



42 sessions available throughout the week (Main Programme) in a variety of accessible formats:

- Live MS teams sessions;
- Pre-recorded sessions; and
- Face to face sessions

- 627 staff registered
- 486 attended
- 76% Attendance Rate

Additional Programmes designed and delivered by:

- Acute Sites
- North & South Partnerships

LQA Quality Directorate - Quality Week 24 th – 28 th May 2021		NHS Lanarkshire
<p>Mon 24/05/21 Staff Wellbeing 9.30-10.30am</p> <p>Infection Prevention Control work in Care Homes during Covid-19 10.30-11.30am</p> <p>Near Me across NHS Lanarkshire and beyond... 11.30-12.30pm</p> <p>Treatment Escalation Plans - Communication Guidance 13.30-13.50pm</p> <p>Human Factors for Quality Improvement 14.30-15.30pm</p> <p>Value Management Collaborative + Q&A session 15.30-16.30pm</p>	<p>Tues 25/05/21 QI Networking & Education Event 10.00-12.00pm</p> <p>The Hidden Professionalism Curriculum Workshop 10.00-12.00pm</p> <p>Bringing your Datix Data to Life 11.30-12.30pm</p> <p>Civility Saves Lives 11.30-12.30pm</p> <p>Prevention and Management of Falls in Care Homes 13.30-14.30pm</p> <p>aEQUIP Going Virtual 13.30-14.30pm</p> <p>Unconscious Bias & the Hidden Curriculum 14.00-15.00pm</p> <p>Using a QI Approach for Large Scale Vaccination Programmes 15.30-16.30pm</p> <p>Delayed Discharge Improvement Plans 15.30-16.30pm</p>	<p>Wed 26/05/21: LEAN Library Access: Simplifying free access to research 9.30-10.00am</p> <p>Treatment Rooms Improvement Plan (South) 9.30-10.30am</p> <p>Going Mega with Guidelines for NHS Lanarkshire Quality Ambitions 10.00-10.30am</p> <p>Prevention & Management of falls in Hospital 11.30-12.30pm</p> <p>Infection Prevention & Control Training 11.30-12.30pm</p> <p>Treatment Escalation Plans: It's win win 13.30-14.30pm</p> <p>Social Media - Another Tool in our Toolbox 13.30-14.30pm</p> <p>Staff Wellbeing 14.30-15.30pm</p> <p>Demystifying Simulation: How simulation can contribute to improving quality 14.30-15.30pm</p> <p>Every Move I make: Reducing still births across NHS 15.30-16.30pm</p> <p>Challenges of Teaching Teachers during the Pandemic 15.30-16.30pm</p>
<p>Thurs 27/05/21: Data & Measurement Framework & Masterclass 9.30-12.30pm</p> <p>Mediation Skills Workshop 9.30-12.30pm</p> <p>Writing Patient Information 11.30-12.30pm</p> <p>IV Therapies in the Community 11.30-12.30pm</p> <p>Facing criticism, concerns or complaints during Covid-19 11.30-12.30pm</p> <p>Significant Adverse Event Review Investigation Training 13.00-16.00pm</p> <p>Registering your Clinical Audit Project & Accessing Guidance & Support 13.30-14.00pm</p> <p>Infection Prevention and Control Training 13.30-14.30pm</p> <p>Realistic Medicine: The Virtual Interactive Hour-Staff Engagement. Live Q&A 14.30-15.30pm</p> <p>Community Covid Pathway - Decision making Data 15.30-16.30pm</p>		<p>Friday 28/05/21: Falls Frailty & Bone Health 9.30-10.30am</p> <p>Improving Resident Experience in Care Homes and Ensuring Continuity of Care across NHS 10.30-11.30am</p> <p>Human Factors for Quality Improvement 11.30-12.30pm</p> <p>Anticipatory Care Planning in the age of Covid 13.30-14.30pm</p> <p>Treatment Escalation Limitations Plans: It's win win 14.30-15.30pm</p> <p>Mortality and Morbidity Reviews with LanQIP 15.30-16.30pm</p>

NB. There is a mixture of face to face, live teams and pre-recorded sessions. See additional programme information for more details.

#LQAWeek2021
To register for a session, please email LQA.Qualityweek2021@lanarkshire.scot.nhs.uk

Wide range of topics including:

- *Staff Wellbeing;*
- *Significant Adverse Event Reviews;*
- *Treatment Escalation Plans;*
- *Falls Frailty & Bone Health;*
- *Infection Prevention & Control;*
- *Mediation Skills.*

All pre-recorded sessions (Vimeo & YouTube video links) also available for staff to view online via Firstport (link below).

<http://firstport2/staff-support/quality-directorate/quality-week-may-2021/default.aspx>

Snapshot of Staff Feedback:

- ✓ “Very informative and aimed at the wellbeing of the staff.
- ✓ Excellent session. Found out a lot about this service that I didn’t know before.
- ✓ Well done - really good variety and interesting topics and discussion.

Quality Week: 24-28th May 2021

North Partnership: Programme of Events

To register for a **North HSCP Quality Week session(s)**, please complete a **QualityWeek2021_SessionBookingForm_NORTH** by **Wednesday 19th May** and send to: Robbie.baird@lanarkshire.scot.nhs.uk

Monday 24 th May:
<ul style="list-style-type: none"> • Session title: High Resource User Project • Session Lead: Kelly McLean and Cheryl Baker • Time: 10.30 – 11.30 • Session Information The purpose of the High Resource User project is to improve the health and wellbeing outcomes among high users of emergency department, while reducing their presentations at ED. Evidence highlights a small population of individuals frequently utilise Emergency Departments (ED) to access care. These people often have complex mental health, physical health and addiction issues. Whilst EDs and community based services respond to these presentations acutely, they often only provide episodic care and cannot address the underlying cause. It is recommended that people identified as intensive users of acute and community services have a person centred holistic review of intervention and support with appropriate multi-disciplinary discussion, further assessment and case management. • Target audience: Locality Community Staff and Emergency Department Staff • Session Format: MS Teams Live Format
<ul style="list-style-type: none"> • Session title: Evolving the Chief Registrar role in Psychiatry • Session Lead: Dr Stephen Davidson ST6 Forensic Psychiatry • Time: 12.00 – 13.00 • Session Information: The Chief registrar role has been in place since 2015 in NHSL acute sites. We imported it and adapted in in 2018, linking to Higher specialist training curriculum and focusing on leadership and management competencies. Outputs include: running a trainee support Balint group after inpatient suicides, hosting FY2 career networking events as part of RCPsych Choose Psychiatry scheme, posters at MEDed conferences in 19/20 and has been emulated in other Psychiatry training schemes in Forth Valley and GGC • Target audience: Those involved in medical education and clinical governance • Session Format: Pre-recorded session
<ul style="list-style-type: none"> • Session title: Preparing Briefing Notes • Session Lead: Gillian Airns • Time: 13.00 – 14.00 • Session Information: This training session will cover the Significant Adverse Events Review (SAER) Process and include details on how best to complete Briefing Note documents to ensure all relevant details are captured within the document to provide enough information for the incident to be assessed and the type of review commissioned, in a timely manner. • Target audience: Staff who are involved in SAERs or may be asked to participate in the SAER process, or staff within a role where they may be asked to complete a Briefing Note, this session will give staff a fuller understanding of the entire process. • Session Format: Pre-recorded session •

- **Session title:** Imagination Library Project
- **Session Lead:** Anamaria Colenso , Jane Miller , Karen McCann , Margaret Clark
- **Time:** 15.00 – 16.00
- **Session Information:** Our project is a collaboration between the Dolly Parton Imagination library, the Family Nurse Partnership team, young parents and health improvement , aiming to address health inequalities and inspire a love of reading.
- **Target audience:** Practitioners and future funders, who have an interest in early intervention programmes which, improve health literacy.
- **Session Format:** MS Teams Live Format
We will offer a live virtual session, hosted by the project team, and give the audience an opportunity to hear about our successful application to the QNIS, and outline the early stages of our project steps to improvement, and share some of our change ideas. Our project is in its infancy, running from April 2021-22.

Tuesday 25th May:

- **Session Title:** Workforce Policies Investigation Process Overview
- **Session Lead:** Jan Hamill
- **Time:** 11.00 – 12.00
- **Session Information:** To provide an overview of an investigation process to help managers understand their responsibilities within the Policy and how this supports informed and transparent decision-making for cases being considered using the NHS Scotland Workforce Policies
- **Target Audience:** Team Leaders, Senior Nurses, AHP Leads, Operational Managers within the Service
- **Session Format:** MS Teams Live Format
- **Max No of Attendees:** 15

- **Session title:** Planned Date of Discharge
- **Session Lead:** Sharon Simpson; Mags Thomson
- **Time:** 14.00 – 15.00
- **Session Information:** This session will share experiences of staff working in University Hospital Wishaw & Monklands on the development and implementation of Planned Date of Discharge.
- **Session Format:** Pre-recorded session

Wednesday 26th May:

- **Session Title:** Physical Health and Well-Being Monitoring in the Forensic Mental Health Service: A New Project
- **Session Lead:** Dr Ayesha Raja, Consultant Forensic Psychiatrist; Ms Maxine MacDougall, Forensic service Community Psychiatric Nurse; Ms Marlene Savage, Forensic service Community Psychiatric Nurse
- **Time:** 10.00-10.30
- **Session Information:** To explain why we had undertaken this work, how an audit showing deficits in physical health monitoring of service users in the Forensic community setting initiated this idea, how it was discussed, evidence collected with the preparation of Physical Health and Well Being Monitoring (packs) for service users with set up of monthly clinics at Caird House, FCMHS.
- **Target Audience:** Disciplines working in the Community Mental Health Teams.
- **Session Format:** MS Teams Live Format

