



Care Homes and
Domiciliary Care



Vale of York
Clinical Commissioning Group

Partners in Care



Thursday 23rd May 2019

13.30-16.30

Regen Centre, Riccall, YO30 5RE



Agenda

Fast Track Project Update (10)	L Ruddock/C Charters
District Nursing Update (20)	V Russell
Care Home Capacity Tracker and Hospital Transfer Pathway Standards Update (10)	S Fiori
Skills for Care Update (10)	A Thompson
CHC Update- including updating of agreements and contracts (20)	A Griffiths
Discharge Team Update- including Trusted Assessor (15)	G Younger/ M Liley
Interval and Refreshments Break (10)	Group
IPC –Norovirus feedback and handwashing awareness campaign (30)	C Gent
TEWV Update (10)	L Kovrlja
Opportunity for discussion; issues to be raised, Good practice/ learning to share. (10)	Group
Thank you and close Next Meeting: Thursday 11 July 13:30-16:30 (Venue TBC, North Locality)	



Fast Track Update



District Nursing Update

Ginni Russell





Angela Thompson

Update – May 2019

Angela Thompson - Locality Manager





Our support at a glance

Skills for Care:

- Membership – Skills for Care is the membership organisation for registered managers
 - **Networks** – Skills for Care supports over 150 networks for registered managers, covering every local authority area in England
 - We publish practical resources on key priorities including CQC inspection, recruitment and retention
 - deliver respected leadership programmes including our Well-led programme written with, and for, registered managers. We also deliver a number of other leadership programmes such as Graduate Management Programme
 - We collect intelligence on the sector and produce reports on key workforce demographics that are used strategically at national, regional and local level.
-

Adult Social Care – Workforce Data Set





ASC-WDS benefits

- Using ASC – WDS is seen by Commissioners as a sign of quality and is often built into Contracts
 - Analysing your own data using either the dashboards or the new tableau system you can workforce plan and have access to data that will enhance your business
 - Access to the Workforce Development Fund (WDF) for staff learning and qualifications
 - Record staff learning and qualifications, use the ASC-WDS to provide reminders and information for CQC
-



Support contact details

Phone: 0845 873 0129

Direct line: 0113 241 0969 to speak to a member of the ASC-WDS support team.

Email: nmds-support@skillsforcare.org.uk

Available Monday to Friday from 9 to 5 (except bank holidays)
(apart from the first working Thursday in every month where support will be available from 11.00 due to training).

Guide to improvement

Identify, plan and implement improvements to meet, and exceed, the CQC's fundamental standards





Why invest in improvement?

- Deliver the high quality care and support that people expect and deserve.
- Improve your CQC rating.
- Improve your reputation, and attract new customers, staff and contracts.



A poor inspection will be a blow to any care provider, but it's a great opportunity to learn and improve. Every time one of our services has had a CQC inspection, we've learnt from it and been able to improve what we do as a result.

Ruth French, Stow Healthcare



What's needed to drive improvements?

- ✓ strong leadership and management
 - ✓ a positive workplace culture
 - ✓ the right staff, with the right values
 - ✓ good learning and development opportunities, delivered by experts
 - ✓ the right structures, processes, policies and investment
 - ✓ good networks and links with other organisations.
-



Steps to improvement

**1. Review
where you
are now**



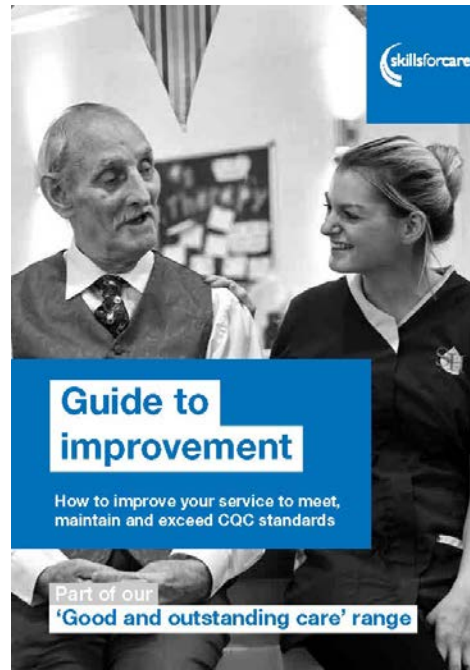
**2. Plan and
implement
improvement**



**3. Monitor
your
performance
and maintain
quality**



Download the free, online guide



www.skillsfor care.org.uk/guidetoimprovement



Workbook edition: Exclusive for Registered Manager Members

Over **30 additional pages** of exercises and templates to help you put your learning into practice.

