

**LANARKSHIRE NHS BOARD  
QUARTERLY CORPORATE PERFORMANCE REPORT – PERIOD TO 31 MARCH 2010**

**NHS LANARKSHIRE ANNUAL REVIEW: 20 OCTOBER 2009  
MID YEAR REVIEW OF PROGRESS**

The actions agreed during the Annual Review on 20 October 2009 were set out in a letter from the Minister for Public Health & Sport to the Chairman dated 23 November 2009. The Board meeting of 23 December 2009 confirmed Executive lead(s) for each action, and that progress reports would come to the Corporate Management Team and to the Board as part of the Quarterly Corporate Performance Report.

A Mid Year review of progress was completed early in April 2010, with the outcome reported below.

Annual Review Action		Lead(s)	Progress at April 2010
1	The Board must continue to work to achieve in-year and recurring financial balance, and maintain regular contact with SGHD.	L Ace T Davison	Regular contact with SGHD maintained. In-year financial balance forecast throughout the year. Audit of final figures will be complete in June 2010. LDP submitted showing recurring financial balance.
2	The Board should regularly update SGHD on efforts to maintain the downward momentum in Sickness Absence rates.	L Khindria	Our data is collected via SWISS and fed into SGHD. We will include our work in the Staff Governance Self Assessment Tool which will go to SGHD.
3	Continue to deliver robust arrangements for controlling Healthcare Associated Infection (HAI).	A Graham	A very substantial and on-going programme of work is in place, of which key details are summarised below.  <b>Surveillance</b> NHSL fully complies with all mandatory elements of CEL 11 (2009) 'A revised framework for national surveillance of healthcare associated infection and the introduction of a new health efficiency and access to treatment (HEAT) target for <i>Clostridium difficile</i> associated disease (CDAD) for NHS Scotland'. The National Quarterly report published by Health Protection Scotland in January 2010, providing data for the 3 <sup>rd</sup> quarter of 2009 (July-September) showed Lanarkshire

