

NHS Board Meeting
30th March 2022

Lanarkshire NHS Board
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SUBJECT: QUALITY ASSURANCE AND IMPROVEMENT PROGRESS REPORT

i. 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.

ii. 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.

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	<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"/>

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

QUALITY ASSURANCE AND IMPROVEMENT

March 2022



1. Introduction

This report to the Board provides an update on the current progress over February 2022 to March 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

2.1 Complaints & Patient Affairs

Agreement has now been reached that Patient Affairs staff will transfer to the Quality Directorate from 1 April 2022, whilst retaining local site visibility. It is anticipated that this will assist on a number of levels:

- Induction, supervision, and performance management of Patient Affairs staff by an experienced handler, with access and an understanding of systems, processes and data
- Ensuring consistent organisational processes, procedures and recording, enabling easier transfer/reallocation of cases as required
- Provision of consistent organisational data
- As required, scope to reallocate work based on priority, risk, complexity etc.
- Other development work, including streamlining triage processes and capturing this electronically, to pull into the workload dashboard (so we can identify high risk complaints and prioritise)

Patient Affairs Managers from all locations met in February 2022, to discuss consistent complaints investigation processes, and to progress development of a stage 2 investigation toolkit. They also discussed learning from a quality assurance exercise of 30 closed complaint files and considered development priorities.

There is recognition that the pace of developments is dependent on resource, against a backdrop of increasing patient affairs activity and complexity, mirroring the national picture.

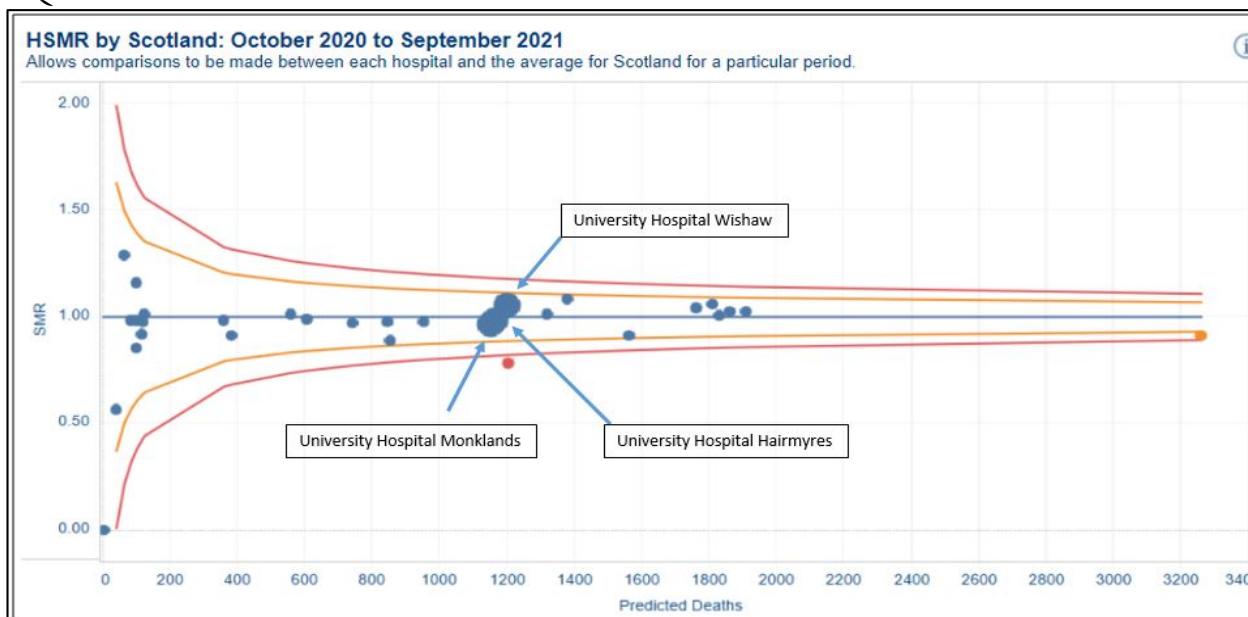
2.2 Hospital Standard Mortality Rate (HSMR)

The latest release of HSMR data using updated methodology (introduced in August 2019) was published by ISD on 8th February 2022.

The data includes case-mix adjusted 30-day mortality on admissions from **October 2020 to September 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 three NHS Lanarkshire hospitals are highlighted on the funnel plot as the three larger dots with labels, as below. All hospitals are shown to be within control limits for the current reporting period in comparison to the HSMR for Scotland (1.00).