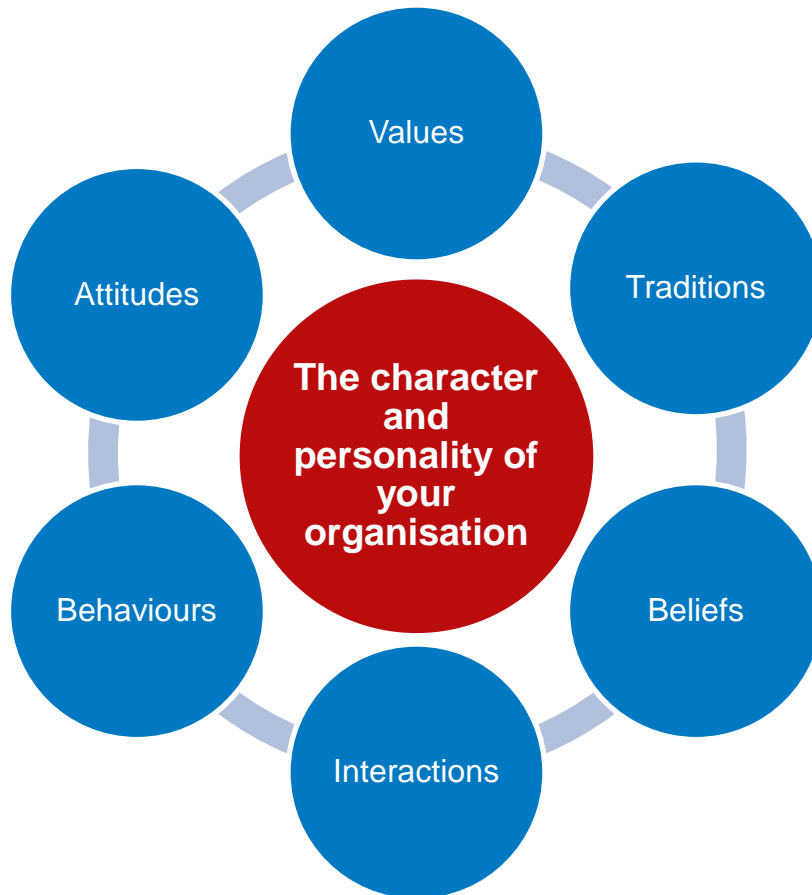
- Renewing members – free copy when renew membership from Monday 01 April 2019
 - Existing members – purchase a copy for £20 from our online bookshop
-

Developing a positive workplace culture





What is workplace culture?



"The way we do things round here."

Bower, 1996



What is a **positive** workplace culture?

Our 'Good and outstanding care' guide found that services with these ratings had a culture that's fair, inclusive and transparent, for example they:

- put people who need care and support at the heart of the service
 - ensure managers and leaders are open, visible, approachable and empower others
 - embed a person-centred culture of fairness, support and transparency
 - ensure managers and leaders encourage and support a strong focus on inclusion, equality, diversity and human rights
 - ensure problems and concerns are always a priority and are committed to resolving them.
-



Why is culture important?

A positive workplace culture can bring lots of benefits

- Create a shared identity and purpose = improve the quality, consistency and personalisation of your service
 - Help you attract and recruit like-minded people
 - Make staff feel engaged, valued and motivated = better health and wellbeing
 - Improve your retention and reduce recruitment costs
 - Improve your reputation with commissioners and regulators
 - Help you meet CQC regulations
 - Improves the quality of care and support, and outcomes, for the people you support
-



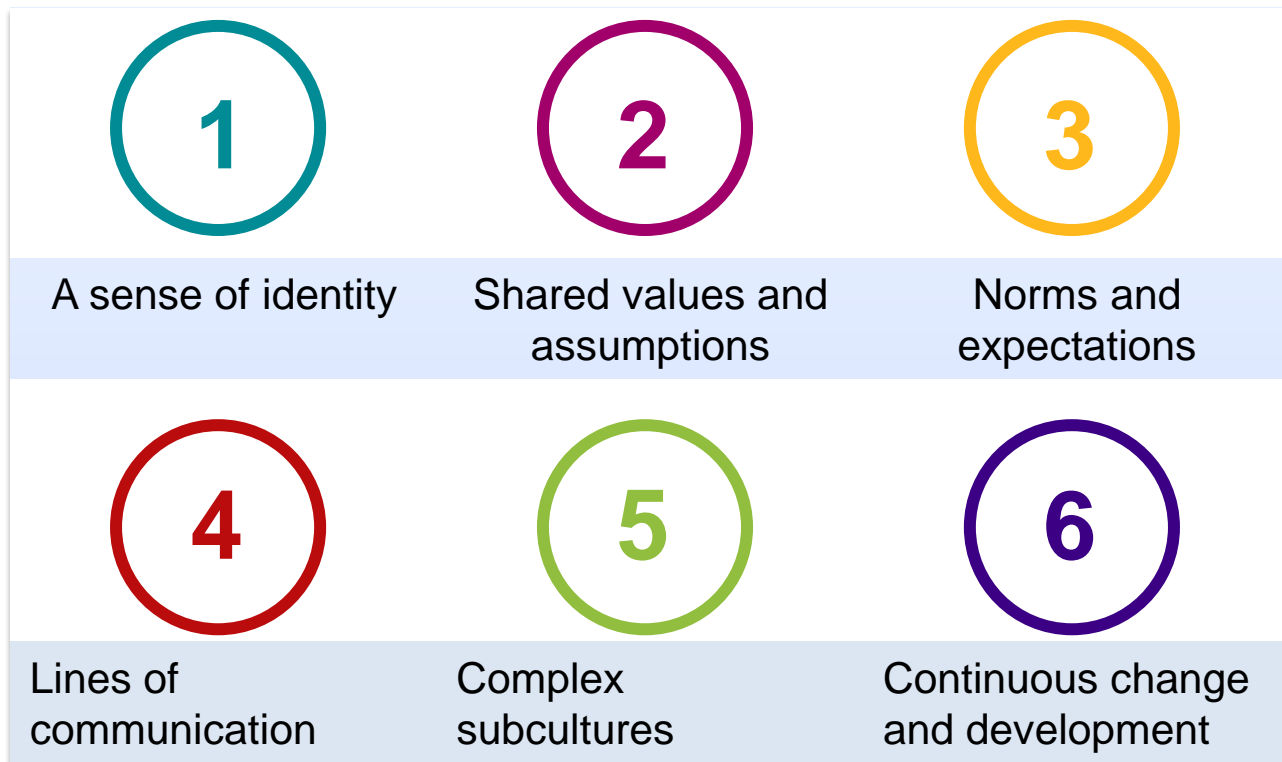
What can influence your workplace culture?

