NHS Board Meeting
14th December 2022

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 November 2022 to December 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.

The New Quality Strategy is continuing to develop. There has been successful engagement with the public by targeting the vaccination centres to ask the survey question with over 300 responses gathered. A thematic analysis is being undertaken so ensure the main themes are acknowledged within the strategy. The staff engagement also continues to be successful with a strong theme that staff want to do their best and provide quality healthcare. The plan would be to bring a draft to HQAIC in February and the final version to the HQAIC April meeting for sign off.

2. Assurance of Quality

2.1 Duty of Candour

The process to monitor Duty of Candour (DoC) is well established and includes tracking the Significant Adverse Events Reviews (SAERs) to establish which events are DoC, monitoring compliance to ensure all aspects of the legislation have been followed, correlation with the causation codes recorded for each incident, and monitoring of the actions plans.

Reports are being produced on a monthly basis and shared widely within the organisation, to demonstrate the status and compliance against all actions recorded.

For time period April until September 2022 47 Significant Adverse Events Reviews (SAERs) have been commissioned.

24 SAERs have been completed with 23 remaining open and on-going.
From the total 23 SAERs that are open:

- For all cases it is unknown at this time if they will trigger the legislation for Duty Candour due to the investigation not yet being complete; it is acceptable not to have this information recorded at this time.

Status of the 23 open SAERs:

- 13 reviews are still ongoing and have exceeded the 90 days' completion timeline
- 10 reviews are currently still on target to be completed within the 90 days' timeline

From the 24 SAERs that are closed:

- 11 cases have been recorded as not meeting the legislation for Duty of Candour
- 13 are recorded as meeting the legislation for Duty of Candour

From the 13 cases that are closed and did trigger the legislation, all cases met all elements of the Duty of Candour legislation.

2.2 Hospital Standardised Mortality Rate (HSMR)

The latest release of HSMR data using was published by ISD on 8th November 2022.

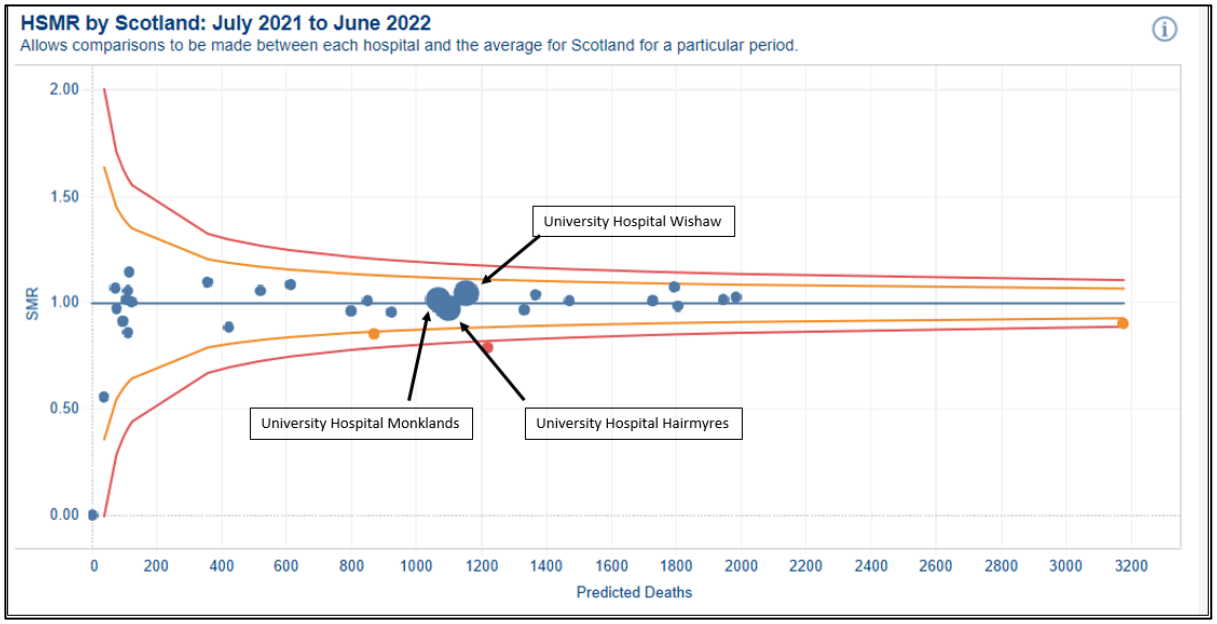
The data includes case-mix adjusted 30-day mortality on admissions from **July 2021** to **June 2022**.

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 3 NHS Lanarkshire Acute 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 the new model HSMR, 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 **1.01**, an *increase* of 0.01 since the last reporting period.



