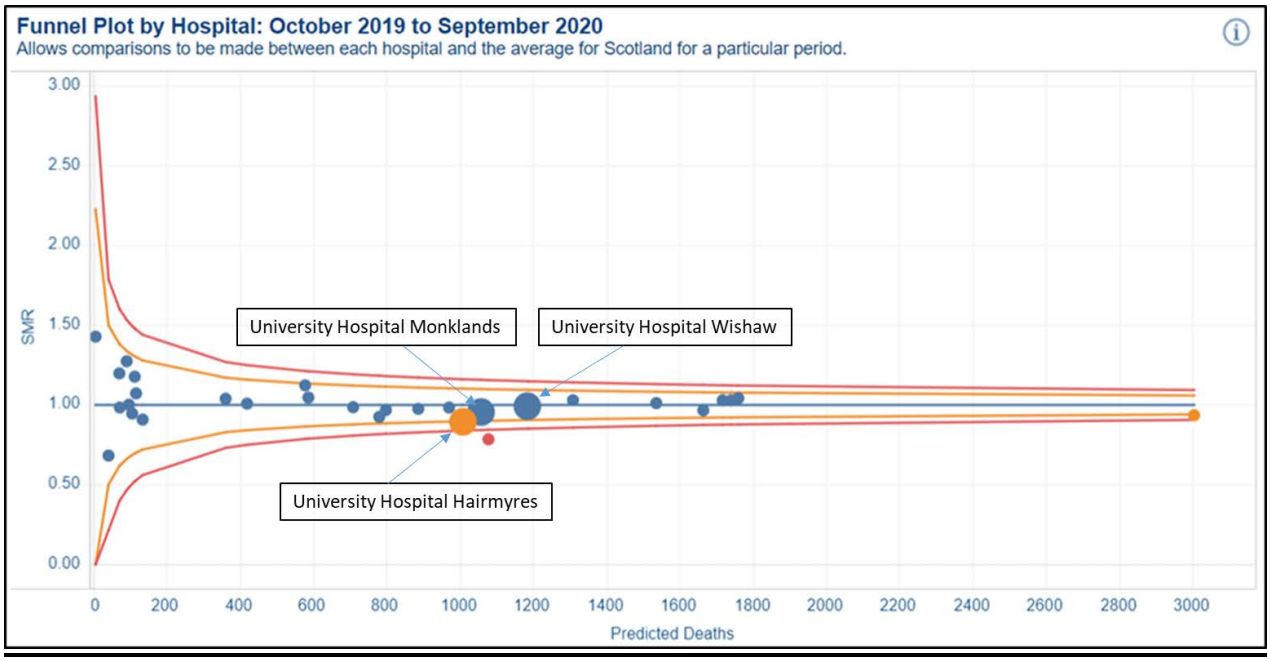
University Hospital Hairmyres is below the lower control limit by between 2 and 3 standard deviations from the Scottish average.

This will continue to be monitored through HQAIC.

Health Board of Treatment: NHS Lanarkshire

Period October 2019 to September 2020

Location	Observed Deaths	Predicted Deaths	Patients	Crude Rate (%)	HSMR	Comparison to Scotland on the Funnel Plot
Scotland	**26,292**	**26,292**	**576,457**	**4.6%**	**1.00**	**n/a**
NHS Lanarkshire	3,091	3,254	64,564	4.8%	0.95	n/a
University Hospital Hairmyres	903	1,010	16,896	5.3%	0.89	▼
University Hospital Monklands	1,012	1,059	20,005	5.1%	0.96	●
University Hospital Wishaw	1,176	1,185	27,663	4.3%	0.99	●



3. Quality Improvement

This report focusses on one key area of work; the Covid-19 mass vaccination clinic programme

Introduction

At the end of January 2021 Dr Mark Russell (Associate Medical Director) and Lead for the Covid-19 Vaccination Programme requested support from the Quality Directorate to provide Quality Improvement (QI) input to the mass vaccination clinics to ensure that QI methodology was used to make the clinics run as efficiently as possible and in particular to focus on any potential issues with patient flow.

Karon Cormack, Director of Quality agreed to support this request and commissioned Marjorie McGinty, Head of Improvement to provide QI support to undertake an observational study lasting one week (1st – 5th Feb 21) with a further follow up at the centres in 3-4 weeks' time.

Background

NHS Lanarkshire had used an observational study approach in the design and delivery of its Flu Vaccination Programme in autumn 2020. This work was carried out by the Primary Care Improvement Team. Learning from this study had informed the design of the Covid-19 Vaccination Programme.

Scottish Government had provided guidance on how the Covid-19 Vaccination Programme should be established in each Board area and this is detailed in the Service Delivery Manual given to Boards. This provided the blueprint for the design and delivery of the mass vaccination clinics and described the 'work as imagined'.

