NHS Board Meeting
30th August 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	☐	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 Medical Director and Director of NMAHPs. 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 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.

The strategy provides True North statements for the Board and from them an annual True North Action plan will be developed 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 lunched 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 June to August 2023, of plans and objectives set out in the Quality Strategy to achieve the Lanarkshire Quality Approach.

True North Action Plans are currently being agreed with the service to be presented to HQAIC in September 2023. Due to the strategy and method of creating and monitoring actions being new there has been a longer lead in time to a final action plan to ensure co-production with services. Thereafter the plans will be developed in the lead up to each financial year end so the start of the year will have the new annual True North action plan in place.

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.

2. Assurance of Quality

2.1 Adverse Events

Pressure Ulcers (PU)
The PU dataset was reviewed and updated on Datix along with guidance and a pathway to support staff when recording. The pathway details how *"avoidable Grade 3 & Grade 4 Pressure Ulcers"* should be reported and reviewed. An additional document has also been included for staff to access on Datix, this is the Pressure Ulcer Review Tool (PURT), the document is in PDF editable format to allow staff to easily retrieve and complete it accordingly. This was made available on Datix from May 2023.

Unplanned Admissions to Intensive Care Unit (ICU)
Data collection for this started as a project in University Hospital Wishaw but has now become regular reporting, looking at unplanned admissions to ICU to establish if admission could have been prevented. The new dataset has been incorporated onto Datix and is currently being tested in UHW prior to spread to the other acute hospitals and was implemented in May 2023.

Kilbryde Hospice
A request from South HSCP for incidents occurring within Kilbryde Hospice was received to allow incidents to be recorded by staff within the Hospice. These incidents will be reported on the system under South HSCP with additional data fields incorporated specifically for Kilbryde Hospice, to make it simple for staff reporting these incidents and allow monitoring and review of the incidents to be carried out. This is being implemented and made available on Datix from July 2023.

Complaints Module
A review of processes for reporting and recording complaints onto Datix, along with the Actions Module has been carried out. The actions form has been developed to enhance the recording of actions within the Complaints module, bringing more structure to the reporting and analysis of actions for this module. Actions appear in a list within a side menu of the Complaint form, making the visibility and status easily seen. The Complaints templates have been updated and a new set are now available for staff to use.

2.2 Duty of Candour

Significant Adverse Events Reviews (SAERs) are monitored to establish which events are Duty of Candour, that there is compliance with all aspects of the legislation and correlation with the causation codes recorded for each incident; there is also monitoring of the actions carried out.

Reports are being 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.

For time period January until June 2023 there has been 63 Significant Adverse Events Reviews (SAERs) commissioned. **25** SAERs have been completed with **38** remaining open and on-going.

From the **25** SAERs that are closed -

- **18** cases have been recorded as not meeting the legislation for Duty of Candour
- **7** are recorded as meeting the legislation for Duty of Candour

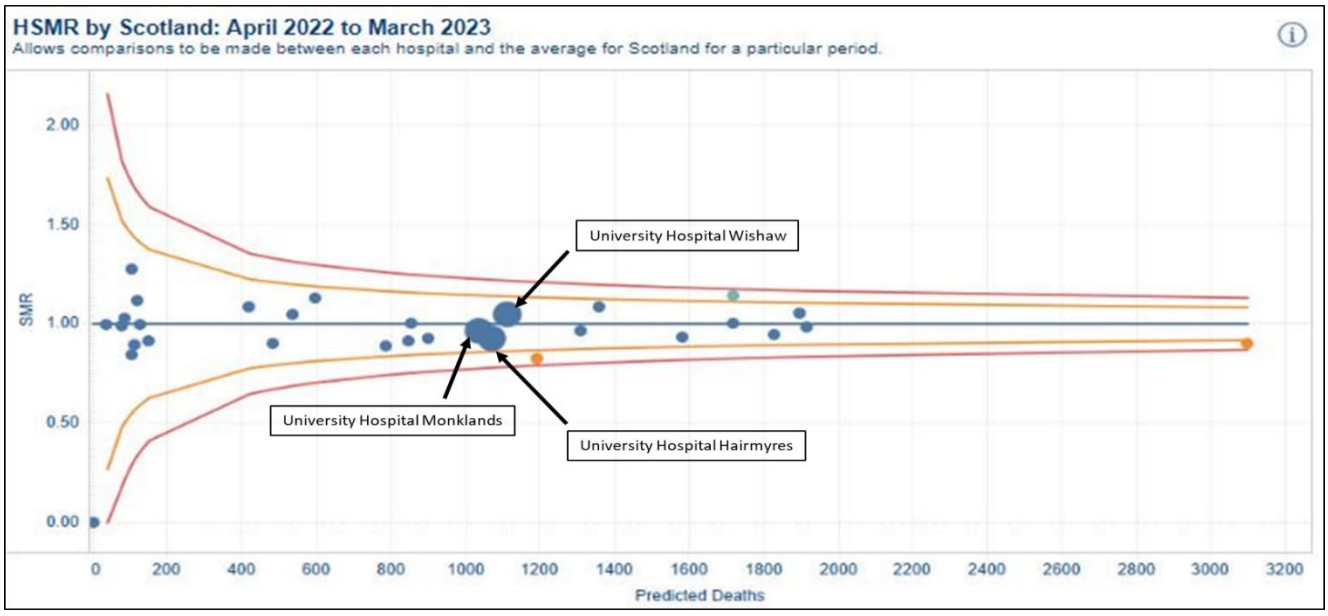
All **7** concluded reviews that triggered the legislation have met all elements of the legislation.

