

NHS Board Meeting  
25<sup>th</sup> May 2022

Lanarkshire NHS Board  
Kirklands  
Fallside Road  
Bothwell  
G71 8BB  
Telephone: 01698 855500  
[www.nhslanarkshire.scot.nhs.uk](http://www.nhslanarkshire.scot.nhs.uk)



## 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 May 2022



### 1. Introduction

This report to the Board provides an update on the current progress over April 2022 to May 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 plan for 2022/2023 has been endorsed by HQAIC and the appropriate sections will be reviewed at the Safety Steering Committee, the Clinical Effectiveness Committee and the Person Centred Care Committee. This is the last year of the Quality Strategy and therefore the implementation plan this year has a focus on evaluation and monitoring to assess if what has been implemented previously has met the strategy objective. Some elements of last year's implementation plan have been carried over to this year due to capacity issues in the service impacting on progress.

The National Sharing Intelligence for Health & Care Group met in December 2021 to review the data the various parties who have a monitoring role such as Audit Scotland, the Care Inspectorate and the Mental Welfare Commission to mention a few, had collected about NHS Lanarkshire. Their report was released in April 2022 and did not highlight any concerns that require additional action from any of the seven national organisations. The points noted for improvement by the individual bodies within the report were already known to the organisation and are progressing. The report also highlights many examples of positive leadership and practice.

### 2. Assurance of Quality

#### 2.1 Complaints

We are nearing completion of the Annual Report on Feedback, Comments, Concerns and Complaints. This will be tabled at the Healthcare Quality Assurance & Improvement Committee (HQAIC) later this month, with national submission required by the end of September 2022.

For most of the reporting year (2021-2022), at the point of receipt of a Stage 2 complaint, we were advising complainants that under the Complaint Handling Procedure (CHP) we would normally respond within 20 working days, but due to ongoing pressures we would provide an update after 40 working days, if not already responded to. Whilst timescales were extended locally, national returns for Stage 2's continue to be reported against the 20-day response time KPIs outlined in the CHP.

The NHS Complaints Personnel Association of Scotland (NCPAS) are in the process of collating data from across boards to benchmark the impact and challenges of responding to complaints throughout the pandemic; this is due for discussion later this month.

The SPSO have advised that there is currently a delay of up to 11 months in allocating complaints to an SPSO Complaints Reviewer for detailed consideration and investigation. This has resulted in an increase in the number of cases being dealt with by SPSO at the early resolution stage (i.e. those not proceeding to full investigation).

Agreement has been reached that Patient Affairs staff will transfer to the Quality Directorate whilst retaining local site visibility. The board were previously apprised of the benefits. We had anticipated that

these arrangements would be in place for 1<sup>st</sup> April 2022, but this has been delayed in the short-term. The transition will assist with mitigating a number of identified risks. However, it will still be within the confines of the existing resource/budget.

Additional complaint handling resource was identified by the Scottish Public Services Ombudsman as a key consideration in recovery. Patient Affair resources have been a contributory factor in delays in responding to some complaints, with different resources, circumstances, and experience by site.

We are also seeking to further develop our triage processes and incorporate these into our recently deployed workflow dashboard. This will enable us to identify and prioritise high risk complaints. To further develop the dashboard, some reconfiguration work in Datix is required.

There is also recognition that the pace of developments is dependent on resource, against a backdrop of increasing complexity of activity, mirroring the national picture. For example, complaints spanning multiple services/issues, excessive complainant contact, and on occasion, unacceptable behaviour. These complexities are not reflected in the quantitative information available.

## 2.2 Adverse Events

A review of the current pressure ulcer Reporting and Verifier fields has been carried out with the Tissue Viability team. The fields have now been updated and a dedicated section created within the standard Datix reporting form to allow consistency of reporting and data analysis across NHS Lanarkshire. Previously there was a separate reporting form for Pressure Ulcers which was accessible via First Port Applications Page; this has been removed and all pressure ulcer incidents will be recorded using the main Datix reporting form where the full dataset has been incorporated. A matrix has also been developed as a guidance tool to support staff when recording these incidents and includes some examples of pressure ulcer incidents and how these should be recorded and coded on the system.

