Health and Social Care: Achieving Excellence Together 2023

Principal Hotel, York

Friday 1 December 2023

Humber and North Yorkshire
Health and Care Partnership

NHS
Humber and
North Yorkshire
Integrated Care Board (ICB)

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Welcome

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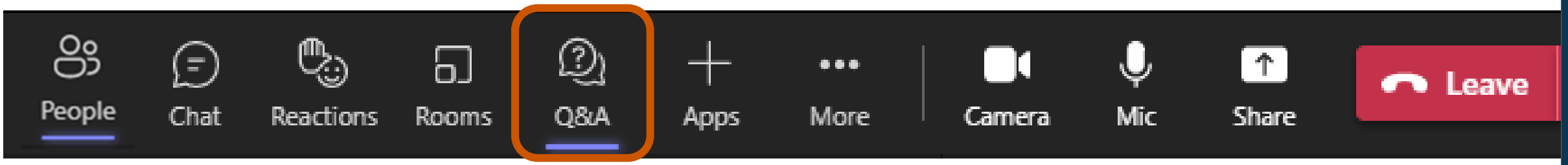
Your Agenda

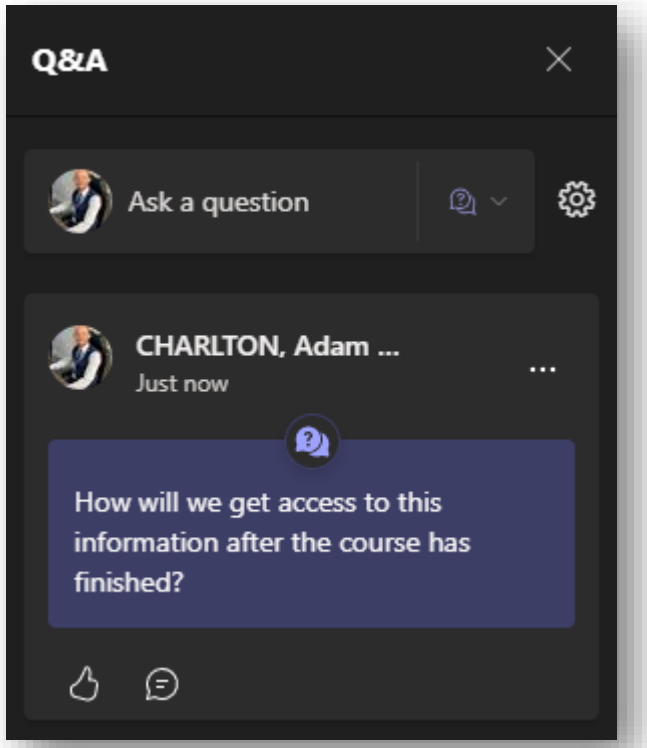
Humber and North Yorkshire
Health and Care Partnership

08:30-09:00	Registration/ Refreshments/ Stands
09:00-09:10	Opening Remarks
09:10-09:30	Welcome from Key Note Speaker- Infection Control and Hydration
09:30-10:00	Introduction from the Integrated Quality Team Quality Improvement in Action; Hydration Programme Impact and case study from Sowerby House and Westwood Care Home
10:00-10:20	Urinary Tract Infections- No Dip Guidance
10.20-10:50	Deprivation of Liberty Safeguards Overview and Mental Capacity Act
10:50-11:05	Refreshments/ Stands/ Networking
11:05-11:20	Care Home Equipment Pilot
11:20-11:40	Fire Prevention Service & work to prevent harm- Burn & learn
11:40-12:00	Digital Update- DREAMS Team and Yorkshire and Humber Shared Care Record
12:00-13:00	Lunch/ Stands/ Networking
13:00-13:25	2023 North Yorkshire and York Care Provider Olympics Cross-Generational Working Between Care Sector and Partners
13:25-13:45	Introduction of ReSPECT and End of Life Care Update
13:45-14:05	Dementia Forward Service Overview and Offer to Care Sector
14:05-14:25	Trainee Nursing Associates in the Care Sector- Case Study
14:25-14:50	Promoting and Developing Social Care Nursing
14:50-15:05	Refreshments
15.05-15.15	Microsoft Teams for Rotas- Care Sector Support
15:15-15:35	Indoor Air Quality Optimisation Project.
15:35-15:50	Research in Adult Social Care
15.50-16.10	Open Session and Care Provider Participation
16-10-16:30	Summary and Closing Session. Party Bags and Pledges


DOING IT DIFFERENTLY
F4
IT

Q&A





F4IT Digital Services

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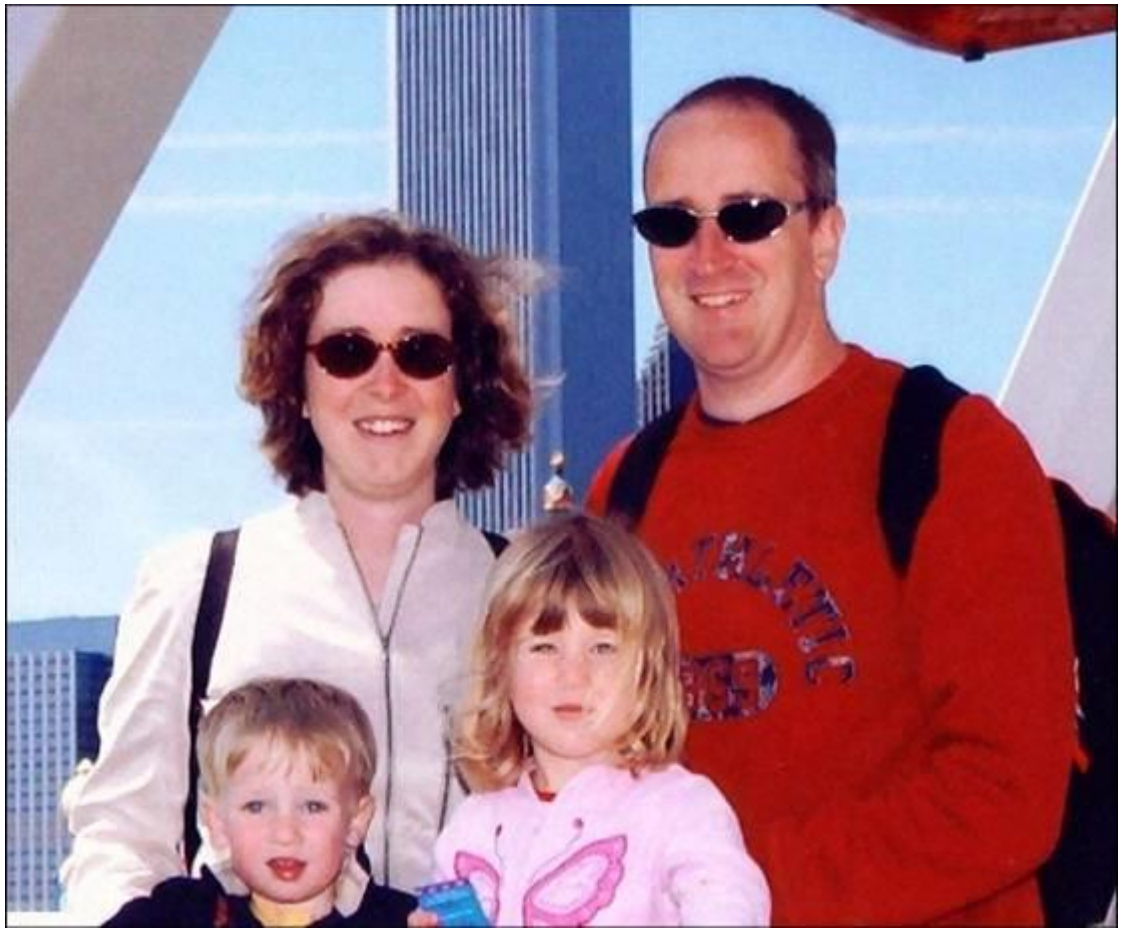
Michelle Carrington