- **Session Title:** FNP Breastfeeding Buddies
- **Session Lead:** Sharon McLaughlin
- **Time:** 13.00 – 14.00
- **Session Format:** MS Teams Live Format

- **Session title:** Care Academy
- **Session Lead:** Sharon Simpson
- **Time:** 15.00 – 16.00
- **Session Format:** MS Teams Live Format

Thursday 27th May:

- **Session Title:** Care Opinion – What’s your story?
- **Session Lead:** Fraser Gilmore
- **Time:** 10.00 - 11.00
- **Session Information:** Care Opinion is an online platform where people can share their experiences of health and care services, in a way that is safe, simple and leads to learning and change. Care Opinion is used widely across North Lanarkshire, NHS Lanarkshire and health and care services across Scotland, the UK and further afield. People tell their stories, good or bad and services have the opportunity to respond and learn from what people have shared with them. In this session, Care Opinion’s Head of Scotland will share how it works and how people can get involved in promoting feedback in their areas.
- **Target Audience:** Anyone and everyone who has an interest in patient/ service user feedback
- **Session Format:** MS Teams Live Format

- **Session Title:** Embracing change to make a difference: the Psychological Services digital strategy
- **Session Lead:** Dr Simon Stuart, Clinical Psychologist, and Dr Alison McCusker, Clinical Psychologist
- **Time:** 13.00 – 14.00
- **Session Information:** The Covid-19 pandemic has meant major changes in how all health and social care services operate. During the past 12 months, NHS Lanarkshire Psychological Services has moved swiftly to develop a comprehensive digital strategy both for these challenging times and beyond. This session will focus on two key aspects: the creation of the Lanarkshire Mind Matters website as a foundation for this work, and the production of Calm Distress, an innovative way of offering evidence-based Cognitive Behavioural Therapy techniques online.
- **Target Audience:** Absolutely everyone across NHS Lanarkshire – not just mental health staff but anyone with an interest in strategy, service development and cooperative working.
- **Session Format:** MS Teams Live Format

- **Session Title:** Improving management of fluids within Older Adult Mental Health inpatient wards in NHS Lanarkshire
- **Session Lead:** Dr Rajdeep Routh; Paul MacGuire, Senior Nurse; Mary Gilfillan, Senior Nurse; Amanda Byres, Fluid Nurse
- **Time:** 14.00 – 14.30
- **Session Information:** We would like to formally launch our new SOP on IV fluid management to all mental health inpatient staff. We wish to highlight our progress to date in improving the fluid management of patients in our older adult mental health wards. We have collaborated with Fluid Nurse Specialists in aligning care to new guidelines implemented in NHSL in June 2019. A SLWG was established to identify other aspects such as equipment, SOP & training programme to maintain staff competence. During Covid nursing staff directed to the Learn Pro Module Adult Patient Fluid Education. The session would provide the opportunity to have more interaction about this important QI project with all clinical staff. The Standard Operating Procedure has already been ratified by our Clinical Governance group and it will be a useful event to inform all staff about this piece of document for future clinical use. The session will be recorded live for other staff to later access. There will be opportunity for Q&A at the end of each presentation. A MS Teams invite will be sent to all delegates wishing to attend via email.
- **Target Audience:** All inpatient staff within OA mental health
- **Session Format:** MS Teams Live Format.

Friday 28th May:

- **Session Title:** Triangle of Care
- **Session Lead:** Karen McCaffrey
- **Time:** 14.30- 15.00
- **Session Information:** Introduction to Triangle of Care, with Q&A.
- **Target Audience:** Clinical staff
- **Session Format:** MS Teams Live Format.



Lanarkshire Quality Week 2021

24th- 28th May

South Partnership Programme

Save the date...

South Partnership Quality Week Programme will go live on Monday 24th May 2021

The following storyboards give a taster of the pre-recorded virtual sessions that will be available on Quality Week via the links:

<http://firstport2/staff-support/quality-directorate/quality-week-may-2021/south-hscp-quality-week-2021-storyboards/default.aspx> For NHS Employees

And

By searching for 'Quality Week 2021' on SLC Intranet, for SLC Employees

ANP Pandemic

What impact have primary care Advanced Nurse Practitioners (ANPs) delivering urgent, unscheduled care had within NHS Lanarkshire's response to the COVID -19 pandemic.

Overview

The Chief Nursing Officer for Scotland and the Scottish government have outlined a vision where patients within primary care across Scotland can access timely, equitable and safe health care. This care being delivered by the right person, with the right skills at the right time. The strategic vision for this is outlined in the Transforming Nursing Roles paper. This nursing strategy supports the implementation of the General Medical Services (GMS) contract. This contract aims to refocus the role of General Practitioners (GPs) as expert medical generalists, working with a wider team to provide more healthcare in the community. Within NHS Lanarkshire the Primary Care Improvement Plan (PCIP) supports the implementation of the strategy. These concepts led to development of nursing roles and emergence of Advanced Nursing Practice. The Transforming Nursing Roles paper highlights the need for nursing roles to be transformed over the coming years in order to meet the future healthcare needs in Scotland. Paper Two in particular focuses on the role of ANPs. ANPs work across four pillars of practice (clinical, facilitation of learning/education, leadership and research), are educated at Masters level and are autonomous practitioners providing complete patient care. In March 2020 in response to the global pandemic the focus of this developing team dramatically shifted to lead the delivery of NHS Lanarkshire's COVID -19 assessment pathway. The Acute respiratory illness centre (ARIC) being critical to NHSL strategic response.

Statement Aim

Explore and develop a model of care delivery where by the ANP team could support the request by the Scottish Government to provide 24/7 urgent assessment of suspected COVID-19 patients across two centres in NHSL providing face to face assessment, home visits and support telephone advice of suspected COVID -19 patients. Delivered by ANPs and trainee ANPs and GPs. The ultimate aim of reducing hospital attendance where appropriate and ensuring timely assessment and transfer of unwell adults and children presenting with COVID -19 symptoms in the community and stopping overcrowding in emergency departments in NHSL.

Process

- ANPs and trainee ANPs were redeployed to support and develop the COVID-19 community assessment pathway.
- Continual recruitment of ANPs and trainees continued to support delivery of the pathway.
- Communication with multidisciplinary team to ensure optimum staffing with GP colleagues to deliver safe and effective care 24 hours a day 7 days a week.
- Liaison with infection control team to ensure safe working practices, such as personal protective equipment.
- Implementing a COVID -19 screening service.
- Liaison with pharmacy colleagues to implement oxygen therapy in the community and COVID -19 assessment centres
- Review of outcome for patients and follow up or action where appropriate, for example excessive delays for ambulance transfer, appropriate hospital transfer.
- ANPs established twice daily virtual safety briefs

GP Feedback
To ensure effective person centred care, to include GPs in the hub team, the GP Clinical Lead, the ANPs are great to work with and their skill set is invaluable. GP COVID-19 assessment centre, the ANPs are a brilliant resource.

Patient feedback via NHSL social media account

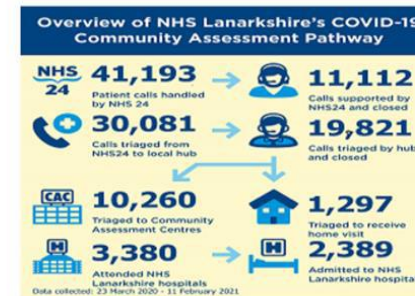
'Everyone is very caring'
Reassuring service when needed'

Methodology

The model for improvement was utilised by the improvement team, using a suite of tools and techniques to develop, test and measure the impact of the pathway. A process map, measurement plan and data collection tool were employed to ensure visibility of process and progress. The ANP team ensured safe effective advanced practice to ensure safe and effective delivery of care, this involved clinical supervision of trainees, senior ANPs and consultant nurse for primary care leading the service when safe and appropriate, clinical supervision and governance from senior nurse for advanced practice ultimately providing assurance of safe care to the associate nurse director for advanced practice and nursing. Daily reporting of data, publishing of info graphics to highlight progress of the pathway.

ANP impact on outcome of COVID 19 pathway.

- Over the past 12 months ANPs have conducted
- 6 and 13 % of all COVID advice calls,
- Between 23% and 41% of face to face COVID assessments, this has increased over time with increased competency and recruitment of ANPs.
- ANPs delivering home visiting accounting for 67% of visits