2.3 Data and Measurement

Hospital Standard Mortality Rate (HSMR)
The latest release of HSMR data using updated methodology (introduced in August 2019) was published by ISD on 9th August 2023. The data includes case-mix adjusted 30-day mortality on admissions from **April 2022 to March 2023.**

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. 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 currently displaying **0.98** – a decrease in ratio (from **1.00**) since the previous reporting period.
The x3 NHS Lanarkshire Acute 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).

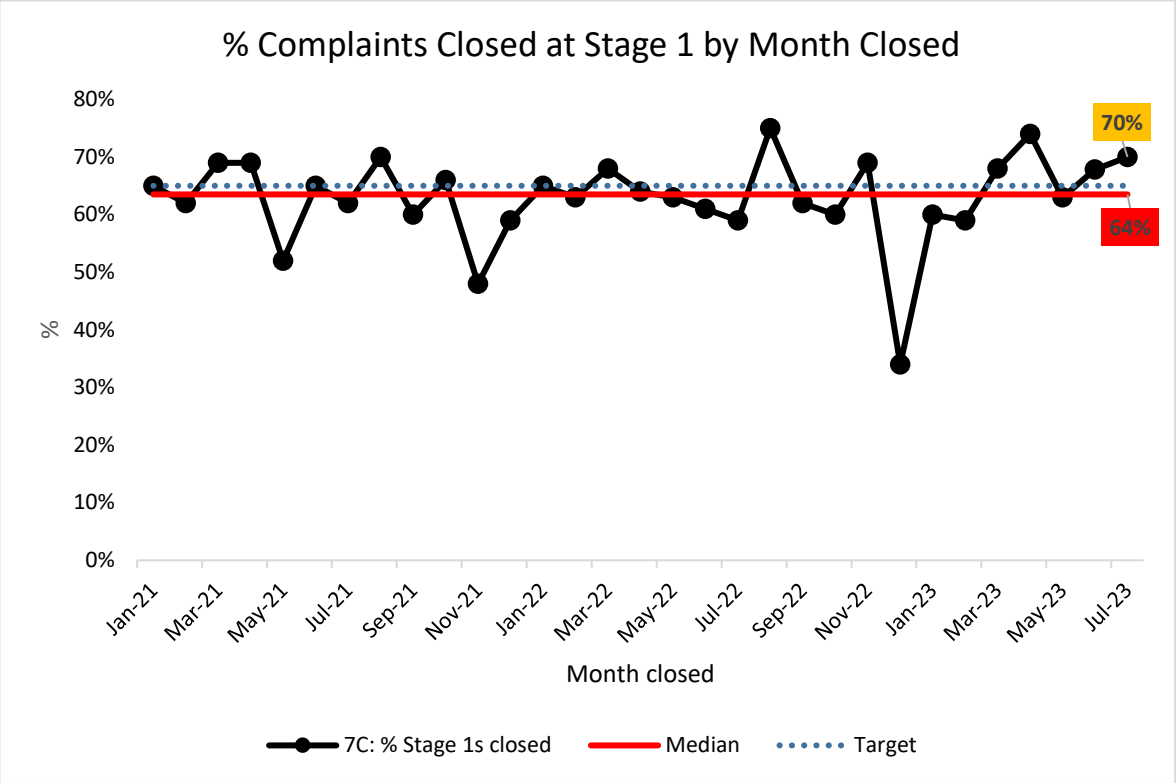


Health Board of Treatment:	Period					
NHS Lanarkshire	April 2022 to March 2023					
Location	Observed Deaths	Predicted Deaths	Patients	Crude Rate (%)	HSMR	Comparison to Scotland on the chart
Scotland	28,190	28,190	633,307	4.5%	1.00	n/a
NHS Lanarkshire	3,152	3,222	68,356	4.6%	0.98	n/a
University Hospital Hairmyres	990	1,070	21,432	4.6%	0.93	●
University Hospital Monklands	1,001	1,038	19,520	5.1%	0.96	●
University Hospital Wishaw	1,161	1,114	27,404	4.2%	1.04	●

2.4 Complaints – Patient Affairs

Performance

70% of complaints were closed at a stage 1 in July 2023, exceeding the 65% target set as a 2023-2024 corporate objective, and rising from 68% in June and 63% in May 2023.