NHS Lanarkshire (NHSL) and both North Lanarkshire and South Lanarkshire Councils (NLC/SLC) planned and designed the Covid-19 Vaccination Programme based on the Service Delivery Manual and previous learning from the Flu Vaccination Programme and the first clinics opened on 1st February 2021 in Whitehill Centre, Hamilton (Whitehill Community Centre, Hamilton) and Fernhill Community Centre, Rutherglen. The Quality Directorate Improvement Team were not involved in the programme at the design stage.

Approach

Improvement Advisors started in two clinics in Hamilton and Rutherglen on 1st Feb and by week commencing 22nd February three further clinics were included in the work representing 50% of main vaccination clinics with QI support:

1. Whitehill, Hamilton – monitor changes
2. Fernhill, Rutherglen – monitor changes
3. Civic Theatre, Motherwell – continue QI coaching to implement changes
4. Time Capsule, Coatbridge – QI coaching to introduce changes
5. Ally McCoist, East Kilbride – QI coaching to introduce changes

A variety of QI approaches, tools and techniques known as the Change Package were used throughout the week including:

- Safety Huddles
- Visual Management Board (VMB)
- Time Series Data & Measurement for analysis
- Timed patient journeys
- Observation of bottlenecks forming – demand, capacity, activity and queue

- Staff capacity versus demand – numbers and skill mix
- Process mapping patient journey
- Stock management
- Waste identification
- Driver Diagram
- Prioritisation Matrix
- Communication Tools

A Driver Diagram for the Observational Study was developed which described the vision and aim of the work and the primary and secondary drivers and change ideas which would be developed and tested. This was further refined during the study week and subsequent weeks on site.

Staff in each of the clinics were made aware of the role of the IAs which was to observe the processes and work carried out working together with staff to identify any areas where improvements could be made.

The IAs made it clear that they were not there as inspectors but as experts in observing processes and working with the staff doing the job to test ideas for improvement. They explained that the study week was about looking at the 'work as done' versus the 'work as imagined'.

Learning & Rapid Improvement

From the first morning on-site at clinics the IAs identified areas for improvement with staff and put tests of change in place. Staff were welcoming, helpful and enthusiastic.

From the observational study week there were 8 themes identified as areas for improvement:

- Leadership
- Communication
- Patient Flow
- Environment
- Equipment
- Patient Experience
- Staff Experience
- Vaccine

A Prioritisation Matrix was used to map change ideas under the headings of 'Do Now', 'Do Next', 'Do Later' and 'Do Never'.

It became clear that there was a role in the clinic for a "Flow Coordinator". Someone who could focus on only looking at the process flow and identify any potential bottlenecks or queues forming and respond to make the capacity meet the demand. This role is different to a reactive fire-fighting approach of simply adding more staff to a clinic. The IAs took on the role of Flow Coordinator initially and coached the clinic lead and/or Team Leader in managing capacity and demand based on getting the balance at each station correct for the number of patients in the clinic at any one time.

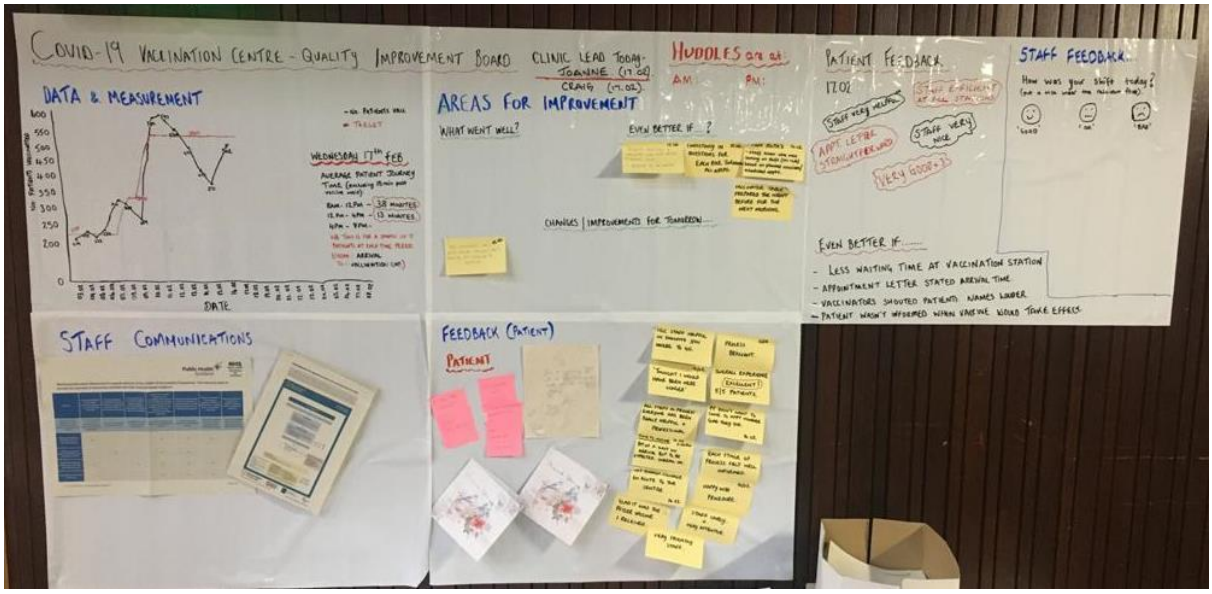
Changes were made to improve the flow by changing some of the tasks at the different stations to ensure those with particular skill sets were being utilised to full capacity, preventing bottlenecks in the system.