Director of Nursing & Quality

North Yorkshire and York Health and Care Partnerships

Welcome and Opening Remarks


NASA




NHS failed 'active man'
Consultant apologies to blood clot victim's family
Tribute paid to Stafford type expert
Joan Giles

What is culture?

Finishing thoughts:

- Courage is the greatest of all virtues, because if you haven't courage, you may not have an opportunity to use any of the others

- Nothing will ever be attempted if all possible objections must first be overcome

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NORTH
YORKSHIRE
COUNCIL

Humber and North Yorkshire
Health and Care Partnership

Sarah Fiori

Head of Quality Improvement- NHS Humber and North Yorkshire ICB

Principal Nurse- North Yorkshire Council

Introduction from the Integrated Quality Team

Humber and North Yorkshire
Health and Care Partnership

Humber and North Yorkshire Health and Care Partnership comprises of NHS organisations, local councils, health and care providers and voluntary, community and social enterprise (VCSE) organisations. We are one of 42 Integrated Care Systems (ICSs), established across England, to:

- Improve outcomes
- Tackle Inequalities
- Enhance quality and productivity
- Support social and economic recovery

Our collective mission is to improve the lives of the people who live and work in the Humber and North Yorkshire

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Our Integrated Care System: HNY

4 acute hospital trusts (operating across 9 sites)

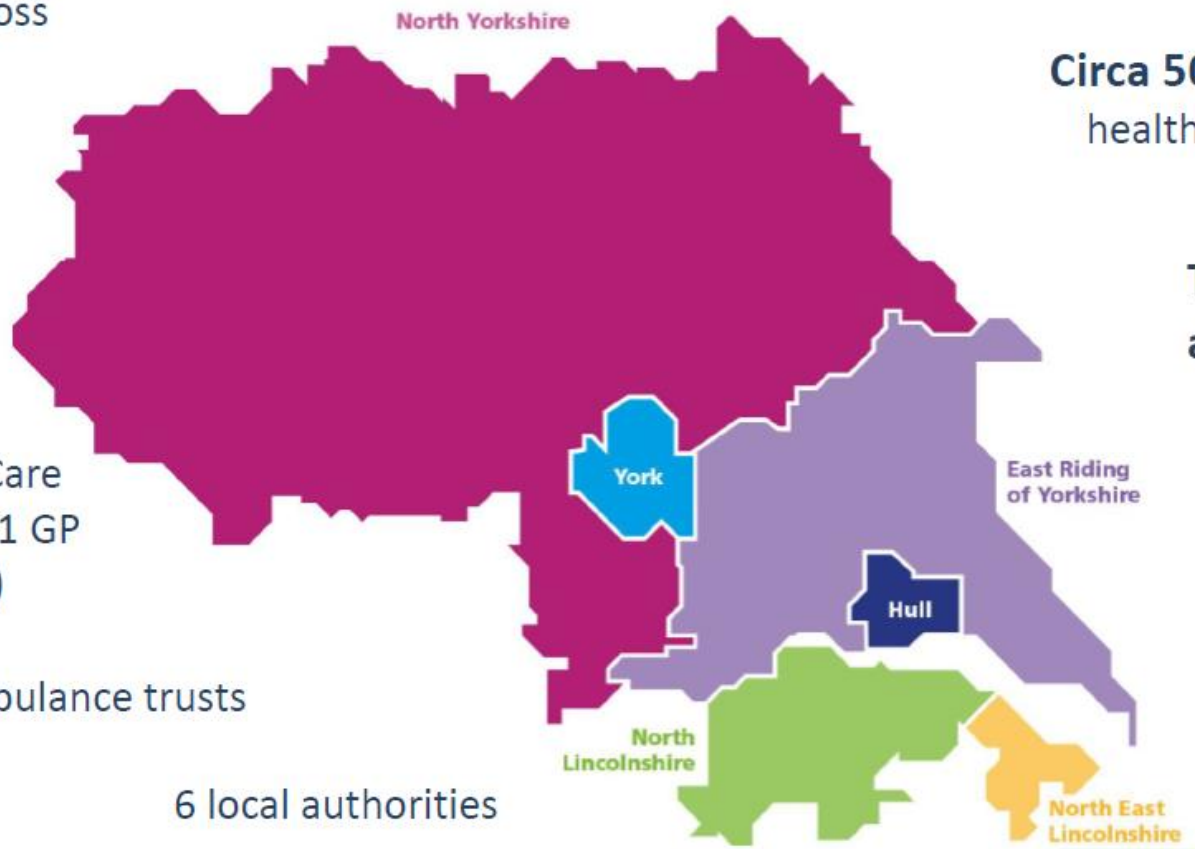
3 mental health trusts

4 community / not for profit providers

42 Primary Care Networks (181 GP Practices)

2 ambulance trusts

6 local authorities



1.7 million people

Circa 50,000 staff across health and adult social care

Total budget of approx. £3.5bn

550 care homes

180 home care companies

10 hospices

1000s of voluntary and community sector organisations

NORTH YORKSHIRE COUNCIL

Humber and North Yorkshire Health and Care Partnership

North Yorkshire

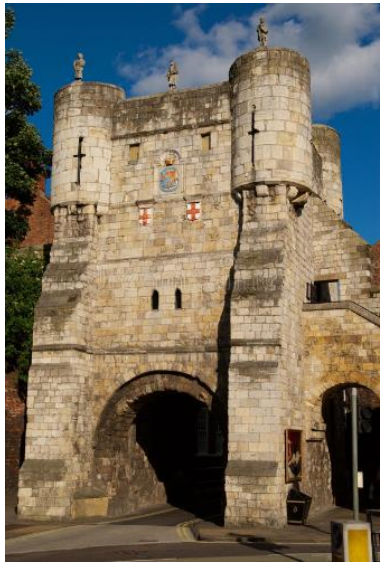
- **214** Care Homes
- **150** Domiciliary Care Agencies
- **200** Non Regulated Providers (APL)
- Circa 12,000 Staff

- Border **13** Local Authorities and work with a further 100 out of area Domiciliary Care Agencies

Humber and North Yorkshire
Health and Care Partnership

York (Inc Pocklington)

- **174** care providers and **4000** staff
- **42** Care Homes employing **2000** staff
- **42** domiciliary services employing **1900** staff
- **Circa 90** Supported Living Sites and Non regulated Providers



NORTH YORKSHIRE COUNCIL

Humber and North Yorkshire Health and Care Partnership

Integrated Quality Team

Collaboration

- North Yorkshire & York Health & Care Partnership
- Local Authorities
- Medicines Management
- Public Health Teams
- Community Nursing Teams
- Allied Health Professionals
- Primary Care
- Acute Trusts
- Research
- Academic Health Science Networks
- Yorkshire & Humber Improvement Academy
- Equipment Providers

Too many people to list in full so apologies to the many not listed…..