A proposal to explore standardising the reporting and management of falls adverse events was discussed and agreed as part of the Healthcare Improvement Scotland (HIS) Expert Reference Group in May 2021. This group subsequently merged with the Adverse Events Network and the project became a priority for the HIS/National Education for Scotland (NES) Joint Commission for Openness and Learning. The standardisation proposal was based around development of a core data set for falls, and this approach was considered to be directly in line with the request for greater consistency regarding adverse event management as stated in the Cabinet Secretary's letter from September 2019. A new Falls section based on the National dataset has been developed within Datix in NHS Lanarkshire. These updates and changes have been approved by the Director of Allied Health Professionals, Nurse Director for Acute and Director of Quality and made live on the system from the 25th April 2022.

A new question set to capture data on cardiac arrests has been developed on the Datix system, which was agreed by the Cardiac Arrest Short Life Working Group. Capturing cardiac arrest data on Datix provides the opportunity for staff to report on and interrogate the data for learning. All updates and changes have been carried out and made available on the system from the 2nd May 2022.

To further improve the Result and Grading of incidents at the time of reporting, the Result field has been updated with a fuller list to select from. Expanding on the list will improve incident grading and allow further data analysis and understanding to aid areas of improvement within the services, as well as supporting the reporter to make the most appropriate selection for an incident which in turn will simplify recording the Grading. This was made available on the system in March 2022.

As part of the Adverse Events monitoring process, which includes tracking the SAERs for the timelines, establishing which events are Duty of Candour, monitoring compliance and correlation of data, the process now includes monitoring of actions and action plans. There was a requirement for the current Action Plan form and Actions Module on Datix to be reviewed and updated and this newly improved Actions Module

now allows the data to be reported on to demonstrate increased compliance with the completion of the SAER Action Plans. A listing report has also been developed and made available to complement the SAER process. Actions reports are now being produced based on the recommendations from the SAER reports, and these actions are being monitored and a monthly report developed to show compliance of completeness.

The Adverse Events Toolkit along with the pathway and processes have now been fully reviewed and finalised. This became effective with all documents and processes introduced and implemented from 1st April 2022. Communication has been cascaded via the Risk Facilitators to inform of these updates, with the reviewed toolkit going live from 1st April 2022 onwards. This has also been uploaded and made available on the adverse events web page via FirstPort.

Training video presentations continue to be shared to support staff with the navigation, searching and reporting functions on the Datix System. The adverse events team are also continuing to arrange and deliver bespoke training sessions with staff and teams from various services within the organisation. A training session was delivered to the Mental Health & Learning Needs Peer Group in February 2022 where there was an audience of 35 staff in attendance. Training dates for “Investigating Significant Adverse Events” have been arranged for April, May, July, September and December 2022; these sessions aim to help provide staff with the knowledge, tools and techniques to feel confident when involved or participating in investigating significant adverse events.

### **2.3 Lanarkshire Quality Improvement Portal (LanQIP)**

The development of LanQIP 2 is complete and all users have been migrated to the new system; the old version was disabled and archived in January 2022. This new version is based on one of the latest Microsoft development platforms that is highly optimised for cloud based applications. This future proofs the application so that it can easily keep pace and integrate with cloud based services like Office 365. LanQIP 2 also utilises an industry standard User Interface (UI) library known as Bootstrap, this technology allows the application to automatically adapt to a wide range of Apple or Android devices like tablets or smart phones as well as standard web browsers.

The reporting interface in the new system was redesigned to make it more mobile and user friendly and allows users to interrogate and drill down into their data. As well as traditional paginated reporting a new dashboard module was developed. This dashboard module allows users across the organisation to view and interact with a range of dashboards that are updated automatically at regular intervals throughout the day. This section also allows some users outside the development team to develop their own dashboards and upload them for distribution eliminating previous manual processes.

Feedback from the users of the system has been positive with an enthusiastic response to the new reporting formats.

Over the next year a significant portion of the team’s resource will be spent on redeveloping legacy Audit systems from Microsoft Access to the new LanQIP platform. As well as these new developments the team will focus on spreading the Morbidity and Mortality module to other teams and support the current teams to allow them to complete reviews for their specialities.

### **2.4 Hospital Standardised Mortality Rate (HSMR)**

The latest release of HSMR data using updated methodology (introduced in August 2019) was published by ISD on 10<sup>th</sup> May 2022.

The data includes case-mix adjusted 30-day mortality on admissions from **January 2021 to December 2021**.

