

Transforming Patient Safety and Quality of Care in NHS Lanarkshire

2014-17



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1 Our quality vision

NHS Lanarkshire's quality vision is to achieve transformational improvement in the provision of safe, person centred and effective care for our patients and for our patients to be confident that this is what they will receive, no matter where and when they access our services.

To achieve our quality vision, we are committed to transforming the quality of health care in Lanarkshire aiming to:

- ▶ be the safest health and care system in Scotland
- ▶ have no avoidable deaths
- ▶ reduce avoidable harm
- ▶ deliver care in partnership with patients that is responsive to their needs
- ▶ meet the highest standards of evidence based best practice
- ▶ be an employer of choice
- ▶ develop a culture of learning and improvement
- ▶ deliver effective and inclusive services so that all individuals, whatever their background, achieve the maximum benefit from the services and interventions provided, within available resources.

We want our patients and staff to see, feel and believe in the changes that will be made. We want to ensure we meet the needs of all people in Lanarkshire taking account of differences in health and healthcare needs of individuals and communities. This strategy provides the Board with a focus up to 2017 towards achieving this vision. In 2017 a review will be undertaken and a revised strategy developed for the years up to 2020. We are committed to embedding our organisational values of *Fairness, Respect, Working Together and Quality* through our Organisational Development Plan. These values set out our individual and team responsibilities to be providers of excellent services to people across Lanarkshire.

Transforming Patient Safety and Quality of Care in NHS Lanarkshire, Healthcare Quality Assurance and Improvement Strategy 2014-17 supports the on-going implementation of *A Healthier Future* (NHS Lanarkshire's strategic framework taking forward the 2020 Vision) with its four strategic aims:

- To reduce health inequalities and improve health and healthy life expectancy
- To support people to live independently at home through integrated health and social care working
- For hospital day case treatment to be the norm, avoiding admissions where possible
- To improve palliative care and supported end of life services.

2 How will we accomplish our quality vision

We will accomplish our quality vision by:

- ▶ setting and delivering ambitious quality goals to support providing high quality services to the people we serve
- ▶ engaging staff, patients and the public to improve our quality of care
- ▶ ensuring that everyone in the organisation understands their accountability for quality and are clear about the standards expected of them, embedding our organisational values of *Fairness, Respect, Working Together and Quality*
- ▶ gaining insight and assurance on the quality of our care
- ▶ managing risk to quality

We will focus our attention on key quality goals which support the Quality Ambitions of person centred, safe and effective care:

- ▶ Improve and embed person centred care
- ▶ Improve and embed safe care
- ▶ Improve and embed effective care

Each year a prioritised, achievable and sustainable work programme of initiatives will be set out supporting the delivery of these goals. Key quality indicators have been identified or are in the process of being identified for these goals, this will enable assessment and comparison with other areas in Scotland. The delivery of the work programme will engage staff, patients and the public. We will build commitment to this agenda and creating a culture of accountability for continuous quality. Health and social care integration will influence how these goals are delivered.

We will maximise the use of quality improvement methodologies, using data for improvement as well as assurance and strive to learn from experience. We will instil ownership for safety and risk, encouraging staff to manage local responses to safety and risk, raising issues and concerns and learn from adverse events. This strategy builds on the previous Strengthening Quality in Lanarkshire Strategy 2011-2014.

3 Key quality goals

Improve and embed person centred care

AIM 1: Improve care experience, as measured by the five *Must Do with Me* questions and existing patient experience measures which align to these (such as Scottish Recovery Indicator 2 in mental health)

The five *Must Do with Me* questions are essential measures of person centred care and as part of the implementation of NHS Scotland's person centred care ambition, Boards are asked to use these measures to improve care. This will be undertaken through using a questionnaire. The *Must Do With Me* questions are:

- **What matters to you?** The percentage of people who say that we took account of the things that were important to them
- **Who matters to you?** The percentage of people who say we took account of the people who were important to them and how much they wanted them involved in care or treatment
- **What information do you need?** The percentage of people who say that they had all the information they need to help them make decisions about their care or treatment
- **Personalised Contact** The percentage of people who say that staff took account of their personal needs and preferences
- **Nothing about me without me** The percentage of people who say they were involved as much as they wanted to be in communication / transitions / handovers about them.

