The SCN/M Newsletter

PRACTICE DEVELOPMENT

A newsletter for SCNs and SCMs in NHSGGC

Welcome to the second newsletter for Senior Charge Nurses/Midwives! Thanks for all of your comments about the first edition, and we hope that the content continues to prove engaging, useful and informative. Your feedback suggested that the newsletter should be published quarterly and we would like the content to be driven by you, the clinical leader. We encourage you to actively suggest topics and ideas for future editions by emailing: careassurance@ggc.scot.nhs.uk

Quality Strategy

NHSGGC Healthcare Quality Strategy:
"The Pursuit of Healthcare Excellence" (2019/2023)
The Healthcare Quality Strategy for NHS Scotland (2010) forms the foundations for the NHSGGC strategy which is based on the three quality ambitions: person centred, effective and safe care. As part of the development of the NHSGGC Healthcare Quality strategy, we asked patients, carers, visitors and families about what 'a quality NHS means to them' along with 'what matters to them' when they use the service we provide. They told us that a high quality NHS is one that:

- Takes time with patients and listens to them
- Takes care of people, looks after them and makes sure they get the right treatment
- Communicates well with patients by explaining all they need to know and involving them in decision making
- Is knowledgeable, safe and trustworthy
- Is efficient
- Is caring, compassionate and show empathy
- Has friendly, kind, competent and professional staff
- Communicates with the people who matter to them regarding their progress and condition

This feedback supports the quality ambitions which are embedded in our strategic board objectives.

Our quality ambitions underpin everything we do, informing how we will drive forward changes within NHSGGC services over the next five years. We will do this by ensuring that all staff understand their responsibilities and their role in delivery of the healthcare quality strategy.

The immediate priorities for the delivery of the healthcare quality strategy are:

- Person Centred Care & the wider Patient and Carer experience
- Effective Care
- Safe Care
- Our People
- Assurance & Governance

The full NHSGGC Healthcare Quality Strategy: "The Pursuit of Healthcare Excellence" (2019/2023) can be obtained via the following link.

Contents:

Senior Charge Nurse/Midwife Forum

You should by now have received details and registration details for the forum scheduled for April. If you haven't, please forward your contact details to the Care Assurance mailbox.

Date:	**Tuesday 23 April 2019**
Time:	**12:00—16:00hrs**
Venue:	**Queen Elizabeth Teaching & Learning Centre**

Outline Programme:

12:00	Registration, Lunch, Poster Viewing and Networking	
12:45	Contextualisation of Care Assurance and the Quality Strategy	Dr Margaret McGuire
13:00	Care Assurance	Margaret Connolly
14:30	Comfort Break	
14:35	Person Centred Visiting	Ann McLinton
15:00	Clinical Leadership Development	Jacqueline Carrigan/Keith Dow

As before, the forum will be introduced and supported by Dr Margaret Mcguire, Nurse Director, and the format will be interactive. Registration is via OLM (Oracle Learning Management) - click here then type your e:ESS username and password to enrol. Please contact the Care Assurance mailbox with any enquiries.

Falls remain a common cause of harm to patients in acute hospitals with as many as 250,000 falls recorded in the UK each year (SPSP).

"get the team involved—they own the project"

A focus on Quality Improvement ......

This month we feature a project entitled "Quality Improvement in Older People Rehabilitation: Falls Prevention".

SCN Lynn Marotta and team, Ward B, Stobhill ACH
(Lynn.Marotta@ggc.scot.nhs.uk ; 0141-355-1746)

Lynn thanks the entire MDT for their help and support with this project.

In Ward B a reduction in falls has reduced patient harm. Could these simple change ideas be tailored to your area?

Patients must be cared for within an environment that minimises falls (Health Care Improvement Scotland, 2015). A fall is an unexpected or unintentional loss of balance resulting in a person on the floor, ground or object below knee level (NICE, 2015). Inpatient falls are costly (Royal College of Physicians, 2017) can increase length of stay and have life changing consequences for patients (Royal College of Physicians, 2017).

Our inpatient rehabilitation ward had five inpatient falls with harm between January to April 2018. The aim of this project was to understand the primary drivers for the falls and reduce falls by 50% over six months.