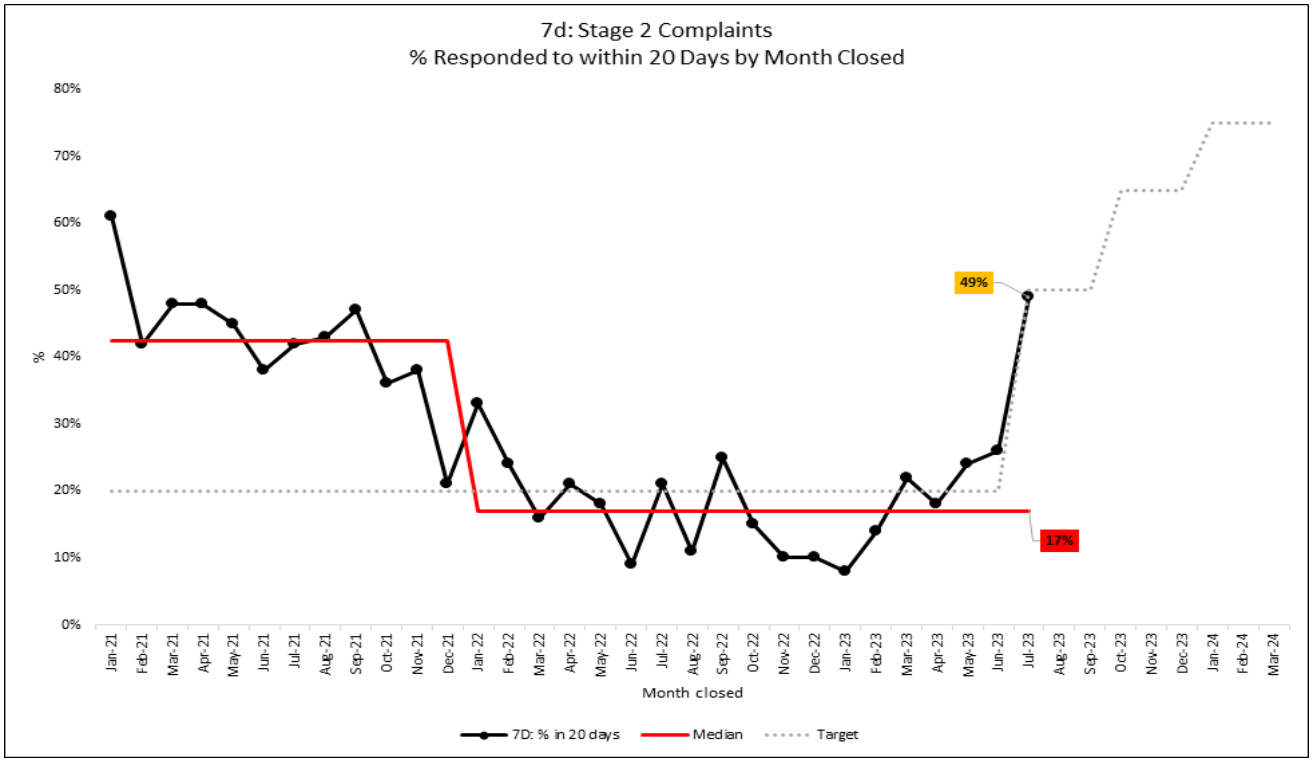
Performance targets for stage 2 complaints closed within 20 days were agreed as part of the corporate objectives. Following a review of complaints July 2023, the targets have been changed. The targets can be reviewed when the national data is available for 2022/23.

	Initial local performance target	*New performance target*
Q1 2023 – 2024	*20%*	-
Q2 2023 – 2024	*30%*	*50%*
Q3 2023 - 2024	*40%*	*65%*
Q4 2023 – 2024	*50%*	*75%*

The national average in 2021-2022, the latest information available, was 45% across NHS Scotland. Anecdotal information is that national challenges continued during 2022-2023. Information for 2022-2023 is to be submitted by the end of September 2023, for publication, likely towards the end of the calendar year.