This work will be informed by information already collated from the public about what makes care person centred.

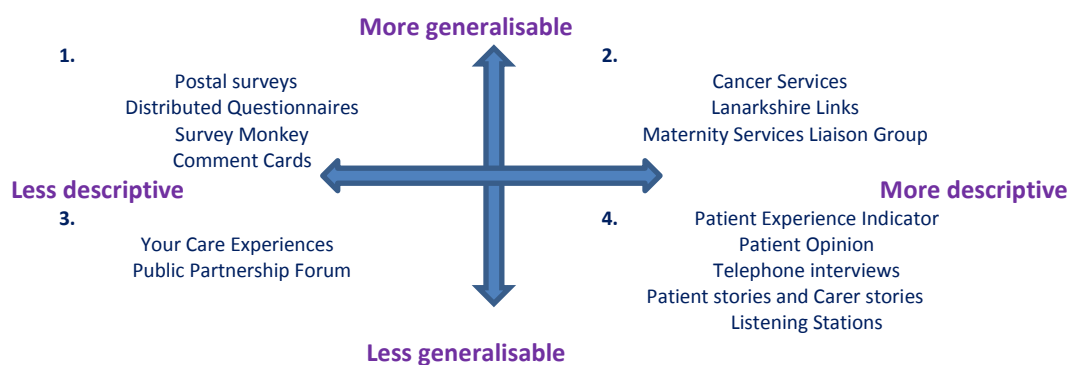
AIM 2: Increase the methods of listening and acting on feedback from patient, carer and family experience and demonstrate learning from this has improved the provision of care

The methods of listening and acting on feedback from patient, carer and family experience have and are planned to be expanded to include:

- Patient experience indicators
- Patient stories
- Use of emotional touchpoints to gather patient and carer stories
- National patient experience surveys
- Service specific patient experience questionnaires and service user groups
- Ward Welcome Boards
- Complaints, concerns, enquiries and compliments at a frontline level
- Patient Opinion website
- Listening Sessions
- “We Are Listening” postcards
- Telephone interviews for people with long term conditions
- Anonymised patient feedback data derived from questionnaires used in revalidation of doctors
- Executive review of a random sample of complaints.

This will include adaptations for abilities and for groups such as children such as use of interpreters, advocacy and pictorial tools. We will continue to raise awareness to patients and carers on how to provide feedback and to complain. This recognises that carers will be engaged with separately. We will provide feedback about what we have been told and what we have done to improve our services as a result.

Our model is informed by *The Health Foundation – Measuring patient experience - June 2013*.



Learning from the feedback will be measured through a range of means some of which require further scoping:

- Patients reporting that staff are dealing with issues as they arise (to develop new question as part of Patient Experience Indicator)
- Staff reporting improved empowerment to resolve issues raised by patients, carers and families and feel empowered and supported to apologise
- A reduction in the proportion of complaints about staff attitude and behaviour by 10% by December 2015
- The number of staff completing the blended learning programme, 400 by end of March and 2,000 by December 2014
- Improved performance against the national 2014 Patient Experience Survey setting improvement goals in conjunction with Public Partnership Forums
- Demonstrate by December 2014 that the expressions of praise such as thank you letters exceed the number of complaints at hospital and ward level by 10:1
- Improvement in the assessed person-centredness of our complaint responses (currently agreeing how this will be achieved using an external review).

AIM 3: Improving services for people who share equalities protected characteristics demonstrating progress against actions and Equality Outcomes 2013-2017

We will continue to promote and ensure equal treatment in access to employment as well as the services we provide, regardless of the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, race, religion or belief, sex, and sexual orientation. Our Equality Strategy describes the direction of the work for the period 2013-2017 and is underpinned by an annual action plan on which process is monitored.

As part of the annual action plan we will:

- Continue promotion and embedding of Equality and Diversity Impact assessments into all NHS Lanarkshire Policies
- Review and update current Equality and Diversity training programmes, in line with NHS Lanarkshire values and national agendas
- Continue to work with communities and community based groups in improving their knowledge about how to access our services.

AIM 4: NHS Lanarkshire organisational values embedded with aim of improving patient care

We will strengthen the creation of a culture of continuous improvement in line with our Quality Vision and the aims of *A Healthier Future*.

