

NHS Board Meeting
31st May 2023

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 2023-2029 was approved by the Healthcare Quality Assurance and Improvement Governance Committee in April 2023. The True North Plans to implement the Quality Strategy ambitions are currently being developed.

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 /FAIRER SCOTLAND DUTY

An E&D Impact Assessment has been completed for the Quality Strategy 2018-2023.

11. CONSULTATION AND ENGAGEMENT

The NHS Lanarkshire Quality Strategy 2018-2023 was approved by the Healthcare Quality Assurance and Improvement Committee and the NHS Board in May 2018.

12. ACTIONS FOR THE BOARD

The Board is asked to:

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

The Board is asked to:

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

13. FURTHER INFORMATION

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

1. Introduction

This report to the Board provides an update on the current progress over March to May 2023, of plans and objectives set out in the Quality Strategy to achieve the **Lanarkshire Quality Approach**.

The routine monitoring of this work is with Executive scrutiny from the Quality Planning and Professional Governance Group which submits a Highlight Report to each meeting of the Healthcare Quality Assurance and Improvement Committee.

The new Quality Strategy was launched during Quality Week (15th – 19th May). There is an article in the pulse and a condensed version for the public has been created as well as an animated presentation. Conversations are ongoing in the governance groups supporting HQAIC such as the Person Centred Group, Safe Care Group and the Clinical Effectiveness Group regarding development of actions to underpin the True North statements which are:

- We work with our service users to ensure our care is person centred
- We deliver the right care at the right time in the right place to the right people
- We deliver harm free care
- We demonstrate that we are a learning organisation
- We implement Quality Improvement and innovation
- We make NHS Lanarkshire a great place to work
- We demonstrate Compassionate Leadership

2. Assurance of Quality

2.1 Duty of Candour

All adverse events are reviewed to help us understand the context and cause of the event, allowing for changes to be implemented to improve the systems involved in healthcare for all patients. For all adverse events that meet the criteria for duty of candour, these are investigated as a significant adverse event review (SAER) which have a particular process and report template to follow.

The process to monitor duty of candour is well established and includes tracking all SAERs to identify the duty of candour events, monitoring compliance to ensure legislation is followed, correlation with the causation codes and monitoring of the action plans.

All hospital sites and areas continue to record adverse events onto the Datix system whereby the reporting process is being initiated and the Risk Facilitators on each hospital site and area are recording all actions resulting from the recommendations of SAERs. Reports are produced as part of the suite of adverse event reporting produced on a monthly basis and shared widely within the organisation, which demonstrate the status and compliance against all actions recorded. A detailed report on all duty of candour incidents to demonstrate status and compliance is submitted to the Quality Planning & Professional Governance Group, bi-monthly.

For time period April 2022 to March 2023 there were 112 Significant Adverse Events Reviews (SAERs) commissioned, with 33 of these where the duty of candour applied.

70 SAERs have concluded with 42 remaining open and on-going. It is not possible to conclude if the open cases will meet the criteria for duty of candour until the investigation is completed.

From the 33 cases that were recorded as triggering the legislation, all cases were assessed for compliance with the following elements of the regulations recognising if the patient died and there were no relatives to contact or following an attempt, relatives would not engage, this would still count as compliance.

- Apology given
- Patient or relative informed of the adverse event
- Significant Adverse Event Review commissioned
- Patient or relative invited to participate in review
- Patient or relative informed of the results of the review

Full compliance was achieved for all concluded incidents.

The most common category of event was delayed diagnosis either due to a missed referral, failure to follow-up or waiting for treatment.

2.2 Complaints Annual Report 2022-2023

The report has been drafted, and includes reflection on the challenges and achievements of the year. The final report is due for submission to Scottish Government by 30 September 2023.

The Patient Affairs team have continued to work under challenging circumstances, due to factors often not reflected in the quantitative measures. This included increased complexity of complaints, complaints spanning multiple services, and on occasion, excessive and persistent complainant contact and unacceptable behaviour. From discussions with other boards, this changing nature of complaints mirrors the post-pandemic national picture.

In addition, there was reduced patient affairs staffing levels at different points throughout the year. Ongoing pressures across the NHS system also created delays, for example, in receiving statements from clinical staff and with sign-off of responses.

All of these factors have contributed to increased delays in response times and a significant backlog of complaints. Despite these challenges, we have remained focused on providing robust but proportionate investigation and reflective, learning focused complaint responses.

We also remain committed to person-centred engagement with the complainant from the outset, recognising that understanding of all issues and what resolution is being sought, is the foundation of any complaint investigation. We recognise that on occasion this may take time, for example, if complainant is distressed, unwell or has suffered a loss.

In late 2022, we accelerated developments to address backlogs and delays. We acknowledged that the Complaint Handling Procedure (CHP) allows for extensions on a case-by-case basis, but sought to ensure that extensions to timescales were justified. Where timescales could not be met for good reason, we kept complainants informed (at least every 20 working days) of those reasons, including realistic likely timescales. When a delay occurs, we follow the principle of advising the complainant as soon as possible, to manage expectations.

For a significant number of years, NHS Lanarkshire have endorsed the best-practice approach of - there is no mechanism in the CHP to 'stop the clock'.