Health Board of Treatment: NHS Lanarkshire

Period: July 2021 to June 2022

Location	Observed Deaths	Predicted Deaths	Patients	Crude Rate (%)	HSMR	Comparison to Scotland on the chart
Scotland	28,243	28,243	603,760	4.7%	1.00	n/a
NHS Lanarkshire	3,359	3,320	65,397	5.1%	1.01	n/a
University Hospital Hairmyres	1,071	1,100	20,277	5.3%	0.97	●
University Hospital Monklands	1,084	1,067	18,512	5.9%	1.02	●
University Hospital Wishaw	1,204	1,153	26,608	4.5%	1.04	●

2.3 Quality Data & Measurement

The Data and Measurement team assisted the NHS Lanarkshire Public Health Tactical group and Gold command create mechanisms for monitoring of COVID-19 infection among patients admitted to the Acute Sites across NHS Lanarkshire; and to track changes in trends and epidemiology. The involved bringing together a number of datasets/files within NHS Lanarkshire to generate summary information/trends on a LANQIP dashboard. This summary information will be used to address the following:

- help with prediction of bed pressures
- identification of cohort(s) of patients at greatest risk
- targeting of testing, vaccination, antivirals and other mitigating actions
- provide information to help inform communication messages for both the public and professionals.

The summary graphs and outputs from the LANQIP dashboard form part of the routine outputs from the surveillance team which are shared with the Tactical group, Gold command and other key groups and wider partners.

2.4 Patient Affairs

The team continues to work under challenging circumstances, with national recognition of the changing nature of complaints e.g. increased complexity, challenging behaviour. This is a contributory factor to delays in response times. In the period, the team has also faced a number of unplanned absences.

The transition of all patient affairs staff to the quality directorate (from late August 2022) remains in its infancy, with further work required to embed prioritisation of 'higher risk' complaints and contingency and resiliency arrangements in periods of absence, when experiencing peaks in particular sites/specialties or when there are bottlenecks at particular stages of the process. This is actively being progressed, with further enhancements to workflow dashboards planned.

We recognise that whilst the transition of patient affairs will contribute to alleviating previously outlined risks, it will still be within the confines of the existing resource/budget.

Transitional work also sits alongside the implementation of the Stage 2 (complaint investigation) toolkit (from October 2022). Patient affairs staff are continuing to embed the revised approaches of the toolkit, which will ensure consistent complaint handling across areas.

We have amended our processes to advise complainants that:
Stage 2 complaints are normally responded to within 20 working days. If we need longer than 20 working days to respond, we will tell you about the reasons for the delay and update you on progress at least once every 20 working days.

This approach supports best practice, and will be included in supplementary guidance that will be issued imminently from the Scottish Public Services Ombudsman (SPSO).

An internal audit of the controls in place for complaint handling is nearing completion.
Q2 reports have been circulated to governance committees. In summary, between 01/07/2022 and 30/09/2022:

- 1035 contacts were received by Patient Affairs, broken down as follows:

Contact Type	**Count**
Stage 2 complaints	395
Stage 1 complaints	215
Concerns	57
Enquiries	312
Suggestions	8
Compliments	42
Access	6

- 70% of Stage 1 complaints were responded to within 5 days
- The average response time for Stage 1 complaints was 4.92 days
- 19% of Stage 2 complaints were responded to within 20 days
- The average response time for Stage 2 complaints was 47.4 days

The SPSO are continuing to advise complainants that there is a delay of up to 10 months in allocating a Complaints Reviewer. There is also an increased focus on early resolution, with fewer cases proceeding to full investigation.

The following final determinations have been received from SPSO in this quarter.

	UHH	UHM	UHW	North	South	Corporate
Upheld	1	1	-	-	-	-
Partially upheld	-	-	-	-	-	-
Not upheld	2	-	-	-	-	-
Not proceeding	2	-	7	3	2	-

We anticipate that Complaints 2021-22 Annual Reports for all of NHS Scotland will be published in December. This will enable us to complete a benchmarking exercise.

2.5 Child Death Reviews

Since the go live date of 1st October 2021, and now completion of our first learning year, the Child Death Review (CDR) group has made excellent progress to implement the best processes for the programme and allocate lead resource representation from relevant services and stakeholders. Processes have been successfully implemented for vetting and scoping cases, multi-disciplinary review meetings and development of action plans and learning from the reviews.

Following completion of our 1st implementation year, the last CDR Implementation Group meeting is to take place on 30th November and going forward this group membership will transition to become the CDR Oversight Group.

This group, in terms of governance, will also feed in to the new to be formed Public Health Population Governance Group. In the meantime, CDR will report to the North Support Care & Clinical Governance Group.