Authors

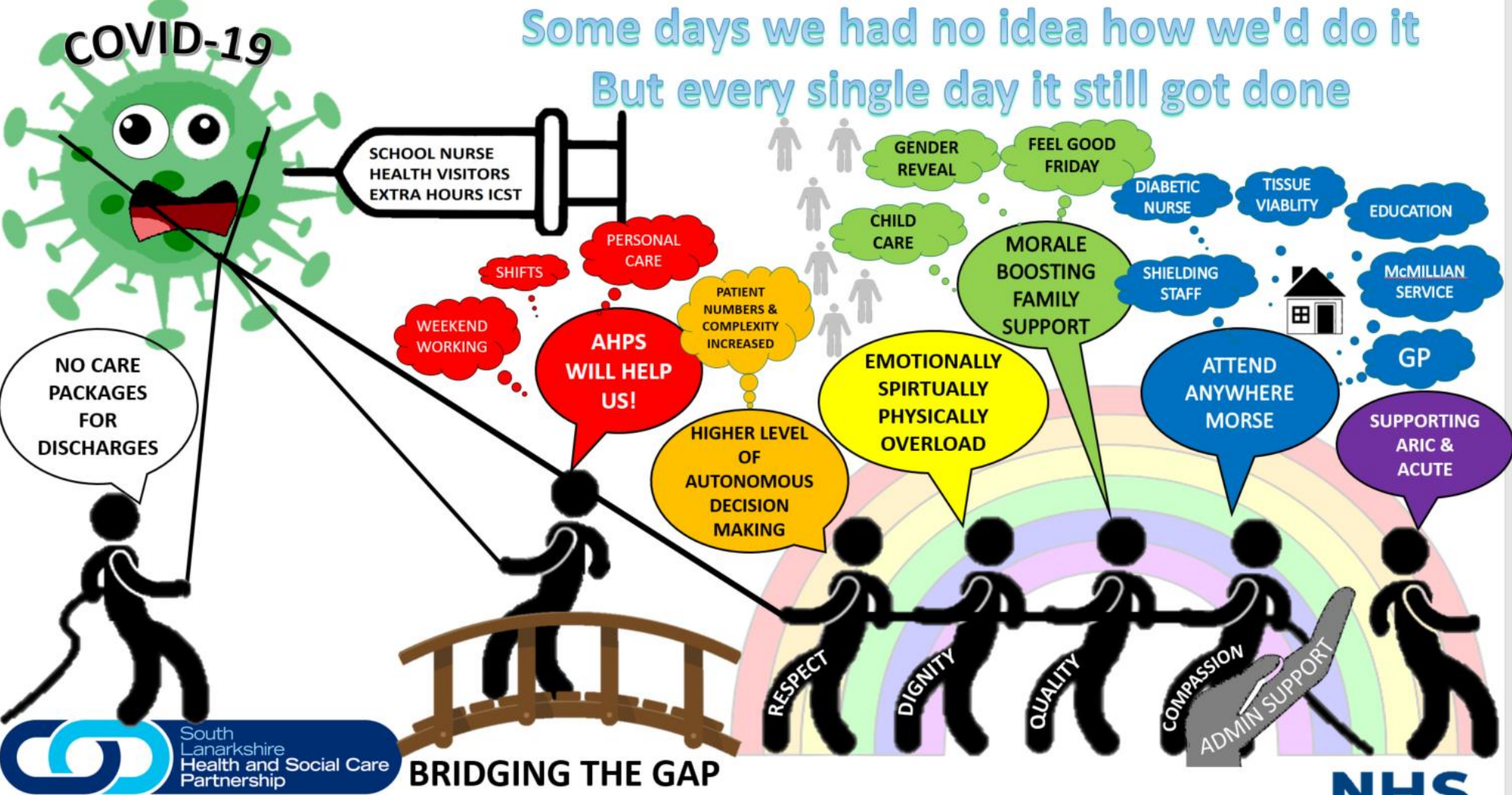
Robert Campbell Senior Nurse, Advanced Practice
Gabriela Maxwell, Nurse Consultant
Carol Lamb, Senior ANP
Anne Clayton, Senior ANP

Further information contact

Robert Campbell Senior Nurse, Advanced Practice,
Robert.Campbell2@lanarkshire.scot.nhs.uk
Judith Cain Senior Improvement manager
Judith.Cain@lanarkshire.scot.nhs.uk

Bridging the Gap

Some days we had no idea how we'd do it
But every single day it still got done



South Lanarkshire Health and Social Care Partnership

BRIDGING THE GAP

When the world fell apart in 2020, we stuck together to help make it better

NHS

Developing Communication with Home Carers during COVID-19

Background

During the COVID-19 pandemic the Government Guidance to support the Care at Home staff working within the community was continuously evolving. To support the Home Carers delivering a front line service we became creative, ensuring the service was providing staff with the essential information in a timely manner.

The introduction of Key Question 7 within the Care Inspectorate Quality Indicators Framework afforded the service to evaluate against:

How good is our care and support during the COVID19 pandemic.

Aim and Developments

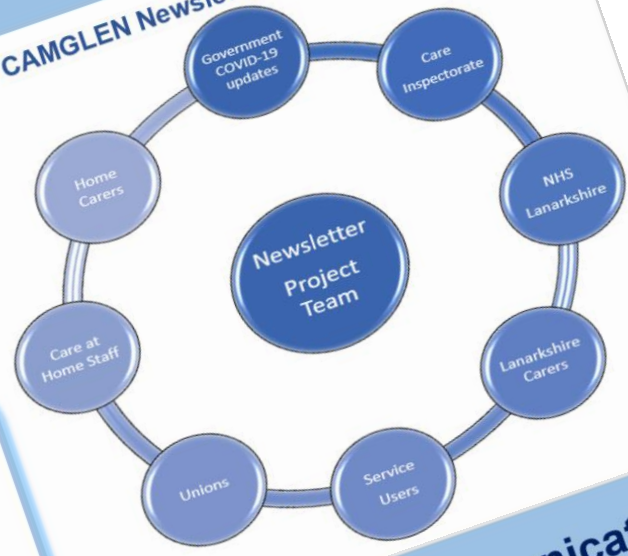
Communication of the COVID-19 Government Guidance in an appropriate format for the staffs understanding was paramount. After additional consultation with our team it became apparent the Newsletter format could provide staff with further supports, information and developments within the service; this resulted in:

- Introduction of Newsletter
- Festive Newsletter
- Health and Wellbeing Newsletter
- Daily COVID-19 Snippets

Lets have a look at the Newsletter Project Team.....



CAMGLEN Newsletter Project Team



Developing Communication with Home Carers during COVID-19



The Camglen Chronicle

Cambuslang - October 2020

COVID WE'RE ALL IN THIS TOGETHER

Remember FACTS

- Face coverings
- Avoid crowds
- Wash hands
- 2M
- Stay home
- Get tested

EMPLOYEE RESPONSIBILITY

All employees of South Lanarkshire Council have a responsibility to follow any guidelines issued by South Lanarkshire, Scottish Government and public health.

A series of recent significant events within the Cambuslang & Rutherglen Locality have highlighted not all are following the Care at Home Services COVID-19 guidance. As an employer we have a responsibility to ensure, your family, service users and all colleagues within our team.

Compliance with not adhering to the COVID-19 guidance is placing people at risk. Updated guidance is issued to help everyone safe.

All updates to COVID-19 guidance has been sent to all staff via email. Personal email address which has been set up and link to your MySpace Connect account.

South Lanarkshire Council internal available on work mobile devices.

If you would like to receive a paper copy of the COVID-19 guidance this can be arranged via your allocated Co-ordinator.

Updates are also posted on the NHS website - <https://www.nhs.uk>

The Camglen Chronicle

Cambuslang - December 2020

Merry Christmas

Congratulations to staff within the Camglen Care at Home Team with the great achievement from the recent Care Inspection!

Our Locality has been awarded Grade Level 4 - Good This demonstrates important strengths within the team with areas which we are still developing within the continuous improvement of the Camglen Care at Home Service.

Val De Souza - Director of Health and Social Care Partnership shared a message of congratulations with all staff on our out achievement.

"You've not only not only reached a milestone. You've fashioned learning points of the past into a concrete foundation to build on for the future. On behalf of the Senior Management Team, I am extremely proud of your professionalism and continued dedication to the work. Thank you, sincerely, once again for all you do!"

Val de Souza

The Camglen Chronicle

February 2021

Did you know that January and February are known as the most depressing months of the year?

This months issue of The Camglen Chronicle will focus on positive hints and tips that can be used to support good mental health.

Lets all try make positive changes to improve our mood, during a particularly difficult time.

Have you tried any breathing? This is a great grounding technique to try if you are feeling anxious and helps anyone who feel more relaxed.

If you experience panic attacks or are feeling extreme anxiety. Listing these 5 things out loud and focusing on your senses can help calm your mind and bring your attention away from whatever is bringing emotional distress.

Are you experiencing negative thoughts that you can't seem to get rid of? Try the STOPP method and force your brain to get some clarity around the situation.

Please share these techniques with family & friends.

STOPP

STOPP = **S**top, **O**utside, **O**ptions, **P**lan, **P**roceed

Stop: what are you thinking? what are you feeling? how are you feeling? what are you doing?

Outside: go to another room, look out the window, go for a walk, get some fresh air.

Options: what are your options? what are the best things to do to help you feel better?

Plan: what are you going to do? what are you going to do?

Proceed: what are you going to do? what are you going to do?

COVID Tips - We have been promoted to Tier 3!!! Remember we still have responsibility to prevent the spread of infection. Wash hands regularly using soap and water or an alcohol based hand sanitiser. Try to avoid touching your face and eyes with unwashed hands. Remember stay safe

COVID-19 tip for today - Remember to wear your PPE whether or not your service user is displaying symptoms as normal this should be your gloves, aprons and masks

This past year has not been easy for all of us and we have had to face situations never dealt with before. We all respond in different ways, it's OK to feel frightened, don't keep this to yourself. Talk to friends and family or even better another colleague who will more than likely identify with you. Remember we have an Employee Support Team on 01698 45507.

Care at Home

Camglen Chronicle

Festive Newsletter

Health & Wellbeing Newsletter

COVID-19 Daily Snippets

For more information please email: Andrew.Crookston@southlanarkshire.gov.uk or require any further information

Clydesdale Locality

Clydesdale Locality – Introduction of “Huddle Calls” to support GP Practices and H&SC services

Confirmation of Global
Pandemic March 2020

- Daily calls started
- 9 GP Practices
- 15 Community Teams
- Locality Management Team
- Social Work
- Care @ Home



- Calls daily
- 3 times/week
- Now weekly
- Still 97% attendance
(13 months later)

“When you need to innovate,
you need collaboration.”
(Marissa Mayer)

- Move to MS Teams meetings
- Enhanced/improved engagement



GP Practice quotes



“Without being a part of the Clydesdale
community we would have been left feeling
frustrated and alone!”

“Has been a good way to network with
other services and build a stronger team
across the locality”.