You and the people we all support & care for!


REACT to FALLS PREVENTION
Have we missed anything?
NHS Vale of York Clinical Commissioning Group
How many days since our last fall, what have we learnt?
WHO ARE WE WORRIED ABOUT TODAY?
REVIEW MEDICATION
Pain
Diet and
Use of Sens
Lighting
Altered
Sleep
Cogni
Vis
Fre
WHAT THE R
REACT to FALLS PREVENTION
React to Falls Prevention is a simple framework developed by Nottinghamshire Healthcare NHS Trust that identifies 3 key areas of risk, Physical, Behavioural, and Environmental, prompting carers to consider these risks and REACT to reduce the risk of falls.
REVIEW MEDICATION, HISTORY AND PHYSICAL HEALTH
ENVI
COMM
Improvement Academy
SKIN
PRESSURE ULCERS
Have we miss
REACT to RED
STOP
Skin inspection?
Surface – appropr
mattress/cushion/
Kept moving/turr
Incontinence /Mc
Nutrition / Hydr
Equipment check
Is your patient d
If yes, why?
What to look and feel for!
The Skin Tolerance Test also known as the Blanch Test
Take your 'BEST SHOT'
LOOK at all the areas which are at risk from pressure damage at every opportunity (as a minimum - morning and at night)
BEST SHOT
BUTTOCKS (ischial tuberosities)
ELBOWS/EARS
SACRUM (bottom)
TROCHANTERS (hips)
SPINE/SHOULDERS
HEELS
OCCIPITAL AREA (back of head)
TOES
REACT to RED
REACT TO RED Training Film:
https://vimeo.com/153224148/16f79dc661
DETERIORATION?
STOP AND WATCH
RECOGNISE • RESPOND • COMMUNICATE
Improvement Academy
INTERACT
Using a prompt tool can help spot signs of deterioration by supporting your gut instinct to 'something's not right with.....' it can help explain to colleagues why you are worried, so better care decisions can be made.
There are clinical reasons why each of the questions are in the tool to help make sense of any changes in the resident/client.
Not recognising quickly that someone is becoming unwell can lead to delays in getting help, possible hospital admission or longer stays in hospital
STOP
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; diarrhoea
Drank less
Weight change
Agitated or more nervous than usual
Tired, weak, confused or drowsy
Change in skin colour or condition
Help with walking, transferring or toileting more than usual
Further information is available at:
https://www.valeofyorkccg.nhs.uk/about-us/partners-in-care-3/care-homes-and-domiciliary-care-staff-news1/recognising-and-responding-to-deterioration-in-residents-using-a-stop-and-watch-tool/
Effective Communication for
Increased Patient Safety
Accurate and timely communication with colleagues is vitally important when a resident/client is deteriorating
The SBARD communication tool can help you communicate with others outside your team, including GP's D/N's etc...
Use for escalating a clinical problem or facilitating an efficient handover to contribute to increased patient safety
SBARD
An effective and easy to use, structured form of communication that enables information to be transferred accurately between individuals
SITUATION:
Who are you calling about?
How long have you been concerned and why?
BACKGROUND:
Important medical history (e.g. heart failure, diabetes)
Do they have a DNRCPR or advanced care plan?
ASSESSMENT:
Identify any changes from Stop and Watch
RECOMMENDATION:
What would you like the responder to do?
What would you like the responder to do?
Are there any other actions you should take?
DECISION:
What has been agreed (i.e. I will do..... and/or you
HYDRATION
Have we missed anything?
How many days since our last missed or incomplete fluid balance chart?... what have we learnt?
WHO ARE WE WORRIED ABOUT TODAY?
Tool... Hydration risk assessment tool completed?
Hydration Chart... Accurate & up to date?
Identify... Residents requiring prompting or encouragement
Needs assistance... cognitive or swallowing difficulties?
Know your resident... spot the signs!
Dry mouth, lips or tongue, dizziness, headache or tiredness
Restless, confused, disorientated?
Irritable... signs of pain or discomfort, Fever or pyrexia?
Nil or reduced bowel movement/constipation?
Kidneys - reduced urine output, smelly dark urine, new or worsening incontinence...
WHAT ARE WE GOING TO DO AS A TEAM TO REDUCE THE RISKS OF DEHYDRATION?
Increase drinking opportunities - provide drinks with medications/meals
Provide fluid rich food i.e. ice cream, jelly, fruit/veg, sauces, soups, stews
Explore preferences, increase choice – GET CREATIVE
Provide appropriate support, assistance, prompts and encouragement
Ensure appropriate and pleasant drinking vessels are used
HYDRATION
Think Drink!
Older people, particularly those living in care homes are at risk from dehydration, which can lead to serious health complications i.e., UTI's, confusion, constipation, falls, pressure ulcers, circulation problems & kidney failure.
1500mls of fluid every day. This equates to approximately 6 adults drink at least
All fluids count (except alcohol) ... water, juice, tea, coffee, milk...
NOT DRINKING ENOUGH FLUIDS CAN CAUSE DEHYDRATION WHICH BECOMES VISIBLE IN URINE COLOUR.
A Urine Colour Guide to Hydration
1 to 3 is a Healthy Pee
Pale, odourless urine is an indication that you are well hydrated
At number 4?... Drink some more...
By 5, 6, 7, 8 you really need to RE-HYDRATE
If blood is present in urine either red or dark brown, seek advice from your GP
1
2
3
4
5
6
7
8
Care Homes and Domiciliary Care
NHS Vale of York Clinical Commissioning Group
PARTNERS IN CARE
PROMPT AND INFORMATION CARDS
For further information please contact:
Sarah Fiori, Head of Quality Improvement (VOYCCG)/Principal Nurse (NYCC)
Sarah.fiori@nhs.net
Helen Degnan, Senior Nurse, Quality Improvement
h.degnan1@nhs.net
Nursing Times Awards 2023
FINALIST
https://www.valeofyorkccg.nhs.uk/about-us/partners-in-care/

Charlotte Collister

Senior Nurse- Quality Improvement. NHS Humber and North Yorkshire ICB

Kate Fraser

Project Assistant- Quality Improvement. NHS Humber and North Yorkshire ICB

Quality Improvement in Action: Hydration Programme

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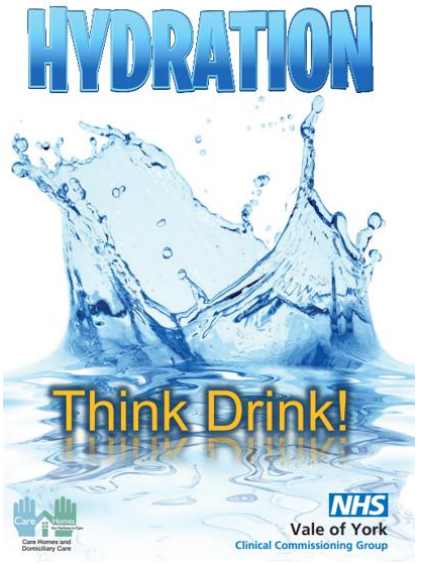
Quality Improvement in Action: Hydration Programme Impact

