

Meeting of:  
Lanarkshire NHS Board  
28 April 2010

Lanarkshire NHS Board  
14 Beckford Street  
Hamilton ML3 0TA  
Telephone 01698 281313

Fax 01698 423134  
[www.nhslanarkshire.org.uk](http://www.nhslanarkshire.org.uk)

## **SUBJECT: CLINICAL GOVERNANCE**

### **1. PURPOSE**

The purpose of this paper is to provide a progress report to Lanarkshire NHS Board on quality assurance, with a focus on clinical effectiveness.

### **2. MONTHLY REPORT TO THE BOARD ON QUALITY ASSURANCE**

#### **2.1 NHS Scotland Quality Strategy**

As part of the National Quality Strategy, Stage 1 Implementation, NHS Boards were requested to take forward a local engagement programme, suggest national quality measures, provide exemplars of existing high quality healthcare services and quality improvement approaches and identify individual and Board level commitments to changes. The following actions have been progressed.

Board wide Engagement Programme:

- The Quality Strategy has been featured in the NHS Lanarkshire weekly information bulletin
- A webpage was set up on FirstPort for the Quality Strategy with a link to the NHS Scotland special bulletin on the Quality Strategy
- Presentations and briefings have been provided / planned at meetings of the main NHS Lanarkshire groups.

National Measures of Healthcare Quality:

- NHS Lanarkshire submitted potential quality measures and attended a national event.

Existing high quality healthcare service and quality improvement approaches:

- Examples are being collected for submission on 23 April 2010.

Individual and Board level commitments to changes:

- A brief survey including the national consultation questions was set up on SurveyMonkey and this has been widely promoted across NHS Lanarkshire
- A draft list of quality priorities was considered by the CMT and will be submitted on 23 April 2010.

#### **2.2 Quality Assurance and Dashboard**

A Board Seminar is planned for June 2010 focusing on proposed enhancements to the arrangements for measuring and reporting on quality, within the context of the National Quality Strategy and key lessons for NHS systems through the country arising from the Inquiry into the Mid Staffordshire NHS Trust. In relation to this a draft NHS Lanarkshire Quality Dashboard has been developed and discussed at the

Clinical Governance Committee on 19 April 2010. The aim of the dashboard is to provide the Board with a range of information which will enable an overall assurance in relation to quality of care.

At this Seminar the Strengthening Quality in Lanarkshire work programme for 2010/11 and the annual report for 2009/10 will be outlined.

### 2.3 NHS Quality Improvement Scotland Activity

The following activity has taken place in relation to QIS peer visits, SIGN guidelines and NPSA alerts.

#### NHS QIS Peer Review Visits

##### **Sexual Health Services**

In preparation for the review of Sexual Health Services in 2010/11, NHS Boards have been asked to evaluate their service and collate evidence to support the self assessment, which was issued to Boards in July 2009.

### 3. DEVELOPMENT OF A CLINICAL QUALITY SERVICE FOR NHS LANARKSHIRE

Work has commenced on development of a new pan Lanarkshire Clinical Quality Service for NHS Lanarkshire, bringing together the clinical governance staff supporting primary care and the clinical effectiveness staff supporting acute care. It is anticipated that the revised arrangements will be fully implemented by June 2010.

Development of the new service was prompted by a requirement for Cash Releasing Efficiency Savings (CRES) within the clinical governance / effectiveness services, and by publication of the draft National Quality Strategy which indicated the future direction for clinical quality. The new structure maximises efficiency and flexibility as well as responding to the new environment of the national quality strategy with its focus on patient safety and long term condition pathways across primary and secondary care.

The new service will be structured to support the pan Lanarkshire work streams below. It has been recognised that the work streams will need to be continually reviewed and altered in line with changes to national and local priorities. Person centred care is a major strand within the draft National Quality Strategy. This area is led by the Better Together group for NHS Lanarkshire, however, all the work streams will support as appropriate this imperative.

<b>Proposed Work streams</b>	
<b>1</b>	Reviews & Inspections / Standards & Guidelines / Women & Children's / Public Health
<b>2</b>	Condition Specific / Long Term Conditions: Respiratory / Neurology / BBVs / Leading Better Care & link to Cancer and Palliative Care
<b>3</b>	Condition Specific / Long Term Conditions: Stroke / Older Peoples / CHD / Diabetes & link to Patient Safety
<b>4</b>	Patient Safety / HAI / Medicines Management
<b>5</b>	Quality Information (Systems / Reporting / Management / Security) / Unscheduled Care
<b>6</b>	Mental Health / Learning Disabilities / Drugs and Alcohol / Clinical Governance Frameworks

Person Centredness

Leading each work stream will be a Clinical Quality Team Manager. The Clinical Quality Team Manager will be supported by a number of Clinical Quality Coordinators and one or more Clinical Quality Assistants. As well as leading a work

stream, each Clinical Quality Team Manager will provide a link to either an acute hospital, CHP or the mental health unit, attending management or other meetings as appropriate.

Each year an annual overall work programme for the Clinical Quality service will be agreed with the Joint CHP and Acute Clinical Governance and Risk Management Committees in line with national and local priorities. The development of the work programme will be done in consultation to ensure that all stakeholders across the range of services have the opportunity to influence the priorities and contribute to the success of the work programme.

The level of support provided by the Clinical Governance Coordinators to a range of non clinical governance activities within the localities including performance management was raised during the consultation period. This was estimated by General Managers as being about a quarter of their time. In response to this it was agreed that once the number of staff and finance relating to primary care has been agreed that a quarter of this staffing will remain with and be managed by CHPs.

#### **4. FURTHER INFORMATION**

For further information or clarification of any issues in this paper please contact:

Dr Alison Graham, Medical Director, 01698 206318, or

Laura Drummond (for update on Clinical Quality Service), Corporate Clinical Effectiveness Manager, 01236 713314

Pam Milliken (for update on Clinical Governance Work Programme), Head of Clinical Governance and Risk Management, 01698 245034

20 April 2010

---