In the course of 2022-2023, NHS Lanarkshire adopted a 'longest waiter' backlog reduction focus, which was recognised to have a negative impact on local performance. In 2022-2023, NHS Lanarkshire responded to 13% of stage 2 complaints in 20 working days. Throughout that period, there was a focus on providing quality complaint investigations and responses, which is supported by the locally developed Stage 2 investigation toolkit based on best-practice.

A significant improvement has been made in July 2023, with 49% of stage 2 complaints closed within 20 days. The performance has improved month on month: April 18%, May 24%, June 26% and July 49%.



This improvement is likely to be multi-factor, including, interim patient affairs resource and additional hours, which has enabled a 'two-pronged' approach which still prioritises those waiting the longest but also has a stream of drafting for straightforward responses likely to meet the deadline.

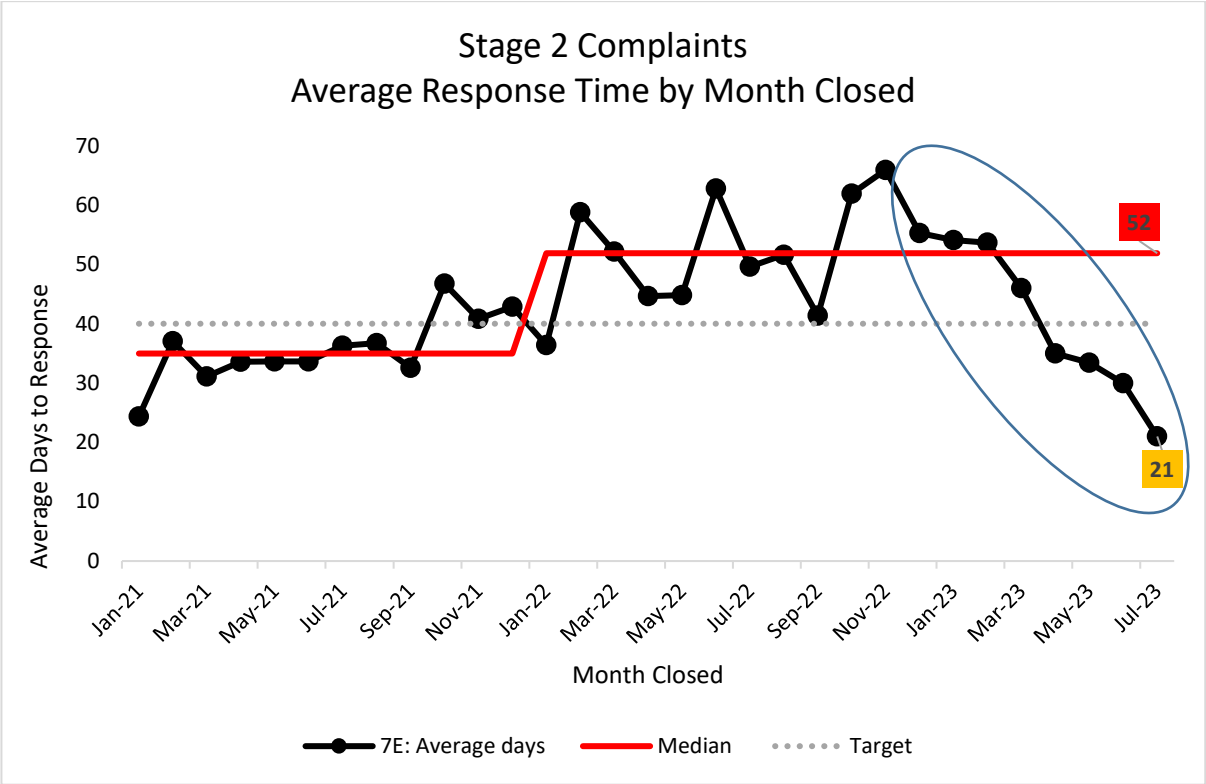
	Received	*Closed*
May 2023	75	70
June 2023	55	73
July 2023	52	61

Escalation, including chasing procedures, are also further embedded. There has also been a change to the number of Stage 2 complaints (inc. escalated) received and closed.

Future performance for this target will be impacted as longest waiters are closed. As at 8 August 2023, 26 (of 80 open) stage 2 complaints > 20 days remained open, the longest being open 101 working days (statements were received on 7 August, and drafting is being prioritised). Other responses are delayed for multiple factors, including pending post-mortems, requests for family meetings, number of issues raised and pending external input.

A further corporate objective was agreed for the average stage 2 response time to be 40 days or less.

