NHS Board Meeting
27th October 2021

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

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

1. Introduction

This report to the Board provides an update on the current progress over August 2021 & September 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.

A finalised Quality Strategy Implementation Plan for 2021/2022 was agreed at HQAIC in May 2021. Since then there has been requests for additional significant pieces of work that have also been added to the plan. There is recognition that it is helpful to have our quality ambitions in the one plan that is frequently monitored.

Although the pandemic and significant capacity issues across our services have impacted the pace of implementation, there is still some progression and continued enthusiasm for the actions.

2. Assurance of Quality

2.1 Adverse Events – Datix Improvements Plan

As part of the adverse events work programme for 2021/2022, a significant number of improvements have been made to the Datix system to enhance the overall functionality. The following outlines the improvement work completed so far this year:

Updated Violence/Abuse/Harassment category

Following a piece of work carried out by Human Resources (HR), in relation to BAME (Black, Asian & Minority Ethnic), it was recognised that the existing category list within the Datix system did not make it easy to report on hate crime. A review of the category and sub categories was carried out to ensure the necessary information could be recorded. To improve the required detail of this information, a new section has been added. There are also new additional details for Violence/Abuse/Harassment section, including the ability to select if an aggressor has been involved.

Updated Blood Transfusion category

Following approval by the Hospital Transfusion Team (HTT), requested changes have been made to this category, with a new selection of sub categories which will make it easier for the nursing staff to identify the type of incident being reported.

New Adult Support & Protection section

The Adult Support and Protection (ASP) section within Datix has been updated to improve the recording and reporting of incidents in a timely manner to the relevant senior manager, to be made aware of situations where patients are being harmed or suspected of being at harm. The section will display automatically when an incident involving a patient is selected on the system.

Covid-19 section

As part of Public Health Scotland's (PHS) responsibility to monitor the safety of the Covid-19 immunisation programme, the national vaccine safety work stream developed a framework for monitoring and escalating adverse events as part of the Covid-19 immunisation programme.

A new section on Datix was developed to capture all relevant and necessary data relating to covid-19 and also the vaccination programme. Reports were developed to allow daily reporting and also weekly submissions.

New Services added

4 new services have been added to Datix to accommodate incidents raised by the teams for investigation:

- Pharmacy Prescribing Support Team
- Community Prescribing Support
- Flow Navigation Team
- Primary Care Mental Health Liaison Nurse Project

Contacts Module

The Adverse Events Contacts module has been modified to ensure the Contacts appear in their correct part within the incident form, and this has been newly labelled as "Reporter and Persons Involved". The forms have been configured to make it clear what role the contact has played in the incident with fields for Reporter, Witness, Person Affected & Aggressor included.

Type and Sub Type Codes have been updated to make a clear distinction between Patients and Employee contacts with their own concise Sub-Type lists. This has also been updated on the Contacts section of the Complaints module.

Actions Module

The current Action Plan form and Actions Module has been reviewed and updated. Using the electronic action plan module will improve compliance with the completion of the SAER Action Plans and will make them more accessible as they are stored on Datix rather than relying on staff attaching a document. A listing report has also been developed to complement the SAER process. This updated module was introduced and made available at the beginning of September 2021.

Staff Wellbeing Signposting

Following discussions with the Staff Care & Wellbeing Team, it was agreed to include some additional wording to the 'acknowledgement email' that reporters receive after recording an incident onto the system to help signpost staff who may need support. This additional wording in now included at the bottom of all acknowledgement emails sent from Datix.

General Updates

- Name and reference have now been added to the top right of the incident form to allow the user to navigate between sections, while this detail remains at the top to ensure the correct incident is viewed.
- A new 'Staff Notified' side panel has been added to show who the incident has been sent to.
- The layout on the reviewer's form has been modified and a new guidance note added to try and ensure the closed date is being recorded appropriately, as this is very often entered in error.

Datix Training

In addition to the Datix web reporting training session, video and guidance that has been developed and disseminated, SAER Process and Briefing Notes presentation videos have been created as well as a SAER Process – Communication with Patients & Relatives presentation video. This training has been delivered to various teams and has been made available for services to use with their own teams.

The GP Medical Leads have also recently received training on SAER process, Human Factors and Writing SAER reports.

