



**NHS**

**Vale of York**  
Clinical Commissioning Group

# Partners in Care

Tuesday 27th February 2018

13.30-16.30

Selby War Memorial Hospital



# Agenda

<b>NHS Digital</b>	<b>KAldridge</b>
<b>Care Home Bed State Tool</b>	<b>EHidayat</b>
<b>Discharge Hub</b>	<b>BProctor</b>
<b>Identification of Deteriorating Residents</b>	<b>SFiori</b>
<b>Diabetes</b>	<b>AKilbride</b>
<b>React to Red Progress</b>	<b>CPomfrett</b>
<b>Safety Huddles Progress</b>	<b>SFiori</b>
<b>Diadem and Dementia Diagnosis Update</b>	<b>SFletcher</b>
<b>VOED Feedback</b>	<b>SFiori</b>
<b>Equipment</b>	<b>SFiori</b>
<b>Flu</b>	<b>SFiori</b>
<b>Ears</b>	<b>SFiori</b>
<b>Care Home Engagement and Work on the Horizon</b>	<b>SFiori</b>
<b>Partners in Care Lessons Learned</b>	<b>SFiori</b>
<b>PIC suggestions for future agenda items</b>	<b>Group</b>
<b>Opportunity for discussion; issues to be raised, Good practice/ learning to share.</b>	<b>Group</b>



**Keith Aldridge, NHS Digital**

# NHSmail and Data Security

**NHS Vale of York CCG – Partners in Care Meeting**

**27 February 2018**

# The Adult Social Care Sector

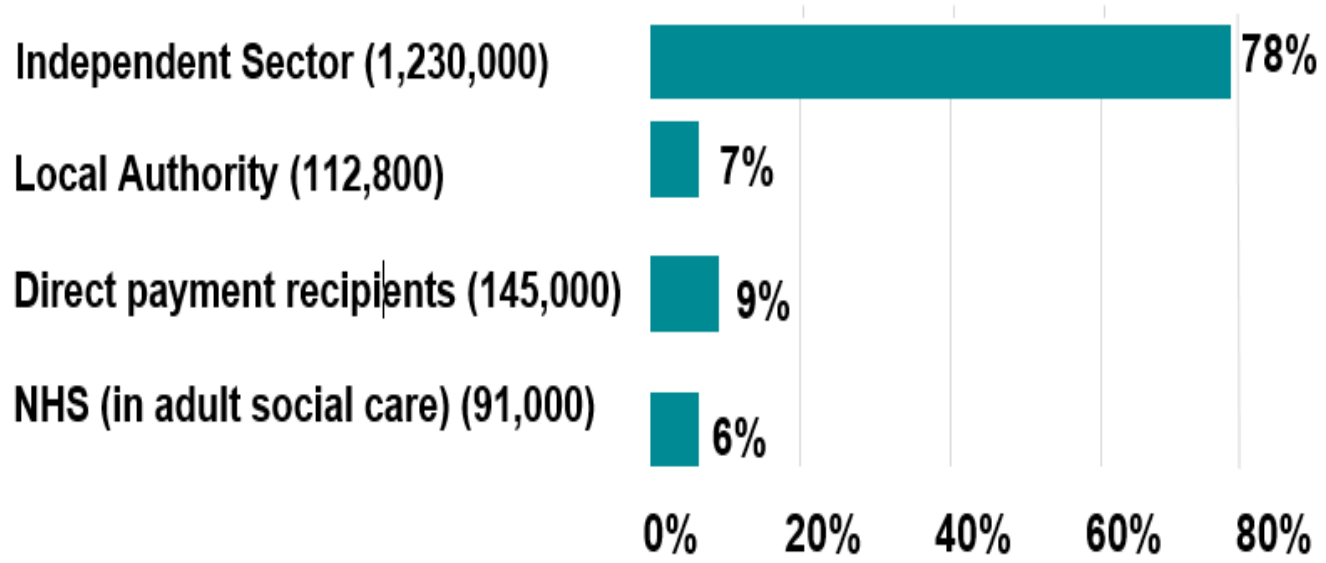
Example: A large company running multiple care homes would count once in these figures.

Example: Each individual care home within a large care providing organisation will have been counted in this section.



Estimated Number of Adult Social Care jobs by employer

Registered Nurses were one of the only jobs to see a significant decrease (down 8,500 or 16% since 2012).



## Social Care: the forthcoming Green Paper on older people

- Confirmed content of the Green Paper for older people:

### Technological Developments

- “Our vision for care ...must consider how care is provided at present and challenge the system to embrace new technology, innovation and workforce models which can deliver better quality and value”.

- Information Sharing

# Current Information Sharing – Too often fax or post

## Care Home 1

- First home to be rated outstanding by CQC
- Information from hospital is routinely posted and reaches the Care Home anytime up to a week after discharge.

## Care Home 2

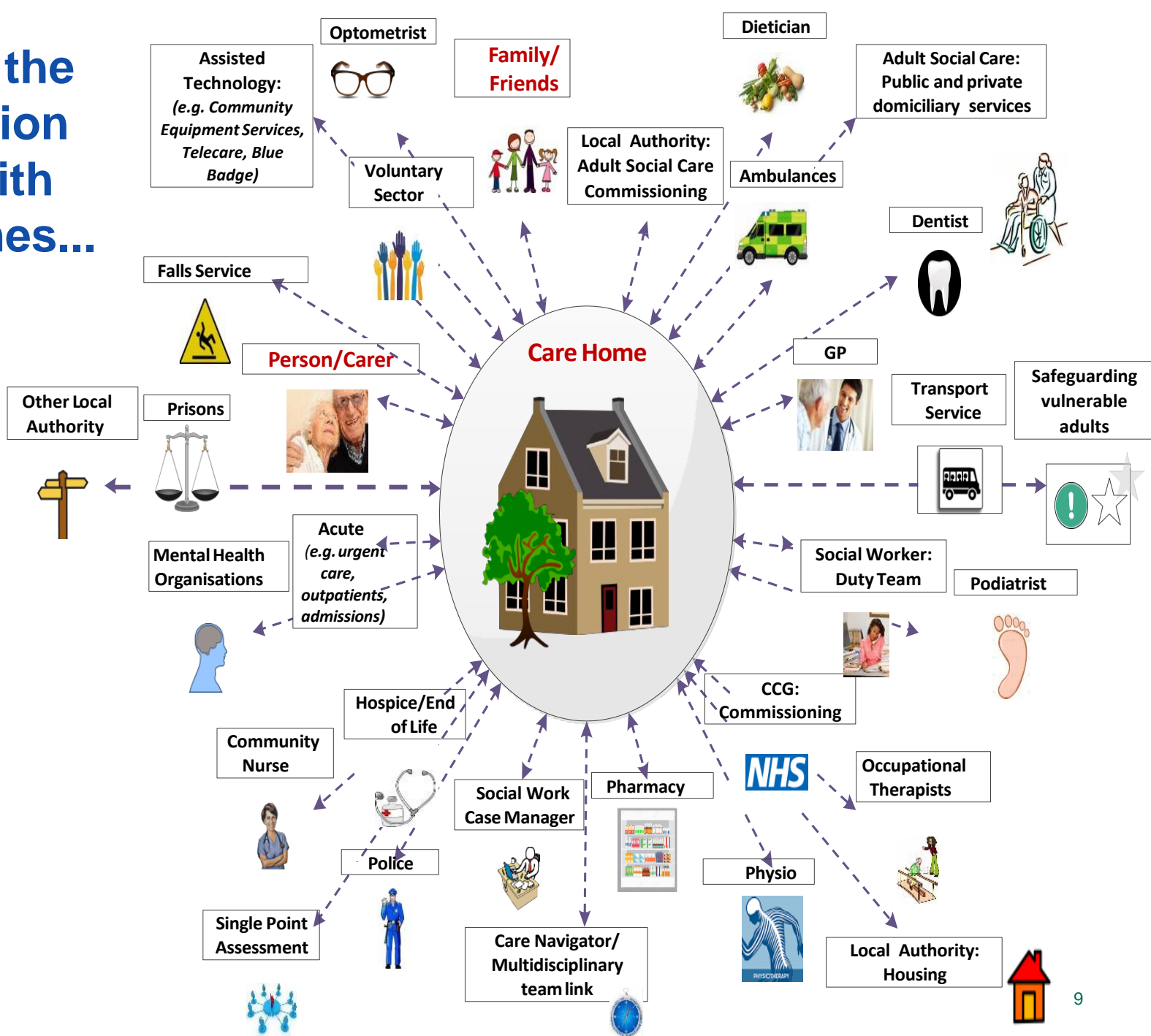
- Patient was discharged to a new Care Home.
- The home did not receive timely discharge information and were not properly prepared for when their new resident arrived at the home late in the evening. The patient's leg had recently been amputated, she was immobile and very distressed.

