



Vale of York
Clinical Commissioning Group

Partners in Care

Wednesday 20th June 2018

13.30-16.30

Galtres Centre, Easingwold, York



Agenda

| | |
|--|----------------|
| Care Home Bed State Tool Update | S Fiori |
| Discharge Hub | B Proctor |
| CHC Processes | A Griffiths |
| Research in Care Homes | S Gordon |
| Identification of Deteriorating Residents (feedback on conference) | S Fiori |
| React to Red Progress | S Fiori |
| Safety Huddles Progress | S Fiori |
| Diadem and Dementia Diagnosis | S Fletcher |
| Care Home Engagement and Work on the Horizon | S Fiori |
| Red Bag Initiative | S Fiori |
| NHS at 70 | V <u>Hirst</u> |
| Quality in Care Homes | A Redhead |
| Partners in Care Lessons Learned | S Fiori |
| Opportunity for discussion; issues to be raised, Good practice/ learning to share. | Group |
| Thank you and close. Next meeting: 12 th September 1:30-4:30. Venue TBC | |

Care Home Bed State Tool Goes LIVE!

Link to the You Tube video for information;

[Care Home Bed State Tool](#)



"HELP!! I'm in a hospital!"

- ❖ 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
 - ❖ Free!
-
- ❖ Have you submitted approver emails for log ins?
 - ❖ Do you want support?
 - ❖ Are you updating weekly?
 - ❖ Over 50% now registered and updating **THANK YOU !**

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



Vale of York
Clinical Commissioning Group

Discharge Hub Update



Vale of York
Clinical Commissioning Group

Continuing Health Care

Anita Griffiths



Research in Care Homes

Sally Gordon, Research Nurse

CRN Yorkshire and the Humber

NIHR Clinical Research Network (CRN)



Vale of York

Clinical Commissioning Group

Recognising and Responding to Deterioration in Care Home Residents (RAPID)

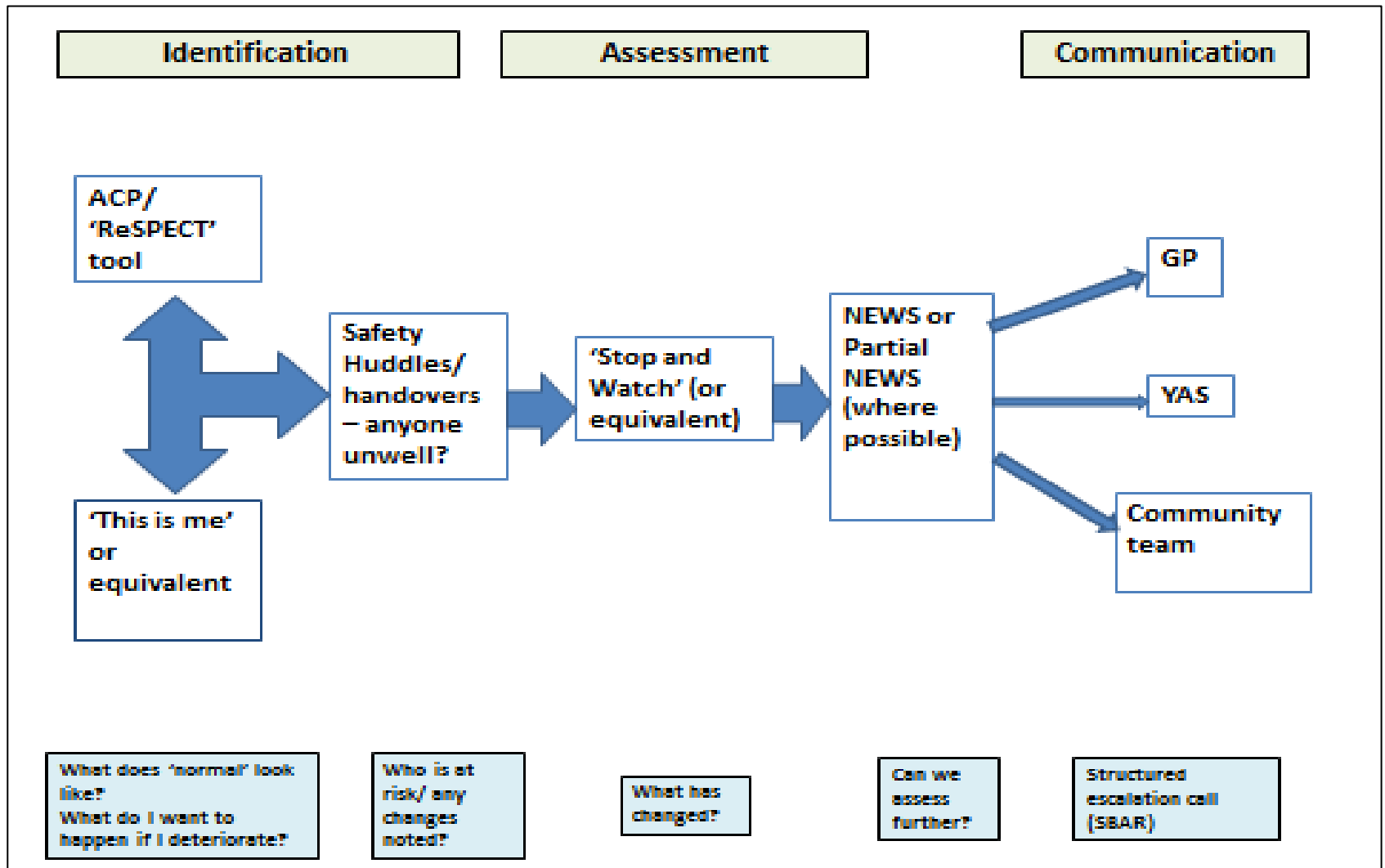
- ❖ A successful full day workshop aimed at care staff from the region held on Tuesday 1st May 2018



