

A farewell message from our Chief Nursing Officer Professor Jane Cummings

Chief Nursing Officer for England and Executive Director at NHS England

“I am delighted to have been asked to include a message in your November issue of **Care Together – Share Together**

Nursing in the care sector is extremely important and I am pleased at how nursing and care staff across health and social care are truly embracing the importance of partnership working to improve outcomes, experiences and use of resources for people we care for.

I was delighted to visit care homes in Manchester recently and saw first hand the skill, expertise and compassion from nursing and care staff. Not only **providing world class physical care, but also addressing mental well-being by ensuring residents were placed at the centre of care and support. I witnessed staff having conversations and being that person for care home residents to talk to in an environment that was designed to suit their needs.**

Since I became CNO in 2012, the health and social care system has changed enormously with many more challenges facing our professions. **Nursing and care staff in the health and social care sector have grasped these with both hands.**

Despite these challenges, I have continually seen nursing and care staff leading change and transforming lives, living and breathing the 6Cs in everything they do.

So when you do make that change, no matter how big or small, do think about the impact you have on your residents, individuals and local populations and **be confident in your significant and valuable contribution to improving patient care”**

Thank you for everything that you do and continue to do



30 DAY challenges

This month's challenge focuses on inspiring and supportive leadership. Have conversations with your senior colleagues

Find out how they are raising awareness and positive perceptions of work in health and social care

NOVEMBER

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

INSPIRING & SUPPORTIVE LEADERSHIP



This month we are focusing on Learning Disabilities

Find out about **THiNK LD**



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:**

Lancashire & South Cumbria:

Annlouise Stephens

annlouisestephens@nhs.net

Cheshire, Merseyside, Warrington

& Wirral: Suzanne Noon

suzanne.noon@nhs.net

Humber, Coast & Vale, West

Yorkshire and South Yorkshire &

Bassetlaw: Emma Hidayat

emma.hidayat@nhs.net

North region: Gil Ramsden

gil.ramsden@nhs.net

Greater Manchester Partners:

Janine Dyson, janine.dyson@nhs.net

Durham, Darlington, Easington,

Sedgefield & Tees,

Hambleton, Richmondshire &

Whitby, Northumberland,

Tyne and Wear and North Cumbria:

Ken Haggerty and Kathryn Dimmick

k.haggerty@nhs.net &

k.dimmick@nhs.net



Improving health outcomes for people with learning disabilities in NHS Bradford District and Craven CCGs **A quality team initiative**

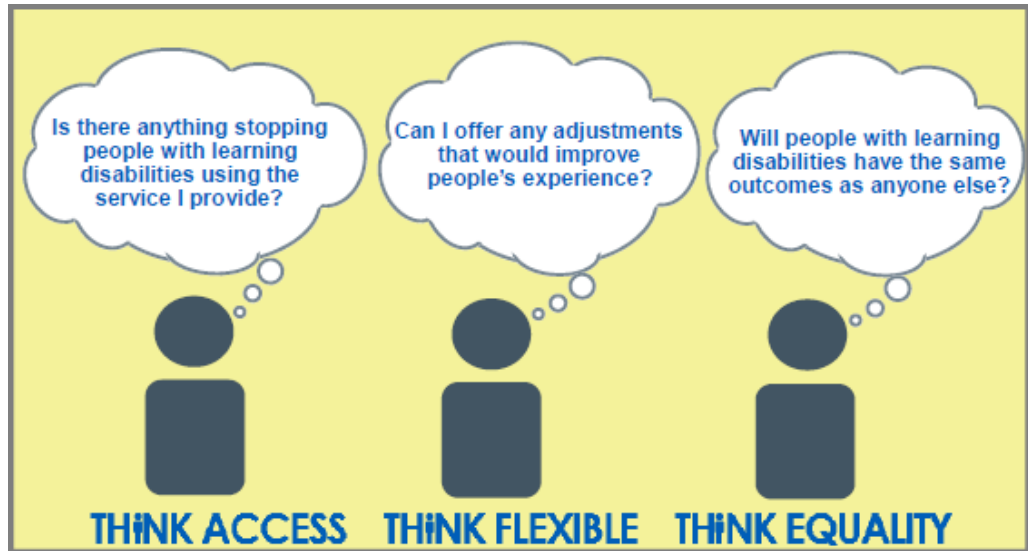


What is THiNK LD?