A number of potential situations may cause delay, for example:

- Delayed agreement of heads of complaint, including meeting complainants at the outset to understand issues and what resolution is being sought
- Delays in complainant providing consent
- Changed heads of complaint or additional issues being added as investigation progresses
- Multiple points of contact or repeat correspondence

- Availability of staff involved (e.g. absent due to sick leave / annual leave etc.)

We have used our challenges to reflect and recalibrate our approach and to progress a number of other significant developments. For example, all patient affairs staff transferred to the Quality Directorate in late August 2022, contributing to resiliency and contingency on a Pan-Lanarkshire basis. Patient Affairs staff are all now managed as one team, which also ensures consistency in supervision, training, support and performance management.

The newly established team have worked together to collectively identify bottlenecks and reduce the backlog. The team developed standard work processes, including templates and case management systems, and commenced a weekly team huddle to discuss outstanding cases and escalation of any issues. This model supports collective prioritisation of higher risk complaints and a 'joined up' approach to addressing delayed complaint responses.

Complaints data analysis has been enhanced to assist with workflow, prioritisation and identifying bottlenecks and delays for corrective action. Live reports and dashboards have been developed to identify core information, including current stage, specialty and triage category.

Data on open cases is circulated on a weekly basis to senior staff, and regularly to the Corporate Management Team, to support identification and escalation of delays. An escalation procedure was developed and implemented for stage 2 complaints received from 1 March 2023. This introduces a number of timeline 'checkpoints' for statements and review of drafts to be received from staff.

A Complaints Investigation Toolkit was developed to promote a consistent and person-centred approach to management of Stage 2 investigations. The toolkit provides an agreed set of guidance, templates and tools to be used by staff at each stage of the complaint handling process, from the point of receipt through to closure. The toolkit is based on best practice, and is focused on ensuring that learning from complaints is used to continuously improve NHS Lanarkshire services.

New guidance was developed for NHS Lanarkshire staff focused on how to deal with complaints at Stage 1. This guidance will be supported by a training video. Both resources will be launched during Quality Week in May 2023.

We have also enhanced our processes and documentation to more effectively capture learning and improvement from complaints, including:

- The new process and documentation for obtaining witness statements supports and encourages reflection and identification of learning from those staff directly involved with issues, recognising that those closest to the issue are ideally placed to identify change ideas.
- The learning summary incorporated into Stage 2 responses supports communication of learning and actions to the complainant (for upheld/part upheld complaints).
- Learning from SPSO cases is shared on a Pan-Lanarkshire basis through Governance committees, and themes from SPSO upheld decisions are collated, analysed and reported.
- An actions module for complaints has been developed in Datix to better record and report learning from individual complaints, ensuring actions have been concluded and evidenced.

The annual report reflects on some of the developments on a learning focused complaints procedure, including application of the Healthcare Complaint Analysis Tool (HCAAT) in maternity.

Internal audit completed a review of NHS Lanarkshire complaint handling in November 2022. Based on the examination of the control structure and the procedures in place, internal audit concluded adequate assurance that objectives are met. Recommendations from the report have been actioned.

Overall conclusion on the adequacy and effectiveness over the period

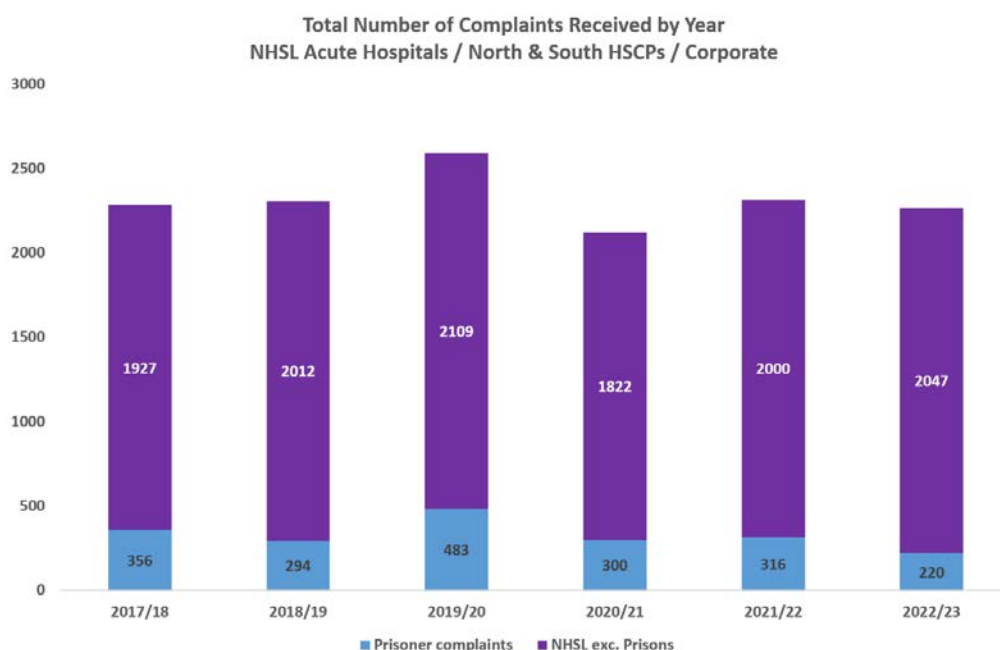
Despite the challenges noted, we have still managed to progress several significant improvements to complaints processes and structures in the time period. We have also continued to provide regular monitoring and reporting of complaints performance and activity through our Governance committees and the Corporate Management Team. The last 2 quarters of 2022-2023 focussed on transitioning staff to the new structure and identifying and reducing the backlog of complaints.

