Item 7

NHS Board Meeting
31st January 2024

Lanarkshire NHS Board
Kirklands
Fallside Road
Bothwell
G71 8BB
Telephone: 01698 855500
www.nhslanarkshire.scot.nhs.uk

SUBJECT: QUALITY ASSURANCE AND IMPROVEMENT PROGRESS REPORT

i. PURPOSE

This paper is coming to the Board:

For approval	☐	For endorsement	☐	To note	☒

The purpose of this paper is to provide NHS Lanarkshire Board with an update on the Lanarkshire Quality Approach and on progress with quality initiatives across NHS Lanarkshire.

ii. ROUTE TO THE BOARD

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

Prepared	☐	Reviewed	☐	Endorsed	☒

by the Executive Medical Director and Executive Director of Nursing. The information within this report is also shared with, and discussed by, the governance groups that report to the Healthcare Quality Assurance and Improvement Committee including the Quality Planning and Professional Governance Group, the Safe Care Group, the Person Centred Care Group and the Clinical Effectiveness Group.

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.

The NHS Lanarkshire Quality Strategy 2023-2029 describes True North statements for the Board and from them, an annual True North Action plan will be developed for each year of the strategy.

The paper provides an update on the following areas:

- Assurance of Quality
- Quality Improvement
- Evidence for Quality

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	☒	AOP	☒	Government policy	☒
Government directive	☒	Statutory requirement	☐	AHF/local policy	☐

Urgent operational issue	☐	Other	☐		

5. CONTRIBUTION TO QUALITY

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

Three Quality Ambitions:

Safe	☒	Effective	☒	Person Centred	☒

True North Statements:

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	☒

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 True North Statements identified in the Quality Strategy and the Measures of Success contained within the associated True North Action 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 the corporate risks which have implications for clinical quality. These are reviewed at every meeting and an assessment made if there are any new risks that require to be captured.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	☒	Effective partnerships	☒	Governance and accountability	☒
Use of resources	☒	Performance management	☒	Equality	☒
Sustainability Management	☐				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

An E&D Impact Assessment has been completed for the Quality Strategy 2023-2029

11. CONSULTATION AND ENGAGEMENT

NHS Lanarkshire's Quality Strategy 2023-2029 was approved by HQAIC in April 2023 and launched in May 2023.

12. ACTIONS FOR THE BOARD

The Board is asked to:

Approve	☐	Endorse	☒	Identify further actions	☐
Note	☒	Accept the risk identified	☐	Ask for a further report	☐

The Board is asked to:

1. Note the range of work throughout NHS Lanarkshire to improve the quality and safety of care and services;

2. Endorse the governance approach to this work and in particular the assurance being provided by the Healthcare Quality Assurance and Improvement Committee; and

3. Support the ongoing development of the Lanarkshire Quality Approach.

13. FURTHER INFORMATION

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

1. Introduction

This report to the Board provides an update on the current progress over December 2023 to January 2024, of plans and objectives set out in the Quality Strategy to achieve the Lanarkshire Quality Approach.

Work has been ongoing for the past year to improve the functioning of the clinical governance groups including HQAIC (Healthcare Quality Assurance & Improvement Committee), QPPGG (Quality Performance and Professional Governance Group), the Safe Care, Clinical Effectiveness and Person Centred Group. This work has included streamlining reporting lines, improving the frequency and quality of highlight reports, creation of flash reports and reviewing membership.

As with all improvement work the functioning of the groups will be monitored and further changes made where enhancements are required. Another phase of improvements is planned for 2024 to map clinical governance groups below the levels described above to ensure there are no omissions of areas of clinical governance that should be reviewed.