“Calls have been invaluable, in providing a
much needed feeling of support”

“Calls have been really helpful to keep up to date
with the important information and changes”

Stakeholders feedback



WHERE WE ARE NOW

- ❖ Improved communication
- ❖ Stronger team links
- ❖ Better understanding of each others' services and issues
- ❖ Good networking

Further Information Contacts:

Dollina Watt dollina.watt@lanarkshire.scot.nhs.uk

Karen Thompson karen.thompson@lanarkshire.scot.nhs.uk

“Clydesdale came together”



Clydesdale Locality Social Workers Support & Communication with Care Homes & Adult Residential Units



When & Why did the calls start?

- SLH&SCP recognised the need for Localities to work closely with their Care Home colleagues throughout the Pandemic. Locality Manager (LM) and Field Work Manager (FWM) identified two experienced Social Work / Mental Health Officer / Psychological First Aiders to assist them in their journey to support our Care Home Managers in their complex leadership roles during this most difficult of times.
- There were high level concerns relating to Covid 19 within Care Homes, on account of the highly vulnerable resident population and the strategic direction to protect the NHS. It was clear that Care Homes had a huge role to play in maintaining a safe environment in a rapidly changing world of Covid 19, from Resident safety, lack of visiting relatives, Infection Prevention, PPE, staff education, staff wellbeing etc.
- Tracey and Lynne were selected to be the Care Home Liaison Social Work staff. They have extensive knowledge of Care Homes & a good history of collaborative working with all the Care Home Managers in Clydesdale.
- A Template / checklist was agreed and they started to contact Care Homes twice weekly in the early pandemic days when Guidance was changing frequently and Managers required timeous information and intensive support.

What was the aim of the calls?

- Several care homes were experiencing Covid Outbreaks. Calling the Care Homes gave an opportunity to support the manager whilst checking their covid positive resident numbers. Liaison and advice was essential and formed a vital role in the fight against Covid.
- We assisted them through the new learning with respect to Public Health Scotland Guidance changes and the ways of recording Covid illness and deaths. A large piece of work was the implementation of staff and resident testing, we were able to support this roll out and the change over of Laboratories half way through the pandemic.
- We shared our knowledge about self-help groups, apps and webinars to assist the Managers so they were in the best position, to help their staff.
- We have championed the Care Homes challenges and issues through providing written reports to FWM / LM, with onward communication thereafter to SW Service Manager, we attempted to bridge any gaps which appeared to be unbridgeable, whilst maintaining a positive working relationship.

Care Home Assurance Collaborative Visits

We are now part of the Collaborative Care Home Assurance Visits alongside Health colleagues including Infection Control Nurses & Care Home Liaison Nurses. Visits are planned to all 12 Care Homes & 7 Adult Residential Care Units in Clydesdale Locality.

These visits have a scrutiny / inspection focused role, we are well placed to provide in depth social care information regarding the Care Homes as a residents own home but also to inform the key aspects of the assurance visits from a safety, support and protection perspective.

FEEDBACK FROM CARE HOME MANAGERS

"At first it felt overwhelming we were trying to get to grips with new ways and new systems"
"Lynne and Tracey became my sounding board"

"You two became my constant people who I knew if I wanted answers, you would find the answer if you didn't know the answer"

"We thank you both for being there for us the support you gave us was so valued."

"Weekly calls from Lynne and Tracey have been welcomed"

"Lynne and Tracey have gone out of their way to find the answer, the solution and give much support that I needed at the time."

"I found this support vital during this pandemic and still do to this day!!!!!!!"

"Well done."

FEEDBACK SLH&SCP feedback

We had reactive assistance from the locality management team to enquiries and concerns raised by Care Home Managers that needed escalation. We have received positive feedback and responses from FWM / LM and Senior Management colleagues regarding the work we have undertaken.



Learning from the Care Home Liaison Calls

- Helped us all in our general practice, improving our transparency, discourse, multi-agency working and gaining appropriate professional respect from all who are working within the care sector.
- Reported back what we believed were gaps in our collaborative practice; gaps in our recording, gaps in our communication, problems arising via GP Practices and hospital discharges.
- Moving forward Social Work Care Home Liaison will continue to grow and evolve

Care Home Liaison

Competencies B12

NHS Lanarkshire Guideline for the Management of B12



AIM: To review patients receiving IM vitamin B12 (Hydroxocobalamin) injections in line with the NHSL guideline and to assess if treatment should be stopped.

The widespread adoption of the NHSL guideline and associated operational protocols will support the establishment of a NHSL-wide approach which:

- Improves patient care by ensuring treatment is clinically indicated
- Reduces use of treatment room services capacity
- Addresses the current high level of testing through the reduction in unnecessary testing
- Realises savings in treatment room, laboratory and prescribing costs

Progress So Far
Treatment Room staff within Airdrie and Hamilton have successfully commence pilot of B12 reviews.

Treatment Room



Achievements To Date

Of patients currently attending treatment rooms 24% -31% have been identified to stop current regime in line with clinical guideline. Freeing up treatment room capacity

Further Information Contact
Judith Cain Senior Improvement Manager Primary Care

The Future expansion of trial

Local audits have shown that B12 injections are not clinically indicated for a number of patients. Therefore the plan is to expand this multiphase MDT approach within each locality to ensure realistic medicine principles of safe, effective and person centred approach are applied to the patients in Lanarkshire.



"Together In Clydesdale"

Developing a collaborative working partnership across group of multi-professional NHS and Local Authority Teams across Clydesdale Locality.



Working Together to Share Core Competencies To Enhance Person Centred Continuity Of Care

The Together In Clydesdale working group recognised that through the sharing and embedding of some basic core competencies across the multi agency multi professional team that there was potential to enhance continuity of person centred care, reduce duplication and enhance outcomes and independence for people in their own homes.

Progress So Far

Physiotherapy Staff In Clydesdale ICSTs have completed core competencies around assessment for and provision of a basic range of aids to daily living.

Occupational Therapy Staff in Clydesdale ICSTs have completed core competencies around assessment for and provision of a range of basic walking aids.

Local Authority Occupational Therapy and Care at Home Coordinators have completed an initial session around mobility aids competencies.



Achievements To Date

Through staff completion of the above competencies pieces of equipment that are essential for the individual's function and safety can be provided at first contact by Occupational Therapy Staff and Physiotherapy Staff within the ICSTs if required regardless of which profession makes that initial contact.

This in turn maximises safety and independence as far as possible and as quickly as possible for individual's in their own home resulting in enhanced levels of positive of outcomes for people.



Plans For The Future

Further expand the benefits and impact of this initiative through :

- Completion of the core competencies with the Local Authority staff who have already commenced the process.
- Commence education around these core competencies with nursing staff within the Clydesdale ICSTs
- Commence education around these core competencies with a wider group of the Local Authority team

Further Information Contact :

Catherine Brown Occupational Therapy Team Lead
Clydesdale Locality
Catherine.brown@lanarkshire.scot.nhs.uk
Tel: 07990531260

Stephanie Chillingworth Physiotherapy Team Lead
Clydesdale Locality
Stephanie.chillingworth@lanarkshire.scot.nhs.uk
Tel : 07880784630

Competencies
Continuity of Care

Hamilton Patient survey report



Patient Survey – Hamilton Locality

This Report was commissioned by Marianne Hayward, Head of Health & Social Care, South Lanarkshire H&SCP to gather feedback on the current experience of patients attending treatment rooms within South Lanarkshire Health & Social Care Partnership.

Treatment room staff in Douglas Street Health Centre gained consent from 6 – 8 patients to be contacted by telephone, by a member of the Quality Directorate Improvement Team, at a time convenient to them. Six patients were contacted and asked the following questions;

Questions

- Q1 How easy was it for you to make an appointment?
- Q2 Did you understand the appointment procedure when it was explained over the phone?
- Q3 Did you have any concerns prior to attending treatment room appointment?
- Q4 Do you feel you had enough time in the treatment room?
- Q5 Were the instructions given to you from your arrival at the clinic to when you left, clear and understandable?
- Q6 If you were anxious/ had concerns prior to attending treatment room, did you feel your anxieties were alleviated after you appointment?

Patients were also asked to consider **what went well?** And **what could have been better?**

Summary of Feedback

- Overall, patients had no problems accessing an appointment on a day and time that suited them.
- Very clear instructions were given to patients prior to attending their appointment and the processes in place when attending the treatment room i.e. being met by the receptionist, hand sanitiser and one way systems etc were very clear with all safety measures in place.
- Feedback about staff attitude, treatment and care was excellent.
- There seemed to be no issues in terms of communication due to patients and staff wearing masks.
- One patient suggested need to reinforce need for staff to hand sanitise as an example of good hand hygiene was not always set.

Comments

Q1 How easy was it for you to make an appointment?

No patients reported problems accessing an appointment on a day and at a time that suited them. Patients reported requesting appointments for various reasons including needing regular appointments, as a result of a GP / hospital visit, follow on from previous appointment and on one occasion the treatment room staff called the patient to offer an appointment.

Ensuring Quality in Crisis: Unlocking Creativity and Innovation and Enabling Wellbeing

HSC HNH

What we were faced with: Inability to deliver most, if not all, of wellbeing activities and programmes.

- *Little or no face to face engagement*
- *Little or no use of local community facilities*
- *Inability to host large scale events*

Implications:

- First time as a community anchor organisation we experienced a significant distance from our communities – which we knew we needed to address immediately/as soon as we could.



nl

We want to make Cambuslang and Rutherglen the healthiest :

What we are doing to address this situation: We knew we needed to reach people in their homes (meet people where they are at) and still deliver what they needed most at this point in time:

- *Emergency Food Provision and Welfare Support*
- *Purposeful and enjoyable 'moments' and activities – Lifestyle, Physical, Learning/Skill Building opportunities*
- *Tools and resources to self-manage wellbeing and mental health*
- *121 crisis support and intervention*

How did we re-engage and reach people?

