

# **NHS Lothian**

# **QUALITY IMPROVEMENT**

# **STRATEGY**

## **2008-2011**

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## ***“NHS Lothian will deliver person-centred, safe, effective care”***

### **SETTING OUT WHAT WE WILL DELIVER: EXECUTIVE OVERVIEW**

NHS Lothian is committed to deliver person-centred, safe, effective care and how we will do that is set out in the next sections of the strategy.

NHS Lothian has also set out its vision for the future. The two vision statements for all we do are:

**NHS Lothian will be at the level of Scotland's best  
and**

**NHS Lothian will be in the world's top 25 healthcare systems**

There are a number of ways in which this can be measured in relation to Quality Improvement e.g. through external reviews by national bodies, through comparative reports from health boards and through our delivery against the Government Health Efficiency Access Treatment (HEAT) targets etc.

Work to develop measures regarding our international standing is being led by our Medical Director and these will be in place by April 2009.

NHS Lothian will also demonstrate continuous improvement as evidenced by detailed action plans against all NHS Quality Improvement Scotland reviews and other scrutiny reports.

Supporting our staff especially by implementing the Knowledge and Skills Framework for all staff on Agenda for Change is a very important HEAT target for March 2009. Appraisal and performance review will be in place for all staff.

NHS Lothian will annually report on the improvement outcomes from the Specific, Measurable, Achievable, Realistic and Timely (SMART) objectives which Quality Improvement Teams have set out in their annual Quality Improvement Programmes.

### **NHS Lothian Quality Improvement: Our 3 commitments**

#### **1. Deliver Person Centred Care**

NHS Lothian will welcome, collect, use and learn from patients/communities experiences. These will support our quality improvement programmes and we will develop a consistent focus on patient experience and outcomes as the main drivers for our work. Involving patients, carers, relatives and the public in all we do and delivering care as locally as possible should be how we do our work.

The specific HEAT target for this is *“to demonstrate improvement in the quality of health care experience.”* Although, as yet, there is no measure to this, the national patient experience programme ‘Better Together’ should be in place in early 2009. NHS Lothian will participate in this work.

The key actions for NHS Lothian are:

To have in place an Involving the Public, Improving the Patient Experience Strategy by April 2009, including a Framework for Information for Patients, improvements to complaints and feedback management, a new Patient Experience Group to coordinate delivery and evidence of improvements.

Lothian already has programmes designed to test Values Based Care and Compassionate Care. Lessons from these pilots will be disseminated through structured programmes such as "Leading Better Together, the review of the senior charge nurse." (Scottish Government 2008)

Evidence of what we have changed as a result of what we have learnt from patients, carers and communities, whether in improving the patient experience or redesigning services is a required outcome.

## 2. Deliver Safe Care

NHS Lothian will deliver on the Scottish Patient Safety Programme which has a detailed monitoring and review framework. Achievement against this will be reported regularly to NHS Lothian Board and internally to management teams. Rollout to primary and community care is probable in 2009.

Examples of measurable targets are:

NHS Lothian will by 2010 reduce staphylococcus aureus bacteraemia (including MRSA) by 40% (a national HEAT target).

NHS Lothian will by January 2011 achieve

- a 30% reduction in adverse events recorded through regular case note audits using the Global Trigger Tool
- a 15% reduction in standardised hospital mortality rates from the 2006/7 baseline.

NHS Lothian will implement an integrated risk management and adverse events reporting information system (DATIX). This will enable us to demonstrate considerable improvements in the recording, analysis and preventative actions taken to 'close the loop' arising from incidents and complaints.

NHS Lothian will learn from its performance and support process of continuous improvements by developing capacity in our Quality Improvement Teams.

Key areas identified for focused Lothian wide projects include clinical documentation, falls and medication incidents.

NHS Lothian will deliver a 5 year externally supported 'Safer Clinical Systems' project to improve clinical documentation and records.

## 3. Deliver Effective Care

NHS Lothian will demonstrate continuous improvement in the score achieved by review against the NHS QIS Clinical Governance and Risk Management Standards against the following targets:-

2007	External Review	Score	5
2008	Internal Review	Score	7
2009	External Review	Score	8
2010	Internal Review	Score	9
2011	External Review	Score	9

Action plans are in place, monitoring is six monthly to the Executive Management Team and Healthcare Governance and Risk Management Committee.

All this and more will contribute to **improvements in the experience and outcomes for patients** (NHS Lothian – Planning for the Future, NHS Lothian Chief Executive June 2008).

# 1 INTRODUCTION

- 1.1 A strategy for Healthcare Governance and Risk Management is an essential component of the overall governance framework for NHS Lothian. Until now NHS Lothian has had separate strategies for Clinical Governance and Risk Management. This unified strategy is based on a promise to deliver **person-centred, safe, effective care** (NHS Quality Improvement Scotland), and indicates NHS Lothian commitment to a programme of continuous **quality improvement**. This places a requirement on every member of staff, at every level of the organisation, to work in a manner that puts the quality of healthcare and the needs of the individual person (patient, carer and/or user) at the centre of all decision making. It also affirms NHS Lothian commitment to continuously improve services in an evidence based manner in line with assessed need.
- 1.2 Quality in Healthcare can be simply defined as 'doing the right thing, at the right time, to the right person, in the right place, every time'. The reliability of achievement is an important aspect of quality and this strategy highlights this aspect of care delivery.
- 1.3 NHS Lothian has adopted a statement of values set out in '**The Lothian Way**'. This sets out a number of principles which will influence behaviour of all staff and how care is delivered. This approach was developed in consultation with staff, patients, users and carers and adoption of these values (*summarised at Figure 1*) is assumed in this Quality Improvement Strategy.

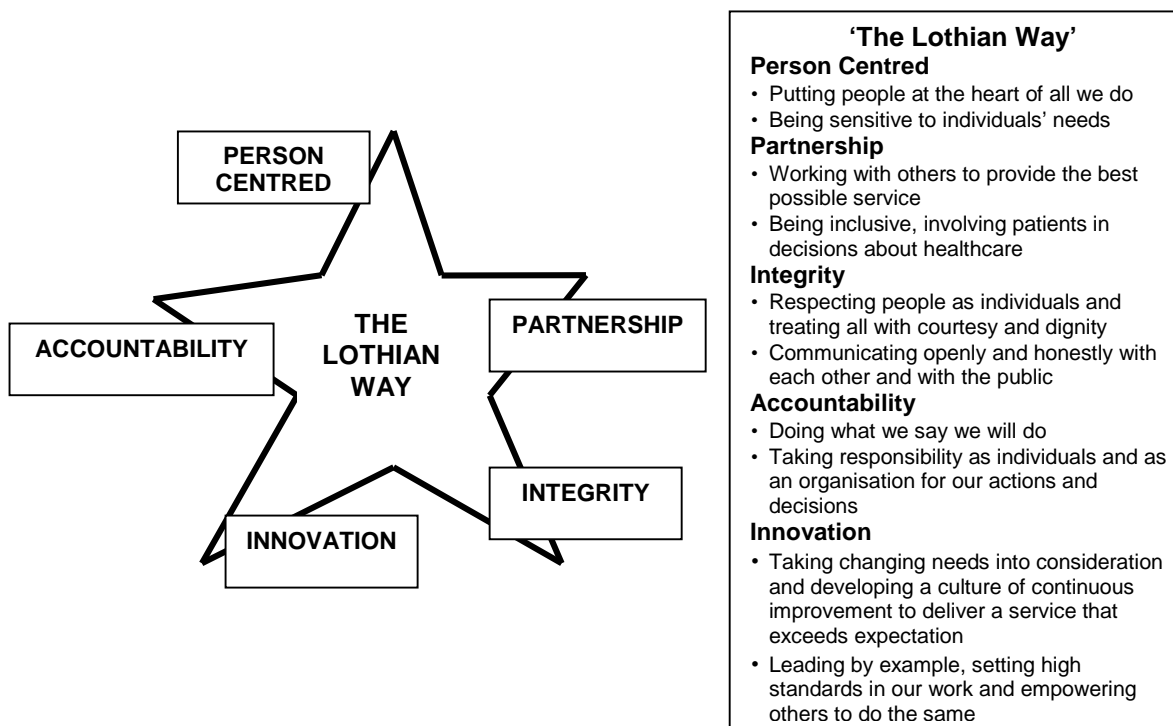


Figure 1

- 1.4 The NHS Lothian Healthcare Governance and Risk Management Committee is responsible for reviewing the quality of service delivery and giving assurance to the Lothian NHS Board that '**person-centred, safe, effective care**' is being delivered.