1. Assurance of Quality

1.1 LanQIP (Lanarkshire Quality Improvement Portal)

The work to redevelop the NHS Lanarkshire Stroke Audit system (SAIL) to bring it in line with newer technologies used in the LanQIP platform is almost complete and is currently out to test with users. It is anticipated that this will be migrated across to the new system and the old system will be retired before the end of March 2024. The programme of migrating legacy systems is continuing with a number of Clinical Audit MS Access databases planned for redevelopment over the next year.
The system delivers high level reports detailing data captured from the assessments and any treatment provided to patients who are considered for Thrombolysis treatment within NHS Lanarkshire and for those patients assessed within NHS Ayrshire & Arran who are assessed by NHS Lanarkshire stroke consultants. As evidence suggests quicker delivery of Thrombolysis produces a better outcome for patients, this data is invaluable in assisting the Managed Clinical Network (MCN) in driving improvement with Thrombolysis and related practices. This database also records follow up care provided to Inpatients within NHSL, allowing Stroke Liaison Nurses access to a relevant follow up record for each patient discharged from stroke units.

The project to automate and streamline Incident Management reporting has been progressing well over the last few months with the first version of the new reporting system currently out for review by the adverse events team. This new process will eliminate some of the manual effort that is currently spent in calculating measures, generating and distributing reports.

Over the next few months two major pieces of work will be the focus of the team. Firstly, working closely with the Infection Prevention and Control (IPC) team to help them record the hand hygiene audits using LanQIP. The team currently record these audits manually and produce their own reporting. This development will allow IPC to automate reporting.

Secondly, to work with the Data and Measurement team to help automate and improve data collection and reporting. Currently the Data and Measurement team compile data from a huge number of disparate systems and spend significant time generating organisation wide reports including the Quality and Safety dashboards. This work will involve creating a number of tools including a data repository for the management of measures, a data mart to aid reporting and a number of processes to help collate and store data more efficiently.

1.2 Adverse Events

Work continues on improvements and enhancements to the Datix system, alongside producing updated guidance, developing pathways and resolving the daily requests and issues received. Some of the improvements in the reporting period include:
Reviewing of the category and sub category lists within the Datix system continues as an ongoing piece of work. There have been 44 categories retained and unchanged, 46 have been removed and 34 reviewed for renaming or merging with another category.

Healthcare Improvement Scotland (HIS) are carrying out national work to review and standardise all categories and codes used to record incidents. Representation from all Boards attend these meetings and provide input to support this work.
Work has commenced to review the specialty lists on the Datix system, working closely with the Risk Facilitators to raise awareness on the updates and changes through Staff Briefings and other links.
Following a review and monitoring period of information sharing and joint service approach, it was agreed to develop guidance on how best the Risk Facilitators and Patient Affairs staff should link, communicate and share information relating to child / young person deaths. These documents have been shared with staff and form part of the Adverse Events Toolkit.

A dataset to capture information on current/primary complaint response delay reasons has been added to Datix to better understand bottlenecks within the complaint process.

A Cardiac Arrest Pathway and guidance documents for recording these incidents on Datix have been developed and circulated to all hospital sites leads. When documents have been approved, these will be submitted to the Resuscitation Committee for final sign off prior to being shared widely within the organisation.

Development of the Safety Alerts module on Datix is underway. This will manage communications from groups such as Health and Safety Executive (HSE), the Medicines & Healthcare products Regulatory Agency (MHRA) and Health Facilities Scotland regarding medical devices and other safety issues. The system will also support monitoring of the alerts and any actions generated. Roll out is planned to commence Spring 2024.

The Learning Bulletin continues to be produced on a quarterly basis. The Bulletin is used to share learning from adverse events, complaints and other areas of improvement work. The bulletin includes improvement stories, changes as a result from SAERs, learning from complaints, training and education as well as detail on any updates made to enhance the Datix system.

2. Quality Improvement

2.1 Standard Case Note Mortality Reviews

There are several systems in place in NHS Lanarkshire (NHSL) to record and learn from errors and adverse events, i.e. Datix, Significant Adverse Event Reviews (SAER's) and Morbidity and Mortality reviews. Research has shown that only a minority of errors are reported in traditional systems, and of these, the majority do not lead to harm to the patient.

