

NHS Board Meeting
26 January 2022

Lanarkshire NHS Board
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SUBJECT: QUALITY ASSURANCE AND IMPROVEMENT PROGRESS REPORT

1. PURPOSE

This paper is coming to the Board:

For approval	<input type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input checked="" type="checkbox"/>
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The purpose of this paper is to provide NHS Lanarkshire Board with an update on the Lanarkshire Quality Approach and on progress with quality initiatives across NHS Lanarkshire.

2. ROUTE TO THE BOARD

The content of this paper relating to quality assurance and improvement initiatives has been:

Prepared	<input type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input checked="" type="checkbox"/>
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by the Medical Director and Director of NMAHPs. The information within this report is also shared with, and discussed by, the Quality Planning and Professional Governance Group and the Patient Safety Strategic Steering Group, and is also presented in detail to the Healthcare Quality Assurance and Improvement Governance Committee.

3. SUMMARY OF KEY ISSUES

NHS Lanarkshire is committed to delivering world-leading, high-quality, innovative health and social care that is person-centred. Our ambition is to be a quality-driven organisation that cares about people (patients, their relatives and carers, and our staff) and is focused on achieving a healthier life for all. Through our commitment to a culture of quality we aim to deliver the highest quality health and care services for the people of Lanarkshire.

NHS Lanarkshire's Quality Strategy 2018-23 was approved by the Board in May 2018. Within it are four NHS Lanarkshire Quality Plans 2018-2023.

The paper provides an update on the following areas:

- ▶ Assurance of Quality
- ▶ Quality Improvement
- ▶ Evidence for Quality

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	AOP	<input checked="" type="checkbox"/>	Government policy	<input checked="" type="checkbox"/>
Government directive	<input checked="" type="checkbox"/>	Statutory requirement	<input type="checkbox"/>	AHF/local policy	<input type="checkbox"/>

Urgent operational issue	<input type="checkbox"/>	Other	<input type="checkbox"/>		
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5. CONTRIBUTION TO QUALITY

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

Three Quality Ambitions:

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

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

6. MEASURES FOR IMPROVEMENT

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

7. FINANCIAL IMPLICATIONS

No financial implications are identified in this paper.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

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

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

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

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

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

11. CONSULTATION AND ENGAGEMENT

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

12. ACTIONS FOR THE BOARD

The Board is asked to:

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

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

13. FURTHER INFORMATION

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

QUALITY ASSURANCE AND IMPROVEMENT

January 2022



1. Introduction

This report to the Board provides an update on the current progress over December 2021 to January 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 appropriate sections of the plan for 2021 / 2022 continue to be reviewed at the Safety Steering Committee, the Clinical Effectiveness Committee and the Person Centred Care Committee. Due to capacity issues within the service it is likely that not all of the objectives will be achieved in the desired timeframe and will therefore be carried over in next year's plan.

2. Assurance of Quality

Lanarkshire Quality Improvement Portal (LanQIP)

Assessment / Care Plan
Blood and Body Fluid Spillages
Control of the Environment
Covid Face Mask
Covid Physical Distance
Covid PPE
CVC
Delegation and Counter Signing
Discharge / Transfer of Care
Early Warning Score
Epilepsy Care Plan
Food, Fluid and Nutrition
Hand Hygiene
Legal Issues
Linen
MDRO
Occupational Exposure
Patient Care Equipment
Patient Placement
PEWS
PPE
Professional Record Keeping Standards
PVC
Respiratory
Risk Assessment/Management
Security of Case Notes
Urinary Catheter
Waste
What matters to you

More than 90% of users and content has now been migrated from LanQIP version 1 to LanQIP2.

All nursing audits have been transferred over to the new version including the full suite of Clinical Practice Monitoring Tools, Excellence in Care indicators and Record Keeping Audits. The full list of audits is detailed opposite.

The LanQIP development team have worked closely with nurse directors, senior nurses and charge nurses to develop a comprehensive nursing audit dashboard that allows nursing teams to access their improvement and performance data from the various programmes of audit being carried out in clinical areas.