Actions will include:

- Launch of values based corporate induction for all new staff which includes input from our Public Partnership Forums
- Extension of values based recruitment to all staff groups
- Continued implementation of Values in Action Team Starter pack
- Link values to behavioural objectives
- Align values with long service recognition and other award schemes
- Implement iMatter to measure engagement and further develop team effectiveness.

We will measure the creation of this culture through:

- iMatter which measures employee engagement (will be implemented incrementally and across Lanarkshire by 2017) will be used to measure improvement
- Leadership development activity with impact measured
- Evidence of values based recruitment in use for all clinical staff
- The implementation of Personal Development Plans at 80% and maintained at this level
- Staff survey to see impact of on the national staff survey questions 8a – 8f¹ (overall experience).

Improve and embed safe care

AIM 5: Development of a patient safety prioritised plan (2014-2017) enabling development of whole system safety pathways and implementation of prioritised areas

The three year prioritised patient safety improvement plan informs improvement to reduce patient harm. The reductions identified are in line with national goals which are deliberately ambitious.

¹ 8a Care of patients/service users is my Board's top priority; 8b I am able to do my job to a standard I am personally pleased with; 8c I am happy to go the 'extra mile' at work when required; 8d I would recommend my Board as a good place to work; 8e I still intend to be working within my Board in 12 months' time; 8f I am satisfied with the sense of achievement I get from work

Achieving all these reductions in full would result in NHS Lanarkshire being a leader in safety. Harms to be addressed are:

- Reduce avoidable harm so that 95% of people in adult acute health care are free from harms identified in the Scottish Patient Safety Index: Cardiopulmonary Resuscitation attempts in a general ward setting (reduce by 50%), Catheter Associated Urinary Tract Infection (CAUTI) (reduce by 30%), zero Pressure Ulcers or 300 days between hospital acquired Pressure Ulcers in wards and Falls (reduce by 25%) by 2016. Whilst the national focus is on acute care, in NHS Lanarkshire these harms will be addressed across the primary, community care and acute care patient pathway
- 20% reduction in sepsis
- Reduce the harm experienced by individuals in receipt of care from mental health services (with a focus on adult psychiatric inpatient units) by 2016
- As part of the Maternity and Children's Quality Improvement Collaborative (MCQIC) a reduction of 30% in avoidable harm for women and babies by 2016
- Reduce harm in primary care general practices
- 95% compliance with medicine reconciliation on admission, transfer and discharge and reduction in adverse events from high risk medications
- Reduction in harm within surgical theatres.

NHS Lanarkshire will use a local Harm Free Care Patient Safety Collaborative to support improvement with teams sharing ideas, approaches and solutions and improving together across the organisation.

AIM 6: Reduce hospital standardised mortality ratio by at least 20% (from a baseline of 2007) by December 2015 and implement the Action Plan in response to the *Healthcare Improvement Scotland: A Rapid Review of Safety and Quality of Care for Acute Adult Patients in NHS Lanarkshire Acute Hospitals, 2013*

In December 2012, we established the Hospital Standardised Mortality Ratio (HSMR) Improvement Programme to provide a more focussed and intensive approach to address NHS Lanarkshire's on-going high Hospital Standardised Mortality Ratios in our three acute hospitals and in particular Monklands Hospital.

The workstreams (each of which was led by an Executive Director as sponsor) were:

- Deteriorating Patient and Sepsis (this is now part of the patient safety programme under Aim 5)
- End of Life Care (including Anticipatory Care Plans)
- Information and Quality Reviews (real time indicators, coding, case note reviews and morbidity and mortality reviews)
- Clinical Change and Leadership.

In August 2013, triggered by the publication of mortality data for January to March 2013, the Cabinet Secretary for Health and Wellbeing commissioned Healthcare Improvement Scotland (HIS) to undertake a Rapid Review of the Safety and Quality of Care for Acute Adult Patients in NHS Lanarkshire. The findings of the review were published on 17 December 2013 with 21 recommendations. NHS Lanarkshire fully accepted the recommendations of the HIS review and developed a Rapid Review Action Plan of which phase 1 was implemented between January to March 2014.

