

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"/>		

5. CONTRIBUTION TO QUALITY

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

Three Quality Ambitions:

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
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Six Quality Outcomes:

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

6. MEASURES FOR IMPROVEMENT

We will measure the progress we make towards our aim of delivering the highest quality health and care services for the people of Lanarkshire against the strategic priorities identified in the Quality Strategy and the Measures of Success contained within the associated Quality Plans.

7. FINANCIAL IMPLICATIONS

No financial implications are identified in this paper.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

The Healthcare Quality Assurance and Improvement Committee oversee a corporate risk with controls in relation to achieving the quality and safety vision for NHS Lanarkshire. Corporate Risk 1492 - Consistent provision of high quality care, minimising harm to patients - is rated as Medium.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input checked="" type="checkbox"/>	Effective partnerships	<input checked="" type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance management	<input checked="" type="checkbox"/>	Equality	<input checked="" type="checkbox"/>
Sustainability Management	<input type="checkbox"/>				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

An E&D Impact Assessment has been completed for the Quality Strategy 2018-23

11. CONSULTATION AND ENGAGEMENT

The NHS Lanarkshire Quality Strategy 2018-23 was approved by the Healthcare Quality Assurance and Improvement Committee and the NHS Board in May 2018.

12. ACTIONS FOR THE BOARD

The Board is asked to:

Approve	<input type="checkbox"/>	Endorse	<input checked="" type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input checked="" type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>	Ask for a further report	<input type="checkbox"/>

The Board is asked to:

1. Note the range of work throughout NHS Lanarkshire to improve the quality and safety of care and services;
2. Endorse the governance approach to this work and in particular the assurance being provided by the Healthcare Quality Assurance and Improvement Committee; and
3. Support the ongoing development of the Lanarkshire Quality Approach.

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact Karon Cormack, Director of Quality. Telephone 07779421465

1. Introduction

This report to the Board provides an update on the current progress over June 2022 to August 2022, 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.

Work has commenced on the new Quality Strategy for April 2023. A new infographic has been created and shared for discussion at various governance committees. The feedback has been very positive and appreciative of the desire to be explicit that the strategy is to serve both service users and staff. A number of comments and suggestions have been collected and the infographic adapted to incorporate them.

An SBAR with current progress will be presented at HQAIC in September and agreement sought on the final version of the infographic. Wider engagement regarding a personal perspective of quality with staff and patients is in the planning stage to be progressed in September.

2. Assurance of Quality

2.1 Hospital Standardised Mortality Rate (HSMR)

The latest release of HSMR data using updated methodology (introduced in August 2019) was published by ISD on 9th August 2022.