In this new model, trends over time are not captured for individual hospitals but they are reviewed internally through the Corporate Governance Report. This will continue to be monitored through HQAIC.



Health Board of Treatment:	Period					
NHS Lanarkshire	October 2020 to September 2021					
Location	Observed Deaths	Predicted Deaths	Patients	Crude Rate (%)	HSMR	Comparison to Scotland on the chart
Scotland	28,544	28,544	577,806	4.9%	1.00	n/a
NHS Lanarkshire	3,518	3,517	62,019	5.7%	1.00	n/a
University Hospital Hairmyres	1,144	1,165	18,464	6.2%	0.98	●
University Hospital Monklands	1,113	1,154	18,847	5.9%	0.96	●
University Hospital Wishaw	1,261	1,198	24,708	5.1%	1.05	●

2.3 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 has now drawn to a close, and analyses of the data has commenced on behalf of the Horizon Scanning Team (HST). Over 350 individual patient cases were submitted for inclusion within the audit, and collated within the *COVID-19 Surveillance Power Bi Dashboard*. The data and insights gained from the dashboard were then collated and presented as an abstract for poster publication at the upcoming NHS Scotland Event 2022, titled ‘Pandemic Recovery and Reform for the Future’.

Community Link Worker (CLW) Programme: Dashboard Development

The Data & Measurement Team have recently liaised with Primary Care Improvement colleagues to review the current data reporting processes related to the Community Link Worker Programme. This Programme is aimed at enhancing primary care teams to support people to live well in their communities.

The programme seeks to bring together the fields of primary care and community development. A GP CLW is a non-clinical practitioner based in, or aligned to a GP practice, or group of practices who works directly with patients to help them navigate and engage with wider services.

The Programme collates data related to the following measures:

- Number of referrals (reported by practice, locality and referral criteria)

- Number of inappropriate referrals
- Number of engaged GP practices

The team continue to work closely with Primary Care leads to streamline the data recording and reporting process, with the design of a new Power Bi dashboard display. Data can then be uploaded to LANQIP and accessed online through FirstPort with far greater user-interactivity with the dashboard, which is hoped will lead to greater in-depth discussion with key stakeholders.

Multidisciplinary Team (MDT) Approach to reducing care home resident attendances in Emergency Departments Project

The Data & Measurement Team have commenced participation in a project that 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. Project leads meet on a bi-weekly basis to review progress, and the team will continue to provide data and measurement support for the duration of the project.

Clerical Role within Acute Sites Project

A Workforce survey was carried out across Acute Sites focusing on the duties of the Senior Charge Nurse (SCN), and identified that SCNs in acute wards were spending time on administrative tasks that could be performed by clerical staff. This would then release SCNs for clinical and supervisory time.

The Team have undertaken the role of providing data and measurement support for the above project which seeks to assess the impact and benefits of Acute Sites employing clerical staff within wards to undertake administrative duties which would ordinarily be performed by the Senior Charge Nurse (SCN). Data collection tools have been developed to record time spent on administrative tasks by each of the Clerical workers across the Acute Sites, with consideration for different working hours, and tasks required by each role. This will then be reviewed in parallel with SCN feedback as the Clerical workers continue to undertake administrative tasks.

A Measurement Plan has been devised to review the quantitative and qualitative data collected from both sources, and this will be displayed across a Power Bi dashboard for review with Project Leads. It is anticipated that this will demonstrate the impact of the clerical posts so that permanent funding can be requested for all wards to be covered.

Health Improvement Scotland: Access QI Programme

In collaboration with NHS Education for Scotland (NES), NHS Lanarkshire were selected to participate in the Access QI Programme designed by Health Improvement Scotland. The Access QI Programme has

been designed to help NHS Boards pull together the skills needed to make sustainable and positive changes to waiting times. The programme brought together a core service team, a data analyst and a quality improvement (QI) advisor into one team focused on improving a care pathway.

The Data & Measurement team has acted as the data analysis link to the programme and has collaborated with clinical leads from the NHSL Rheumatology department, which was the first Planned Care service selected for participation. The aim of the project was for the Rheumatology department to understand the demand data and referral patterns of the Rheumatology Service, and to reduce the number of routine referrals who had no meaningful change in their management by 50%. The outcomes of the programme have recently been collated within a poster presentation for submission to HHS.