At the end of March 2014, we produced a progress report which set out further medium and longer term actions. These will be developed into phase 2 of the Action Plan (combined with the HSMR Improvement Programme and residual actions from the Mid Staffordshire Inquiry, 2012) and delivery of this will be led by the Chief Executive and the Chair with the support of Board Members

and the Executive Team. The range of this action plan is extensive and links to improvements in patient flow through our services.

Improve and embed effective care

AIM 7: Achieve the first two aims of the Early Years Collaborative:

The government has set out three ambitious aims that we will work towards in the coming years.

- To ensure that women experience positive pregnancies which result in the birth of more healthy babies as evidenced by a reduction of 15% in the rates of stillbirths (from 4.9 per 1,000 births in 2010 to 4.3 per 1,000 births in 2015) and infant mortality (from 3.7 per 1,000 live births in 2010 to 3.1 per 1,000 live births in 2015)
- To ensure that 85% of all children within each Community Planning Partnership have reached all of the expected developmental milestones at the time of the child's 27-30 month child health review, by end-2016.

The Early Years Collaborative (EYC) Programme aims to make Scotland the best place in the world to grow up in by improving outcomes and reducing inequalities for all babies, children, mothers, fathers and families across Scotland to ensure that all children have the best start in life and are ready to succeed. There is still very much a focus on embedding Getting It right For Every Child (GIRFEC) Principles and to ensure all children are Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included. The programme is a collaboration of effort from partners in health, education, social services, police, and third sector and uses the Institute of Healthcare Improvement Model for Improvement as the method to bring about change.

AIM 8: Service and specialties measuring the quality of care they provide and leading their own improvement activity

Quality improvement is best led by those multi-disciplinary teams providing care to patients. By providing accessible information on the quality of care (on a close to real time basis) we can support clinicians to focus their improvement activity and monitor the impact of changes made.

Specialty and service level quality dashboards will be developed across all specialties / services by December 2015.

AIM 9: Improved quality of unscheduled care patient flow as measured by sustaining an average performance of 95% on the 4 hour Emergency Department standard by September 2014

While over the last few years there has been significant effort made on a number of fronts to improve unscheduled care patient flow it is clear that more targeted work is required to embed these actions and make a real and sustainable difference to performance on all three acute hospitals.

Actions to be progressed include:

- Agree the baseline for time of day of discharge and improve on this until the majority (over 50%) of patients are being discharged or are within a discharge lounge after noon
- Establish the baseline number of breaches between 4.01 and 4.30 – and ensure that the numbers are managed down to an absolute minimum
- Set an agreed plan for the increase in discharges at the weekend from the current baseline

- Provide a clear plan for the establishment of Estimated Date of Discharge at each ward and assess the impact of this
- Continue to ensure that there is proactive allied health professional cover at the weekends and that Discharge Hubs are operating 7 days per week
- Measure and reduce patient harms relating to patient flow.

AIM 10: Further reduce healthcare associated infections so that by March 2015 staphylococcus aureus bacteraemia (including MRSA) are 0.24 for less per 1000 acute occupied bed days and the rate of clostridium difficile infections in patients aged 15 or over is 0.32 cases or less per 1000 occupied bed days

The commitment to deliver safe, clean and person-centred care for patients remains pivotal in the quest to reduce healthcare associated infections to an absolute minimum of non preventable cases.

We will continue to implement our *Staphylococcus aureus bacteraemias* (SABs) strategy which sets out an approach that will assist in reducing the number of preventable SAB cases in NHS Lanarkshire by March 2015. The aims of the strategy comprise:

- Setting out a clearly understood and accessible driver diagram and change package which illustrates the work NHS Lanarkshire will require to undertake to achieve reliable improvements in SAB management
- Ensuring ongoing progression of the critical elements identified in the driver diagram and change package and using existing systems, policies and programmes to support the implementation of the strategy.

In relation to *Clostridium difficile Infection* (CDI), we will continue to work in acute and primary care to improve the appropriate use of antibiotics, reducing adverse events and the development of drug resistance.

AIM 11: Celebrate and learn from success in providing high quality care

We will celebrate and recognise the accomplishments of our staff in achieving and improving person centred, safe and effective care for patients, families and carers and in realising our organisational values.

Great workplaces are those which openly and enthusiastically celebrate the innovation, learning, dedication and commitment of staff and this promotes future successes. It is important that we, as individuals and as an organisation, learn from the good work and new ideas that our staff have for improving the services we provide for patients.