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		<p>had 0.54 cases/1000 OBDs &gt;65yrs old and 0.59 cases/1000 OBDs aged 15-64 yrs. This compares with the NHS Scotland rate of 0.66 and 0.88 respectively. This is the 3<sup>rd</sup> quarter in succession that the rate in NHSL for &gt;65yrs has been less than the HEAT target. NHS Lanarkshire has actively engaged with NHS QIS and HPS to seek assistance in achieving the national SAB HEAT Target by March 2010. The NHS QIS Nurse Consultant – Infection Control is assisting NHS Lanarkshire in driving forward HAI quality improvements, particularly in relation to the reduction of SABs demonstrating improved clinical outcomes and progress towards the further 15% reduction set by the Scottish Government for 2011. The MRSA Screening programme implementation progressed to the planned date of 31<sup>st</sup> January 2010 for all relevant elective admissions to acute specialties. Compliance is now being monitored via the MRSA surveillance nurses.</p> <p>A newly formed HAI Surveillance Group has been convened to scope current surveillance activities, identify underpinning drivers, streamline data collection and establish local surveillance requiring to be undertaken and produce a surveillance strategy for NHSL.</p> <p><b>Funding</b> In December 2009, the SGHD allocated each NHS Board with HAI funding to report on improved Tissue Viability outcomes for patients. NHS Lanarkshire received an allocation of £70,000 which is being used to support the outcomes while ensuring that there is strong integration of HAI within the established Leading Better Care/Releasing Time to Care programme outcomes. The associated facilitators will support the Tissue Viability Nurses in ensuring that the NHS QIS National Tissue Viability Programme is embedded in all areas. A further sum of £496,040 has been allocated to NHS Lanarkshire from the SGHD to support HEI activities in relation to improving the patient's environment and work is in progress in relation to this.</p> <p><b>Clinical Effectiveness</b> NHS Lanark shire's Clinical Effectiveness Department produces weekly <i>Clostridium difficile</i> and monthly <i>Clostridium difficile</i> and <i>Staphylococcus aureus</i> (SAB) reports</p>
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		<p>for acute wards and community hospitals detailing the number of new episodes per ward by hospital setting. These are cascaded to senior staff across the organisation through to frontline staff via a structured mechanism to facilitate ownership of data. An HAI Clinical Effectiveness Facilitator is focusing on and streamlining HAI related projects. Highlight reports are produced on a quarterly basis to demonstrate progress in relation to weekly/monthly reporting, HAI databases, MRSA Screening, HAI Laboratory databases, compliance with antimicrobial prescribing policies/formularies, SSI surveillance, hand hygiene and compliance with environmental audits. The report also highlights risks and planned actions.</p> <p><b>Integration of HAI with other quality initiatives</b> An NHSL Quality Networking Group aims to ensure a better understanding of all local and national initiatives and their application in NHS Lanarkshire minimising duplication of efforts within the programmes. This mechanism supports sustainability and ownership of HAI through integration of key elements into existing processes such as the Scottish Patient Safety Programme, LEAN, Leading Better Care and Releasing Time to Care. The SPSP Ward Workstream in NHS Lanarkshire currently monitors compliance with local auditing of hand hygiene, peripheral venous catheter bundle aligned with episodes of SAB and <i>Clostridium difficile</i> utilising SPSP Facilitators to assist the HAI Service to drive quality improvement.</p> <p><b>Quality improvement</b> NHS Lanarkshire has actively engaged with NHS QIS and HPS to seek assistance in achieving the national SAB HEAT Target by March 2010. This external support has focused on the need to evidence improvements and/or implementation of measures aimed at improving outcomes alongside considering alternative ways of presenting data for local consumption. The NHS QIS Nurse Consultant – Infection Control, has secured an Honorary Contract with NHS Lanark shire's HAI Service 2 days per month for 6 months to assist in driving forward HAI quality improvements, particularly in relation to the reduction of SABs demonstrating</p>
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			<p>improved clinical outcomes.</p> <p><b>Board Reports</b>  A monthly HAI Board report is produced by the HAI Manager which provides an update of performance in relation to HAI using a national reporting template. Key issues include performance against HEAT targets, infection prevalence rates, cleanliness of clinical facilities, progress against the national <i>Clostridium difficile</i> action plan, progress against key issues within the HAI Task Force 3 year delivery plan, surgical site infection, antimicrobial prescribing, MRSA National Screening Programme and the Healthcare Environment Inspection.</p> <p><b>Communications</b>  The HAI Communications Group continues to drive forward an associated communication strategy and action plan ensuring that HAI remains a high priority within the PULSE newspaper and the use of background wallpaper on key HAI themes throughout the year.</p> <p><b>PFPI</b>  There is public partnership representation on key HAI related committees including the Lanarkshire Infection Control and the HAI Communications Committees. A structure is in place to ensure that there is collaborative working between the PFPI lead and public engagement structures and those issues of concern to the public are included in the HAI programme of work.</p>
4	Sustain progress in meeting the targets around Mental Health Services.	C Sloey	<p><b>T3 Antidepressant prescribing</b>  Reduce the annual rate of increase of defined daily dose per capita of antidepressants to zero by 2009/10, and put in place the required support framework to achieve a 10% reduction in future years. <b>We are currently at 37.3%, ahead of our trajectory of 39.8%.</b> Some of our actions are set out below:</p> <ul style="list-style-type: none"> <li>o An audit of antidepressant prescribing was carried out in October and November 2009 using searches that were set up and run in 7 Practices from</li> </ul>