- *Mobilised community volunteers to support neighbours*
- *Offering opportunities across multiple mediums for the same activity so people could choose what suits them best.*
- *Challenged ourselves to develop and test ideas for new offers that we had not previously delivered before – eg, flower arranging, singing lessons, Spanish classes.....*



We want to make Cambuslang and Rutherglen the healthiest and happiest places to live in Scotland

What we had to change to make this happen:

We needed to mobilise our staff to work collaboratively and creatively - outside of traditional 'teams'- to rethink and redesign our service portfolio. This involved:

- *Stepping back our hierarchy*
- *Working more as a 'whole' rather than in teams (whole organisational development and planning sessions)*
- *Resetting expectations of roles and responsibilities – facilitating leadership at all levels*

How is it working so far:

- *Good levels of engagement and attendance.*
- *Very positive feedback from participants engaging in activities.*
- *Being able to offer the community options in a significantly restrictive landscape.*
- *Asking the questions about people want and need and being responsive. We can quickly put something in place.*

Just In Case Grab Bags

Due to the Covid-19 pandemic there was a risk of a critical shortage of essential palliative care medicines, necessitating the need to re-evaluate the way in which medicines were made available to patients receiving end of life care (EOLC) in their own home.

Project Aims

- To ensure that patients who were imminently dying received timely access to medicines for symptom control at point of care, with minimal delay in treatment.
- To minimise drug wastage by authorising district nursing teams to carry a small stock of four palliative care medicines for administration under the auspices of a patient group direction (PGD).

Methodology

- A PDSA (Plan-Do-Study-Act) method was utilised. An analysis of key indicators led to quality assurance within the project.
- Development of locally approved PGDs in accordance with national guidance enabled district nurses in East Kilbride locality to carry and administer four common palliative medications:
 - Morphine Sulfate 10mg/ml injection
 - Midazolam 10mg/2ml injection
 - Buscopan® 20mg/ml injection
 - Levomopromazine 25mg/ml injection
- Medicines were sourced from the local University Hospital pharmacy and stored in the district nurse base.
- Medicines were transported in a sealed envopak (grab bag), Figure 1.



Figure 1: Grab bags

Benefits Over Current Practise

- Placement of a Just In Case (JIC) box is delayed until there is a definite requirement, thus minimising wastage (Figure 2) and the risk that the medication and/or dose could change.
- Patients receive medication timously reducing unnecessary patient/carer distress.
- Conservation of palliative medication stocks.
- Alleviates pressure in the OOH service.
- Prevents unnecessary hospital admission.
- Reduces risk of inappropriate use/unlawful diversion of control drugs.



Figure 2: Drug Wastage

Outcomes

- This initiative demonstrates that the ability to administer medications from grab bags, at the point of care, to deteriorating/end of life patients has positive outcomes for both the patient and organisation namely:
- Enhanced quality of hospital admission.
 - Prevention of essential medicines.
 - Less wastage of essential medicines.
 - Positive feedback – carers/patients/health professionals, Figure 3.

This initiative supports the aim of the Scottish Government ensuring that everyone who requires palliative/EOLC will have access to it - with a person-centred approach, enabling prompt availability of medications and treatment in the home.



Figure 3: Feedback

Contact Details:
Jenny Butchart Senior Nurse
07810057448

JIC Grab Bag

Breaking the Intergenerational Cycle of Speech, Language and Communication Deficit in children under 5 years of age



Overview

Speech language and communication needs (SLCN) are identified as the greatest developmental concern affecting children at 27 months of age across South Lanarkshire. The consequences reach into the classroom, justice system, mental health services and work place. Language underpins all learning, without it children struggle to express emotions, develop a sense of personal identity, learn, become literate and connect with the world around them. If SLCN's are allowed to persist, the outcome for children and future generations is damaging. We have the potential to break this cycle but intervention needs to be early and in partnership with parents and carers (Figure 1).^{1,2}

Data from ISD provided a South Lanarkshire picture of the size of the problem with 27% of children within the Scottish Index of Multiple Deprivation (SIMD) quintile 1 identified as having a SLCN in comparison with those in SIMD quintile 5 (14.3%), a 12.7% gap.

Theory of change "Providing an evidence based, parent led, early intervention bundle at 13-15 months can improve the outcomes for children identified with a speech, language and communication concern"

Aim

Project Aim -10% reduction in the number of children in South Lanarkshire presenting with an SLCN concern at 27-30 months by October 2021 (baseline 77)

Methodology

The re-design and recovery of SLT services involved partnership working and a commitment to services working together to provide support at the earliest opportunity for families and a clear pathway for families to access specialist advice and support from the Speech and Language Therapy Service when needed.

Using the three-step improvement framework for Scotland's public services to develop our improvement project

Diagnostic Mapping: Identified the Problem

- A gap a consistent approach to first level interventions being provided at 13- 15 months
- Variation in staff knowledge and confidence in the area of SLCN

Working across two systems and services, we created a local improvement team of Speech, Language Therapists and Health Visitors and built capacity and capability in using Quality Improvement approaches in practice. Within the diagnostic phase several Quality Improvement tools helped the team to understand the size of the problem with process mapping, Qi sessions and coaching.

Packages of training and support were provided for Health Visitors to address learning

Change Package



Speech and language bundle we tested consisted of new intervention resources for families focusing on 13-15 months and 27-30 month health visits. Early intervention pathway and package of support ensuring access to specialist services when needed. Alternative ways of families accessing early support: SLT telephone advice line, social media services, youtube workshops, and leaflets

Key Learning

- The SLCN bundle has proven to be effective in supporting HV staff to provide a first level intervention for children with a SLCN
- The 13-15 month service improvement pathway provided a robust infrastructure for health visitors to support National Universal Pathway practice
- Parents reported they are more aware of children's age and stage of development and how they can support their child's speech language and communication skills, demonstrating an effective co-production approach
- Speech and Language Therapy reported an improvement in the quality of almost all the RFA's received
- Short review period allowed rapid feedback and review on impact and outcome of intervention think the videos are a huge help during this period of restricted visiting

Outcomes and Results

Early learning from the improvement work has shown that 100% (n=21) of children in 271 had a speech and language concern at 13-15 months (2 April 21) and 100% received a speech intervention with a family review (2 April 21)



Staff Feedback: An initial survey identified three responses from health visitors and showed all responses found the speech resource and pathway helpful



100% of respondents rated the greatest benefits of the speech resource as getting clear and using diagrams. 87% rated the tool as providing effective early intervention for families, increasing families' skills and increasing ideas and strategies early for services.

100% rated the benefits of using the pathway and tool has included as providing a consistent approach, opportunity for early intervention, clear advice and goals for parents and families using the service and 87% of all rated it easy to identify those who need specialist support.



Conclusions

The re-design and recovery of services involved working across two systems and a commitment to work together to provide support at the earliest opportunity for families. Including a clear pathway for families to access specialist advice and support when needed. As part of the infrastructure to support the improvements speech and language therapy provided packages of training and support for Health Visitors. Overall the early intervention approach and partnership working with specialist services underpinned by training and resources has supported health visitors to implement the speech parental tool into practice as part of their universal pathway contacts. Resulting in early indications of children with improved language skills and increased confidence of parents to support their child's.

Scale and Spread

The improvement work has spread from one team to two more with plans scale up across South Lanarkshire Health and Social Care Partnership.

Authors: Michelle Moulden, Elaine Joanne Gibson, Rachel Sandra MacInnes and Wilton Beall (Ed)
Further information contact: Sandra.MacInnes@nhs.uk or wbeall@scsh.nhs.uk



Chart 1 Outcome Measure The baseline data illustrates that 39.5% of children were referred to specialist services. During the project (107/579) children were identified with a SLCN. Following the intervention 13.2% of children had a Request For Assistance a 26.3% reduction - achieved after the process for a review within 12 weeks evidences improvement and has seen a 28.5% increase in reliability since implementation.

Chart 1 Source: Case Management tool

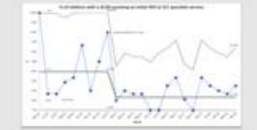
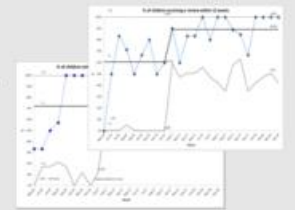


Chart 2 The percentage reliability of children (107 children in total) receiving the intervention increased to 94.4% as the process became embedded within practice.

Chart 2 Source: Case Management Tool

Chart 3 Source: Case Management Tool



References
1. Lonke A, Orlitzky J, Pien I. Development and Disruption: Implications for the early years and beyond. International J of Language and Communication Disorders 2021; 56(1): 2-15.
2. Royal College of Speech and Language Therapists. 2017. Speech, Language and Communication: A National Audit. Available on-line from: <https://www.rcslh.org/press-releases/2017/speech-language-and-communication-a-national-audit>
3. Speech, language and communication: Doing children the best possible start in life review. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/544442/slc-review-report.pdf
4. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/544442/slc-review-report.pdf

Learning Session SCLN

PERSONAL PROTECTIVE EQUIPMENT (PPE) HUB

The Challenge?

To secure stable PPE supply to all social care providers in South Lanarkshire against a backdrop of a strained supply line and availability

Background

Prior to the COVID Pandemic, PPE within social care settings was constrained mainly to items such as gloves, aprons and hand sanitiser. All of these supplies were procured by social care providers from a range of suppliers across the UK. This was quite a different model to that of for example, the NHS, whereby National Services Scotland (NSS) take on the role of main supplier nationally.