An alternative and complementary approach is to review a sample of case notes to search for evidence of physical harm as experienced by patients while under our hospital care. Identifying physical harm as experienced by the patient does not mean it was necessarily due to error or predictable or avoidable but still provides an opportunity to learn.

The value of a Mortality Case Note Review is based on the judgment of professional peers. It requires transparency and honesty. It is well recognised that errors of judgment or poor standards of care are easier to identify retrospectively than at the time. Individual errors often result from systems deficiencies. The

latter need to be clearly identified because they may be occurring more frequently than can be identified in individual mortality reviews.

The fact that the patient who died is subject to review does not imply that suboptimal standards of care or wrongdoing are suspected. The review process does not set out to apportion blame, although it is subject to the constraints and obligations that arise from Duty of Candour and Criminal Law legislation. If either of these apply, then a separate more detailed investigation is required. The review process is distinct from processes involved in assessing formal complaints.

NHSL carries out mortality case note reviews each year. The aims of a mortality case note review are:

- to provide educational feedback about overall case management, both as to its strengths and its weaknesses
- to promote and encourage best practice and to improve patient care by encouraging high standards of professional practice
- to identify specific or systems-related safety issues or adverse events that should be drawn to the attention of personnel with responsibility for improving or correcting operational procedures

Within NHSL, standard inclusion and exclusion criteria has been agreed by the Executive Medical Director for all cases (NB. additional criteria was applied during Covid-19):

Inclusion

- All non-Covid-19 deaths on each acute hospital site
- Patients who died during September 2022
- Patients who have been admitted and survived more than 24 hours
- Patients who have died within 30 days of admission to hospital

Exclusion

- Patients under 16
- Deaths that do not contribute for HSMR
- Patients who died on route to hospital/A&E

Prior to Covid-19, multi-disciplinary teams (MDTs) reviewed all cases at each acute site in NHSL. At this stage, the Institute for Healthcare Improvement (IHI) 3x2 matrix was used for all cases, which then prompted completion of additional IHI forms.

In 2020, it was acknowledged that the system being used required modernisation so the forms and process were reviewed by clinicians who are expert in clinical decision making. This resulted in component parts of the IHI Mortality Review, Royal College of Physicians Structured Judgement Review Method, Healthcare Improvement Scotland Morbidity & Mortality Review, Mortality Review Practice Guide and Realistic Medicine questions, being incorporated into the present pro forma. The updated forms have been used by acute sites within NHSL since 2021.

Each of the three acute hospitals carried out mortality case note reviews during 2023. The brief for the 2022/23 mortality case note review was for each acute hospital site to undertake a review of 50 consecutive deaths during September 2022.

In total 50 cases were included from University Hospital Monklands, 46 cases from at University Hospital Hairmyres and 47 cases from University Hospital Wishaw. All sites reviewed 50 cases but during the analysis some were found to have not met the inclusion criteria as they were patients who died within 24 hours of admission. These are usually extracted before the cases are reviewed but for 2 sites this was missed on this occasion.

Due to restrictions and staffing capacity issues it was agreed that the approach to undertaking mortality case note reviews could be determined by each site Lead Reviewer and Chief of Medicine, using either single clinicians, pairs or multi-disciplinary teams.

All acute sites completed the mortality reviews in a different way. University Hospital Monklands reviewed the majority of cases using an MDT approach, whereas University Hospital Hairmyres and University Hospital Wishaw used single clinicians and pairs to review cases. The varying approaches, and format of the forms, have potentially resulted in differences to the quality of the information provided and is the likely cause of significant data quality issues which were identified in 2023. These data quality issues were resolved but added an additional step in the review process.

A summary of the findings for each acute site, including agreed site level actions is noted below. Full detailed reports for each hospital are available on request. There were no cases identified that required further investigation due to meeting the requirements for Duty of Candour or Significant Adverse Event Review.

University Hospital Wishaw

- Based on the admission diagnosis/presenting complaint or using the assessment tools it was identified that 40 cases (85%) of patients' deaths in UHW were classed as 'Expected'

- In 46 cases (98%) the Goal of Treatment was recorded as being appropriate.