Recognising and Responding to Deterioration in Care Home Residents

- ❖ Pilot to support care home staff in early recognition of the deteriorating resident
- ❖ Working across the pathway of care this has potential to improve quality, resident and staff experience, reduce harm and avoidable hospital admissions
- ❖ Supporting care home staff, carers and residents to look out for signs of deterioration (softer signs, NEWS where possible) for early action
- ❖ To support appropriate response and clear communication in the care home through tools such as safety huddles, focusing on the needs of residents and the staff caring for them.
- ❖ To support the use of a communication tool (e.g. SBAR) helping responders assess the situation and take appropriate timely action

Recognising and Responding to Deterioration in Care Home Residents



Recognising and Responding to Deterioration in Care Home Residents



ROCHE
HEALTHCARE LTD



Improvement
Academy
Part of the Yorkshire & Humber AHSN

Stop and Watch - Early Warning Tool



If you have identified a change while caring for or observing a resident, please circle the change and notify the person in charge with a copy of this tool.

Name of resident: Date of Birth:/...../..... NHS No.

S
T
O
P

a
n
d

W
A
T
C
H

- Seems different to usual
- Talks or communicates less
- Overall needs more help
- Pain – new or worsening; Participating less in activities
- Ate less
- No bowel movement in 3 days; or diarrhoea
- Drank less
- Weight change
- Agitated or more nervous than usual
- Tired, weak, confused, drowsy
- Change in skin colour or condition
- Help with walking, transferring or toileting more than usual

Observations (if known) BP /..... Temp..... Pulse Resps..... NEWS

Your Name

Signature:

Reported to

Date Time AM/PM

Person in charge action:

Date Time AM/PM

Name

Signature:

© 2011 Florida Atlantic University, all rights reserved. This document is available for clinical use, but may not be resold or incorporated in software without permission of Florida Atlantic University.

Recognising and Responding to Deterioration in Care Home Residents

Before calling for help

Evaluate the resident: Complete relevant aspects of the SBAR form below

Check Vital Signs (where possible) :

Review Record: Recent progress notes, medications, other orders

Have Relevant Information Available when Reporting

(i.e. medical record, vital signs, advance directives such as DNACPR and other care limiting orders, allergies, medication list)

SITUATION

I am calling because I am worried about:.....Date of Birth:/...../.....