## Care Home 3

- Resident was discharged back to her Care Home for people with severe neurological problems.
- The discharge summary arrived by post 3 weeks later; stating the patient had MRSA! The Care Home had not previously been aware...

Please also this Professional Records Standards Body [report](#).

**Some of the  
information  
flows with  
Care Homes...**



- Sector-led, Information Governance
  - & Cyber Security Guidance

# Sector-led, Information Governance & Cyber Security Guidance

## Why is this required?

- **Cyber Security** –ongoing threats to individuals and organisations.
- **Information Governance (IG)** – The IG Toolkit has been a mandatory governance process for all organisations operating within the health and social care sector.
- [General Data Protection Regulation \(GDPR\)](#) - replaces the Data Protection Act and becomes law on 25 May 2018.
- **Care Quality Commission, [Key Lines of Enquiry \(KLOEs\)](#)** - now includes data security

## What is it?

- **Sector-led** guidance for Cyber Security and Information Governance; specifically tailored to be accessible for Care Providers.

## Who is writing it?

- **The Care Provider Alliance** were procured by NHS Digital in 2017 to write guidance for their sector.

# What has been Completed and What still Needs to be Done?

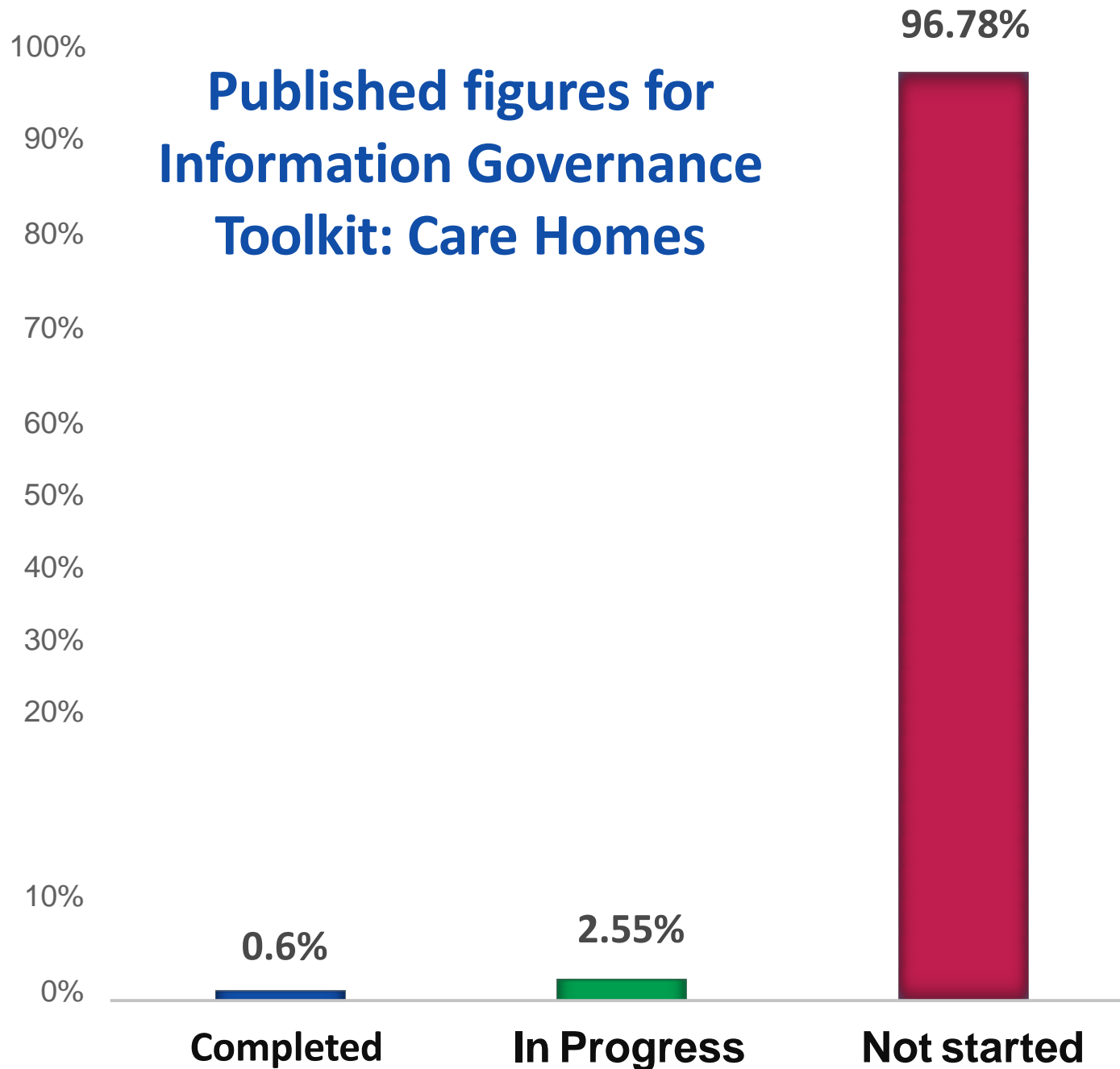
- A. Information Governance and Care Homes Research – **completed.**
- B. Provide Care Provider Guidance for current Information Governance Toolkit – **completed.**
- C. Publish 'An Introduction to Cyber Security' – **completed**
- D. Provide Care Provider Guidance for the new Data Security and Protection Toolkit.

## A. Information Governance and Care Homes Research

- Care Homes only were in scope for this report (other Care Providers must be considered in the future).
- Using members of the Care Provider Alliance and wider partnerships to distribute Survey.
- Over 200 homes replied....



## Published figures for Information Governance Toolkit: Care Homes

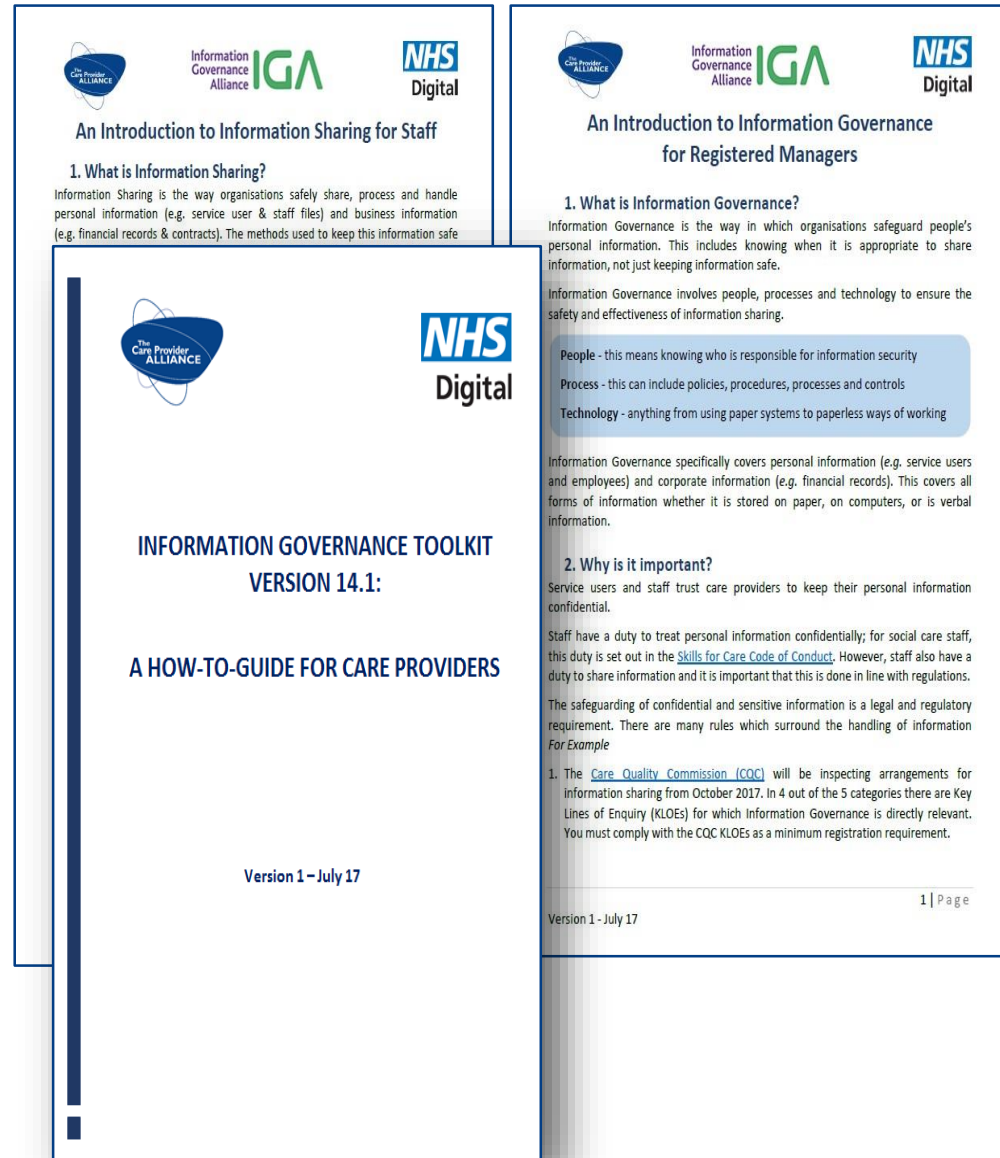


# Research - Key Recommendations

- **A very small proportion of the care home sector are IG compliant – need to encourage them as enablers and mentors.**
- **Trade Associations have a key role to play.**
- **All communication around IG compliance needs to be in language relevant to small organisations.**
- **Role of Quality Assurance and Policy and Procedure suppliers to the sector is crucial and they need to be engaged – and guided.**
- **Ensure that the work being done by different Government organisations into IT and IG skills in the Adult Social Care sector are linked up.**
- **Investment in enabling and nurturing this IG journey for Care Homes is essential – learning the lessons from other sectors e.g. Pharmacy.**