2.2 Lanarkshire Quality Improvement Portal (LanQIP)

Work continues to migrate content from LanQIP1 to the new LanQIP2. A group consisting of senior nursing leads as well as representation from the quality systems development team has been established to help ensure that only content that is actively used by Nursing staff within LanQIP1 will be migrated to the

new version. This will also ensure that from now on nurse led programmes included on LanQIP are developed in a consistent and efficient manner.

This new group will work directly with the development team and will have overarching ownership and oversight of any of the observational audits being carried out within clinical areas, making sure that requirements are fed back to the developers in a controlled manner whilst ensuring that the needs of these types of programmes are being met. Part of this work has been the development of the new Nursing Observational Tools module in LanQIP2 which is now complete. This module includes: Standard Infection Control Precautions, Patient Safety Ten Essentials, Patient Safety Harms and Excellence in Care. The Nursing Observational Tools module will be rolled out over the next few months replacing the old system depending on current levels of activity within the clinical teams.

The Morbidity and Mortality Module (M&Ms) in LanQIP2 is being rolled out to more teams with Hospital at Home, Anaesthetics and General Surgery keen to start using the system to manage their reviews.

As well as migration of content from LanQIP1, the new version also supports new developments including Face Fit. This new module replaces an existing system that will be owned and directed by the SALUS team, allowing them to manage the Face Fit process in a more reliable way. It will also allow clinical teams to access real time reporting which in turn will mean the organisation will have a reliable and consistent platform to collect data and report on face mask usage across NHS Lanarkshire.

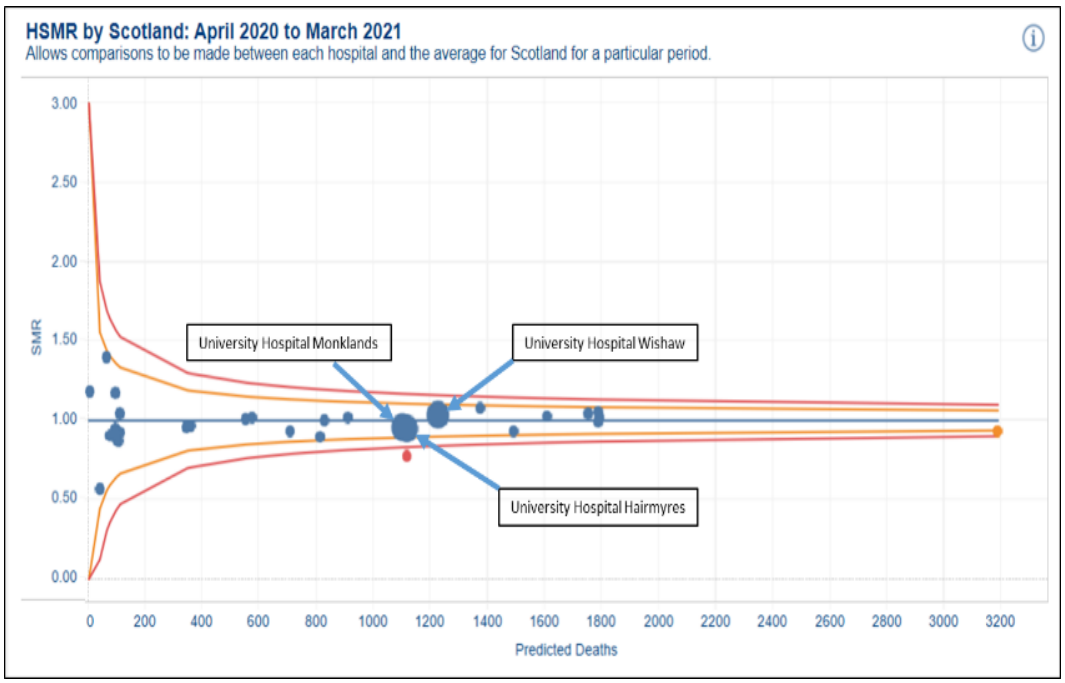
2.3 Hospital Standardised Mortality Rate (HSMR)

The latest release of HSMR data using updated methodology (introduced in August 2019) was published by ISD on 10th August 2021

The data includes case-mix adjusted 30-day mortality on admissions from **April 2020 to March 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 x3 NHS Lanarkshire hospitals are highlighted on the funnel plot as the three larger dots with labels, as below.