Our adopted operational approach of focusing on backlog reduction and higher risk, often more complex complaints, has had an impact on Stage 2 response times. We also strived to ensure that complaints were being handled at the appropriate stage, for example, applying extensions to afford more time for a resolution focused approach at Stage 1, opposed to escalating to Stage 2.

As we move forward, issues with stage 2 response times should resolve themselves in 2023-2024, and local performance targets have been set to drive improvement in response times.

Total number of complaints received

Complaints received by NHS Lanarkshire since 2017 is highlighted below:



The board received **2267** complaints in total from 1 April 2022 – 31 March 2023, a decrease of 2% from 2021-2022 (2316). The board received **206** concerns and **1407** patient affairs enquiries.

NHS Lanarkshire closed **2098** complaints in 2022-2023.

62% of complaints were closed at Stage 1 – this is the same % as the previous year 2021-2022. NHS Lanarkshire remain committed to resolving complaints at an early stage.

	2019-2020	2020-2021	2021-2022	2022-2023
Closed at Stage 1	59% 1415/2410	63% 1158/1842	62% 1228/1972	62% 1294/2098
Closed at Stage 2	37% 904/2410	31% 568/1842	30% 585/1972	30% 636/2098
Closed at Stage 2 (escalated)	4% 91/2410	6% 116/1842	8% 159/1972	8% 168/2098

The following internal Performance Target for complaints closed at Stage 1 has been agreed for 2023-2024:

Increase % of complaints closed at Stage 1 to 65%

Based on the latest information available nationally (2021-2022), NHS Lanarkshire are above national averages of complaints closed at Stage 1 (territorial boards – 49% and NHS Scotland – 51%)

Complaints upheld, partially upheld and not upheld

In 2022-2023, at:

Stage One:

- 32% of complaints were **upheld** at stage one
- 53% of complaints were **not upheld** at stage one
- 15% of complaints were **partially upheld** at stage one

Stage Two:

- 22.3% of complaints were **upheld** at stage two
- 38.3% of complaints were **not upheld** at stage two
- 39.3% of complaints were **partially upheld** at stage two

Stage Two escalated (from Stage One):

- 26% of complaints were **upheld**
- 44% of complaints were **not upheld**
- 30% of complaints were **partially upheld**

Average Times

In 2022-2023:

- The **average** time in working days to respond to complaints at Stage 1 was **6** working days – an increase from the previous year (5 working days in 2021-2022).
- The **median** time in working days to respond to complaints at Stage 1 was **4** working days – the same as the previous year (4 working days in 2021-2022).
- The **average** time in working days to respond to complaints at Stage 2 was **53** working days – an increase from the previous year (39 working days in 2021-2022).
- The **median** time in working days to respond to complaints at Stage 2 was **44** working days – an increase from the previous year (29 working days in 2021-2022).

Complaints closed in full within the timescales

The CHP notes that Stage 1 complaints should usually be dealt with within 5 working days. Stage 2 complaints should be responded to within 20 working days, but as the SPSO Statement of Complaint Handling Principles state, ‘thoroughness of investigation should not be compromised by attempts to meet timescales and flexibility must be afforded for particularly complex cases’. In 2022-2023:

- NHS Lanarkshire responded to **65%** of Stage 1 complaints within 5 working days, falling from 73% in 2021-2022.
- NHS Lanarkshire responded to **13%** of Stage 2 complaints within 20 working days, falling from 40% in 2021-2022.
- NHS Lanarkshire responded to **21%** of Stage 2 escalated complaints within 20 working days, falling from 30% in 2021-2022.

Cognisant of ongoing challenges, the following internal Performance Target for closing complaints within timescales has been agreed for 2023-2024:

50% of Stage 2 complaints closed within 20 working days, with active monitoring of extension reasons, ensuring appropriate justification of any delays

Scottish Public Services Ombudsman 2022-2023

We have completed preliminary analysis of determinations received from the SPSO. The SPSO will publish their data in due course, but we have noted the increased percentage (86%) of cases not proceeding to SPSO investigation (from 77% in 2021-2022). Decisions are made on a number of factors, including that they are content with the quality of the local investigation and identification of learning.

Outcome	UHH	UHM	UHW	North	South	Corporate	Totals	%
Upheld	1	2	2	2	0	0	7	10
Partially upheld	1	0	0	0	0	0	1	1
Not upheld	2	0	0	0	0	0	2	3
Not proceeding	12	13	17	10	4	3	59	86
Total	16	15	19	12	4	3	69	100

2.3 Hospital Standardised Mortality Rate (HSMR)

The latest release of HSMR data using updated methodology (introduced in August 2019) was published by ISD on 9th May 2023.