This dashboard negates the need for some of the manual processes that were previously being carried out by clinical teams to satisfy local reporting demands.

Going forward, the LanQIP developers will continue to work directly with clinical teams to identify existing manual reporting processes which can be automated to free up clinical resource.

Hospital Standardised Mortality Rate (HSMR)

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

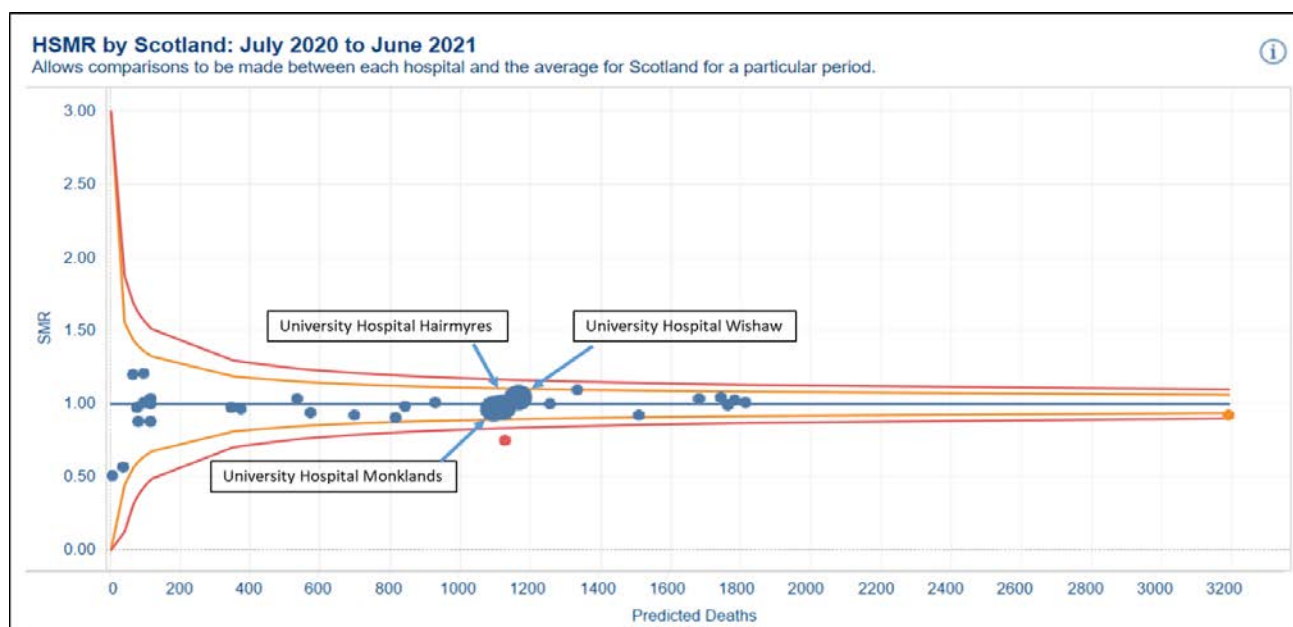
The data includes case-mix adjusted 30-day mortality on admissions from **July 2020 to June 2021**. Data is presented as a Funnel plot to allow comparisons to be made between each hospital and the average for Scotland for a particular period.

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).

Trends over time are not captured for individual hospitals in the new model HSMR but crude mortality rates are reviewed internally through the Corporate Quality & Safety Dashboard.

This will continue to be monitored through HQAIC.