Meeting the Challenge

Due to the spread of the virus and changing guidance from Public Health Scotland, it soon became apparent nationally and locally that current PPE practice within social care would (similar to other settings) have to change significantly with items such as masks and visors becoming a core part of infection, prevention control measures. In recognition of supply constraints through normal procurement routes, the Scottish Government, NSS, Scottish Care and local Health and Social Care Partnerships agreed to establish local PPE Hubs and assist supply and availability of PPE through NSS distribution to local Hubs.

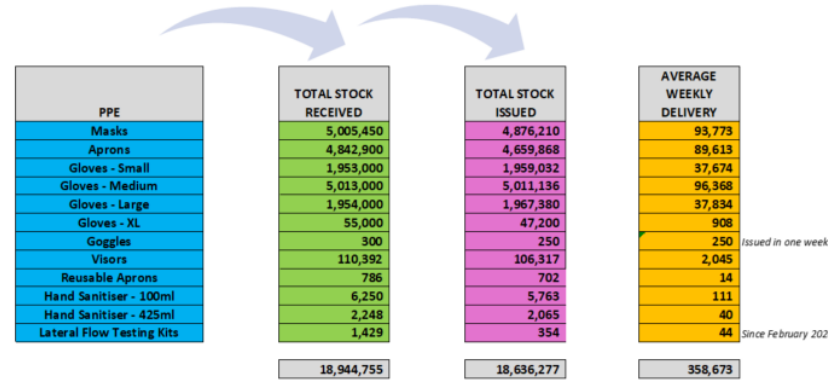
As a direct response to the Coronavirus – COVID 19 pandemic a PPE Hub was established to support the needs of all care providers who provide care for the adult residents of South Lanarkshire. PPE is provided by the Scottish Government and is distributed by National Services Scotland (NSS) to each of the Hubs. Over 200 Care providers are supported each week including care homes, care at home providers, paid carers, unpaid carers and charitable organisations including Marie Curie and The Salvation Army. As of March 2021, Asymptomatic Testing Centres were opened, and these are now being provided with PPE from the Hub. A Memorandum of Understanding (MoU) was drawn up in March 2020 detailing the agreement made between Scottish Government and local HSCP Directors, confirming the role and responsibilities of the Hub. The latest MoU is in place until June 2021 but will be extended as requirement predicts. The Hub was initially established within Newberry Rooney Centre, a day care centre, but since January 2021 was moved to Whistleberry Park Industrial Estate. The Hub has received over 18.9m individual items of PPE.

The Hub was initially opened within Newberry Rooney Day Centre and was fully operational within 4 days of the request to open. Due to the amount of PPE being received and issued it was necessary to move the stock from the Day Centre to a more suitable distribution centre. The move took place in January 2021, with the stock transferred to Whistleberry Park Industrial Estate.

Since opening in April 2020, support to operate the Hub on a day to day basis has been provided by staff from the Performance and Support Team who continue to assist care providers by ensuring that they have adequate stocks of PPE particularly during the challenging times when infection rates were at the highest. The providers can contact the Hub staff via telephone or by email. Housing and Technical Resources staff were redeployed to maintain the stock and ensure all orders are issued timeously. The Hub is opened as a delivery only model Monday to Friday, however there is an emergency service which allows the hub to be fully operational 365 days of the year including public holidays, this is also supported by NSS and Emergency Social Work Services. There is a National weekly meeting between NSS and all hub managers across Scotland to ensure any new information is disseminated locally, in addition the hub support team at NSS are also available to resolve any issues which may arise with deliveries of stock to the Hub.

Parallel to this a separate operation has been in place to support the Council Services such as Home Care, Residential Care, Day Care and Fieldwork services to deal with the requirements of the pandemic. This operation has been managed by staff from the administration team with the support of Housing and Technical colleagues and the Council's procurement team alongside the staff at the PPE Hub. There has been a huge amount of activity to build relationships with provider to enhance the supply of PPE overall.

Each week stock of each item of PPE is received and then distributed to the care providers. In the beginning this was completed as a push stock where large amounts of stock were issued to the providers at a time when procuring the equipment was at it's most challenging for all. Since September 2020, this was moved to an ordering system.



Since March 2021, the operation has now expanded to include Lateral Flow Device (LFD) Testing Kits. LFD's are being held within the Hub and are being issued to Social Care staff who will be in direct contact with service users. Stocks of the LFD's are being held locally within offices so that they are available when required by social workers and within day centres for day care staff. In addition, LFD's are also being issued to Personal Assistants via Take Control.

SLHSCP PPE Hub
Unit 14, Whistleberry Park Industrial Estate, Hamilton. ML3 0ED
ORDER REQUEST EMAIL: ppeorderrequests@southlanarkshire.gov.uk
ORDER REQUEST TELEPHONE: 07825 583352 / 07584 580302

PPE

Lanarkshire Hospitals

Planned
Date of
Discharge

A person-
centred
approach

Care at Home Team - 6 Monthly Reviews

The Hamilton Care at Home Service is a registered service and regulated by the Care Inspectorate. At a previous inspection it was identified that we needed to do better with planning and completing 6 monthly reviews of service users utilising the in-house home care service.

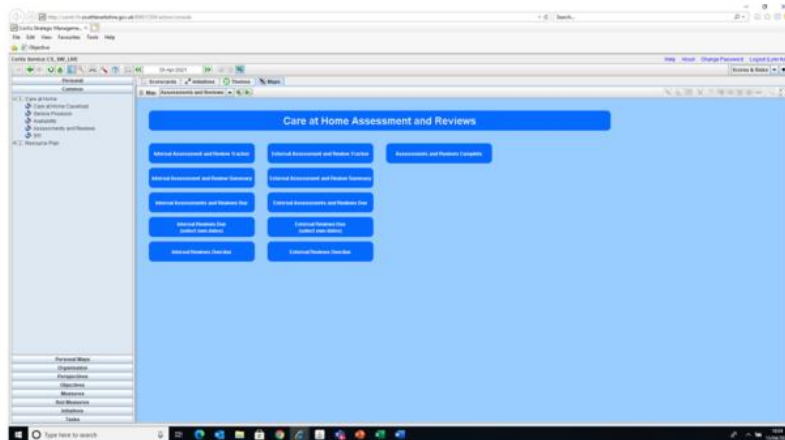
Aim: We wanted to achieve:

- Timeous reviews which will ensure that we are responsive and supportive to the changing needs of individuals using our care at home service
- Allocate resources efficiently and effectively
- Meet requirements set by the Care Inspectorate

What we did: We configured our team and now have specific duties and functions for our community support coordinators some are managing staff and scheduling care hours and others are undertaking new assessment and ongoing review work.

This shift in how we work is providing our team with an opportunity to enhance and build on their skills by rotating the specific key areas of our work.

(table below is a snapshot of available assessment and review reports from IMPROVe)



IMPROVe is the Social Work Resources system for managing and reporting performance. IMPROVe reports the wider Council's performance against its main targets and commitments. It also allows the different areas within the Council to develop the performance culture within day-to-day service areas, helping make services more effective and more efficient.

The IMPROVe administrator supported this piece of work, identifying the information needed to build a report which would generate and automate reviews for the coordinators to then follow through. The data is available for managers to view and undertake further analysis.

(table below is a snapshot of an IMPROVe report showing assessments / reviews completed within a specified timeline)

The screenshot shows a detailed report from the IMPROVe system. The report is titled 'Social Work Resources - Hamilton' and covers the period from 01 January 2021 to 31 March 2021. It includes a 'Summary Statement' with key metrics and a table of 'Completed Suggested Reviews'. The table has columns for 'No.', 'Description', 'No. completed during period', 'Hours at start of period', 'Hours after period', 'No. Open', 'No. Closed', '% Change', and 'Completion'. The data shows a steady increase in completed reviews over the period, with a significant increase in the number of reviews completed after the start of the period.

No.	Description	No. completed during period	Hours at start of period	Hours after period	No. Open	No. Closed	% Change	Completion
11	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
12	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
13	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
14	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
15	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
16	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
17	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
18	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
19	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
20	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
21	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
22	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
23	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
24	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
25	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
26	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
27	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
28	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
29	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
30	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
31	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
32	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
33	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
34	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
35	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
36	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
37	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
38	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
39	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
40	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
41	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
42	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
43	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
44	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
45	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
46	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
47	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
48	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
49	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
50	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
51	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
52	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
53	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
54	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
55	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
56	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
57	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
58	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
59	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
60	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
61	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
62	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
63	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
64	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
65	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
66	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
67	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
68	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
69	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
70	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
71	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
72	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
73	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
74	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
75	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
76	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
77	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
78	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
79	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
80	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
81	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
82	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
83	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
84	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
85	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
86	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
87	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
88	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
89	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
90	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
91	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
92	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
93	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
94	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
95	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
96	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
97	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
98	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
99	Completed - Review Suggested - required	18	18	18	18	18	100%	100%
100	Completed - Review Suggested - required	18	18	18	18	18	100%	100%

Impact: We met the requirements from the previous Care at Home Inspection and demonstrated a continuous improved performance in reviewing timeously. A review enables us to monitor progress and changes, consider the care and support plan in meeting needs. Service users and relatives have benefited as we are able to respond and action changing needs much more promptly.

What next: We will be introducing a new review module which mirrors the service user assessment following training with our workforce this summer. This will further enhance our reporting as we will also be able to capture and report on outcomes in a much better way.

For further information please contact:

Lynn Kerr, Care at Home Operations Manager, South Lanarkshire Health and Social Care Partnership

Phone: 01698 455477

Email: lynn.kerr@southlanarkshire.gov.uk

Care at Home- 6 Monthly Reviews

Hamilton Care at Home Team – Supporting Your Independence (SYI)

The Hamilton Care at Home Service wanted to re-introduce the re-ablement SYI function due to the moratorium being removed last year.