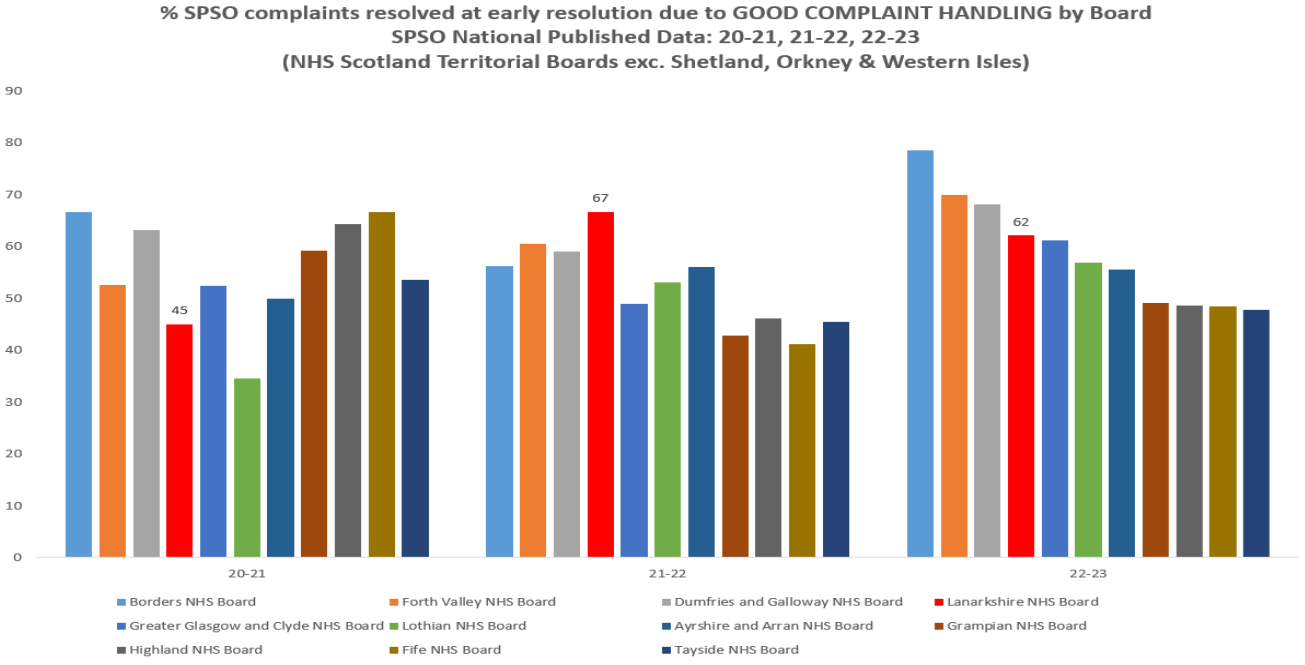
The average response time in July 2023 was 21 days, reflecting a continued positive downward trend: April - 34 days, May - 33 days, June - 30 days, July – 21 days. This performance is a significant improvement and the best result since January 2021.



Scottish Public Services Ombudsman

SPSO published their complaints statistics for 2022/23 in June 2023. 62% of NHSL complaints were closed at the early resolution stage by SPSO during this time period (4th best performing) and did not proceed to investigation because the SPSO deemed that the Board had demonstrated good complaint handling locally and there would be no benefit in taking the complaint any further. SPSO Indicators of quality complaint investigations include:

- Responses should contain all the information needed to explain decisions clearly and accurately.
- Include information and take responsibility for learning and improvement actions that will be taken.
- Apply best practice on meaningful apologies



Investigation trends are noted in the table below:

	% Investigated (of all received by SPSO)	% Upheld / Partly Upheld (of total received)	% Upheld / Partly Upheld (of total investigated)
2017-18	44.3 (43/97)	28.9 (28/97)	65.1 (28/43)
2018-19	40.4 (40/99)	21.2 (21/99)	52.5 (21/40)
2019-20	35.4 (46/130)	16.2 (21/130)	45.7 (21/46)
2020-21	33.8 (27/80)	21.3 (17/80)	63 (17/27)
2021-22	23.4 (22/94)	19.1 (18/94)	81.8 (18/22)
2022-23	11.1 (11/99)	9.0 (9/99)	81.8 (9/11)

The table demonstrates a significant reduction in investigations by the SPSO and a reduction in upheld and partly upheld cases from the previous year.