Location	Observed Deaths	Predicted Deaths	Patients	Crude Rate (%)	HSMR	Comparison to Scotland on the chart
Scotland	27,541	27,541	556,891	4.9%	1.00	n/a
NHS Lanarkshire	3,359	3,383	58,695	5.7%	0.99	n/a
University Hospital Hairmyres	1,091	1,120	17,194	6.3%	0.97	●
University Hospital Monklands	1,057	1,097	18,242	5.8%	0.96	●
University Hospital Wishaw	1,211	1,166	23,259	5.2%	1.04	●

Adverse Events & Datix

A short life working group was established in June 2021 to consider development of a **cardiac arrest** dataset on the Datix system. Although not all cardiac arrests are avoidable, it would be good practice to review all cases to identify if anything could have been done differently and capturing this information on Datix would allow the data to be interrogated for learning.

The group are reviewing the dataset from the existing NHSL **cardiac arrest** audit form and the adverse events team are providing a proposed list of appropriate categories and sub categories. Next steps will be

to provide a mock-up of how the cardiac arrest section will appear on Datix and describe the functionality of how this will work. This work is on schedule for expected completion by March 2022.

Work has commenced to re-develop the **tissue viability** dataset on Datix. This dataset was previously developed on a standalone Datix form, however, it has since been recognised that this is not an effective process for recording these incidents as there is inconsistency in use of the form.

A short life working group was established in 2021 to progress this work. A matrix has been developed to support staff to record tissue viability incidents appropriately, changes to the dataset have been made, as well as additional questions for podiatry incidents included. All these changes have been put onto the test environment and demonstrated by the adverse events team to Tissue Viability Nurse Specialist. This work is expected to be completed early 2022.

The development of a new dedicated **Falls** section on Datix has been commenced - this will support detailed reporting and analysis of patient falls. A meeting took place in October to discuss the plan for this work, and to agree next steps and expected completion dates. The Adverse Events team have reviewed the dataset required for falls and consideration has been given to the functionality on Datix. Regular meetings will be held to ensure the work is kept on track. Testing of the new dataset will be carried out early 2022 with a go live date expected April 2022.

Following long standing discussions across NHS Boards in relation to incidents that are part of **national screening programmes**, a request was received from Public Health asking how this could be incorporated within the Datix system in NHSL. This has been accommodated within the system as a question and also a drop down selection of the type of national screening programme. This will be incorporated as part of the redesigned forms and be launched in January 2022.

Complaints

NHS Lanarkshire are continuing to experience some delays in responding to complaints.

A full complement of staff will be in place in the corporate team, incorporating community and primary care, from 10 January 2022. This follows several months of depleted resource, relating to retirement, resignation and secondment.

After a period of training, this resource will enable a re-focus on planned development work, including the Complaint Recovery Plan, a recommendation from the Scottish Public Services Ombudsman.

It is also important to acknowledge that this depleted resource was against a backdrop of unpredictable activity in Patient Affairs. In line with the national picture, anecdotally there has also been a noted change in complainant behaviours and complexity with an increase in complaints which cover multiple issues and specialities. Complainants are more persistent and duplicate issues are raised via their elected representatives, Scottish government or to different patient affairs teams. Correspondence received is often unclear and repetitive.

The initial meeting of a short-life working group to consider resiliency and contingency of patient affairs in the acute operating division has been held. A further meeting is scheduled for 18 January 2022 to discuss improving resiliency and ensuring the teams are better equipped to deal with peaks in activity, whilst delivering a person-centred and resolution focused service. The impact of Covid-19 has further highlighted resource considerations for the existing small 'stand-alone' structure, and the resultant risks associated with heavily person-dependant systems and processes, operated by experienced complaint handlers.

Work is concluding on applying a QA tool to 30 closed complaints. This will highlight priority improvement areas, which will be incorporated into the complaints development work. QA processes will be scaled up over the coming months.

We are continuing development work to embed learning and improvement at the heart of our complaints process. This includes:

- i. Ongoing development of an issue's dashboard, to contribute to identification of recurring themes/issues
- ii. Considering how application of the Healthcare Analysis Tool (HCAT) (thematic analysis) can be scaled up
- iii. Development of Datix to better record and report learning from individual complaints, ensuring actions have been concluded and evidenced
- iv. Evaluating pilot witness statement processes at University Hospital Wishaw, that support and encourage reflection and identification of learning from those staff directly involved with issues raised
- v. Complaint learning being incorporated as a regular feature of the Lanarkshire 'Learning Bulletin'.

