

Care Together – Share Together

July 2018, 70th Birthday Edition



Happy 70th birthday NHS!



How to contact us

Our team of NHS England (North) Care Sector Leads support the Independent Care Sector and encourage quality improvement initiatives, preventing delayed transfers of care and improving the flow of care sector clients through hospital systems. **Contact any of us to share your news highlights:**

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Mrs Smithson began her nursing career in 1948 and still volunteers her services to the care sector. The proudest day of her career was the day she qualified

What's yours?



#careandshare



30 DAY challenges

NHS HORIZONS Transforming PERCEPTIONS of NURSING and MIDWIFERY				
JUNE 2018 Sign up to the TWELVE 30 DAY CHALLENGES & become an Ambassador	JULY Write a blog to celebrate achievements and innovation in nursing and midwifery	AUGUST Run a 'BREAKING THE BIAS' media to promote positive perceptions for nursing and midwifery	SEPTEMBER Add your title and qualification to your email signature and social media bio	OCTOBER Celebrate the diversity of people who are nurses and midwives
NOVEMBER The senior nurse and midwife challenge: conversations with early nursing & midwifery trainees	DECEMBER Mentor a junior colleague or student or research leader or senior nurse or midwife	JANUARY 2019 Give a talk to young people about what extraordinary careers nurses, midwives and... are	FEBRUARY Run a 'great ideas' challenge for making unanticipated variations	MARCH Run a local randomised coffee trial across health and care
APRIL Arrange a meeting with your MP	MAY Share the story of nursing & midwifery for your organisation to celebrate the professions	JUNE Reflect on your top 30 day challenges as part of your REVALIDATION	30 DAY challenges Sign up here bit.do/futurenursing	



NHS at 70

Celebrating Nursing in Health and Social Care

Did last month's newsletter get you thinking about blogging?

Remember July is blogging month

Don't forget to share your blog about any aspect of nursing. When you have written it post it and include a statement along the lines of: "Here is my contribution to [#70nursebloggers](https://twitter.com/70nursebloggers) and insert the link to your blog. It will then be added to the [@WeNurses](https://twitter.com/WeNurses) or [#70nursebloggers](https://twitter.com/70nursebloggers) and Twitter lists

The focus this month is to celebrate achievements and innovation in nursing and 'Show your pride in the profession'.

Resources to support this month's challenge are included in a blog by Leigh Kendall from NHS Horizons

[.https://nhshorizons.pasle.net/post/102ey1y/getting-started-with-blogging](https://nhshorizons.pasle.net/post/102ey1y/getting-started-with-blogging) It is packed with hints, tips and reminders (e.g. don't forget the NMC Code of Conduct!)

Don't forget to publish your blog here: <https://nhs70.crowdcity.com/category/26430>

Be the change you want to see... the Big Picture

Watch the video that accompanies this blog here: <https://vimeo.com/274947682>

Integration has been a theme; an aspiration that has travelled with me during my whole career. Much progress has been made in delivering person centred outcomes for people using services, but we are not there yet. It looks and feels so different depending where the person is in the system. The language we use is confusing even though the words may be the same, different meanings are attributed.

People who use services do not understand these differences or nuances until it personally impacts upon them or their loved ones. They expect people to share relevant and pertinent information about them, but they do not expect to be at the receiving end of duplicate assessments to suit all the different organisations involved.

All staff working across health & social care and housing systems need to work together to achieve the best outcomes for people, irrespective of the constraints that can sometimes conspire to work against what they would like to achieve, such as existing policy; cultures of organisations; legislation...the list could go on.

Achieving it will depend on each person in the various systems playing their part. It will require a shift in how colleagues across health and social care and housing systems think, speak and behave, this means you and me!

What will you do differently to be this change?

Sharon Blackburn CBE, RGN RMN Policy and Communications Director
National Care Forum @NCFSharon

Behind every Delayed Transfer of Care there is a person, in the wrong place, at the wrong time

Better Care Fund and Newton Europe 2018



Care Together – Share Together

July 2018



The Care Home Live Bed State Portal has changed its name in anticipation of some new functions coming soon! The Capacity Tracker will do all the same – and more!