Charlotte Collister – Senior Nurse, Quality Improvement

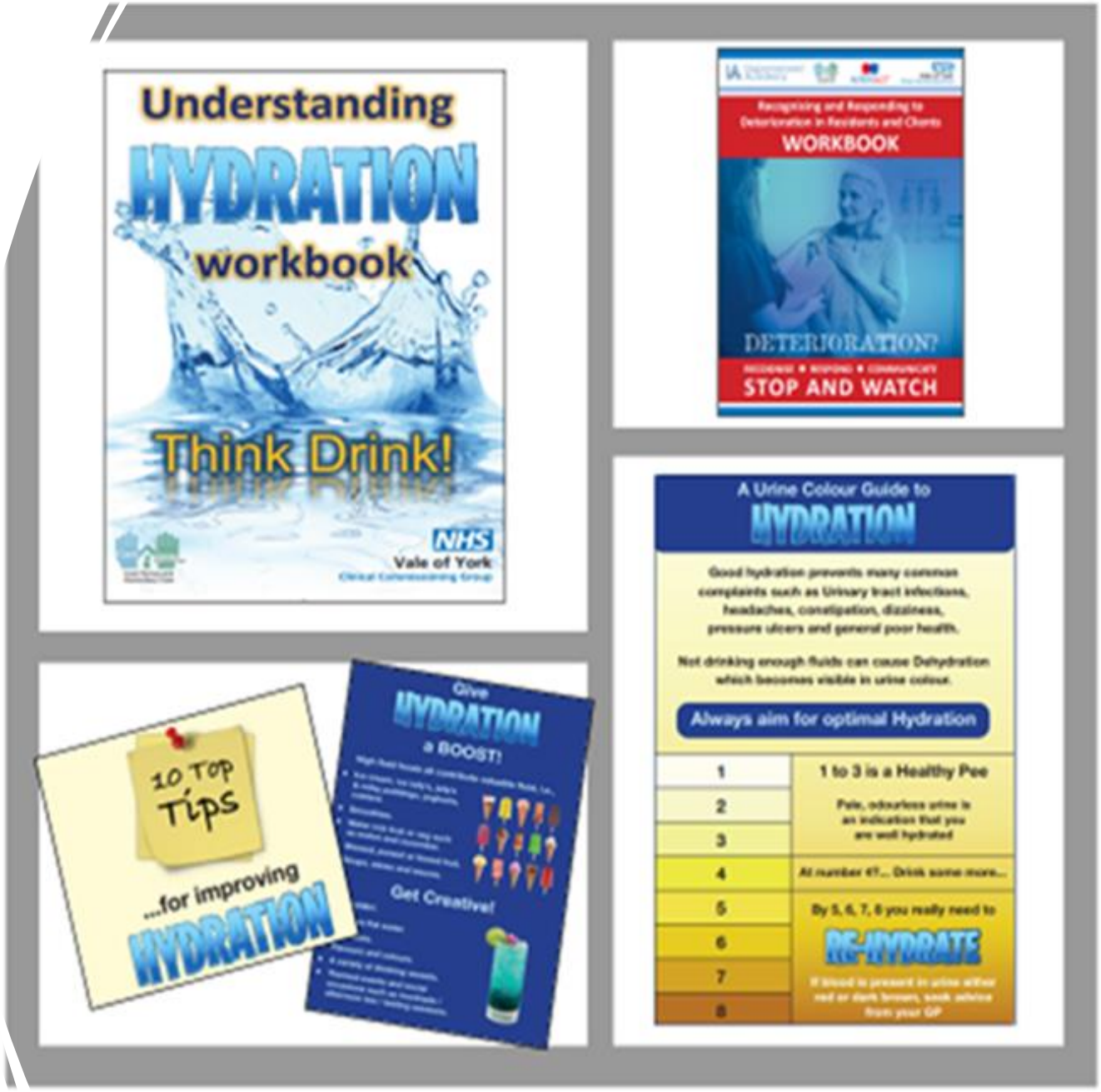
Kate Fraser – Project Assistant, Quality Improvement

Promoting & Improving Health through a Hydration Quality Improvement Programme in Care Homes across North Yorkshire & York

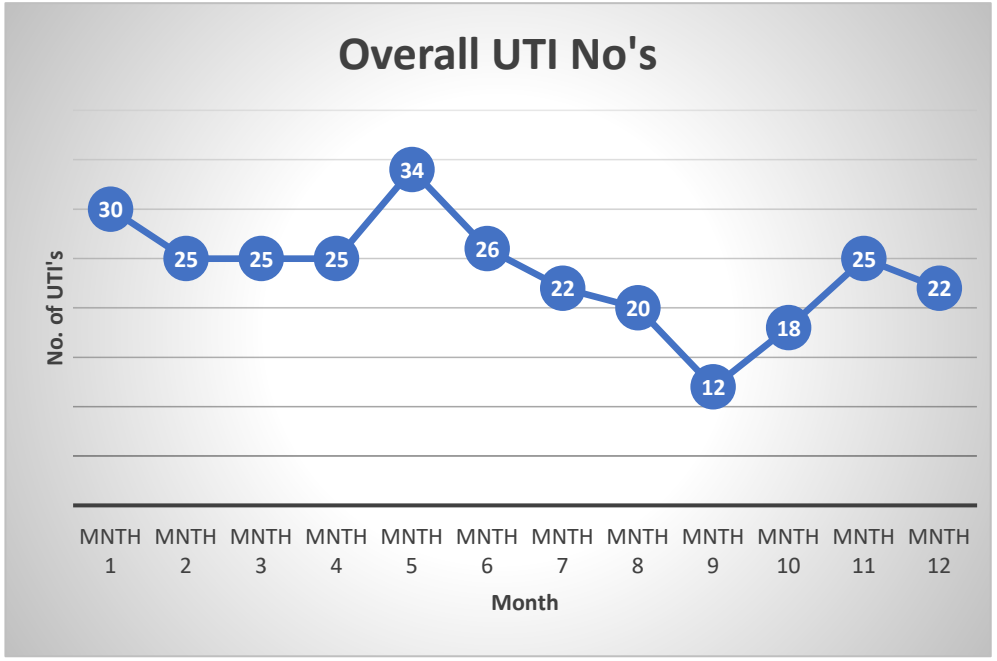
- Delivered by the York Health & Care Partnership Nursing Team this multifaceted approach supporting best practice includes;
- An educational package
- Interventions to support improved recognition & response to hydration needs
- Focus on culture & communication
- Staff encouraged to review current practice & identify opportunities for improvement