# B. Provide Sector-led Care Provider Guidance for current IG Toolkit

- Limited launch of documentation to support current 14.1 Information Governance Toolkit.
- Circulated to those with a pressing need to go live in the short term e.g. working towards immediate NHSmail implementation.
- Advice is to wait for the new Data Security and Protection Toolkit in April, if possible.



# C. An Introduction to Cyber Security Guidance

- Care Providers can and have already been targeted by cyber criminals; there is a misconception that it only happens to large organisations.
- This guidance is supported by the Cyber Aware Team at the Home Office, the National Cyber Security Centre, Skills for Care, etc.
- It includes links to trusted websites for more information.
- It can be found on the [Care Provider Alliance](#) website.



- D. Provide Guidance for Care Providers for the new Data Security and Protection Toolkit



# Data Security and Protection Toolkit - Background

July 2016 - National Data Guardian [Review of data security, consent and opt-outs.](#)

Conclusions regarding the Information Governance Toolkit:

- Limited attention to cyber security
- Difficult for small organisations
- Often seen as a lengthy tick box exercise
- **Health oriented**



Recommended that its '**10 Data Standards**' should be implemented. These now provide the basis for the new '**Data Security and Protection Toolkit**' which replaces the IG Toolkit from April 18.

# Data Security and Protection Toolkit

## 10 Data Standards - 3 Leadership Obligations

### People:

Ensure staff are equipped to handle information respectfully and safely, according to the Caldicott Principles.

### Process:

Ensure the organisation proactively prevents data security breaches and responds appropriately to incidents or near misses

### Technology:

Ensure technology is secure and up-to-date.

# Data Security and Protection Toolkit

## People:

Ensure staff are equipped to handle information respectfully and safely, according to the Caldicott Principles.

### Data Security Standard 1:

- All staff ensure that personal confidential data is handled, stored and transmitted securely, whether in electronic or paper form.
- Personal confidential data is shared for only lawful and appropriate purposes.

### Data Security Standard 2:

- All staff understand their responsibilities under the National Data Guardian's data security standards, including their obligation to handle information responsibly and their personal accountability for deliberate or avoidable breaches.

### Data Security Standard 3:

- All staff complete appropriate annual data security training and pass a mandatory test, provided through the redesigned Information Governance Toolkit.

# Data Security and Protection Toolkit

## Process:

Ensure the organisation proactively prevents data security breaches and responds appropriately to incidents or near misses.

### Data Security Standard 4:

- Personal confidential data is only accessible to staff who need it for their current role and access is removed as soon as it is no longer required.
- All instances of access to personal confidential data on IT systems can be attributed to individuals.

### Data Security Standard 5:

- Processes are reviewed at least annually to identify and improve any which have caused breaches or near misses, or which force staff to use workarounds which compromise data security.

### Data Security Standard 6:

- Cyber-attacks against services are identified and resisted and CareCERT security advice is responded to.
- Action is taken as soon as possible following a data breach or near miss, with a report made to senior management within 12 hours of detection.
- Significant cyber-attacks are to be reported to CareCERT immediately following detection.

# Data Security and Protection Toolkit

## Technology:

Ensure technology is secure and up-to-date.

### Data Security Standard 8:

- No unsupported operating systems, software or internet browsers are used within the IT estate.

### Data Security Standard 9:

- A strategy is in place for protecting IT systems from cyber threats, based on a proven cyber security framework such as Cyber Essentials.
- This is reviewed at least annually.

### Data Security Standard 10:

- IT suppliers are held accountable via contracts for protecting the personal confidential data they process and for meeting the National Data Guardian's data security standards.

# National Data and Security Requirements

- In January 2018 the Department of Health and Social Care published [2017/18 Data Security and Protection Requirements](#) outlining actions and key dates.
- For social care providers who provide care through the NHS Standard contract, it will be **mandatory** to comply with the Data Security and Protection Toolkit from April 2018
- Whilst it will not be mandatory for social care providers who do not provide care through the NHS Standard Contract to complete the Data Security and Protection Toolkit from April 2018, it is recommended that providers consider completing it to help demonstrate compliance against the 10 Data Security Standards, prepare for the forthcoming GDPR and support information sharing.

# Data Security and Protection – Key Dates

## July 2017

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- The [Government accepted the ten data security standards](#) recommended by Dame Fiona Caldicott, the National Data Guardian for Health and Care.

## November 2017

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- Piloting of the prototype [The Data Security and Protection Toolkit](#), which is replacing the Information Governance Toolkit (IG Toolkit) from April 2018.  
Care Homes and Domiciliary Care Providers are involved.

## January 2018

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- Department of Health publish updated guidance named [2017/18 Data Security and Protection Requirements](#) outlining actions and key dates.

# Data Security and Protection – Key Dates

## February 2018

- “All organisations will have access to the new Data Security and Protection Toolkit to familiarise themselves with the approach to measuring implementation and compliance and consider how they might apply to their organisation from April 2018”.

## April 2018

For providers who provide care through the NHS Standard Contract, there is a requirement to comply with the new DSP Toolkit from April 2018”. “Further guidance will be published to support organisations...”

## 25<sup>th</sup> May 2018

- “The EU [General Data Protection Regulation \(GDPR\)](#), and Security of Network and Information Systems Directive, come into force”. This will increase the legislative data security and protection requirements on Health and Care organisations.

## D. Provide Guidance for Care Providers for the new Data Security and Protection Toolkit

- The Care Provider Alliance is working to make the new Toolkit (in [prototype](#) at present) more straightforward, relevant and proportionate for Care Providers e.g. how many of the assertions in the new Toolkit need to be mandatory or can be non-mandatory and what different levels of compliance are required.
- **Interim guidance** for Care Providers will be available to accompany views of the toolkit end of February 18.
- **Final version of this guidance** will be released to coincide with the release of the Data Security and Protection Toolkit from April 2018 and will be available on the Care Provider Alliance website.

## D. Provide Guidance for Care Providers for the new Data Security and Protection Toolkit

### **Final version of this guidance will include:**

- 'Tool tips' guidance to accompany the assertions in the new toolkit
- An updated Guide for Registered Managers
- An updated Guide for Staff
- 'Big Picture' Guides  
(overall view of 10 data standards, including 'How To' Guide with model answers)

# Sector-led Care Provider IG Guidance

<https://www.careprovideralliance.org.uk/information-governance.html>

The screenshot shows a web browser window displaying the website of The Care Provider Alliance. The browser's address bar shows the URL <https://www.careprovideralliance.org.uk/information-governance.html>. The website's header features the logo of The Care Provider Alliance, which consists of a blue circle with a white atom-like symbol inside, and the text "The Care Provider ALLIANCE" to its right. Below the logo, the tagline "Working together for excellence and sustainability in social care" is displayed. A dark blue navigation bar contains the following links: HOME, ABOUT US, CPA WORKSTREAMS, PUBLICATIONS, SECTOR INFORMATION AND LINKS, OUR MEMBERS, and CONTACT. The main content area is titled "Information Governance - Introduction" in a large, bold, red font. Below this title, there is a sidebar on the left with the heading "Links" in red. The sidebar contains a list of links: Introduction >, Definitions & Glossary >, Resources >, Information Governance Toolkit >, Data Security & Protection Toolkit >, Data Awareness e-Learning >, and Disclaimer >. The main content area on the right contains two paragraphs of text. The first paragraph states: "This information has been written by Care Providers for Care Providers and offers guidance on safe information sharing generally and the Data Security and Protection Toolkit (due to be launched in April 2018) in particular." The second paragraph states: "When we talk about information sharing or data protection it is important to bear in mind that this is not just about digital information but also paper records and verbal information." Below these paragraphs, there is a third paragraph that begins with "There are numerous changes which have caused there to be a greater emphasis on demonstrating safe information sharing, not least the update to the CQC KLOEs in November 2017. The KLOEs mention information sharing and complying with national legislation specifically." At the bottom of the page, there is a final paragraph that begins with "Furthermore, 2018 will see the biggest development in data protection law since the Data Protection Act 1998 when the Data Protection Act 2018 will be enacted, aligning us with the General Data Protection Regulations (GDPR). This is a fantastic opportunity for our sector as the changes it brings reaffirms the rights of those individuals whom we support and encourages us". The browser window also shows a status bar at the bottom with a zoom level of 100%.