Healthcare Improvement Scotland | ihub NHS Lanarkshire Education for Scotland

Improving Referral Outcomes In Rheumatology

R Munro, R Currie, C Brown, C Fairbairn and C Wood

Introduction
 The Rheumatology service has struggled to cope with an increasing demand for new patient appointments. Prior to the pandemic we were regularly having to use outside providers. There was an impression from medical staff that many referrals graded routine did not benefit significantly from being reviewed and also faced a long wait with little intervention for their problems.

Aim statement:
 We will understand our demand data and referral patterns. We will reduce the number of routine referrals who had no meaningful change in their management by 50%.

Methods

- Mapping of patient pathways at meetings with the Rheumatology team and representatives from Primary Care using real patient journeys.
- Audit outcomes from referrals graded routine at the time of vetting.
- Survey Staff, GPs and Patients about what they wanted from the service and what were the good and bad points.
- Map demand and capacity. Map patient outcomes after their first appointment.
- Development of a Driver Diagram (pictured)

NHS Lanarkshire Rheumatology Service Vision:
 To provide an evidence based, effective and efficient MDT service for Lanarkshire patients living with a rheumatological condition.

Aim: In order to achieve this Aim...
 By March 2022, we will understand our demand data and referral patterns. We will reduce the number of routine referrals who had no meaningful change in their management by 50%.

Primary Driver: We need to ensure...
 Define and present our PPIs
 Define and share referral trends
 Review the patient journey
 Evaluate and benchmark the content of routine referrals

Secondary Driver: Which requires...
 Change ideas (Identify to ensure this happens...)
 Develop an index of signed PPIs & DCOH data and run regular reports to identify same
 Develop team reports / run shares to visually identify PPI data
 Explore 10 'trouler' patient journeys and share the findings
 Create & share detailed referral criteria
 Meet with key stakeholders to share understanding
 Develop a communications strategy
 Explore options for virtual communications
 Develop and develop routine referral guidance documents
 Review and make accessible existing patient information
 Explore and define patient and referral information gaps

PROCESSES: Review and explore the Routine referrals to Rheumatology

PEOPLE: Implement our engagement with key stakeholders who refer into our service

PRODUCTS: Deliver an existing resource to support referrals and patients

The Director of Quality has also supported the project by facilitating two patient focus groups.

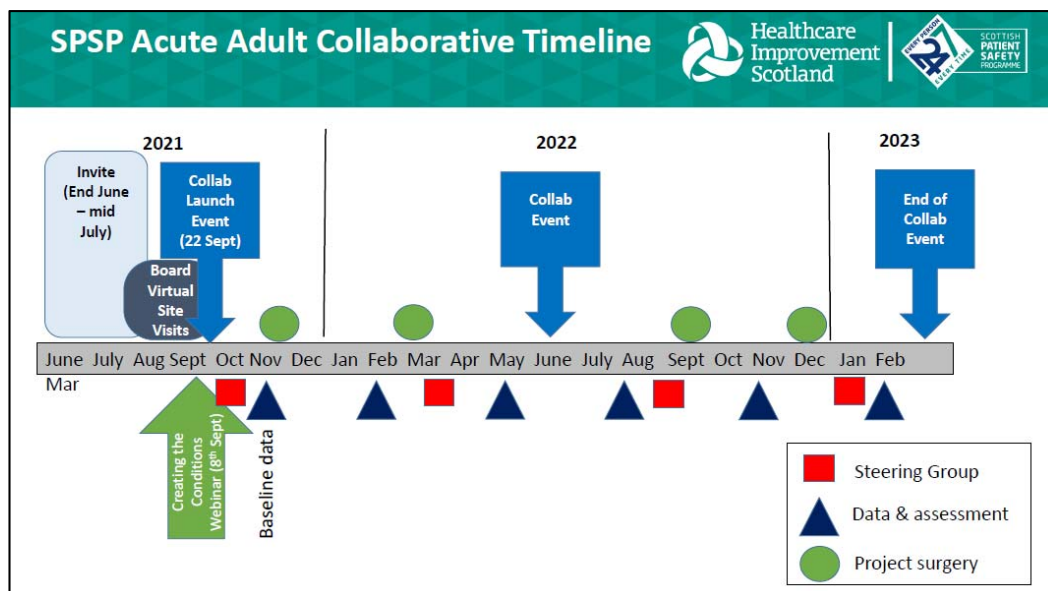
This has provided useful feedback from patients on their current experience of out-patient review and provided an opportunity to discuss potential changes.