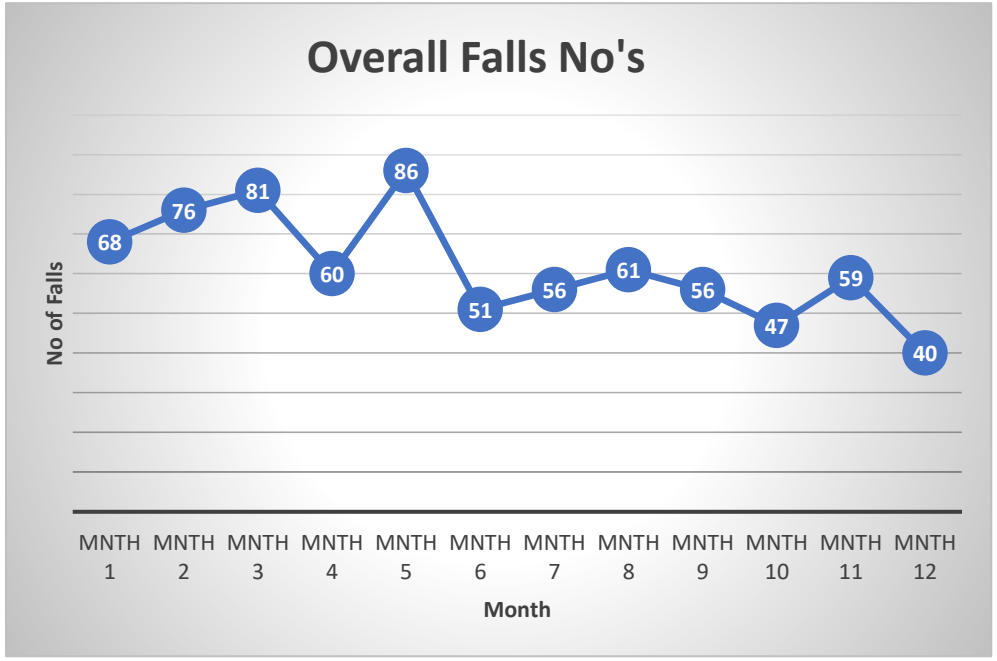


Resources


Understanding
HYDRATION
workbook
Think Drink!
NHS
Vale of York
WORKBOOK
DETERIORATION?
STOP AND WATCH
10 Top Tips
...for improving
HYDRATION
Give
HYDRATION
a BOOST!
Get Creative!
A Urine Colour Guide to
HYDRATION
Good hydration prevents many common complaints such as Urinary tract infections, headaches, constipation, dizziness, pressure ulcers and general poor health.
Not drinking enough fluids can cause Dehydration which becomes visible in urine colour.
Always aim for optimal Hydration
1
2
3
4
5
6
7
8
1 to 3 is a Healthy Pee
Pale, odourless urine is an indication that you are well hydrated
At number 4?... Drink some more...
By 5, 6, 7, 8 you really need to
RE-HYDRATE

Data showing 6 months prior & post delivery of Hydration Training to staff in 14 Care Providers





What is the impact ?

Workforce – Over 500 staff have now received face to face training delivered by a small team, using systems approach and QI methodology.

90% of staff said the training was excellent stating that the training was valuable, informative and interesting.

There has been an overall reduction in the incidence of UTI’s, falls and pressure ulcers reported by participating care homes.

Sowerby House

Westwood Care Home

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Community Infection Prevention Control Team

Urinary Tract Infections- No Dip Guidance

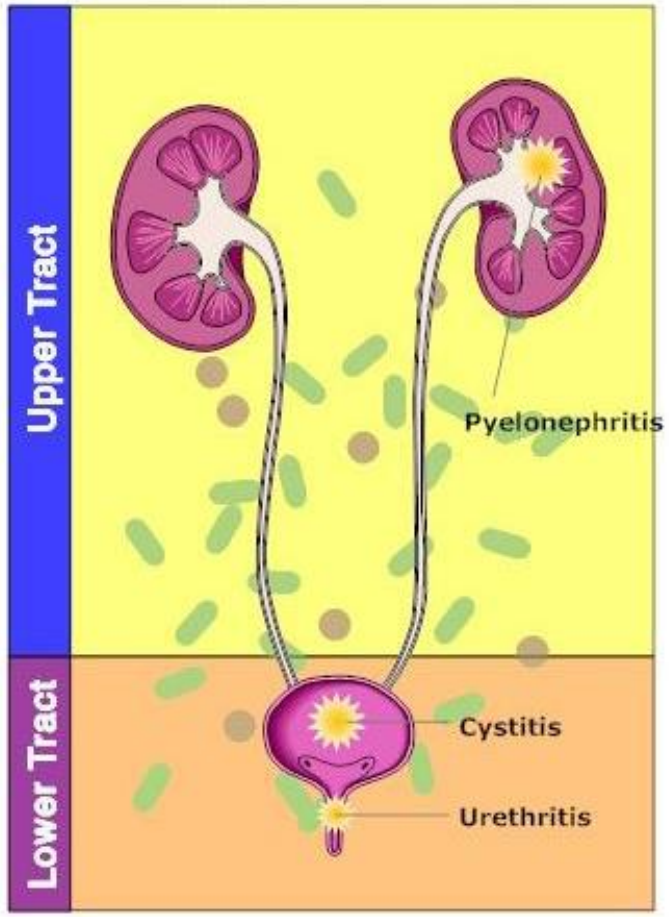
Urinary tract infections ‘No dip guidance’

Gillian Partridge Community IPC Team Lead
Anna Grant, Community IPC Specialist Nurse

Harrogate and District NHS Foundation Trust

Urinary tract infection (UTI)

- A Urinary Tract Infection (UTI) is an infection in the urinary system which includes the bladder and kidneys.
- A UTI happens when outside bacteria get into the urethra and bladder and multiply to unhealthy levels.