## 2 BACKGROUND

- 2.1 The NHS Lothian Healthcare Governance and Risk Management Committee endorsed the current NHS Lothian Clinical Governance Strategy in September 2005 and the NHS Lothian Risk Management Strategy in April 2006. It was agreed that a single Healthcare Governance and Risk Management Strategy would be developed during 2007 and the working title '**Quality Improvement Strategy**' has been adopted to emphasise the purpose and actions which will flow from this.
- 2.2 NHS Quality Improvement Scotland (NHS QIS) published agreed standards for Clinical Governance and Risk Management for NHS Scotland in 2006. NHS Lothian was reviewed by NHS QIS in late 2006 and a local report was published in summer 2007 ([www.nhshealthquality.org/nhsqis/3426.html](http://www.nhshealthquality.org/nhsqis/3426.html)). This external report indicated a number of strengths within existing healthcare governance and risk management arrangements; but also highlighted a number of areas for further development (summarised action plan at Annex 1).
- 2.3 The Scottish Government has put in place two new national programmes to enhance the quality of care delivered by NHS Scotland. These are being delivered across NHS Lothian as an integral part of the overall commitment to Quality Improvement. These are:
- Scottish Patient Safety Programme
  - Scottish Patient Experience Programme ("Better Together")
- 2.4 This **Quality Improvement Strategy** sets out:
- Commitments for NHS Lothian to promote delivery of person-centred, safe, effective care, which also contributes to improving health and reducing health inequalities..
  - Assurances to patients and to the public of Lothian about the quality of care that will be delivered.
  - An outline of how staff working for, and also in contract with, NHS Lothian will be supported to deliver these commitments; and how the assurances will be communicated to all users of services, all staff, and to independent contractors.
  - A framework for monitoring and reviewing the quality of services delivered by NHS Lothian (see Clinical Governance Support Team work plan Annex 2)
- 2.5 NHS Lothian's commitment to quality improvement includes a requirement that health services can demonstrate their contribution to improving health and reducing health inequalities. The strategic framework for reducing health inequalities requires that health services can demonstrate that they provide the appropriate mixture of:
- High quality universal services
  - Targeted services for geographical areas or specific populations with higher levels or different types of need
  - Tailored services, particularly for people with multiple or complex needs, but also often required to meet responsibilities under equality and diversity legislation

Implementation of the quality improvement strategy meets this commitment by demonstrating explicit links between quality and risk management, patient experience and reductions in health inequalities.

NHS Lothian policy is that all new and revised policies and strategies must undergo rapid impact assessment. The results should then inform the design and delivery of relevant services. The extent to which care is being delivered equitably should then be assessed using equity audit, a method of comparing actual service use with what would be required by different parts of the population for all to receive effective care.

- 2.6 The Quality Improvement Strategy is intended to be relevant to everyone within the healthcare system. It makes commitments to patients, carers and the wider public; and it places a responsibility on all staff, whether directly employed by, or in contract to, NHS Lothian. It should be seen as a core document to guide the delivery of excellent care by ALL staff and for ALL users of the service.
- 2.7 The concept of continuous quality improvement is relevant to other dimensions of healthcare management and the organisation of Healthcare Governance and Risk Management (see *Annex 3*) seeks to ensure appropriate cross linking between different parts of the organisation to ensure learning from experience is shared and that all parts of NHS Lothian are working together to achieve delivery of person-centred safe, effective care.
- 2.8 The Quality Improvement Strategy assumes the values advised in 'The Lothian Way' have been adopted: and also recognises the importance of other strategies, especially NHS Lothian Equality and Diversity (2007). A new Human Resources strategy is also being developed during 2008.
- 2.9 Better Health, Better Care (Scottish Government 2007) challenges the NHS to involve the public in all we do. NHS Lothian will have in place an Involving People, Improving the Patient Experience Strategy by March 2009. This work will give further detail to the promise to improve the quality of the health care experience which is now a target from Government.

### **3 NHS Lothian Quality Improvement Strategy: Commitments**

- 3.1 The Quality Improvement Strategy is founded on 3 high level commitments which are described more fully at Annex 4. These will be translated by the Quality Improvement Teams (QIT's) in each clinical area to develop a Quality Improvement Plan relevant to that service. Responsibility for implementation of these plans (QIPs) which will lead to improvements in care rests with the managers and staff within each service; and it is the achievement of such change which will be monitored and reviewed by the NHS Lothian Healthcare Governance and Risk Management Committee.

3.2

<p><b>NHS Lothian will:</b></p> <p>COMMITMENT 1: <b>DELIVER PERSON CENTRED CARE</b></p> <p>COMMITMENT 2: <b>DELIVER SAFE CARE</b></p> <p>COMMITMENT 3: <b>DELIVER EFFECTIVE CARE</b></p>
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### **4 MAKING IT HAPPEN: ACTION, RIGHTS AND RESPONSIBILITIES**

- 4.1 **COMMUNICATION:** A strategy has no purpose if it does not achieve an impetus and create drive for change. Central to implementation of the Quality Improvement Strategy is high quality communication with staff, patients and the wider public. Following from this requirement there will be an ongoing programme of information, learning from experience and invitation to participate. This will build on the current range of NHS Lothian publications, the NHS Lothian Intranet and Internet websites and within the Public Partnership Forums and Patient Councils/Networks across NHS Lothian. The NHS Lothian Communication strategy (2008) sets out the plans to deliver these actions. We will use activities which are

evidence based and effective at initiating and sustaining process and behavioural change required to make continuous improvement a reality.

- 4.2 **TRAINING** in different elements of quality improvement methods and techniques is needed by all staff, and by other interested parties, and is regarded as an integral part of the responsibilities of the Clinical Governance Support Team. Recent board wide training programmes include Critical Incident Review, Root Cause Analysis and developing Risk Registers. All new staff complete induction training which contains elements of equality and diversity awareness. Further developments are ongoing to provide up to date training for all staff to access.

A wide range of Human Resource policies apply to support staff to respond appropriately to create a culture which promotes diversity and inclusion. Equality and Diversity Impact Assessment training is also available in NHS Lothian.

The Lean in Lothian programme has also delivered major training opportunities in a range of tools to improve the 'processes' of care delivery. Most training is delivered locally within the service based Quality Improvement Teams and is complemented by access to e-training through the NHS Lothian intranet. Plans are being developed to expand the range of training for key members of QIT's and include training in patient experience improvement methodologies.

#### 4.3 **PATIENTS AND SERVICE USERS: SUPPORTING THEIR RIGHTS**

Patients have a right to information about their condition and about any interventions that are being offered.

Patients have a responsibility (and where necessary given communication support) to engage with the clinician to discuss the nature of their condition and options for treatment.

The patient should, where necessary, be helped to exercise choice regarding the care / treatment / intervention offered so that they may fully exercise their capacity for giving informed consent.

Having given consent to treatment, the patient should then work with the clinical team to make best use of the facilities and expertise available. This includes keeping appointments when they are made and treating staff with respect at all times.

These are just some of the requirements NHS Lothian must deliver. More Patient Rights will be set out in the Government's consultation on a Patient's Bill of Rights (September 2008)

- 4.3.1 NHS Lothian has established a pan Lothian Information for Patients Group to maximise the quality and range of information. This will involve linking to national web based and telephone sources in NHS 24 ([www.nhs24.com](http://www.nhs24.com) or 08454 242424) and in expanding Patient Information shops (Royal Infirmary of Edinburgh, Western General Hospital and St John's Hospital). An NHS Lothian Patient Information Framework (as set out in the Communications Strategy) and incorporating guidance on Interpretation and Translation will be consulted upon in October 2008.

#### 4.4 **OUR STAFF: SUPPORTING AND DEVELOPING**

All staff have a right to receive support from NHS Lothian to help them deliver their care responsibilities. This will include participation in appraisal to demonstrate they are fully up-to-date within their area of work and are undertaking an agreed programme of personal development.

All staff are expected to work in a manner that will minimise risk to patients. Should an incident of poor or discriminatory care, or a near miss, be identified all staff are responsible



for recording and reporting the facts. Managers should understand why an incident has occurred and seek to achieve improvement in the service, based on existing evidence, to minimise future risk and to deliver the best possible care to patients. Staff will learn from others.