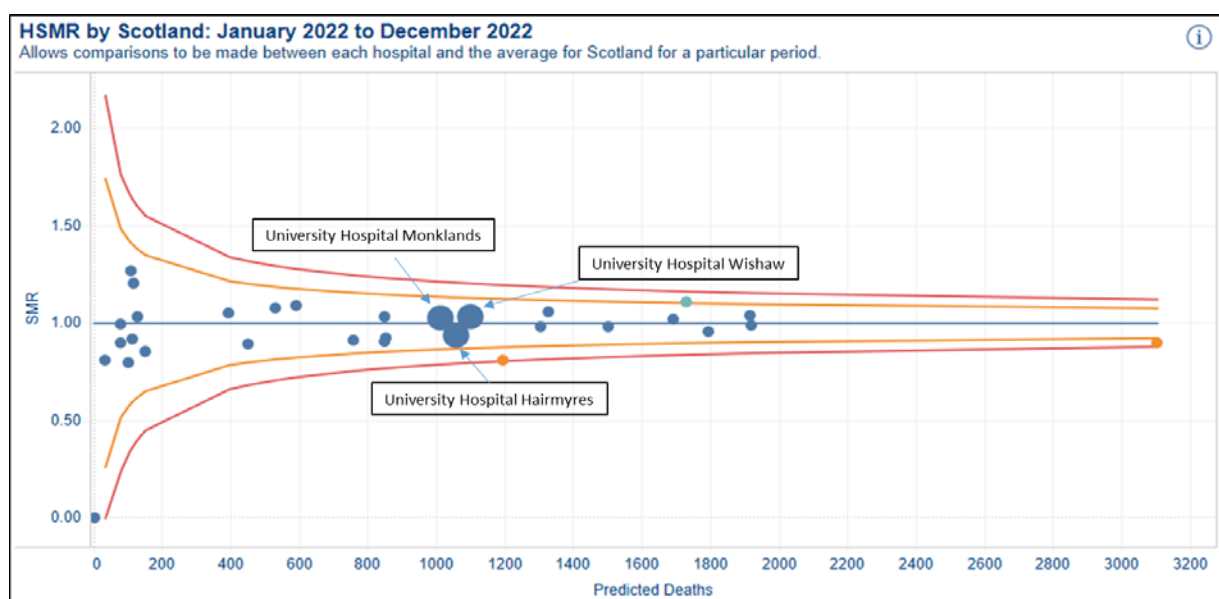
The data includes case-mix adjusted 30-day mortality on admissions from **January 2022 to December 2022**.

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

The x3 NHS Lanarkshire hospitals are highlighted on the funnel plot as the three larger dots with labels, as below. All hospitals are shown to be within control limits for the current reporting period in comparison to the HSMR for Scotland (1.00).

In this new model, trends over time are not captured for individual hospitals. However, these are reviewed internally through the Corporate Quality and Safety Dashboard Review Meetings. This will also continue to be monitored through HQAIC.

NHS Lanarkshire is 1.00 - no change since the last reporting period.



Health Board of Treatment:		Period					
NHS Lanarkshire		January 2022 to December 2022					(i)
Location	Observed Deaths	Predicted Deaths	Patients	Crude Rate (%)	HSMR	Comparison to Scotland on the chart	
Scotland	27,769	27,769	618,789	4.5%	1.00	n/a	
NHS Lanarkshire	3,157	3,170	66,911	4.7%	1.00	n/a	
University Hospital Hairmyres	985	1,057	21,219	4.6%	0.93	●	
University Hospital Monklands	1,034	1,011	18,882	5.5%	1.02	●	
University Hospital Wishaw	1,138	1,102	26,810	4.2%	1.03	●	

3. Quality Improvement

3.1 Unsolicited Patient Feedback

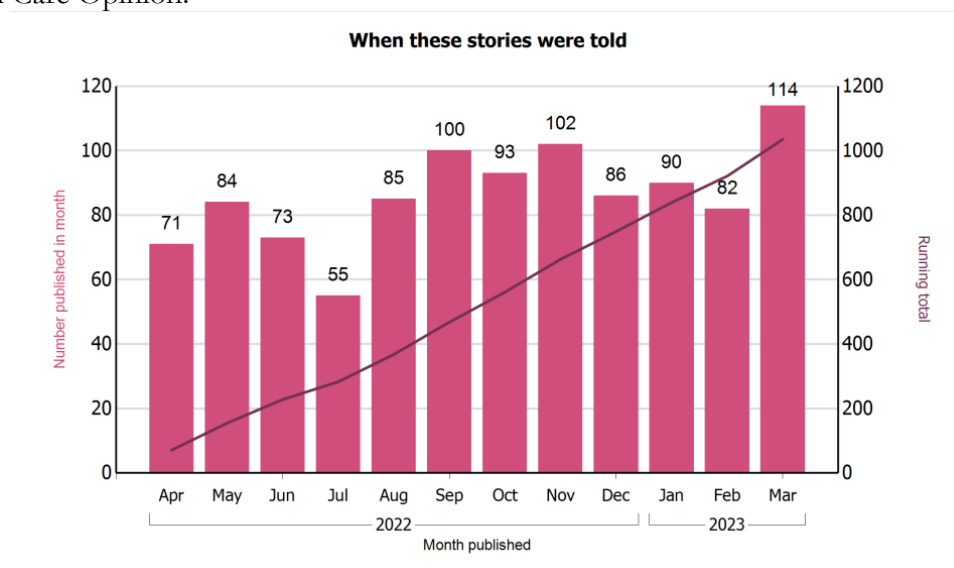
In NHS Lanarkshire our main way of capturing unsolicited patient feedback is via Care Opinion. Care Opinion is a not-for-profit social enterprise which enables people to share the story of their care, and perhaps help care services make changes.