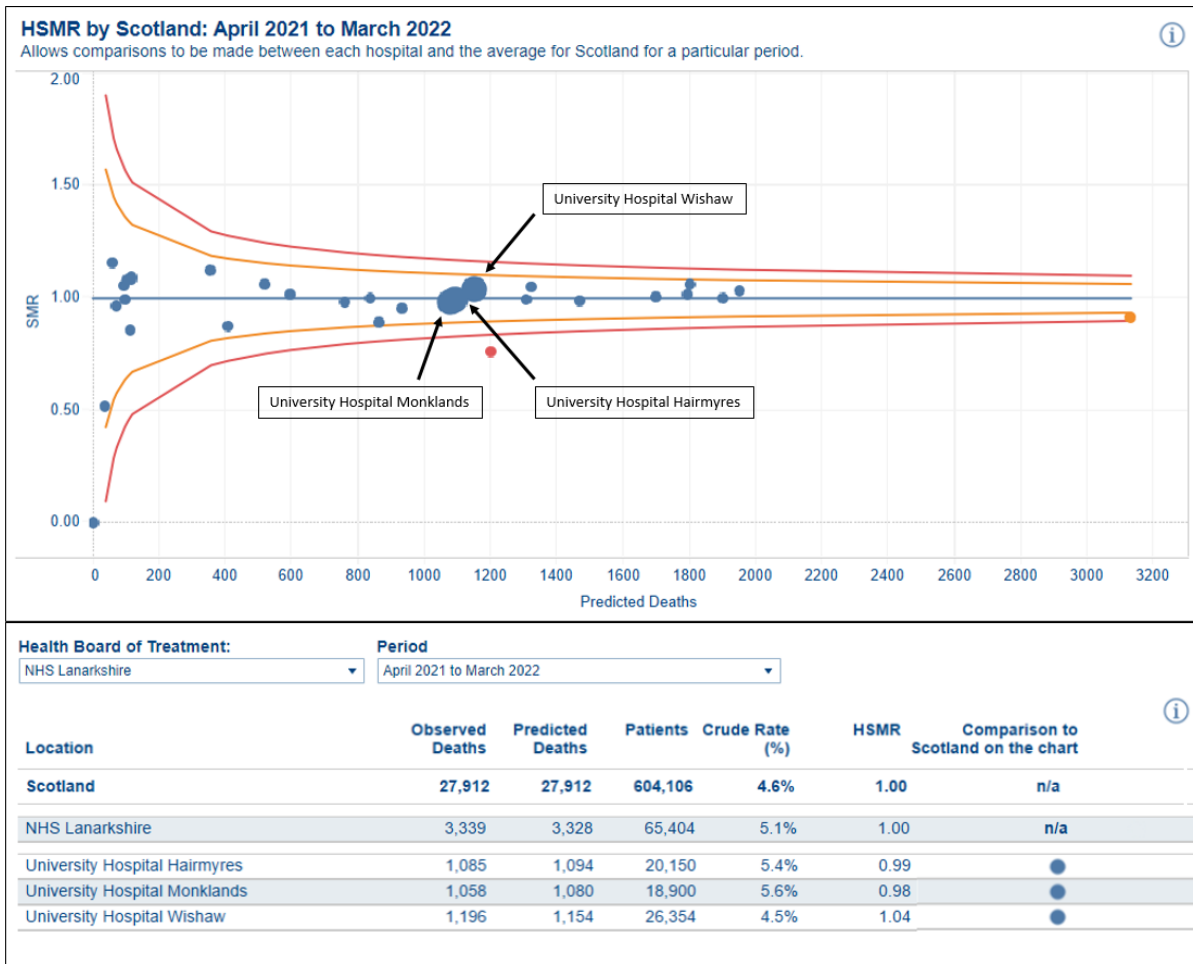
The data includes case-mix adjusted 30-day mortality on admissions from **April 2021** to **March 2022**. Data is presented as a Funnel plot to allow comparisons to be made between each hospital and the average for Scotland for a particular period.

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. However, these are reviewed internally through the Corporate Quality and Safety Dashboard Review Meetings. This will also continue to be monitored through HQAIC.

NHS Lanarkshire is **1.00**, an *increase* of 0.01 since the last reporting period.

University Hospital Wishaw is **1.04**, an *increase* of 0.02 since the last reporting period



2.2 Quality Data & Measurement

Covid-19 Surveillance Audit

As described previously, the Data & Measurement Team were asked to take the lead role in collating data related to Covid-19 positive hospital admissions within NHS Lanarkshire Acute Sites. The data collection process explored the time period: 10th May 2021 to 31st August 2021; and analysis of the data was performed by the Data and Measurement Team on behalf of the Horizon Scanning Team (HST).

This initiative provided local epidemiological data regarding admissions with Covid-19 infection, which was beneficial to driving response strategy across Lanarkshire. The data illustrated the increased bed pressures created by Covid-19 admissions by increased length of stay. The number of incidental cases and hospital acquired Covid-19 infections also highlighted the challenges within infection control, and demonstrated a need for screening of asymptomatic patients, as well as, clear infection control protocols to prevent hospital acquired infection.

This work performed on behalf of the HST is now closed.