Organisational influences	Social influences	Environmental influences
<ul style="list-style-type: none">▪ Your vision, aims and objectives▪ Leaders and managers▪ Management systems and processes▪ Workplace practices e.g. recruitment and training▪ Legislation▪ Political factors e.g. funding or local initiatives	<p>Staff and people you support's:</p> <ul style="list-style-type: none">▪ personalities▪ beliefs▪ values▪ skills and experience▪ aspirations▪ roles and responsibilities.	<ul style="list-style-type: none">▪ Structure of the building▪ Accessibility▪ Atmosphere e.g. lighting, noise level and temperature▪ Décor



How to develop a positive workplace culture

Our free toolkit can help!





Toolkit

How to develop a positive workplace culture

- How
- Exercise
- Resources to help

02

Shared values and assumptions

All workplace cultures should have a deeply held set of values that are shared by those working and living in it. They both lead them to behave and fulfil attitudes. They need to achieve the vision of your organisation.

What are workplace values?

Values are the beliefs and ideas that guide what you do in work and in life. They guide all aspects of an organisation's behaviour and decisions.

Your values and assumptions should be visible in what you do and in the things that you believe are important to your organisation. The way that you work is a reflection of your values.

How to develop and embed shared values in your workplace

Developing shared values in your workplace and embedding them into your organisation's culture is a process that takes time and effort. It involves identifying your values, communicating them, and ensuring they are lived in the workplace.

Reasons to help develop shared values in your workplace

- Clarify your values
- Define your culture
- Create a shared vision and mission statement
- Develop a shared language
- Create a shared identity
- Create a shared purpose
- Create a shared vision and mission statement
- Develop a shared language
- Create a shared identity
- Create a shared purpose

What are the benefits of shared values?

- They help to create a shared vision and mission statement
- They help to create a shared language
- They help to create a shared identity
- They help to create a shared purpose

The values often become a shared culture in your organisation. They are the values that guide the behaviour of the organisation. They are the values that guide the behaviour of the organisation. They are the values that guide the behaviour of the organisation.

Exercise

Write down the values that guide the behaviour of the organisation. Write down the values that guide the behaviour of the organisation. Write down the values that guide the behaviour of the organisation.

What are the benefits of shared values?

They help to create a shared vision and mission statement. They help to create a shared language. They help to create a shared identity. They help to create a shared purpose.

What are the benefits of shared values?

They help to create a shared vision and mission statement. They help to create a shared language. They help to create a shared identity. They help to create a shared purpose.

Download your copy of the toolkit



www.skillsfor care.org.uk/culture

Accolades awards 2020



www.skillsforcare.org.uk/accolades

Headline sponsor



Who can enter the awards?

All adult social care organisations, services and individual employers in England.



Get the recognition you deserve

The Accolades awards are a fantastic opportunity to showcase your successes and celebrate your achievements.

This is your time to shine and share the great work you do!



What are the benefits?

- Enjoy and celebrate your achievements
- Get recognition for the great work you're doing and share it with others
- Boost staff morale
- Raise your profile



The categories

- Best employer of under 50 staff
- Best employer of between 51 and 249 staff
- Best employer of over 250 staff
- Best individual who employs their own care and support staff
- Best employer support for your registered manager(s)

The categories

- Most effective approach to leadership and management
- Secrets of success – Best retention and recruitment approaches
- Most innovative endorsed learning provider
- Most effective collaborative approach to integrated new models of care
- Most effective approach to continuing

Hear from our winners



The Skills for Care Accolades are a wonderful way of recognising the great work care providers and their staff do. We are delighted to be recognised as leaders in quality in the sector.

Sophie Chester-Glyn, Manor Community
Accolades 2019 winner

Hear from our winners



We are delighted to have received the recognition for our entire team and for the work they do to improve the perception of caregivers. They perform a valuable role at keeping people safe and removing isolation.

John Houghton, Right at Home (Derby)
Accolades 2019 winner

The gala event

All finalists will be invited to a glittering awards celebration in London on Wednesday 22 January 2020.

The ceremony will be hosted by TV dance legend Anton Du Beke.



Enter by Friday 21 June 2019

Find out more

www.skillsforcare.org.uk/accolades



Sponsorship opportunities

Our sponsors help to make the Accolades the great success it is.

There are a number of sponsorship opportunities available to suit a range of budgets, including exclusive category sponsorship.

Find out more:

The Capacity Tracker & Hospital Transfer Pathway

Link to the You Tube video for information;

[Capacity Tracker](#)



- ❖ Ability to update your bed availability real time
- ❖ Share information regarding your home with colleagues and potential residents/ significant others at the touch of a button
- ❖ Support a more streamlined admission process
- ❖ Resource section available
- ❖ Do you want support?
- ❖ Are you updating weekly?

100% of in scope Nursing and Residential care homes now registered and updating **THANK YOU !**

<https://carehomes-demo.necsu.nhs.uk>

Hospital Transfer Pathway Update



- **Aims and intended benefits:**

- Essential health and care information regarding residents to be accessible in a standardised format
- Improved communication and relationships between Hospital & Care Homes
- Smoother admission and discharge processes
- Improved ability to provide person-centred care during hospital admission

An evaluation report outlined the benefits of the Hospital Transfer Pathway:

- length of hospital stay decreased by 4.4 days (NH) & 4.1 days (RH)
- The HTP can help reduce long and short stays in hospital and has benefits in lowering the risk of harm to patients from deconditioning associated with hospital stays

(Sutton CCG Vanguard)

Hospital Transfer Pathway



- More information and resources available on:

<https://www.england.nhs.uk/wp-content/uploads/2018/06/quick-guide-redbag-hospital-transfer-v1.pdf>

Main concerns for Care Homes



- No copy of discharge letter
- Missing documents
- Missing medications
- Late transfers
- Pressure area concerns on transfer
- Infection status
- No equipment

Where are we at?



