



Partners in Care

Wednesday 29 January 2019

13.30-16.30

York Sports Centre



Yorkshire Ambulance Service Update



NHS

Yorkshire
Ambulance Service

NHS Trust

Anne-Marie Kelly

NHS

Vale of York
Clinical Commissioning Group

Discharge Hub Update



Vale of York
Clinical Commissioning Group

What does it look like?

Trusted Transfer Document

This is my Trusted Transfer of Care Document

My name is: [Click here to enter text.](#)

If I have to go to hospital this document needs to go with me, it gives the hospital staff important information about me, when I am well.

If my care provider calls to discuss my care the following password will confirm their identity: [Click here to enter text.](#)

The Situation, Background, Assessment & Response (SBAR) tool explains the reason why I have been transferred to hospital.



Attached to my Document are:

Original - Do Not Attempt CPR ☐

Advanced Care Plan [Yes/No/N/A](#)

Date last seen by a Health Professional: [Click here to enter a date.](#)

Copy of Consent form ☐ Advanced Decision to refuse treatment (ADRT) [Yes/No/N/A](#)

Body Map ☐ Lasting Power of Attorney (LPA) Included [Yes/No/N/A](#)

Copy of current MAR Chart ☐ Deprivation of Liberty Safeguard (DoLS) in place [Yes/No/N/A](#)

Copy of Inter Health and Social Infection Control Transfer Form ☐

This document belongs to me and should follow me throughout my hospital stay.

Please return it with attached documents when I am discharged.

Clinical staff should refer to this document for important information about me.



Trusted Transfer

(to include Red Bag for Scarborough,
Ryedale and Whitby patients)

What it means for you: HOSPITAL STAFF

On arrival

- Review the information in the Trusted Transfer of Care Document
- Care Homes are being encouraged to send original documentation where relevant and all should be returned on discharge (in Red Bag where applicable)

During the stay

- Trusted Transfer of Care Document and Red Bag (if applicable) stays with the patient's notes
- Contact the care home within 48 hours of admission to start discharge planning communications

On Discharge

- Ensure Transfer of Care Document variance sheet is updated and if Red Bag in use ensure contents are complete
- Include **discharge letter, ORIGINAL DNA CPR and all medication**
- Include any further documentation that may be of relevance i.e. advice sheets, follow up appointments

- **The Trusted Transfer Document/Red Bag must stay with the patient at all times from when they leave the care home until they return**
- **Patient documentation must be kept securely at all times**

Trusted Transfer Pathway Standards



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)

Procedure for Residents from Care Homes attending Hospital with a Trusted Transfer Document

Operational Procedure for York Teaching NHS Hospitals Foundation Trust (YTHFT) Staff (York and Scarborough Hospital site)

NOTE: The Trusted Transfer Document will be transported in a Red Bag for Scarborough, Ryedale and Whitby patient.

Front of House Areas: Emergency Department/Outpatients

- **The Trusted Transfer Document/ Red Bag for SRCCG should be kept with the patient at all times and follow the patient through their hospital stay.**
- Relevant information for professionals will be located at the front section of the Trusted Transfer Document. This section will include DNAR where relevant, reason for referral and information about the individuals baseline if the patient does not require admission. The Trusted Transfer Document and accompanying documents must return with the patient to the care home (in the Red Bag for Scarborough, Ryedale and Whitby patients)).

All Wards

- When the patient arrives on the ward staff should refer to the information in the Trusted Transfer Document which will enable accurate information to be included in clinical assessments
- All staff should have access to the Trusted Transfer Document and accompanying information.
- The Trusted Transfer Document should be kept with the patient's notes to enable easy access to background and baseline information to support their decision making for care and treatment.
- Following Senior Medical review if the patient does not require admission to a base ward and is able to return home, the variance sheet should be completed to document any changes. If a DNACPR has been completed during the admission the original Form should accompany the Trusted Transfer Document and accompanying documentation (and placed in the Red Bag for Scarborough, Ryedale and Whitby patients).
- **The complete Trusted Transfer documentation should accompany the patient on transfer and be returned home with the patient**

Continuing Healthcare Team Update



Anita Griffiths

Data Security Protection Toolkit Update



Liz Howarth

Data Security and Protection Toolkit and NHSmail – the benefits

NHS England and NHS Improvement



Why do we need to think about data security and protection?

