

NHS Board Meeting
26th May 2021

Lanarkshire NHS Board
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SUBJECT: QUALITY ASSURANCE AND IMPROVEMENT PROGRESS REPORT

1. 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.

2. 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.

3. 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"/>

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

May 2021



1. Introduction

The Board has previously received reports on the work undertaken by the Quality Directorate to support operational teams and provide assurance on quality of care during the pandemic.

This report to the Board provides an update on the current progress over April 2021 & May 2021, of plans and objectives set out in the Quality Strategy to achieve the **Lanarkshire Quality Approach**. The report also sets out plans for the coming year in key areas of work included within the Quality Strategy.

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 Director of Quality and the Quality Heads of Department have been working on the Quality Strategy Implementation Plan for 2021/2022 since February to ensure there is a finalised plan for HQAIC in May 2021.

The new draft plan has been reviewed at the Safety Steering Committee, the Clinical Effectiveness Committee and the Quality Planning and Professional Governance Committee. Any unmet objectives from the previous plan have been reviewed and carried on the new plan where still relevant. Services have been engaged to ensure the plan is reflective of clinical and corporate priorities.

2. Assurance of Quality

2.1 Adverse Events

Significant Adverse Event Reviews (SAER) Documentation

A review is being carried out on the SAER documentation, commencing with the Briefing Note document. This document was introduced as part of the Adverse Events Toolkit in 2019 and since then comments and feedback have been collated on ways to improve the information captured on these documents. The feedback and suggested updates will all be considered and the necessary changes for improvements completed, whilst keeping it relevant and in line with any national requirements. This review will continue through all the SAER documents over the next few months, with the aim to launch the updated Toolkit around August/September time this year.

Adverse Events Bulletin

The 3rd edition of the bulletin was published and circulated in April 2021, providing more information for shared learning and improvements resulting from SAERs carried out. The Bulletin also included a summary of the updates and changes that have been made to enhance the Datix system, some information from the Staff Care & Wellbeing team and details about Quality Week due to take place in May 2021.

As part of the adverse events work programme for 2021-2022, the team have a full plan of work scheduled over the coming months, to carry out various updates to the Datix system and also implement improvements which will enhance the overall functionality of the system.

Duty of Candour

Compilation of the next annual report for Duty of Candour is underway. This report will be for the time period 1st April 2020 to 31st March 2021.

The number of SAERs commissioned during the reporting period was 75, there are currently 50 of these reviews completed and from these 18 have triggered the legislation for Duty of Candour.

Completion of the report will be scheduled for July 2021 HQAIC with submission to Scottish Government and Health Improvement Scotland following approval.

2.2 Complaints

Annual Complaints KPI Reporting

Annual Key Performance Indicator (KPI) data for the period 1st April 2020 to 31st March 2021 has been produced and circulated widely. This information will form the basis of the Annual Report on Feedback, Concerns and Complaints which is due to be submitted to the Scottish Government by 30th September 2021.

4,362 contacts in total were received by the Patient Affairs teams in NHS Lanarkshire during 2020-2021. The majority of the contacts (1686) were patient affairs enquiries, primarily relating to increased activity relating to the Flu and Covid-19 vaccination Programme.

The number of contacts being dealt with as a complaint has fallen. NHS Lanarkshire received 2,081 complaints at either Stage 1 or Stage 2 in 2020-2021, compared to 2,592 in 2019-2020. From discussions at the NHS Complaints Personnel Association, this is broadly in line with national trends.

There has been a slight increase in the number of complaints closed at Stage 1 during 2020-2021. We had identified this as an objective for 2020-2021, but in light of Covid-19, there has been limited progression as some of the change ideas were restricted; 62% of complaints were closed at Stage 1, compared to 59% in 2019-2020.

We have been proactively applying extensions to complaints at Stage 1 (> 5 working days), seeking to avoid them escalating to Stage 2, based on the availability of front-line staff to respond.

Achievement of other KPI's in relation to response targets has dipped during the pandemic as would be anticipated. In light of Covid-19, within Stage 2 acknowledgement letters, we have been advising complainants that there is likely to be a delay, and we would update after 30 working days. Despite this extension process, we continue to report against the national 20-day KPI target.