- Valuable feedback from care homes via email & previous Care Homes Forum
- Learning shared from Hambleton & Richmondshire roll out of Red Bags (in partnership with NYCC Quality Improvement Team)
- Joint working with SRCCG
- Meetings held with YTHFT for feedback on Passport and minimum discharge standards
- Communications Team input to support hospital messages

What next?



- Further feedback please
- Discharge Checklist – conversations continuing in relation to Discharge Standards
- Development of Memorandum of Understanding- under review
- Plan for launch date
- Engagement work in order to share finalised documents with care homes (need lapse of approx a month)
- Agree methods of evaluation- can care homes flag up when documents go missing/information not updated?

Contact Details



Sarah Fiori

Senior Quality Lead

VOY CCG

07702 657592

Sarah.fiori@nhs.net



Vale of York
Clinical Commissioning Group

CHC Team Update



Introduction of NHS Contracts for CHC

Vale of York CCG

Why are we doing this?

- Clients supported by NHS funding should always have been placed under the auspices of the NHS Standard Contract and given the focus by the CCG in CHC transformation, this is something we now need to address.
- Nationally in the NHS and through NHS England there is a formal Strategic Improvement Programme for CHC and they have drafted a contract specification for CCGs to consider with care homes.



Is the contract about funding?

- The contract and specification does not reference rates of care packages.
- It is based upon the Standard NHS Contract and for partners in the room, many of the requirements are those which you will be familiar with for CQC.
- The contract specification has expectations on both the CHC team around reviews and care planning but also on care homes to flag changes in condition etc.

Quality and Safety

- It is vitally important for both the CCG and providers to deliver care for the most vulnerable clients underpinned by a contract.
- CHC spend is growing with the ageing population and it is simply not good enough governance to spend this without a contract.
- A contract builds clarity around the expectation of organisations and as such builds quality and safety.

What happens if Providers cannot meet the specification?

- We fully expect that some providers will not be able to meet all the standards and we need feedback on this-it is possible for us to put some standards into a development part of the contract in order for us to be able to work on delivering these.

What happens if providers do not want a contract?

- The CCG is committed to having an open dialogue with providers to try and understand any concerns they may have around the contract. We want as many providers locally as possible.
- There will however , come a point when we have discussed and amended the specification accepting that some elements will be ‘aspirational and developmental’ that the CCG will only be able to place clients with providers with whom we have an NHS contract with us or we ‘piggy back’ on another CCGs NHS contract.

What next?

- We will start to develop communications to providers regarding this and have developed a timeline for implementation and negotiation.
- This is necessarily tight to ensure progress but we can be flexible where concerns are raised and need some time to be addressed.

Discharge Hub Update



Vale of York
Clinical Commissioning Group

Coffee Time!