We will celebrate success and learning through use data every day to motivate frontline teams and engage patients and local populations, communications, staff awards, engagement in regional and national learning events, performance meetings and periodic celebratory events.

4 Creating the conditions for quality

As the Berwick Review² eloquently put it:

"Place the quality of patient care, especially patient safety, above all other aims. Engage, empower, and hear patients and carers at all times.

² *A promise to learn - a commitment to act. Improving the Safety of Patients in England. National Advisory Group on the Safety of Patients in England. 2013*

Foster whole-heartedly the growth and development of all staff, including their ability and support to improve the processes in which they work.

Embrace transparency unequivocally and everywhere, in the service of accountability, trust, and the growth of knowledge."

We are committed to develop a culture of trust and openness where all staff feel listened to, supported and valued and confident in discussing quality of care with each other and patients and families.

NHS Scotland set out a list of commitments on governance for quality which was agreed with Health Boards in the *Governance for Quality in Healthcare in Scotland – An Agreement, 2013*. This agreement requires *effective, and honest, dialogue and assurance on all areas of strength and risk*. NHS Lanarkshire demonstrates this commitment by:

- Ensuring openness and transparency when things have gone wrong, being open with patients, families and carers
- Being transparent about our care in order to inform effective learning and improvement to drive quality
- Providing clear, robust, accurate and timely information on the quality of our services
- Proactively sharing emerging risks and learning with peers in an open, transparent and timely way
- Supporting our staff who raise concerns in relation to practice which endangers patient safety, and other wrongdoing
- Proving accurate and honest annual governance statements which are available to the public.

To create an organisation where quality of care will thrive, we are committed through our Staff Governance Action Plan to:

- Ensure clear lines of accountability for frontline staff and other stakeholders
- Ensure clinical areas are adequately staffed.
- Enable continuous staff development and learning (recruitment, training and professional development) supporting transformational improvement
- Develop a capability and capacity plan for improving quality ensuring leadership and skills and commitment to maximise the impact of improvement methodology.

NHS Lanarkshire is committed to excellent employment practice and demonstrates strong partnership engagement in this process. To support delivery against the NHS Scotland Route Map for the 2020 Vision for Health and Social Care, NHS Lanarkshire has developed an Implementation Framework for 2014/2015 which uses the five key priorities for action established in Everyone Matters:

- Healthy Organisational Culture
- Sustainable Workforce
- Capable Workforce
- Integrated Workforce
- Effective Leadership and Management

One of our core values is *working together* with staff, patients and the public and this is essential for improving our quality of care. We have adopted the use of quality improvement methodologies to support the delivery of our quality agenda and an essential element of this is "listening to the voice" of patients and the public.

Key to the success of these methodologies is a quality improvement support infrastructure and quality improvement learning and education. During 2014-15 the quality improvement infrastructure will be strengthened with the establishment of two equally important supports:

- The Quality Improvement Support Team which will support complex, major quality improvement initiatives. This team will be drawn from corporate departments with improvement expertise and experts in quality improvement
- A one stop, local contact point for front line teams looking for advice on improvement methodology, tools, data management and coaching in order to make improvement.

Over the course of this strategy we will undertake a training needs assessment on quality improvement methodologies and put in place quality improvement learning and education framework potentially including:

- National and local eLearning resources
- Library resources
- Quality methodology awareness sessions (new)
- Embedding the methodology in management and leadership education (new)
- Introduction to improvement course (new)
- Coaching for improvement (new)
- Professional development sessions (new)
- National event and programmes
- Developing leadership for safety and quality in healthcare (new).

A number of departments and functions support and provide the framework for quality assurance and improvement as well as through the NHS Lanarkshire Learning Strategy supporting learning and development of staff. These include:

- Clinical Governance and Risk Management Department
- Patient Affairs function
- Nursing, Midwifery & Allied Health Professionals (NMAHP) Practice Development Centre
- Department of Medical Education
- Organisational Development Department
- Planning and Development Department

Key to improvement will be to support putting *Knowledge into Action* through accessing and organising information to:

- Enabling practitioners to apply knowledge to frontline practice to deliver better healthcare
- Embedding the use of knowledge in healthcare improvement.