All staff have a responsibility to work in partnership with patients to make certain that they are fully engaged in decisions regarding appropriate treatment for their condition; through the giving of appropriate information about the condition and about any possible care/ treatment/ intervention that might help. There is a responsibility to ensure that consent to treatment is both adequately informed and meaningful.

All staff will maintain a record of all interactions with patients, including a specific clinical record of any intervention undertaken, or when a treatment is offered and declined.

#### **4.5 LOCAL MANAGEMENT TEAMS**

Managers are responsible for:

- Ensuring that each of the local Quality Improvement Teams in their area of responsibility develops a Quality Improvement Programme for each service. Managers are then responsible for monitoring progress and for ensuring that appropriate resources are available, to ensure the service achieves its agreed Quality Improvement Programme.
- Maintaining a Risk Register based on an ongoing programme of risk assessment informed by Incident Reporting. The Risk Register should be reviewed regularly and action taken to minimise risks as well as to ensure that any lessons or improvements are shared across the wider healthcare system.
- Working with staff to ensure they undertake regular appraisal and participate in agreed personal development plans.
- Undertaking regular reviews of clinical performance of all staff and providing appropriate support where concerns are identified. This will include opportunities for staff to self report concerns and NHS Lothian will seek to support the staff member, or group, to achieve improvement. Wherever possible action will be taken before any risk to patient care has occurred but a fair process of investigation, guided by existing Human Resources policies, will take place should an incident of concern be reported.
- Ensuring we meet our legal responsibilities to involve, engage and consult all our stakeholders is taken very seriously by NHS Lothian. The Scottish Health Council also scrutinise our delivery of Patient Focus and Public Involvement. The Government have introduced a new target to improve the health care experience. All parts of our service have responsibilities to ensure meaningful engagement of patient carers, service users and communities to capture evidence of their experience to continuously improve our services.

#### **4.6 CLINICAL GOVERNANCE SUPPORT TEAM (CGST)**

NHS Lothian has a single system, multidisciplinary team to support all aspects of Quality Improvement across all parts of the service.

CGST members work as facilitators within every Quality Improvement Team(QIT); providing technical guidance on all aspects of quality improvement with a focus on implementation and monitoring of clinical guidelines, research evidence and other advice on best practice. Expertise in clinical audit, risk management, quality assurance, clinical effectiveness and involving patients is also available from the team.

Training in aspects of quality Improvement is provided within the QITs and on a service wide basis. The training is guided by the requirement to deliver the agreed Quality Improvement Programmes (QIPs) and specialist aspects of the Scottish Patient Safety Programme.

CGST provides an overview of all QIPs and ensures that where different teams are working toward the same objective collaboration and shared learning are encouraged. Updates on progress from all QITs are collated by CGST and reports provided to the Healthcare Governance and Risk Management Committee and to the HCGRM operational groups.

The senior members of CGST share responsibility with the Associate and Executive Directors responsible for Healthcare Governance, Risk Management, Patient Focus and Public Involvement and Information Governance to lead the widespread implementation of a culture of quality improvement which assures delivery of **person-centred safe, effective care**.

#### 4.7 EXECUTIVE AND SENIOR MANAGEMENT

Executive Directors and Senior Managers are responsible for:

- Ensuring that the Healthcare Governance and Risk Management systems and procedures within their area of responsibility are integral to their overall management arrangements and that Quality Improvement drives the achievement of excellent performance.
- Ensuring that policies, systems and procedures are developed, implemented and monitored and that they actively support continuous improvement in achievement of the NHS Quality Improvement Scotland (NHS QIS) Clinical Governance and Risk Management Standards within the context of service delivery quality measures and within overall resources.

#### 4.8 CLINICAL GOVERNANCE: Health Board Non-Executive Directors and Members of the NHS Lothian Healthcare Governance and Risk Management Committee

The role of Non Executive Directors is to:

- hold the Executive Directors to account and to seek assurance that systems are in place to support the implementation of the Quality Improvement Strategy
- review and test evidence from clinical governance and risk management systems within NHS Lothian of continuing improvement as set out in the NHS QIS Clinical Governance and Risk Management Standards and
- review and test evidence that NHS Lothian is delivering person-centred safe, effective care.

### 5 QUALITY IMPROVEMENT STRATEGY 2008 – 2011

- 5.1 The NHS Lothian Quality Improvement Strategy is set out in 3 commitments which lead to the delivery of **person-centred, safe, effective care**.
- 5.2 NHS Quality Improvement Scotland has published national standards to guide the development of systems which support and assure the delivery of high quality care. NHS Lothian has a work programme which involves staff at all levels in developing these systems to support all staff to deliver high quality care and thus achieve a positive experience for all users of the service (*Annex 1*).
- 5.3 There is an explicit link between work led by the quality improvement teams in each clinical area to all other aspects of service improvement. NHS Lothian encourages an approach of continuous quality improvement within the operational management teams supported by the 'single system' corporate departments; including Facilities and Estates, Healthcare Planning, Public Health Medicine and Health Policy, Finance and Performance Management, and Human Resources. NHS Lothian currently has a number of service redesign and

modernisation work streams including 'Lean in Lothian', Better Acute Care in Lothian, and a number of Managed (Clinical) Care Networks and collaborative programmes.

- 5.4 The Scottish Patient Safety Programme has been adopted by NHS Lothian and a number of workstreams have been developed within acute care settings. This work will lead to changes in care delivery to minimise risk to patient care by improving the systems of care and improving the reliability of the care provided. During the first year of the quality improvement strategy this work will be developed for application in a primary care setting and thereafter to mental health and other community services.

## **6 PLANNED UPDATE AND REVIEW OF NHS Lothian Quality Improvement Strategy 2008 – 2011**

- 6.1 The NHS Lothian Quality Improvement Strategy is intended to be a dynamic document and will be supported by an annual work plan developed by the Clinical Governance Support Team (*Annex 2*). This will reflect the priorities identified both by the NHS Lothian Healthcare Governance and Risk Management Committee and issues raised by the Quality Improvement Teams across NHS Lothian.
- 6.2 The strategy will be formally reviewed on an annual basis by the NHS Lothian Healthcare Governance and Risk Management Committee (at either the April or May meetings) and a full revision of the document will next be undertaken during late 2010 for endorsement in 2011; unless there are circumstances which indicated the need for an earlier revision.

## Annex 1

### **NHS Quality Improvement Scotland** **Summary of Clinical Governance and Risk Management Standards**

<b>Standard</b>	<b>Title</b>	<b>Purpose</b>	<b>Director / Review</b>
<b>1 Care and Services are safe, effective, and evidence-based</b>			
<b>1a</b>	<b>Risk Management</b>	To encourage a systematic approach to identifying and managing potential risk to minimise harm.	<b>MEDICAL DIRECTOR</b> <i>HCG&amp;RM Committee</i>
<b>1b</b>	<b>Emergency Planning and Business Continuity</b>	To ensure HBs have plans to ensure continued delivery of healthcare services and to address their statutory responsibilities	<b>PUBLIC HEALTH /PLANNING DIRECTOR</b> <i>HCG&amp;RM Committee</i>
<b>1c</b>	<b>Clinical Effectiveness &amp; Quality Assurance</b>	To encourage HBs to have in place a range of processes and systems to allow best clinical evidence to be implemented to improve patient care and to be able to demonstrate this is having a positive impact.	<b>MEDICAL/NURSE DIRECTOR</b> <i>HCG&amp;RM Committee</i>
<b>2 Care and Services are provided in partnership with patients carers and the public, treating them with dignity and respect at all times, and taking into account individual needs, preferences and choices.</b>			
<b>2a</b>	<b>Access, Referral, Treatment &amp; Discharge</b>	To ensure HBs have systems in place to review service delivery and to monitor patient experience on an ongoing basis	<b>NURSE/PLANNING DIRECTOR</b> <i>Finance &amp; Performance Review Committee</i>
<b>2b</b>	<b>Equality and Diversity</b>	To encourage HBs to demonstrate compliance with the national standards for equality and diversity	<b>HR/NURSE/PUBLIC HEALTH DIRECTOR</b> <i>Equality and Diversity Committee</i>
<b>2c</b>	<b>Communication</b>	To ensure HBs have a range of systems in place to allow 2-way communication with staff	<b>HR DIRECTOR</b> <i>Staff Gov. Committee</i>
<b>3 NHS Scotland is assured and the public are confident about the safety and quality of NHS Services.</b>			
<b>3a</b>	<b>Clinical Governance &amp; Quality Assurance</b>	To encourage HBs to have effective clinical governance and risk management arrangements in place	<b>MEDICAL/NURSE DIRECTOR</b> <i>HCG&amp;RM Committee</i>
<b>3b</b>	<b>Fitness to Practice</b>	To ensure HBs have systems to ensure all staff are appropriately qualified for their role and that they are supported in their work.	<b>HR DIRECTOR</b> <i>Staff Gov. Committee</i>
<b>3c</b>	<b>External Communication</b>	To ensure HBs have effective systems in place to communicate with patients, public and partners	<b>HR DIRECTOR</b> <i>Staff Gov. Committee</i>
<b>3d</b>	<b>Performance Management</b>	To encourage use of quality measures as an integral part of the assessment of performance. Linked to achievement of the HEAT targets.	<b>FINANCE/PLANNING DIRECTOR</b> <i>Finance &amp; Performance Review Committee</i>
<b>3e</b>	<b>Information Governance</b>	To ensure that HBs are working towards achievement of the national information governance standards and that all patients have confidence in the use of their personal health information	<b>PUBLIC HEALTH DIRECTOR</b> <i>HCG&amp;RM Committee</i>