Infection Prevention Team Update



**Infection.
Prevention.
Control.**

You're in safe hands



Vale of York
Clinical Commissioning Group

Outbreak round up 2018-19

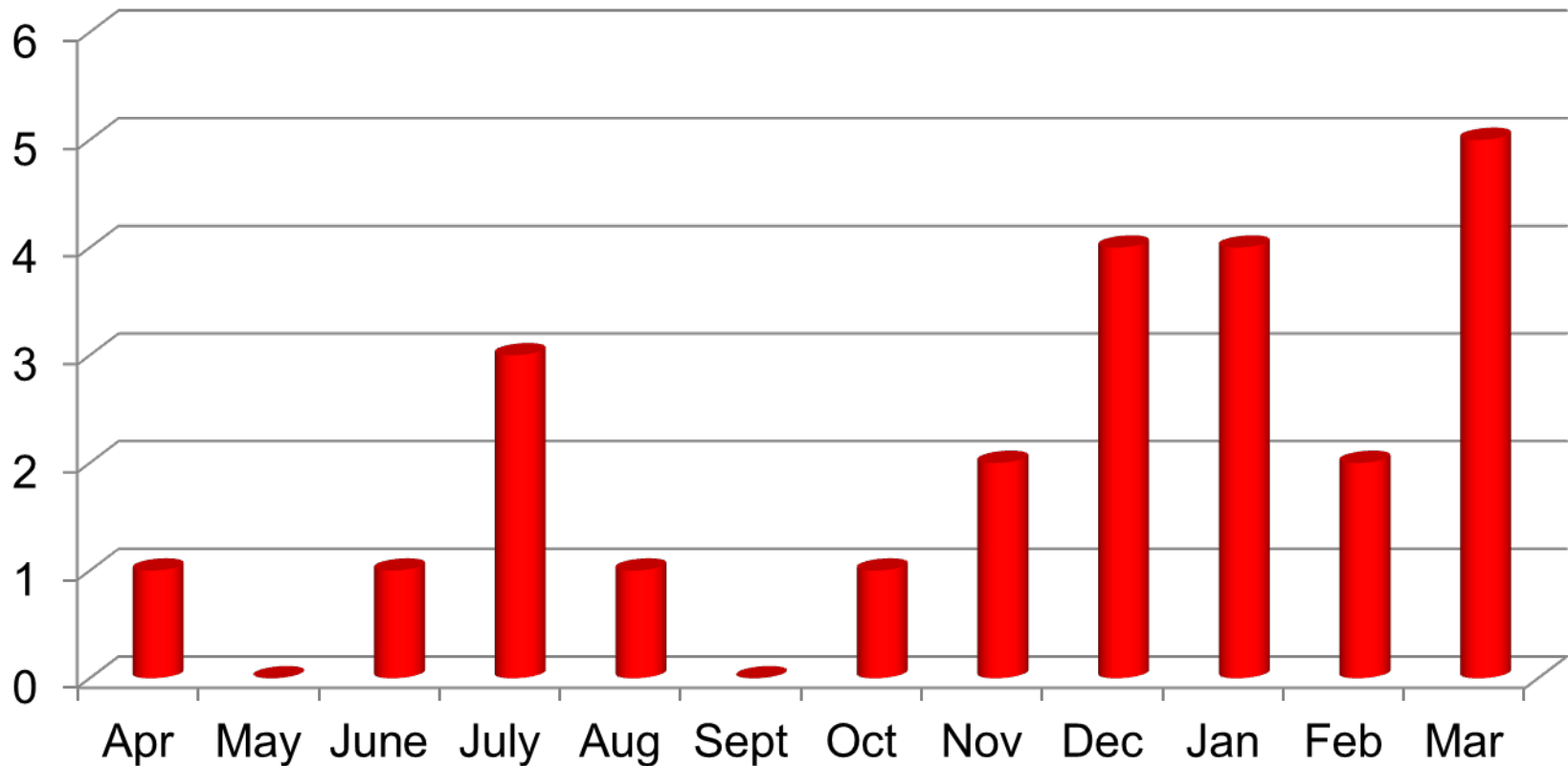
Vale of York

Caroline Gent

Infection Prevention and Control Team

2018-2019 Care Home Closures York

Number of Care homes closed = 24



Expected closure time

Index case

First wave

Second wave

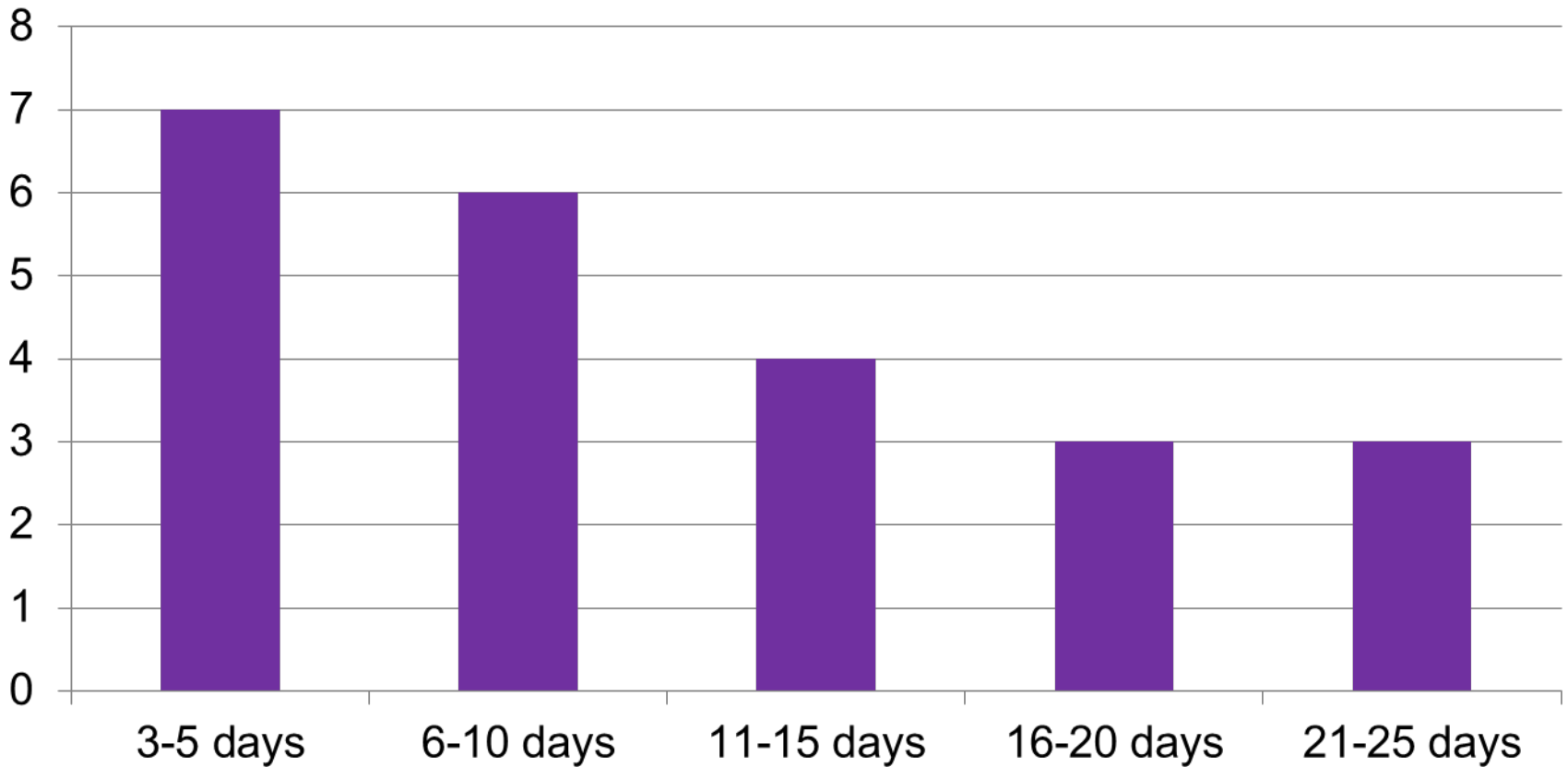
Third wave



- Independent and very mobile
- Diarrhoea / Vomiting - often projectile
- Incubation period of 24-48 hours
- Infectious 2-3 days after symptoms stopped
- Deep Clean after 48 hours symptom free
- Deep clean can take 2 days in some homes
- Usually around 10 – 14 days