As it is the Capacity Tracker identifies vacancies in care homes through a pc / laptop/tablet or phone. It is going from strength to strength as health and social care staff increasingly recognise it is an integral part of winter planning and can play a significant part in reducing delayed transfers of care.

Delivering the following benefits; it:



- ✓ Is free, easy and quick to use
- ✓ Provides real time capacity at a glance
- ✓ Removes the need for repeated phone calls requesting availability
- ✓ Provides informed choice when finding and selecting a home

It's important care home colleagues update the portal regularly because:

- ✓ You can instantly showcase vacancies to those seeking the right care home for them inside and outside your local area
- ✓ The date and time of each update assures you the information is current
- ✓ Care home colleagues get more targeted calls about existing vacancies

New Sites coming on-line in the next month are Blackpool, Blackburn & Darwen, Chorley South Ribble, East Lancashire, Greater Preston, Fylde and Wyre, West Lancashire, Morecambe Bay!

Coming later this summer:
Home Care functionality

Register here:
<https://carehomes.necu.nhs.uk>

or email
Stuartflanagn1@nhs.net

and follow us on Twitter



[@CapacityTracker](https://twitter.com/CapacityTracker)

Leading Change



Adding Value



UNWARRANTED VARIATION

Quantifying the contributions of nursing, midwifery and care staff

A national Leading Change, Adding Value (LCAV) 'Atlas of Shared Learning' has been published. The Atlas will clearly demonstrate how nursing, midwifery and care staff across the health and social care sectors identified unwarranted variation in practice, led the changes needed to address that variation and helped narrow the gaps highlighted in Five Year Forward View. It will also enable all staff to source learning on quantifying improved outcomes, experiences and use of resources. The Atlas of Shared Learning can be viewed at <https://www.england.nhs.uk/leadingchange/atlas-of-shared-learning/>

The LCAV Atlas of Shared Learning will include case studies from across health and social care. For example, one case study highlights that there was unwarranted variation in how staff at local care homes in South Norfolk accessed urgent help for their residents.

Care home practitioners identified that in crisis situations, there was a need to communicate a resident's change in condition and staff reported anxiety about making such calls, sometimes lacking in confidence about who to contact or what information to provide. GPs, ambulance staff and 111 call handlers had reported that the right call wasn't always made or enough information given for timely decision-making. They worked together to reduce avoidable hospital admissions by developing a checklist and trained care staff in its use. As a result, there are fewer urgent calls,

We would like to hear from you if you are leading change in your work, please submit a case study. You can download a template to fill in at <https://www.england.nhs.uk/leadingchange/contact-us/case-studies> You can also email the team at england.leading-change@nhs.net for further information.

Your case study could contribute to the Atlas of Shared Learning, sharing good practice across England.



The Implementation of React to Red Through Safety Huddles in Care Homes in Vale of York CCG

Background to the Project

Pressure ulcers are a major cause of harm and distress and affect around 700,000 people annually. They have a huge impact on a resident's quality of life leading to increased pain, risk of infection, depression and an increased risk of mortality. The estimated cost to the NHS and care organisations in the UK is around £6.5 billion per year. Many pressure ulcers are avoidable if best practice is followed.

React to Red centres around a set of interventions known as the SSKIN bundle to support care staff in the prevention and management of pressure ulcers. Although this work focusses on pressure ulcers, the education and interventions promote improvements to cross cutting themes such as mobility, nutrition and hydration which contribute to the reduction of other avoidable harms.

Safety Huddles are short (5- 10 minute) conversations about a teams selected patient safety priority, they include all staff and allow for open and frank conversations on sharing learning and steps the team can take to prevent harm from happening .

The implementation of NHS England's 'React to Red' initiative combined with the Safety Huddle was introduced to Care Homes in Vale of York led by the Senior Quality Lead, Vale of York (VoY) CCG and the AHSN, Improvement Academy (IA).



