

## 30 DAY challenges

**Got a problem?**

Who will help you solve it?

How many different people do you know who can bring new ideas, skills, experience and uniqueness?

**OCTOBER**

Celebrate the diversity of people who are nurses and midwives



**How can you create an environment where people are comfortable sharing their views?**



**This month share a difficult problem with people you wouldn't normally go to and watch how their thoughts and opinions change your thinking**

Write down the key points (between 200-600 words) as your problem and solution change and send it to

<https://nhs70.crowdicity.com/>

### 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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## End of Life Care Core Skills Education and Training Framework

This framework was commissioned and funded by Health Education England and developed in collaboration with Skills for Health and Skills for Care.



Care and support  
through terminal illness

### Talking to someone living in a care home

If you look after people in a care home you often have residents who are approaching the end of their life.

Because you get to know your residents so well **you are in a unique position to help them express and achieve their wishes for their final days and hours.**

It isn't always easy to talk about death – and some people don't want to – but Marie Curie have a list of questions you can use as a guide to help start the conversation

Use this link to find out more:

<https://www.mariecurie.org.uk/professionals/palliative-care-knowledge-zone/individual-needs/talking-residential-nursing-home>

This national framework sets out '**All staff are prepared to care**' as one of its six ambitions. **If staff have a positive experience then those in our care have improved experience and outcomes too** – so investing in our education, training and support simply makes good sense in all sorts of ways.

This document helps all organisations involved in caring for those at the end of their life to look at how they are delivering care now, and **how they can make improvements**. It includes a link so all can share examples of good practice.

Visit the Knowledge Hub here:  
[www.endoflifecareambitions.org.uk](http://www.endoflifecareambitions.org.uk)

## Who else can help?

To learn from others about caring for people at the end of their life visit:

### Skills for Care:

<https://www.skillsforcare.org.uk/Topics/End-of-Life-Care/End-of-life-care.aspx>

Look up their case studies; they share insight on how to support those with sensory impairment and learning disabilities

### Advice from a Patient

This may be a normal day at work for you  
But it's a big day in my life.

The look on your face and the tone of your voice  
can change my entire view of the world.

Remember, I'm not usually this needy or scared.

I am here because I trust you, help me stay confident.

I may look like I'm out of it,  
but I can hear your conversations.

I'm not used to being naked around strangers.  
Keep that in mind.

I'm impatient because I want to get the heck out of here.  
Nothing personal.

I don't speak your language well.  
You're going to do what to my what?

I may only be here for four days,  
but I'll remember you the rest of my life.



# Josie

Josie was 20 years old when she died. She had a great sense of humour and enjoyed having a joke and banter with her carers in the nursing home. She loved men and boybands (particularly JLS) but loved all kinds of music especially Disney musicals. She was devoted to butterflies and her room was decorated with numerous colourful butterflies. Josie liked all girly things and her favourite colour was purple.

She had two wonderful holidays in Filey whilst at the nursing home. Josie had a mum and dad, sister and grandparents who all visited as often as travelling would allow from the South of England

She originally went to a residential specialist school in the South of England near her family but when that school closed, transferred up to another specialist residential school in Yorkshire. There she remained until she was 18 years old and then transferred to the Adult Nursing Care Home attached to the school.

Josie was born with a profound learning disability and was paralysed from the neck down. She had respiratory and gastrointestinal problems. These problems meant that she required high levels of nursing care which included 24 hour oxygen with overnight ventilation and postural drainage. She was also fed via a PEG tube. Martin House Children's Hospice had been involved in her care from early in Josie's life and she still occasionally went there for respite care with her family.

As part of the Gold Standard Framework process the care home had arranged for a neurologist to come every 3 months to review residents, a GP to come and carry out a clinic weekly and rapid access/discharge to the Respiratory Department at the local hospital trust for residents that needed the service.

The Nursing Home had an **advance care plan** in place for Josie where her preferred place of care was the nursing home, and an **emergency care plan in place including rescue medications if needed, to prevent admission to hospital**.

Josie became very ill and required hospital admission for treatment. **A staff member from the nursing home remained with her at all times throughout her hospital stay**. She was diagnosed with infection but the source of the infection was unknown. She was treated with numerous high strength intravenous antibiotics but was not responding to treatment. Family were contacted and it was decided to transfer her back to the nursing home for palliative care. A DNACPR form had been completed.

**Staff made sure that purple and violet flowers were in her room for her return and arranged for a flat on the premises to be made available for the family to stay**. Josie remained at the nursing home and died peacefully with her symptoms well managed and all the people that knew her and loved her at her side.

A funeral service was arranged at the local church and **her named carer Sam was a pole bearer for the coffin as it was carried in to church**. A funeral tea took place at the nursing home with a **memorial service for staff members and other residents that were unable to attend the funeral**. Bereavement care was offered to the family.