What is Supporting Your Independence (SYI)?

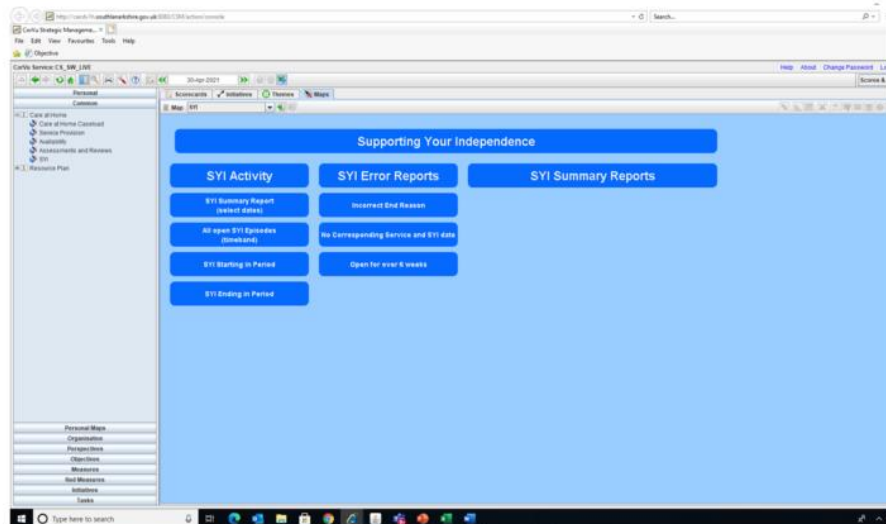
This approach aims to support an individual after an illness, a disability, or when they may have lost some confidence.

Aim: We wanted to achieve:

- A more responsive supportive service for individuals being discharged from hospital
- Improve our support for individuals in the community

What we did: We reconfigured our team and now have dedicated, specific duties and functions for our Care at Home Occupational Therapists, Community Support Coordinators, Support Worker and Care at Home Workers.

The process: A team member visits to ask you about how the individual is managing daily tasks. There is discussion with the individual about areas that are important such as getting washed and dressed or making a meal. A support plan is agreed with the individual for an initial period of up to six weeks. Throughout this period, we monitor the level of support provided and through weekly reviews check progress. During this time, the original support plan may be altered to meet the changing needs of the individual.



(table above is a snapshot of available SYI reports)

(table below is a snap shot of an IMPROVe report showing SYI activity completed within a specified timeline)

Social Work Resources - Hamilton						
01 January 2021 - 31 March 2021						
Summary Statement		No.	Hours			
1.	No. of episodes on the programme at the start of the period	20	278.75			
2.	Plan No. of episodes starting the programme during the period	69	522.75			
3.	Less No. of episodes completing the programme during the period	30	452.50			
4.	No. of episodes on the programme at the end of the period	46	405			
Completed/Stopped Reasons						
	No. completed during period	Hours at start of SYI	Hours after SYI	Net Change (Positive)	% Change (Positive)	
11.	SYI Completed - Increase Support required	0	0.00	0.00	0%	
12.	SYI Completed - No Ongoing Support required	20	111.50	0.00	111.50	100%
13.	SYI Completed - Reduced Support required	15	138.25	100.00	38.25	28%
14.	SYI Completed - Same Support required	0	0.00	0.00	0.00	0%
15.	Completed Total	35	349.75	100.00	249.75	80%
16.	SYI Stopped - End of Life	0	0.00	48.00	-48.00	-44%
17.	SYI Stopped - Person Admitted to Care Home	0	0.00	0.00	0.00	0%
18.	SYI Stopped - Person Admitted to Hospital	0	0.00	24.00	-24.00	-20%
19.	SYI Stopped - Person Refused after SYI began	0	0.00	0.00	0.00	0%
20.	SYI Stopped - Person Deceased	0	0.00	0.00	0.00	0%
21.	SYI Stopped - Significant Cognitive Impairment	0	0.00	0.00	0.00	0%
22.	SYI Stopped - Other	0	0.00	0.00	0.00	0%
23.	SYI Suspended - Other Agency Involved	0	0.00	13.50	-13.50	-10%
24.	SYI Suspended - Receipt	0	0.00	0.00	0.00	0%
25.	SYI Suspended - Unwell	0	0.00	0.00	0.00	0%
26.	Stopped Total	14	152.75	84.50	68.25	30%
27.	Total	49	443.50	189.50	254.00	58%

Impact: We have had a very good success rate with supporting individuals utilising the SYI approach. Since January to end of March 2021 we have worked with 49 individuals of which 20 have no ongoing care needs and 15 individuals have reduced care needs. The benefits of this approach are a joined up workforce, supports are much more responsive for the individual and their relatives. In addition, resources are reallocated more promptly and efficiently.

Next steps: We intend to recruit more care at home workers to work within the SYI team and this will enable us to ensure many more individuals can utilise the SYI approach.

For further information please contact:

Lynn Kerr, Care at Home Operations Manager, South Lanarkshire Health and Social Care Partnership

Phone: 01698 455477

Email: lynn.kerr@southlanarkshire.gov.uk

Hamilton Care at Home- SYI

Total Mobile



Working together to improve health and wellbeing
in the community – with the community



Totalmobile

Digital Workforce Management

South Lanarkshire's Care at Home Service's Journey

With almost 1,000 staff and over 20,000 visits to service users every week, efficient and effective scheduling is key to the delivery of high quality services. We have been looking for an IT solution to support our Service Users and Staff to ensure better outcomes for a number of years - this is our journey!



Issues

- **Outdated Scheduling System** - The current Scheduling System was outdated and extremely cumbersome for the Care at Home Team. Meaning staff were spending huge amounts of time working on Home Carers Rota's in line with Service Users needs. We had totally separate IT systems which didn't integrate well making things difficult!
- **Travel Time** - Our legacy system was unable to separate staff travel time from service user visits and did not calculate travel time automatically
- **Downtime** - The legacy system was cumbersome and inefficient which resulted in concerns around manual scheduling not making the best use of the downtime available.



Improvements/Benefits



- **Improved continuity** - We're moving to a system where service users will have a small team of staff who will provide their regular supports
- **More localised working** - Our new system optimises the best use of Home Carers time, giving them more time to spend with service users
- **Travel time** - This will no longer be included in the visits, and this will be identified separately from all visits. All Home Carers are allocated a set radius therefore the system will not ask them to go beyond this. The system is linked into a mapping system and is making a significant difference to Home carers working days.
- **Visit timeslots** - Until now we have always worked on indicative visit times. We will now move forward with time slots
- **Communication** - The new system will mean that Home carers will have access to much better information about the needs of service users and the supports that they require. Electronic recording via staff mobile devices is also a key function around this!
- **Real time service monitoring** - The system will provide the Care at Home service with significantly improved information that will enable us to ensure we can respond to changes quickly. Enabling us to support when staff are running late and prevent visits being missed.
- **Vehicle checks** - If Home carers drive a Council vehicle, they will be able to undertake vehicle checks on their mobile device at the start and end of the shift. We'll be able to respond to issues more quickly and we'll also be able to retire the paper vehicle check recording that you are currently required to undertake.

Solution



Totalmobile is made up of 3 key parts for Care at Home: 1 Solution - 3 Functions!

We are implementing a new, sector leading, computer system that will transform the way that we operate, schedule Home Carers work and communicate with Service Users

- **Carelink** will hold key information about service users and their needs and will be used by Coordinators and other office staff
- **Optimise** is the automated scheduling system which Coordinators and other office staff will use to plan daily work schedules
- **Mobilise** is an application-based system that will be installed on mobile phones and used by all Home Carers. This will replace the Mcare app that we currently use. Mobilise is not unlike our old app visually but it offers much more in terms of functionality and will provides much better information to enable staff to undertake their role.
- We have started the implementation of the system within the Hamilton locality and will implement service wide by the end of 2021

Totalmobile are continually developing the system and improving it's functionality and we have already seen improvements since we began!



Totalmobile is the key to our continuous improvement for Care at Home IT solutions!



Together in Clydesdale

“Together In Clydesdale”



Developing a collaborative working partnership across a group of multi-professional NHS and Local Authority Teams across Clydesdale Locality.

Clydesdale Locality Moving and Handling Test Of Change



IDENTIFIED: a variance in practice relating to the assessment and use of moving and handling (M&H) equipment for NHS Lanarkshire (NHSL) & South Lanarkshire Council (SLC) OT.

RESULT OF THE ISSUE: duplicate intervention and reduced continuity of care.

BACKGROUND: SLC OT staff have not had access to Lanarkshire's Integrated Equipment and Adaptations Store (LIE&AS).

Consequently, even where there is no rehab need, SLC OT staff have had to progress an additional referral to ICST colleagues for assessment and provision of equipment provided by the store. At times this can reduce continuity of care and result in multiple professionals being involved otherwise only 1 would be required.

THE TOGETHER IN CLYDESDALE GROUP (TIC): identified that access to the Integrated Equipment and adaptations store would provide a potential solution and allow SLC OT staff to access this equipment directly.

TRAINING: around M&H equipment, has allowed SLC OT staff to progress the assessment independently rather than duplication of effort and an avoidable referral to health OT colleagues. This training was provided by NHSL M&H Training Department. A pre and post training questionnaire, indicated staff found the training beneficial and felt more confident around this area.