A Visual Management Board (example below) was introduced to the clinics. This is standard practice within QI work and the following headings was established at each clinic:

- Clinic Lead today is…..
- Huddle times today are……..

- Data & Measurement – total vaccinated, target number of vaccines for today, minimum and maximum patient journey time, number of wasted vaccination per day
- What went well today?
- What could be even better if?
- Staff feedback – How was your day today? And general feedback
- Patient Feedback – captured during time in the clinic by IAs

This improved communication, motivation and provided a space to capture real time feedback from patients and staff which made them feel listened to and valued.



Data was gathered and reported back to the Covid-19 Vaccination Team to help with assessing staffing levels and time to vaccinate calculations.

A full QI report of findings was also returned to the Covid-19 Vaccination Team.

The improvement work carried out in these five clinics in Feb/March 2021 has informed the planning work for the two supercentres at Ally McCoist, East Kilbride and Ravenscraig Centre for the next phase of the vaccination programme.

4. Evidence for Quality

National Audit Activity

Scottish National Audit Programme (SNAP)

Publication dates for almost all of the national audit reports were delayed as a result of the pandemic. Seven of the eight national audit reports were published in the Autumn of 2020 and evaluations have been completed for all. These include:

- Scottish Stroke Care Audit (SSCA)
- Scottish Intensive Care Society Audit Group (SICSAG)
- Scottish MS Register (SMSR)
- Scottish Hip Fracture Audit (SHFA)
- Scottish Arthroplasty Project (SAP)
- Scottish Trauma Audit Group (STAG)

The final report to be published this year was the Scottish Renal Registry (SRR) report on 13th October 2020 and the evaluation of that report is underway. The STAG Audit Report 2020 identified both UHH and UHW as outliers (more than 3 standard deviations) in relation to excess mortality in trauma patients. This triggered the SNAP Governance Policy and required clinical leads to submit an investigatory report to the national SNAP team. These responses have been returned and leads also presented their reports at the Acute CG&RM meeting in December 2020. The main issues identified was in relation to the frailty of the patient population which was not considered in the audit criteria. Suggestions have been made to adjust for this factor in future audits.

The MBRRACE-UK Perinatal Mortality Surveillance Report was published on 10th December 2020 and whilst for the second year running NHS Lanarkshire was not flagged as an outlier for any of the three performance indicators, the service have been asked to capture how they achieved this and how they will sustain/improve on this next year.

The latest NMPA Report (National Maternity & Perinatal Audit) was due for publication in September 2020. We are still awaiting this publication and will then proceed with the evaluation process. The Clinical Audit Team would like to note the level of positive engagement from NHS Lanarkshire's clinical leads in this process. Despite current pressures, they have engaged positively with us and returned timely responses.

Healthcare Quality Improvement Partnership (HQIP) Withdrawal

In March 2018, NHS England awarded a contract to Healthcare Quality Improvement Partnership (HQIP) to commission and oversee the delivery of a range of clinical audits and outcome review programmes. The original intention was that this would be a UK wide contract; however, due to incorrect wording in the Contract Notice, it transpired that Scotland was not legally entitled to use this contract. Scottish Government have worked with legal advisors and procurement advisors to identify a solution and also explored other options with HQIP as a basis on which we could contract with them to deliver audits. Unfortunately, none of these options have proved to be possible, with the result being that we no longer have a legal basis to pay to participate in the HQIP audits. The process of standing down from participating in these audits has commenced as an appropriate point is reached in each. New arrangements have been put in place with the National Vascular Registry for the remainder of this financial year and the next financial year to ensure Scottish participation continues and Scottish Government entered into a new contract in June 2020 with NICOR to ensure Scottish participation will continue until the end of the financial year while a more permanent solution is identified and progressed. There are other HQIP audits in relation to maternity services and mental health where Scottish Government colleagues are continuing to seek to establish a new agreement and work is on-going to find a solution.