Each Management Team is responsible for ALL aspects of Quality Improvement and local action should be led by the relevant Quality Improvement Team. The Clinical Governance Support Team is responsible for facilitating the work of the local Quality Improvement Teams in respect of core Clinical Governance and Risk Management standards. As indicated significant elements of the quality improvement agenda requires implementation of other standards guided by various other NHS Lothian policies and strategies.



## **Annex 2**

### **QUALITY IMPROVEMENT WORKPLAN April 2007 – March 2009**

#### **SUMMARY**

<b>Section 1 SAFE CARE</b>					
<b>1.1 RISK MANAGEMENT (RM)</b> <b>Lead: Joe Skinner</b> <b>For further details see appendix 1</b>		<b>Co-ordination</b>	<b>Implementation</b>	<b>CGST Support</b>	<b>Date</b>
Roll-out an integrated RM Information system (DATIX) to facilitate comprehensive monitoring and optimum use of RM information at all levels.		Clinical Governance Manager	Joe Skinner/E-health	RM Team	Ongoing to March 2009
Implement the NHS Lothian Incident Management Policy to ensure consistent reporting, management and monitoring of incidents.		Risk Manager	All CMTs/CH(C)Ps/ Corporate & Facilities Management Teams	RM Team	March 2008
Facilitate the initial development, and processes of updating of risk registers at corporate/CMT/CH(C)P level and roll out to ward/department level to embed a consistent approach.		Risk Manager	All CMTs/CH(C)Ps/ Corporate & Facilities Management Teams	RM Team	October 2008
Implement the operational procedure for Safety Alerts to ensure appropriate dissemination, action and monitoring.		Risk Manager Head of Health and Safety	All CMTs/CH(C)Ps/ Corporate & Facilities Management Teams	RM Team H&S Team	March 2008
Develop and roll out a joint approach with Health and Safety to risk assessment to avoid duplication, maximise the impact of risk assessment training and promote consistency of approach to clinical and non-clinical risk.		Risk Manager Head of Health and Safety	All CMTs/CH(C)Ps/ Corporate & Facilities Management Teams	RM Team H&S Team	May 2008
Provide, or where appropriate, sign post/commission training in a variety of risk management topics to increase expertise and skill amongst NHS Lothian staff.		Risk Manager Head of Health and Safety	All CMTs/CH(C) s/ Corporate & Facilities Management Teams	RM Team H&S Team	Ongoing to March 2009

<b>1.2 SCOTTISH PATIENT SAFETY PROGRAMME (SPSP)</b> <b>Lead: Anna Gregor/Annette Henderson</b> <b>For further details of work streams and project teams/leads see Appendix 2</b>	<b>Co-ordination</b>	<b>Implementation</b>	<b>CGST Support</b>	<b>Date</b>
Provide project management, co-ordination and facilitation to ensure successful implementation of SPSP in Lothian	Associate Medical Director	Annette Henderson	Alan Fisher CE facilitators	Ongoing to March 2009
Ensure that Front Line teams meet national targets for targets for 'tests of change' and can demonstrate sustained improvement in process and outcome measures.	Associate Medical Director	Annette Henderson Anna Paisley Dorothy Hughes Ross Paterson Morag Gardner John Neary	Alan Fisher CE Facilitators	July 2009
To establish a measurement system that reflects current safety performance by ensuring that the processes, the reliability and reporting of the outcome measures is established	Associate Medical Director	Annette Henderson	Alan Fisher	July 2009
Establish process and implement executive 'Safety Walk Rounds' to demonstrate NHS Lothian's leadership commitment to Patient Safety.	Medical/Nurse Director	Executive Directors Directors of Operations Corporate Heads of Service	Annette Henderson Joe Skinner CE Facilitators Risk Facilitators	March 2008 and ongoing to March 2009
Implement monthly case note reviews using the Global Trigger tool on RIE, WGH and St Johns sites to ascertain, share and learn from adverse events.	Associate Medical Director	Annette Henderson Clinical staff to be agreed	Alan Fisher CE Facilitators	Ongoing to March 2009

<b>2.1 QUALITY ASSURANCE/ACCREDITATION (QAA)</b>					<b>CSGT Support</b>		<b>Date</b>	
<b>Lead: Sue Gibbs</b>								
<b>For further details see Appendix 3</b>								
Implement the procedure for NHS QIS standards and reviews to demonstrate ongoing compliance, identify potential gaps and ensure that action plans are in place and progressed.		QAA Manager Nominated Co-ordinator	All relevant CMTs/CH(C)Ps Corporate Heads of dept.	Relevant CE facilitator(s), RM staff	Ongoing to March 2009			
<b>2007-2009 reviews (as advised at Dec 2007)</b>								
Blood Transfusion Clinical Standards – March 2007		Charles Wallis	All relevant CMTs	Narmeen Rehman & Denise Needham	6 <sup>th</sup> Sept '07			
Children's Asthma Asthma services for children & young people – March 07		Cathy Orr Steve Cunningham	CMT - WACS All CH(C)Ps	Ashley Tait	3 <sup>rd</sup> & 4 <sup>th</sup> Dec '07			
ADHD (phase 1 & 2 reports) Services over Scotland		John Thomas	Fiona Forbes REAS (CAMHS)	Fiona Hutcheson	10 <sup>th</sup> August 2007			
<b>Previous Reviews and / or Follow - up</b>								
Lead the development, implementation and support of an action plan in response to the Clinical Governance and Risk Management Standards review to meet the Local Delivery plan target of increasing the score to 6 or more.		Clinical Governance Manager	All CMTs/CH(C)Ps Corporate Heads of dept.- Clinical Informatics Performance mgt.	Sue Gibbs QAA Manager Joe Skinner	6 monthly report to HCGRM committee			
Design and carry out relevant audits to demonstrate compliance with the NHS QIS Food, Fluid & Nutritional Care standards.		Nurse Director	All CMTs/CH(C)Ps Head of facilities	Kim Davies	TBC 2008			
Ensure development and regular monitoring of action plans to demonstrate progress in compliance with NHS QIS standards and to provide information for performance management.		QAA Manager	All CMTs/CH(C)Ps Corporate heads of dept.	All CE facilitators	Ongoing			
<b>AUDIT SCOTLAND</b>								
Follow –up Using medicines in Hospital		September 2008						



