**SCOTTISH GOVERNMENT EVERYONE MATTERS PULSE SURVEY**

**QUALITY DIRECTORATE, OCTOBER 2020**

**Karon Cormack, Director of Quality**

**Quality Assurance**

System Development team have developed of a Face Fit module to allow the recording of Face Fit results and facilitate PPE stock management across the organisation.

Head of Assurance supported development of a database for recording, monitoring and reporting the organisational response, recovery and redesign of clinical and non-clinical services.

Data & Measurement Team developed and continue to maintain the COVID-19 Data Dashboard which is reviewed at the CMT Huddle / Gold Command meetings.

Corporate Complaints Team & Adverse Events Team provided Operational Units with weekly reports on COVID-19 themes emerging through complaints & adverse events.

The Clinical Audit Team has supported the organisational response to Covid 19 through data management and reporting of our shielding individuals list, working closely with Public Health and e-Health colleagues.

**Evidence**

From mid-March 2020, the Evidence team helped public health set up the COVID-19 public health page on First Port.  We continued to add to the site, particularly within research and guidelines sections throughout the summer.  This page is the single source of COVID-19 information on FirstPort and all information related to the topic is linked and/or listed here.

The Evidence Team also spent a significant amount of time developing an App for COVID-19 Guidelines.  We were offered help and support from the Scottish Government and NHSGG&C Knowledge Services team to specifically support this development which was launched in late May 20.  We continue to develop this site for future guidelines developments.

The Evidence team has been involved in a number of evidence searches and evidence summaries relating to COVID19 since March 2020. These searches have come in from a variety of teams across the board and have been delivered within very tight timescales.  Topics included:-

* Chest compressions and aerosol generation
* Comparisons of intra-thoracic pressures from coughing vs chest compressions
* German testing / predictor / testing system – COVID-19
* Stepping back up (normal services) and anything on reduction in presentations to Acute and to GPs and what happens when the acute COVID-19 crisis is over. Evidence about the benefits, harms and costs of temperature screening (both COVID-19 and other diseases in acute and community settings).
* Legal issues, and what would the process be – e.g. calling someone over to ask to check their temp and then give advice if elevated etc.” (both COVID-19 and other diseases in acute and community settings).
* Ranking scales/ models/ criteria/ scoring systems used for rating individual’s need (be they either clinical and/or social i.e. vulnerable groups).
* Steps health and social care organisations have put in place to minimise adverse impacts from reducing services.

NHS Lanarkshire has also been a partner in the development of the national COVID-19 searching platform.  This platform supported the searching requirement of COVI19 for all NHS Boards.

We are also producing a weekly bulletin of all the latest research on COVID-19.  This is appearing in the weekly brief via Comms and on the national website for COVID-19 information.

**Quality Improvement**

The Improvement Team have used Quality Improvement methods and tools to help frontline staff and managers to meet the challenges faced by COVID19 to develop new and different ways of working.

**Identification of Shielding, High Risk and Vulnerable Groups**

The Improvement Team has been supporting the identification and management of Shielding, High Risk and Vulnerable Groups.  It has been recommended to utilise the electronic frailty index tool within GP practices to support this work.  The electronic frailty index (eFI) used via SPIRE is available to all GP practices and enables a GP practice to identify people who are mild, moderate or severely frail.  It also highlights the high priority patients who are escalating within the mild, moderate or severe categories.  This can enable GP practices to consider the correct interventions to support their practice population.  The Chief Medical Officer has identified that Anticipatory Care Planning conversations should take place with these vulnerable and high risk groups.  Work has included the development of a process for GP practices and other health and social care staff to ensure there are opportunities for these conversations to take place in a sensitive and supportive manner.

**Coping With Crisis Booklets**

Prof Robin Taylor has written a short booklet “Coping with Crisis” and this is used throughout Lanarkshire wards. He has offered 10,000 to Lanarkshire to help during the pandemic. We have purchased further copies to be able to supply primary care as well as acute hospitals with copies.

It has been acknowledged that this booklet would be helpful, for people at higher risk of developing a severe illness if they contract COVID-19, to help them think ahead and identify what matters to them. The booklet would also help people who are updating their ACPs or completing the shortened Healthcare Improvement Scotland shortened ACP version developed for use during the pandemic.