Executive and core patient affairs staff met with the Ombudsman in June, reflecting on the changing nature, challenges and best practice handling. The Ombudsman gave her views on the NHSL briefing, including:

- Positive and proactive – NHSL are aware of their challenges and actively trying to address the issues.
- Liked the focus on Person Centred Engagement and early resolution.
- Commented that the challenges outlined have synergy with the issues SPSO are currently experiencing like backlog, performance targets, changing nature of complaints
- Planned work on health literacy is very positive.
- Noted the focus on maternity and suggested linking in with NHSL on national work around this and Mental Health.
- Acknowledged that it is acceptable to extend timescales beyond the 20 days, as long as you are keeping the complainant informed about timescales - it is important to ensure active communication and provide clear messages about when complainants should expect a response.

Improvement Plan
A complaints improvement plan has been developed, has been presented to CMT and is being shared with the service for comment prior to implementation. This will include education opportunities, review of the current timescales of the process, more regular detailed data reports and a revised escalation plan. A report on the complaints improvement plan was reviewed and approved by QPPGG on the 14th August and will be discussed at HQAIC in September. Monitoring will be through QPPGG with monthly updates at CMT via the balanced scorecard and to the Board via the IPQR.

2.5 Child Death Reviews

The Child Death Review (CDR) team continue to make excellent progress, with ongoing support from the National Hub and our Stakeholders.

Since the 1st October 2021 to 31st July 2023, we have received notification of 148 deaths from the National Record Service (NRS). All deaths continue to be scoped and vetted to determine the best fit process and review, in line with the Scottish Government criteria. To date, **15** CDR meetings have taken place. There are a further **7** CDR meeting's scheduled. The table below provides an overview of all deaths received in the aforementioned timeline, by the Review Type category; and Review Status (Completed/In Progress/Not for Review).

The CDR team continue to meet with our multi-disciplinary CDR Oversight Group, with the next meeting scheduled for 23rd August 2023.

The CDR group presented at the North partnership Clinical Governance Group on 22nd June 2023 for the last time and going forward will now present at the new Public Health Governance Group. We continue to link with our Executive Lead for CDR, Josephine Pravinkumar and provide regular updates of progress.

ReviewType	Completed	In progress	Not for review	Total
Aftercare		2		**2**
Child Death Review	15	7		**22**
Neonatal M&M	9	22		**31**
No review - Not care experienced			61	**61**
No review < 22 weeks gestation			3	**3**
Police Review		1		**1**
Review led by another Board	6	4		**10**
Review led by another Service	2	7		**9**
Review type to be confirmed		4		**4**
SUDI		5		**5**
Total	**32**	**52**	**64**	**148**

The CDR team are continuing to work with the National Hub for upload of review data to the Healthcare Improvement Scotland Quality Assurance Dashboard. This applies to all Health Boards who continue to work through backlogs of uploading their datasets. To date, there has been no national review or analysis due to the backlogs of submissions, and no deadline confirmed of when this will be expected. However, learning has been gained within NHS Lanarkshire which is discussed at the oversight group and shared with the service as appropriate. The learning was also included in the latest Learning Bulletin released in August 2023.

Work remains ongoing with our Systems Development Team to develop a more efficient system in LanQIP for tracking and reporting child death review status and action plans. The progress to date has been excellent, the current stage is focussing on transferring of action plans to LanQIP. Following completion of this, the next stage will be to review reporting functions and service access.

The Scottish Government confirmed the funding for financial year 2023-2024 in April. To date there has been no further update on future funding.

3. Quality Improvement

3.1 Operation FLOW 2

The Improvement Team were commissioned by the chair of Operation FLOW 2 Task & Finish Group (Stephen Peebles, Director of Hospital Services), to undertake process mapping across the 3 acute sites as part of the work on objectives of admission, discharges and effective FLOW management and escalation.

The purpose of the request was to bring quality improvement methods and tools to the work of understanding the current processes and pathways in use in all 3 acute hospitals Emergency Departments, Assessment Areas and Ambulatory Care Areas. It was already known that there is variation across the three hospitals including:

- What each unit/area is named
- Criteria used in each unit for assessment and triage
- Unit size and length of stay

The aim was to understand the current pathways and processes, analyse these and identify areas of good practice to share, areas of variation and areas where there could be improvements made.

A good definition of a process describes it as a series of connected steps or actions to achieve an outcome. The processes within healthcare settings have often evolved over the years as changes have been grafted on to established working practices. There can be many different layers in addition to the patient process or journey. These include communication processes and administration or paperwork processes, and often

involve a number of departments. In addition, changes to the pathways and processes introduced as a result of Covid-19 and space or staffing restrictions also add to the variation.

Process mapping is a recognised quality improvement tool which helps to better understand a system by mapping each of the steps within it.