- New Data Protection Legislation / General Data Protection Regulation (GDPR)
- Caldicott Principles
 - “The duty to share personal information can be as important as the duty to have regard for patient confidentiality”
- National Data Guardian’s 10 data security standards
- NHS
 - Contract compliance
 - Long Term Plan
 - Axe the Fax

NHS England and NHS Improvement



What is the Data Security and Protection Toolkit?

NHS England and NHS Improvement



What is the Data Security & Protection Toolkit (DSPT)?

- Online, annual, data security self assessment
- Final deadline is 31st March each year
- All organisations that process Health and Social Care data should complete the Data Security & Protection Toolkit (DSPT)



Toolkit Breakdown



- **14 questions to achieve Entry Level
(56 to complete Standards Met)**
- **Various requirements, evidence items
and answer formats**
- **Possible to revisit and update at any
time**

NHS England and NHS Improvement



Importance of the DSP Toolkit

- **Having confidence in Health and Social Care organisations to protect information**
- **Data Security must support digital transformation otherwise the risk of breaches increase**



Levels of Compliance

Critical Standards <u>Not</u> Met	<ul style="list-style-type: none">• Evidence items for critical legal requirements have not been met by the organisation• No access to information sharing tools e.g. NHSmail.
Entry Level	<ul style="list-style-type: none">• Time-limited level (subject to review) for social care providers.• Evidence items for critical legal requirements are being met; but some expected mandatory requirements have <u>not</u> [yet] been met.• Allows access to NHSmail.
Standards Met	<ul style="list-style-type: none">• Evidence for all mandatory expected requirements have been met.• Access to NHSmail and other secure national digital solutions (e.g. Summary Care Records) and local digital information sharing solutions.
Standards Exceeded	<ul style="list-style-type: none">• Evidence items for all mandatory expected requirements have been met• The organisation has external cyber security accreditation• Evidence of best practice

Submission & Next Steps

- Once all Entry Level questions are completed and you are satisfied with your evidence, you will have the option to publish your assessment
- Amend & update any of the information at any time
- You will receive an email from NHS Digital to confirm receipt and publishing of your assurance
- Once published, providers can apply for NHSmail



What is NHS Mail?

NHS England and NHS Improvement



Background and Context

- **DHSC Policy from 2017 & Health and Social Care Act:**
Health and Social Care organisations must meet the secure email standard (DCB1596) so that everyone can be sure that sensitive and confidential information is kept secure
- **NHS Digital announce that NHSmail is available for social care providers**



What is NHSmail?

- **Secure Email**
- **Free for health and social care organisations**
- **Not just an email solution; NHS Directory & Skype for Business**
- **Can be used on a computer, mobile phone, tablet.**
- **Can access through web portal or through email client e.g. Outlook**
- **Additional security [secure]**
- **Local Authority accounts**



WHY USE NHSMAIL?

**Easier/Faster
communications with the GP**



**Simpler process for ordering
tests (blood/urine)**



**Enhanced prescription
ordering process**



**Reliable digital discharge
summary process**



Access to the NHS Directory



**Increased collaboration over hospital
admissions/appointments**



NHS England and NHS Improvement



NHSmial FAQs

- How many accounts can an organisation have?
Normally 1 shared account and up to 10 named user accounts per site
- What is a user account and shared account?
 - User account for named individual
e.g. [windy.miller@nhs.net](#)
 - Generic account for each home
e.g. [care.location.carehomenameODScode@nhs.net](#)
(Access only via named account)
- Where should I send any enquiries about NHSmial?
[careadmin@nhs.net](#) or [0333 200 1133](#)

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Useful Resources

<https://www.digitalsocialcare.co.uk/resources/>

www.skillsforcare.org.uk/Topics/Digital-skills/Digital-working.aspx

www.ico.org.uk

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

<https://portal.nhs.net/Help/joiningnhsmail>

<https://www.gov.uk/government/groups/uk-caldicott-guardian-council>

NHS England and NHS Improvement



Should you wish to book on any of the DSPT events or require any further support, please contact us at:
England.DSPTNorth@nhs.net

Alternatively, you can speak to the DSPT team below on:

Liz Howarth, DSPT Project Manager
Tel: 07710 152746

Amrit Ubhi, DSPT Project Assistant
Tel: 07713 795753

David Stewart, DSPT Project Assistant
Tel: 07713 795754



Data Security Protection Toolkit

Vale of York Roadshows

Wednesday 26 February: 1.30-4.30 at Tesco Community Room,
Tadcaster Road. York, YO24 1LW

Wednesday 04 March: 10.00-1.00 at Tesco Community Room,
Tadcaster Road. York, YO21 1LW

The sessions are open to managers, deputy managers and any member of staff responsible for completing the DSPT. To book your please contact england.dsptnorth@nhs.net

Any Questions?