All hospitals are shown to be within control limits for the current reporting period in comparison to the HSMR for Scotland (1.00).



In this new model, trends over time are not captured for individual hospitals but they are reviewed internally through the Corporate Governance Report.

This will continue to be monitored through HQAIC.

3 Quality Improvement

3.1 Infection Prevention & Control (IPC) Collaborative

NHS Lanarkshire has identified that there is work to do to improve our Hospital Acquired Infections such as Staphylococcus Aureus Bacteraemia (SAB), Clostridium Difficile Infection (CDI), Escherichia Coli Bacteraemia (ECB) and also Hand Hygiene compliance. An Infection Prevention & Control (IPC) Collaborative has been established to provide an evidence based framework to support this improvement work.

The IPC Collaborative uses 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 was launched on 2nd June 2021 and will run until June 2022. At the launch Jason Leitch, National Clinical Director and Prof. Amanda Croft, Chief Nursing Officer both commended NHS Lanarkshire on taking this collaborative approach to make improvements at team level to improve outcomes for patients.

There are currently 46 teams across UHH, UHM, UHW and North and South HSCPs undertaking improvement work. Each team has had the opportunity to undertake the aEQUIP programme which is the NHS Lanarkshire Quality Improvement education programme which provides staff with the theory and practical application of quality improvement methods, tools and techniques. Additional cohorts of the aEQUIP programme were put in place to allow staff to attend four virtual 2hr sessions during July and August 2021. These sessions provided staff with the theory to undertake change in a systematic and evidence based way. These sessions helped to create the conditions for teams to be able to undertake improvements.

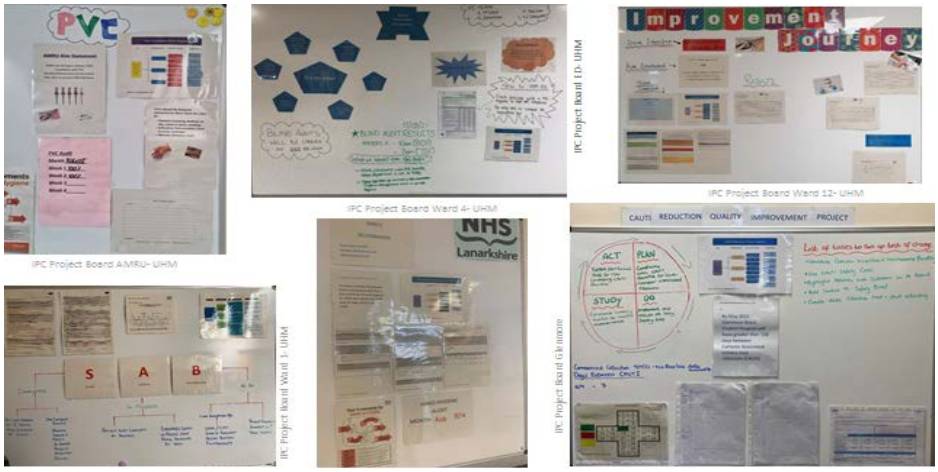
In addition, each team has a QI Coach who is an Improvement Advisor in the Improvement Team. The role of the QI Coach is to work with the team to put the theory into practice and test, measure and evaluate change ideas in their team to make improvements to infection rates in their area.

Detailed data is available at team/ward as well as organisational level on infection measures. The teams have used this data to identify areas for improvements within their own areas. This review of the data has helped the teams to better understand their system as a whole and the part their area plays in the overall NHS Lanarkshire system. Each team has identified a problem area to focus on and these include PVC (peripheral vascular catheter) maintenance, hand hygiene, catheter acquired urinary tract infection, care of equipment, MRSA screening and use of PPE.

Each team, supported by their Improvement Advisor as QI Coach, is currently working through the stages of the improvement journey as described below:

Each team has developed their aim and is developing their driver diagrams, identifying their measures and drafting their project charters. Some teams have already stared testing change ideas.

The collaborative will use the Life QI platform to capture and share information. Life QI is a global web platform where tools, people and data come together to make improvement happen. The software allows teams to run, organise and track all their improvement work in one place. It is used by thousands of healthcare organisations around the world and is the leading improvement project management and analysis platform available.