Public Health Scotland Collaboration: Review of Covid-19 Hospitalisation Cases

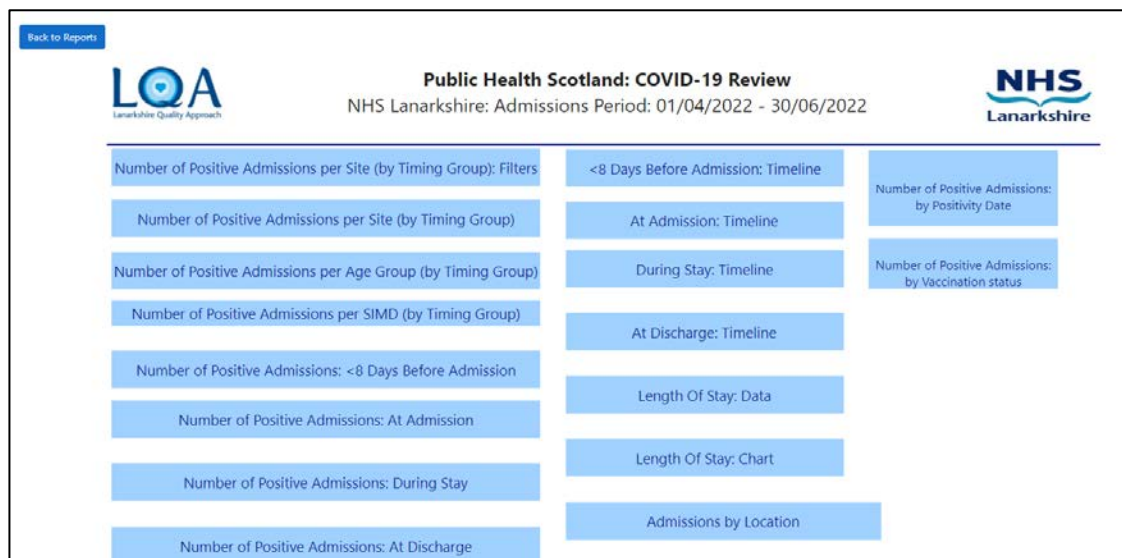
The Data and Measurement Team are supporting Public Health with the data analysis and reporting elements of a review of hospitalised Covid-19 cases:

- admitted with Covid-19, because of their Covid-19 infection
- admitted with Covid-19, but were admitted for a different reason
- may have acquired Covid-19 in hospital

Additionally, the analysis will look at age demographics, vaccination status, length of stay, and if hospitalised cases are clinically vulnerable, through data linkage and dashboard visualisations to display the

required key indicators. This will allow the routine monitoring of trends, in addition to the daily numbers of Covid-19 cases within Acute Sites across NHS Lanarkshire, and will provide an ongoing understanding of the epidemiology of these cases and highlight changes over time.

An online dashboard has been developed by the Data and Measurement Team that will be refreshed on a weekly basis. The Key Performance Indicators included within the dashboard are shown below:



Multidisciplinary Team (MDT) approach to reducing Care Home Resident Attendances in Emergency Departments Project

The Data & Measurement Team continue to participate in the above project, which seeks to reduce the number of care home resident transfers to Acute Emergency Departments within Lanarkshire. The project aims to assess the impact of Multidisciplinary Team (MDT) and Anticipatory Care Planning (ACP) interventions within specific Care Homes highlighted for improvement.

It is proposed that a multidisciplinary team (MDT) approach to care homes will provide a more proactive and person-centred holistic approach to prevention and management of the residents current and future health and social care needs, thus leading to a reduction of transfers to Emergency Departments, as a result of preventative measures being put in place.

Use of an Anticipatory Care Planning (ACP) tool such as the ReSPECT tool offers the opportunity to plan with the resident their preferred wishes for their current and future health and social care needs. An ACP tool is available in all Lanarkshire care homes however there are some challenges to their uses, including staff confidence and competence to have the ACP conversation with the resident and recording of ACP document content onto the electronic Key Information Summary in GP Practices.

The team have liaised with project leads to develop a Measurement Plan that focuses primarily on number of care home resident attendances in Emergency Departments, and includes measures to assess the impact of ongoing MDT interventions and the use of ACP tools across the named Care Homes. A draft Power Bi dashboard has been designed to assist in tracking improvement.

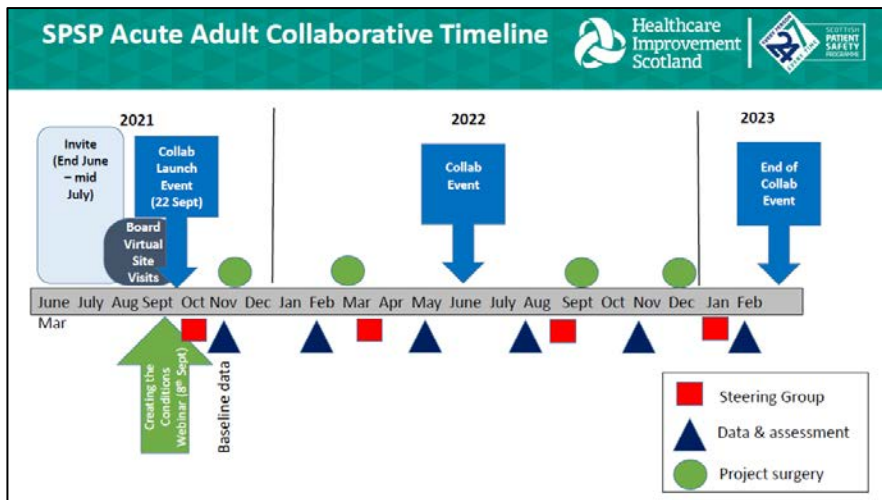
The Data and Measurement Team continue to meet with project leads on a bi-weekly basis, and provide refreshed data from the dashboard.