NHS England and NHS Improvement





NHS England and NHS Improvement



Coffee Time!



York Advocacy Hub Update



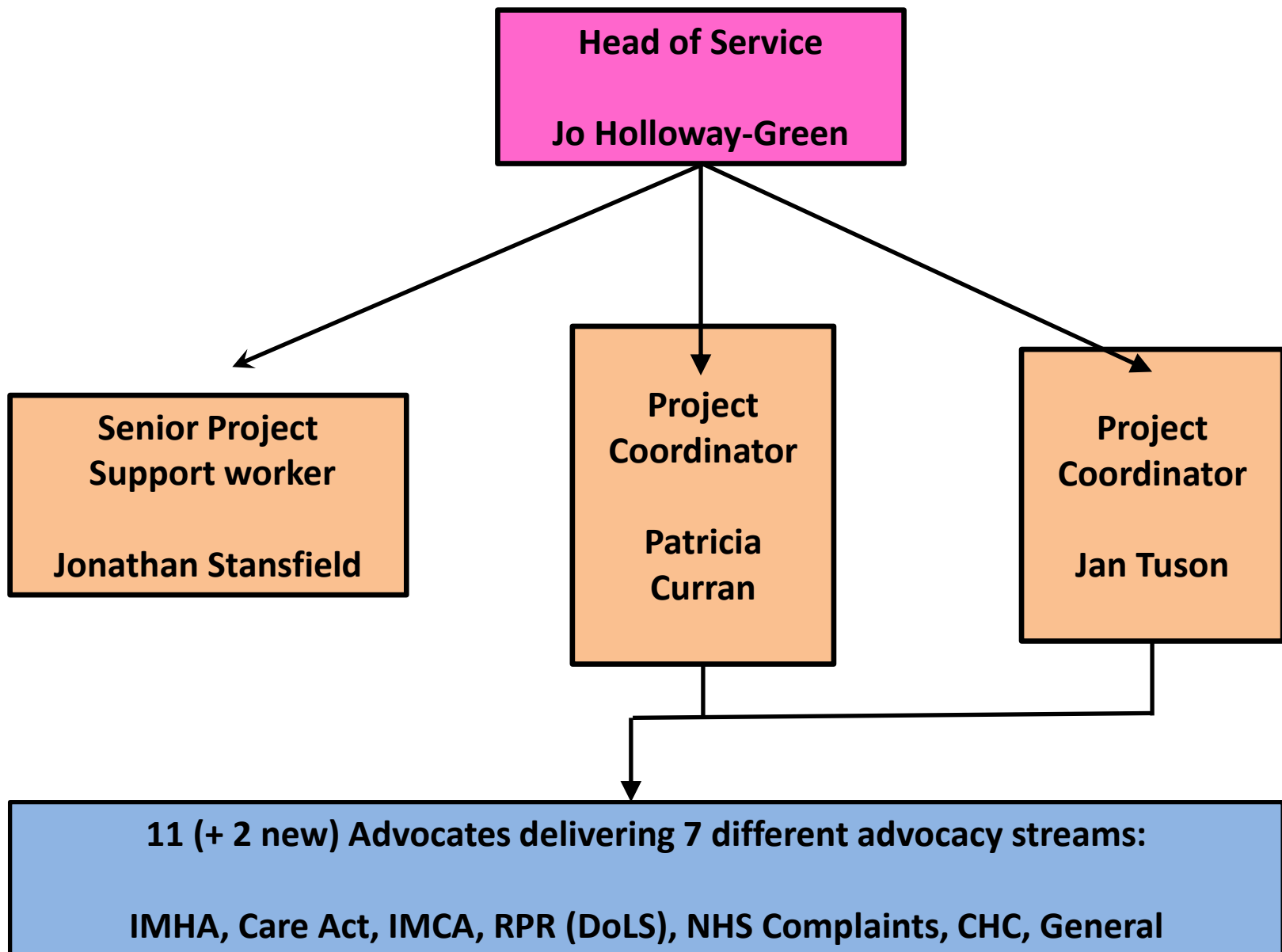
Jan Tuson

York Advocacy Hub



Recognising quality
in independent advocacy

- ▶ Service run by York Mind
- ▶ Based at 30 Clarence Street in central York
- ▶ Free, independent and confidential service
- ▶ Quality assured; we have the Quality Performance Mark for advocacy
- ▶ All referrals come into the central hub;
office@yorkadvocacy.org.uk
- ▶ You can always call us on 01904 414357 if you want to run a potential referral by us first
- ▶ We must have a referral form as that is our instruction to work with the client (referral form on website)
- ▶ Advocates are qualified, trained professionals – Independent Advocacy Qualification.