React to Red resources are provided **free of charge** to Care Homes. The resources come in a pack containing a DVD, workbook, posters, carer leaflet, competency form and a pocket guide. Training is offered **to care home and home care colleagues** and they are asked to put forward champions from their staff who will continue the training within the home, using a train the trainer approach

For further information please contact: England.R2R@nhs.net

What is a 'safety huddle'?

Informed by QI tools and visual feedback

- Review of days since last harm

Focused meeting about one or more agreed patient harm

- Who are the patients most likely at risk of harm?

Agreed actions

- Set of team/individual actions (aimed at reducing risk of patient harm)

Multidisciplinary frontline team invited to attend

- Including non-clinical

Senior clinical leadership

- Non-judgemental environment and all team staff empowered to speak up

Daily (Monday—Friday as minimum)

- Predictable time and venue (appropriate to team and context)

- Brief (5-15 minutes)

Celebration and recognition of milestones



Conclusion The use of the **safety huddle had a positive impact on both safety culture and embedding learning** regarding 'React to Red'. The safety huddles **motivated staff** and promoted a **safer care environment** through recognition of achievement and the sharing of **learning from incidents** and good practice. The safety huddle has provided a **structure for further improvement work** with care homes and subsequently some have chosen to include other harms such as falls and deterioration

Results

The initial cohort of 2 care homes (225 staff) allowed the project team to gather a better understanding of the specific challenges when working within the care home setting and adapt the work to address these. The care homes had an appetite to engage and achieved 100% completion with training and competency through a train the trainer approach , working with a group of identified champions allowed us to reach a critical mass to cascade the training (figure 1) . Outcome data was more of a challenge as Pressure Ulcers originating in care homes were relatively rare events , a data collection schedule was completed with baseline data and continues to be tracked (figure 2).

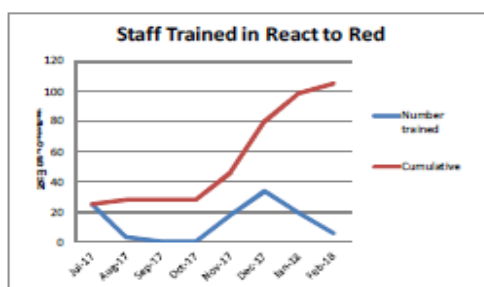


Figure 1

Sarah Fiori—Senior Quality Lead, Vale of York CCG sarah.fiori@nhs.net, www.valeofyorkccg.nhs.uk and Mel Johnson Y&H Patient Safety Collaborative Manager, melanie.johnson@yahsn.nhs.uk www.improvementacademy.org

Sepsis strategy for Lancashire Care Homes 2017-2020

Aim - To improve sepsis related experiences and outcomes for care home residents across Lancashire

SIGNS OF SEPSIS CAN INCLUDE:

- Slurred speech
- Extreme shivering or muscle pain
- Passing no urine (in a day)
- Severe breathlessness
- 'I feel like I may die'
- Skin mottled or discoloured



1 WHY?

Together we want to prevent avoidable illness, harm and unnecessary deaths caused by sepsis

Post infection reviews for MRSA and *C.difficile* (from 2015) with care homes found:

- A lack of consistent and evidence based approaches for detecting sepsis
- Variation in the use of language and clinical evidence to communicate to key health care providers
- 'We think this is sepsis' was not stated
- Delays in the timely escalation for appropriate healthcare
- District nurses and care home staff also tell us sepsis is a problem that needs to be addressed