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

NHS Lanarkshire will be participating in 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 will be 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 NHSL and each individual Acute Site) on 11th November 2021, with Quarterly update submissions required thereafter.



The Data & Measurement Team will be collating data on behalf of NHSL, and each Acute Site, and submitting this to HIS colleagues, as per the schedule.

2.4 Child Death Reviews

Since the go live date of 1st October 2021, the Child Death Review (CDR) group has made good progress and necessary changes have been made to improve processes.

The CDR group issued a Flash Report in November 2021 to CDR implementation stakeholders where significant updates were highlighted. One notable update was a change to the vetting process, which was agreed by the CDR Implementation Group. Vetting of child death cases is now completed by the CDR Lead and CDR Coordinator prior to issuing review invites to identified leads, whereas previously the vetting process was tested out in a large group meeting. This streamlined process is working well.

The topic of which review models to use to satisfy the National Hub's criteria has been a long standing issue. It is proposed that a pool of 'review ready' staff is in place to participate in reviews that don't fit into an existing review process. The CDR group concluded that the NHSL Serious Adverse Event Investigation training led by the Quality Department met the criteria for training CDR reviewers, and stakeholders have been invited to enrol in planned training.

The profile of CDR still needs to be raised throughout the organisation and the CDR leads have arranged presentations at various Governance committees over the coming months. It is anticipated that senior leads will disseminate this information to staff working directly with service users and provide reassurance to staff who may not be aware that the review process is a mandatory requirement from the Scottish Government. CDR is already publicised on Firstport, Staff Bulletin and The Pulse. The CDR group are also working on a Staff Overview and FAQ e-leaflet and video animation to help raise awareness of the process.

Discussions have taken place with the CDR Implementation Group around the time lag between the event of death and the time it takes for the weekly notification data to come from National Records Scotland (NRS) to the CDR group. It was identified that there is a need for a more coherent and timely process to receive death notifications and the Adverse Events Team and key leads are working closely with the CDR group to develop and agree a draft core CDR dataset on Datix as a complimentary notification tool for child death reviews.

There have been ongoing discussions about whether there is an existing governance group that could take on the role of overseeing the CDR process and ensuring that lessons learned are being disseminated to the wider organisation. A number of existing groups have been identified that could potentially fulfil this function, and these are being considered. The CDR group is currently revising the 'CDR Oversight Group'

Terms of Reference to make the purpose and expectation of such group clearer, to help reach a decision on whether a new group needs to be established or if this function could be added on to the role of an existing Governance Group.

In February 2022, the National Hub announced that Scottish Government has agreed to continue to provide funding to NHS boards for 2022-2023. The amount will be invested appropriately in the CDR process. The CDR Coordinator's fixed term post has been extended to March 2023 and it was recently announced that a maternity backfill was required for this post. The CDR Lead post is fixed term until 31st March 2022. There is a requirement to have these positions filled and discussions are ongoing in the respective areas.

The Executive Director to oversee the Child Death Review programme of work is the Executive Director of Public Health who will provide strategic direction and oversee delivery of the agreed programme of work.

NHS Lanarkshire's first child death review meeting has now been scheduled for April 2022 and it is anticipated that improvement to the key process in review coordination and aspects of bereavement care and learning will be actively discussed within the internal CDR group.

The CDR Implementation Group continue to meet to progress the CDR programme and the next meeting is scheduled for May 2022.

2.5 Duty of Candour & SAER

The Adverse Team continue to monitor the recording of Duty of Candour incidents, through established processes which includes tracking and monitoring compliance of the Significant Adverse Event Reviews (SAERs) to determine the events that trigger the legislation, ensuring correlation with causation codes and more recently monitoring the actions resulting from the completed SAERs.

The newly improved Actions Module on Datix was available from September 2021 with agreement for all actions from April 2021 to be recorded. The module is now being used by the Risk Facilitators on each hospital site and area to record all actions resulting from the recommendations of SAERs. Reports have been developed to demonstrate the status and compliance against the actions.

The Duty of Candour annual report will be collated in April. All cases that meet the criteria to date have full compliance with the legislative requirements.