The MDT met to discuss and assess the cause and extent of the problem. An open forum was established to focus on both the negative and positive aspects of falls prevention. Patients and families were informed of falls risks and potential interventions during family meetings. Four themes emerged as described below:

Patient handover	Environment
Risk Assessment	Equipment

Testing:

Interventions tested to reduce harm included:

- An electronic safety brief

- A 'falls risk assessment walk round' was implemented to ensure that appropriate interventions were in place.

- All patients admitted to the ward identified as at risk, were placed on one hourly care rounding. Additionally, if a patient developed risk factors for falls, the above interventions were implemented.

- A second nursing station and hot desks were opened to improve visualisation.
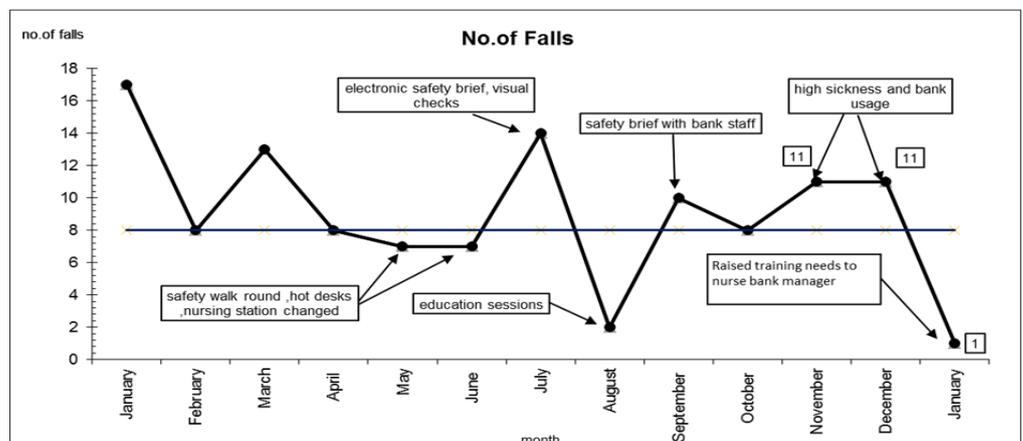
Results:

The run chart below shows a decrease in falls from seventeen falls in January 2018 to only two falls in August 2018 . The ward has had one fall with harm since April 2018.

Learning:

- Engage all your stakeholders and ensure momentum is kept.

- Our Stakeholders included Lead Nurse, Falls team, AHPs and Medical staff

- Get the team on board – they own the project

- Keep it simple; focus on what can easily be changed.

- Keep your eye on other quality measures – focusing on one set of measures can mean the quality of others change

Thanks to Lynn and her team for sharing their improvement project. If you'd like to learn more about the improvement methods they used, or questions in general, contact Lynn at: Lynn.Marotta@ggc.scot.nhs.uk.

No.of Falls

no.of falls

electronic safety brief, visual checks

safety brief with bank staff

high sickness and bank usage

11   11

safety walk round ,hot desks ,nursing station changed

education sessions

Raised training needs to nurse bank manager

1

January February March April May June July August September October November December January

month

Care Assurance System (CAS) Update

Within adult in-patients, the CAS expert group has been meeting bi-monthly to focus on the refresh of the CAS standards and related evidence within practice to support the standards. Evidence for the standards will be supported by, for example, the CCAAT assurance visits, documentation and the dashboard (CAIR). The standards have been refreshed ensuring they encapsulate multi-disciplinary working, the workforce element that will include the preparation for the proposed safe staff legislation and Excellence in Care (EiC). The broad titles for each of the standards are as follows:

1. Pressure Area Care
2. Falls
3. Effective Management of Resources & Staff Governance
4. Deteriorating Patient
5. Medicine Management
6. Pain Control
7. Infection Prevention & Control
8. Food Fluid & Nutrition
9. Person Centred Health & Care
10. Older Adult in Acute Care & Adult Protection
11. End of Life Care

Next steps are to present the draft standards at the SCN/M forum in April to get initial feedback with a view to make appropriate changes and launch by Summer 2019.

Current work is on-going with the midwifery CAS standards to ensure they align with Best Start and Excellence in Care. The agreed standards are currently being edited and will shortly be ready for testing across midwifery.