THiNK LD is a campaign which asks everyone involved in caring for people with learning disabilities to think about how they can make access to health and care services as easy and positive as possible

The health and strength of any service can be measured by how we care for all members of our communities

Adopting a THiNK LD approach is easy, you can help to improve the lives of people with a learning disability and their carers by asking three simple questions:
the 3 THiNKs



Join NHS Bradford District and Craven CCGs as a THiNK LD Champion by asking the 3 THiNKs in your day-to-day role



For more information contact them at leder@nhs.net



Grab guides

What are they and who are they for?

Five NEW Winter Grab Guides to support health and care staff with timely discharge have been released

The five digital guides are:

- Act now – Maximise your leadership this winter
- Act now – Plan for discharge early
- Act now – Getting people home first
- Act now – New technology to find care home availability
- Act now – Look after yourself, look after others: flu immunisation

How to write a NHSI Grab Guide!



The purpose of these NHSI Grab Guides is to highlight an area of good practice that you believe will be helpful to share with other professionals within the NHS because it addresses issues around health inequality for people with a learning disability. The Grab Guide is intended to attract the reader's interest and in just two sides of A4 - not an easy task! The Guide does not need to present lots of detail, but instead inspire and arouse curiosity in the reader, and direct them to the relevant professionals and resources who can provide the detail. The Guide must be succinct and clearly present the essence of the area of good practice.

Points to consider when putting a Grab Guide together

- Choose an area of best practice you want to share. Think about what makes it unique or different; it could be a new way of working or it could highlight creative new tools and resources.
- Check what has already been produced by other people/ organisations to avoid duplication or to ensure the chosen example will add something to what is already available.
- Gather information about the area of good practice from key professionals, people with a learning disability and/or autism and their family carers. Condense all the detail into 4 or 5 key themes and write a few brief, concise key points or sentences under each theme.
- Think about your audience - will it be a range of professionals at all levels of the NHS or a target group? Adapt your Grab Guide content to your audience.
- Think about a snappy title that will catch the readers' attention and want to read on. Start with a short introduction of two or three sentences to give context and present the reason for the Guide's existence.
- Use links to resources, further information and key professionals so that readers can find out the detail. The Guide is a signposting tool to people and places where further information and expertise can be found.
- Add personal testimony from people with learning disabilities and/or people on the autistic spectrum to bring the text to life. This can be in the format of a quote or a personal story - but keep it short.
- Add photos to make the Guide visually interesting and eye catching. Make sure that consent is obtained for use in a Guide that will be shared on NHSI website.

Evidence shows that staying in hospital for longer than needed can cause poor outcomes for people.

We are calling all nursing and care staff to action, whether they work in NHS providers, commissioners or social care; all have a part to play in reducing the length of stay for inpatients when they are clinically fit to leave hospital.

Five digital guides have been developed in partnership with NHS England, NHS Improvement and the Queen's Nursing Institute. They outline key actions that are aligned to optimal discharge pathways.

The guides encourage health and social care staff to lead from the front to ensure vulnerable individuals, faced with increased complexity and frailty, receive the right care, in the right place, at the right time.

Implementing these actions will allow us as clinical leaders to work together to help make the coming months safer and better for those in our care and staff.

For more information, please contact: ENGLAND.leading-change@nhs.net



Share Together

Sharing best practice so we care better together

NHS
Northumberland,
Tyne and Wear
NHS Foundation Trust

Reasonable Adjustments:

Everyone's Business in Northumbria

People with learning disabilities are more likely to experience poorer physical and mental health than the general population. This health inequality is partly due to avoidable barriers in accessing good health care. Northumbria is leading the way in demonstrating how strategic level commitment can be the catalyst for enabling health professionals to push the boundaries with reasonable adjustments and improve access for people with learning disabilities.

Working proactively with primary care

The learning disability specialist health team is structured to maximise the impact of the expertise of the learning disability nurses:

- A focus on working with people with the highest health needs and preventative community work;
- A named link nurse for each GP surgery, who works proactively to support primary and secondary care colleagues;
- Two specialist roles - Primary Care Liaison Nurse and Joint Mental Health Primary Care Liaison Nurse - to work strategically with primary care to drive improvements.