**The Care Provider Alliance**  
Working together for excellence and sustainability in social care

HOME ABOUT US CPA WORKSTREAMS PUBLICATIONS SECTOR INFORMATION AND LINKS OUR MEMBERS CONTACT

## Information Governance - Introduction

### Links

- [Introduction >](#)
- [Definitions & Glossary >](#)
- [Resources >](#)
- [Information Governance Toolkit >](#)
- [Data Security & Protection Toolkit >](#)
- [Data Awareness e-Learning >](#)
- [Disclaimer >](#)

This information has been written by Care Providers for Care Providers and offers guidance on safe information sharing generally and the Data Security and Protection Toolkit (due to be launched in April 2018) in particular.

When we talk about information sharing or data protection it is important to bear in mind that this is not just about digital information but also paper records and verbal information.

There are numerous changes which have caused there to be a greater emphasis on demonstrating safe information sharing, not least the update to the CQC KLOEs in November 2017. The KLOEs mention information sharing and complying with national legislation specifically.

Furthermore, 2018 will see the biggest development in data protection law since the Data Protection Act 1998 when the Data Protection Act 2018 will be enacted, aligning us with the General Data Protection Regulations (GDPR). This is a fantastic opportunity for our sector as the changes it brings reaffirms the rights of those individuals whom we support and encourages us

# Data Security and Protection Training

- NHS Digital, in conjunction with Health Education England, is developing [Data Security Awareness Training](#).
- Designed to inform, educate and upskill different groups of staff.
- The Care Provider Alliance have been working towards making this tool more appropriate for Care Providers.
- In addition, the Care Provider Alliance and Skills for Care have commissioned [free workshops](#) on Cyber Security, information governance and GDPR.



[About the Data Security Awareness programme](#)



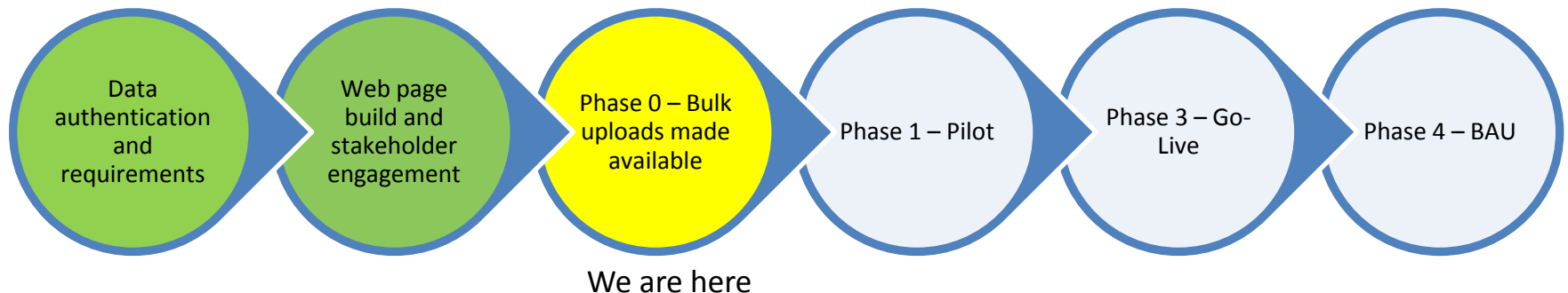
**NHSmail**

# Project Outline

## What do we offer?

- **Access to secure email** – NHSmail is available to all Care Providers.
- **Additional services** – Email and Skype for Business IM and Presence as standard, plus top up services from catalogue.
- **Service support** – We provide support to sites via our national helpdesk who are assisted by Local Administrators at the local setting. Sites without Local Administrators need to use the National Administration Service as their first point of contact.

## Our delivery approach



# Project Outline

## Brief

- To make NHSmail available to Care Providers across health and care.
- Extend the registration routes for Care Providers and make the process easier.
- **Our current focus is to:**
  - Gather eligible pilot organisations – Now
  - Pilot the National Administration Service – March 2018
  - Launch the National Administration Service – April 2018

# Joining NHSmail

1. National Administration Service
  2. Local Sponsorship Model
  3. Self-Management Model
- Encryption Service
  - Secure Email Accreditation – DCB1596



The screenshot shows the NHSmail website interface. At the top, there is the NHS Scotland logo and a 'Login' link. Below the logo is a navigation bar with 'Home', 'Email', and 'Help' links. A blue banner reads 'NHSmail Enabling collaboration for health and social care'. The main heading is 'Care Provider Registration'. Below this, it says 'Step 1 – Care Provider details'. A light blue box contains the following text: 'This form is to allow you to request a practice shared mailbox account and linked personal accounts. Some of the information provided in this form will be used to create both the practice specific shared mailbox account and personal accounts. It is important that the information is correct. Information recorded will be processed by NHS Digital and Accenture to create the NHSmail accounts. The contact details provided will be used by NHS Digital and Accenture to cascade login credentials back to individual users or to the designated lead within your organisation. All passwords need to be changed on first login. If you already have an NHSmail account which is sponsored by a local organisation you do not need to reapply for an NHSmail account. If you require a practice shared mailbox please ensure that those requesting the accounts do not already have an NHSmail account. Once the shared mailbox is created the nominated shared mailbox owner will be able to give those with existing accounts access.' Below the text are four input fields: 'Postcode – Care Provider Name' (with a dropdown arrow), 'Care Provider One-Time Registration Code', 'Care Provider CQC Provider ID', and 'Care Provider CQC Location ID'. A 'Next' button is located at the bottom right of the form.

National Administration Service log-in page –  
Pre-build

# Lessons Learned - EN Herts Vanguard

- Wave 1 - Elderly Care Homes: 38 out of the 49 engaged Care Homes now have NHSmail. 41 have completed the IG toolkit and the rest are progressing
- Engagement is essential – Homes could not have completed the toolkit without support
- Resource intensive – Up to 5 hours individual contact per home. Experience indicates this could be less if properly sold on IG training day
- Many queries arise during IG toolkit completion
- Care Homes find template documents and training materials very useful
- Some not able to engage due to resource issues, only one outright refusal (a company with 5 homes)
- Baseline assessments for IG Toolkit – i.e. not always full Level 2
- Benefits appraisal to follow
- Simple standardised Work plan, 3 week timescale is possible

# EN Herts Vanguard NHSmail Work Plan

1



2



3



4



## Information Governance Management

- Update Job Description
- Update Induction Packs
- Update Home Training matrix
- Create or Adapt IG policy

## Confidentiality & Data Protection Assurance

- Update Asset register
- Update the Business Continuity Plan Doc
- Update Job Description to reflect assigned responsibilities

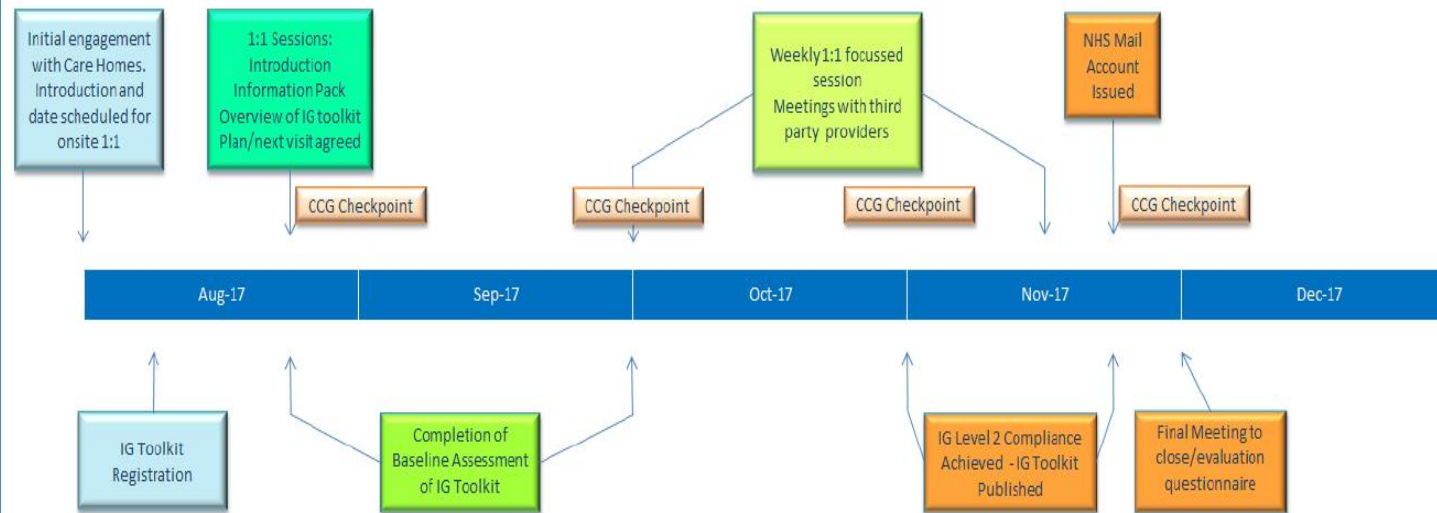
## Information Security Assurance

- Update confidentiality policy
- Leaflet advising service users
- Risk analyse the ITC Security policy
- Approve Security policy