3. Quality Improvement

3.1 Falls

Due to the COVID-19 pandemic, work on the implementation of the Lanarkshire Falls Strategy has not progressed at the pace originally anticipated in early 2020 however some elements of the work have progressed. A report was provided to HQAIC in February with an update on the current position within NHS Lanarkshire in relation to the prevention and management of falls. The three areas covered were:

- Implementation of the Lanarkshire Falls Strategy
- The national SPSP Acute Adult Collaborative focus on Falls
- Falls Driver Diagram Mapping Exercise

A summary of the content is provided in this paper. Falls data continues to be monitored monthly as part of the Corporate Dashboard.

An implementation framework has been established to oversee the implementation of the strategy and delivery of the Falls Implementation Plan. This includes:

- A Falls Strategy Steering Group, chaired by Peter McCrossan, Director of AHPs.
- Sub Group 1: Building Resilience at a population level
- Sub Group 2: Take action earlier and targeted evidence based support
- Sub Group 3: Response following a fall
- Sub Group 4: Whole system enablers

Due to COVID-19 impacts such as increased staff absence and clinical activity have meant that progress against the plan delivery has been delayed, however Sub Group Leads have tried to progress where possible throughout the pandemic but there are delays in many areas.

The Falls Strategy Implementation Plan has been able to progress on 17 out of 25 (68%) of its actions during 2021/2022. The remaining actions will be carried forward into the Quality Strategy Safe Care Plan Implementation Plan 2022/2023.

SPSP Acute Adult Collaborative (Falls)

The Scottish Patient Safety Programme (SPSP) is a national quality improvement programme that aims to improve the safety and reliability of care and reduce harm. Healthcare Improvement Scotland (HIS) launched the SPSP Acute Adult Collaborative on 22nd September 2021. NHS Lanarkshire are part of the Collaborative. The Collaborative has two workstreams; Falls and Recognising Deterioration.

The Falls improvement work will focus on the reduction of inpatient falls and falls with harm. A driver diagram, change package and measurement plan has been co-designed and tested to describe aims, change ideas and measurement. Potential benefits for people who are at risk of falling in acute care include:

- a reduction in harm
- improved care experience
- staying active during their hospital stay.

Outcome measures for this work are:

- a reduction in the rate of inpatient falls
- reduction in the rate of inpatient falls with harm

Link to national Driver Diagram: <https://ihub.scot/media/8721/20210922-falls-driver-diagram-v10.pdf>

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 December 21. A total of 66 (80%) wards supplied data from the 83 inpatient areas identified as fitting the criteria for the mapping exercise.

It was identified that a high number of areas within NHS Lanarkshire are already using the nationally recognised good practice tools as part of their normal practice and there are also areas where improvements can be made. The mapping exercise provided a deeper understanding of how consistently these tools are applied across inpatient areas and where to focus improvement efforts and resources.

This will provide an excellent platform to move forward the Falls Strategy Implementation Plan work when the current COVID-19 challenges ease. Each Operational Unit has been asked to identify three areas to be part of the national Acute Adult Collaborative (Falls).

3.2 Quality Week May 2022

Quality Week 2022 will take place from 23rd – 27th May this year. This will once again be an opportunity for staff to share their improvement work in areas of improving quality and safety. We will also provide a number of opportunities for staff to share, learn and network together during the week.

An overall programme of both face to face and virtual events and activities is currently being developed. Topics which will be included include:

- Using Safety Culture Cards to support staff psychological safety
- Staff wellbeing
- Data & Measurement Masterclass
- Mediation Skills Workshop
- Infection Prevention & Control Collaborative
- Falls Collaborative
- Child Death Reviews
- Writing Patient Information
- Copyright
- Caring for ourselves when on the receiving end of complaints
- Significant Adverse Event Review Investigation Training
- Human Factors for Quality Improvement
- QI Education

4. Evidence for Quality

4.1 Cancer Audit

Local reporting of cancer Quality Performance Indicator (QPI) data enables NHS Lanarkshire to identify, and act early, where QPI targets are not met. To date cancer QPIs for Melanoma and Acute Leukaemia have been reported to MDTs within 4 months of date of diagnosis. Upper GI, Bladder and Breast cancer QPIs have been reported within 6 months of diagnosis. Delays have occurred for local reporting for Lymphoma, Head & Neck, Endometrial and Cervical cancer QPIs which were reported within 8 months of diagnosis. Lung cancer QPIs and Prostate cancer QPIs were reported 9 months and 11 months from date of diagnosis respectively. The majority of local reporting has fallen short of the local scheduled 4/5 month reporting period due to staffing capacity within the audit team, clinical service pressures due to the pandemic and amendments to QPI dataset at a national level following the 3 year formal review process. Cancer Services are funding a fixed term post within the cancer audit team to address the staffing capacity issue. The WoS Cancer Network have granted extensions to deadlines for data submissions in a number of tumours on account of service pressures across all Boards and the impact of the national formal reviews. As a result, NHS Lanarkshire has met the revised regional submission deadlines.