Flagging and patient tracking in hospital

A computer based flagging system and a patient tracking tool that records the patient's hospital journey, prioritises need and monitors outcomes. Data is collected using the tool and is fed into strategic bodies in the Trust, supported by the Medical Director, to inform service provision and improvements. An issue highlighted already is the disproportionate number of people with learning disabilities admitted with sepsis and pneumonia. An action plan is being implemented to improve the identification of the early signs and symptoms of infection across health and social care professionals.

CASE STUDY:

The patient tracker alerted the hospital liaison nurse to G, a man with a learning disability who had repeatedly attended A&E with chronic constipation. The hospital liaison nurse worked with G, his support provider and other key professionals to successfully agree and implement a plan to treat and relieve the constipation. G's constipation has been alleviated and there have been no further visits to A&E.

To find out more contact: [Kaydii Inglis Email: kaydii.inglis@nhct.nhs.uk](mailto:Kaydii.Inglis@nhct.nhs.uk)

Share Together

Sharing best practice so we care better together

Responding quickly to prevent crisis: The Dynamic Risk Register

A weekly Dynamic Risk Register meeting attended by learning disability health professionals, social workers and the mental health crisis teams is being used to successfully prevent unnecessary hospital and inpatient service admissions. Concerns about individuals are raised and a personalised plan is agreed to avoid crisis and maintain stability in the person's life. The model will be trialled for physical health needs in early 2018.

CASE STUDY:

K has a history of self-harm, a diagnosis of unstable border personality disorder and is well known to local emergency and care services. Previous responses from services were reactive, uncoordinated and perpetuated negative experiences for K. A personalised and proactive plan was agreed by the multi-disciplinary team and the revolving door cycle has been broken. K is happier and more settled, her self-harm has reduced and she uses emergency services less.



To find out more contact: janet.harrison@nhct.nhs.uk

Joint working: joint learning disability mortality process

A joint arrangement created between three CCGs and four Trusts in the area, and LeDeR Reviewers which feeds into a single initial review. This avoids lengthy information trawls and enables shared learning and timely responses from individual Trusts where necessary.

Planning for an emergency: Emergency Health Care Plans

The Emergency Health Care Plan, a tool already universally accepted in primary care, is being used by learning disability nurses to anticipate people's needs should they have an unplanned admission to hospital, and reduce unnecessary delays and distress. The team have access to funding that can be used flexibly, for example, to buy additional support. Plans can be shared with professionals who may provide additional crisis support, such as acute services, police and out of hours' colleagues.



Produced in partnership with:





Share Together

Sharing best practice so we care better together

Positive Outcomes:

A Pathway for Challenging Behaviour



It's not what you use it's the way that you use it!

Understanding challenging behaviour as something that is socially constructed is not a new idea. However, effectively translating this into good support for people is often problematic. There is nothing unusual about the challenging behaviour care pathway or tools that are used by Cheshire & Wirral Partnership NHS Trust (CWP) learning disability health team. What stands out is the principles, culture and approach nurtured by the Trust and fully embraced by team; it is this that makes their work striking and leads to real outcomes for people.

This poem considers the power of words to shape our lives and the ways we are perceived. Read this poem aloud or to yourself and reflect on the words you use, your practice and its impact on the people you work with.

DON'T mythologise me!

If you would look, for just a minute,
Past your label tinted lens
Of "challenging behaviour",
You'd see that I'm not
"Severe", "disruptive", "unmanageable":
Yet that's the effect that you've created
With the words you've caged me in.

I am ensnared in your web of words
That sensationalise my identity,
And warp others' perceptions of
My humanity,
So that, by your definition,
I am a thing needing 'fixing',
When really it's your perspective
That needs to be fixed.

Whatever I did, I didn't ask for this,
But wherever I go, the label sticks.

"It's not the pathway that's unique about us – it's the way that we use it!" Dr Bethan Roberts, Clinical Psychologist



Person centred working

CWP operate within a framework of person centred working. This is fundamental to the effectiveness of the team's use of the challenging behaviour pathway and runs through everything they do, right from recruitment of new staff through to practice based on a holistic approach to each unique person.