Scottish Patient Safety Programme (SPSP): Acute Adult Collaborative Steering Group

The Data and Measurement Team continue to provide the data analysis support to 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 is 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 NHS Lanarkshire and each individual Acute Site) on 11th November 2021, with Quarterly update submissions required thereafter.



The latest submission for August 2022 has been provided to SPSP project leads, as per the adjacent schedule.

A network event which will focus on Data & Measurement and Measure Status Definitions for the project, and led by the SPSP Team, is scheduled to take place during August 2022.

Maternal and Infant Nutrition: Vitamin Distribution Dashboard

The Data and Measurement Team were contacted by Public Health Nutritionist leads for North and South Partnerships to request assistance in improving the data collection and reporting methodologies of the Vitamin distribution programme.

The programme primarily focuses on the number of children’s vitamins distributed against the number of children on caseload. Discussions with North and South Partnership colleagues are ongoing in relation to the most appropriate measures and visuals to include within the dashboard, to provide the most effective assessment of the success of the Vitamin Distribution programme.

2.3 Complaints – Patient Affairs

In recent months, response to complaints has been variable across the acute sites due to a variety of circumstances such as numbers of complaints and capacity issues. We are continuing to advise complainants that under the Complaint Handling Procedure (CHP), we normally respond to Stage 2 complaints within 20 working days, but due to organisational pressures, we will provide an update after 40 working days, if not already responded to.

Acute patient affairs staff transferred to the Quality Directorate from 1 August 2022. When transition has been embedded, we will seek to enhance and improve performance e.g., achievement of robust investigations within 20 working days. Further work is required to understand bottlenecks impacting timescales e.g., resource to draft, delays in statements, timescales for signature etc.

Whilst the transition of staff will assist with mitigating risks previously identified, it will still be within the confines of the existing resource/budget. Additional complaint handling resource was identified by the Scottish Public Services Ombudsman (SPSO) as a key consideration in recovery and will now be considered by the directorate.

Patient Affairs also continue to experience a number of factors that are not reflected in the quantitative information, including: increasing complexity of activity, for example, complaints spanning multiple

services, excessive and persistent complainant contact, and on occasion, unacceptable behaviour. From discussions with other boards, this mirrors the national picture.

The Annual Report on Feedback, Comments, Concerns and Complaints 2021-2022 has been submitted to the Scottish government and published on the NHS Lanarkshire website. The SPSO published their annual statistics on 24 May 2022.

The pace of complaint developments continues to be affected by resource and service pressures. A number of areas have progressed:

Patient Affairs staff met in July 2022 to review the Stage 2 Investigation Toolkit. Minor amendments are being made. We are proposing that this will become operational on 1 September 2022.

To promote the toolkit, and contribute to consistent organisational complaint handling, supporting templates have been agreed and are being built in Datix. This work will also reduce the amount of duplicate entry for staff, with templates being prepopulated by data already held in Datix.

Six months of maternity complaints have been reviewed and analysed using the Healthcare Complaints Analysis Tool to identify themes and severity. A draft report has been developed and shared with the maternity lead.

Requirements to align specialty configuration codes in Datix has been identified and is being progressed. This work will enable more meaningful reporting as the existing dashboard identifies North as a team, but is not further broken down into speciality/locations.

When speciality work is completed, we will further develop the workflow dashboard including identifying high risk complaints, those with media attention or elected representative involvement; and prioritising these accordingly. Complaints will be considered on a collective basis such as a focus on significant or complex complaints that present the greatest organisational risk.

When work is completed on the specialty data, we will also be able to progress and further scope an issues dashboard, so we can easily identify issues and themes by specialty/site/locality etc. The first iteration of Stage 1 recording on Datix by frontline staff has been developed for review.