This report summarises 1,035 stories posted by members of the public between 1st April 2022 and 31st March 2023.

In 2022/2023, a total of 1,035 people shared their stories of health services in Lanarkshire on Care Opinion. The 1,035 stories in 2022/2023 is a 34% increase from 2021/2022. Stories on Care Opinion from NHS Lanarkshire make up 16% of all stories on the site. We continue to actively encourage the use of Care Opinion to the public as a way of telling us what went well and what could be even better with our services.

The number of stories posted have been fairly consistent throughout the reporting period ranging from 55 stories in July 2022 to 114 stories in March 2023.

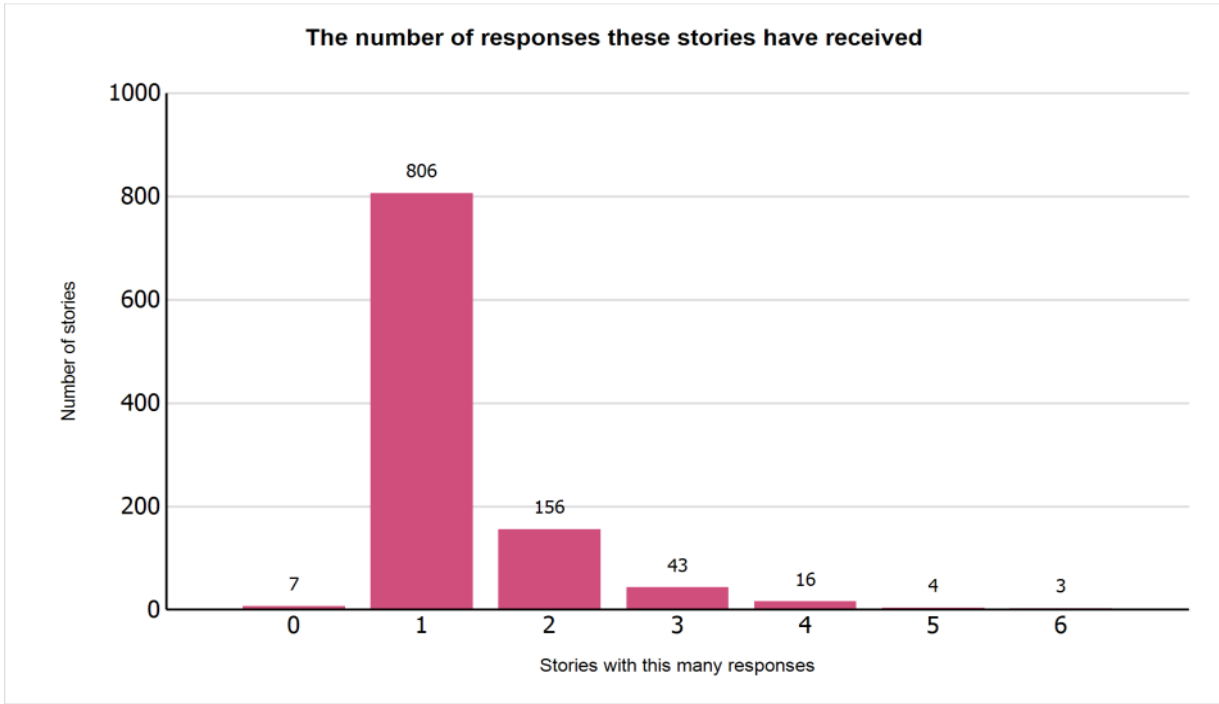
Stories shared on Care Opinion:



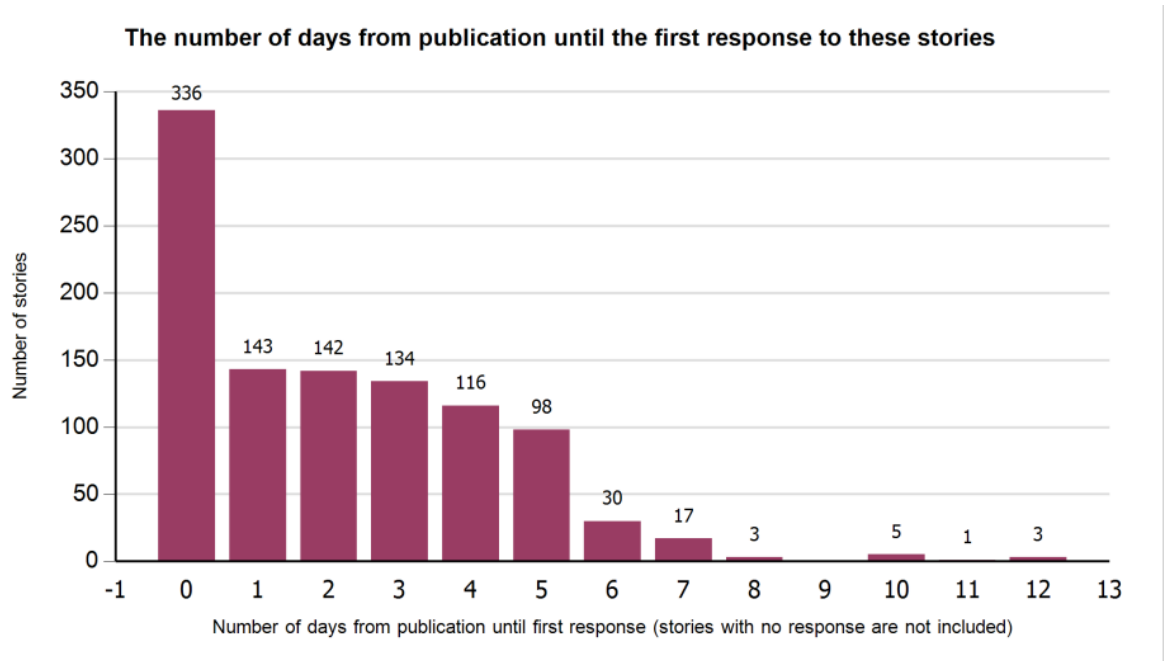
These 1,035 stories about people’s experiences of services within NHS Lanarkshire had been viewed on Care Opinion 155,265 times as at 3rd April 2023.