CWP person centred framework: <http://www.cwp.nhs.uk/about-us/our-campaigns/person-centred-framework/> **Values based recruitment:** [http://www.cwp.nhs.uk/about-us/our-campaigns/person-centred-tools-and-approaches/](http://www.cwp.nhs.uk/about-us/our-campaigns/person-centred-framework/person-centred-tools-and-approaches/)

An empowered team

"You all understand each other's roles really well." Trish Foster, Student Nurse

The team identify some key features to their effectiveness:

- A clear understanding of and mutual respect for each other's specialist role: team members act as autonomous practitioners;
- A shared responsibility and collaborative decision-making: referrals come in to the whole team and agreements are reached collectively from the start and throughout the person's journey along the pathway;
- A recognition of the importance of consultation within the team in order to develop a shared understanding of the person's behaviour is seen as integral;
- A commitment to valuing clinical judgement within a person-centred culture that enables flexibility: the pathway is seen as a guide only;
- A diverse team that includes Associate Practitioners and Health Facilitators who can be used flexibly.

"We take a joint approach and you never feel on your own. We know that we get the best out of each other that way." Louise Acton, Occupational Therapist

Working with families and carers

The Triangle of Care principles have been adopted by the team and embedded into everyday practice. Carers are seen as a vital partner in care and are involved from the start of the pathway. <http://www.cwp.nhs.uk/about-us/our-campaigns/person-centred-framework/triangle-of-care/>

For more information contact: Bethan Roberts – Bethan.Roberts2@cwps.nhs.uk



Produced in partnership with:



Improvement



Changing
Our Lives

Our Lives, Our Way, Our Journey

The [Leading Change, Adding Value \(LCAV\) 'Atlas of Shared Learning'](#) is a collection of case studies that clearly illustrate and quantify 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 to transformational change at national, regional and local levels for patients, individuals and populations.

The LCAV case study '**Our Lives, Our Way, Our Journey**' describes how care staff addressed unwarranted variation at [Castle Supported Living Ltd](#), a charity in the Ribble Valley, Lancashire, that provides personal care to adults with a learning disability living in their own homes. Care staff engaged with people who have learning disabilities to introduce co-production to further develop and improve services.



Care staff acknowledged people with “lived experience” of using services are best placed to advise on what support and services will make a positive difference to their lives. A participation meeting was set up to improve collaborative service development and delivery, and begin the journey to ‘climb the ladder of engagement’. **Established “Tenants Meetings” were re-branded into “Quality Meetings”**, changing the focus from social networking to service improvement, with an **opportunity for participants to share their lived experiences of the service, and for them to identify changes that could make the service more effective.**

People at Castle Supported Living have reported feeling empowered and said they have influenced the quality of the services they use. Individuals involved have developed their skills and self-confidence, and are empowered to continue influencing the quality of their services, and challenge and change the way things are done. Time for both the organization and individuals involved is likely to be saved by implementing effective pieces of work by planning them collaboratively and effectively.

You can [read](#) the full LCAV case study on 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 for further information.

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

Keeping our residents safe and well through Winter

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

Have you had your free Flu jab yet?

Anyone can get flu (even healthy people), and serious problems related to flu can happen at any age, but some people are at high risk of developing serious flu-related complications if they get sick. This includes:

People 65 years and older

People of any age with certain chronic medical conditions (such as asthma, diabetes, or heart disease)

Pregnant women

Children younger than 5 years

Remember – flu can kill.

You need the jab every year to gain protection for yourself and to stop you spreading it to others. It can't give you flu and the vaccine is safe

We will give bronze, silver or gold certificates to care homes and home care organisations who tell us their staff have been vaccinated

Display your certificate in your reception area so everyone knows you are protecting those in your care

Email: gil.ramsden@nhs.net

Where you can get a flu jab

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



What you need to do

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



#careandshare

Can you help us?

Use of digital solutions is becoming increasingly topical and we would very much like to support the care sector to understand what this means, identify which steps need to be taken to gain benefits, and consider any problems or obstacles that can be expected along the way.