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			<p>one locality. The searches identified patients who were on repeat prescription, or had received an acute prescription in the previous 9 weeks, for an antidepressant drug. Amitriptyline was excluded from the searches as it was considered that most Amitriptyline prescriptions were for pain relief.</p> <p>The data suggested that over 50% of patients were on long term treatment. We therefore decided to audit the review history of people on antidepressants for more than one year to identify people who would benefit from further clinical review by their GP. The GP will also be offered access to a Mental Health professional, out with the normal referral process to the CMHT, to review those people with moderate to severe symptoms on behalf of the GP practice. This audit is currently being undertaken in one GP practice within North CHP and is due to commence in a South GP practice in April 2010.</p> <ul style="list-style-type: none"> <li>o The MHC has contributed to the publication of the Healthy Reading material to support/provide people with self help skills in coping/dealing with depression.</li> </ul> <p><b>H5 Suicide</b></p> <p>Reduce suicide rate between 2002 and 2013 by 20%, supported by 50% of key frontline staff in mental health and substance misuse services, primary care, and accident and emergency being educated and trained in using suicide assessment tools/suicide prevention training programmes by 2010. <b>We have currently trained 45% of the frontline staff, ahead of our trajectory of 35%.</b></p> <p>However, we continue to engage with the hard to reach group such as GP's and staff in A &amp; E with some success. We will explore the use of a new rural training package that has been developed and will evaluate its effectiveness.</p> <p>The suicide and treatment pathway has been developed by NHS and partner agencies. Currently being piloted in 2 localities with the intention to roll this out across all areas.</p>
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			<p><b>T4 Readmissions</b> We will reduce the number of readmissions (within one year) for those that have had a hospital admission of over 7 days by 10% by the end of December 2009</p> <ul style="list-style-type: none"> <li>○ The MHC has supported the implementation of the Releasing Time to Care programme to 6 adult acute admission wards and 6 older peoples acute admission wards. The aim of the programme is to introduce staff to improvement methodologies and skill them in using these approaches to review their current clinical practice and processes to increase the direct care time they spend with the patients. The programme modules promote the review of ward activities such as the admission discharge process and the multidisciplinary team meeting which can facilitate improved discharge planning and promote recovery orientated practice.</li> <li>○ SPARRA data has been collated and disseminated for use by each locality and specialty. A policy to support the dissemination and use of SPARRA data has been developed and communicated to each locality link person; we are currently evaluating the first collated response to the use of SPARRA data.</li> <li>○ The MHC Programme Manager is engaged with NHSL LEAN Programme for Mental Health. The first Kaizen event for the MH LEAN programme focused on reviewing practice that will have a positive benefit in reducing the readmission rates to the adult acute admission wards at Wishaw General Hospital. Implementing new practices such as community staff actively engaging with inpatients and providing therapeutic intervention when the patient is on home leave should positively impact on the likelihood of readmission. Key performance indicators from the MH Kaizen event will be monitored and reported over the next few months.</li> </ul> <p><b>T9 Dementia</b> Each NHS Board will achieve agreed improvements in the early diagnosis and management of patients with a dementia by March 2011.</p> <ul style="list-style-type: none"> <li>○ A process to identify people that are known by Mental Health services to have a diagnosis of dementia to compare with those recorded on GPs Dementia Registers is currently being piloted within two localities. The MHC Information</li> </ul>
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			<p>Analyst had collated a list of all people diagnosed with dementia recorded on PiMS, the list was then compared with the CMHT records from two localities to identify any gaps in diagnosis of dementia being recorded on PiMS. The numbers of people with a diagnosis of dementia from the ratified list was then compared with the numbers reported on the Dementia Register held by the GP, any discrepancies will be explored with the MHC and the GPs.</p> <ul style="list-style-type: none"> <li>o Links have been established with Practice Development Centre to formulate a Dementia awareness and training programme for all staff in Lanarkshire.</li> </ul>
5	Continue to work towards a 'whole journey' maximum wait time of 18 weeks from GP referral to receiving treatment.	R Lyness	<p>There is dialogue through 18 weeks RTT Project Board that includes representatives from both Primary and Secondary Care. There is also a GP Lead Forum chaired by Medical Director (Primary Care) through which discussion is initiated and information channelled. There is also dialogue with Local Medical Committee and GP Sub Committee.</p> <p>Referral and other information on individual GP and GP practice and trends are routinely channelled through the above channels. As appropriate they are discussed and as appropriate actions agreed. There is therefore in place a learning mechanism for service improvement, refinement and change.</p> <p>Clinic outcome sheets are in place for all new outpatient appointments. Priority is to achieve 100% compliance by April 2010. In parallel, outcome sheets to include return patients are being introduced with the same timescale for completion and compliance. In addition, this will provide information that will inform changes in process and practice as part of service improvement and shifting the balance of care.</p> <p>Preferred supplier identified for new Patient Management Service (PMS). Dialogue commenced on functionality with particular emphasis on 18 weeks RTT with view to having module available for testing by May 2010 leading to full implementation during 2011. In the interim, Isoft will provide a temporary solution to facilitate patient tracking. The software will be available in early 2010. Full realisation of benefits of the new PMS is a high priority for NHSL with significant work planned during 2010/11.</p>