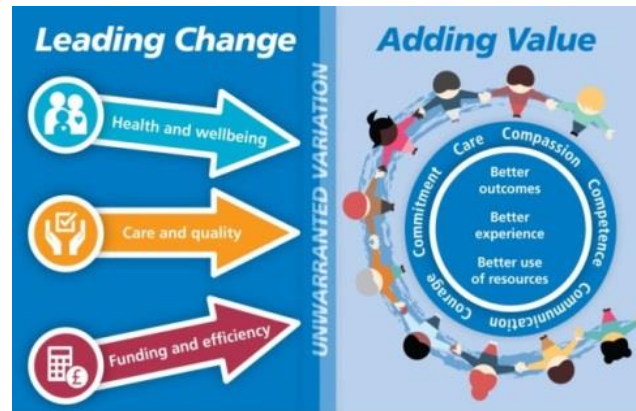
A plaque with Josie's name on now sits in the memorial garden of the nursing home for her family to visit if they are ever in the area. Her family are still invited to any events that the nursing home has, such as the annual garden party, but understandably the distance they have to travel might prove to be too far. Staff also understand that not everyone feels that they can return to the nursing home after the death of a loved one. The door nonetheless remains open to anyone that would like to return and visit staff and residents or just to visit the memorial garden.



### Leading Change, Adding Value

## Palliative care day service re-design at Willow Wood Hospice

The [Leading Change, Adding Value \(LCAV\) 'Atlas of Shared Learning'](#) is a collection of case studies illustrating how nursing, midwifery and care staff across the health and social care sectors have identified unwarranted variation in practice, led the changes needed to address that variation and contributed in narrowing the gaps highlighted in FYFV of health and well-being, care and quality, and funding and efficiency.



**Our case study describes how care home colleagues at Willow Wood Hospice in the Tameside and Glossop community have transformed their adult day service after reviewing national reports and recognising where improvements could be made. They addressed their model of care for people with life-limiting conditions.**

The care home team discovered local evidence suggesting the hospice wasn't being used by those it intended to serve as much as it could be, and they recognised a need to change their system-led approach to care, realising it also resulted in higher levels of dependency. After completing a service review and re-design they set about identifying ways they could bring the day service model at Willow Wood up to date.

They looked at staff empowerment and realised how **colleagues could feel able to lead change and make improvements, particularly ensuring staff and the environment were being utilised to their full potential**. Colleagues also recognised that a self-management model could be used where appropriate, **helping the people they cared for feel more fulfilled**.

The 'START' clinical model was devised, which stands for: **Support, Therapy, Assessment, Rehabilitation and Treatment**. These were key elements of care that staff felt could and should be offered.

The service developments supported care staff to encourage empowerment and self-management in the day service, which led to an **improvement in experience the people they cared for** as well as staff. **It made demonstrable improvements in well-being for all**.

Changes made have been monitored, and data shows a steady increase in referral rates, as well as a significant increase in face to face activity. Daily attendance at the day hospice before the change was between 11 – 15 people; this has now increased and 20 - 30 people use the services daily. The six month survey also highlighted that **staff felt more appreciated (up from 40% to 60%) and stress levels at work reduced from 50% to 20%, which was also linked to increased job satisfaction**.

You can read the full LCAV case study and see other examples of end of life care in the [Atlas of Shared Learning](#). We would like to hear from you if you are leading change in your work – a case study template can be downloaded from: <https://www.england.nhs.uk/leadingchange/contactus/case-studies> or contact the team at [england.leading-change@nhs.net](mailto:england.leading-change@nhs.net) for further information. Your case study could contribute to the Atlas of Shared Learning, sharing good practice across England.



## Extension of Community Health Outcomes (ECHO) Project



The end of life care (EOLC) strategy aims to improve the choices patients and their families have at the end of life. In order to achieve this nursing home staff must feel able to have sensitive conversations with patients to determine their wishes and enable them to plan, identify needs and act during the final stages of life.

Nursing homes frequently experience challenges in accessing structured educational programmes, however using video conferencing technology, ECHO facilitates the delivery of a free and tailored education programme direct from St Luke's to multiple sites where there is a training need. This creates a community of practice that supports service delivery, sharing of knowledge and support to staff in under-served areas.