SPSO Annual Summary

Local analysis has been undertaken on the Scottish Public Services Ombudsman (SPSO) final determinations received for NHS Lanarkshire between 1st April 2020 and 31st March 2021, and an annual summary of these complaints has been produced by the Corporate Complaints team and circulated widely for shared learning and alignment to existing improvement work. The report includes a summary of each complaint upheld or partially upheld by the SPSO during the reporting period, and some analysis of themes emerging from these complaints

The local analysis shows that **31** final determinations for NHS Lanarkshire were received from SPSO between 1st April 2020 and 31st March 2021. Of these, 7 were determined as upheld, 11 partially upheld, 7 not upheld and 6 not proceeding with investigation.

The SPSO are not due to publish their Annual Statistics for 2020-2021 until later this year. Once this is received this data will be further analysed by the Corporate Complaints Team and compared to previously published statistics.

Complaints – Staff Development & Training

The Corporate Complaints team have organised a development programme for staff managing feedback and complaints facilitated by Dr Dorothy Armstrong (Lead Professional Advisor to the Scottish Public Services Ombudsman and Director of DA Professional).

The aim of this programme is to support clinicians and managers to proactively listen, learn and act on concerns and complaints.

The focus will be on early resolution of stage one complaints by communicating at our best, the power of apology kindness & forgiveness. The programme will also support staff on the receiving end of concerns and complaints. Content of the course includes:

- **Values:** What matters and being more self-aware
- **Triggers:** Causes of negative responses & managing our behaviours
- **Bias:** Understanding the way we think and make decisions
- **Emotions:** Understanding fear and amygdala hijacking (the fight-or-flight response that takes place when you are faced with a perceived threat)
- **Conflict:** Exploring causes of conflict and ways to respond
- **Trust:** Building trust in early resolution
- **Language:** Using proactive language to enhance resolution
- **Empathy:** Showing empathy when faced with concerns & complaints
- **Apology:** Understanding and applying the elements of apology
- **Compassion:** Caring for ourselves and others

The course will run over 5 weeks and commences in June 2021.

3. Quality Improvement

Since March 2020 all national and most local improvement programmes have been in hibernation due to the Covid-19 pandemic. During this period the Improvement Team have supported the Response, Recovery & Redesign work and most recently has supported the use of quality improvement methodology in the vaccination programme local hubs and two supercentres.

As we move programmes of work out of hibernation this report provides the Board with an update on the current situation with some of our key improvement areas.

Collaborative Approach

The Institute for Healthcare Improvement (IHI) developed the Breakthrough Series in 1995 to help health care organizations make “breakthrough” improvements in quality while reducing costs. The driving vision behind the Breakthrough Series is that sound science exists on the basis of which the costs and outcomes of current health care practices can be greatly improved, but much of this science lies fallow and unused in daily work. There is a gap between what we know and what we do. The Breakthrough Series is designed to help organizations close that gap by creating a structure in which interested organizations/teams can easily learn from each other and from recognized experts in topic areas where they want to make improvements. A Breakthrough Series Collaborative is a short-term (6- to 15-month) learning system that

brings together a large number of teams from hospitals or community to seek improvement in a focused topic area. To re-mobilise some key area of priority we will be using the IHI collaborative model.

Hospital Falls Collaborative

The Lanarkshire Falls, Frailty & Bone Health Strategy was approved by the Board in August 2020. This work was then paused due to Covid-19 however since January 2021 we have started to progress the work on implementation of the strategy. A Falls Strategy Steering Group is established, chaired by Peter McCrossan, Director of AHPs. In addition, there are four Sub Groups now established each with identified subject matter experts as group leads. The groups have agreed their Terms of Reference and are currently reviewing previously developed driver diagrams to prioritise the change ideas they will test and implement this year. Part of the strategy implementation will be the establishment of a Hospital Falls Collaborative. This will support acute and community hospitals to implement a change package to help reduce hospital falls. Planning for this work is under way.