Good communications are essential for an organisation wishing to achieve high performance standards. Information on quality assurance and improvement is shared with staff, the public and other stakeholders. This is undertaken through:

- the annual report on *Healthcare Quality Assurance and Improvement*
- information displayed in clinical areas such as hand hygiene compliance
- provision of reports against local and national standards
- participation in and reporting on local and national clinical audits
- celebrating and publicising success through our annual Research and Clinical Quality Conference
- showcasing quality improvements at local and national events
- dissemination of information through our newsletter *The Pulse* as well as the weekly electronic brief
- NHS Lanarkshire website
- Public Partnership Forums

- Freedom of Information requests

5 Ensure accountability for quality

One of the key features of continuously improving organisation is a highly engaged Board working in true partnership with senior leadership and all staff.

Our Board is committed to ensuring simpler, fit for purpose leadership and governance structures and providing enhanced visibility and engagement of Board members with staff and patients resulting in a closer connection, enhanced trust and confidence in the Board’s accountability for achieving person centred, safe and effective care.

Board members will be skilled, knowledgeable and committed to continuous learning in order to fulfil their roles and responsibilities, with Non-Executive Directors able to hold the organisation to account through effective scrutiny, constructive challenge, strengthened assurance and accountability.

For all staff our accountability for quality is being strengthened by the on-going embedding of the Board organisational values of *Fairness, Respect, Working Together and Quality* through the Organisational Development Plan. These values (as below) set out those things that really matter to us individually and together across all parts of NHS Lanarkshire and mean we share a common set of responsibilities in how we provide our services. Public Partnership Forums representation in the process has ensured that these values are also agreed by our patients and carers.



<p>FAIRNESS <i>Ensuring clear and considerate decision making at all levels</i></p>	<p>As a team, we are responsible for being consistent and open in making decisions</p> <p>As an individual, I am responsible for participating in decisions and seeking clarity whenever I am unsure</p>
<p>RESPECT <i>Valuing every individual and their contribution</i></p>	<p>As a team, we are responsible for being courteous and professional in fulfilling our individual and collective roles</p> <p>As an individual, I am responsible for recognising that we are all different and appreciating the contribution that I and others make</p>
<p>QUALITY <i>Setting and maintaining standards in everything we do</i></p>	<p>As a team, we are responsible for upholding our high standards in every activity, for every person, everywhere</p> <p>As an individual, I am responsible for ensuring I understand and deliver our standards every time</p>
<p>WORKING TOGETHER <i>Thinking, growing, delivering as a team</i></p>	<p>As a team, we are responsible for creating and sustaining an environment that allows team working and collaboration to flourish</p> <p>As an individual, I am responsible for communicating effectively and working well with others at all times</p>

By living our values, we all take pride in the vital role we have as providers of excellent services to people across Lanarkshire.

Whilst the nursing and medical workforce is key to the provision of safe and effective patient care, their role and contributions are only enabled with the support of the wider workforce. There is an absolute recognition that safety and quality is everyone's responsibility, and that every single member of staff in NHS Lanarkshire has their part to play.

It cannot be emphasised enough that leaders and managers in all areas have particular responsibility as role models and enablers in the promotion of safety and quality and must demonstrate this through their everyday actions and behaviours.

NHS Lanarkshire provides individual and programme based development support to all newly appointed leaders and managers. Programme content has been updated to ensure a safety and quality improvement focus and in addition a range of opportunities is available to those already in leadership and management positions.

Our Chief Executive has overall responsibility for corporate governance including quality. The responsibility for ensuring we have effective arrangements and processes in place for quality assurance and improvement, implementation of the NHS Lanarkshire Single Equality Scheme and information assurance is discharged through the Healthcare Quality Assurance and Improvement Committee with senior professional leadership provided by the Medical Director, Director of Nurses, Midwives and Allied Health Professionals, Director of Public Health and Director of Human Resources. The former is the Executive lead for quality. An advisory mechanism is provided through the Area Partnership and Area Clinical Forums.

The Healthcare Quality Assurance and Improvement Committee is supported by the executive Healthcare Quality Assurance and Improvement Steering Group and the Care Assurance Board. The Healthcare Quality Assurance and Improvement Steering Group ensures that adequate healthcare governance systems and processes are in place across all services in line with the assurance, accountability and reporting framework. The Care Assurance Board, which also has Public Partnership Forum involvement, provides an overarching care assurance system ensuring care is consistently person-centred for every person, every time, and that caring behaviours have at their heart the NHS Lanarkshire organisational values.