The benefits to nursing homes of participating in Project ECHO are:

- ✓ A more engaged confident workforce with increased knowledge on delivery of palliative care
- ✓ Improved team working
- ✓ Potential reduction in acute unplanned and inappropriate hospital admissions
- ✓ Nurses have evidence of education for revalidation with the Nursing and Midwifery Council
- ✓ Proof of continuing professional development for the workforce in EOLC for the Care Quality Commission
- ✓ Potential for improved staff retention
- ✓ Improved links with Community Specialist Palliative Care

Over the last 2 years, St Luke's has delivered two 20-session programmes of palliative and EOLC education and training direct to 18 nursing homes across Sheffield. Nursing home staff have been able to access the live and interactive 90 minute sessions direct from their place of work, which has enabled over 562 attendances across the programme. Feedback from those who have attended has been extremely positive and staff have highlighted that they feel more knowledgeable and confident, particularly around the areas of advanced care planning, communication and symptom management.

Later this year St Luke's, in partnership with the South Yorkshire Region Excellence Centre (SYREC), will be launching a third phase of the project offering specialist palliative and EOLC training to nursing home staff across the city, and they would like to encourage all nursing homes across Sheffield to take advantage of this exciting opportunity. As part of this initiative, St Luke's will also be training and supporting the development of the Doncaster and Bassetlaw Community Education Network. This new Collaborative Project ECHO Hub developed through partnership of NHS, Local Authority and Social Care organisations across Doncaster and Bassetlaw will deliver a similar programme of education to care homes throughout the Doncaster and Bassetlaw region.

For further information on Project ECHO please contact Lynne Ghasemi, Project ECHO Team Lead at [echo@hospicesheffield.co.uk](mailto:echo@hospicesheffield.co.uk).



## My visit to a care home

October Blog

Abbie is a 15 year old school girl who was doing some work experience with the CCG Quality Manger. She visited a care home in Castleford. These are her thoughts... she knows you matter.

Recently I went to visit a Care Home in Castleford during my work experience, to assist in inspecting the home to make sure it was safe and that the residents and staff were happy. I went round with the Quality Manager, inspecting the home and talking to the staff and the residents about how they feel about the care home.

Walking around the care home, I came to realise how some care home staff can be quite underrated. They work constantly trying to make the residents happy and comfortable with tasks that many of us may consider simple and take for granted, yet may struggle to do for others.

When we talked to a 94 year old woman who had lived in the home for two years, it hit me how every person who lives in a care home has their own fascinating life story, that many of us may forget as we are unable to see anything but a care home resident, when in fact each one of them are just like us.

The lady started to talk about her past life including how her and her sister both dated men in the navy and all the crazy things they did together. She talked kindly of her parents and showed us pictures of them that were sat on her set of drawers. It then dawned on me that after doing all these things that many of us could also end up living in a care home, feeling socially isolated. It's almost like you're looking forward into one of your possible futures.

**Even though care homes can be lonely places, it is fantastic to see how the staff always do the best they can to provide company to the residents.**

They did every task without complaining and repeated themselves to make sure the residents completely understood what they were telling them. When we went into the dementia unit I noticed there was a resident asking where her mother was. The obvious thing that many of us would do is inform her how she's gone and she can't see her, yet the carer quickly changed the topic to her daughter without hurting the resident's feelings. By changing the topic the resident lit up as she could talk about her daughter.

After a while, I started looking through the memory book the home had which contained pictures of all the activities they did. There were photos of celebrations from Christmas and the nativity play they performed one year. Staff and residents had also just left to go on a trip to The Deep and also had leaflets around advertising another play they were doing called Grease, showing the extra mile the staff went to provide entertainment for the residents.

The trip was both fascinating and frightening, but all in all, it was very educating and I learnt a lot from it. The home was in a very good condition and everyone who worked there was very kind. **It's scary yet comforting to think anyone could end up in a similar care home. Scary because after a long adventurous life you may be in a position where you could struggle to care for yourself, but comforting as you know that the staff are constantly there to care for and help you.**



**Health and social care staff delivering hands on care to residents and clients are eligible for a free flu vaccine**

## Have you had yours yet?



### Where can it be accessed?

You can get it from any pharmacy that is offering the NHS flu vaccination service. This is most but not all community pharmacies. Last year it was about 90% of pharmacies

Alternatively you can ask your registered GP if they are signed up to the scheme. Last year, most practices were

### Check with your practice or the pharmacy before attending

If you have a long term condition you may be eligible for a flu vaccine anyway – in which case you can visit your own GP

### What do you need to take?

Take identification that includes your name and the name of your employing organisation. This could be an ID badge, a letter from your employer or a recent pay slip





## NHS Mail Update

Care and support relies on timely and secure information sharing and strong data security. All organisations should provide assurance that they are practising good data security and that personal information is handled correctly. However, all too often information is still shared via post or fax. There are numerous examples of social care providers receiving important information about people in their care this way.



NHS mail is a secure way of sharing information between organisations, including GPs and Pharmacists, which may help prevent delays in transfers of care. The [Data Security and Protection Toolkit \(DSPT\)](#) is an online self-assessment tool for data security which supports organisations in demonstrating information governance compliance. Once completed organisations can apply for an NHS email address.