Name		Status		
Palliative Care		Project brief published July '07, fieldwork due to take place Aug – Nov and final report is expected to be published June '08.		
General Medical Services		Spring 2008		
Diagnostic Services		Summer 2008		
NHS Asset Management		Autumn 2008		
NHS Finance Overview		December 2008		
<b>2.2 CLINICAL EFFECTIVENESS</b>		<b>Co-ordination</b>	<b>Implementation</b>	<b>CSGT Support</b>
<b>Lead: Annette Henderson</b>				<b>Date</b>
<b>For further details see Appendix 4</b>				
Implementation the revised procedure for SIGN and other appropriate guidelines to demonstrate ongoing compliance and identify potential gaps.	Associate Medical Directors	CMTs/CH(C)Ps as relevant to guideline	Sue Gibbs Clinical Guidelines Co-ordinator All CE facilitators	Ongoing
Provide advice and appropriate support to quality Improvement Teams to ensure that all CMTs, CHP(C)s and REAS achieve QIPs which take into consideration all relevant priorities and comply with NHS Lothian guidance.	Team Leader	All CMTs/CH(C)Ps	All CE facilitators RM team QAA Manager	Ongoing
Develop and carry out agreed audit projects to support NHS Lothian priorities, particularly relating to guidelines, both new and those relevant to QIS reviews.	Clinical Effectiveness Manager	All CMTs/CH(C)Ps	Guidelines Co-ordinator All CE facilitators	Ongoing
Retain overview of and provide appropriate and agreed support to local involvement with National Audits i.e. <ul style="list-style-type: none"> <li>- hip fracture</li> <li>- SASM co-ordinating</li> <li>- SCAN (head &amp; neck)</li> <li>- Maternal deaths</li> <li>- Suicides</li> <li>- Neonates</li> <li>- Nursing CQI</li> </ul>	Clinical Effectiveness Manager  Diana Beard (STAG) Simon Patterson-Brown Elizabeth Junor David Farquharson Diana Morrison David Farquharson Associate Nurse Director	CMTs/CH(C)Ps as relevant to audit	Kim Davies Denise Needham Alan Fisher Allyn Dick Fiona Hutcheson Allyn Dick relevant CE facilitators	Ongoing

2.2 CLINICAL EFFECTIVENESS contd. Lead: Annette Henderson For further details see Appendix 4		Co-ordination		Implementation	CSGT Support	Date
Ensure that all clinical policies comply with NHS Lothian Clinical Policy Standards	Associate Medical/Nurse Directors	All CMTs/CH(C)Ps	Denise Needham	Ongoing		
Ensure NHS Lothian policies on health related to organisation, delivery protection, promotion, prevention treatment and care of resident and patient populations are fit for purpose.	Director of Public Health/Health Policy	All	new Public Health Quality Improvement Team	Ongoing		
<b>Infrastructure/Internal issues</b>						
Provide a range of ways to communicate Clinical Governance and Risk Management information: <ul style="list-style-type: none"> <li>- newsletter</li> <li>- intranet zone</li> <li>- posters/publications</li> <li>- best practice day June 2008</li> <li>- briefing papers</li> </ul> to NHS Lothian staff and partners to ensure that tools, best practice and lessons are shared.	Team Leader	All CMTs/CH(C)Ps Corporate heads of dept	Kim Davies Wendy Ford	Ongoing		
Revise and disseminate guidance on QI programmes annually to ensure that QI teams are informed of NHS Lothian priorities in relation to Quality Improvement and evaluate programmes 6 monthly to monitor the effectiveness of structures and processes in delivering the QI agenda.	Quality Assurance & Accreditation Manager	Annette Henderson	All CE facilitators Risk management team Sarah Sinclair	Ongoing to March 2009		
Ensure that QI teams and CGST staff have access and expertise in the use of a wide range of tools to support and undertake clinical governance and risk management activities.	Clinical Governance Manager	Annette Henderson Joe Skinner Sarah Sinclair QAA manager				

<b>Section 3 PERSON-CENTRED CARE</b>				
<b>Lead: Sarah Sinclair</b>	<b>Co-ordination</b>	<b>Implementation</b>	<b>CSGT Support</b>	<b>Date</b>
Provide project management, co-ordination and facilitation to ensure successful implementation of the Scottish Patient Experience Programme (SPEP) in Lothian.	Associate Nurse Directors	All CMTs/CH(C)Ps PFPI staff Corporate & Facilities management teams	Sarah Sinclair CE facilitators	2008 (Specific project plans and dates not yet known)
Continue to develop, implement and monitor the NHS Lothian PFPI action plan to ensure progress against HEAT targets.	Associate Nurse Directors	All CMTs/CH(C)Ps PFPI staff	Sarah Sinclair CE facilitators	Ongoing to March 2009
Recognise and support the implementation of the diversity and equality strategies across NHS Lothian and develop a field in DATIX to report equality and diversity incidents.	Public Health Consultant Risk Manager	Margaret Douglas Joe Skinner James Robinson	Sarah Sinclair CE facilitators	Ongoing to March 2009
Develop and implement a single system approach to the deployment of the resources available to support PFPI.	Associate Nurse Directors	All CMTs/CH(C)Ps PFPI staff Catriona Rostrom	ALL	September 2008 – March 2009
<b>Section 4 ASSOCIATED PROGRAMMES</b>				
	<b>Co-ordination</b>	<b>Implementation</b>	<b>CSGT Support</b>	<b>Date</b>
GE phase 2/3 see Lean in Lothian intranet link and Board Reports on NHS Lothian internet	Director of Strategic Planning and Modernisation Chief Operating Officer LUHD	Modernisation manager	as needed	ongoing as per programme



## Annex 3

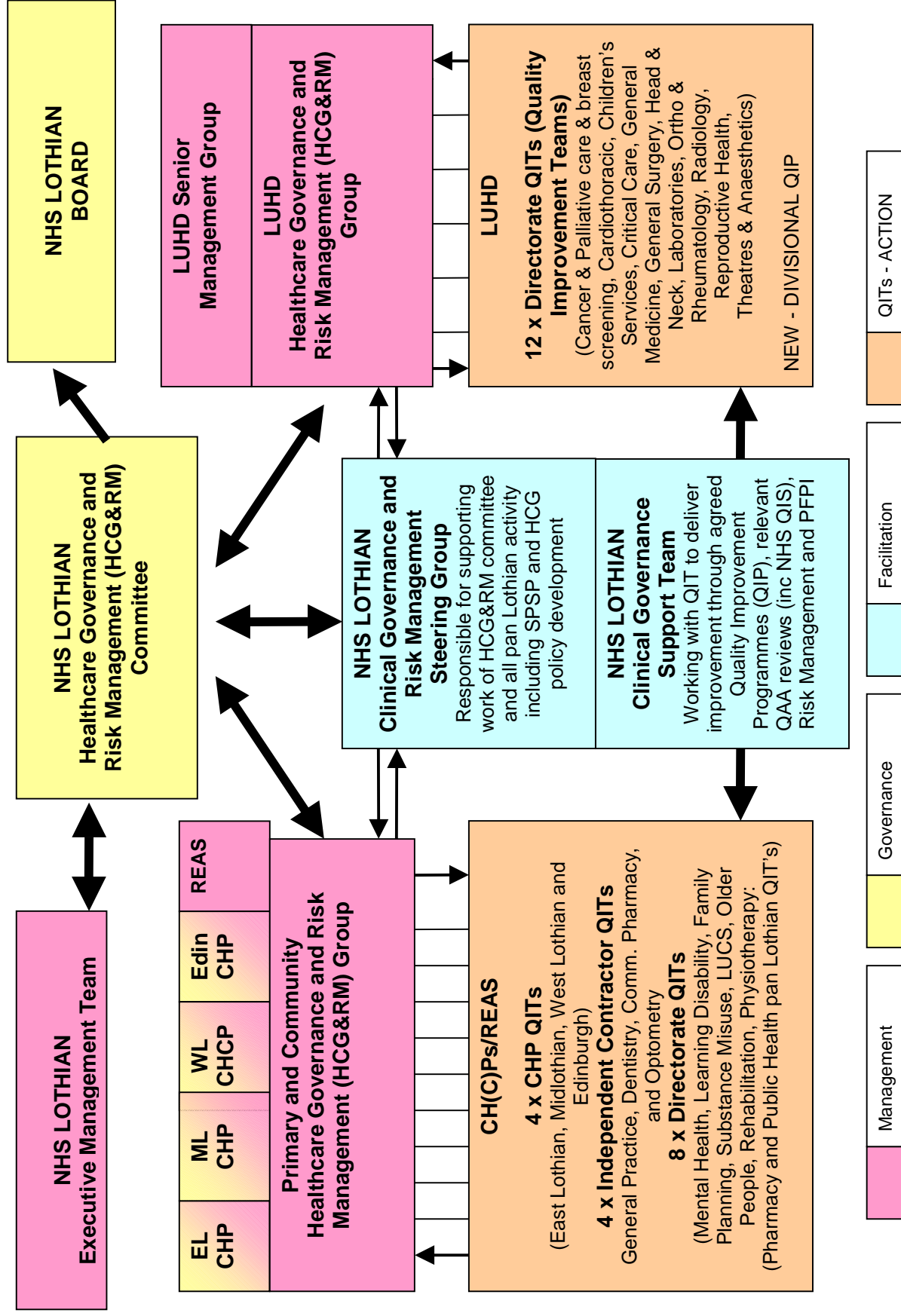
### Summary of ORGANISATIONAL ARRANGEMENTS for Healthcare Governance and Risk Management in NHS Lothian