Since the 1st October 2021 and to date, we have sadly received notification of 73 deaths from the National Record Service (NRS). All deaths are scoped and vetted, and the information gathered from these processes determines the review and outcome decision, in line with the Scottish Government criteria. Below provides an overview of all deaths received and the review type category / current progress.

ReviewType	Completed	In progress	Not for review	Total
Aftercare		1		**1**
Child Death Review	6	5		**11**
Neonatal M&M	9	3		**12**
No review - Not care experienced		5	31	**36**
No review < 22 weeks gestation			1	**1**
Police Review	1			**1**
Review led by another Board	1	2		**3**
Review led by another Service			1	**1**
Review type to be confirmed		3		**3**
Total	**17**	**23**	**33**	**73**

The completed reviews to date have brought multi learning and action points which are translated into the form of an action plan with allocation to the appropriate service. These actions are managed and maintained within the CDR Team and will eventually be taken to the new to be formed Public Health Population Governance Group.

A multi-disciplinary review membership has been established with many key links to education, Social Work, GP's and Police Scotland. The Spiritual Care team have been working closely with the CDR Group

in terms of bereavement support for families and also support and wellbeing for staff involved in the review meetings. Direct links to Child Bereavement UK (CB UK) for families and carers have been established. A further two active review chairs have been identified to support the CDR Clinical Lead in review meetings, which has been extremely helpful for increasing resource availability.

To date, 6 Child Death Review meetings have taken place. There are a further 3 CDR meetings scheduled from November 2022 to January 2023, with further reviews to be arranged.

Through implementing the CDR processes this learning year, we have identified some areas for escalation, including when the review group is not satisfied with the information gleaned from the review and where further exploration is needed. A more formal process for this is being worked on. We are also working closely with our paediatric consultants and GP links to establish a more streamlined communication process between primary and secondary care. This is with focus on high-risk children, non-compliance related issues and review of the 'Did Not Arrive/Was Not Brought' policy.

In the 6 CDRs completed to date as a result of the new guidance a number of themes have emerged. We are currently undertaking our own thematic analysis on these findings, in view of our action plans. However, these must be read with caution due to the small numbers that are involved in this to date. Some issues are noted as Covid-19, Disguised Compliance, Neglect, and overall communication between primary and secondary care.

We continue to work closely with the National Hub who are providing support and guidance. The National Hub are making good progress with their online portal for upload of core datasets from each review and are currently at the permissions access stage. As the online portal has been delayed, to date there has been no combined learning or review of the data carried out for all Health Boards in Scotland, however, once this back log has been addressed this function will begin and overall thematic analysis will be accessed by us for a wider assessment. It is hoped this will be in place by the end of March 2023, which will also allow us to finalise our Data Protection Information Assessment and formally sign off our internal SOP.

To date, there has been no confirmation on funding extension for financial year 2023-2024, but internal discussions around funding and support for the CDR Clinical Lead and CDR Coordinator role is ongoing at management level.

Work is currently ongoing to develop a dashboard to report CDR data. It is hoped this will be in place by early 2023.

The SUDI (Sudden Unexpected Death in Infants) process at present does not have an admin lead and after internal discussions it has been agreed that CDR will support this function and assist in the process by delivery of the same approach for review as CDR. This merge of review is also something the national hub is recommending all health boards adopt. This will increase workload for the CDR Team, with an average of 7 additional reviews per year, but will offer a much more streamlined process for families and carers. It is hoped our first combined review will take place in January 2023.

Now that our direct processes are in place and proven to be a success, we are reaching out to create processes and links with other services to improve awareness and notification. Mapping out processes for CDR to Complaint, Serious Adverse Event Review (SAER) to CDR and the merging of SUDI with CDR are all currently ongoing and under review. These are key links where learning, gaps and missed opportunities have been identified. Closer working with the services involved, including that of Patient Affairs Team and our Risk Facilitators will close any gaps and heighten communication around all possible links, ensuring no duplication, cross over, contradiction of information being shared with families, carers and other relevant public bodies. In addition, the use of Datix for recording and notification purposes of all child deaths from 22 weeks' gestation to 26th birthday, remains under process development to agree a streamlined procedure for all acute sites and North and South partnership teams.

3. Quality Improvement

3.1 Essentials of Safe Care

The Essentials of Safe Care is a national change package which aims to enable Scotland's health and social care system to deliver safe care. It forms the building blocks for each Scottish Patient Safety Programme programme of work. Healthcare Improvement Scotland (HIS) launched the Essentials of Safe Care in March 2021.