# Lessons Learned – East Lancashire Vanguard

- 12 Care Homes volunteered for the pilot
- Dedicated Project Manager delivered 1:1 support
- This was effective and vital to success
- Between 1-8 sessions needed for each home (2-3 hours each)
- Full compliance with IG Toolkit – i.e. Level 2 across all items
- Current IG toolkit is difficult!
- Care Provider guidance template documents useful
- 7 Homes achieved compliance and receiving NHSmail
- 4 Have baseline assessments and improvement plans (1 withdrew)
- Care home managers are growing in confidence in IG issues and identifying how NHS Mail can be used to improve their current practice.
- Initial timeframe was 10 weeks, again had a standard workplan

## East Lancashire CCG - NHS Mail to Care Home Pilot 2017 - Project Approach Timeline



Initial Engagement	Initial onsite 1:1	Completion of Baseline Assessment	Weekly onsite support	Publish IG Toolkit and NHSmail
<ul style="list-style-type: none"> <li>• Call to Care Home to make Introduction and discuss next steps</li> <li>• Schedule date for initial onsite 1:1 visit with each site</li> <li>• Email to Care Home with pre-reading and guidance in preparation for initial 1:1 session</li> <li>• Guidance and How to Guide provided for IG Toolkit registration by email. Followed up with telephone to confirm. Check point call to check registration has been completed</li> <li>• Established IG Toolkit test site to use for demonstration purposes</li> </ul>	<ul style="list-style-type: none"> <li>• Introduction                             <ul style="list-style-type: none"> <li>• Meet and greet</li> <li>• Establish IG Leads</li> <li>• Learn more about the organisation</li> </ul> </li> <li>• Information pack and guidance provided with an overview and discussion about the information available</li> <li>• Overview of online IG Toolkit</li> <li>• Confirm Toolkit registration is complete and action taken to resolve any registration issues</li> <li>• Agree next steps and plan to complete Baseline Assessment</li> <li>• Schedule next onsite session</li> <li>• Provide contact details</li> </ul>	<ul style="list-style-type: none"> <li>• Support provided on request</li> <li>• Regular Calls made to Care Home</li> <li>• Weekly sessions scheduled</li> </ul>	<ul style="list-style-type: none"> <li>• Weekly sessions scheduled to spend focussed time working through the IG Toolkit requirements, developing evidence needed, forming the improvement plan and agreeing actions to address any gaps and completing the online toolkit</li> <li>• Meetings scheduled with third party providers when required to discuss specific requirements and any action needed</li> <li>• Respond to all request for support</li> <li>• Regular progress reports requested and logged</li> </ul>	<ul style="list-style-type: none"> <li>• Level 2 Compliance achieved on the IG Toolkit and toolkit published</li> <li>• Application for NHSmail completed</li> <li>• NHSmail Accounts issued and information/guidance provided</li> <li>• Final onsite meeting to discuss NHSmail and close</li> </ul>

# Case Studies - 1

## **Uplands Care Home – Using NHSmail since 2014**

New processes using NHSmail, reduced dependency on fax and improved the security of communications.

- 'NHSmail has made decision making much quicker. Before, I used to have conversations about patient cases over the phone. Now, it's all done by email which is quicker and means I have a record of what is discussed and agreed.'

# Case Studies - 2

## **Stanfield Nursing Home**

NHSmile has enabled significant time savings, allowing the Care Home's registered nurse (RN) to spend less time making phone calls and instead focusing more on the core purpose of patient care.

In addition, this has enabled process efficiencies that promote quicker receipt of medical and prescription notes, test results and Community Psychiatrist Nurse (CPN) reviews.

- Registered nurse (RN) clinical time saving – 10 hours a week
- Quicker receipt of accurate information
- Improved audit trail
- Increased patient safety
- Greater ease and convenience of sending information

# Case Studies - 3

## **Swanton Care and Community**

The first Social Care organisation to use 'Self Sponsorship' for NHSmail, Swanton create and manage their own accounts.

850 staff in 28 locations. 90 NHSmail accounts.

- Expectation from other providers for secure email met
- More efficient process for receiving referrals and discharge summaries
- Time saved from posting, faxing and chasing information
- Greater ease and convenience of sending information
- Increased collaboration from being part of a wider trusted network

# Frequently Asked Questions

## A. How many accounts can an organisation have?

- Normally 1 shared account and up to 10 named user accounts

## B. What is a user account and shared account?

- User account for named individual e.g. [windy.miller@nhs.net](mailto:windy.miller@nhs.net)
- Generic account for each home e.g.  
[trumptonccg.greencarehomecamberwick@nhs.net](mailto:trumptonccg.greencarehomecamberwick@nhs.net)  
(Access only via named account)

## C. Where should I send any enquiries about NHSmail?

- [feedback@nhs.net](mailto:feedback@nhs.net)
- Or see <https://portal.nhs.net/Help/joiningnhsmail>

## D. Where should I send any enquiries about the DSP Toolkit?

- [cybersecurity@nhs.net](mailto:cybersecurity@nhs.net)
- <https://uat.igt.hscic.gov.uk/CCA/>

**Any other questions?**

# Many Thanks



# Care Home Bed State Tool Goes LIVE!

Link to the You Tube video;

[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?
- ❖ Drop in session 6<sup>th</sup> March, Galtres Centre Easingwold



**Vale of York**  
Clinical Commissioning Group

**Emma Hidayat**  
**Independent Care Sector Lead, Yorkshire and the Humber,**  
**NHS England**

❖ Dummy site demonstration

# Discharge Hub Update



**Vale of York**  
Clinical Commissioning Group

# Recognising and Responding to Deterioration in Care Home Residents

## **HOLD The DATE!**

**Tuesday 1st May 2018**

- ❖ A full day workshop aimed at care staff from the region
- ❖ Venue: The Bar Convent, 17 Blossom Street York, YO24 1AQ

**More details to follow!**

## Recognising and Responding to Deterioration in Care Home Residents

Are you a care worker or nurse working in a care home in Yorkshire and Humber?

**This day is for YOU!**

**Tuesday 1<sup>st</sup> May 2018,**  
09.30-16.00

Venue: The Bar Convent, 17 Blossom Street York, YO24 1AQ further details please click [here](#)

This exciting day will enable care home staff to explore the factors that affect the recognition of residents who are deteriorating and their care.

### Programme will include:

- Why residents deteriorate?
- How to [recognise](#) deterioration and what to do if a resident becomes unwell
- What information is effective when communicating with the ambulance service, hospital, GPs and community teams
- Some tools to support you in your work
- How to improve teamwork in your care home
- Opportunities to network and share your ideas and experiences with like-minded people

Lunch and refreshments will be provided.  
This day can be used towards revalidation

### Speakers include

**Dr Andrew Phillips**, Medical Director,  
Vale of York CCG

**Michelle Carrington**, Executive Director of  
Quality and Nursing, Vale of York CCG

**Dr Ali Cracknell**, Clinical Lead PSC,  
Consultant Geriatrician, Leeds Teaching  
Hospitals NHS Trust

**Lizzie Hancock**, Care Home Manager, Fulford  
Nursing Home, York

**Clare Ashby**, Head of Safety,  
Yorkshire Ambulance Service NHS Trust

Yorkshire & Humber  
AHSN Improvement  
Academy

Patient  
Safety  
Collaborative

To book a place, please contact:  
**Jane Hudson – Project Coordinator**  
Email: [Academy@yhahsn.nhs.uk](mailto:Academy@yhahsn.nhs.uk)  
[www.improvementacademy.org](http://www.improvementacademy.org)



[@improvementacademy](https://www.facebook.com/improvementacademy)

