

Winter 2018

A newsletter for SCNs and SCMs in NHSGGC

Volume 1, Issue 1

PRACTICE DEVELOPMENT

A newsletter specially designed for the Senior Charge Nurse/Midwife

Welcome to the first newsletter for Senior Charge Nurses/Midwives!

Why this newsletter?

This first test edition is in response to feedback from SCNs during the forums earlier this year - a newsletter collating current information and updates relating to the SCN/M role would be useful.

Frequency and format

The frequency will be agreed by you, the reader. We will seek feedback about the content and applicability as well as your desire for future editions.

Future Content

Again, we would like this to be driven by you, the reader. We encourage you to actively suggest topics for future editions by emailing:

careassurance@ggc.scot.nhs.uk.

This edition ...

You have an extremely complex role and the following weeks will undoubtedly present an even greater challenge to you and your teams. Keeping up to date with progress on developments affecting your role might therefore be more difficult than ever.

We therefore hope that the content of this edition proves useful. The focus is principally on care assurance, from the national Excellence in Care programme, through to local care assurance processes and the new Care Assurance Information Resource.

Newsletter Title

We would also encourage and welcome suggestions for the title of this newsletter—there might even be a prize for the best suggestion sent to:

careassurance@ggc.scot.nhs.uk.



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Senior Charge Nurse/Midwife Forum

The Senior Charge Nurse forum is an opportunity for any SCN or SCM to engage with colleagues working in similar roles across the Board, and to meet the Nurse Director.

It's a forum where networking, sharing, learning and discussion is encouraged. The focus will be on support, encouragement and quality improvement.

+++ A DATE FOR YOUR DIARY +++

The first forum for 2019 will be:



Date: Tuesday 23 April 2019

Time: 1 – 4pm

Venue: Queen Elizabeth Teaching & Learning Centre

More information will be available nearer the time, however, be assured that the content and topics will be wide and variable, but in all cases will relate directly to the SCN/M role. If you have an idea to include in the forum, please contact:

careassurance@ggc.scot.nhs.uk

In the meantime, festive wishes for a happy and safe Christmas and New Year to you, your friends, families and all those that we work with.



Dr Margaret McGuire
Board Nurse Director





"My vision for Excellence in Care is to develop and implement a world-class, evidence-based, national approach to assuring nursing and midwifery care that reflects the "Once for Scotland" ethos."

Fiona McQueen
CNO

Care Assurance System (CAS) & Excellence in Care (EiC)

EXCELLENCE IN CARE



CAS is a continuous improvement approach to achieving a set of standards for the delivery of safe effective and person centred care. It is a system that enables Senior Charge Nurse/Midwives (SCN/Ms), Team Leaders (TLs) to locally benchmark their team's progress against the standards and to identify where support is needed for improvement.

The CAS framework for the Adult Acute service currently consists of 13 standards reflecting the policy and standards of care requirements Healthcare Improvement (NHS Scotland).

Standards are also developed in maternity, health visiting and acute children's services and Mental Health have adopted the Royal College of Psychiatrist assurance system (AIMs) and this is currently being implemented within inpatient adult mental health wards.

The Scotland's National Approach EiC key deliverables to Assuring and Improving Nursing and Midwifery Care as requested by the Cabinet Secretary for Health and Sport and agreed at the National Meeting in 2015, supported by CNO and Scottish Executive Nurse Directors were:

Identification and or development of a nationally agreed

(small; with 19 indicators currently) set of clearly defined key measures/ indicators of high quality nursing and midwifery.

A framework document that outlines key principles and guidance to NHS Boards and Integrated Joint Boards on development and implementation of Excellence in Care.

The design and delivery of a local and national infrastructure, and 'dashboard', that enables effective and consistent reporting 'from Ward to Board'.

A set of NHS Scotland record keeping standards and guiding principles that drive shared decision making and support professional judgement whilst taking a proportionate and appropriate response to risk.

This work is being led by:

Margaret Connolly, Associate Chief Nurse
(Margaret.Connolly@ggc.scot.nhs.uk)

Supported by:

Shona Thomson, Senior Charge Nurse (Acute)
(Shona.Thomson3@ggc.scot.nhs.uk)

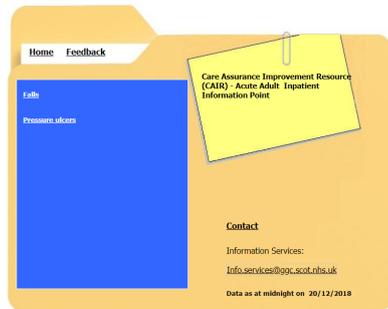
Hazel Walker, Senior Charge Nurse (Community, Mental Health & HSCPs)
(Hazel.Walker@ggc.scot.nhs.uk)

A dedicated email for all your CAS enquires can be found at:
CareAssurance@ggc.scot.nhs.uk



"The clinical areas will be able to view their data on a daily basis"

Care Assurance Improvement Resource (CAIR: dashboard)



being developed to include both the organisational care assurance and the national EiC indicators.