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

- Person Centred Care
- Safe Communications
- Leadership and Culture
- Safe Clinical and Care Processes

A national driver diagram has been developed as part of the national Essentials of Safe Care programme. This consists of the following 4 primary drivers:

1. Person centred systems and behaviours are embedded and support safety for everyone
2. Safe communications within and between teams
3. Leadership to promote a culture of safety at all levels
4. Safe consistent clinical and care processes across health and social care settings

Each primary driver also has a list of secondary drivers. In total there are 11 secondary drivers. These are recognised as methods and tools of good practice which should be implemented as normal practice.

Link to national Driver Diagram: https://ihub.scot/improvement-programmes/scottish-patient-safety-programme-spsp/essentials-of-safe-care/

In these challenging times when ability to make improvements can be difficult it was agreed that the Improvement Team would undertake a mapping exercise for all inpatient areas across NHS Lanarkshire against the areas included in the national driver diagram. A data collection tool was developed to support this work.

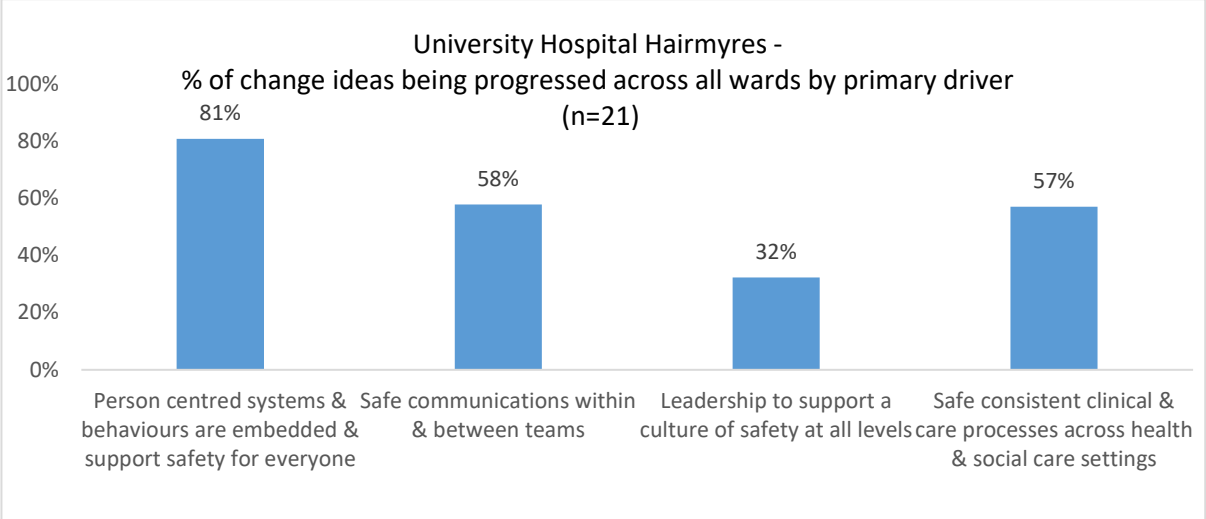
Improvement Advisors linked to each of the 5 Operational Units (UHH, UHM, UHW, North HSCP and South HSCP) met with staff from each area either face to face or by phone to ask them if they were currently using the methods and tools of good practice in their areas as part of their normal practice.

This mapping exercise was carried out during July 2022. A total of 81 (100%) wards supplied data from the 81 inpatient areas identified as fitting the criteria for the mapping exercise.

The following charts shown for each operational unit show the % of change ideas for all wards where the response has been 'Yes', work within the ward is 'normal practice' or work is being progressed in this area.

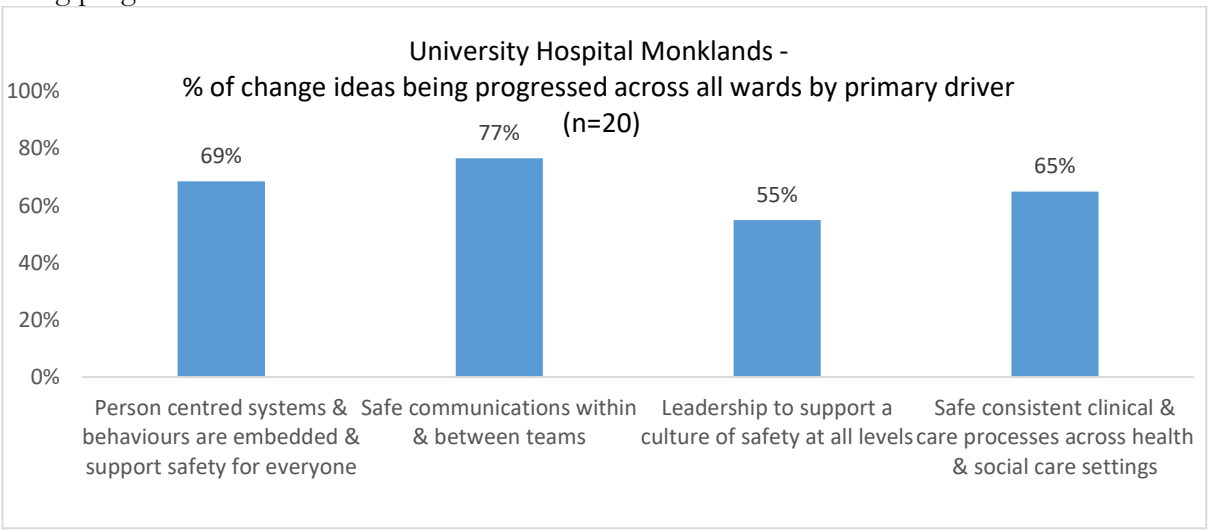
3.2 University Hospital Hairmyres (UHH)