The teams use Visual Management Boards to display their work and to be the focus for staff huddles where the work of the project is discussed and reviewed.

3.2 Leadership Quality Walkrounds

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

Non-Executive Walkrounds have been undertaken in NHS Lanarkshire since 2014 initially focussing on patient safety in acute hospital wards and departments and subsequently extending to quality and safety in all sites including community hospitals and Health Centres. Walkrounds are a key component of the NHS Lanarkshire Quality Strategy and are in the Person-Centred Care section of the Quality Implementation Plan.

Due to restrictions in place to limit the spread of Covid-19 in healthcare premises during the pandemic, a blended approach was introduced late summer of 2020 which allowed some of the visiting party to attend face to face and some via a MS Teams link. Although this proved to be a successful model, the programme of visits was suspended in Oct 2020 as it became apparent that NHSL was experiencing a second wave of Covid-19.

There was also a desire from the Non-Executive Directors to introduce evening visits to our Acute sites. Between the first wave and second wave of the pandemic, a pilot visit was undertaken led by Catie Paton (Associate Director, Medical Education and Clinical Skills Consultant) to determine the feasibility of this request. As this was still during the pandemic the Director of Quality acted as the Non-Executive Director on the visit and the host team consisted of the Site Director and the Chief Nurse. The site for the visit was UHH and the clinical team requested that the Emergency Department (ED) would be the venue for the visit.

Attention was taken to ensure all infection control precautions were followed during the visit. The visit lasted approximately 1 hour and all areas of the ED were visited. Medical and Nursing staff were spoken to as part of the visit and it was found to be very informative and provided the opportunity to thank the staff for their work during difficult times managing the pandemic.

Feedback from the blended approach was that although not as good as face to face, the walkround was still able to meet the general aims and purpose of the visit.

At a recent Safety Plan Steering Group meeting in June 2021 walkrounds were discussed to gain a more collective view of senior clinical leaders in the organisation. There was strong support for reinstating of the walkrounds and a face to face model would be preferred. Some of the sites stated that they had already performed some local walkrounds and the staff felt it very beneficial.

Recognising where we are in the evolution of the pandemic there were 3 proposals submitted to CMT in July 2021 requesting support:

- **Site Lead Visit:** This would be an interim visit before we return to business as usual in the near future. As there is a desire for this at the moment from the staff, there is an opportunity to use the visit to listen to staff and thank them for the work they have done over the pandemic. This would be a 'light touch' walkround with the aim of being supportive and understanding. The visiting team could be limited in number and the site should identify the areas to be visited so that this is appropriate, supportive and not disruptive.

- **Walkround Programme:** Agreement when the routine walkround programme can take place.

- **Non-Executive Evening Visits:** Support for the model described which could be arranged whenever appropriate to compliment the routine walkround programme.

CMT approved the above requests. It is planned to begin the Site Lead Visits in October and the formal walkround programme in November if staffing capacity and clinical activity on sites allows. The Non-Executive Evening Visits will be organised by the Board Secretary and the Non-Executive Directors when it is thought appropriate to do so.

4. Evidence for Quality

4.1 Corporate Policies

Internal Audit assessed the assurance process of Corporate Policies. A number of policies were selected for review and evidence provided of the notification and monitoring practice for each policy, with the relevant emails. The Corporate Policies Team provided evidence of the checks carried out before the publication of the policies, and the process for uploading to the website. also The system of archiving previous versions of policies that have been replaced was also demonstrated.
The status of "Substantial Assurance" was awarded; "robust framework of controls ensures objectives are likely to be achieved". One area merited attention, which was the submission of Equality Impact Assessment forms for policies published since June 2020. Corporate Policies Team contacted authors of seven policies with outstanding EQIAs, and are in the process of collating the forms and liaising with Equality and Diversity Manager to ensure these are suitable. Corporate Policies will report back to Internal Audit when all relevant EQIAs have been received.

Between May - September 2021 49 policies were uploaded to the public website. There are currently 4 lapsed policies. Four policies are due for review by the end of November. Six policies are due by the end of December.