We know several organisations are already exemplars in this area so we would like to hear how you overcame any problems and the lessons you learned in the process, so others can benefit from your experience. Our aim is to hold some events across the region early in the new year and we would like your insight as we develop the agenda.



With this in mind please can you answer the following questions:

Are you using any digital technology at present?

This might include any of the following; please tick all that apply

- Capacity Tracker
- NHS Mail
- Access to the Summary Care Record (SCR)
- Access to a GP clinical system
- Telemedicine
- Skype for Business
- Other** (please tell us what)
- None**

Can you predict obstacles to using any of these solutions? Obstacles might include:

- Security worries eg GDPR compliance / (non)-completion of DSPT
- Confidence and or training needs
- IT equipment (eg lap tops, tablets, mobile devices)
- Limitations associated with buildings, such as no broadband or wifi connectivity
- Permission from headquarters
- Knowledge of products

- Are you aware of or currently compliant with the Data security and Protection Toolkit (DSPT)?
- If you are not using digital technology but would like to, what would you like to use and why?
- If you are not using technology what would need to be put in place to support you using it?

If you are already using technology in home care or care homes would you like to share your experience with us? Please contact gil.ramsden@nhs.net

If you would like to be part of our working group leading on the regional events please contact gil.ramsden@nhs.net



How digital care is helping to reduce hospital transfers.

Headingley Hall is a residential home in Leeds, with 57 residential rooms and 30 independent living apartments. It is currently using video technology (telemedicine) to help support residents. There are currently 500 care homes nationally benefiting from the service.

The video service is provided by Immedicare, a joint partnership between Airedale NHS Foundation Trust and a technical company called Involve. **The service is delivered using high quality video calls to the Digital Hub at Airedale NHS Foundation Trust.** Calls are answered by a team of clinical call handlers, supported by a highly skilled multi-disciplinary team of nurses, therapists and paramedics. Ensuring a clinical assessment and offering the right advice is their key priority. **This means a smoother care pathway and better experience for residents, with the right care, in the right place at the right time.** A summary of the contact is shared with the resident's GP – so clinical oversight is fully joined up.



As part of the implementation process an engineer visits the home and installs the telemedicine device.

The home is also assigned a dedicated Relationship Manager, who is their first point of contact. Their role is to ensure the project runs efficiently and to provide a strong link between the home, NHS Commissioners and Immedicare. **A key element underpinning success is the training and reassurance offered, so that every resident receives the best outcome from the service 24/7.** At Headingley Hall this meant that **in the month of April alone 14 hospital admissions were avoided.**

Headingley Hall started using telemedicine in February 2017 as part of the West Yorkshire Accelerator project led by NHS Leeds CCGs and Adult Social Care. The aim of the service is to prevent avoidable admissions.

The General Manager at Headingley Hall had no reservations about using telemedicine because of the intense support received. A carer also confirms feeling supported by the telemedicine team, who provide reassurance for residents and staff because they are so knowledgeable.

Residents and relatives also feel very confident speaking to the health professionals via telemedicine. Many feel very anxious about the thought of going to hospital and express their wish to stay at home, so use of the service has been very comforting as they know they will receive the best advice and may not need to go to hospital.

To find out more contact enquiries@immedicare.co.uk or ring **0330 0883364**



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



in Partnership with
**Crown
Commercial
Service**
Supplier

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 ?

Contact us:



0191 301 1300



[Carehomes.necsu.nhs.uk](https://carehomes.necsu.nhs.uk)



necsu.tracker@nhs.net



@CapacityTracker

Learn more in one of our monthly Masterclasses

The next is:

Friday 30 November from 10.00am -11.00am

Dial 0191 2172500

Then enter the access code: 990 605 674

More classes will follow

Dial-in details change each month so watch this space!

Tuesday 18 December
10.00am – 11.00am

Wednesday 30 January
2pm – 3pm

Thursday 28 February
2pm – 3pm

Tuesday 19 March
10.00am – 11.00am

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

Health and Social Care proudly celebrated their 70th 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

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

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 December ?

Beat our **next 30 day challenge**

30 DAY
challenges

DECEMBER

Mentor a junior colleague or student or reverse-mentor a senior nurse or midwife



#careandshare