Patient Affairs staff are due to attend a psychology session in August 2022, focusing on challenges and wellbeing. This will also lead to a trauma informed awareness session and consideration of complaints processes.

We are scoping implementing of an actions module on Datix, to capture and report tangible learning from complaints. This will put a refocus on active learning from complaints, also a key foundation and principle of the toolkit.

Initial information has been submitted to Internal Audit for the review of complaints as part of their 2022-2023 programme.

2.4 Duty of Candour

As part of the monitoring process carried out which includes tracking the Significant Adverse Events Reviews (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; there is also monitoring of the actions and action plans being carried out.

All hospital sites and areas are continuing to record adverse events onto the Datix system whereby the reporting process is being initiated and the Risk Facilitators on each hospital site and area are recording all actions resulting from the recommendations of SAERs.

Reports are being produced as part of the suite of adverse event reporting produced on a monthly basis and shared widely within the organisation, which demonstrate the status and compliance against all actions recorded.

Regular meetings and discussions to liaise with RL Datix continue to take place to ensure data recording is as efficient as possible for all users whilst making updates and improvements to the system where appropriate.

Between January until June 2022 there has been **49** Significant Adverse Events Reviews (SAERs) commissioned:

- **17** SAERs have been completed with **32** remaining open and on-going.

From the total **32** SAERs that are open:

- **30** cases are unknown at this time if they will trigger the legislation for Duty Candour, due to the investigation not yet being complete; this is acceptable not to have this information recorded at this time
- **2** cases have been recorded as triggering the legislation

Status of the **32** open SAERs:

- **16** reviews are still ongoing and have exceeded the 90 day completion timeline
- **16** reviews are currently still on target to be completed within the 90 day timeline

From the **17** SAERs that are closed:

- **10** cases have been recorded as not meeting the legislation for Duty of Candour
- **7** are recorded as meeting the legislation for Duty of Candour

From the **7** cases that are closed and did trigger the legislation, all cases met all elements of the Duty of Candour legislation.

2.5 Child Death Reviews

Since the go live date of 1st October 2021 and the previous report provided in March 2022, the Child Death Review (CDR) group has made excellent progress implementing the programme. NHS Lanarkshire have confirmed that the Director of Public Health will be the Executive Lead overseeing the Child Death Review Programme.

The National Hub published the report *When a child dies: Learning from the experiences of bereaved families and carers* in June 2022. This report highlights the vital importance of learning from child deaths and keeping the voices of families and carers front and centre in order to gain invaluable insights into what went wrong and where improvements must be made to prevent potentially avoidable deaths of children and young people. The findings from the report included areas for improvement for all Health Boards, and most importantly that of communication and updates provided to families, in addition to bereavement support options. This feedback has contributed to changes in how we now approach each case going forward to ensure that we provide the right level of support to all families involved.

The National Hub are progressing one to one meetings with each NHS Board following the first 6 months of implementation, and the meeting with NHS Lanarkshire took place on 25th May. The meeting provided the opportunity to update the National Hub on NHS Lanarkshire progress with the CDR programme and to address any queries that have arisen following the first reviews.

CDR leads continue to raise the profile of CDR throughout the organisation via presentations at various governance meetings and professional forums. The CDR group have developed an FAQ e-leaflet and a

video animation to help raise awareness of the process. Both of these communication links have been very well received and are currently being used by the National Knowledge Hub as guidance, and also used by other NHS Boards.

The CDR group are currently revising membership for the 'CDR Oversight Group' and feel that some, if not all of the membership from our CDR Implementation Group could form this new group. This is on the agenda to be discussed at the next CDR Implementation Group meeting on 24th August 2022, and further discussed at executive level for approval.

There has been no confirmation on funding extension for financial year 2023-2024 to date, but internal discussions around funding and support for the CDR Clinical Lead and CDR Coordinator role is ongoing at management level. At present, the CDR Coordinator's post remains fixed term until March 2023.

To date, 3 Child Death Review meetings have taken place. These have brought learning and action points which are being developed in the form of an action plan to be signed off at management level. A further 3 CDR meetings have been arranged to take place between August and October 2022, which will bring us to a total of 6 CDR criteria met reviews by the first implementation year.