2 WHAT?

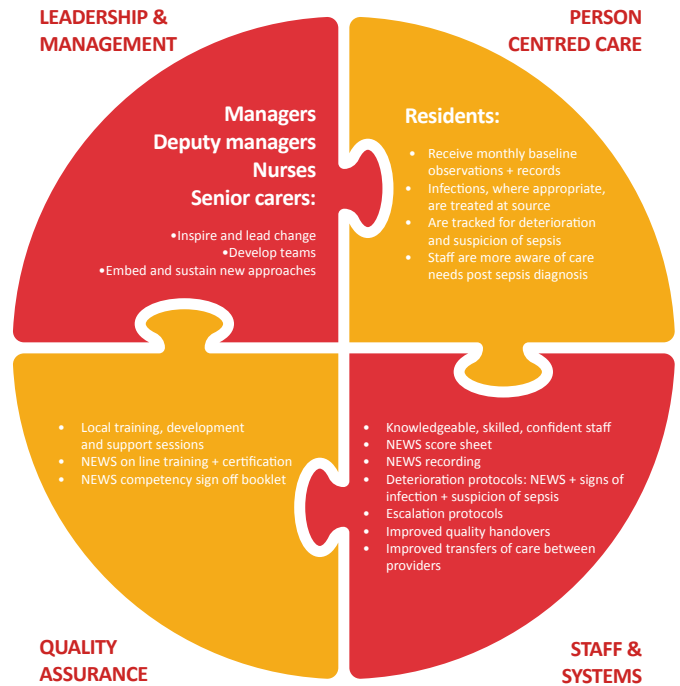
Our sepsis training and development sessions for Lancashire care homes are designed to improve staff knowledge, confidence and skills to shape better sepsis care for residents

Our training and development sessions include how to:

- Prevent infections in care homes
- Identify and report signs of infections early and request appropriate treatment from GPs
- Safety net residents using NEWS with understanding of normal baseline observations
- Identify deterioration and suspicion of sepsis early = NEWS + signs of infection + soft signs of sepsis
- Escalate residents for time critical and appropriate healthcare
- Improve care of residents post sepsis diagnosis
- Raise public and professional awareness of sepsis

3 WHERE?

When care home staff are trained, implementation of approaches in our residential and nursing care homes looks like this:



4 WHEN?

We are currently improving the management of suspected and diagnosed sepsis with our partners: clinical commissioning groups; GPs; community nurses; acute trusts; NWS & NHS England within Lancashire care homes and across community and hospital care pathways

When our approaches are implemented by care home staff, our anticipated outcomes are the:

- Implementation of sustained and consistent evidence based and best practice approaches to the prevention and management of sepsis in care homes
- Improved communication between health and social care professionals with regards to the management of residents with sepsis
- Improved and timely responses across community healthcare providers to attend to the needs of residents with suspected sepsis
- Rapid referral of residents to local acute trusts for appropriate and time critical treatment of sepsis
- Increased awareness of the care needs of residents post sepsis diagnosis
- Improved public awareness of sepsis in Lancashire care homes



Our residents have said:
We like having our observations taken, knowing they are within normal range and if they are not, we know something will be done about it. We feel reassured.

Our staff have said:
We are very excited at the skills and knowledge we have gained from the Sepsis Training Course for Lancashire care homes and we are looking forward to implementing the approaches in our home.

Julie Carman, sepsis survivor and UK Sepsis Trust volunteer:
The care home staff will know their residents well and be able to advocate for their residents if needs be...It is my belief that this work will improve timely treatment, diagnosis and outcomes for this age group and empower the staff.



infectionprevention@lancashire.gov.uk

@LancsIPC

Getting ready for winter

Despite the rising temperature outside it isn't too early to be thinking about winter

What plans have you put in place to keep residents out of hospital?

What would it take to make you comfortable to receive patients from hospital after 8pm and at weekends?

How can we help you to put systems in place?

Don't forget - for every **one week in bed the muscles of a person aged over 80 years old will age by ten years**. They will lose 1.5kg of muscle mass and reduce their aerobic capacity by 20%. **Cumulatively this will increase the risk that person will require institutionalised care fivefold**

Since 47% of delayed transfers of care from hospital are associated with deconditioning it means there are fewer beds available in hospital for other people who need them

What can you do differently today to make a difference to those in your care so they don't need to go in to hospital at all?

Contact your Care Sector Lead with any ideas, suggestions or comments, their contact details are on the front page

What's happening in August?

Our next 30 day challenge is to run a 'breaking the rules' meeting to promote positive perceptions in **nursing in the health and social care sector**.

30 DAY
challenges

AUGUST

Run a "BREAKING the RULES" meeting to promote positive perceptions for nursing and midwifery



GIVE EVERYONE A VOICE