Tumour specific Cancer QPI data is presented at the Cancer Strategic Leads meetings to highlight achievements and to facilitate discussion around challenges in meeting QPI targets and actions required. A number of meetings were further postponed in 2021 due to service pressures. QPI data for Urology will be presented at the next Urology CME. Dates have been scheduled for 2022 where QPI data for all tumours will be presented.

A review of a new National Cancer QPI Reporting System is underway to ensure it provides the functionality required for local reporting. This will allow the smooth transition from the existing MS Access reporting databases and Crystal Reports.

The locally developed cancer audit tracker system has been implemented and is fully operational. It facilitates monitoring of cases for inclusion/exclusion from the cancer audits and supports workload planning within the team.

4.2 Realistic Medicine

RM programme has continued to progress the implementation of the action plan. Whilst some actions and implementation planning have been delayed due to pandemic constraints, progress has been achieved with the majority.

Despite the following actions incurring a delay, work has progressed albeit not completed for this year end and will carry forward as priority actions in the forthcoming action plan. The actions incomplete are:

- Develop New Ways of Working -framework still to be developed with all services to ensure shared decision making is embedded in patient management pathways including referrals, vetting, consultations, diagnostic tests and treatments.
- Apply Realistic Medicine principles to waiting lists- still to establish a short life working group to lead the framework and NHSL strategy for waiting list management.
- Develop decision aid tools – scoping in progress to extend the Turas module and to support staff in developing their skills in shared decision making.
- Build and learn from successful innovative ideas developed during the pandemic response- further work to embed continual innovation.

Lanarkshire clinical leads have and will continue to participate in the national RM framework and will assure alignment of work locally. Successful completion on actions have been possible with the support

and collaboration across Lanarkshire through the multidisciplinary Realistic Healthcare Programme Board and through the RM Core Group. Key actions implemented are:

- Lanarkshire Back to the Future Conference, held on 25th November. The hybrid model enabled an attendance of approx. 90 delegates.
- Implementation of the revised Treatment Escalation Plan (TEP) for all acute sites bringing COVID-19/Non-COVID-19 illness into one assessment form
- The developed collaborative working with community, primary, palliative care and acute to enhance anticipatory and escalation planning with current ACP's and testing of ReSPECT
- Appointed three deputy clinical leads with focus on SDM in community, acute and specialist high risk surgical patient review
- Appointed collaborative posts with Health Promoting Health Service (HPHS) to support staff and patient well-being in holistic needs assessment on all three acute hospitals
- Value improvement fund Applications – three legacies from August 2021 and three new applications all submitted in February 2022
- Audit of the Consent Policy.

Risks identified for the programme delivery has been influenced by the ongoing impact of the pandemic and with reduced access to clinical teams. Despite this, work has progressed in key areas of the action plan.

Nationally the programme of delivery spans a two-year period therefore the current action plan will be reviewed and refreshed to meet with the national timeframe and with local objectives and priorities.

4.3 NHSL Guidelines

- In September 2021 the [NHSL Guidelines App](#) upgrade was completed addressing digital accessibility issues and making it compliant with current standards and legislations. We are aware that some of our content may not meet accessibility standards, but we are working to improve it. [NHSL Guidelines App](#) continues to be a popular tool at NHS Lanarkshire — between May 2021 and February 2022 we had **26,906 Active Users**, we captured **25,632 New Users** and **305,363 Views**, and **7,409 Searches** were performed.
- In October 2021 NHS Lanarkshire Clinical Guidelines website (an old directory for clinical guidelines) was decommissioned and a total of 140 (80%) of the relevant and reviewed guidelines were successfully transferred over to the NHS Lanarkshire Guidelines App.
- In November 2021 Clinical Portal was enhanced by adding a tab and a link to the NHSL Guidelines App.
- In February 2022 the [NHSL Joint Adult Formulary](#) was launched — 21 chapters and 171 web pages indexed (thousands of keywords) and linked to external sources where relevant.

Dr J Burns
Board Executive Medical Director
March 2022