Definition of advocacy

“Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. Advocates and advocacy providers work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice.”

Advocacy Streams/Types

Statutory

- ☐ Care Act – Care Act (2014)
- ☐ IMCA – Mental Capacity Act (2005)
- ☐ RPR – Deprivation of Liberty Safeguards & Mental Capacity Act
- ☐ IMHA – Mental Health Act (1983)

**Statutory
prioritised**

Non-Statutory

- ☐ NHS Complaints
- ☐ Continuing Health Care Advocacy
- ☐ General – including Self-advocacy (e.g. LD Self-advocacy Forum)

What is advocacy?

Yes



- Support client's voice
- Exploring options
- Accessing appropriate services
- Challenging discrimination
- Safeguarding human rights
- Issue based
- Promoting meaningful involvement in decisions / processes

No



- Support work
- Advice
- Befriending
- Counselling
- Crisis service
- Long term support

Care Act Advocacy

The Care Act Advocate works under the Care Act 2014

When to refer for an advocate:

1. Where a social care process is in progress, AND;
 2. Person has substantial difficulty in being fully involved, AND;
 3. Where no other appropriate person to support them to be involved.
-
- ▶ For people who live in York, or up to 25 miles outside of York's boundary
 - ▶ Referrals must come from the local authority

Social Care Processes

- ▶ Needs assessments (including Carers assessments)
- ▶ Preparing care & support plan
- ▶ Review of care & support plan
- ▶ Safeguarding

Substantial difficulty

- ▶ Local authority consider whether person likely to have substantial difficulty in being **involved** in the decision or process happening.
- ▶ Substantial difficulty:
 - **Understand** the decision to be made and the information provided about the decision.
 - **Retain** the information given for long enough to make the decision.
 - **Use** that information in making the decision, a person should be able to weigh up the pros and cons of making the decision.
 - **Communicate** their decision.

Independent Mental Capacity Advocate (IMCA)

- ▶ The IMCA works under the Mental Capacity Act 2005
- ▶ IMCAs work on specific decisions – they do not provide ongoing support
- ▶ They should be referred for in the following circumstances;
 1. Where a specific decision needs to be made (more below), AND;
 2. Where person has a formal documented assessment that they lack the mental capacity to make this decision at the time it needs to be made, AND;
 3. Where no other appropriate person to inform the decision maker's best interests decision.

IMCA – duty to instruct

- Long-term change in accommodation (arranged by LA or NHS –likely to be longer than 8 weeks, or placement in hospital - likely to be longer than 28 days) - e.g. move to a care or nursing home;
- Serious medical treatment (SMT)* – e.g. cancer treatment, eye surgery or PEG feeding;
- Where an assessment is being made as to whether the person is being deprived of their liberty (DOLS)

*Other: York Advocacy is now also providing advocacy support for Advance Care Planning under SMT

The role of the IMCA

- ▶ Review case files and daily records to build a picture of the client
- ▶ Consult with the individual themselves, or observe them if this isn't possible
- ▶ Consult with others who know the individual, both professionals and others
- ▶ Attend best interest meetings to represent person
- ▶ Produce a timely report to assist decision maker in arriving at a best interests decision

Advocacy under the Deprivation of Liberty Safeguards (DoLS)

- DoLS is an amendment to the Mental Capacity Act (2005)
- DoLS ensures people who cannot consent to their care arrangements in a **care home or hospital** are protected if those arrangements deprive them of their liberty.
- Several advocacy roles under the DoLS – including during the initial assessment process (IMCA) and once an authorisation has been granted (typically RPR but may be IMCA).

Relevant Person's Representative (RPR)

- Person being deprived of liberty has specific rights under the Act, one of which is they **MUST** have an RPR to protect their interests throughout the period of the authorised deprivation.
- Paid professional RPR is appointed where the person has no appropriate family/friend willing or eligible to act as RPR.
- For people living in York or up to 25 miles outside of York's boundary (funded by York).
- Legal duty to comply with the Mental Capacity Act.
- Role ends when the authorisation ends.