The pathways and processes which were identified for this mapping work were:

- Routes into Emergency Department
- Routes out of Emergency Department
- Transfer from Emergency Department to Assessment Unit
- Patient arrival at Ambulatory Care Unit from GP Surgery

A patient scenario was developed by the Improvement Team and Senior Clinicians and the same scenario was used across the three hospital mapping sessions.

There were 10 process mapping sessions carried out:

- UHW – 31st March, 25th April, 3rd May and 16th May 2023
- UHM – 24th May, 31st May and 14th June 2023
- UHH – 31st May, 6th June and 21st June 2023

A wide range of stakeholders were invited to attend the mapping sessions so that a clear picture of the steps in the process could be captured. Due to the short timescale given to complete this work some sessions were better attended than others due to capacity of staff to join.

Following the identification of all of the steps in the pathway the staff in attendance were invited to identify any areas of good practice, any variation that happens e.g. depending on equipment/staffing/space etc. and any areas they felt could be improved.

The process map was then converted to an electronic map. The electronic map, Feedback Report and Action Plan were provided to the site Senior Leaders (triumvirate) to include in their local site plans. The Action Plans were also included in the overall Task and Finish Group 3 Project Plan.

The Improvement Team also supported a session on 27th June where all three acute hospital stakeholders attended to discuss and agree the high level principles of a pan Lanarkshire Target Operating Model for the Front Door and identify priority actions to be implemented for winter 2023.

The Improvement Team are also supporting Task and Finish Group 4, Chaired by Margaret Meek, Director of Hospital Services UHH, with a session in August for Acute Site Flow Coordinators to identify good practice, variation and areas for improvement in their roles to support hospital flow.

3.2 Quality Week 2023

Quality Week 2023 was delivered across NHS Lanarkshire from Monday 15th May to Friday 19th May, giving staff the opportunity to share learning and celebrate success, as well as participate in a wide variety of training sessions and development opportunities delivered throughout the week.

The new NHS Lanarkshire Quality Strategy 2023-2029, "Quality is everyone's business", was also launched and widely promoted throughout Quality Week. To help support the launch, two live, online training sessions were delivered, allowing staff the opportunity to hear more about the vision, purpose and other key elements of the new Strategy, such as the focus on Compassionate Leadership, Whole System Quality and the introduction of "True North Statements", outlining clear aims and objectives for the organisation.

Quality Week is celebrated annually throughout NHS Lanarkshire, inviting staff from all areas of the organisation to take part in a week of focused learning and development aligned with quality improvement

methodologies, celebrating and sharing their successes with colleagues and supporting new learning for key areas of work. Following the pandemic, delivery of Quality Week was adapted from face to face sessions, to online, utilising MS Teams to deliver live training for staff. In addition, pre-recorded sessions were created to allow those who were not available to attend live sessions, the chance to watch the session(s) at a time that suited them.

The main programme for Quality Week was developed with a focus on the key elements of the new Quality Strategy, aligning to the Strategy themes and ambitions including Compassionate Leadership, Whole System Quality and the endeavour to be a Learning organisation. It was promoted widely via Firstport, the Staff Brief, the Pulse and NHS Lanarkshire Twitter, as well as in discussion at governance and staff meetings.

A wide variety of training and development sessions were therefore planned and delivered, covering topics such as Data & Measurement, Nipping Complaints in the bud, a Coaching approach to Wellness in high stress workplaces, the importance of Staff Wellbeing, the Falls dashboard, Building the Skills of Self Compassion, Care Opinion, Safety Culture Cards, NHS Lanarkshire Operation Flow and Firebreak, How to develop and maintain a culture of continuous improvement, Compassionate Leadership, Building Apps, the Model for Improvement, to name a few. Furthermore, a programme of pre-recorded sessions was created and links generated with the support of the Communications Team, ensuring ease of access for staff to both Vimeo and You Tube platforms. The Live sessions were also recorded and all of these links are available via Firstport Home - ***Home - Quality Week 2023***.

595 members of staff attended the live sessions and have received Certificates of Attendance from the Quality Directorate, acknowledging their participation. Attendees were invited to complete a brief evaluation for the session(s) they attended, allowing us to review feedback and use this to support future Quality Week planning.

UHH, UHM and UHW plus North and South Partnerships, developed their own, local Quality Week programmes for staff, with the support of the Improvement Advisors aligned to those areas. This supported further opportunities to celebrate success and share learning from local improvement projects.