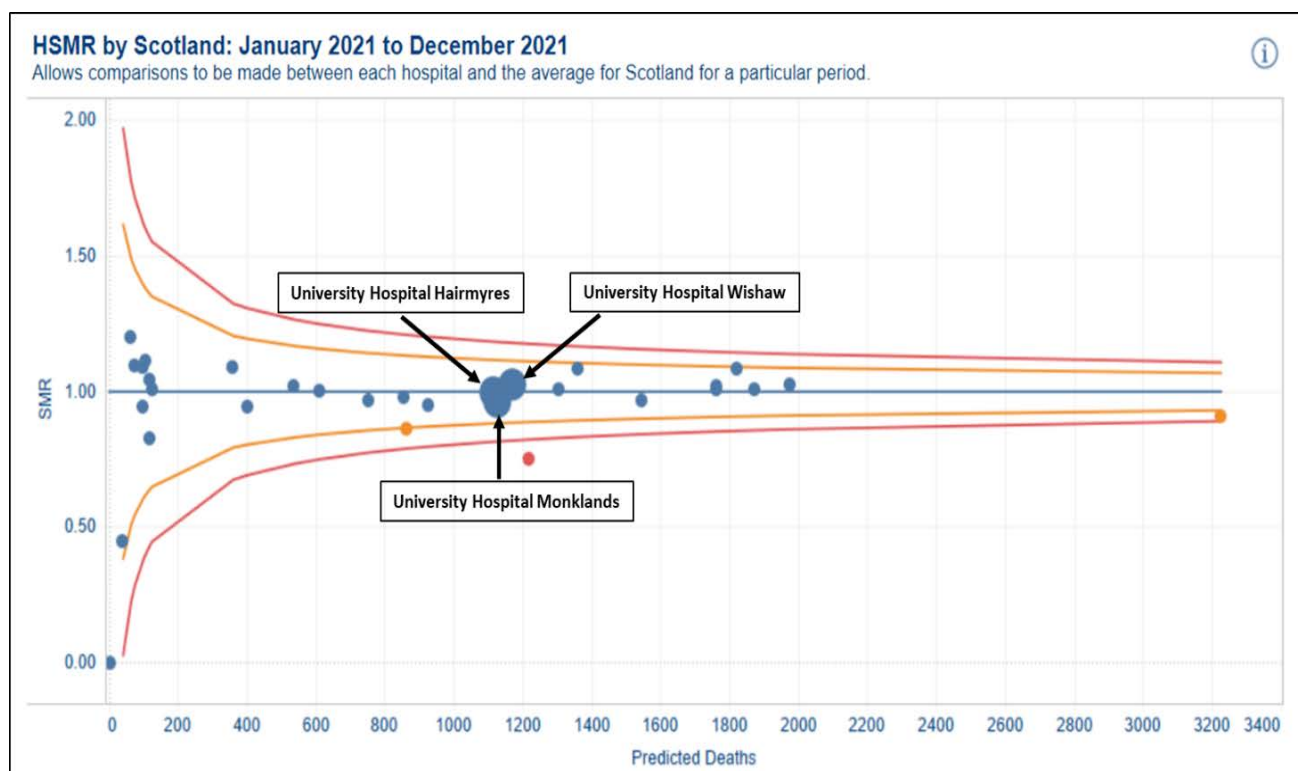
Data is presented as a Funnel plot to allow comparisons to be made between each hospital and the average for Scotland for a particular period.

The x3 NHS Lanarkshire hospitals are highlighted on the funnel plot as the three larger dots with labels, as below.

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

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

This will continue to be monitored through HQAIC.



Scotland	28,365	28,365	588,880	4.8%	1.00	n/a
NHS Lanarkshire	3,397	3,416	63,454	5.4%	0.99	n/a
University Hospital Hairmyres	1,113	1,116	19,019	5.9%	1.00	●
University Hospital Monklands	1,084	1,127	18,827	5.8%	0.96	●
University Hospital Wishaw	1,200	1,172	25,608	4.7%	1.02	●

### 3. Quality Improvement

#### 3.1 Leadership Quality Walkrounds

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

Non-Executive Walkrounds have been undertaken in NHS Lanarkshire since 2014 initially focussing on patient safety in acute hospital wards and departments and subsequently extending to quality and safety in all sites including community hospitals and Health Centres.