We have developed our review membership and established our educational resource lead and GP lead for all relevant CDR meetings. Our Spiritual Care team have been working very closely with us in terms of support for families and also support and wellbeing for staff involved in the review meetings. To date, we have also managed to obtain 2 new chairs to support our CDR Clinical Lead in review meetings, which has been extremely helpful for developing our process and resource availability.

The process of notification of child deaths through Datix is still being mapped out and requires agreement with leads before going live on the system. Discussions are under way with other Health Boards currently at the same stage of notification system development with the proposal to work together to develop a similar approach.

Work is currently ongoing to develop a Child Death Review Dashboard. It is hoped this will be in place by the end of the first full implementation year.

3. Quality Improvement

3.1 Quality Week 2022

Quality Week 2022 took place across Lanarkshire from Monday 23 to Friday 27 May 2022. Due to the continuing impact of Covid-19 it was anticipated that social distancing would still be in place in May, therefore a Lanarkshire wide programme of events that made best use of technology and media to connect with staff was developed to share learning and celebrate success. As well as the overall Lanarkshire programme of virtual events, each of the 5 operational units were supported by the Quality Directorate to devise a local programme of events and activities.

The overall Lanarkshire programme sessions throughout the week provided staff with an opportunity to promote quality and celebrate the improvement work taking place across the organisation. These sessions were delivered as a mixture of face-to-face, live MS Teams and pre-recorded sessions. Staff had the opportunity to sign up for these sessions over the course of a number of weeks. For the main programme alone, 680 staff across a variety of specialties and disciplines in the organisation signed up to join the sessions on offer over the course of the week with 536 attending who received a certificate of attendance and participation. This is a 28% increase on last year. Staffing levels influenced the ability to attend the sessions. The programme included: Significant Adverse Events Investigations, Data & Measurement, Staff care, wellbeing and resilience, Safety Culture Cards, Datix, Human Factors in Quality Improvement, Learning from Complaints, Copyright, Why Civility Matters in a Complex World, Mediation Skills, The Model for Improvement, Medicines Formulary on Guidelines App and many more.

The full Lanarkshire programme of events included session descriptors is available via the following Firstport link for reference: [Quality Week 2022 Programme](#)

The programmes were shared widely on various platforms in the lead up to quality week (Firstport, Facebook, twitter, local intranet pages) to promote sessions and encourage staff to sign up. Each session was evaluated and the feedback will be written up and reviewed to inform future planning for quality week 2023 and beyond.

3.2 SPSP Mental Health Collaborative Update

The Scottish Patient Safety Programme for Mental Health (SPSP MH) is a new improvement collaborative with the overall aim “Everyone in adult mental health inpatient wards experience high quality, safe and person centred care every time.”

It began on 1st April 2022 and will end on 31 March 2023. Within NHS Lanarkshire, Ward 2 University Hospital Wishaw successfully applied to be part of the collaborative. A Partnership Agreement was drawn up between the Improvement hub (ihub) and Ward 2. The Project Team has been identified and will be led by Dr Sudhir Vusikala. The area of improvement which the team are focussing on is “*From Observation to Intervention - putting guidance into practice*”. There are currently 3 levels of observation: General Observation, Constant Observation and Special Observation.

A Quality Improvement Advisor from the Improvement Team is providing QI Coaching to the Project Team and in addition coaching sessions are provided from the ihub. At the session on 27th June, the Senior Improvement Advisor from ihub was impressed by the teams current and planned progress. The team are currently in the ‘Understanding your System’ stage of the Improvement Journey.

So far the team have submitted their first progress report to the national team in June. They have also completed their Readiness for Change, Understanding Current Practice and Planning for Quality templates. The team are using a Quality Improvement board as a visual management approach to sharing their progress with the whole team. An Action Plan has been developed and shared with the whole ward team

The Project Team are planning an Appreciative Inquiry session to identify areas of good practice and areas to progress as well as gathering real time staff feedback on their experience during enhanced observations. The Project Team will also gather patient feedback of experience of enhanced observations, which will be collectively retrospectively when the patient is no longer acutely unwell. These discussions will be carried out by peer support workers.

3.3 Value Management Collaborative

The Value Management Collaborative (VMC) is a national collaboration, led by Healthcare Improvement Scotland's ihub, working in partnership with NHS Education for Scotland and the Institute for Healthcare Improvement. The VMC currently supports six participating NHS Boards (NHS Highland (the innovator site), NHS Forth Valley, NHS Greater Glasgow and Clyde, NHS Lanarkshire, NHS Lothian and NHS Tayside) to implement and spread a Value Management approach in their identified settings to effectively manage the quality of care that is delivered.