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			<p>Compliance with New Ways is a high priority for NHSL in 2010/11. Access Policies have been updated and will be issued during 2010. Those are New Ways compliant and have taken regard of recent New Ways Audits undertaken both locally and nationally. Staff training in New Ways was undertaken in 2009/10. This will be updated and repeated during 2010/11.</p> <p>It is intended during 2010/11 to remind patients of their responsibilities to keep appointments or to notify if unable to attend. The opportunity will also be taken to advise patients that NHSL delivers a Lanarkshire wide service with Golden Jubilee as an extension of that service for selected specialties.</p> <p>Clinical involvement in change agenda will require them to be released to enable active participation. This time will be backfilled at a cost to NHSL. Development of the service models is informing change in the patient journey with time lines being revised. The consequence is an increase in capacity to provide earlier access to services/tests. NHSL has adopted Lean methodology that requires engagement with both clinical and non clinical staff. This has benefits but also a cost consequence on an on going basis.</p> <p>There is work in progress to unify operational, planning, information and capacity agendas into a single prioritised agenda to take forward 18 Weeks RTT. This will be in place by April 2010 and will be subject to performance monitoring and review.</p>
6	Keep SGHD informed of the progress of Capital Investment Projects.	I Ross	Regular communication is undertaken on current and future capital programmes.
7	The Board should provide regular updates in the work of the Anti-microbial Management Team.	A Graham	The final appointments to 3 NHSL AMT lead roles were made at end of November 2009. Terms of reference and reporting structure (via Area Drug & Therapeutics Committee & Medical Director) agreed, and the Lanarkshire Antimicrobial Infection Group became the Antimicrobial Management Committee so retaining expertise and input from a variety of infection specialists/ stakeholders already in place. Work priorities have been set and an AMT Workplan for 2010 formulated.

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			<p>Many aspects of Scottish Management Antimicrobial Resistance Action Plan 2008 have already been delivered, e.g., revised empirical antibiotic policies in place for both acute &amp; primary care settings, IV to oral switch policy, gentamicin and vancomycin policies, launch of a restrictive ALERT second line antibiotic policy as of Jan 2010, commencement of HEAT antibiotic prescribing indicator surveillance as per SAPG guidance, monthly staff safety bulletins to reduce potential risk with gentamicin use.</p> <p>Work is continuing to advance other key antimicrobial priorities such as development of Surgical Antibiotic Prophylaxis Policy, Antimicrobial Stewardship Education Strategy (as a component within the overall HAI strategy), Antimicrobial Action Plan for Primary Care, AMT clinical ward rounds reviewing quality of antimicrobial prescribing whilst acting as role models for good antimicrobial stewardship. Roll out of HEAT target antimicrobial surveillance to all sites, improved dissemination of local antimicrobial usage data and revision of existing policies described above to incorporate any changes to clinical practice are just some other areas of ongoing AMT activity.</p>
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The full year position will be compiled as an integral part of our Self-Assessment for the Annual Review 2010.

Ian Ross  
 Director, SIPP

April 2010