This started on/...../.....

Since this started it has got Worse.....Better.....Stayed the same.....

BACKGROUND

Medical Condition.....

Other medical history (e.g. Medical diagnosis of CHF,DM,COPD)

DNACPR Y/N Advanced care plan Y/N

ASSESSMENT

Identify the change/s from the stop and watch tool)

If available: Vital signs: BP/..... Pulse.....Resps..... Temp.....NEWS.....

Blood Sugar (Diabetics)

RECOMMENDATION

Responding Service Notified:Date...../...../..... Time(am/pm).....

Actions you were advised to take :



Vale of York
Clinical Commissioning Group

Coffee Time!



UPDATE



Vale of York
Clinical Commissioning Group



React To Red Coming Your Way!



Pressure ulcer prevention campaign supported by NHS England
SSKIN is a simple yet effective framework which prompts carers to consider key areas important in maintaining skin integrity

- ❖ **Surface**- what mattress/ cushion does the individual need
- ❖ **Skin Inspection**- regular skin inspection and empower individuals to check and report if possible
- ❖ **Incontinence**/ moisture- prevention of moisture damaging the skin
- ❖ **Keep Moving**- repositioning and regular movement
- ❖ **Nutrition**- optimum nutrition and hydration

***If you see red skin or think someone is at risk report it....
'React to Red'***



React To Red Progress



- ❖ 9 homes have achieved full sign off (269 staff trained and competent)
- ❖ 26 care homes are currently undergoing training for React to Red.
- ❖ Amounting to approximately 862 eligible staff, of which 402 (47%) have completed training
- ❖ 3 further homes engaged with training dates arranged for this month
- ❖ 9 homes recruited for the next cohort, with training commencing throughout July
- ❖ Pressure ulcer awareness sessions booked for tenants, relatives, carers and staff at 4 independent living communities in June & July
- ❖ Training evaluation and feedback from the programme is positive. Care staff report the training is easy to understand and improves their baseline knowledge of pressure ulcer prevention, recognition and actions to take.
- ❖ Many homes involved have made pressure ulcer prevention training mandatory for all new recruits and as an annual refresher
- ❖ Poster presented at the Tissue Viability Society Conference in May 2018 which describes the experience of implementing React to Red with Safety Huddles in the pilot homes across the VOY CCG. Accepted for Patient Safety Congress in July 2018.



Rogues Gallery



William Wilberforce



5 Whitby Road



Fulford Nursing Home



Amarna House



Arden House



Minster Grange

Watch this space....
The Hall, Highfields & Lake and Orchard have completed training and awaiting presentation of their certificates



Safety Huddles

<http://www.improvementacademy.org/>

[safety huddles](#)

For more information please contact
sarah.fiori@nhs.net



Vale of York
Clinical Commissioning Group



Safety Huddles- Progress



Vale of York
Clinical Commissioning Group

Dementia Diagnosis

Sheila Fletcher



Vale of York
Clinical Commissioning Group

Dementia Diagnosis

DeAR-GP

The Dementia Assessment Referral to GP tool supports care workers to identify people who are showing signs of dementia and refer them to their GP or another healthcare professional for review.

- Once completed, DeAR-GP acts as a communication aide between care workers and GPs

DiADeM

Diagnosing Advanced Dementia Mandate

- Aims to support GPs to diagnose dementia for people living with advanced dementia in care homes for whom a trip to memory services is unlikely to be feasible and/or make a difference to on-going management.



Download our [Dementia Assessment Referral to GP Form](#)



VOY CCG & Care Homes



Coming soon.....