NEW PATHWAYS: have been created around assessment for these pieces of equipment in Clydesdale and this has been promoted widely amongst professionals within the locality. A test of change of the pathway is now ongoing and the results will be analysed in due course. Initial indicators are that it is resulting in positive impacts on person centred care through decreased duplication, increased accessibility of equipment and seamless service provision. It is likely that if these indicators continue to be seen that this test of change could provide indication for potential changes in practice throughout Lanarkshire.

Clydesdale Locality Single Handed Steady Trial



Traditionally Care at Home Services have allocated 2 workers to provide care to people utilising the Arjo Sara Steady (ASS) to transfer.

TIC identified a potential for an alteration in this practice as many people require support of only 1 person to utilise this aid as supported by Arjo and NHSL moving and handling guidelines. A test of change is currently being taken forward in collaboration between Clydesdale (excluding Larkhall and Stonehouse) Supporting Your Independence Occupational Therapists (SYI OT) Care at Home staff in this area and Clydesdale Community Hospitals (CH) Physiotherapy (PT) and Occupational Therapy (OT) staff.

CH PT and OT Staff take forward relevant clinical interventions and assessments resulting in completion of a risk assessment around how much support is required to utilise the steady with individual people. This is then included in the care at home referral that is made in respect of discharge planning. The Care at Home Services are then provided on this basis with the Supporting Your Independence Occupational Therapist reviewing the person's functional level within one week of discharge and any required alterations to services are then made.

This Test of Change has been operating throughout the pandemic, it has met patient needs timeously and is still ongoing. Initial indications are positive and have indicated that the majority of individuals have required the support of only 1 carer with this piece of equipment, thus freeing resources to be utilised elsewhere in care provision and encouraging maximisation of individual's functionality.

Is this cost effective?

~ KEY FACTS ~

Based on one patient, requiring a package of care four times a day, seven days a week, 52 weeks of the year with one carer as opposed to two carers, creates a saving of £7,796, generating 728 hours of Care @ Home Staff that can be utilised into caring for others.

The data from this test of change will be reviewed on an ongoing basis. At this point it seems likely that this will provide positive implications for practice throughout Lanarkshire

Authors:

Catherine Brown, Occupational Therapy Team Leader (NHSL)

Stephanie Chillingworth, Physiotherapy Team Leader (NHSL)

David Inglis, Operational Service Manager (NHSL)

Aileen Brown, Occupational Therapy Team Leader (SL HSCP)

Mark Whitefield, Support Your Independence Occupational Therapist (SLC)

Further Information Contact:

Catherine Brown, OT Team Leader

Catherine.brown@lanarkshire.scot.nhs.uk

Mobile: 07990531260

Remobilisation of Treatment Rooms



- **AIM: To safely and effectively recover and remobilise treatment room service delivery**
- The widespread adoption of NHS guidelines and Public Health Guidance to support the remobilisation programme following initial pandemic response March-May 2020:
- Delivery of safe and effective interventions within treatment rooms
 - Ensure compliance with recognised infection prevention and control measures and public health policy and guidance
 - Ensure service users are free from direct and in-direct harm and can provide feedback on their experience
 - Ensure staff are engaged and involved in the remobilisation and recovery of services

Treatment Room

Progress So Far
In the week of 8th March 783 service users attended Treatment Room sites across Hamilton, Larkhall and Blantyre

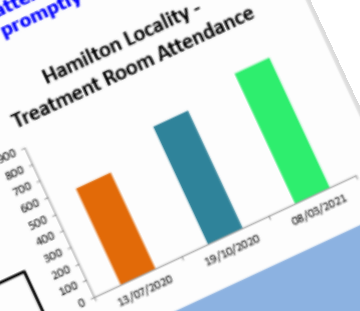


Feedback from Staff

- 'Flowing well'
- 'Door entry system working well'
- 'Good Team Effort'
- 'Safe flow of patients'
- 'Service users happy with the service'
- 'Service users attend their appointments promptly'
- 'Busy'

- **Service User Feedback**
- How would you rate your experience at treatment rooms; 1-5 with 1 completely unsatisfied and 5 completely satisfied?
- 353 service users out of 361 services users rated their experience at a 5

Further Information Contact
Pamela Carlin Interim Team Leader Treatment Room Hamilton
Stewart Marshall, Service Manager, Hamilton Locality



Treatment Rooms

Cambuslang & Rutherglen Treatment Room Near Me Pilot



Positives

Near Me allows flexibility for the working patient whilst still providing face to face consultations.

Near Me offers support and continuity of care to patients who do not wish to attend The Treatment room.

Near me has been used for Tissue Viability Nurse consultations



Easy to access using phone.

Near me allowed me to self-care.



Patient centred care
Patients preferred choice, was to self-care at home and use Near Me during lockdown.

Patients whom were isolating, requested a Near Me consultation.

Patients opted to use Near Me as it was more convenient and suitable to their lifestyle.



Near Me

Mental Health Pathway

<https://www.communitylinkssl.co.uk/positivepathways>

The Forum also have a Facebook page which contains lots of good health related information:

<https://www.facebook.com/HHSCF/>



**COMMUNITY
LINKS**

*INVOLVING COMMUNITIES
IN REGENERATION*

COVID-19 Assessment Pathway (CAP) / Acute Respiratory Illness Centre (ARIC)

A whole system collaborative multi-disciplinary workforce response during the COVID-19 pandemic....



At the start of the Pandemic in March 2020, there was a national announcement regarding the establishment of a Covid-19 Assessment Pathway (CAP) to see patients with confirmed or potential Covid-19 in a safe environment, keeping GPs surgeries and Emergency Departments, as far as possible, Covid-19 free for the safety of staff and patients.

NHS Lanarkshire's rapid response to the national directive brought the initial establishment of a Triage Assessment Hub and two Covid Assessment Centres (CACs) at Airdrie Health Centre (Hub and CAC) and Douglas Street Community Health Centre in Hamilton (CAC).

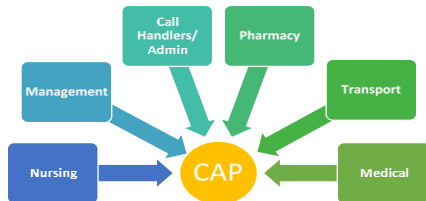
The CAP is a new clinical pathway for all patients with any of the 'cardinal' Covid symptoms to redirect patients away from routine General Medical Services (GMS). This approach promotes consistent triaging and facilitates the prioritisation of face-to-face assessment where clinically required and supports the return to communities for patients to continue self-care and self-isolation. The service operates 24 hours a day, 7 days per week and is staffed by clinicians including GPs, a range of nursing staff and nurse practitioners, clinical support workers, call handlers and drivers as well as a small team of doctors in training.



Our Workforce...

The rapid initiation and implementation of this new service was able to be fully operational resulting from a swift whole system response to utilise deployed staff members, as well as, staff supporting the service in addition to their 'day job' from a number of multidisciplinary teams with recruitment of medical, nursing (registered and non-registered), management, administration and drivers from across NHS Lanarkshire via independent contractors to deployment of current NHS Lanarkshire workforce.

Since March 2020, there has been varying staffing levels available to the service as many deployed staff returned to substantive roles at differing points throughout the year. With such movement, the operational management team effectively managed each change to ensure there was not a negative impact on service delivery. The total number of staff involved in the delivery of the service during its lifetime is shown below.



The sessional workforce that has supported the service since inception has been phenomenal with the number of staff involved as follows:

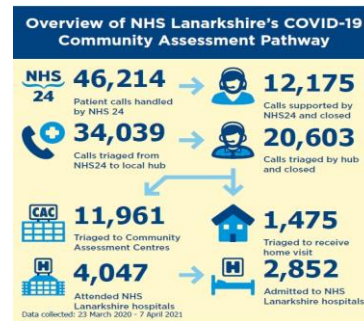
- Medical – 109 Sessional GPs ; 2 GPSTs; 6 CDFs
- Nursing – 35 ANP (Registered); 8 Non-Registered
- Transport – 17 Drivers
- Pharmacy – 2 Pharmacy Management
- Management – 9 Clinical Leadership and Operational management/leadership.

We were also very fortunate to be provided with courtesy vehicle's from Arnold Clark to support the transportation of patients to ARIC with volunteer drivers from Lifesavers Scotland. This has been an invaluable service to enable safe and reliable transport for patients, who had no access to transport, to attend ARIC to receive appropriate care and treatment.



Our Achievements...

Due to the whole system collaborative working, the positive impact that the service has had in the safe monitoring, management, care and treatment for confirmed / suspected COVID-19 patients has been remarkable. The infographic below demonstrates the success of the service, however this would not have been achievable without the availability of the whole system workforce and continued support.



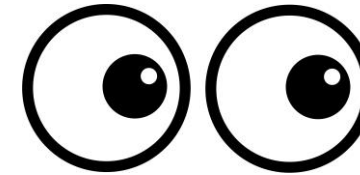
Our dedicated pharmacy colleagues also succeeded in transforming pharmaceutical systems and processes which further reduced the footfall of patients at community pharmacies, GP practices and Emergency Departments ensuring access to appropriate medication and oxygen, if required, was available within ARIC. New and improved communication routes were developed which enabled community pharmacies to receive and dispense timely electronic prescriptions for patients. The diagram below articulates the robustness of the pharmacy and medicines management systems and processes introduced to further support patient treatment and care.



Acute Respiratory Illness Centre (ARIC)
 Author(s): Maureen Dearie; Babs Gemmell; Pamela Buddy; Jacqueline Kelland; Frances Brownlie

You are welcomed to take time out from your busy day jobs to enjoy some pre-recorded presentations on Lanarkshire Quality week.

Keep your eyes peeled for the links



Available on First Port or SLC Intranet by searching for 'Quality Week 2021'

Please complete the below questionnaire following each session you attend and email Mairi Crawford in order to be sent a Certificate of Attendance