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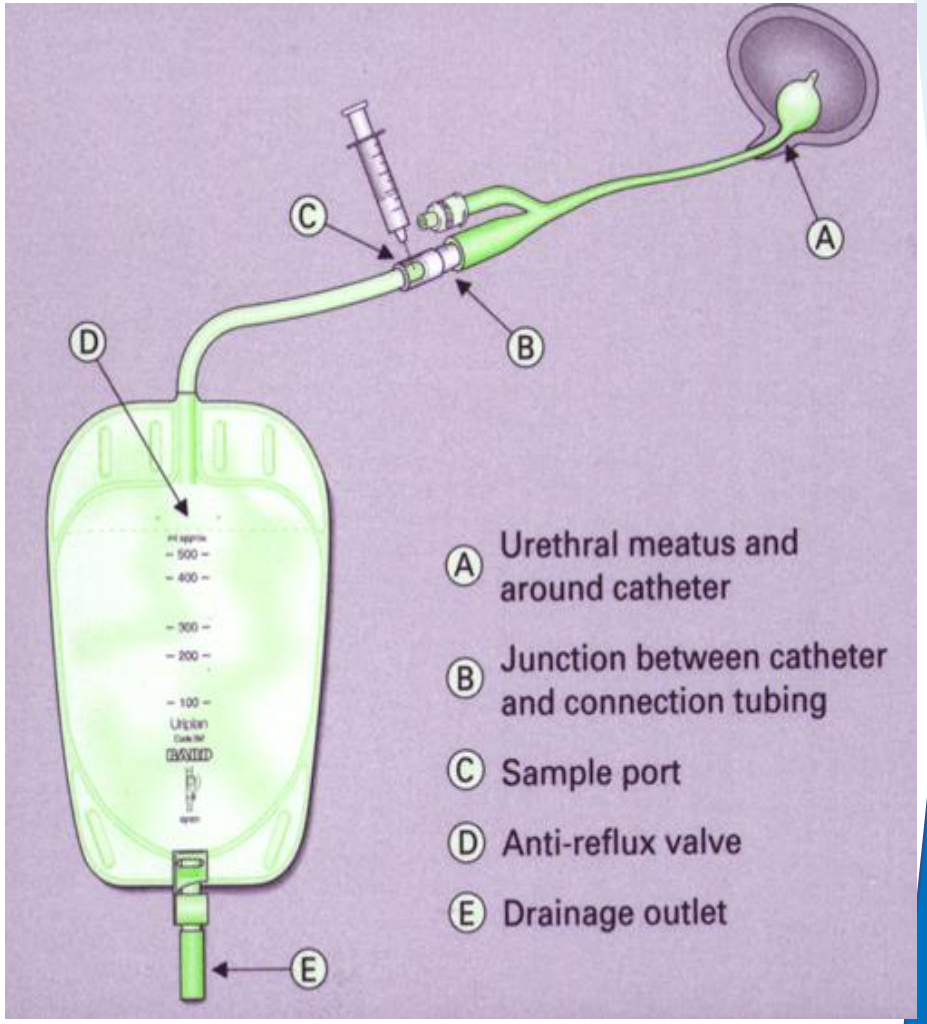
Acquiring a UTI - Catheter

- Catheters provide bacteria with a route of entry into the bladder.
- Bacteria can enter when the catheter is inserted (A).
- Bacteria can move up the outside of the catheter into the bladder (extra-luminal) (A).
- Bacteria can get into the catheter system when connections between the catheter and the bag are broken and move up the inside of the catheter (intra-luminal) (B), (C), (E).



Bacteriuria

People aged over 65 are more likely have bacteria present in the bladder/urine without an infection (asymptomatic bacteriuria).

- 40% men
- 50% women
- 100% people with catheters

No infection, but do have bacteria in their bladder

Risks of urinary catheters

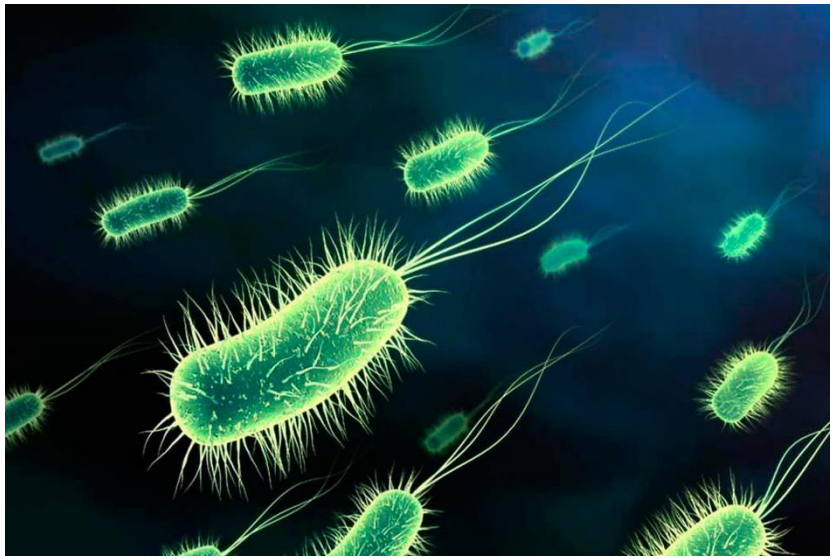
3 x more likely to receive antibiotics.

3 x more likely to be admitted to hospital.

24% of residents with bacteriuria develop a catheter associated UTI, of which up to 4% develop a severe secondary infection, e.g. bacteraemia (bloodstream infection), and of these, 10-33% die.

Escherichia coli (*E. coli*)

- *E. coli* bacteria can cause a range of infections, including urinary tract infection (UTI).
- A Gram-negative bacteria found in the intestines of humans and animals.
- *E. coli* lives harmlessly in the intestine.
- *E. coli* is found in faeces and can survive in the environment for up to 16 months.



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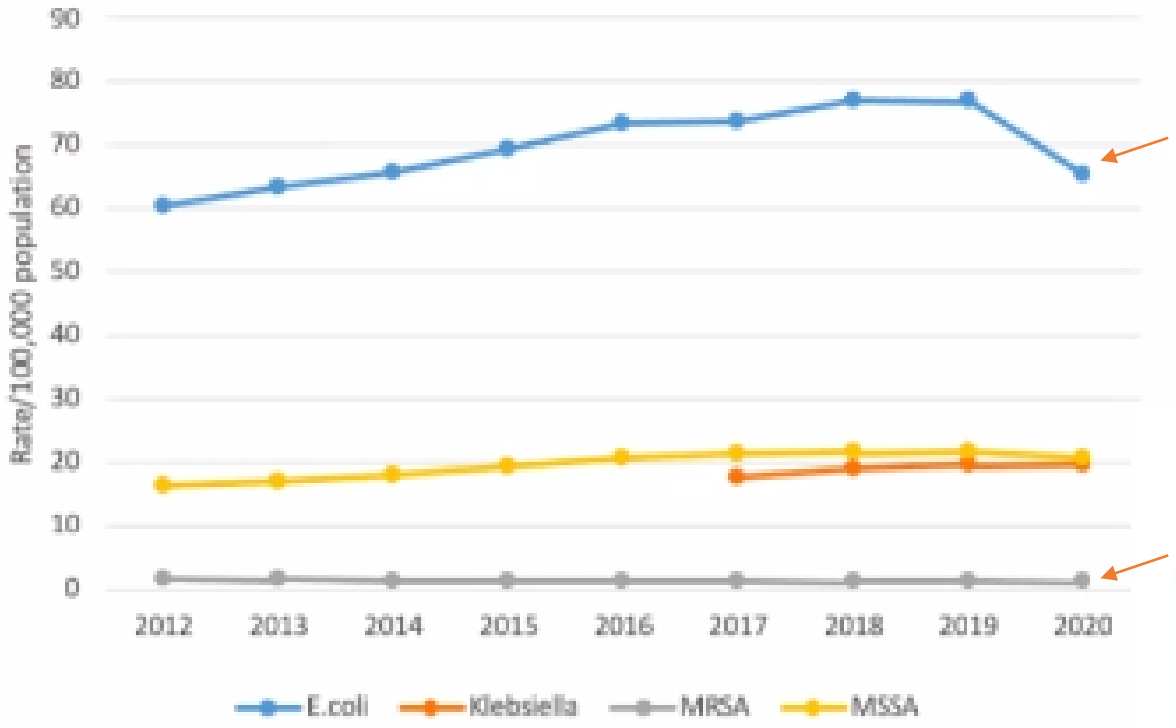
E. coli bloodstream infections



