

NHS Lanarkshire Quality Strategy 2018-2023 Evaluation Summary

The NHS Lanarkshire Quality Strategy 2018-2023 described NHS Lanarkshire's quality approach to providing world leading health and care which is person centred, safe and effective. This flash report is a summary of some of the key achievements.

Learning from Adverse Events



Clear systems and processes for effective management of Adverse Events ensuring data is regularly reported, acted upon & analysed to improve quality, safety and organisational performance.

- Adverse Events Policy
- Duty of Candour implemented and monitored
- Significant Adverse Events Toolkit
- Guidance documents
- FirstPort site development
- Learning bulletin created
- Training established
- Datix developments
- Child death Review process introduced

Leadership Walkrounds

Leaders connecting with staff on frontline about quality.

Consent

New policy and form, audited twice, shared learning

Quality Strategy

Implementation Plan updated quarterly to HQAIC

Board Report

Updates bimonthly on the work of the Quality Directorate

Care Opinion

Listening to public stories about our services so we can improve

Person Centred Visiting

John's Campaign supporting visiting throughout the day

Complaints Handling Process

Improvement Plan leading to; enhanced use of Datix, Stage 1 and Stage 2 toolkits, improved reporting of complaints, training and support for staff, learning included in the learning bulletin, use of the Healthcare Complaints Analysis Tool (HCAT).

Data & Measurement

- Creation of a business intelligence and reporting platform to support dashboards for real-time data.
- A suite of Quality Indicators aligned with Corporate Objectives incorporated into Quality & Safety Dashboards at corporate, site, directorate and HSCP level.
- CMT huddles to review and discuss quality & performance data.
- Data & Measurement Framework and Data Visualisation Framework
- Masterclasses on presenting and interpreting data.



Quality & Safety Dashboard

Corporate
June 2023



| | | | | |
|-----------------------------|---------------------------------|--|-------------------------------------|------------------------------------|
| HSMR | Surgical Readmissions 28 Day | | Ever Breastfed (First visit) | Diabetes |
| Crude Mortality | Pressure Ulcers | | Exclusively Breastfed (First visit) | Potentially Preventable Admissions |
| Hospital Occupancy | Adverse Events | | Overall Breastfed (First visit) | Care Opinion |
| Sepsis Mortality | Adverse Events 2 | | Ever Breastfed (6-8 weeks) | Chart Rules |
| Rate of Falls with Harm | Discharge Coding | | Exclusively Breastfed (6-8 weeks) | Appendix 1 |
| Total Falls | Medical Average Length of Stay | | Overall Breastfed (6-8 weeks) | Appendix 2 |
| Medical Readmissions 7 Day | Surgical Average Length of Stay | | Breastfeeding Drop Off | Addendum 1 - Hospital Occupancy |
| Medical Readmissions 28 Day | Stroke Bundle | | Maternity | Addendum 2 - Hospital Occupancy |
| Surgical Readmissions 7 Day | Stroke Carotid | | | |

Quality Improvement

- aEQUIP Quality Improvement Training (411 members of staff trained)
- Quality Improvement Coaching
- Improvement in Maternity Services including the Holistic Antenatal Pathway of Care and introduction of Fetal Movement Nurture Ribbons
- Improvement within Gynaecology clinics
- Improvement in Mental Health including the 'Getting to know me booklet'.
- Improvement in recording and reviewing following a cardiac arrest
- Sepsis Six bundle implemented across 3 acute hospitals
- Infection Prevention & Control Collaborative to provide a focus on IPC improvement across the board
- Supporting staff to apply for national quality improvement training courses such as ScIL, SCLIP & SQSF (62 successful applicants)

Clinical Audit

Participating in national audits such as SNAP to improve service and maintaining a local audit register.

Cancer Audit

Evaluating and reporting on cancer quality performance indicators to improve service.

Medical Death Certificate

Improvement work to improve completion, accuracy and quality.

Rehabilitation Strategy

Steering group and sub groups established to progress the implementation plan.

Literature Searches

5 level search service available checked for relevancy, accuracy and appropriateness

Patient Information

Introduced readability checks, moving to public website, training delivered, translation managed.

Clinical Guidelines

Introduction of a clinical guideline app to improve accessibility, quality and review of guidelines and pathways.

Falls Strategy

4 implementation sub groups which cover all aspects of falls and a steering group established.

Mortality Case Note reviews

New proforma and practice guide. Reviews completed every year.

Quality Week

Providing staff with educational and networking opportunities to learn all aspects of quality from internal & external speakers.

Safety Culture Cards

Creating opportunities for discussion on patient safety at all levels of the organisation.

Morbidity and Mortality Meetings

Development of electronic system and a toolkit to improve engagement and practice

Realistic Medicine

- Introduction of shared decision making tools such as 5 Questions and BRAN
- Introduction of treatment escalation plans for in-patient settings and ReSPECT tool (Recommended Summary Plan for Emergency Care & Treatment) for community use.
- Using the Atlas of Variation to identify outliers and areas for review to provide assurance that practice is in line with good quality standards.
- 2 Realistic Medicine conferences that were well attended.