- ❖ RAPID with domiciliary carers
- ❖ Sepsis awareness
- ❖ Safeguarding update
- ❖ Red bag initiative
- ❖ NHS turns 70



Vale of York
Clinical Commissioning Group

Safeguarding Policy Update, Summary of Key Changes

- Policy is strengthened and updated including linked agenda e.g. Domestic Abuse and Adult Safeguarding Practice.
- A move away from being process driven, to a simpler, person focused approach following principles of Making Safeguarding Personal (MSP)
- DASM removed and replaced by PIPO (People in Positions of Trust)
- There is a 4 stage process (currently 7)
- No longer substantiating abuse
- There are new suggested timescales

Timeline CYC- May 2018, NYCC- April 2019.



The Red Bag Pathway

The 'Red Bag' concept is about having relevant patient information and belongings ready to transfer with a resident on their departure to hospital. The bag will stay with them while in hospital.



This results in better communication and flow of patient information as well as practical solutions to prevent people having to stay in hospital for longer than necessary and also reduce delayed discharges from hospital



The reported key to success from everyone that has implemented the pathway to date is **engagement** and **partnership working** and this is what we want to achieve by working together



The Red Bag Transfer Pathway

The **Red Bag** pathway has been implemented in many areas across the UK and originated from Sutton (NHS Vanguard site) who implemented it in 30 care homes as part of the Hospital Transfer Pathway

The purpose of the **Red Bag** is that standardised personal information, belongings and important details travel with residents from care homes into hospital and then back to the care home

Through standardisation of paper work and keeping all residents belongings in one place, the **Red Bag** has led to:

- Better person-centred care for the residents through a joined up approach
- Improvement in communication and relationships between hospital, YAS and care homes
- Fewer phone calls and follow ups made by the hospital staff to the care homes looking for health information about the resident
- Smoother admission and discharge processes
- **Average reduction in Length of Stay of 4 days** (previously this was 9 to 11 days)



How did Sutton achieve it?

Issues identified

- No standard paperwork
- Lost documents
- Loss of residents' belongings
- Medicines disappeared
- No system in place to track residents through the hospital
- Care homes find it difficult to get information from hospitals
- Care homes receive lots of phone calls about the residents' clinical 'situation'
- Poor communication between hospitals and care homes on discharge
- Residents staying in hospital for longer periods than necessary

Solutions proposed

- Transfer bag
- Standard paperwork to assist ambulance staff , A&E and care home staff
- Baseline information about the resident
- Better communication between care homes and hospitals at all points of the resident's journey
- Senior staff from care homes to visit residents in hospital within 48 hours of admission to discuss discharge

As a result of the proposed solutions



https://youtu.be/FH1ui_Z07AY

The process is simple but very effective

Could it work for us ?.....

NHS 70 Year Celebrations

Victoria Hirst



70
YEARS
OF THE NHS
1948 - 2018

NHS
Vale of York
Clinical Commissioning Group

Improving the lives of patients: the power of the 'what matters to you' conversation



Hosted by NHS Vale of York CCG and delivered by Tommy Whitelaw

Tommy's mother contracted vascular dementia and for more than five years he cared for her. She passed away in 2012 and he has since made it his life's work to achieve more support and respect for people living with dementia.

For Tommy, the person with dementia and their carer has the right to be asked: What matters to you? How do you want your day to look? What information and help do you need to make this happen?

Tommy engages with health and social care professionals, the public and students through his talks to increase knowledge of dementia and to encourage them to make a personal pledge to make a difference in the lives of people with dementia and their carers

For more information about Tommy on tour: <http://tommy2011.blogspot.co.uk/>



Vale of York
Clinical Commissioning Group

Quality in Care Homes



Alison Redhead



Vale of York
Clinical Commissioning Group

Partners In Care Lessons Learned

“PICLL” May 2018

[Partners in Care Lessons Learned Final
May18.pdf](#)



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

Anything to talk about?



Good Practice and Sharing of Learning

Share your news and let's celebrate!!



Good Practice and Sharing of Learning

Congratulations Ebor Court, Rated **GOOD** by the CQC !