Length of home closure

Number of care homes closed



- 4 homes had over 50% residents affected
- High residents affected and high number of staff makes it extremely difficult for the care home to function
- So whatever can be done to stop the spread needs to be done

Stopping the spread

- Clean using hypochlorite solutions at a concentration of 1,000 ppm:
 - Milton 2% (available at chemists/supermarkets) at a dilution of 1 in 20 (50 mls Milton added to 1litre water)
 - Household bleach diluted to 1 in 100 (10 mls bleach in 1litre water)
 - Chlor-Clean, Haz tabs, or Presept tablets, as per manufacturer's instructions using a diluter bottle where applicable
 - Make up hypochlorite solution daily
- Appropriate use of PPE
- Hand hygiene, both staff and residents

Hand Hygiene

Standard infection control precautions: national hand hygiene and personal protective equipment policy

NHS Improvements March 2019

- support a common understanding (making the right thing easy to do for every patient, every time)
- reduce variation in practice and standardise care processes
- improve how knowledge and skills are applied in infection prevention and control
- help reduce the risk of healthcare-associated infection

https://improvement.nhs.uk/documents/4957/National_policy_on_hand_hygiene_and_PPE_2.pdf

World Hand Hygiene Day

May
5th



This day is declared by the World Health Organisation (WHO) and encourages patients and their family members to join health workers in their efforts to practice good hand hygiene.

<https://www.who.int/infection-prevention/campaigns/clean-hands/5may2019/en/>

Global Hand Washing Day

October 15th

Let's give everyone
a [clean] hand



- This year, the theme focuses on the links between hand washing and food – including food hygiene and nutrition.
- Hand washing is an important part of keeping food safe, preventing diseases, and helping children grow strong.
- Their tagline, Clean hands – a recipe for health, reminds us to make hand washing a part of every meal.

<https://globalhandwashing.org/global-handwashing-day/>

IPC Bulletin for Care Homes

Issue No. 15 — April 2019



Clean your hands day—5th May 2019 HAND HYGIENE

The practical and evidenced based approach with demonstrated impact on quality of care and patient safety across all levels of the health care system.

Achieving
'Universal health coverage (UHC) for all'.

Coinciding with World Hand Hygiene Day, the Royal College of Nursing are hosting a week of action to raise awareness about hand care and glove use.

Look after your hands!

- Approximately 1,000 healthcare workers develop contact dermatitis.
- Damaged skin provides opportunities for micro-organisms to be transferred between residents and staff.
- Skin lesions can become colonised by bacteria, potentially leading to infection.
- Prolonged contact with water or wearing gloves for extended periods, prevent sweat evaporation, which leads to the skin becoming over hydrated.
- The chemicals or substances used to manufacture gloves can irritate the skin and can disturb the skins PH balance, which can also increase the risk of work related dermatitis.
- Practice the correct handwashing technique.
- Dry hands thoroughly after handwashing, using disposable paper towels.
- Use an emollient hand cream during work and when off duty.
- Do not use or provide communal tubs of hand cream.
- Staff with skin problems should seek advice from Occupational Health/GP.

Be glove aware!

Gloves on?

- When in contact with blood/body fluids, non-intact skin, or mucous membranes.
- When in contact with chemical hazards such as disinfectants, preservative agents or cytotoxic drugs.
- Only when hands are thoroughly dry (post-hand washing or alcohol rub) to reduce risk of dermatitis.

Gloves off?

- As soon as gloves are suspected to be damaged
- When no longer in contact with blood/body fluids, non-intact skin or mucous membranes
- When a single aspect of patient care/treatment has ended (e.g. gloves may be required to empty a urinary catheter before providing mouth care).
- When it's necessary to carry out effective hand hygiene.
- When contact with chemicals has ended.

rcn.org.uk/glove-aware

Visit our website to find lots of IPC resources,
many of which are free to download.

www.infectionpreventioncontrol.co.uk

or call 01423 557340

- [https://www.youtube.com/watch?v= o9SxDFPUIA](https://www.youtube.com/watch?v=o9SxDFPUIA)

 East Riding of Yorkshire Clinical Commissioning Group	 Hull Clinical Commissioning Group
 EAST RIDING OF YORKSHIRE COUNCIL	 Hull City Council
 Vale of York Clinical Commissioning Group	 Scarborough and Ryedale Clinical Commissioning Group
 Hull and East Yorkshire Hospitals NHS Trust	City Health Care Partnership CIC a co-owned business
Humber  NHS Foundation Trust	 York Teaching Hospital NHS Foundation Trust

*System partner logos to be added as guidance shared with each organisation

Viral Gastroenteritis

Systems Partners Guidance

Version Control	
Version	Release date
9.1	09/04/2018

'Viral Gastroenteritis Systems Partners Guidance'

- Effective Discharge of patients from wards/inpatient area which have had an outbreak of Viral Gastroenteritis
- Consistent approach between Acute trust and social care