Infection Prevention & Control Collaborative

NHS Lanarkshire has identified reductions in infection rates for Hospital Associated Infections; Escherichia Coli Bacteraemia (ECB), Clostridium Difficile (CDI) and Staphylococcus Aureus Bacteraemia (SAB) as a priority area for improvement. An Infection Prevention & Control (IPC) Collaborative has been established to provide an evidence based framework to support this improvement work. The IPC Collaborative will use the Institute of Healthcare Improvement (IHI) Breakthrough Series Collaborative approach. The collaborative will consist of teams from wards in acute hospitals and teams in both HSCP localities. The collaborative will be launched on 2nd June 2021.

Quality Medicines Strategy Implementation

NHS Lanarkshire Quality Medicines Strategy was approved by the Board in 2020. This work was then paused due to Covid-19 however since January 2021 we have started to progress the work on implementation of the strategy. There are four elements of the strategy:

1. Quality and Safety of Medicines - The improvement work related to the Quality and Safety of Medicines are part of the Quality Strategy Safe Care Plan 2021-2022.
2. Person Centred Medicines - The improvement work related to Person Centred Medicines are part of the Realistic Healthcare Group work.
3. Effective Use of Resources – This work is reported via the Acute Division and HSCPs Prescribing Management Boards
4. Develop the Workforce – This work is reported via the NHSL Pharmacy Education & Training Oversight Group

Scoping work will start in June to look at what improvement work is currently being carried out to meet the aims of the Quality and Safety of Medicines improvement work and which actions will be tested and implemented.

Value Management Collaborative

Three teams at University Hospital Wishaw are participating in the national Value Management Collaborative which launched in November 2019, hibernated in March 2020 and re-mobilised in August 2020.

Value Management is a high value health and care system that delivers the best possible outcome and experience for people at the lowest possible cost. It brings cost and quality data to the point-of-care to drive sustained improvement and will test and spread an approach that has demonstrated positive impact in reducing costs, improved staff engagement and morale, and improvements in patient safety.

The overall approach has three broad components:

- Creating the system conditions for managing quality through organisational culture, leadership and infrastructure interventions.
- Team/Ward level quality and value improvement interventions and coaching.
- Quality improvement capacity and capability building.

The teams have made significant progress over this period in terms of developing their quality improvement knowledge and engaging their ward teams, however due to the second wave of the pandemic the planned re-mobilised had to be amended. During November 2020 – March 2021 reduced activity in the value management improvement work was agreed by the NHS Lanarkshire Acute Nurse Director and the national team at Healthcare Improvement Scotland. Although there was some reduction in activity each ward did continue to undertake some improvement work.

A Value Management Oversight Group, chaired by Karon Cormack, Director of Quality has also been established to monitor progress against expected milestones.

A re- launch event was held for NHS Lanarkshire on 26th March. At this event the SCNs from wards 5, 11 and 17 reflected on their teams' value management journey so far and their next steps to now re-engage with this work.

The areas of improvement which the wards are focussing on are and the identified outcome measures are detailed in appendix 1.

In addition to the three wards at UHW scoping work is underway to support the use of the value management approach in the other NHSL collaboratives e.g. Hospital Falls and IPC which will be starting in the next few months.

The Quality Directorate Improvement Team will provide quality improvement (QI) expertise and guidance as well as training in QI methodology to support the remobilisation of improvement work in the Boards key priority areas and will provide a report to future meeting on the impacts and outcomes of this work.

4. Evidence for Quality

4.1 National and Local Evidence, Guidelines and Standards

Existing Local Clinical Guidelines

An agreed selection of guidelines has been initially moved from the existing Clinical Guidelines website to the new NHSL Guidelines Mega App/Website which was launched on 10th May 2021. This includes Covid-19 Guidance (120 items), Medicines Guidance (67 Items), Antimicrobial Guidelines (86 Items), other Guidelines (15 Items), Medical Scores and Calculators (16 Items), Referral Pathways (1 Item). Although this is excellent progress, especially during the pandemic, there remains much to be done so guidelines and referral pathways are being prioritised for conversion to the app.

With the continued challenges faced during these last few months authors of 15 guidelines which were due for review between January 2021 and May 2021 were offered a 6 month extension, 11 have accepted this extension.