4.2 Realistic Medicine

The Realistic Medicine programme manager and deputy clinical lead posts are all now in post. These posts have enabled expansion of the multi-disciplinary core group that reports directly to Realistic Healthcare Working Group. Action and implementation planning had been delayed due to ongoing pressure associated with pandemic however with the expanded team in place, implementation is in progress and it is anticipated that projected timelines will be met.

Lanarkshire RM leads are now established into the national framework for programme managing and enabling clinical leads networking opportunities. The programme of work is being developed through the multidisciplinary Realistic Healthcare Programme Board and through the RM Core Group. Key factors to enable delivery are:

- To be an exemplar / leader in implementing principles and practice of RM
- To identify areas of practice that could be reviewed in light of RM, Remobilisation, Recovery and Redesign
- To support various specialties or departments that undertake projects
- To examine Atlas of Variation to support continuing improvement
- To support and signpost RM programmes of work
- To develop and maintain webpage on Firstport linking to evidence and provide examples of projects within and outside Lanarkshire
- To ensure patients receive the right care, right time, first time and choices are supported through realistic medicine principles

NHS Lanarkshire submitted three highly scored applications to the Value Improvement Fund. These are under consideration for funding from the Realistic Medicine National Team.

Risks identified for the programme delivery are influenced by the ongoing impact of the pandemic, due to reduced access to clinical teams and issues associated with workforce demands. Whilst nationally the programme of delivery spans a two-year period the critical path demonstrates the local actions to meet a timeline towards March 2022:

Crtical Path. August 2021 (002).pptx

4.3 Cancer Audit

The time between diagnosis and local reporting of the cancer Quality Performance Indicator data has been reduced considerably across most tumour groups. This has enabled NHSL to act sooner when QPIs are not met and has resulted in fewer action plan requests from the WoS MCN. NHSL are able to feedback to the MCN on actions already implemented for inclusion in the regional annual reports. The team continues to strive to meet the target to produce quarterly or biannual reports within 4/5 months from date of diagnosis, however this has not been possible due to staffing capacity within the audit team, capacity of clinicians to review data, downtime and intermittent issues with IT systems, as well as national amendments to the QPI's following the 3-year formal review process.

Despite not meeting the 4/5 month target the team have been able to report QPI data locally much sooner than the regional reporting schedule. Cancer QPIs for Colorectal, Lymphoma, Lung, Breast, Melanoma, Renal and Bladder have been reported to MDTs within 6 months of date of diagnosis. Upper GI, HPB, Head & Neck and Prostate cancer QPIs have been reported within 7 months of diagnosis.

Concerns had been raised regarding the sustainability of the local report software following migration to MS Office 365 and NHSL no longer supporting MS Access databases. The issue was raised at the WoS MCN Clinical Effectiveness Leads meeting. A solution is being developed at a national level which is based on the NHSL local reporting model and will be ready for testing within the next 2 months.

Tumour specific Cancer QPI data is presented at the Cancer Strategic Leads meetings to highlight achievements and to facilitate discussion around challenges in meeting QPI targets and actions required. A number of meetings have been postponed due to service pressures, however meetings did proceed for Breast, Head & Neck and Gynaecology. QPI data for Urology and Lung will be presented at the scheduled October meetings.

The current cancer tracker system has been moved from LanQIP to allow the cancer audit team the ability to add or amend data fields and for easier access to data for analysis purposes. A local system has been developed and data was migrated from LanQIP in June 2021. This has facilitated monitoring of cases for inclusion/exclusion from the cancer audits and supports workload planning within the team. A Standard Operating Procedure has also been developed which incorporates a process for archiving and deleting records to ensure compliance with Information Governance standards and GDPR.

4.4 Clinical Guidelines

In the months between May and September 2021, the following activity has been recorded via google analytics for the NHS guidelines app:

- 8110 – new users
- 8904 – active users of which 3,000 access via mobile devices.
- 103,841 views
- 434 items added
- Partial review of Covid-19 toolkit – June 2021

Priorities for Autumn/Winter Actions:

- Move all remaining documentation from old website to new website app. 123 items moved to date with approx. 51 item remaining.
- 12 new specialities added including anaesthetics, paediatrics, mental health and care homes

Dr J Burns
Board Executive Medical Director
October 2021