Ward has closed bays
but
Patient not in closed bay



In a closed Bay. Patients had
symptoms and is now 48 hrs
symptom free



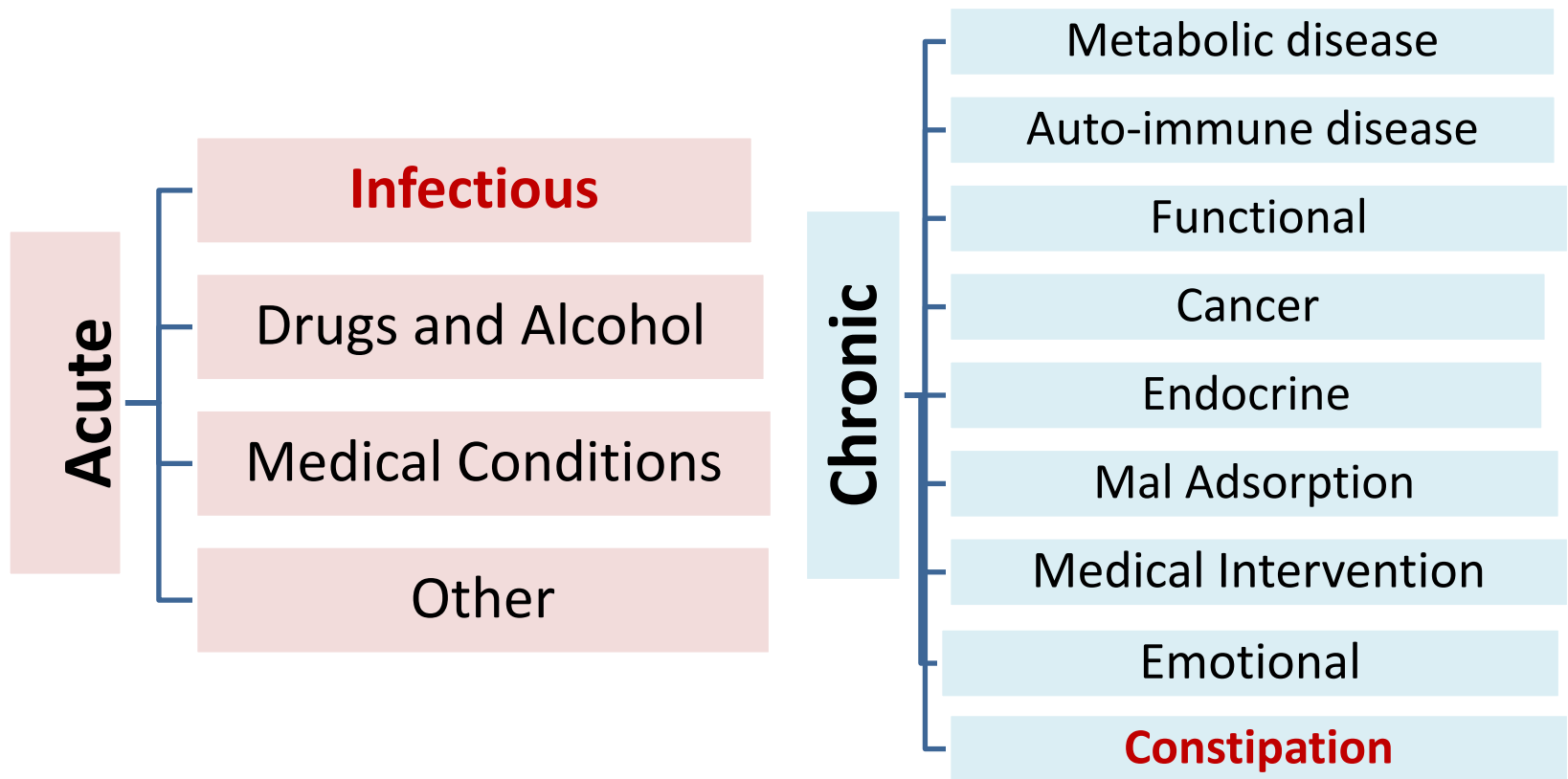
In a closed Bay.
Patient not had symptoms.
Generally should not be discharged until bay
reopened. However can be assessed on an
individual basis (need to be barrier nursed for
48 hrs)



Findings along the way

- Is it an outbreak or not

The vast majority of patients presenting with diarrhoea is found to be non-infectious





The ageing bowel....



- Normal age-related changes include reduced colonic peristalsis which leads to incomplete emptying of the bowel and a 2nd bowel movement 30-45 mins after the first
- Constipation
 - nerve impulses that sense the signal to defecate are slower and duller in older people and therefore are not always responded to (anal sensation) leading to constipation or impaction
 - Loss of tone in colon leads to increased storage capacity, longer stool transit time and greater stool dehydration leading to constipation
- Diarrhoea - external anal sphincter weakness is common in older people

Findings along the way

- Consistent use of the Bristol stool chart










Please refer to this chart when completing a bowel history on the Inter-Health and Social Care Infection Control Transfer Form

Definition of diarrhoea: An increased number (two or more) of watery or liquefied stools, i.e., types 5, 6 and 7 only, within a duration of 24 hours. Please remember: hands must be washed with liquid soap and warm water when caring for service users with diarrhoea.

NB Hands must be decontaminated after glove use.

THE BRISTOL STOOL FORM SCALE

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces ENTIRELY LIQUID

Reproduced by kind permission of Dr KW Heaton, Reader in Medicine at the University of Bristol. © 2000 Norgine Ltd

March 2015

North Yorkshire and York Community Infection Prevention and Control
Harrogate and District NHS Foundation Trust

Findings along the way

- Misunderstanding of Alcohol hand gel which is not effective during an outbreak



Next season's outbreaks

- Identify infectious diarrhoea and report to IPC team 01423 557340 (Public Health England for out of hours 0114 304 9843)
- Importance of breaking the chain of infection by hand washing (staff and residents), use of PPE and environmental cleaning
- Be aware of the 'Viral Gastroenteritis Systems Partners Guidance' when accepting residents from the Hospital setting
- Remember that its always open season when it comes to outbreaks.

Any questions



Care Home and Dementia Team Update



VOY CCG, Care Homes & Domiciliary Care



Coming soon.....