3. Quality Improvement

Infection Prevention & Control Collaborative

Eddie Docherty, Executive Director of NMAHPs commissioned a Breakthrough Series Collaborative approach to reducing hospital associated infections and improving hand hygiene compliance in Autumn 2020. Planning for the Collaborative was paused during winter 2020 and resumed in April 2021.

The IPC Collaborative uses the Institute of Healthcare Improvement (IHI) Breakthrough Series Collaborative approach. The collaborative consists of teams from wards in acute hospitals and teams in both North and South HSCP localities.

The detail regarding the progress of the collaborative will be presented in the Board Infection, Prevention and Control report.

QI Education Going Virtual

The Achieving Excellence in Quality Improvement Programmes (aEQUIP) of education for individuals and teams has been running in NHS Lanarkshire for the last few years.

The programme is popular and over the years' hundreds of staff have now developed a practitioner level of quality improvement skills which they can apply to their work areas to make improvements in quality and safety and continue to support the safety culture within NHS Lanarkshire.

The cohorts for early 2020 were suspended and in April 2020 the programme content, format and delivery methods were reviewed by the Improvement Team aEQUIP Faculty. In addition, national and international best practice examples for virtual learning were researched by the Improvement Team to identify potential alternative approaches.

A bespoke programme was designed which would enable a member of staff to:

- identify an area that could be improved and work through the improvement journey steps to understand the wider system
- identify the aim of their project
- implement quality improvement tools and techniques to identify and test change ideas
- use data for measurement and improvement
- evaluate the impact of the change and sustain the improvements.

aEQUIP Faculty created learning activities and scenarios which could deliver the desired learning outcomes using a virtual rather than face to face classroom learning approach.

Cohort 1 of this new aEQUIP Going Virtual Programme was tested in September 2020. The programme consists of 4 two hour sessions. Sessions are held once per week on alternative days and morning/afternoons to provide as much flexibility in attendance as possible. This programme has now been delivered to 8 cohorts totalling approximately 203 multi-disciplinary staff members across health and social care in Lanarkshire between Sept 20 and Nov 21. Due to the challenges of the pandemic on staff capacity the completion rate for the programme has been 47%. Sessions have been recorded to allow staff who missed any of the sessions to be able to go back and view them at a later date.

A detailed evaluation of the 8 cohorts has taken place with learners providing their experience of using the online learning approach and feedback has been very positive.

The most recent cohort 8 was a cohort consisting of medical staff only which had been requested to promote peer learning and support.

At the start 39 doctors registered for a place. Thirty doctors started the programme, 9 doctors were unable to take up their place due to pressures in capacity and 25 completed all 4 learning sessions. The cohort represented doctors from the following areas:

- Paediatrics
- Old Age Psychiatry
- Anaesthetics
- Obs & Gyn
- General Surgery
- Emergency Medicine
- Palliative Care
- Care of the Elderly
- General Medicine
- Cardiology
- General Practice

The doctors are all planning a range of improvement projects using their learning including:

- TELP Compliance in hospice
- First assessment for children with concerns about autism
- Pain scores for patients in hospice
- Minimal invasive continence procedures carried out in outpatient settings
- Ward orientation and welcome leaflet

Despite the ongoing pressures and challenges, it is a welcome sign that staff are still keen to learn about QI and apply it to their areas of work to improve the safe care they provide. We know from asking staff that training and learning are important factors in how they maintain resilience and support their psychological safety.

The Improvement Team have reviewed the current QI programme and have identified some areas to make it even better. In addition, the Head of Improvement has undertaken an accredited course in Designing Online Learning. This learning has been applied to the QI programme which will run in 2022/23.