Value Management is a multidisciplinary approach that enables clinical, care and finance teams to apply quality improvement methods with combined quality and cost data at team level to deliver improved outcomes, experience and value. It can be used to structure involvement in improvement and assurance programmes. By linking board level strategy with day to day improvement projects, and enabling problem solving, Value Management supports staff to take ownership of the improvement agenda.

The collaborative launched in November 2019 and was originally due to run until March 2022. The impact of the Covid-19 pandemic resulted in significant revisions to the timeline and content, with a six-month

hibernation period (March-September 2020) and reduction in collaborative activity in January 2021 and January 2022. Scottish Government have confirmed funding for the continuation of the collaborative until 31 March 2023.

NHS Lanarkshire has a VMC Oversight Group chaired by Karon Cormack with senior medical and nursing representation and support.

University Hospital Wishaw was identified as the site to start the VMC work in NHS Lanarkshire. At present the following areas have been identified to be part of the collaborative; ward 5, ward 11, ward 17 and the Emergency Dept.

Current pressures due to staff capacity and patient acuity have impacted on the ability of some wards to fully engage and progress with any improvement work. In addition, there have been changes in the triumvirate staff and also changes in Senior Charge Nurses and ward staff which have had an impact on maintaining momentum and continuity. This has resulted in less progress than would have been anticipated had we not had the impact of Covid-19 on our system.

Following discussions with the relevant staff, the Emergency Department began involvement in related improvement work on swallow screening for stroke patients and began the process of joining the VMC. Recent pressures have limited their ability to engage and progress, although it is hoped to continue with this area as soon as they feel able.

Despite the challenges, the workforce dedication and passion about the care they provide is apparent and evidence of this can be seen daily. Several scoping exercises have indicated other specialities/departments e.g. pharmacy, occupational therapy, physiotherapy, maternity etc., which have expressed an interest in joining the collaborative, however, are unable to do so in the current climate.

The Improvement Team continue to engage and coach the ward teams as and when they have capacity to engage. All of the infrastructure is in place to support this quality improvement collaborative within NHS Lanarkshire once the frontline staff and site Senior Managers have the capacity to continue with this work. The national team have been kept fully updated on NHS Lanarkshire's progress to date and we have continued to have joint site visits of the national leads and members of the local VMC Oversight Group.

4. Evidence for Quality

4.1 Patient Information

An SBAR setting out the short, medium and long term plans for patient information was submitted to the Person Centred Care Group in May. This highlighted that the work of the patient information team is developing to the extent that existing processes, systems and staffing levels are no longer sustainable. Development priorities have been identified to ensure patients have access to high quality, up to date information and to future-proof the service. The risks associated with not developing these areas have also been considered.

Work to move the Emergency Dept leaflets onto the public site is continuing with assistance from the Communications team. We have agreed with the ED Consultant that we will monitor the use of these leaflets via analytics and Communications will assess the input required from their team. The Digital Midwife has also indicated the desire to move maternity-related leaflets onto the public site to enable the content to be pulled through for pregnant women to use via BudgetNet, the national maternity app used in NHS Lanarkshire.

The MEG platform that is currently being tested as a possible system to manage the processes and correspondence associated with the patient leaflets has now been further developed to include some core features we requested. Work on testing further will continue over the coming weeks.

A review of all leaflets due to expire in August 2022 (n=17) is now underway, with work to progress those whose authors have not responded to the May, June and July reviews (n=24) continuing.

A total of 24 new leaflets have been received since the last Board report, with each one undergoing a readability check by the patient information team.

Two *Writing Information for Patients'* training sessions have taken place with nine people attending. This is fewer than previous sessions and was due to A/L and staff sickness absence.

4.2 Realistic Medicine Programme

RM programme is progressing with the action and implementation plans. As highlighted in previous updates those actions not completed in the previous year have been carried forward as priority actions within the current plan.