Walkrounds are a key component of the NHS Lanarkshire Quality Strategy and are in the Person-Centred Care section of the Quality Implementation Plan.

Due to restrictions in place to limit the spread of Covid-19 in healthcare premises during the pandemic, a blended approach was introduced late summer of 2020 which allowed some of the visiting party to attend face to face and some via a MS Teams link. However, the second wave with the Delta variant paused the walkrounds again.

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

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

- **Site Lead Visit:** This would be an interim visit before we return to business as usual in the near future. As there is a desire for this at the moment from the staff, there is an opportunity to use the visit to listen to staff and thank them for the work they have done over the pandemic. This would be a 'light touch' walkround with the aim of being supportive and understanding. The visiting team could be limited in number and the site should identify the areas to be visited so that this is appropriate, supportive and not disruptive.
- **Walkround Programme:** Agreement when the routine walkround programme can take place.
- **Non-Executive Evening Visits:** Support for the model described which could be arranged whenever appropriate to compliment the routine walkround programme. This would result in the possibility of each acute site having one visit to their Emergency Department or other agreed areas per year.

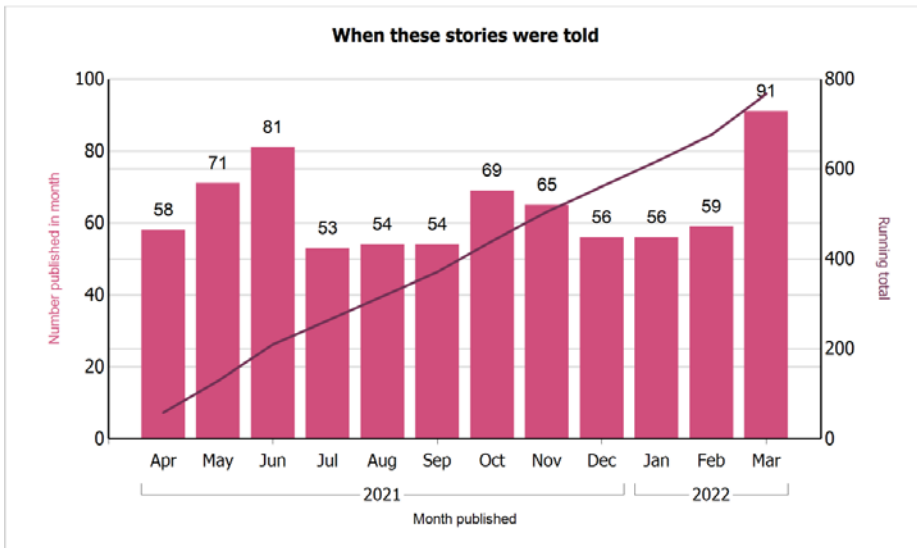
CMT approved the above requests. It was planned to begin the Site Lead Visits in October 21 and the formal Walkround programme in November 21 if staffing capacity and clinical activity on sites allows. Due to ongoing Covid activity and the pressures from winter on staff absence and increasing volume of clinical activity it was not appropriate to start the Site Lead Visits and formal Walkround programme in winter 2021.

It is now planned to start the Walkround programme again and Operational Unit Triumvirates have been contacted in April 22 to ask them to identify 2 areas in their sites/localities to be included in the first walkrounds. This should provide 10 areas to visit with visits expected to take place in June and July. A blended approach of some of the visit team being on site in person and some joining virtually will be used.

#### 3.2 Patient Feedback



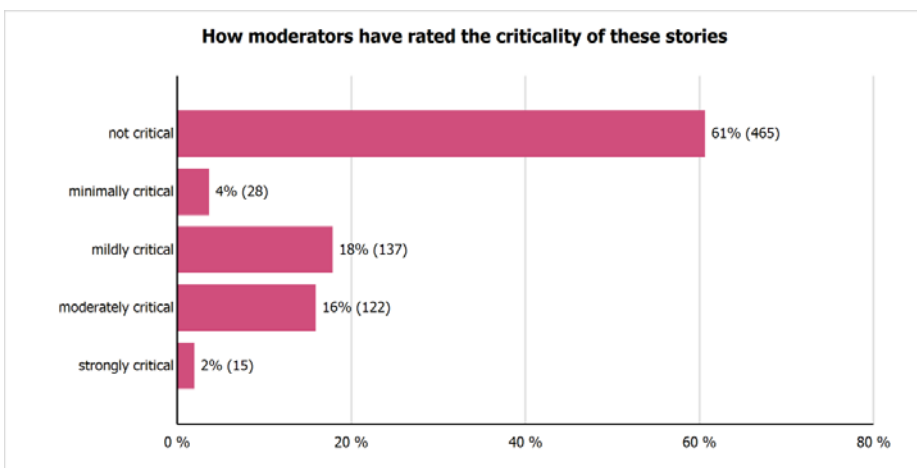
In NHS Lanarkshire our main method of capturing unsolicited patient feedback is via Care Opinion. Care Opinion is a not-for-profit social enterprise which enables people to share the story of their care, and where appropriate prompt care services to make changes.