5,500 NHS patient deaths in 2015

HM Government

Tackling antimicrobial resistance 2019–2024

The UK's five-year national action plan

Published 24 January 2019

No. cases in England

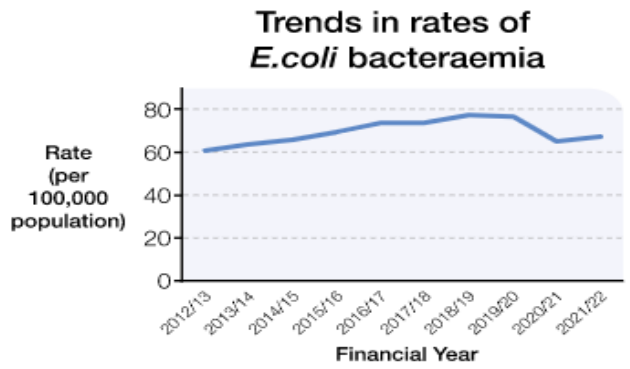
E.Coli 45,000

MSSA 9.000

UK Health Security Agency — *E. coli* bacteraemia England 2021/2022

Overall rate

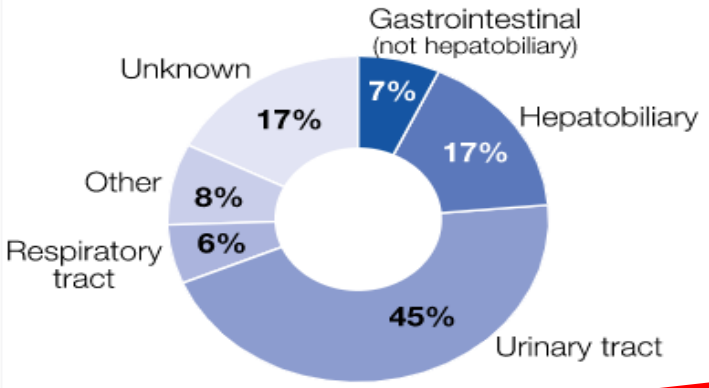
67 people out of every **100,000** had an *E. coli* bacteraemia



Risk greater among elderly

Adult male rate	Adult female rate		Elderly male rate	Elderly female rate
48 out of every **100,000** (age 45-64)	**47** out of every **100,000** (age 45-64)	vs	**800** out of every **100,000** (age greater than or equal to 85)	**504** out of every **100,000** (age greater than or equal to 85)

Most common primary focus of infection



Most cases are community onset

Community	Hospital
81%	**19%**

Hospital-onset: any specimens taken on the **third** day of admission onwards (when day one equals day of admission)

Most *E. coli* bloodstream infections occur in the elderly

Most *E. coli* bloodstream infections occur in the community

UTIs are main cause of *E. coli* bloodstream infections

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Diagnosing UTI

Bacteriuria

People aged over 65 are more likely have bacteria present in the bladder/urine without an infection (asymptomatic bacteriuria).

- 40% men
- 50% women
- 100% people with catheters

No infection, but do have bacteria in their bladder

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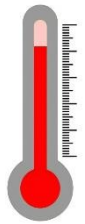
Signs of a urinary tract infection

Either

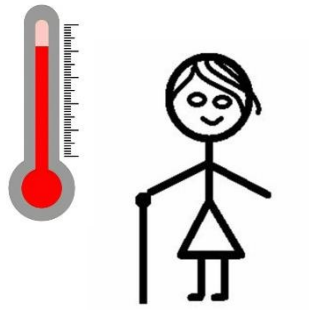
- New onset dysuria (alone).

Or 2 or more of the following:

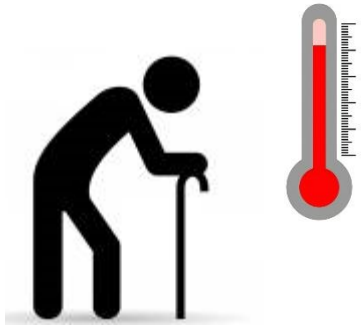
- Temperature 1.5oC above normal twice in the last 12 hours
- New frequency or urgency to pass urine
- New incontinence
- New or worsening delirium/debility/confusion
- New suprapubic (lower abdominal) pain
- Visible haematuria (blood in urine)



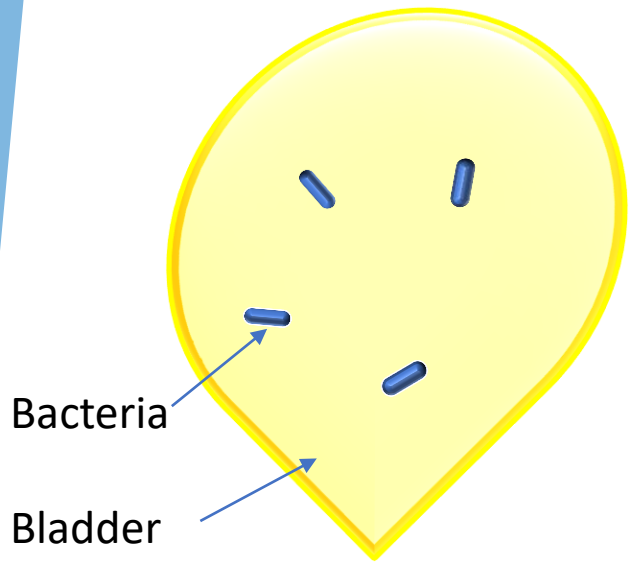
Bacteria in the urine or UTI ?



No other symptoms of a UTI and would not require antibiotics

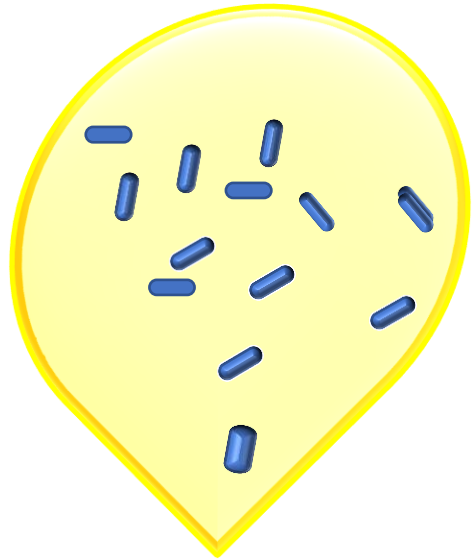


Has other symptoms of UTI and requires antibiotics



Dip stick result would be the same for both as would detect:

- Nitrites - a chemical made by bacteria
- Leucocyte - white blood cell marker



More harm than good

Inappropriate antibiotics can lead to *C. difficile* infection which can be life threatening.

If there is no urine infection, giving antibiotics will not stop an infection in the future, but may build up antibiotic resistance.

A positive dipstick (no UTI) could lead to a diagnosis of a different infection being missed.

Diagnosis balance

Recognise UTI and treat to prevent *E. coli* bloodstream infections.

HM Government

Tackling antimicrobial resistance 2019–2024

The UK's five-year national action plan

Published 24 January 2019

Not treat everyone with antibiotics which would lead to antibiotic resistance.