4. Evidence for Quality

Corporate Policies Update for Board Report December 2021

The established Corporate Policies assurance process effectively ensures NHSL meets the 95% compliance KPI, as policies due for review are identified and updated. The Corporate Policies Team notifies authors and directors over 6,4, and 2 month periods. Authors are required to return the policy template, assurance document and EQIA for any new or updated policies.

In addition to these forms, authors can submit a fast-track form for extant policies that have only minor changes, which then covers the policy for one year before being approved by relevant committees. Extension requests can also be submitted, however these will be considered on an individual basis by Head of Evidence and Director of Quality. Extensions will not be granted for less than 6 months.

In order to complete the assurance process, the Corporate Policies Team forward any EQIAs to Equality and Diversity Manager for confirmation that each of these documents meet relevant requirements. Only policies with suitably formatted policy documents, assurance forms, and EQIAs will be uploaded to the public website.

Corporate Policies Team then advise colleagues of updated/ new/ fast-tracked policies via Staff Brief. This ensures that NHSL staff are able to stay informed of current policies. Replaced policies are added to the archive on FirstPort. Between October - December 2021, 16 policies were uploaded to the public website.

There are currently 3 lapsed policies that are being followed up with the appropriate author and owner. Two policies are due for review by the end of January. Four policies are due by the end of February.

National and Local Evidence, Guidelines and Standards

Existing Local Clinical Guidelines

Phase one and Phase two of the transfer of the existing Clinical Guidelines from the old Clinical Guidelines website to the new NHSL Guidelines Mega App/Website has been successfully completed.

The old NHS Lanarkshire Clinical Guidelines website has now been fully decommissioned and is no longer available and a redirection to the new website is currently in place. This will no longer be necessary once users become familiar with the new site.

Effective Use of New Technologies

The revised 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) is now fully in place and working well. During 2021 there has been a total of 38 new publications. These were appropriately reviewed and those which are relevant for further consideration have been disseminated for assessment by the Governance Groups of Acute, North HSCP and South HSCP.

An information only report to provide clinicians with awareness of the publications of NICE Guidelines will also be produced.

National Audit Activity

Scottish National Audit Programme (SNAP)

SNAP Governance Process 2021

The next Scottish Government National Audit Programme Board (Health) meeting will be held on 31st January 2022. The SNAP Outlier Progress Report will be circulated prior to this meeting. However, the SNAP team have shared the report as it stands on 7th Dec 2021, bearing in mind there will be further updates to be added ahead of the meeting in January. The actions agreed against all of NHS Lanarkshire's 2021 outliers are either completed or being progressed and on track.

2022 Reporting of SNAP Audits

The Scottish National Audit Programme collects and reports on calendar year data for relevant patients from 1st January to 31st December. To allow time for NHS Boards to explore outliers and provide comment, all 2021 data must be quality assured on an ongoing basis throughout the year with *final* data submitted *no later* than **31st March 2022**. This will ensure that final quality assurance of the annual data and analysis is undertaken prior to notifying NHS Boards of their performance and outlier status, allowing time for any investigations and comments to be collated for inclusion within the Annual National Reports. The SNAP Service Manager will be writing to Board Medical Directors on 2nd May 2022 to request that any investigations are submitted by Friday 10th June.

The proposed publications for the Scottish National Audit Programme for 2022 include; Scottish Stroke Care Audit (SSCA), Scottish MS Register (SMSR), Scottish Trauma Audit Group (STAG), Scottish Intensive Care Society Audit Group (SICSAG), Scottish Hip Fracture Audit (SHFA), Scottish Arthroplasty Project (SAP), Scottish Renal Registry (SRR), Scottish ECT Accreditation Network (SEAN) & Scottish Cardiac Audit Programme (SCAP).