NHS Lothian has undergone a major reconfiguration of management since October 2004 and now works as a single system with:

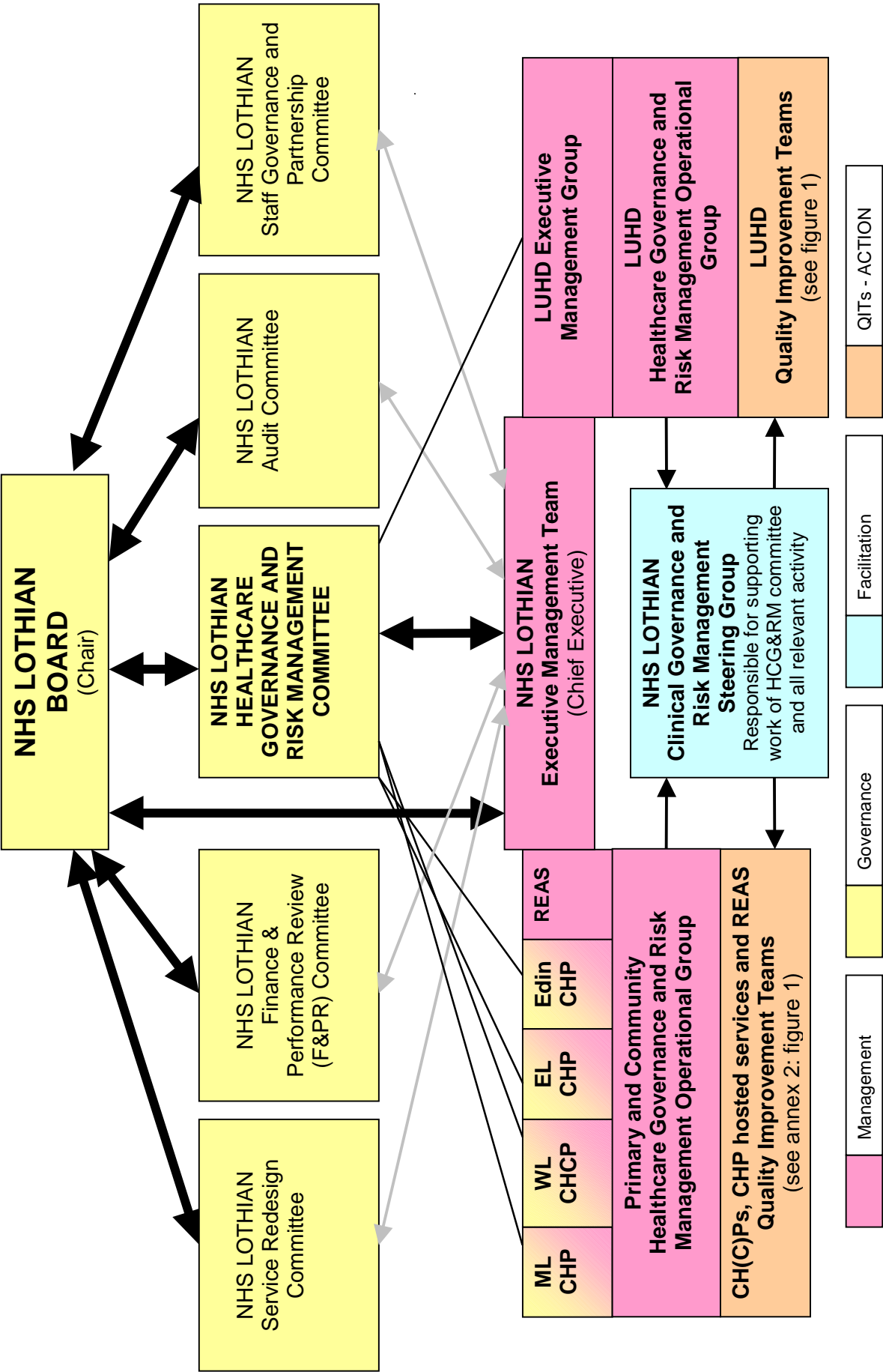
- **Lothian NHS Board** responsible for Strategic Direction, Policy Development, Performance Management and all aspects of Governance (providing assurance that services are being effectively delivered to agreed standards). The membership of the Board is made up of Non Executive Board Members appointed by the public appointments committee of Scottish Government; and the Executive Directors of NHS Lothian, under the leadership of the Chief Executive who is the accountable officer for NHS Lothian.
- The **NHS Lothian Healthcare Governance and Risk Management Committee** is the NHS Board subcommittee charged with giving formal assurance that all services are being delivered to agreed quality standards. This committee is supported by two Healthcare Governance and Risk Management Operational Groups, one covering all services within Lothian University Hospital Division and the other all Primary and Community services, including specialist services managed by the Community Health Partnerships. These operational groups review matters in detail and report routinely, and by exception, to the full committee. The operational groups also ensure that action is being taken within local management systems to address issues.
- The clinical service delivered by NHS Lothian is managed within 6 operational units. Lothian University Hospitals Division manages all acute and hospital based services; the 4 Community Healthcare Partnerships (East Lothian Community Healthcare Partnership, Edinburgh Community Healthcare Partnership, Midlothian Community Healthcare Partnership, and West Lothian Community Health and Care Partnership) are responsible for the delivery of Primary and Community care, including specialist and local hospital services. The Royal Edinburgh Hospital and Associated Services division is responsible for delivery of adult mental health services for Edinburgh and specialist mental health services for all of Lothian as well as a number of regional services. Each of these operational management units has one or more **Quality Improvement Teams** aligned to clinical management teams which are responsible for developing and delivering a **Quality Improvement Programme** relevant to that clinical / management area.
- There are also a number of single system functions which operate across all of NHS Lothian including finance and performance management; public health medicine and health policy, e-health, primary care contracts, pharmacy, facilities and estates, human resources and organisational development etc. These single system groups have an existing, or emergent, Quality Improvement Team to give local focus to quality improvement in their support function.
- The overall programme of work is led by the **NHS Lothian Clinical Governance and Risk Management Steering Group** which oversees the work of the **Clinical Governance Support Team**, whose members are aligned to the locally based Quality Improvement Teams. CGST staff work with, and provide expert facilitation to, the Quality Improvement Teams to develop and implement individual localised Quality Improvement Programme relevant to that service. Wherever possible, Quality Improvement Teams are linked together when they are working on a common theme eg improvements in patient nutrition towards meeting the NHS QIS food fluid and nutrition standards.
- A number of operational groups meet to lead aspects of the quality improvement agenda eg Clinical Guidelines Steering Group, Lothian Infection Control Advisory Committee, e-health Clinical Reference Group. These provide an expert resource to each of the Quality Improvement Teams as well as ensuring policies and procedures are developed for all of NHS Lothian.