Although corporate leads for quality assurance and improvement are in place, all individuals and teams are responsible for putting quality assurance and improvement into practice. This responsibility is demonstrated through:

- Professional Codes of Practice
- Continuous professional development
- Appraisal
- Revalidation
- Improvement activity and measurement
- Audit
- Evidence Based Practice
- Personal Reflection
- Learning from adverse events, complaints and feedback.

The role of line managers is pivotal in setting a culture of quality assurance and improvement and we will continue to invest in providing these leaders with capability and capacity through programmes such as Leading Better Care and supervision.

A companion document is available for this strategy setting out the Board's clinical governance framework and the terms of reference of our quality assurance and improvement groups delivering our governance framework. Over the course of this strategy these groups and their operation will be reviewed as part of the establishment of Health and Social Care Partnerships.

6 Gaining insight in and assurance on the quality of our care

Measurement is a vital part of assurance and improvement; if we do not measure we have no way of knowing if our care is deficient and whether the changes made have led to the intended improvement.

We have been developing the use of dashboards to provide relevant, timely and accessible information for assurance and improvement. Existing dashboards include the corporate quality dashboard (which is being redesigned), ward, emergency and scheduled care dashboards. Over the course of this strategy we will extend the use of dashboards to encourage local teams to set and monitor key quality indicators. To support the effective use of this data, we will develop expertise in data management, reporting and interpretation.

In addition to these dashboards qualitative data such as patient and staff stories will be used.

We have access to an extensive range of data and over the course of this strategy data quality assurance will be developed to ensure information reported to the Board and the public reflects accurately the quality of care delivered to patients (in line with the requirements of information assurance: confidentiality, integrity and availability). This will provide the Board with appropriate assurance and can help the Board respond effectively to future challenges.

We will also use learning from and compare our practice to national and regional good practice including national guidelines and standards, through Knowledge into Action, reports from professional and other bodies, joint working with other Health Boards and other bodies (increasingly with the Local Authorities as part of integration) and through participation in collaboratives and programmes.

7 Managing risk to quality

We will continue to strengthen our arrangements for identifying and controlling risks and learning from adverse events, complaints and claims in order to gain insight in and assurance on the quality of our care and manage risk to quality. We are adopting the framework set out by Healthcare Improvement Scotland *Learning from adverse events through reporting and review: A national framework for NHS Scotland*, which aims to develop a positive safety culture:

- promoting avoidance, prevention and reduction of risks
- where everyone is valued and treated with dignity and respect
- that encourages reporting of adverse events, in order to learn from these events and make improvements.

Our decisions regarding investment / disinvestment are risk based and this is achieved through the application of risk analysis through corporate, operational, programme and project risk registers.

An annual *Quality Assurance and Improvement Report* is presented to the Lanarkshire NHS Board. This reviews the achievement against the Quality Assurance and Improvement annual work programme and the quality assurance and risk management frameworks. The annual report

supports the governance statement provided by the Healthcare Quality Assurance and Improvement Committee to the Audit Committee of the Board.

The Healthcare Quality Assurance and Improvement Committee, in line with all NHS Lanarkshire Committees of the Board, reviews its functioning on an annual basis.

Our quality of care is externally reviewed by NHS Healthcare Improvement Scotland, Care Inspectorate, Health and Safety Executive and the Scottish Government and we produce and implement improvement action plans in response to findings. We will continue to seek to maximise the value of these reviews to NHS Lanarkshire.

8 References

- A promise to learn - a commitment to act. Improving the Safety of Patients in England, National Advisory Group on the Safety of Patients in England, 2013
- Everyone Matters: 2020 Workforce Vision, Scottish Government, 2014-15
- High performing healthcare organisations: A brief introduction, Healthcare Improvement Scotland, 2013
- Taking safety on board: the board's role in patient safety, Health Foundation, 2013
- The 3-Step Improvement Framework for Scotland's Public Services, Scottish Government, 2013
- Quality governance: How does a board know that its organisation is working effectively to improve patient care, Monitor, 2013