21 wards (100%) at UHH participated in this mapping exercise. The following chart shows the % of change ideas for all wards where the response has been 'Yes', work within the ward is 'normal practice' or work is being progressed in this area.



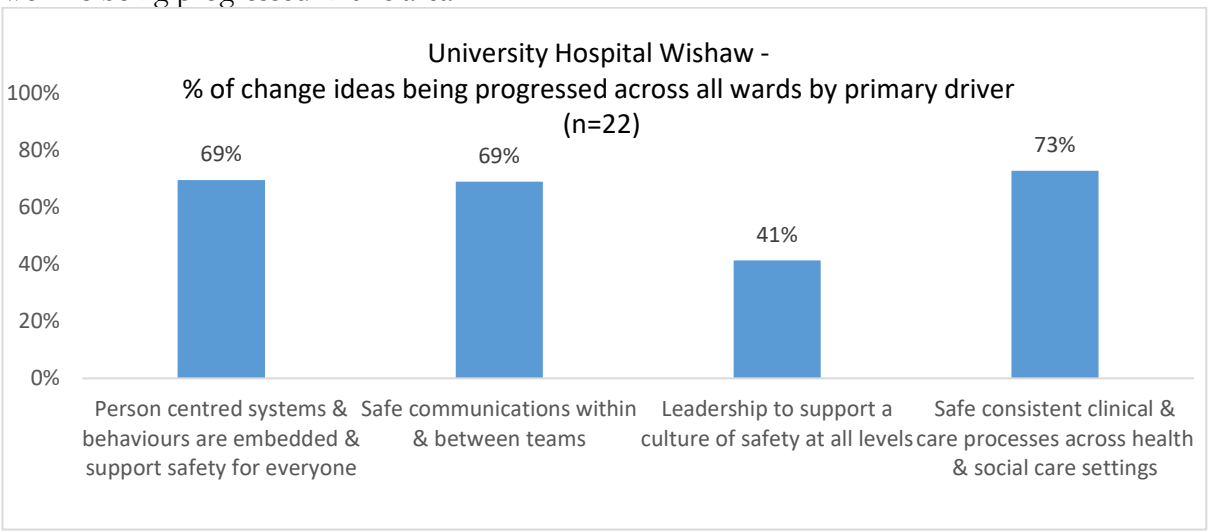
3.3 University Hospital Monklands (UHM)

20 wards (100%) at UHM participated in this mapping exercise. The following chart shows the % of change ideas for all wards where the response has been 'Yes', work within the ward is 'normal practice' or work is being progressed in this area.



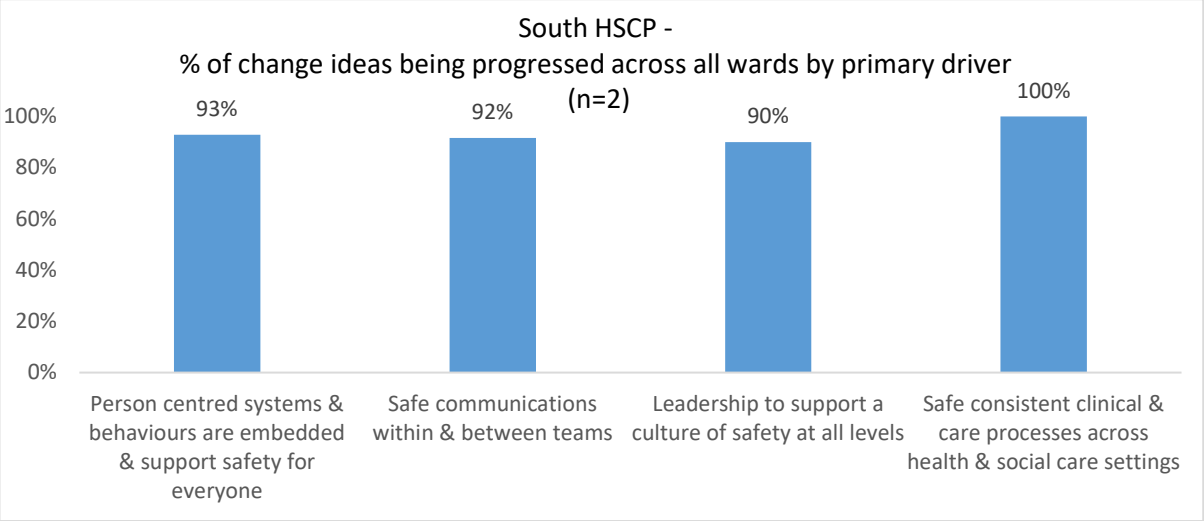
3.4 University Hospital Wishaw (UHW)