- ❖ Identification of Deteriorating Residents
- ❖ Hospital Transfer Pathway
- ❖ 'React to Falls' Prevention
- ❖ Connecting Care Homes; digital programme
- ❖ DSPT- IG Toolkit





REACT OF FALLS PREVENTION

Reducing the Risk of
Falls



- April has seen an increase in reporting of new pressure ulcers
- Recommend that R2R is used as part of induction and regular update
- Further support/training is available if required

WWW.reactto.co.uk

https://www.nwyhelearning.nhs.uk/elearning/yorksandhumber/shared/React2Red/RTR_HTML/index.html

REACT OF FALLS PREVENTION

Coming your way





‘React to Falls Prevention’ identifies 3 key areas of risk: Physical, Behavioural and Environmental; and the subsequent use of a simple framework that prompts carers to consider these risks and ... **‘REACT’** ... to reduce the risk of falls.

This is applicable across all care settings including domiciliary care and can be used by health professionals and informal carers alike

The key messages are: **Be Proactive**

- React to Falls before they happen
- Support residents to continue to be active, mobilise safely and make their own lifestyle choices
- Falls risk factors are individual to each resident
- Managing falls is a continuous process
- Prevention of falls is everyone’s business
- Involve residents in the prevention of falls

R

Review medical history and physical health - Encourage and support care leaders to review residents' history of falls (frequency and patterns); any medical and physical health such as low blood pressure, dizziness, fractures/osteoporosis, foot problems, nutrition/hydration, illness or infection, both on admission, regular basis and /or as condition changes; referring to other professionals as required. This should include reviewing residents' medications, are they taking 4 or more different types, do they have any side effects such as drowsiness, sedation, increased toilet needs. Have they had a recent medication review with a GP or Pharmacist?

E

Environment and equipment – The environment should be clear of clutter & hazards with suitable lighting. Call bells should be accessible and working and alarm sensors considered where appropriate. Consideration should be given to the suitability of flooring with patterns kept to a minimum and surfaces not too slippery or too difficult to push aids on, such as thick pile carpets

A

Activity - Residents should be supported to continue to be active, make their own lifestyle choices and mobilise safely with assistance/support/supervision as required. Ensuring appropriate mobilisation aids are used and referral to appropriate services – GP, Occupational or Physiotherapy, Podiatry, District Nurses and voluntary sector organisations

C

Communication and understanding - All residents should be supported with communication and comprehension, recognising and supporting residents that are confused/disorientated or otherwise impaired; ensuring that communication aids are clean, functioning, and being used appropriately. Vision and hearing tests should be up to date.

T

Toilet - Residents should be supported with continence/toileting as appropriate, promoting regular toileting and ensuring continence assessments are completed. Any changes in toilet habits need to be recognised and appropriate signage for the toilet in place as required. The use of commodes considered for night time use as required.

For Further details please contact:

Sarah Fiori, Senior Quality Lead

sarah.fiori@nhs.net

Helen Degnan, React to Falls
Prevention Project Nurse

h.degnan1@nhs.net

<http://www.reactto.co.uk>

Introducing: The Partners in Care Webpages

Search words  

[Publications](#) [Home](#) [News](#) [About the CCG](#) [Our work](#) [Get Involved](#) [Your Health](#) [Contact Us](#)

Care homes and domiciliary care providers – our partners in care

Our work

[Home](#) » [Our work](#) » [Care homes – our partners in care](#)

Updated on 03 May 2019

The CCG in partnership with stakeholders from health, social care and the third sector, support care homes and domiciliary care providers to provide high quality, cost effective care for Vale of York residents.

Bringing stakeholders together, our forum, known as 'Partners in Care', takes place bi-monthly to share information sharing and discuss important topics that help to ensure the delivery of high quality care to residents.



The Partners in Care forum is hosted by the CCG and is open to all care stakeholders from the local area to update providers with the latest developments in healthcare and provides an opportunity to influence and collaborate on service and quality improvement. More information about the forum is provided below.

If you would like to learn more about our work and get involved please explore the information provided in the linked pages below.

[Partners in Care Forum](#)

[News](#)

[Partners in Care Weekly Bulletin](#)

[Training](#)

[Care Home Capacity Tracker](#)

[React to Red Skin: STOP Pressure Ulcers](#)



Follow this [link](#) to access

Partners in Care... next time!



- ❖ Sharing of information and discussion
- ❖ Please cascade information to colleagues who you think should be included
- ❖ What agenda items would you like including?

Feedback to sarah.fiori@nhs.net



Care Homes and
Domiciliary Care

Anything to talk about?



Good Practice and Sharing of Learning

Share your news and let's celebrate!!



Good Practice and Sharing of Learning

- ❖ Registered Managers Network is up and running successfully-sharing of learning coming soon!
- ❖ React to Red evaluation now written and will be presented, if anyone would like copies please contact sarah.fiori@nhs.net
- ❖ Poster accepted for National Patient Safety Congress in July 2019
- ❖ Early case study into identification of deteriorating resident written, if anyone would like copies please contact sarah.fiori@nhs.net



Good Practice and Sharing of Learning



**Keep patients safe
and avoid aborted
journeys...**

**Hoist slings will need
to be removed from
underneath patients,
prior to their
transportation.**

- Safety alert issued by the ambulance service. More details included in PIC weekly bulletin or on website
- <https://www.valeofyorkccg.nhs.uk/our-work/care-homes-our-partners-in-care-1/>

Congratulations!

Linda Donellan-Beevers **WON** the Leadership category with the National Avery Care Awards- well deserved we all agree!



For Fun!



- Birchlands Care Home participated in the local Scarecrow Festival.....

See you next time!



THANK YOU!

*Next meeting:
Wednesday 10th
July 2019*

*Galtres centre,
Easingwold*