Good Practice and Sharing of Learning

Minster Grange



Staff induction and shadowing developments have been developed to support staff- included in PICLL bulletin

Mattress trial case study to summarise findings from a 32 bed trial involving the Mercury Hybrid will be disseminated in the near future

Lots of babies!

Good Practice and Sharing of Learning

Arden house



- ❖ “Book marks” used in MAR charts when someone starts new medication or is on antibiotics (different colours for change of medication and another for antibiotics)
- ❖ All staff have completed React To Red training
- ❖ Resident Passports to facilitate communication between the Home and Hospital. These have been well received particularly by the paramedics
- ❖ NVQ training and other educational developments are on going
- ❖ Links with research at Newcastle university

Good Practice and Sharing of Learning

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

The AHSN Network **NHS** **NHS**
Vale of York Improvement
Clinical Commissioning Group

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 residents' quality of life leading to increased pain, risk of infection, depression, increased risk of mortality. The estimated costs for the UK care sector are in the UK around £4.6 billion per year. Many pressure ulcers are avoidable if best practice is followed. React to Red centres around a series of interventions known as the Safety Huddle to support care staff in the prevention and management of pressure ulcers. Although the work focuses on pressure ulcers and the education and training, it promotes 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 teams selected patient(s) priority. They are inclusive and allow for open and frank conversations about sharing learning and skills. The aim is to improve patient safety.

The implementation of NHS England's React to Red in the Vale of York CCG is combined with the Safety Huddle which was introduced to care homes in the Vale of York led by the Senior Quality Lead, Vale of York CCG and the AHSN Improvement Lead (14).

Method

The premise for the project was combining React to Red with Safety Huddles would embed and sustain improvement. Promoting a positive safety culture and communication within the homes. This was achieved in an incremental way across care homes (CCG staff, group, home, practice, training and education) to the project could lead to development of plans for wider scale spread.

Key Elements of a Safety Huddle

- Informed by Quality and Visual Feedback
- Review of the patient's condition
- Focused meeting about one or more agreed patient(s)
- Where the patient(s) is/are at risk of harm
- Agreed action
- Assign responsibility for actions (aimed at reducing risk of patient harm)
- Multidisciplinary handover is involved in a handover
- Involving the patient
- Senior clinical leadership
- Non-urgent issues are discussed at a team or departmental meeting
- Daily (Monday-Friday) as minimum
- Predictable time intervals (appropriate to ward/department)
- Duration (5-10 minutes)
- Collaboration and sharing of learning

Results

The implementation of the React to Red CCG staff allowed the project team to gather a better understanding of the pressure ulcer risk in the homes. The team used the data to inform the development of the project plan. The team used the data to inform the development of the project plan. The team used the data to inform the development of the project plan.

Key Learning and Challenges

Engagement:

- It was important to have a clear understanding of the project goals and objectives.
- It was important to have a clear understanding of the project goals and objectives.
- It was important to have a clear understanding of the project goals and objectives.

Training:

- It was important to have a clear understanding of the project goals and objectives.
- It was important to have a clear understanding of the project goals and objectives.
- It was important to have a clear understanding of the project goals and objectives.

Resources:

- It was important to have a clear understanding of the project goals and objectives.
- It was important to have a clear understanding of the project goals and objectives.
- It was important to have a clear understanding of the project goals and objectives.

Lead or champion:

- It was important to have a clear understanding of the project goals and objectives.
- It was important to have a clear understanding of the project goals and objectives.
- It was important to have a clear understanding of the project goals and objectives.

Conclusion:

The implementation of the React to Red CCG staff allowed the project team to gather a better understanding of the pressure ulcer risk in the homes. The team used the data to inform the development of the project plan. The team used the data to inform the development of the project plan.

Author:

React to Red CCG staff, Vale of York CCG
NHS Improvement, NHS England
NHS Improvement, NHS England
NHS Improvement, NHS England

Yorkshire & Humber Patient Safety Collaborative

See you next time!



THANK YOU!

*Next meeting
date to be
confirmed
(July)*

*St Catherine's
for hosting us!*



Vale of York
Clinical Commissioning Group