22 wards (100%) at UHW participated in this mapping exercise. The following chart shows the % of change ideas for all wards where the response has been 'Yes', work within the ward is 'normal practice' or work is being progressed in this area.



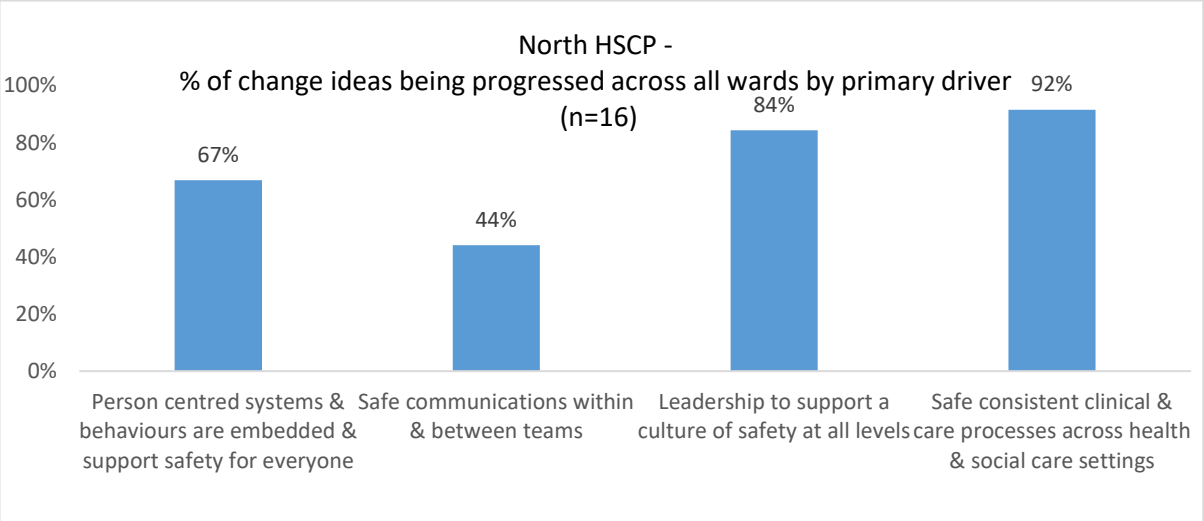
3.5 South Health & Social Care Partnership (South HSCP)

2 inpatient areas (100%) within South HSCP participated in this mapping exercise (Ladyholm and Kello). The following chart shows the % of change ideas for all wards where the response has been 'Yes', work within the ward is 'normal practice' or work is being progressed in this area.



3.6 North Health & Social Care Partnership (North HSCP)

16 inpatient areas (100%) within North HSCP participated in this mapping exercise. The following chart shows the % of change ideas for all wards where the response has been 'Yes', work within the ward is 'normal practice' or work is being progressed in this area.



It is reassuring to see the high number of areas within NHS Lanarkshire who are already using the nationally recognised good practice tools as part of their normal practice. There are also areas where improvements can be made and we now have a deeper understanding of how consistently these tools are applied across inpatient areas and where to focus improvement efforts and resources.

This mapping exercise provides an excellent platform to move forward the Essentials of Safe Care Implementation Plan work when the current covid19 challenges allow.

Each Operational Unit is currently undertaking a prioritisation exercise using the outputs from the mapping exercise to identify which areas they wish to celebrate, share and do more of and which areas that they identify need to be improved. These areas of improvement will then use the standard QI methodology to begin improvements in early 2023.

The full Mapping Exercise Report is available on request.