- In 37 cases (79%) the Treatment Escalation Plan was available on clinical portal, with 10 cases (21%) recorded as no.

- 21 cases (45%) had evidence that the patient had an Anticipatory Care Plan prior to admission.

- 39 (83%) of the 47 cases reviewed recorded a DNACPR was available on Clinical portal.

- 10 (21%) cases were recorded as 'Yes' to having a Record of End of Life Care (RELC) with 37 (79%) cases as 'No'.

Following an extensive review of the report findings, the following areas for improvement were identified and agreed as:

Action	
Clinical Frailty Scoring	Routinely record the clinical frailty score in all eligible patients and then re-monitor performance
Goal of Treatment	Introduce the day 5 and day 10 multi-disciplinary team reviews around the goals of treatment and confirm if required to make any changes
Treatment Escalation Plans	Multi-disciplinary team to review the need for a Treatment Escalation Plan on day 5 of patient's admission

University Hospital Monklands

- Based on the admission diagnosis/presenting complaint or using the assessment tools it was identified that 39 cases (78%) of patients' deaths in UHM were classed as 'Expected'

- In 45 cases (90%) the Goal of Treatment was recorded as being appropriate.

- In 33 cases (66%) the Treatment Escalation Plan was available on clinical portal, with 17 cases (34%) recorded as no.

- 16 cases (32%) had evidence that the patient had an Anticipatory Care Plan prior to admission.
- 49 (98%) of the 50 cases reviewed recorded a DNACPR was available on Clinical portal.

- 2 (4%) cases were recorded as 'Yes' to having a Record of End of Life Care (RELC) with 48 (96%) cases as 'No'.

The reason there is less recording of end of life care in UHM is because during Covid-19 pandemic the hospital clinicians were informed that RELC's were not required for any patient. This was due to a discontinuation of another similar tool. Therefore, for the cases reviewed, at the time of death, the expectation was not to complete RELC's. This has since been started.

Following an extensive review of the report findings, the following areas for improvement were identified and agreed as:

Action	
Improve communication between primary and secondary care	- Share findings from 22/23 mortality review report with primary and secondary care interface group and agree joint actions for improvement moving forward - Discuss use of mortality review process in community
Realistic medicine - TEP, agree NHSL/site wide standard to work towards - Overtreatment - Communication/conversations happening earlier	- Organise a site wide focus session on realistic medicine to highlight findings from report and how this relates to safety plan - Ask all attendees to identify what they could take forward in their practice/clinical area - Develop site wide solutions/improvement work - Invite external speaker - Share report/findings at relevant forums (site clinical governance

University Hospital Hairmyres

- Based on the admission diagnosis/presenting complaint or using the assessment tools it was identified that 39 cases (84.5%) of patients deaths in UHH were classed as 'Expected'

- In 46 cases (100%) the Goal of Treatment was recorded as being appropriate.

- In 34 cases (74%) the Treatment Escalation Plan was available on clinical portal, with 9 cases (5%) recorded as no.

- 19 cases (41.5%) had evidence that the patient had an Anticipatory Care Plan prior to admission.

- 41 (89%) of the 46 cases reviewed recorded a DNACPR was available on Clinical portal.

- 10 (22%) cases were recorded as 'Yes' to having a Record of End of Life Care (RELC) with 36 (78%) cases as 'No'.

Following an extensive review of the report findings, the following areas for improvement were identified and agreed as:

Action	
Treatment Escalation Plans (TEP) / Palliative care / Record of End of Life Care (RELC)	- Link with NHS realistic medicine leads with regards to surveying clinicians as to the perceived barriers to accessing TEP's, RELC's, starting Palliative Care.
Hospital at Home/care outside of hospital	- Due to the evidence of patients being admitted for treatment that could have been given in an outpatient setting e.g. IV Iron / blood transfusions, we will conduct a Quality Improvement project to audit the incidence of these issues, and subsequent actions to reduce and mitigate.
RESPECT form	- Increase site awareness and education around RESPECT form, linking in with Realistic Medicine lead.