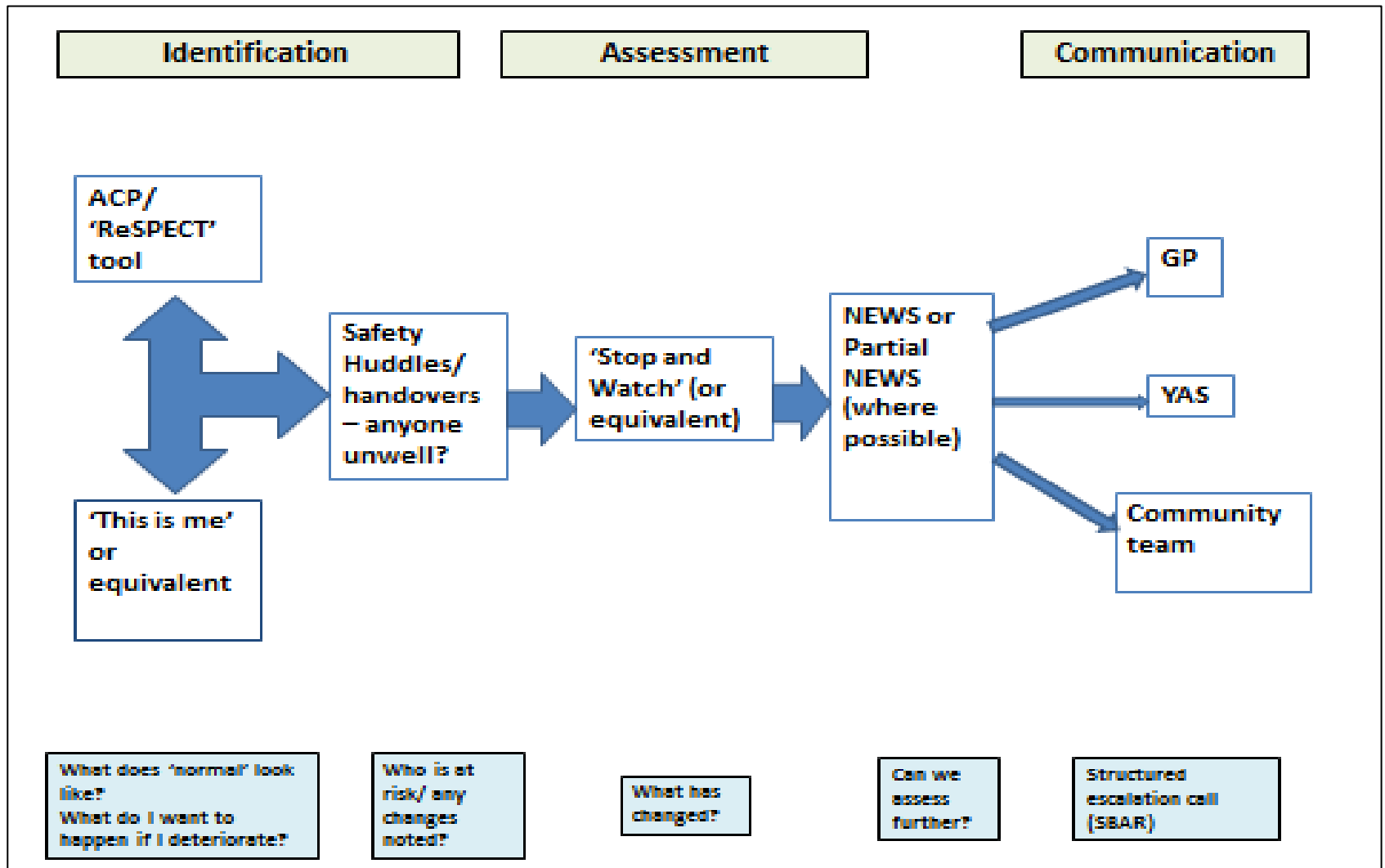


[@improvementacademy](https://twitter.com/improvementacademy)

# 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: .....

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# 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 :

.....



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# Diabetes Specialist Outreach Team Transformation Project

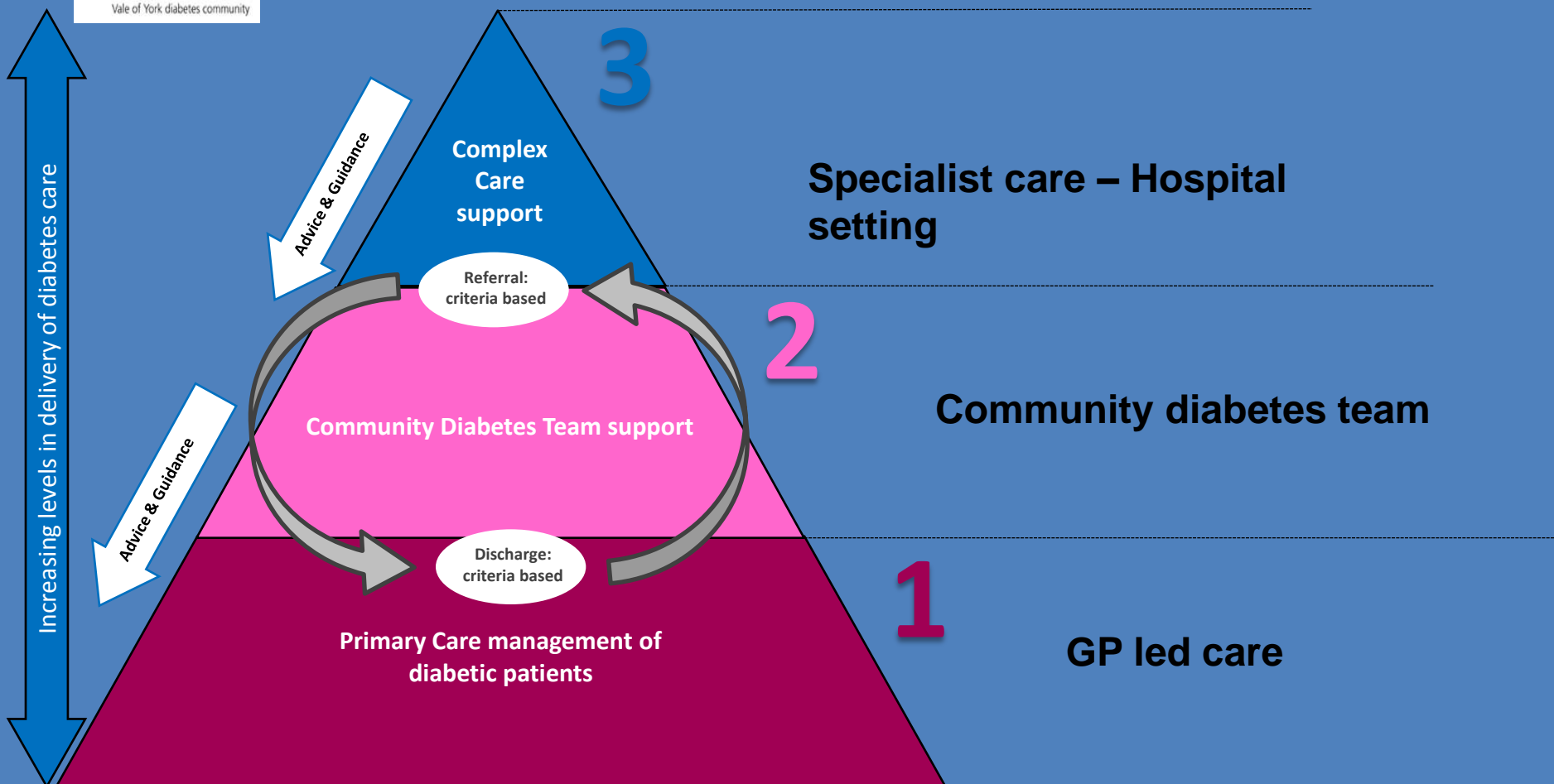
Tara Kadis

Lead Diabetes Nurse Specialist

York Teaching Hospitals NHS Trust

[Tara.kadis@york.nhs.uk](mailto:Tara.kadis@york.nhs.uk)

# The Model



# The Multidisciplinary Foot Team

Gemma Ashworth

Advanced Specialist Podiatrist

Clinical Lead for Scarborough, Whitby and Ryedale

Thursday 25<sup>th</sup> January 2018

# Diabetes Specialist Outreach Team (DSOT)

- Department of Health and Social Care – sustainable transformation funding to improve the care of people with diabetes in the Scarborough and York area.
- Specifically, for those
  - at **high risk of diabetes complications** despite accessing usual care or
  - disengaged from usual services - people that are **hard-to-reach**.