4. Evidence for Quality

4.1 Realistic Medicine

- **Remobilisation and Recovery**: Dr Mike Coates, Dr Louise Clark, Dr Aliyah Hussain and Dr Mark Kirk are working collaboratively to enhance the work on harder to reach patients. This requires much scoping as capacity differs at the various locations. The list of patients has been populated and letters will go out to practices and patients alike advising this is an RM initiative.
  Dr Susie Farrell continues to lead on the surgical high risk clinic for shared decision making. Surgeons refer patients unsure on the benefit of operating. Surgeons consider BRAN: Benefits Risks, Alternatives and do Nothing consequences as mandatory to referral. The clinic has shown in some cases that the surgeon and patient's assessment of BRAN's don't match thus having 40-50% not choosing surgery.
  Dr Adeeb Hassan continues to progress patient decision aids. To date 2 PSDA cycles have been completed, (identified the best information leaflets will be used, as per patient's rating and the best way to do it, through the clinician's secretaries). 15% clinic capacity has been achieved. Planning to roll out on large scale (full clinic) before the end of the year.

- **Virtual consultations:** This is progressing to enhance continued use of virtual consultation and includes gynaecology, dietetics and rheumatology OT. Additionally, remote monitoring is also being considered to support patient self-management and reduce return appointments thus create capacity.

- **Webpage/Resource development**: The public webpage is live and has seen over 100 hits to date, with additional material added for health promotion health service and with links across the hospital pages. Our resource programme includes ongoing intranet and web page refresh and social media video sharing.

- **Holistic Needs Assessment**: HPHS colleagues have conducted over 100 holistic need assessments. Outcomes have included the need for food packages to support discharge, help with paying bills, fuel poverty and enabling access to 3rd sector agencies. In addition, this work has involved staff with input to support the health & well-being week. A case study has been devised and submitted for inclusion into the Value Based Health & Care strategy.

- **Shared Decision Making**: Shared decision making evaluation is to be undertaken in November. Two validated question sets (Collaborate and SURE) will be used, participants will be voluntarily. Interim results of the survey will be discussed at the forthcoming NHSL RM conference.

- **Anticipatory Care Plans, Treatment Escalation Plans and the ReSPECT tool** continues to progress. TEP will be formally evaluated in November in alignment with annual case note mortality review and links closely with each site escalation action planning. ReSPECT continues to evolve with digital inclusion developing. Risks include the increasing input as the project evolves and will likely require project delivery support when Lanarkshire is to embark on full implementation.

Realistic Medicine Conference – 9th December 2022, 08:30-13.30 hours. The conference will provide an update on the national RM perspective and that of the developing Value Based Health and Care Strategy. Local RM updates will be provided along with innovative improvement projects. A full conference report will be provided for the next board report.

4.2 Patient Information

The SBAR setting out the short, medium and long term plans for patient information that was submitted to the Person Centred Care Group in May has been developed further to provide information on areas that the group has asked for including cost of printing, consequences to the Board of not meeting current legislation, details of the legislation that we should be adhering to, and costs saved by developing well written leaflets that bring about improvements in health literacy. The updated SBAR was be presented to

the PCCG at the end of November 2022. The group recognised the importance of good patient information and agreed that the current resource does not meet the demand.

Work is continuing on moving leaflets onto the public site with staff in Medical Illustration and Communications now working through the list of priority areas. This has been a significant test of change as a protocol for developing accessible versions (i.e. those capable of being read by machine readers) has been created and internal processes for managing the production, review and uploading of leaflets to Firstport have had to be developed. Further work will require review after evaluation of the test areas.

The new platform to manage the correspondence with leaflet authors and versions of the leaflets has now been purchased, with training for staff in the patient information and medical illustration teams taking place on 7th December 2022. The teams will then implement the new platform and will begin using it for new leaflets and those under review later in December 2022. The roll out will form a substantial part of the focus for both teams in the coming 3 months.

The patient information team has now taken over responsibility for all translation work in the board which includes patient leaflets as well as all patient letters, medical reports, case notes and so on from English into other languages and vice versa. An issue with the contract has been identified in that the current version only covers face to face interpreting, so finance has been notified as a matter of urgency. A contract for written translations which enables the information governance requirements to be met will be developed.

A review of all leaflets due to expire in November and December (n=30) is now underway, with work to progress those whose authors have not responded to the previous months' reviews (n=16) continuing. A total of 26 new leaflets have been received since the last Board report, with each one undergoing a readability check by the patient information team. Three 'Writing Information for Patients' training sessions have taken place with 15 people attending.

4.3 Searching Services

A total of 58 requests for literature searches and 25 requests for copyright permission checks have been submitted via the eHelp portal since the last Board report searching services in April. Requests for searches came from the following teams and specialties.