Five key actions have been agreed for this year:

- Develop strategy with our staff that aligns RM in planned care waiting list review and one that embeds principles of best value care, high risk assessment and patient shared decision making.
- Develop strategy with our staff that aligns with RM in surgical waiting list review and one that embeds principles of best value care, high risk assessment and patient shared decision making.
- Develop clear pathways within two long term condition specialty areas that supports virtual/telephony consultation in waiting list remobilisation using Active Clinical Referral Triage, self-management for patient initiated returns in all health care professional consultations.
- Develop resource programme that supports our Health and Social Care Workforce in practising Realistic Medicine and one that promotes health and wellbeing of our patients and staff.
- Support Shared Decision Making processes to enhance patients, carers, families and staff in realistic conversations that enable safe, effective and person centred care planning in all decisions.

Lanarkshire clinical leads have and continue to participate in the national RM framework and will assure alignment of work locally. Progress to date has been possible with the support and collaboration across Lanarkshire through the multidisciplinary Realistic Healthcare Programme Board and the RM Core Group. Progress points include:

- Collaborative Primary Care GP and specialist consultant waiting list review for diabetes, concentrating on Blantyre locality. This work is to support the prioritisation for patients and for those 'hard to reach' who require a review on their condition and especially for those who have not interacted with their service in the past two years. Collaboration will enable the specialist input to their initial management with subsequent care continued with the GP.
- Surgical Waiting list review has progressed with a SLWG focussing on areas with longer waits. Work to date has included list review, vetting methods, high risk surgical and orthopaedic review and will progress to establish longer waits refresh using best practice vetting methods aligning these with shared decision making and personalised approaches.
- Recognising the benefits of virtual (video and or telephony) resource support is progressing to enhance continued use of virtual consultation. This includes local data on virtual consultation and the ability to compare nationally. As a starting point work is commencing with dietetics to support continued and enhanced virtual consultations across community and acute interactions.

- Our resource programme includes ongoing intranet refresh and the development of a public facing web page. Additionally, collaboration with HPHS colleagues has supported the holistic needs assessment 'Help for you'. This work supports both patients and staff with holistic needs verse that of health and in assisting the patient needs, staff are supported in areas unfamiliar to them.
- Shared decision making work is progressing with the development to evaluate Shared Decision Making (SDM) across Lanarkshire. This is also linking with CAIR Assurance and Excellence in Care work to understand where SDM exists with our NMAHP workforce. ACP, Treatment Escalation Plans and ReSPECT continue to progress across our care homes, a GP cluster, both hospices, five community palliative teams and all three acute hospitals.

Risks identified for the programme delivery are influenced by national timescales such that the national timeline was over a two-year period. Whilst year one had delay, projections for 22/23 going forward are giving no cause for concern. The action and implementation plans have been shared with our national RM policy team with positive feedback to support our RM vision to meet with national indicators and in particular with interest on our lead to develop a SDM evaluation tool.

4.3 Clinical Guidelines

NHS Lanarkshire Guidelines Mega-app was launched by the Evidence Team in May 2021.

By the end of its first year of operation, the App attracted more than 35 thousand active users, was viewed more than 430 thousand times and more than 13 thousand searches were performed in it. More than 700 items (guidelines, pathways, scores, calculators, links to external resources etc.) are at users' fingertips.

The tool is multidisciplinary and brings together 6 independent toolkits (Guidelines; Medical Scores & Calculators; Referral Pathways; Medicines Guidance; Antimicrobial Guidelines; Covid-19) under one searchable interface. The project was accomplished within a very short timescale (less than 6 months) and the team have worked effectively and collaboratively across the NHS Lanarkshire and beyond to maximise desired outcomes and design.

Decommissioning NHS Lanarkshire Clinical Guidelines Website & Related Systems

All relevant and reviewed guidelines have been successfully transferred over to the NHS Lanarkshire Guidelines App a single source of information for guidelines, medicines, referral pathways and Covid-19.

Launching NHS Lanarkshire Joint Adult Formulary

The resource has 21 chapters and 171 web pages, linked to external sources where relevant. It is indexed with thousands of keywords to allow easy searching. It promotes the safe, efficient, and effective use of medicines and devices within NHS Lanarkshire. It supports informed prescribing decisions with a dedicated selection of drugs so prescribing becomes much simpler.

Launching NHS Lanarkshire Maternity Guidelines and Pathways

Maternity guidelines (75) and pathways (6) are now available in the NHS Lanarkshire Guidelines App. The content is indexed, and its discoverability is supported by more than 240 keywords.

Dr J Burns
Board Executive Medical Director
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