This report summarises 767 stories posted by members of the public between 1<sup>st</sup> April 2021 and 31<sup>st</sup> March 2022.

To date, the stories in this report have been viewed on Care Opinion 199,704 times in all.

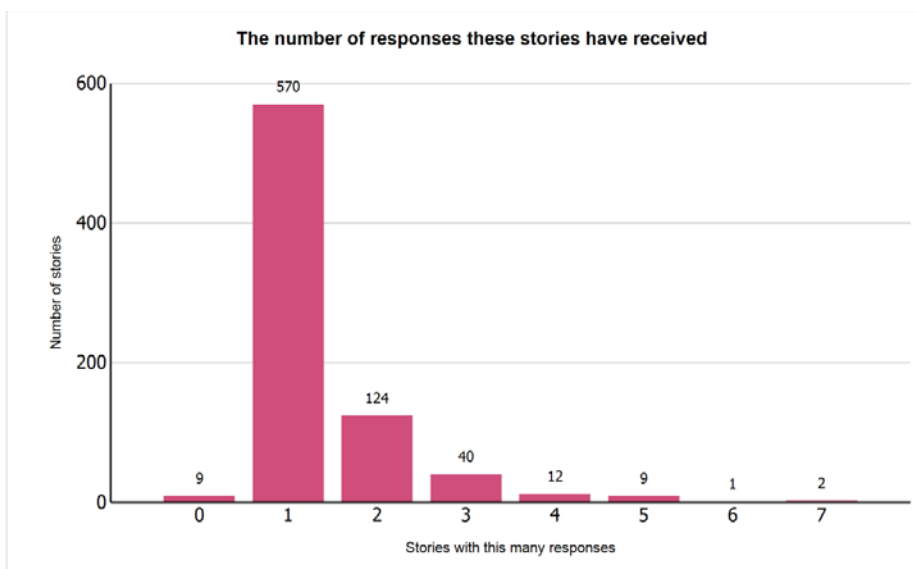
We continue to receive a consistently high number of stories from the public.



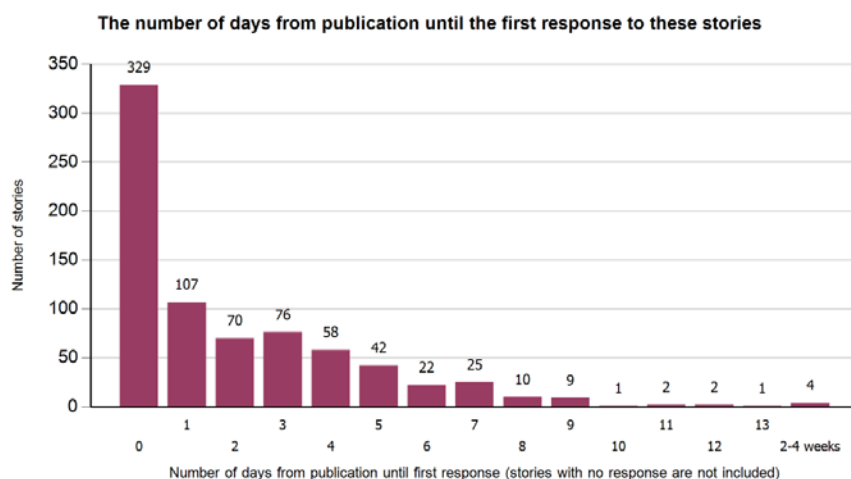
61% of the stories received are of a positive nature and 39% are critical of the experience they received.

For the 767 stories posted there were 1,051 responses posted in response. This is due to the author having contact with more than one area or service.