NMPA (National Maternity & Perinatal Audit) & MBRRACE-UK (Mothers & Babies: Reducing the Risk through Audits and Confidential Enquiries) National Audits

The latest MBRRACE-UK Perinatal Mortality Report was published in October 2021. One outlier was identified within the report which requires further investigation; Neonatal Deaths. The clinical lead will present an SBAR to Acute Clinical Governance and Risk Management Group which will be then reported to HQAIC via the highlight report. The latest NMPA Report (National Maternity & Perinatal Audit) was published in October 2021. This report had a significant lag time, missing data from over half of England's boards/trusts and no clinical recommendations. We have suggested waiting to evaluate the next report due early 2022, which will have more complete and relevant data from all health boards/trusts allowing benchmarking, along with clinical recommendations.

Local Audit Activity

Clinical Audit Activity

Between 1st October and 10th December 2021 there have been **21** new local clinical audit projects submitted through the Clinical Quality Project Register. Further details of the specific projects are available via the Clinical Quality Project Register.

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

Acute Audit of Consent

An audit of the Consent Policy & consent forms within the Acute Directorate has now been completed. In addition to the team creating a data collection form, data definitions and a measurement plan for the audit, data analysis has now been carried out and 2 reports have been built using the Power BI platform. These reports have been discussed with the Director of Quality who will present the audit findings at the Acute Clinical Governance and Risk Management Group and at the Realistic Medicine Steering Group. Actions following discussion will be agreed and monitored by these groups. The audit results will also be disseminated to the site Triumvirates for further distribution as appropriate. Reports will be refined as required, and a re-audit will take place at an agreed time next year to assess for improvement.

Public Protection

The team continues to work with the Public Protection service on data collection and reporting. Recent meetings have taken place to review the data reported on quarterly and work is planned to enhance the quality of data and the reporting methods used. There will be a trial of the initial changes as part of the next quarterly report, which is due to be compiled in January 2022.

MS Access/Office 365

We continue to assess the impact of the organisational migration to Office 365 and the effect this will have on a number of Quality Directorate / Clinical Audit systems currently hosted in MS Access. The Clinical Audit Team is working with senior members of staff from eHealth in order to find solutions for existing systems which will be impacted by this change and some interim measures have been put in place to mitigate issues which are likely to arise in the very near future.

Record Keeping Audit

The new Record Keeping Audit Tool is now available on LanQIP2 with the previous version on LanQIP now switched off. Most teams have already completed their 2021 audits on the original version and will start using the new tool in 2022.

CEL16 Looked After Children

We continue to support the CEL16 work that is ongoing within the board. With the phasing out of MS Access, the CEL16 database will be moved to LanQIP during 2022. The team will assist colleagues with the streamlining of the database requirements and also with the development of reports, to ensure these meet National requirements which are aligned to The Promise and the Children and Young People Act.

Best Start Programme/BLISS Accreditation

The Clinical Audit Team continue to work with Maternity and Neonatal Services to monitor and report progress against the 23 Best Start recommendations. NHSL have completed 8 recommendations with 15 still on track. The continuity of midwifery teams has temporarily been called back to the traditional rota to support staff shortage/sickness. This is likely to be extended until March 2022 with the hope of returning to the Best Start model from April 2022.

The AMU is now back up and running, delivering at capacity each month. The transitional care unit will soon be moving to the postnatal ward to allow for an easier transition to keep mums/babies together. New dedicated midwifery teams have been formed specialising in home births and support for vulnerable women and accommodation is being scoped for a special midwife clinic for high risk mums under consultant care to ensure greater continuity. A fifth Best Start Highlight Report will be produced in January/February 2022.

The Neonatal team have made excellent progress towards achieving Bliss Accreditation in 2022 despite staff often being called back to clinical duties. Each principle is continually self-assessed with 136 (93.7%) of the 145 standards looking like they are delivering on all aspects of the criteria. The lead coordinator for this work is close to submitting their fourth audit, which will achieve silver award status. Following this a pre-assessment visit will be planned in early 2022.

A Bliss Highlight Report will be produced in January/February 2022 in conjunction with the Best Start report. Gaining BLISS accreditation will contribute towards the attainment of the 5 neonatal recommendations within the Best Start programme.

Dr J Burns

Board Executive Medical Director

January 2022