We are continually recruiting staff to be care opinion subscribers and currently have 307 members of staff registered as responders which is an increase on the previous year. Our numbers of staff responding to Care Opinion stories continues to increase each year. Staff responders include nurses, doctors, allied health professionals, radiology staff, service managers and Senior Clinical staff.

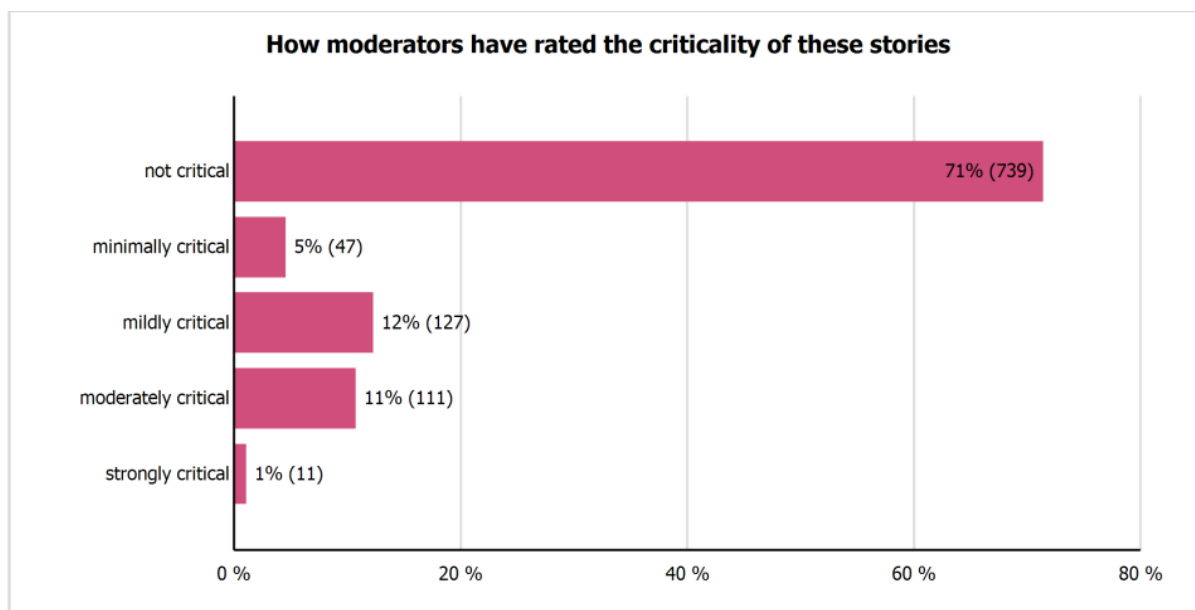
For the 1,035 stories posted there were 1,349 responses posted by NHS Lanarkshire staff. This is due to the author having contact with more than one area or service therefore more than one response will be posted for some stories.



We aim to provide a response to each story within 5 days however sometimes it takes longer to access specific information to be able to formulate a response and this will exceed the 5 days. We achieved this for 94% of stories compared to 90% in previous year. The remaining 6% 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. Every story posted in the reporting period did receive a response.



71% of the stories received were of a positive nature which is a 10% increase from 61% in 21/22, at a national level 73% of all stories on Care Opinion were positive. The remaining 29% were critical of the experience the author received which is 10% lower than 39% in year 21/22, at a national level 27% of all stories on Care Opinion were critical.



Authors choose from a selection of tags to identify what they think was good about their experience, what could be improved and their feelings about their experience. Authors can choose as many tags as they wish.

Most common tags added by authors to these stories

<i>What's good?</i>		<i>What could be improved?</i>		<i>Feelings</i>	
staff	283	communication	99	grateful	150
nurses	150	staff attitude	26	thank you	101
Care	148	waiting times	24	reassured	100
friendly	133	information	15	cared for	88
professional	122	long wait	15	supported	75
caring	99	waiting time	15	at ease	72
communication	98	Care	14	Thankful	70
helpful	89	delays	13	safe	60
reassuring	83	compassion	11	frustrated	47
doctor	78	more staff	10	well looked after	45

We continue to work with Care Opinion on how the system can best serve the public to provide feedback and support staff to receive and respond to feedback.