Throughout this development there has been stakeholder engagement particularly with SCNs/leads nurses to gain feedback and engagement with the implementation process. This stakeholder engagement will continue throughout the implementation phase of the CAIR and hence building further on the nursing quality indicators.

This work is being led by e-health and the NMAHP directorate.

Applications for CAIR access can be found [here](#)

The dashboard view below shows pressure ulcers incidents displayed by grade:



The NHSGGC CAIR dashboard, went live on the 19th November across all the adult in-patient wards with the data for falls (e.g. falls per episode, falls with harm, falls per 1,000 bed days and the facility to display number of days between falls).

The clinical areas will be able to view their data on a daily basis and utilise the information at their local safety huddles.

The next indicator that went live was pressure ulcers on 21st December 2018 and a planned implementation for the mental health in-patient wards to go-live with their falls data also in January 2019.

A timeline for future development of indicators is currently



CAS & EiC in NHSGGC

EiC is a Scottish Government national initiative to provide care assurance which has world-wide reputation for excellence. The Care Assurance system developed in NHSGGC enables us to demonstrate our excellence in care.

A mapping exercise has been completed to ensure that CAS meets the requirements of EiC and hence NHSGGC are continuing with CAS.

Currently the adult in-patient standards are being refreshed in relation to the quality indicators by the CAS expert group which has allied health care professionals representations and this work is on scheduled to be completed by early 2019.

The maternity CAS standards are being developed to encompass the 'Best Start' programme, children & families have their CAS standards developed whilst district nursing standards require to be developed and a piece of work will be requirement within mental health to map 'AIMS' (accreditation for In-patient Mental Health services) to care assurance from a multi-disciplinary perspective.

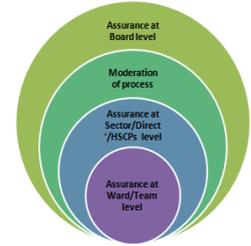
NHSGGC is working to ensure the care assurance model underpins all elements and requirements set out by the Scottish Government in the Care Assurance "Excellence in

Care Principles" document.

Access to the EiC and CAS website will be available through [NHSGGC](#) when the site is fully operational.

Table 1: Progress of CAS adult in-patient process/outcome measures

Care Assurance Standard	Progress to date
1. Tissue Viability (PUDRA)	Complete waiting formatting & approval
2. Falls	Complete waiting formatting & approval
3. CAUTI	moving into infection control standard 7
4. Deteriorating Patient	First draft submitted
5. Medicines Management	In progress in conjunction with pharmacy colleagues
6. Pain Control	In progress
7. Standard Infection Prevention & control	In progress
8. Food, Fluid & Nutrition	In progress
9. Older Adult	Focus changing to reflect cognitive impairment & first draft completed
10. End of life Care	First draft submitted
11. Effective management of resources & staff governance	Link to Safe Staff legislation
12. Working effectively in the Multi-disciplinary team	Requires further discussion & query incorporated through other standards



"The Care Assurance system developed in NHSGGC enables us to demonstrate our excellence in care."

Combined Care Assurance & Audit Tool (CCAAT)

The Combined Care Audit Assurance Tool (CCAAT) is an objective document and is based on the 15 steps report from NHS England and the Care Assurance model from Salford Royal Infirmary. The CCAAT is used to measure the compliance of the NHSGGC CAS and to indicate where support is required for improvement in any given area.

The CCAAT directly aligns to the NMC code.

The CCAAT is being utilised across the adult/children's in-patient services and Care Assurance visits have been carried out across the acute services both at a local area and also by the corporate assurance team. The clinical area is assessed against a RAGG score (red, amber, green, gold) and a schedule of revisiting/action planning is based on the IPCAT guidance developed by the NHSGGC infection control team.

The current version of the adult in-patient CCAAT is being updated to reflect user feedback over the last year and also to encompass specific questions around the MUST/MAR documentation. The draft version 12 has been shared with allied health professional teams and with the Chief of Medicines for comment/awareness. CCAAT Version 12 will available for use in January 2019, once the final updates have been completed.

Feed back is given immediately at the end of the assurance visit: Everyone needs objective and constructive feedback.

The Final Report is submitted is to the SCN, Lead Nurse, Associate Chief Nurse, Chief Nurse and Board Nurse Director.

Every ward has had at least two CCAAT visit in the last 18 months both from clinical peers and from a corporate visit, which ensures governance.

Remember you can self assess using the document at any time.

On visits, if you see something good then steal shamelessly.