The role of the RPR

- To maintain regular face to face contact with the person being deprived of their liberty
- To represent and support that person in all matters relating to the DOLS, including, if appropriate, requesting a review, using an organisation's complaints procedure on the person's behalf or making an application to the Court of Protection to challenge the authorisation
- To provide support that is independent of the relevant person's commissioners and service providers.

Independent Mental Health Advocacy (IMHA)

- An Independent Mental Health Advocate (IMHA) is a specialist advocate with particular roles and responsibilities under the Mental Health Act (1983)
- Patients subject to compulsion under the MHA often require support to help them:
 - understand what is happening to them;
 - find out what choices and options are available
 - to express their views; and
 - to secure their rights

IMHA (cont'd)

- Section 130A of the MHA 1983 requires that the appropriate authority makes arrangements for IMHAs to be available to support qualifying patients
- IMHAs will help patients understand and exercise their legal rights under the Act
- City of York Council commissions York IMHA services, in partnership with York CCG
 - If a health trust commission mental health care for a patient, they will usually also be responsible for ensuring that they have access to an IMHA
 - **IMHA services should be offered on an opt out basis – so patients should be referred for an advocate unless they specifically say they don't want one**

Who are IMHA services for ?

The Act describes patients who are eligible for IMHA services as “qualifying patients”.

A qualifying patient is a patient who is:

detained under the Act (even if they are currently on leave of absence from hospital) – but with some exceptions below;

- conditionally discharged;
- subject to guardianship;
- on supervised community treatment (SCT);

Who are IMHA services for? (Exceptions cont'd)

- being considered for treatment to which the special rules in Section 57 of the Act apply (mainly neurosurgery for mental disorder);
- Under 18 years of age and being considered for treatment to which the special rules in Section 58A of the Act apply (electro-convulsive therapy)

Detained patients not eligible for an IMHA

- A patient does not qualify for an IMHA:
 - on the basis of an emergency application (Section 4) until the second medical recommendation is received;
 - under the holding powers in Section 5; and
 - in a place of safety under Section 135 or 136
- IMHA services are not intended to provide an emergency response service.

Duties and role of an IMHA

- Under the Act, the support which IMHAs provide must include
helping patients to obtain information about and understand
the following:
 - Their rights under the Act;
 - The rights which other people such as nearest relatives have in relation to them under the Act;
 - The particular parts of the Act which apply to them (i.e. the basis on which they are detained) and which therefore makes them eligible for help from an IMHA;

Duties and role of an IMHA (cont'd)

- any conditions or restrictions to which they are subject (eg: conditions of leave of absence from hospital, as a condition of a community treatment order or conditional discharge);
- any medical treatment that they are receiving or might be given;
- the reasons for that treatment or the proposed treatment; and
- the legal authority for providing that treatment and the safeguards and other requirements of the Act which would apply to that treatment

NHS Complaints Advocacy

Support to make a complaint about any aspect of care, treatment or service received from the NHS.

This includes treatment in a private hospital or care setting that is funded by the NHS.

We provide a Self Help Information Pack – to enable the person to make their complaint with/without the support of an advocate.

NHS Complaints Advocacy

Advocate may support with:

- Providing information about how to complain and who to
- Explaining the process and options at each stage
- Explaining the range of possible outcomes
- Signposting to other organisations as appropriate
- Writing a complaint letter
- Accessing medical records
- Preparing for and attending local resolution meeting
- Referring the complaint to the Ombudsman

Continuing Health Care (CHC) Advocacy

1. To provide advocacy support to York residents and/or families of York residents around the CHC funding process, including application (Checklist), assessment via Decision Support Tool, and the appeals process.

CHC Advocacy

2. To raise awareness locally of this new service amongst social care teams, health services (including the CCG*), carers and clients who may be eligible for assessments.

* 'CCGs should ensure that individuals are made aware of local advocacy and other services that may be able to offer advice and support '

(National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care)

General Advocacy – when to refer

- Clients **with additional needs** who
- Are **struggling to have their voice heard / understand options / communicate wishes** in relation to.....
 - access to social care, or ongoing care they're not happy with
 - a complaint they want to make
 - services they're trying to access
 - their welfare benefits meetings
 - accessing housing support or change their accommodation
 - child protection proceedings
 - systems and processes they're involved in

Thank you!

Any questions?