4. Evidence for Quality

4.1 National and Local Evidence, Guidelines and Standards.

Effective Use of New Technologies

Our process for the review and assessment of Health Technologies publications from Scottish Health Technology Group (SHTG) and Interventional Procedures Guidance from National Institute for Health & Care Excellence (NICE) continues to be effective in assuring that new publications of Health Technologies are appropriately considered within NHS Lanarkshire.

During 2022 there were a total of 36 publications which have been appropriately reviewed. Those which are relevant to NHS Lanarkshire and for further consideration have been disseminated on for assessment at the Governance Groups of Acute, North SHCP and South HSCP. All assessment decisions have been reported back to the Clinical Effectiveness Group (CEG) and any outstanding assessment reports from the 3 Governance Groups are also reported to this Group.

From January 2023 to April 2023 there has been 17 new publications and these have started the process for consideration in NHS Lanarkshire.

Clinical Standards

Healthcare Improvement Scotland(HIS) have published details of the following new Clinical standards.

Standards in scoping phase:

Standards for gender identity healthcare services for adults and young people

- Draft standards expected summer 2023

Standards for cataract surgery: all complexity, all healthcare settings

- Draft standards expected June 2023

Care of Older People in Acute Hospitals

- No timescales have been given.

Standards in draft phase:

Bowel screening standards

- Draft standards were published April 2023 and final standards expected summer 2023

These published standards at their various stages have been appropriately disseminated within NHS Lanarkshire and reported through Clinical Effectiveness Group.

Patient Information

Testing of the new MEG (Medical E-Governance, cloud based software for quality management information) platform to manage the correspondence with leaflet authors and versions of the leaflets is now well underway, with final adjustments being made to workflows before launch in the summer. The team will then implement the new platform and will begin using it for new leaflets and those under review in July. The roll out will form a substantial part of the focus for both teams in the coming 3 months.

The translation work is progressing well, which includes patient leaflets as well as all patient letters, medical reports, case notes etc. 21 requests for translations have been processed since the last Board report in November. The resettlement programme is keen to look at alternative ways of ordering leaflets to obtain them more quickly and we are investigating possible options.

A review of all leaflets due to expire in May and June (n=35) is now underway, with work to progress those whose authors have not responded to the previous month's reviews (n=5) continuing.

A total of 34 new leaflets have been received since the last Board report, with each one undergoing a readability check by the patient information team. We have also carried out a readability checks on a new website which is currently under development.

The demand for QR codes continues to increase, and as a result a decision on which code generator should be used by the Board will be taken by the App group later in May. Five 'Writing Information for Patients' training sessions have taken place with 23 people attending. A further session was delivered to the FY1 training programme.

4.2 National Audit Activity

Scottish National Audit Programme (SNAP)

On 1st May 2023, SNAP wrote to Board Medical Directors highlighting KPI outlier status across seven of the nine national audits. The three negative outliers (meaning our performance was more than 3 standard deviations from the Scottish average) flagged for NHS Lanarkshire spanned two audits, the Scottish Renal Register (SRR) and Scottish Hip Fracture Audit (SHFA). Audit Leads in both areas have been asked to complete a formal investigatory report to be submitted to SNAP in June along with our comments in relation to a number of other KPIs that were flagged for action, but were not considered formal outliers. All reports will be forwarded for discussion via the appropriate local governance groups and progress is monitored via the Clinical Effectiveness Group.

Six positive outlier KPIs were also highlighted and audit leads will be written to by the Director of Quality and Medical Director in order to recognise their efforts in achieving performance significantly better than the national average.

With the introduction of the new Scottish Standards for ECT, the work of the previous Network will now come under the remit of the SNAP governance process and will be known as the Scottish ECT Audit Network. It is hoped that data collection for the audit will commence in June this year, meaning the audit could be included as part of the 2024 SNAP governance process.

Dates for publication of the national reports are as follows:

Publication Timetable: Audit/Register	Date of publication
Scottish Stroke Care Audit (SSCA)	27 June 2023
Scottish MS Register (SMSR)	25 July 2023
Scottish Intensive Care Society Audit Group (SICSAG)	08 August 2023
Scottish Hip Fracture Audit (SHFA)	15 August 2023
Scottish Trauma Audit Group (STAG)	22 August 2023
Scottish Arthroplasty Project (SAP)	12 September 2023
Scottish Renal Registry (SRR)	10 October 2023
Scottish ECT Accreditation Network (SEAN)	21 November 2023

Scottish Cardiac Audit Programme (SCAP) Outliers

The Scottish Cardiac Audit Programme was reported in March 2023 and has already been through the SNAP governance process. The report included outliers from two reporting years, 2020/2021 and 2021/2022. 2020/2021 benchmarked against UK average and 2021/2022 benchmarked against Scottish average.

NHS Lanarkshire was flagged as a negative outlier in four KPIs across the two years (more than 3 standard deviations from the UK/Scottish mean). The lead Cardiologist has compiled a full investigatory report which has been submitted to the SNAP team. This is a new national audit, launched in 2022 and early in the process, issues were identified in relation to the quality and completeness of our data extract. This was as a result of the data being collected across two systems. Missing data ranged from 60-80% across three of the KPIs.