4. Evidence for Quality

4.1 Realistic Medicine (RM)

The Realistic medicine action plan for 2022/23 was completed and approved in April 2023. The action plan for 2023/24 has been initiated. The action plan aligns with NHSL corporate objectives as well as the national realistic medicine expectations and with the principles for value based health and care (VBH&C). The realistic medicine outcomes will formally report into clinical effectiveness group (CEG), which reports to QPPGG. The realistic medicine contribution to the annual delivery plan (ADP), national bi-yearly report and board reports will continue as before.

The action plan as mentioned aligns with the following four corporate objectives:

4.1.1 **Better health - improve health & wellbeing and address inequalities** – To establish realistic medicine and value based health and care outcomes that support health promotion and improvement and individualised care that helps tackle health inequalities.
Work is ongoing to promote the shared decision making prompts for use when deciding treatment options with patients. A holistic needs assessment will also be included as part of admission documentation. QR codes have been developed for a Shared Decision Making survey so patients can engage to say if they found the issues important to them was included in the treatment discussion.

1. **Better care - transforming to improve our services** - This will support the redesign and transformation that aligns realistic medicine with value based health and care across the whole

system. This will empower patients to be informed and involved in decisions about their care enabling them in choosing what matters most.
Programme manager now represents RM at the planned care board and has also met and obtained several resources from the Centre of Sustainable Delivery (CfSD). Initial analysis with recommendations from CfSD indicate the need for Trakcare to incorporate specific outcomes related to Active Clinical Referral Triage and Patient Initiated Review.
The programme of work for treatment escalation planning (TEP) is to progress with a quality improvement focus in wards, seeking ways to enhance practical application and to support alignment with national guidance. In addition, the digital application will progress this year with the shared anticipatory care plan (ACP). This will be in the format of the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) and will provide information for all health care professionals across NHS Lanarkshire and other NHS boards.

4.1.3. Better value - to deliver value & sustainability – To align with all national Sustainability and Value programmes supporting the delivery of health and social care through improvements in quality, cost and clinical effectiveness and with efficiency focus on outcomes and equity. Collaborative working with technically enabled care (TEC) team identified aspects of green agenda (reducing health miles, enhancing Near Me, influencing remote monitoring) has identified opportunity to present at the next healthcare group in October. Liaising green theatres lead to ascertain works in progress. Suggested work on polypharmacy in community based on iSIMPATHY (EU funded project for polypharmacy management) has been shared with relevant pharmacy colleagues.

4.1.4. Better workplace - improve staff experience & wellbeing – To deliver a programme that supports health and care colleagues with learning resources they need to practise Realistic Medicine. In doing so, we foster a culture of stewardship and wellbeing across our health and care system to deliver on VBH&C. Currently the Turas Shared Decision Making module with Grampian & NES is in review to adapt and refresh the module to fit with induction/self-directed learning. TEP work to enhance NMAHP inclusion continues with UHM & UHW. Programme manager has been invited to be a member of the National TEP Steering Group. ReSPECT digital testing has begun with anticipated go live end September.

4.2 Searching Services

A total of 56 requests for literature searches and 13 requests for copyright permission checks have been submitted via the eHelp portal since the last Board report searching services on 1/3/23 from a wide range of departments.

The copyright permission checks related to the following:

- images to be used in patient information leaflets
- adaptation of an existing framework
- adding clips of a DVD to a website
- the use of an outcome measure and a scale
- using an image in training
- adapting an existing leaflet for use in NHSL

Three non-standard requests were also submitted. Two related to the generation of QR codes and one was looking for advice on using music at an event.

4.3 NHS Guidelines App (Right Decisions)

NHSL Guidelines App continues to develop, improve and grow - 122 guidelines have been added or amended between January and August 2023. We have achieved a number of changes since the last update including:

- The system deployment took place after almost a year of waiting. It fixed a lot of the issues reported in February 2022. The latest version of the Pathway Builder was also installed.
- The Primary Care Cancer Referrals have been added as a set of 14 pathways for different types of cancer.
- 40 web-based antimicrobial guidelines have been added
- The Adult Hospital Guidance (Antimicrobial Guidelines Toolkit) – reviewed, updated, and completed.
- There is a new process in place for development, approval, review and monitoring for clinical guidelines.

All non-medicine related guidelines are being reviewed, approved and ratified by the Guidelines Editorial Group (GED).

Medicine related guidelines continue to be reviewed, approved and ratified by Area Drugs and Therapeutics Committee (ADTC).

The review process for guidelines was restarted in March 2023.

The NHSL Guidelines App will be moving soon (September-November) to a new system. We will become a part of the Once for Scotland Mega-app - Right Decisions for Health and Care. This is a complex operation. There are a risk assessment and a detailed plan in place to enable a successful migration.

Dr C Deighan
Board Executive Medical Director
August 2023