**The schematic diagrams (figures 1 – 4) attached allow the responsibilities of each of the groups and their interrelationship to be visualised**

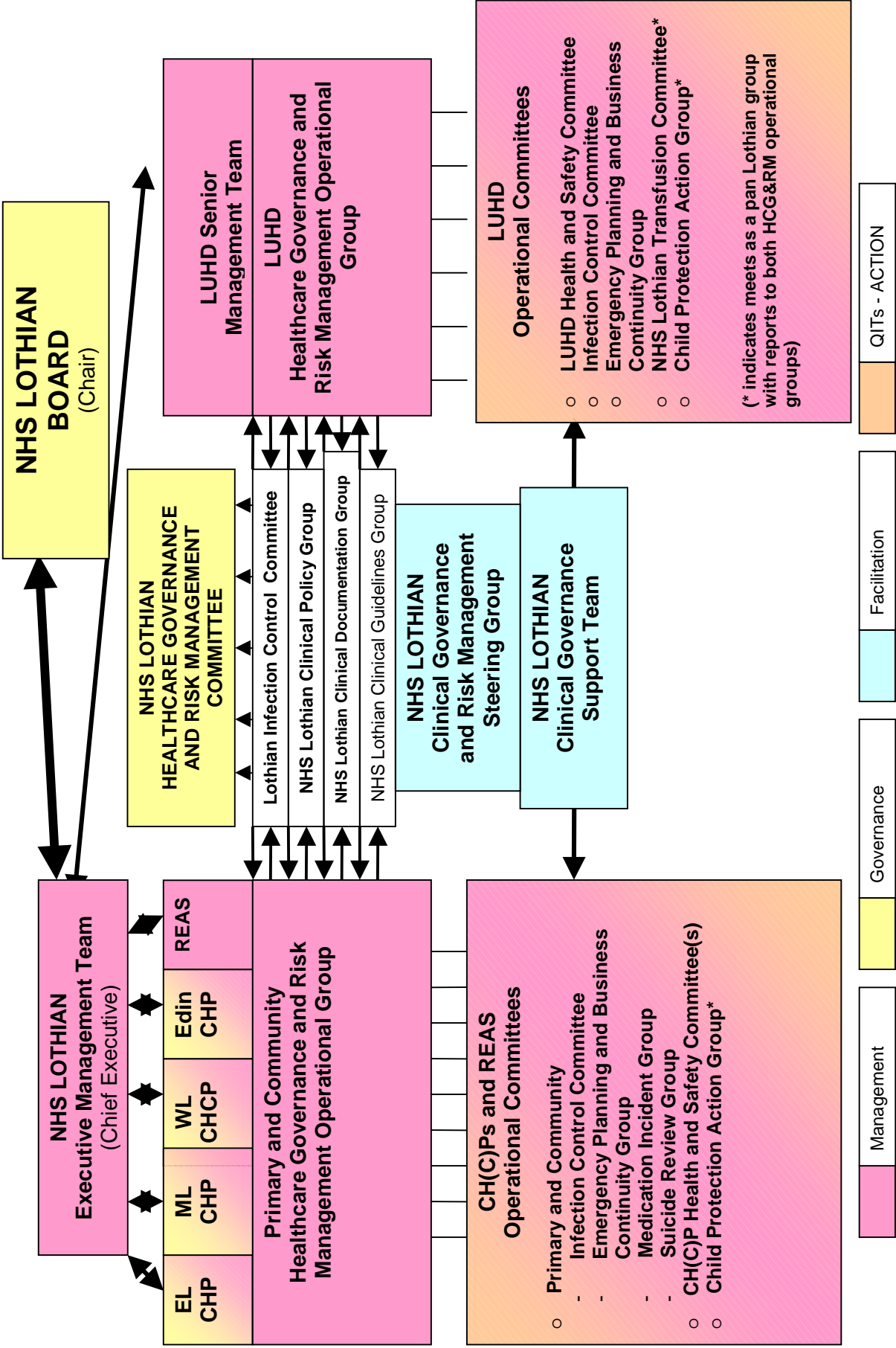
Annex 3: Figure 1: SCHEMATIC of relationships between NHS Lothian Healthcare Governance and Risk Management Groups



Annex 3: Figure 2: NHS Lothian Healthcare Governance and other Board Governance Committees showing links with Executive and Operational management groups



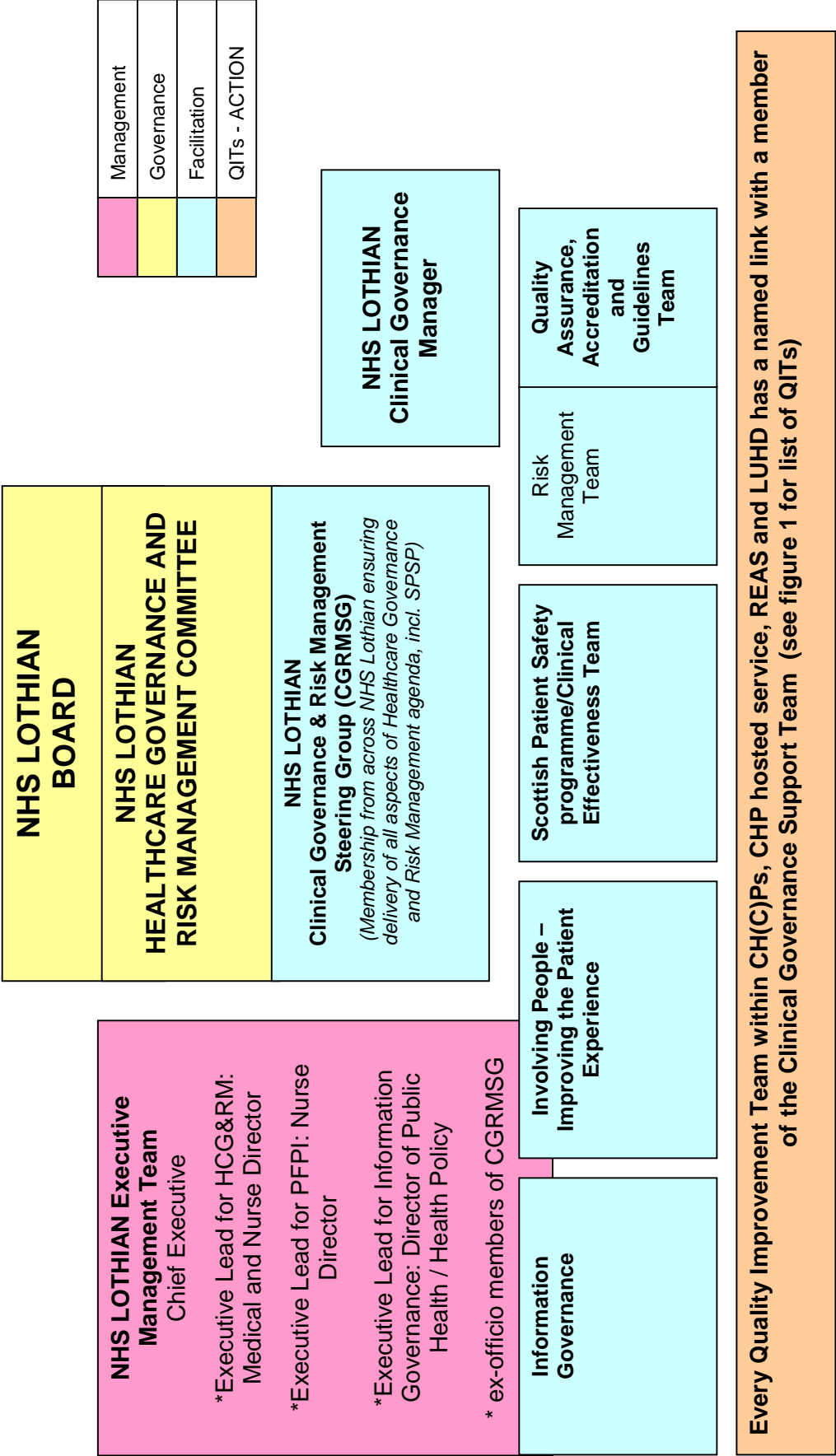
Annex 3: Figure 3 : SCHEMATIC of NHS Lothian Healthcare Governance OPERATIONAL COMMITTEES within CH(C)Ps , REAS and the Acute Operating Division (LUHD)



Under review Resuscitation Committee  
Radiological Protection Committee – reports to Health and Safety



**Annex 3: Figure 4: SCHEMATIC of NHS Lothian Healthcare Governance and Risk Management FACILITATION provided by members of Clinical Governance Support Team and Clinical Governance and Risk Management Steering Group (CGRMSG)**





# **Summary of Implementation plan for NHS Lothian QUALITY IMPROVEMENT STRATEGY 2008 – 2011**

## **COMMITMENT 1: DELIVER PERSON CENTRED CARE**

### **1.1 PERSON CENTRED: The needs of patients, carers, and the public, will be at the centre of all decision making.**

- Patients and users of NHS Lothian services will be provided with information about their condition, about treatments available and what choice they may take in planning their own care. When required they will be provided with access to independent sources of support and advocacy. The information will be provided in a format that ensure the information is accessible to the user.
- Personal Health information is maintained in a confidential and secure manner. Sharing of such information between members of the healthcare team is necessary to provide effective care but assurance is given that confidentiality is maintained at all levels. If information is to be shared outwith the healthcare team this will be discussed with the individual patient. Information may also be shared for the purpose of improving the quality of the service provided recognising this will normally be done on an anonymous basis. The guidance issued on behalf of NHS Scotland regarding protection of personal health information is complied with across NHS Lothian.
- Access – national waiting time guarantees are recognised as an important quality indicator and all services work to achieve or exceed these targets. Patients are increasingly given an opportunity to choose attendance at a clinic based on soonest appointment or by geographical location (recognising that not all services are provided on multiple sites)
- Patients should expect to be treated with courtesy at all times and there is an expectation that mutual respect will be shown between staff and patients and their relatives /carers. NHS Lothian is also committed to the national standards for equality and diversity.
- NHS Lothian welcomes comment, complaint, and compliment from patients and users. Wherever possible these will be dealt with by a member of staff within the service attended. If a concern cannot be resolved the single system complaints team will assist the investigation and resolution of the matter. If the matter cannot be resolved locally NHS Lothian will advise the individual to contact the independent Scottish Public Services Ombudsman.
- Wider aspects of the commitment to person centred care are set out in various strategies including NHS Lothian Patient Focus, Public Involvement (PFPI) Strategy and this will be enhanced in coming months as NHS Lothian affirms its commitment to the national Scottish Patient Experience Programme due to be launched in 2008.