We aim to provide a response to each story within 5 days however sometimes it takes longer to access information to be able to formulate a response and this will exceed the 5 days however every story receives a response.



10% of stories took longer than 5 days to provide a response and a deep dive of these stories was carried out. This provided assurance that it was appropriate that more time was taken to provide the appropriate response.



Authors tag their story with words to reflect how they feel about the service they received, what was good and what could be improved. This information is used by the service the story relates to make improvements to their areas.

Care Opinion have recently been awarded a contract for a further 4 years to provide their feedback service to all of the territorial and special health boards in Scotland.

### Most common tags added by authors to these stories

#### *What's good?*

staff	231
Care	148
friendly	83
caring	74
professional	64
nurses	62
professionalism	46
support	44
communication	43
reassuring	43

#### *What could be improved?*

communication	95
staff attitude	47
Care	21
waiting times	18
support	17
information	16
doctor	14
compassion	12
empathy	12
Should listen	12

#### *Feelings*

thank you	199
grateful	57
reassured	50
at ease	46
angry	41
let down	41
cared for	38
anxious	36
frustrated	34
supported	34
upset	34

## 4. Evidence for Quality

### 4.1 Searching services

A total of 38 requests for literature searches and 6 requests for copyright permission checks have been submitted via the eHelp portal since the Board report on 6/1/22. Requests for searches came from the following teams and specialties:

- Health Improvement
- Public Health
- Practice Development
- Change and Innovation
- Paediatrics
- SALUS
- Clinical Governance
- Physiotherapy
- Emergency Care
- Maternity
- Urology
- Rheumatology
- Nursing – Tissue Viability
- Speech and Language Therapy
- Diabetes
- Orthopaedics
- Occupational Therapy
- Psychology
- Pharmacy
- Health Visitors

The copyright permission checks related to reuse of:

- books to be used in a lunchtime club.
- images to be used in patient information leaflets.

### 4.2 Corporate Policies Update

The most recent CMT report was submitted and highlighted the lapsed policies to be noted and those due for renewal in the coming months. The team is working together to ensure that all queries are answered as quickly as possible and the SOPs are working well.

The email reminders for this month have been sent out to the appropriate authors and directors via the tracking system we utilise on Access and the updated policies are now beginning to come through.

The established Corporate Policies assurance process is working effectively and is meeting the 95% compliance KPI consistently. All policies, including those requesting Fast Track, require to be appropriately formatted, have an approved EQIA and a completed Assurance form before the policy can be updated on the public website.

Extension requests can be submitted, however these will be considered on an individual basis by Head of Evidence and Director of Quality and will not be granted for less than 6 months. Extensions will no longer be granted to policies that have already received one, including those granted a Covid extension. Any requests for extensions where this is the case will be assessed by CMT.

Between January - April 2022, 21 policies were uploaded to the public website. There are currently six lapsed policies. Seven policies are due for review by the end of May. Six policies are due by the end of June 2022.

We continue to seek a replacement to the Access database used to manage the corporate policies reporting. Upgrade to 365 has affected our ability to access our system and we have had to find an interim solution while a permanent solution to the loss of Access is agreed and funded.

### 4.3 National and Local Evidence, Guidelines and Standards

#### **Existing Local Clinical Guidelines**

Following the successful transfer of the existing Clinical Guidelines to the new NHSL Guidelines Mega App, work has now commenced on the review of guidelines which had been given extensions to their original review dates due to the continued pressures and challenges faced during the pandemic.

Authors/Reviewers are being contacted to alert and advise them that these guidelines now require to be reviewed.

#### **Effective Use of New Technologies**

The improved 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 effectively work very well.

Since the start of 2022 there has been 8 new publications of Health Technologies and these have been appropriately reviewed and those which are relevant for further consideration have been disseminated on for assessment by the Governance Groups of Acute, North SHCP and South HSCP.

#### **Clinical Standards**

The publications by Healthcare Improvement Scotland of new standards continues to be effected by the Covid pandemic and further delays to consultations and publications are still occurring.

However new Sexual Health Standards were published in January 2022 and they have been appropriately disseminated within NHSL and also reported through the Clinical Effectiveness Group.

It is anticipated that a further two sets of final standards may be published later this year, these are Infection Prevention and Control Standards and Barnahus (Bairn's Hoose) Standards.

**Dr J Burns**  
**Board Executive Medical Director**  
**May 2022**