Within the Children's services nine CAS standards have now been implemented in all in-patient paediatric and neonatal settings. The child protection standard is currently undergoing a review and in the interim the current standard remains in place. Additionally the children's services are planning to have theme of the day/month to promote real time learning of each of the standards.

The new web pages for the Care Assurance System & Excellence in Care are now live—check them out here.

We would welcome your feedback and suggestions to Care Assurance.

Combined Care Assurance Audit Tool (CCAAT)

Version 12 (V12) of CCAAT has now been introduced across the adult in-patient areas; this latest version has been refreshed to reflect the learning from utilising version 11 and from a short life working group of clinical stakeholders. V12 is supported by a guidance document and a podcast:

Care Assurance Improvement Resource (CAIR)

The CAIR dashboard is now live for falls/falls with harm/ falls per 1,000beds days and grade 2≥ acquired pressure damage avoidable/unavoidable/per 1,000 bed days across all adult, children's services and mental health in-patient wards.

Work is currently progressing on the development of the process data collection indicators e.g. hand hygiene, NEWS compliance, SCIPs and a test views of these indicators are currently being reviewed by a clinical reference group for feedback.

Summary of QEUH/RHC HEI visit January 2019

This is the first HIS unannounced inspection that has had a workforce element to the inspection and this element will be included in all future HIS inspections. Overall fourteen adult in-patient areas (of which four were Institute of Neurosciences) and four children's areas including paediatric & neonatal intensive care. Please click here to read full report.

Some repeating themes were highlighted during the inspection which included:

- Mandatory IPC education
- Knowledge & application of SCIPs and TBPs
- IPC audit by SCN & IPCT (including hand hygiene monitoring)
- Cleanliness of near patient equipment (including monitoring)
- Care & maintenance of invasive devices
- Flushing of water outlets in the care environment
- Communication with patients, visitors & staff

These key themes are applicable to every clinical area across the organisation in relation to learning and improved compliance.

In terms of the education issues highlighted, all healthcare workers must complete the Standard Infection Control Precautions module (Statutory & Mandatory) on learnPro on engagement and then every three years thereafter. The NES CDI module is a requirement for all staff and all SCN/M must complete the Scottish Infection Prevention & control (SIPCEP); both require to be completed once.

Standard Infection Control Precautions (SICPs) are basic infection prevention and control measures necessary to reduce the risk of transmission of infectious agents. Therefore it's important that all staff demonstrate a sound knowledge and application of SICPs in their daily role. Transmission based precautions (TBPs) need to be taken in addition to SICPs when a patient is suspected or diagnosed with an infection which can be passed onto other vulnerable patients e.g. MRSA, influenza, CDI, measles. Staff are also required to have a sound knowledge/application of TBPs and how to access additional guidance.

SICPs audits require to be completed twice annually, which the SCN/M currently captures utilising the SICPs audit tool either on LanQIP or alternative (data capture of SICPs will shortly be available on CAIR dashboard). Infection Prevention and Control Nurses (IPCNs) audit SIPCs and TBP utilising the IPCAT audit tool which provides further assurance that the care environment is safe and clean. SCN/M and deputies must have a password for Synbiotix database to view their own IPCAT audit result, complete where appropriate their action plans and ensure that actions are signed timeously. Issues around cleanliness or estates integrity should be escalated via the FM system. Staff must complete the bed space checklist weekly and on discharge of each patient. The SCN/M can provide assurance of the cleanliness of near patient equipment by completing the weekly cleaning assurance checklist.

Flushing of water outlets is the responsibility of the SCN/M within their departments and all water outlets must be run/flushed regularly to ensure that the water is fresh and safe for our patients, visitors and staff. A tool box talk is being developed to outline flushing frequency/recording and actions required to be taken in relation to water outlets.