## **COMMITMENT 2: DELIVER SAFE CARE**

### **2.1 SAFE: ‘avoiding errors, reporting incidents/near misses, learning from experience’**

- Staff will assess the risk inherent in all aspects of care delivery and agree actions to minimise risk to patients. This process will become integral to how staff work and will support the consistent delivery of a safe service. Healthcare requires active management to minimise risk because healthcare is inherently a risky business.
- All staff will use a standard INCIDENT REPORTING system to advise of the occurrence of an incident or a near miss. Reports will be reviewed by local management in partnership with staff, and who agree actions to be taken. The incident reporting will allow escalation to senior management where required and summary of risks will be captured within the RISK REGISTER. Lessons learned from the experience will be used to reduce the possibility of a recurrence of the situation. These lessons will be shared within NHS Lothian, and beyond, as deemed appropriate.
- Quality Improvement Teams, with support of their local management teams, will ensure action is taken to address identified risks and will also be responsible for ensuring that learning from other

parts of the NHS system, including formal notification of Patient Safety Notices, is applied to local service delivery.

- Members of Quality Improvement Teams, Senior Management Teams and Healthcare Governance and Risk Management Operational Groups will, on a regular basis, review local and corporate Risk Registers and test that risk assessment, risk reporting, and risk management systems are in place and are being used effectively.
- NHS Lothian has adopted the NHS Scotland recommended approach to assessing and managing risk. The corporate Risk Register, and a report of actions taken, will be reviewed by the NHS Lothian Healthcare Governance and Risk Management Committee on a quarterly basis. Exception reports relating to specific significant risks will be discussed at the next meeting of committee. This will include discussion of any risk that has been escalated to executive team members under the incident reporting and risk management policy.
- Each year the Executive Management Team will commission and review an audit of the effectiveness of the risk control measures employed and this will be reported within the NHS Board Annual review.

- 2.2 The Scottish Patient Safety Alliance was launched in March of 2007 by the Chief Medical Officer. Since that time a formal partnership with the Institute for Health Improvement in Boston, USA, has been agreed and the Scottish Patient Safety Programme was formally launched in January 2008. The programme is based on 12 evidence based workstreams which will reduce the risk of harm to patients within a range of hospital settings. NHS Lothian has undertaken and reported the nationally directed baseline audits against which improvement will be demonstrated.

The first phase of the programme will relate to a number of known high risk issues within hospital settings; including reconciliation of medicines, high risk medicines, healthcare acquired infection, and intensive/critical care of patients. NHS Lothian is also taking forward a programme of improvement in Acute General Ward care (initially in cardiology). The Clinical Governance Support Team is currently developing a training programme to support the local Quality Improvement Teams as they prepare to address this challenging programme of work. A national training module relating to getting 'Boards on Board' will be adopted in NHS Lothian.

NHS Lothian has declared an intention to extend the patient safety programme later in 2008 to primary care and community settings. This will use evidence currently being developed in 2 other health board areas. It is expected that the initial phase will also involve work with medicines and healthcare acquired infection as existing care pathways routinely invite patients to cross between primary and community care settings and hospital based care.

Consistent implementation of best practice guided by the Scottish Patient Safety Programme will reduce the risk of harm to patients, will shorten length of stay in hospital beds caused by such harm, and will significantly improve the ability to review the quality of care being delivered through use of rapid cycle audit of improvement.

## **COMMITMENT 3: DELIVER EFFECTIVE CARE**

### **3.1 EFFECTIVE: 'Doing the right thing, for the right patient, at the right time, every time'.**

- All staff will ensure that they maintain their professional skills to the highest standard by participation in CPD and appraisal and demonstrating their continued registration with the relevant professional body where appropriate.
- All staff will make best use of the evidence and guidelines available within their area of work and will work, with colleagues in the appropriate Quality Improvement Team, to define appropriate pathways of care within that specialist area.
- NHS Lothian Clinical Guideline Steering Group, Clinical Policy Group and Clinical Documentation Group will develop, implement and monitor evidence based practice and report progress to the NHS Lothian Healthcare Governance and Risk Management Committee.
- Local management teams will ensure that staff have access to relevant sources of information and are supported in achieving agreed CPD plans, both within the workplace and through

attendance at appropriate courses. All staff will have access to information within the NHS Lothian Intranet and through an e-portal to the NHS Library.

- All staff are encouraged to work within agreed protocols, policies and procedures. Where exceptions are used these will be recorded. NHS Lothian does not wish to stifle innovation but evidence highlights that safety, and effectiveness, are improved when the system of care is used to support the individual healthcare worker / clinician at point of contact with individual patient.
- Executive Management Team and the NHS Lothian Healthcare Governance and Risk Management Committee will ensure that services in NHS Lothian are being delivered against agreed standards, as advised by NHS QIS and other appropriate bodies, and that all staff are being supported to maintain the highest professional standards.

3.1.1 The NHS Lothian Local Delivery Plan indicates the areas of service improvement that are being sought over the coming year. This translates the overall commitment within the Kerr report 'Delivering for Health', and the recent Scottish Government consultation document "Better Health, Better Care" to modernise the delivery of services to achieve the promise of 'as local as possible, as specialist as necessary'. Implementation of the Quality Improvement Strategy will give assurance to patients, staff and to the NHS Board that both change and the ongoing delivery of healthcare services are subject to robust processes of engagement and consultation, monitoring and review.

This work will be led locally by the Quality Improvement Teams within each Community Healthcare Partnership (CHP), in each clinical directorate and in each specialist service. CHP based Quality Improvement Teams also have a responsibility to support the care delivered by independent contractors. Membership of a Quality Improvement Team normally includes the Clinical Director, the Chief Nurse, and the senior General Manager for that service, in addition to staff representing the clinical services and support services. Quality Improvement Teams play a key role in supporting the delivery of high quality services.

Each Quality Improvement Team is required to develop a Quality Improvement Programme (QIP) for the year stating

- the local interpretation of the corporate priorities for improving quality as declared by the NHS Lothian Healthcare Governance and Risk Management Committee, and NHS Lothian Local Delivery Plan; and
- locally developed priorities relating to reducing risk, improving effectiveness and increasing patient engagement, relevant to that service.

The Quality Improvement Programme for each service must be agreed by the appropriate local management team which then has the responsibility for ensuring resources are provided to allow progress to be achieved and for monitoring delivery of the QIP. Management will report progress to the relevant Healthcare Governance and Risk Management Operational Group (the Lothian University Hospitals Division or the Primary and Community group). These two groups in turn provide both routine and exception reports to the NHS Lothian Healthcare Governance and Risk Management Committee. Corporate Single System groups will also make direct report to the NHS Lothian HCGRM Committee on a regular basis.

NHS Lothian has a number of major strategic quality improvement programmes including change through the 'Lean in Lothian' programme evolved from the GE healthcare project. There are also significant changes arising from the Better Acute Care in Lothian (BACiL) initiative, from a number of nationally advised Clinical Collaboratives, and from a range of Managed Clinical Care Networks. It is recognised that these work-streams need to be co-ordinated and a commitment has been given that all aspects of Quality Improvement (current and anticipated) will be tested against this strategic framework.