We are reassured from local reporting that the 2020/2021 and 2021/2022 results do not represent our true performance and a more robust SCAP data submission is necessary in order to reflect this. For example, local data show performance in the Call-to-balloon KPI (which is a target to receive a Percutaneous Coronary Intervention procedure within 150 minutes from a call for help) for 2021/2022 as median 69%. This would in fact have placed us as a positive outlier, with the national average around 52% for the same year.

We have altered our data collection process to ensure all data is collected on a single system which can then be exported to SCAP. This process change commenced in January 2023.

NHS Lanarkshire was also flagged as a positive outlier in both reporting years for our performance in Door-to-balloon (which is a target to receive a Percutaneous Coronary Intervention procedure within 60 minutes from arrival in hospital) for STEMI (ST-elevation myocardial infarction) patients.

4.3 Local Audit Activity

Local Clinical Audit Projects

The new Clinical Audit Project Register launched on 18th January 2023. The system is accessed via Firstport and a supporting toolkit for clinical audit was launched at the same time and is also accessed via Firstport. The Clinical Audit Project Register enables all staff to access information about current and completed clinical audit projects. Users are also able to register any new projects and make requests for information or access to audit systems maintained by the Clinical Audit Team.

Between 1st January and 31st March 2023 there have been 21 new clinical audit projects submitted through the Clinical Quality Project Register. Further details of the specific projects are available via the Clinical Quality Project Register or by contacting the Clinical Audit Team at ClinicalAuditTeam@lanarkshire.scot.nhs.uk

Best Start/Bliss Accreditation

The Clinical Audit Team continue to work with Maternity and Neonatal Services to provide clinical audit support whilst monitoring and reporting progress against the Best Start recommendations. A further 9 recommendations have been added to this programme of work in the last 6 months since its remobilisation following the pandemic, bringing it to 32 recommendations in total. NHS Lanarkshire have completed 9 recommendations with 23 on track. Completion of this programme of work has been extended to 2024, with Continuity of Care extended to 2026.

The Neonatal team have made excellent progress towards achieving Bliss Accreditation. Following the latest feedback from Bliss, 97% of standards are meeting all the requirements for assessment, with a couple of longer term pieces of work still ongoing. A pre-assessment visit is planned this Spring with the hope of achieving full accreditation later this year.

The latest Best Start and Bliss Highlight Reports have been circulated with positive feedback from the Senior Midwife and Programme Leads. Both these reports were included as evidence for the latest NHS Lanarkshire update to the Scottish Government.

A reconvened Best Start Local Implementation Group have been working on improving the reporting process, as a result a number of recommendations have been revised to improve clarity around required evidence. The next 6 months will be focused on supporting these changes and identifying/developing the best data collection/reporting to meet these requirements.

Acute Audit of Consent

The second cycle of the Acute Audit of Consent was carried out during October 2022 and was based on patients having surgery at the 3 Acute sites during April 2022. A report was generated following this audit cycle and was shared with the Director of Quality who presented the findings at Board Governance meetings. Finding demonstrated a marked improvement in the use of the correct consent form.

Care Experienced Notifications System (Previously known as CEL16 Looked After Children)

The Clinical Audit team is continuing to support the transition of the CEL16 Looked After Children data collection tool from MS Access to the Care Experienced Notification system on Morse. Following stakeholder consultation, system specification documents were developed and shared with colleagues in eHealth working on Morse. A draft dataset has now been developed in Morse and is currently being tested.

Public Protection

The Clinical Audit Team continues to support the Public Protection Service with data management and reporting. The second iteration of the Public Protection dashboard was recently completed, reporting on Quarter 3 2022/2023 and building on the work started with the service earlier this year. Work will continue in developing the dashboard over the coming months in order to ensure the reported data meets the requirements of the service and other stakeholders. Two of the databases that feed this dashboard have recently migrated to LanQIP, which we hope will allow for a better user experience and give the clinical teams better access to their data and outcomes. It is expected that the remaining two databases currently hosted by the Clinical Audit Team will also be migrated over to LanQIP in the coming months.

Staff and Patient Surveys

The team have developed 4 surveys using Smart Survey since January 2023. These include 2 staff surveys on Alcohol Brief Intervention and Staff feedback on the introduction of the Cancer Navigator role, and 2 patient surveys – Paediatric Diabetic Clinic survey and COPD Retrospective and Prospective Patient Journey. Consideration is given to Information Governance requirements prior to the development of surveys, meaning the team are in contact with colleagues within the Data Protection team, and assist with the development of Data Protection Impact Assessments (DPIA) as required. All four of these surveys are currently open.

Record Keeping Audit

The record keeping audit tool is now due for review after one year in use on LanQIP. Regular meetings have been established to consider any changes required to the tool to ensure it continues to work with the range of systems used for recording patient information and to review reporting requirements.

MS Access Databases – MSO365 License Changes

As part of the wider organisational migration to Office 365, work continues in transitioning the MS Access databases managed on the clinical audit server to alternative platforms. Four databases have recently been migrated to LanQIP to allow data collection to continue, with more expected to follow in the next quarter. In addition to this, alternative solutions have been found for another five databases and efforts continue alongside clinical and eHealth colleagues, to identify solutions for the remaining systems.

Dr C Deighan
Board Executive Medical Director
May 2023