Areas of good practice, areas of improvement and key learning points are identified throughout the process and included in the final report for each hospital. An Action Plan is also developed with the Lead Reviewer to share good practice across their hospital and also across other acute hospitals and to take action to make improvements in areas identified. Progress against these Action Plans is monitored by the Acute Clinical Governance Committee to ensure oversight and provide assurance that improvements have been made.

Feedback provided by Lead Reviewers during the 2021-2023 mortality case note reviews suggests that there is room for improvement with the overall mortality case note review process and the current format of the data collection forms used. A session is planned for February 2024 with key stakeholders to discuss the improvements which could be made to the process. A literature review and benchmarking exercise is also underway to identify best practice for data collection content.

The Improvement Team have developed an Action Plan to learn from the process and outcomes of this year's review and implement changes for the 2024 mortality case note review.

3. Evidence for Quality

3.1 Patient Information

The MEG platform (Medical (or Clinical) E-Governance) has been introduced to manage the process of both the production of new patient leaflets and the review of existing leaflets. MEG will enable scheduled reviews of leaflets and facilitate correspondence directly with the clinical teams developing the leaflets. This should significantly speed up the process of managing the process of patient leaflets which helps to ensure the leaflets are in date and to a high quality.

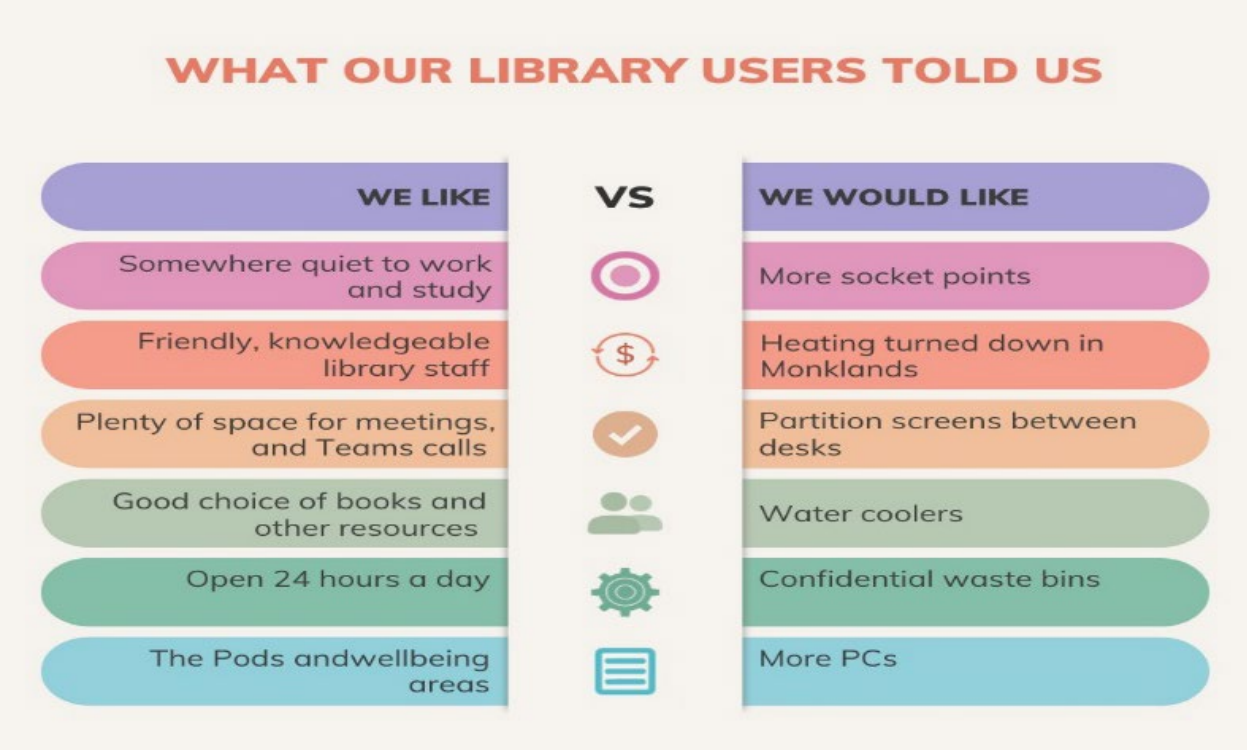
A total of 82 new leaflets had readability checks carried out in 2023 and 463 existing leaflets were reviewed to ensure that they remain in date.