# Transformation -2 year project

- National Diabetes audit – high risk for CVD
- Hard to reach/engage people with DM
- Care homes
- Recurrent admissions with DKA/Hypos
- New model- MDT includes psychologist and social worker
- Focus also on diabetes medicines optimization, BP and Cholesterol reduction

- Case finding will be through:
  - primary care searches and medicines-management initiatives based on NICE targets
  - hospital data searches
  - direct referral from secondary care

# Overview of service

- Targeted help to those not achieving the 3 NICE treatment targets
  - HbA1c < 59 mmol/mol
  - Cholesterol < 5
  - BP < 140/80
- Plus
  - HbA1c > 100
  - Disengaged patients
  - Care home residents
- Intensive support including
  - mental health,
  - social wellbeing and treatment optimisation



# The team

- **Multidisciplinary team**
  - Diabetes Specialist Nurse
  - General Practitioner
  - Social Worker
  - Psychologist
- **Plus**
  - Medicines management
  - CCG project manager

# Care home support

- Case note review of all patients living in care / nursing home
  - Medicine review
  - Individual care plan
  - Visit to home if required

*‘One person with learning disabilities in secure residential care had had three admissions in the previous two months (both DKA and hypos); since October 17 after home visits and phone calls, he has had no admissions although hypoglycaemia can still be an issue.’*



# What we need from you !



Understand the number of people with diabetes  
in care homes across York / Scarborough

— Complete and return the form to:

Clare MacArthur

Diabetes Specialist Nurse

York Hospital

Wigginton Road

York

YO31 8HE



# Contact us!



- Diabetes Specialist Outreach Team
  - Tara Kadis (Scarborough area)
    - 07787 273823
  - Clare MacArthur (York area)
    - 07787 273815
- Email
  - [tara.kadis@nhs.net](mailto:tara.kadis@nhs.net)

# The Multidisciplinary Foot Team

Gemma Ashworth

Advanced Specialist Podiatrist

Clinical Lead for Scarborough, Whitby and Ryedale

Thursday 25<sup>th</sup> January 2018

# What, Who, Where?

- The MDFT is a team of Specialists working in one clinic
- Advanced Podiatrist, Specialist Podiatrist, Podiatry Assistant, Vascular Consultant and Diabetes Consultant.
- Scarborough Hospital, Outpatients B  
Wednesday Mornings

# Why have one?

- NICE identified the workings of an MDFT can have an earlier detection of a deterioration. Earlier intervention can have an impact on reducing:
  - Infection
  - Gangrene
  - Amputation
  - Death
  - Hospital admission (especially unplanned)
  - Length of Hospital Stay
  - Poor quality of life

# Patient caseload

Neuropathy



Vascular Disease



Infection



# Internal Referrals to the Clinic

- From community clinics on first presentation
- If currently ulcerated but have presented with:
  - A deterioration in the ulceration
  - Vascular complications
  - Suspected Charcot with or without ulceration
  - Requires further investigation

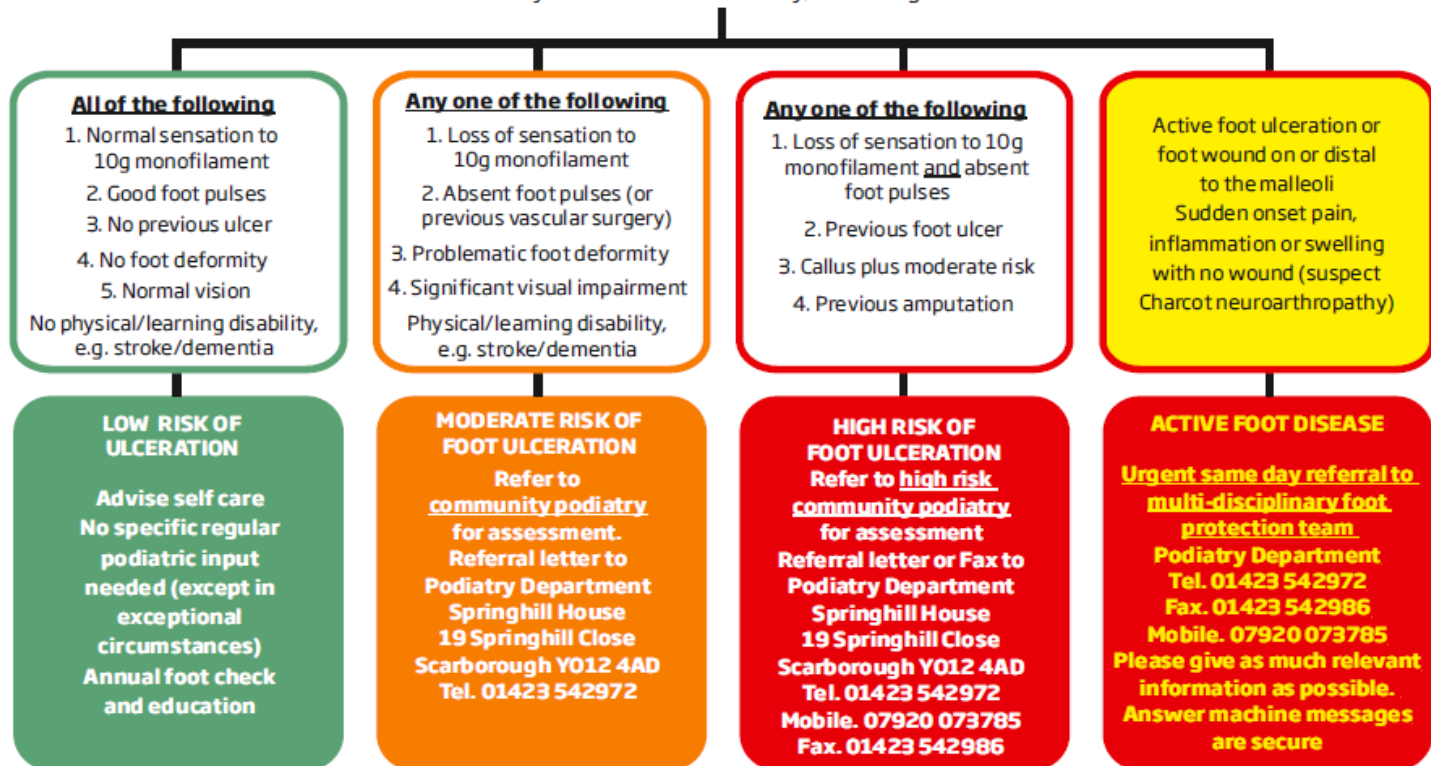
Patient can be diabetic or non diabetic with deteriorating ulceration and vascular complications

# External referrals to the Clinic

## Referral Pathways for the Diabetic Foot

York Teaching Hospital NHS  
NHS Foundation TrustHarrogate and District NHS  
NHS Foundation Trust

Circulation – Palpate Dorsalis Pedis and Posterior Tibial pulses  
Neurological – Test with 10g monofilament  
Physical – Note foot deformity, skin changes



Patients should understand the importance of warning signs such as swelling, redness, heat, pain or discharge. Emergency contact numbers should be given for the patients to phone if these symptoms appear. **Out of hours diabetic foot emergencies should dial 111 or present to A&E.**

- Deterioration in ulceration



- Spreading of infection



- Critical Limb Ischaemia



- Gangrene



- Charcot Arthropathy



# Coming Soon!

- Short Toolkit sessions in Care homes for staff
- In-house training for screening feet
- GP and Nurses Diabetes Toolkit Sessions in April and May
- Proposed plan for MDFT at Malton Hospital



# Tuesday – High Risk appointment...



Less than 24 hours later at the MDFT...



# Thank you

# Coffee Time!



UPDATE



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# 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



- ❖ 6 care homes are currently undergoing training for React to Red.
- ❖ 260 eligible staff, 151 have completed training (58.07%) and 146 of those assessed as competent (56.15%).
- ❖ 2 homes have achieved full sign off (all staff trained and competent)
- ❖ 4 homes engaged with training dates identified
- ❖ Ten homes recruited for the next cohort starting in March including domiciliary carers
- ❖ Project Nurse for React to Red will join the team to work alongside the React to Red Practitioner and lead further spread. **WELCOME to HELEN DEGNAN!**
- ❖ Post training evaluation positive care staff reporting the training is easy to understand, improving baseline knowledge of pressure prevention, recognition and actions to take.
- ❖ Some homes involved have made pressure ulcer prevention training mandatory as an annual refresher
- ❖ An abstract has been submitted for a poster presentation at the Tissue Viability Society Conference in April 2018 which describes the experience of implementing React to Red with Safety Huddles in the pilot homes across the VOY CCG.



# Safety Huddles

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

[safety huddles](#)

For more information please contact  
[sarah.fiori@nhs.net](mailto:sarah.fiori@nhs.net)





# Safety Huddles- Progress



19<sup>th</sup> Feb 2018



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# 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](#)



# Verification of Expected Death Update

To provide clarity and supporting guidance for care home organisations the following statement has been agreed;

“In light of the GP OOHs service not providing a service to support verification of expected death in Care Homes, the VOY CCG will continue to support staff in accessing training to be competent in the verification of expected death. For those Care Homes that do not have staff that are deemed competent with the verification of expected death, care homes can access their community nursing teams or Urgent Care Practitioners for support.”