It has also been agreed to offer further extensions to authors of 20 guidelines which had previously agreed extensions and had now been due for review during the first four months of this year. It is hoped that as the pandemic eases authors will be able to return to updating their guidelines, however requests for further extensions will be considered if required.

Effective Use of New Technologies

The new revised NHSL process for the review and assessment of Health Technologies publications from Scottish Health Technology Group (SHTG) and National Institute for Health & Care Excellence (NICE) continues to be successfully followed and is working very well.

The Quality Planning & Professional Government Group (QPPGG) decide which Health Technologies are relevant to NHS Lanarkshire and are for further consideration at the governance groups of Acute, North HSCP and South HSCP.

All outstanding assessments reports from the three governance groups have all now been completed and have been reported through the Clinical Effectiveness Group.

Clinical Standards.

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

The draft standards for Sexual Health have been recently published and a consultation for feedback on these standards will remain open until 18th June 2021.

It is hoped that the work which requires engagement with front line healthcare professionals for the development of standards will be recommenced soon.

Searching

A total of 142 requests have been completed since the last Board Report in December. This is comprised of 62 copyright permissions requests, 19 searches for the Monklands Redevelopment Project and a further 61 literature searches covering a wide variety of topics.

The Information Governance team have been made aware of where copyright permissions were unable to be obtained. 14 searches relating to Covid-19 were carried out including 9 for the Public Health Department which will inform a national review of lessons that could be learned from countries which had been successful in containing the spread of Covid-19.

Corporate Policies

Monitoring of Corporate Policies was suspended on 19th March 2020 due to Covid-19. Committee Meetings were significantly delayed, and therefore all 56 Corporate Policies due to lapse between March 2020 – April 2021 (plus one that had lapsed in December 2019) were uploaded to the website with the following watermark: “Extended until month 2021 (Covid-19)”. This process was completed by 1st June 2020, following confirmation of approval of extension dates by Corporate Risk Manager in May 2020. All extended policies have new review dates of July 2021 – March 2022. Policy authors were advised of the extension process. The normal review process was reinstated in January 2021, with letters to authors advising of 6 months notification of Review Date.

Between January 2021–April 2021, 15 policies were uploaded to the public website. There are currently no lapsed policies.

Corporate Policies Team have also worked with Assurance to create an access database, which will replace the existing excel spreadsheets for tracking policies, notification logs, and for reporting to CMT.

The internal audit team are currently assessing notification practices, publication of policies on NHSL website and archive of previous policies. Results of this are due summer 2021.

Dr J Burns
Board Executive Medical Director
May 2021

ITEM 17

Appendix 1.

Ward	Improvement Ideas					Outcome Measure
	CAPACITY	SAFETY	QUALITY	COST	EXPERIENCE	
Ward 5, Medical (Gastro/Cardiology),	TBC	Reducing falls Reducing violence and aggression incidents	Reducing delayed discharges Improving reliability with PURA bundle Improving recording of fluid balance Oral hygiene assessment/plan of care	TBC	Improve patient experience Improve staff experience	Total Number of Falls Total number of violence and aggression incidents Total number of delayed discharges % of patients reporting a positive experience Total number of staff providing feedback on their joy in work / experience
Ward 11, (COTE/Stroke rehab)	TBC	Reducing falls – compliance of lying and standing blood pressure (non-stroke patients)	Improving recording of fluid balance Compliance with stroke bundle Oral hygiene assessment/plan of care	TBC	Improve staff wellbeing	Total Number of Falls Total number of swallow screens Total number of oral hygiene assessments and care plans Total number of lying and standing blood pressures recorded, in non-stroke patients, within 24 hours of admission to ward 11 Total number of staff providing feedback on their joy in work / experience
Ward 17, General Surgery	TBC	Reducing falls Reducing number of missed medication doses Improving reliability with PVC insertion and maintenance bundle	Improving accuracy and quality of care being recorded in patient's case notes and shared at handover	TBC	Improve patient experience Improve staff experience	Total Number of Falls (weekly) Total number of missed medication doses % reliability with PVC insertion and maintenance bundle % of patients with a handover which reflects their case notes % of patients reporting a positive experience % of staff reporting a positive experience

ITEM 17