Writing Information for Patients training sessions are now on embedded in the FY1 training programme across NHSL as standard for 2024. Further standalone sessions on this topic were requested by the S&LT team and this was delivered in November 2023 as part of their team away day.

3.2 Library Services Survey

The library services team recently carried out a survey at all sites asking patrons what they liked in the library service and what they wanted from a future service.

A summary of the results can be seen opposite.
The team have been working on making these improvements and will continue to make changes in 2024.



These results will also be used to inform the design on the library in the new UHM MRP.

The photo opposite is of the University Hospital Wishaw library wellbeing area which includes comfortable seating wellbeing resources and activities.

The library also has a pod (seen in the photo) which is sound proofed to facilitate a quite environment.

3.3 Cancer Audit

Regional Annual Cancer Quality Performance Indicators(QPIs) Reports have been published for the following tumours: -

- Prostate (July 21-June 22) – published 04/10/2023
- Upper GI (2022) – published 14/11/2023
- Ovarian (Oct 21-Sept 22) – published 15/11/2023
- Lung (2022) – published 24/11/2023

NHSL continues to perform well at a regional level. A total of 4 actions were requested by WoSCAN; 1 for Prostate, 2 for Upper GI and 1 for Ovarian QPIs. No actions were requested against Lung QPIs. Action plans have been submitted. 3 of the actions were applicable to all Boards, only one action was specific to NHS Lanarkshire. Progress against all actions continues to be monitored through local reports and is reported through the Cancer Service Clinical Governance Group and the Quality Performance and Professional Governance Group.

A reduction in staffing levels within the Cancer Audit team has resulted in a delay in the frequency of reporting on a temporary basis from quarterly reports to biannual reports. However, the audit team are continuing to QA the data and raise any concerns with tumour clinical leads as early as possible.

3.4 Clinical Guidelines

The move to the new national platform (Right Decisions) was completed in November 2023. The content freeze that was in place has been lifted and normal guidelines work has resumed. The new platform means we are now part of a Once for Scotland resource that all boards have access to. (NHS Lanarkshire guidelines app/website.)

Main actions achieved in the last quarter:

- 27 guidelines were added or amended between November and October 2023.
- First round of promotion of the new guidelines app and website has been completed. Further work on this will be ongoing over the next quarter.
- The sending of reminders for expired and due for review guidelines has restarted.

We have a number of further developments planned for the next quarter with progress dependant on the Systems Manager post to being filled, which is currently advertised.

The guidelines continue to be well used. Analysis from January to November 2023 demonstrated the users' platform of choice is web at 97% (177,545) with 2% (3,089) using iOS and 1% (1,254) using Android. Total number of views were 925,273 and total users reaching 181,503 (details provided below).

Page title	Number of views
Home page	79,226
Search	61,571
Joint Adult Formulary	47,387
Guidelines	23,580
Antimicrobial Guidelines	19,996
Maternity	7,253
Medical Calculators	6,411
Cardiovascular	6,246
Referral Pathways	5,074
Medical Scores and calculators	4,716
Electrolyte disturbance	3,192

Users by country	Number of users
United Kingdom	156,032
United States	5,205
Ireland	2,288
India	1,747
Australia	1,524
Canada	687
Nigeria	648
Malaysia	602
Philippines	577
Pakistan	543

Dr C Deighan
Board Executive Medical Director
January 2024