**Add these dates to your diary to learn more about how NHS Mail affects your organisation and book your place by clicking on this link:**

<https://www.dsptoolkit.nhs.uk/News/40>

### Introductory guides:

- Thursday 8 November 2018, between 2.30-13.30
- Wednesday 12 December 2018, between 12.30-13.30
- Wednesday 16 January 2019, between 12.30-13.30
- Thursday 14 February 2019, between 12.30-13.30

### Sector specific:

- Thursday 18 October 2018, between 12.30-13.30 **Home Care**
- Friday 19 October 2018, between 12.30-13.30 **Social Care**
- Thursday 18 October 2018 (12.30-13.30) **Home Care**



Don't forget to add your NHS Mail address to  
Capacity Tracker

It's a safe way to share information





**Capacity Tracker**  
<https://carehomes.necsu.nhs.uk>



Crown Commercial Service  
 Supplier

in Partnership with  
**NHS**  
 England

Capacity Tracker is a real-time digital solution for Care Home colleagues to input the type of spare bed capacity using a PC or mobile device, such as a smartphone or tablet. It helps Health Trusts & Local Authority (LA) colleagues identify care homes with vacancies suitable for the individual's needs within a minute, therefore increasing choice and improving the timeliness of transfer.

# Have you signed up to Capacity Tracker ?

Great news!

Contact us



0191 301 1300



Carehomes.necsu.nhs.uk



necsu.tracker@nhs.net



@CapacityTracker



Is simple to register and completely FREE to care homes who can advertise their available beds in 30 seconds



Is accessible from any device connected to the internet

## The Benefits of the Capacity Tracker:



Rapid setup - users can have access in minutes



It has excellent user feedback



NECS is an NHS organisation with a reputation for delivering high quality products and services across the country to health and social care



We are NHS Digital Data Security and Protection Toolkit compliant



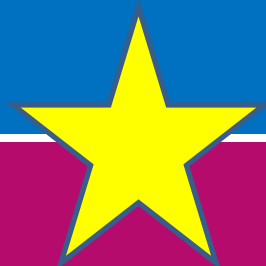
We continue to work in collaboration with NHS England and our rapidly expanding network of Health and Social Care customers



All of our customers have a say in the applications' functionality and ongoing development, ensuring it evolves with changing requirements and priorities.

**Capacity Tracker has just won a new contract! It will be rolled out across the Midlands and East & South to areas without an existing tool**

**Congratulations from all of us at NHS England!**



Want to contact our helpdesk?  
 Ring us on: **0300 555 0340**

Health and Social Care proudly celebrated their 70<sup>th</sup> birthday this year

## What was your proudest moment?

We want to celebrate another successful year in our December edition and will share your highlights, special moments and achievements

Share your summary and a photo with [gil.ramsden@nhs.net](mailto:gil.ramsden@nhs.net)

**Do it NOW!**



# We look forward to sharing next time...

Sharing best practice so we care better together

## We are currently recruiting ambassadors for Transforming Perceptions of Nursing and Midwifery

Our ambassadors are helping us to celebrate the fantastic work of nurses and midwives throughout the country and to **encourage young people who are considering entering the professions.**

We have many exciting challenges coming up and we look forward to working with you and sharing your Nursing/ Midwifery progress.

If you would like to sign up to be an ambassador please do sign up here <https://horizonsnhs.us18.list-manage.com/subscribe?u=b48003ef85ed66462c015a486&id=829d76a63a>

For more information on the Perceptions campaign please visit our website: <https://nhs70.crowdcity.com/>

On 10 September, Secretary of State for Health and Care, Matt Hancock launched 'Talk health and care'. He has invited anyone working across health and care settings to share their blogs and tell him about what you do... Help him to understand what a vital role we play and how he can help too.

Use this link to join in the conversation...

[https://dhscworkforce.crowdcity.com/?utm\\_campaign=761943\\_End%20of%20week%201%20-%20workforce%20engagement&utm\\_medium=email&utm\\_source=Department%20of%20Health&dm\\_i=3ZQO,GBX3,26DZHX,1QQSU,1](https://dhscworkforce.crowdcity.com/?utm_campaign=761943_End%20of%20week%201%20-%20workforce%20engagement&utm_medium=email&utm_source=Department%20of%20Health&dm_i=3ZQO,GBX3,26DZHX,1QQSU,1)

## Getting ready for 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?

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

Beat our **next 30 day challenge**

**30 DAY**  
*challenges*

**NOVEMBER**

The senior nurse and midwife challenge: Conversations with every nursing & midwifery team

INSPIRING & SUPPORTIVE LEADERSHIP

#careandshare