In relation to communication all patients admitted to hospital should be provided with a HAI information leaflet and patients/relatives should also be given disease specific, device related or other fact sheets appropriate to their condition. Below are a number of links for further information:

NHSGGC IPC web site
National IPC Manual
National Monitoring Framework

Health and Care (Staffing) (Scotland) Bill

Stage 1 debate of the Bill took place on 6 December 2018. At the debate the Health and Sport Committee advised that the Stage 1 report was unanimously agreed and recommended to Parliament that the Bill progress to the next stage. A public commitment was given by the Cabinet Secretary for Health and Sport to bring forward amendments in three areas:

- Specifying the role of Healthcare Improvement Scotland in relation to the Bill
- Clarifying the inclusion of all staff groups and scope for multi-disciplinary tools in the Bill
- Inclusion of a duty on NHS Boards to have clear procedures in place for day to day assessment of staffing requirements and routes for escalation of concerns

The Chief Nursing Officer's Directorate (CNOD), Scottish Government, has provided funding for additional posts across NHS Boards to ensure NHS Boards are prepared and have the appropriate systems and processes in place to meet the requirements of the proposed Health and Care (Staffing) (Scotland) Bill. Our NHS GGC Board allocation has been put in place to support our own resource to ensure that all aspects of this preparation will be in place.

Regional and local focus groups/roadshows are being planned for staff from a variety of specialties and roles in local NHS Boards. The aim is to gain an understanding about the level of knowledge staff have, as well as to appreciate viewpoints towards the importance of having workforce and workload planning knowledge.

Leadership, Effectiveness and Development (LEaD)

Following on from the positively evaluated 'Making a Difference', members of the NMAHP governance and regulation team have been developing a refreshed programme. Around 600 band 5 & 6 practitioners attended Making a Difference which looked at how to make improvements in the cultures we work in. The new, refreshed programme is called Leadership, Effectiveness and Development (LEaD) and will be aimed at senior Band 6 and 7 practitioners.

As the title suggests, the focus will be on exploring principles and themes relating to leadership. The topics and contents are currently being finalised and will include an emphasis on emotional intelligence and developing resilience, supervision and coaching, team dynamics and developing effective networks. This, of course, reflects some key elements outlined in the Chief Nursing Officer's 'Nursing 2030' vision. The programme will be delivered in a workshop format and aims to be as participatory and interactive as possible. This will allow practitioners to explore the key themes in relation to

local practice as well as share experience and learn from peers.

The content will be underpinned by national resources such as the GoodPractice Toolkit and Managing Matters giving attendees an opportunity to connect to wider information and perspectives. These resources draw on information, tools and experiences for a variety of sources enabling learning from the private and third sectors as well as health.

The programme will be delivered over one full day in the Teaching and Learning Centre on the Queen Elizabeth campus and will be commencing in the early summer 2019. The vision for the programme is that LEaD will form the foundation layer of a leadership pathway. Two further levels will be developed supporting senior practitioners to continue to develop into our future organisational leaders.

More information will be available in the Nursing and Midwifery Education Pages available here.

Updates

Active Wards

The End PJ Paralysis campaign has brought wide attention to deconditioning in the clinical environment. The Active Ward Physiotherapy/Occupational Therapy Group was formed in 2018 to provide peer support and act as a platform for sharing of resources and ideas in relation to increasing opportunities for physical activity in the in-patient setting. A number of improvement project are happening over NHS GGC. During March the team will be "fact finding" in their own areas. They would be very happy to hear your ideas around increasing activity in the clinical environment. Please contact your local representative or group lead Juliet Harvey, Practice Development Physiotherapist. A full update on the work of the group is available on Staffnet. Sponsor: Heather Cameron Physiotherapy Professional Lead.

Falls learnPro Update

The Falls (five modules) and bed-rail learnPro modules were launched in November 2018 and February 2019 respectively. These modules are role essential training for all Nursing staff, Occupational Therapists, Physiotherapists, Speech and Language Therapists, Dietetics, Health Care Support Workers, Podiatry, Radiography (diagnostic therapy) and Medical Staff. To ensure maximum completion of these modules, can all clinical leaders please encourage staff to complete all six modules. The Falls homepage outlines all staff's responsibility within the Matrix.

Clinical Guideline

The Care of Patients with a Tracheostomy or Laryngectomy Guideline (2019) was ratified by the Acute Services Clinical Governance in February.

A link to the clinical governance repository for the full guideline is here. A link to a dedicated StaffNet page where the guideline has been split into smaller sections for ease of use: click here.