Care Home and Dementia Team Update



Dementia Screening in Care Homes

Commissioned by the Vale of York CCG

Contact details

Rachel Instone: rachel.instone@nhs.net

Mobile: 07876817616

making a

difference

together



Integrated Care Team are covering

- Ivy Lodge
- Meadowbeck
- Minster Grange
- New Lodge
- South Park
- The Oaks
- The Lodge
- Haxby Hall
- Armarna House
- Birchlands Care Home
- Broadway Lodge
- Chocolate Works
- Connaught Court
- Ebor Court
- Fulford Nursing Home

making a

difference

together

Rachel Instone (CHAD)

- Appletree Care Home
- Derwent House
- Grimston Court
- Handley House
- Lamel Beeches
- Lime Tree House
- Osborne House
- Woldhaven
- Mulberry Court
- Prospect House
- Rosevale
- Somerset House
- Wishing Well
- Abbey Lea
- Carentan House
- William Wilberforce

making a

difference

together



Rachel Instone (CHAD)

- Firth House
- Hambleton Court
- Highfield Nursing Home
- Hilltop Manor
- Lake and Orchard
- Mansion House
- Meadow Lodge
- Denison House
- Riccall House
- Temple Manor
- The Grange
- Tudor House
- Westwood Care Home
- Oak Trees Care Home
- St Catherine's
- Beaumont

making a

difference

together

York Integrated Care Team Update



York Integrated Care Team

Jo Topping



Vale of York
Clinical Commissioning Group

React to Falls Prevention





REACT to FALLS PREVENTION



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



North East and Yorkshire Celebration of Midwifery and Nursing

This is OUR Time
2020
#YearOfTheNurseAndMidwife



29 April 2020

Venue and booking details to be circulated shortly in the Partners in Care Bulletin



Care Homes and
Domiciliary Care



Vale of York
Clinical Commissioning Group

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



Vale of York
Clinical Commissioning Group

Anything to talk about?



Good Practice and Sharing of Learning

Share your news and let's celebrate!!



Good Practice and Sharing of Learning

- A big congratulations to Connaught Court, who have been recognised as outstanding by CQC. The inspectors remarked that the environment at the home was exceptional, and that Passionate and forward-thinking managers led the service and provided an inclusive service that engaged proactively with people, their relatives and the staff team.*

Inspected and rated

Outstanding



NHS

Vale of York
Clinical Commissioning Group

Good Practice and Sharing of Learning

- *Blossom Home Care York were crowned winners of the North East Palliative Care Award 2019, sponsored by The Department of Health. In addition, founder Fiona Leggott received the award for Outstanding Contribution to Social Care at the Regional Finals of the Great British Care Awards.*



Good Practice and Sharing of Learning

- *Helen Ainsworth, senior care assistant at Ebor Court has been crowned Care Home Worker of The Year in the Yorkshire Leg of the Great British Care Awards. Helen will go through to the national finals which take place in early 2020.*



Good Practice and Sharing of Learning

- *Meadow Lodge Home Care Services have been providing winter carer packs for their staff. These have included screen wash, salt sticks, de-icer and boots.*



Good Practice and Sharing of Learning

- *The Chocolate Works hosted their own Christmas Market for residents. Local independent businesses were welcomed into the home to allow residents to purchase Christmas gifts and goodies. One of their residents was even supported to hold her own jewellery stall*



Good Practice and Sharing of Learning

- A number of providers took part in Elf Day on 6 December to raise funds and awareness for Alzheimer's Society. This included Ebor Court, Limetree House, Grimston Court, Sherbutt House Home Care Services, Meadow Lodge Home Care and Support Solutions York*



Good Practice and Sharing of Learning

- Osborne House have collected a full trolley of toys from staff and visitors as part of the Minster FM Christmas Appeal. These were distributed to disadvantaged children across North Yorkshire.*



Good Practice and Sharing of Learning

- *Congratulations to Ivy Lodge who raised £900 through their Christmas fayre to be split between Alzheimer's Society and the home's residents fund.*



Good Practice and Sharing of Learning

Congratulations to all our providers who have been recognised as good by CQC since the last meeting:

- *The Hall Residential Home*
- *Holgate House*
- *2 Conroy Close*
- *Prestige Nursing*
- *Temple Manor Care Home*
- *Grimston Court Care Home*
- *The Orchard Care Home*



See you next time!



THANK YOU!

*Next meeting:
Thursday 26 March
13:30-16:30*

*Riccall Regen Centre.
Landing Lane,
Riccall. YO19 6PW*



NHS
Vale of York
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