Best Start Programme including BLISS Accreditation

The Clinical Audit Team continues to work with Maternity and Neonatal Services to monitor and report progress against the 23 Best Start recommendations. NHSL have so far completed 7 recommendations with the remaining 16 on track for completion by 2022. The continuity of midwifery care teams are now successfully running in five localities.

Staff and parent response to this new model has been extremely positive as has the impact on delivery outcomes. In the last year when compared to the maternity unit overall, the Best Start teams have seen an increase in Spontaneous Vaginal Deliveries and a decrease in Inductions and Caesarean Sections. The fourth highlight report was produced in December 2020 which reflected the continued progress made despite the challenges faced during the pandemic.

The Neonatal team have made excellent progress towards achieving Bliss Accreditation in 2021/22. Each principle is continually self-assessed with 135 (93.7%) of the 145 standards looking like they are delivering on all aspects of the criteria. During the pandemic, some staff leading on this have been re-called to clinical

duties, however a third audit is now in progress, via a revised Bliss audit tool and is due for submission shortly. A Bliss measurement plan has been developed and was well received by the neonatal team. A separate Bliss highlight report is currently in development which will be used to share all the successes with staff and as additional evidence required for assessment. Gaining BLISS accreditation will contribute towards the attainment of the 5 neonatal recommendations within the Best Start programme.

In the coming months we will work with the Best Start lead to support some of the work that has been on hold during the pandemic and re-establish reporting for this as well as developing patient experience reports for the maternity wards. We will also work with the Bliss team to develop parent/staff surveys and training reports as well as support towards achieving UNICEF breastfeeding accreditation within the Neonatal Unit.

Local Audit Activity

Clinical Audit Activity

During June – December 2020, 89 new clinical audit projects were registered via the Clinical Quality Project Register. The team identified approximately 22 projects that either directly related to aspects of Covid-19 management or related to adjustments in practice or processes as a result of the pandemic (i.e. virtual outpatient consultation).

Our Clinical Audit Project Toolkit is available to support teams with their projects and can be accessed via the Quality Directorate First port page. Our toolkit provides guidance, links and templates to assist leads and teams in progressing through each stage of their audit.

Although the Quality Directorate does not routinely provide direct support for all clinical audit and service evaluation projects, we will always signpost project leads to the relevant guidance, tools and templates in the toolkit. Only projects that are deemed as Board priorities are eligible for consideration for direct support from the Quality Directorate.

Public Protection Support

The Clinical Audit Team continues to support quarterly reporting of Child Protection, Adult Protection and Gender-Based Violence quality indicators. This is enabled through our continued maintenance of the four linked databases with updates, ad-hoc data retrieval and data assurance. The team liaise regularly with the service lead, team leaders and audit support staff. We are currently testing a new approach to child protection supervision session evaluation using an online survey tool with a view to wider roll-out in 2021/22.

Clinical Guidelines: Covid-19 App

The content of the Covid-19 App was rapidly developed to respond to the Covid-19 outbreak in April 2020 and remains a work-in-progress. We acknowledge that the completion of the appropriate governance process for Covid-19 guidelines was challenging and in some cases missing from the final guideline, so in December 2020 a review of the process for the Covid-19 guidelines was initiated. Editorial leads were notified of this and asked to review content in relevant sections and to submit checklists, comments and/or any other amendments.

Findings from the review:

- Local Guidance & Resources (75 items) — an initial response for 15 items out of 65, partial information received but not sufficient to complete the review process. Ongoing.

- National Guidance & Resources (22 items) — approved, due for review in 6 months full governance information and new review dates in place.
- Drugs & Therapeutics (7 items) — approved, full governance information and new review dates in place.
- Primary Care (32 items) — initial response received. Awaiting for further information.
- Secondary Care (5 items) — there is no editorial lead for this section and its content has never been sufficiently developed.
- Wellbeing (14 items) — no response received by 25th February 2021
- Training (8 items) — approved, full governance information and new review dates in place.
- Pharmacy (2 items) — no response by 25th February 2021.

From January 2021 any new and/or updated guidelines are supported by full governance information.

Further actions for 2021/22 include review of the editorial leads to ensure leads for each area and review of the Covid-19 toolkit once new editorial leads are in place.

Development of additional toolkits and mega app structure continues including:

- Guidelines other than Covid-19
- Emergency Guidelines-Flowchart
- Medical Scores & Calculators
- Referral Pathways
- Antimicrobial Guidelines
- Medicines Guidance.

Dr J Burns
Board Executive Medical Director
March 2021