Access to the CAS CCAAT and accompanying guidance will be available through [NHSGGC](#) when the site is fully operational.

Below shows front page of Adult Inpatient CCAAT v12



The NHS England "15 Steps" download can be found [here](#)

Combined Care Assurance Audit Template (CCAAT) Version 12			
Red = 0-20% Amber = 21-40% Green = 41-60% Gold = 61-80%			
*Completed visits are marked as complete. In preparation for final report, the final score will then allow to submit template.			
Visit's Date	Assess date before or after substitution in format: dd/mm/yyyy	Site: (insert below)	Ward: (insert below)
Substitution:			
SCN: (insert below)	Name in charge (insert below)	Number of beds in ward: (insert below)	Number of Patients on ward: (insert below)
No. of Registered/Registered Nurses	CRB site appropriate	CRB site appropriate	CRB site appropriate
Is this the nurse in charge escalated visit?	Number of Patient care interventions	CRB site appropriate	CRB site appropriate
Guidance notes for (Working alone) The auditor/visit/visit complete this section by observing the ward overall and scoring only once for each question. If it should be marked with the score above one, in the green space the next one should be placed in the amber space and the first question and one of the "15 Steps" questions.			
Completion Key: Y = Yes, N = No			
At the entrance to the ward, what information is available for visitors?	Y/N		
Does the ward feel safe?	Y/N		
If not, why?			
Does the ward look organised?	Y/N		
If not, why?			
Does the ward feel safe?	Y/N		
If not, why?			





Clinical Skills



We continue to offer a variety of courses:

- Venepuncture and Cannulation for HCSWs and Registered Nurses. All staff now complete the NHSGGC 157 Venepuncture and Cannulation NHS LearnPro module and bring the completion certificate with them
- IV Medicine administration study day (adult or paediatric)
- IV medicine update
- Tracheostomy workshop
- Rhythm recognition
- Deteriorating patient workshop

Details of these, and other clinical skills programmes, can be found on our [‘Courses’](#) StaffNet page and on Learner Self Service via e:ESS.

Our nomination processes are changing with the introduction of e:ESS. Staff members are now able to nominate themselves and get manager approval for our courses via e:ESS system. We would ask SCN/Ms to be mindful of releasing staff to attend courses, ensuring

that booked staff are able to attend. Managers will continue to be able to nominate staff via nomination form until e:ESS is fully implemented.

Any pre-course reading for our courses is now available on NHSGGC Moodle. Information and details are contained in the confirmation email sent directly to the staff member, with SCN/M or authorising person being copied in. Please ensure staff check emails regularly and are aware of the need to prepare for courses.

NHSGGC Moodle is available via:
www.ggcmoodle.scot.nhs.uk

For any queries or further information email:

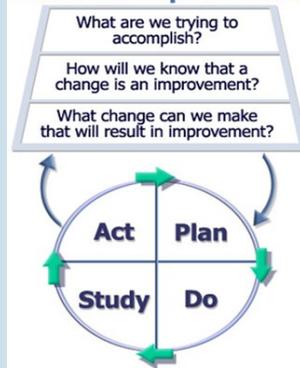
practicedevelopment.enquiries@ggc.scot.nhs.uk



Quality Improvement (QI)



Model for Improvement



QI projects can have a fast results where the team test many ideas over time.

Why QI? everyone in healthcare has two jobs: to do their job and to improve it (Batalden & Davidoff, 2007).

QI is a ‘systematic approach that uses specific techniques to improve quality’ (Health Foundation, 2014).

Resources and Support

There’s lots of resources and training available for you and your team:

[Tools](#) to support you in your QI project through the Quality Improvement Zone, accessible via TURAS Learn.

[Quality Improvement Workshops](#), via the Clinical Governance Support Unit.

Recruitment to the next [Scottish Improvement Leader Programme](#) cohorts will begin in January—please discuss with your Lead Nurse if you’re interested.



A quality improvement infra-structure is being developed from both a top-down and bottom-up approach. Making a Difference programme started in April 2017, targeting band 5/6 nurses/midwives focussed on the professional elements in relation to quality improvement and provided a foundation knowledge level for this group of staff. To date 500 nurses and 19 midwives have completed the programme with the programme currently being reviewed to ensure it encapsulates leadership elements. Additionally within the Associate Chief Nurse/senior nurse group 4 have completed the Scottish Quality & Safety Fellowship, 14 have completed Scottish Clinical Improvement Leadership Programme (SciLs).

As a clinical leader you are hugely influential in ensuring a culture of continuous quality improvement within your team. Change happens one step at a time ... what do your team and patients want to change to improve care where you are?

In the next newsletter we will showcase an improvement project. Would you like to share yours?

Please get in touch via careassurance@ggc.scot.nhs.uk with suggestions or ideas.