However, we will not be sending people in the shielding category the booklet by post. Supplies of the booklet have been sent to each GP Practice, Community Hospital, Care Home and Hospital @ Home Teams. If GPs or nursing staff have a conversation by phone with at risk patients about their ACP and they discuss the booklet they can then offer it to the patient and send it to them by post. This means that the patients knows about the booklet and is expecting it.

**Treatment Escalation/Limitation Plans (TELPs)**

Prof Robin Taylor, Dr Calvin Lightbody and others have developed Treatment Escalation/Limitation Plans for patients in hospital to aid shared decision making on what matters to the patient and what treatments would be beneficial and which would be futile. A new version of the TELP was developed for use with all medical admissions during the pandemic period. The original version has been tested and reviewed and a second version is now in use across all three acute hospital sites.

**Personal Protective Equipment**

(PPE) is paramount to the safety of health and social care staff across Lanarkshire.  The Improvement Team are working in collaboration with the PPE leads to improve the systems and processes to ensure that stock levels for PPE are adequate across all sites, in particular for Aerosol Generating Procedure PPE.

**Death Registration**

On 26 March 2020, provisions on remote registration of deaths and still-births in the UK Coronavirus Act 2020 came into force, to prevent unnecessary in-person contact at registration offices.

Subsequent guidance was issued by Scottish Government Health Protection Division about “Electronic Transfer of Medical Certificates of Cause of Death (MCCD) from Health Services to Registrars and Next of Kin” on 3 April 2020.

The Quality Improvement Team have reviewed the guidance and produced SBAR and Process algorithm in consultation with Head of Health Records to implement an administrative process to support medical staff and next of kin to register the death of their loved one. Information outlining interim arrangements has been produced for staff to issue to the bereaved and will also be made available on the NHS Lanarkshire website.

**Care Opinion**

The system is managed by the Quality Improvement Team for NHS Lanarkshire with 200+ staff registered as first line responders. The NHS Lanarkshire model which has been heralded as the exemplar approach usually sees Service Managers, Senior Nurses and Team Leaders providing responses to public feedback online. Members of the Quality Improvement Team will provide first line responses to help improve capacity for operational staff during the COVID-19 pandemic. Registered responders will retain responsibility for addressing issues and sharing the feedback with teams within their operational areas.

**COVID-19 Mortality Casenote Review**

The standard mortality casenote review process has been adapted to carry out a specific casenote review of patients who died as a result of COVID-19 in University Hospital Hairmyres. Dr Helen Mackie designed an additional COVID-19 form to be used in this process. A casenote review session of 50 casenotes took place on 28th April and the data from this is currently being analysed. Mortality casenote reviews have also since been carried out at University Hospital Monklands and University Hospital Wishaw.

**On Site Improvement Advisors**

Improvement Advisors from the Improvement Team have been working on site at all three acute hospital sites to provide QI expertise to the senior site triumvirate with their COVID-19 Action Plans. They have provided guidance on developing specialty pathways and plans to support the hospital ward footprints, documentation management and governance, communication from Bronze Command to the wider workforce, site oxygen demand and capacity planning, additional duty manager capacity and streamlined hospital cover handovers.

**Quality Improvement Education Going Virtual**

We have well established Quality Improvement Education Programmes in Lanarkshire. As with other national and local education providers we are now reviewing our face to face QI programmes; aEQUIP for Individuals and aEQUIP for Teams to be able to offer these in a blended approach using an online format. A Short Life Working Group has reviewed the content of the aEQUIP for Individuals and aEQUIP For Teams programme and designed a virtual QI programme for individuals. We are using the MS Teams platform and are midway through cohort 2 with cohorts 3 and 4 planned.

**Leadership Walkrounds**

We developed a new way to perform leadership walkrounds that does not require the full visiting team to be physically present but to link in via a MS Teams meeting. This reduces the footfall in the clinical areas and still provides leadership visibility for staff. The walkrounds have focused on staff wellbeing as well as patient safety.

**Coordinated ICU daily calls**

We developed daily calls with ICU staff during the height of the Covid 19 pandemic to offer support, share learning and to collect data for local management and the West of Scotland Critical care Network. This helps with planning, sharing resources and considering the requirement to transfer patients between Boards. Issues in relation to equipment issues are also discussed. These stopped in June and have been reintroduced in October.

**Quality Directorate Staff Wellbeing**

For our own staff we help a half-day educational session with The Tree of Knowledge and a motivational speaker regarding staff wellbeing and our approach to work. This was well attended on MS Teams and received positive feedback.