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# Returns of Equipment

- ❖ Please ensure any equipment is returned once it is no longer required
- ❖ Consider de escalation too
- ❖ Costly when equipment not returned
- ❖ Do not reuse !
- ❖ Report issues via the feedback button on the Medequip site



# Flu Vaccinations for Care Home staff

- ❖ What was the flu jab uptake like amongst your staff?
- ❖ Any issues accessing vaccinations?
- ❖ Additional support was issued by the IPC Team, was it useful?



# Ear Wax

Before referring to the GP for removal of ear wax self treatment is recommended with olive oil or sodium bicarbonate 5% ear drops BD for 2 weeks

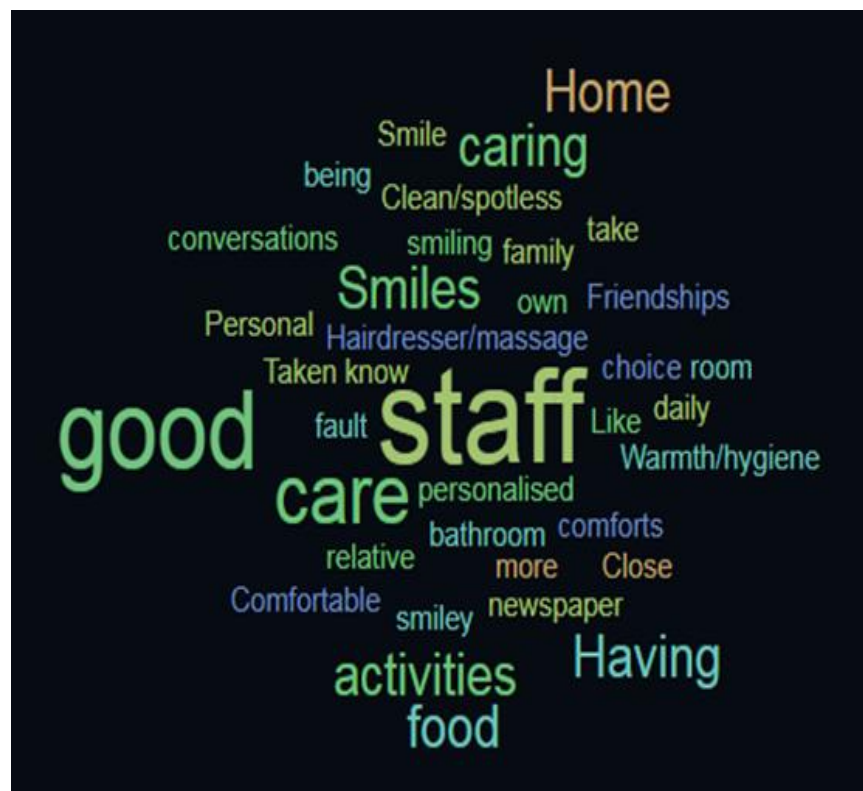


# VOY CCG & Care Homes



- ❖ Engagement with residents and care home staff at drop in sessions and in care home settings
- ❖ Help to inform on the Care Home strategy
- ❖ What matters to you and your staff
- ❖ What are the solutions to the challenges you face?
- ❖ Share good practice!

# Residents & Staff Feedback



# VOY CCG & Care Homes



- ❖ Plans to pilot a multi disciplinary Care Home Team in progress
- ❖ Pilot of no dip sticking urine planned with 2 homes
- ❖ Joint working with CYC colleagues on visits to care homes to offer support from health and social care perspective
- ❖ NHS England launching Falls tool kit for use across care homes In March

# Partners In Care Lessons Learned “PICLL”

[Partners in Care Lessons Learned Feb18.docx](#)



# Partners In Care Lessons Learned “PICLL”



The poster features a large red flame graphic in the background. In the top left corner is a small orange square icon with a black flame. In the top right corner is the NHS logo with the text 'National Patient Safety Agency' below it. The words 'Fire Hazard' are written in large, white, italicized font across the center of the flame. Below this, there are three circular icons: a hand applying a dressing, a jar of 'White Soft Paraffin', and a lit cigarette. To the right of these icons, the text 'With Paraffin Based Skin Products On Dressings And Clothing' is written in red. Below the icons, a red-bordered box contains the text: 'Skin products containing paraffin based products, for example White Soft Paraffin, White Soft Paraffin plus 50% Liquid Paraffin or Emulsifying ointment in contact with dressings and clothing are easily ignited with a naked flame or a cigarette.' Below this box, another red-bordered box contains the text: 'Keep away from fire when using these products'. At the bottom, a white box contains the text: 'For further information, go to [www.npsa.nhs.uk](http://www.npsa.nhs.uk)'.

**Fire Hazard**

With Paraffin Based Skin Products On Dressings And Clothing

*Skin products containing paraffin based products, for example White Soft Paraffin, White Soft Paraffin plus 50% Liquid Paraffin or Emulsifying ointment in contact with dressings and clothing are easily ignited with a naked flame or a cigarette.*

**Keep away from fire when using these products**

For further information, go to [www.npsa.nhs.uk](http://www.npsa.nhs.uk)

# 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](mailto: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



## Minster Grange

Mattress Trial- 32 mattresses currently being trialled alongside cushions, case study to be written in near future

## Connaught Court

Pony visit to the care home for residents was well received, the pony was a celebrity having starred on This Morning previously!



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# Good Practice and Sharing of Learning

## William Wilberforce Care Home



Authorisation from GP re: homely remedies/Over the Counter medicines. When the GP visits a service user they are presented with an authorisation sheet for homely remedies and 'Over the Counter' remedies that service users have purchased. If an authorisation is more urgent, we have permission to fax or email the specific list of medicines for the GP to authorise.

The home has a cheap mobile phone set up to receive incoming calls only (no expense to the Home). This is used as the 'residents phone' and allocated to a member of staff to be responsible for on each shift. This number is shared with relatives etc. should they wish to call a service user for a chat.

# Good Practice and Sharing of Learning

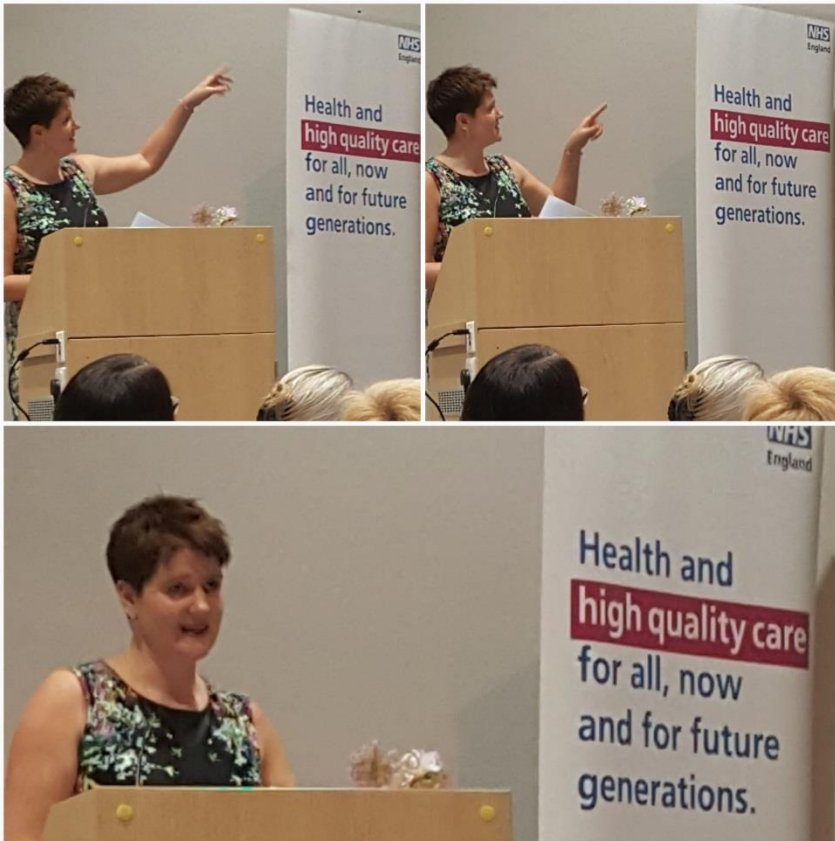
**Fulford Nursing Home**



**Focus on Falls added to the safety huddles has resulted in positive changes for those identified at risk;**

- ❖ low beds on those individuals deemed at risk
- ❖ one way glide for a new resident as staff concerned at posture in chair with no subsequent no falls recorded
- ❖ One resident tried to climb over bedrails so provided with a low bed and crash mat, no subsequent falls recorded
- ❖ Resident experiencing frequent falls out of bed despite being on a low bed, air mattress deescalated as not required, no subsequent falls recorded
- ❖ Pimped the zimmers which residents enjoyed

# Good Practice and Sharing of Learning



- Lizzie from Fulford Nursing Home speaking at the NHS England Care together, Share Together conference on Monday 19<sup>th</sup> February 2018

# See you next time!



*Next meeting  
date to be  
confirmed*