- Health Improvement/Public Health
- Practice Development
- Paediatrics
- SALUS
- Clinical Governance
- Physiotherapy
- Emergency Care
- Maternity
- Psychology
- Pharmacy
- Public health
- Urology
- Rheumatology
- Nursing
- Community nursing
- Speech and Language Therapy
- Diabetes
- Orthopaedics
- Occupational Therapy
- Health Visitors
- Human resources
- Change and innovation

The copyright permission checks covered a range of areas from clinical tools used in Apps to a chapter of a book to be used in a lunchtime club and images to be used in patient information leaflets.

4.4 Effective Use of New Technologies

Our process for the review and assessment of Health Technologies publications from Scottish Health Technology Group (SHTG) and Interventional Procedures Guidance from National Institute for Health

& Care Excellence (NICE) continues to be effective in assuring that new publications of Health Technologies are appropriately considered within NHS Lanarkshire.

There have been 31 new publications from January to October 2022. These were appropriately reviewed and those which are relevant to NHS Lanarkshire and for further consideration have been disseminated on for assessment at the Governance Groups of Acute, North SHCP and South HSCP.

All assessment decisions have been reported back to the Clinical Effectiveness Group (CEG) and any outstanding assessment reports from the 3 Governance Groups are also reported to this Group.

4.5 Clinical Standards

The publications of new Clinical Standards by Healthcare Improvement Scotland has continued to experience delays to consultations and publications. However, from January to October 2022 these two standards have been published:

- Sexual Health Standards
- Draft standards for Bairn's Hoose (Scottish Barnahus)

New draft standards have also been developed by the Scottish Electroconvulsive Therapy Accreditation Network (SEAN) for Electroconvulsive Therapy (ECT).

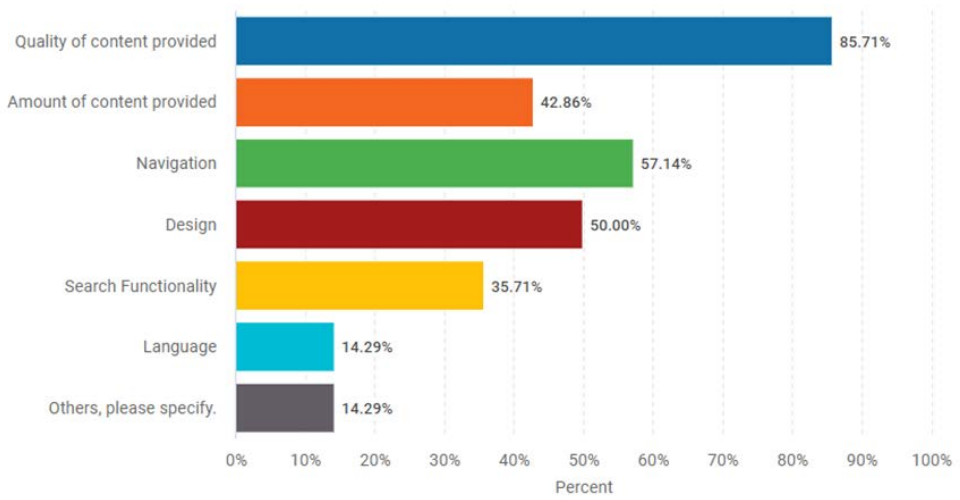
All these published standards have been appropriately disseminated within NHSL and reported through Clinical Effectiveness Group.

4.6 Existing Local Clinical Guidelines

Due to the continued COVID-19 pressures for clinicians and guidelines authors, review notifications were temporarily paused last year. This resulted in over 100 guidelines being beyond their original review date. From June 2022 relevant authors/reviewers were contacted to alert and advise them that these guidelines now require to be reviewed.

Appropriate changes and updates are being actioned accordingly following responses from reviewers and the review will continue until all responses, decisions and actions are completed.

NHSL Guidelines App adds value and has a direct impact. The app first evaluation took place in June 2022 – *NHSL Guidelines Survey – Website & Mobile App.*



64 responses were received. Over 60% respondents said that it is easy to use the App.
Over 80% respondents said that they don't experience any problems with the App (e.g. with navigation, searching, links etc.).

More than 60% respondents said that:

- It is likely to increase their knowledge and understanding.
- It is likely to change their attitude towards how they access information to support patient care.
- It is likely to improve safety and effectiveness of practice.

There is approximately 800+ guidance across 6 toolkits. The content will only continue to grow. The Total number amended/added guidance between January 2022 and October 2022 was 259.

In addition, the COVID 19 Toolkit is being reviewed with the first stage completed. The Standard and Guidelines Team looked at more than 160 guidance (individual documents and/or pages), made recommendations and contacted relevant reviewers to seek further guidance or/and approval.

Dr J Burns
Board Executive Medical Director
December 2022