‘To dip or not to dip project’

- Designed and implemented in NHS Bath and North-East Somerset CCG in 2013.
- Patient centred approach - aims to improve the quality of diagnosis and management of UTI in older people living in care homes and optimise the use of antibiotics.
- Instead of using dipstick urinalysis to diagnose UTI, they used a structured approach looking at their signs and symptoms.

To Dip or Not To Dip training animation

No Dip training video link: https://www.youtube.com/watch?v=rZ5T1Cz7DHQ

Infection. Prevention. Control.
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NHS

Guidance on urinary tract infections (UTI) for care home staff

1. Check

Check for new signs and symptoms of a UTI

Resident complains of **dysuria (pain on urination)** alone is an indication that they have a UTI

OR resident complains of, or carers recognise **2 or more** of the following:

- Temperature 1.5°C above normal twice in the last 12 hours
- New urgent or frequent need to urinate
- New or worsening urinary incontinence
- New onset or worsening of pre-existing confusion or agitation
- Shaking chills (rigors) or temperature over 37.9°C or 36°C or below
- New kidney pain/tenderness in back under ribs
- New suprapubic (lower abdominal) pain
- Frank haematuria (visible blood in urine)

2. Action

If care staff are trained record and document:

- Temperature
- Pulse
- Respiratory rate
- Blood pressure
- Oxygen saturations

This must not delay contacting the clinician for advice

If catheterised, check for catheter blockage and consider catheter removal or replacement

Do not dipstick

Dipstick testing of urine is unreliable and a poor indicator of infection in many care home residents because they already have background bacteria in their urine

Encourage the resident to increase fluid intake, if able to do so safely

Contact the clinician who is the usual point of access, e.g. GP, medicare/telemedicine

If any signs of sepsis or red flags symptoms dial 999 immediately
OR follow the person's advanced plan for accessing urgent medical help

Red flag symptoms include:

- Resident has collapsed or cannot be woken
- Unable to feel a pulse at the wrist
- Breathing very fast (more than one breath every 2 seconds)
- Has blue lips
- Has new red or purple rash all over or mottled skin
- Has not passed urine in the last 12 hours
- Recent chemotherapy (within last 6 weeks)

Sepsis symptoms in adults (www.nhs.uk/conditions/sepsis)

Early symptoms of sepsis may include:

- A high temperature (fever) or low body temperature
- Chills and shivering
- A fast heartbeat
- Fast breathing

In some cases, symptoms of more severe sepsis or septic shock (when blood pressure drops to a dangerously low level) develop soon after. These can include:

- Feeling dizzy or faint
- A change in mental state – such as confusion/disorientation
- Diarrhoea
- Nausea and vomiting
- Slurred speech
- Severe muscle pain
- Severe breathlessness
- Not urinating for a day
- Cold, clammy and pale or mottled skin
- Loss of consciousness

Adapted with kind permission from
NHS Hartlepool and Stockton-on-Tees CCG

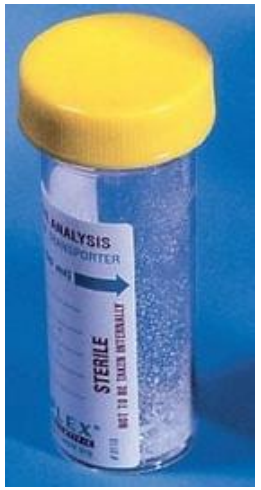
Community Infection Prevention and Control, Harrogate and District NHS Foundation Trust
www.infectionpreventioncontrol.co.uk July 2022

Obtain a urine sample

- This enables the correct antibiotic to be prescribed for the UTI.
- Specimen containers with boric acid:
  - Preserve bacterial numbers for up to 72 hours
  - Container should be filled to the mark to achieve the correct boric acid concentration
  - Invert several times to dissolve boric acid
- Send for microscopy and culture and sensitivity testing.

Catheter:

- Always use the needle free sampling port
- Clean the port prior to use
- Never take urine directly from the bag - antibiotic treatment should be based on what is in the bladder, not the bag



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Preventative measures for care home staff to help reduce UTIs

Establish what is normal for the resident

Encourage fluid intake	♦ Offer regular fluids, e.g. 6-8 glasses (1½ - 2 litres) a day ♦ Use the urine colour guide ♦ Use a fluid record chart where appropriate
Avoid waiting to pass urine	♦ Provide regular opportunities to use the toilet to empty the bladder when there is the urge to go
Avoid constipation	♦ Use the Bristol Stool Form Scale poster ♦ Use a bowel movement record chart where appropriate
Maintain residents' personal hygiene	♦ Use disposable cloths ♦ Wash the genital and anal area at least daily and with every pad or insert change - remember for female residents wash / wipe from front to back ♦ For male residents, retract the foreskin for washing and replace
Correct use of continence pads	♦ Pads and inserts should be changed regularly and immediately when faecally soiled

The effects of dehydration

- Dehydration reported as a significant risk factor for UTIs and recommended maintenance of hydration being a priority for those at risk, particularly in long term care facilities.
- Dark urine is often misused as a sign of UTI.

  Dark concentrated urine = dehydration.
- Drink 6-8 glasses including water, decaffeinated drinks.

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The urine colour guide

Be aware that limiting fluid intake can cause urinary tract infections.
Aim for approximately 6-8 glasses a day to stay hydrated.
Choose a drink that you are most likely to finish, all fluids count except alcohol.

Colours 1-3 suggest normal urine

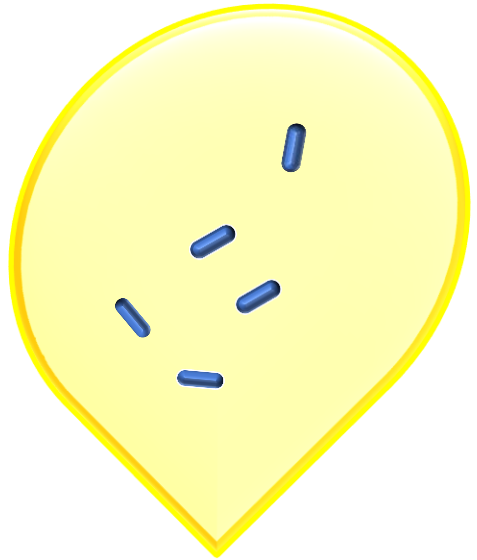
1. Clear to pale yellow urine suggests that you are well hydrated.
2. Light/transparent yellow urine suggests an ideal level of hydration.
3. A darker yellow/pale honey coloured urine suggests that you may need to hydrate soon.

Colours 4-8 suggest you need to rehydrate

4. A yellow, cloudier urine colour suggests you are ready for a drink.
5. A darker yellow urine suggests you are starting to become dehydrated.
6. Amber coloured urine is not healthy, your body really needs more liquid. All fluids count (except alcohol).
7. Orange/yellow urine suggests you are becoming severely dehydrated.
8. If your urine is this dark, darker than this or red/ brown, it may not be due to dehydration. Seek advice from your GP.

Effects of hydration

Dehydration reported as a significant risk factor for UTIs.



Maintaining hydration is a priority for those at risk particularly in long term care facilities.

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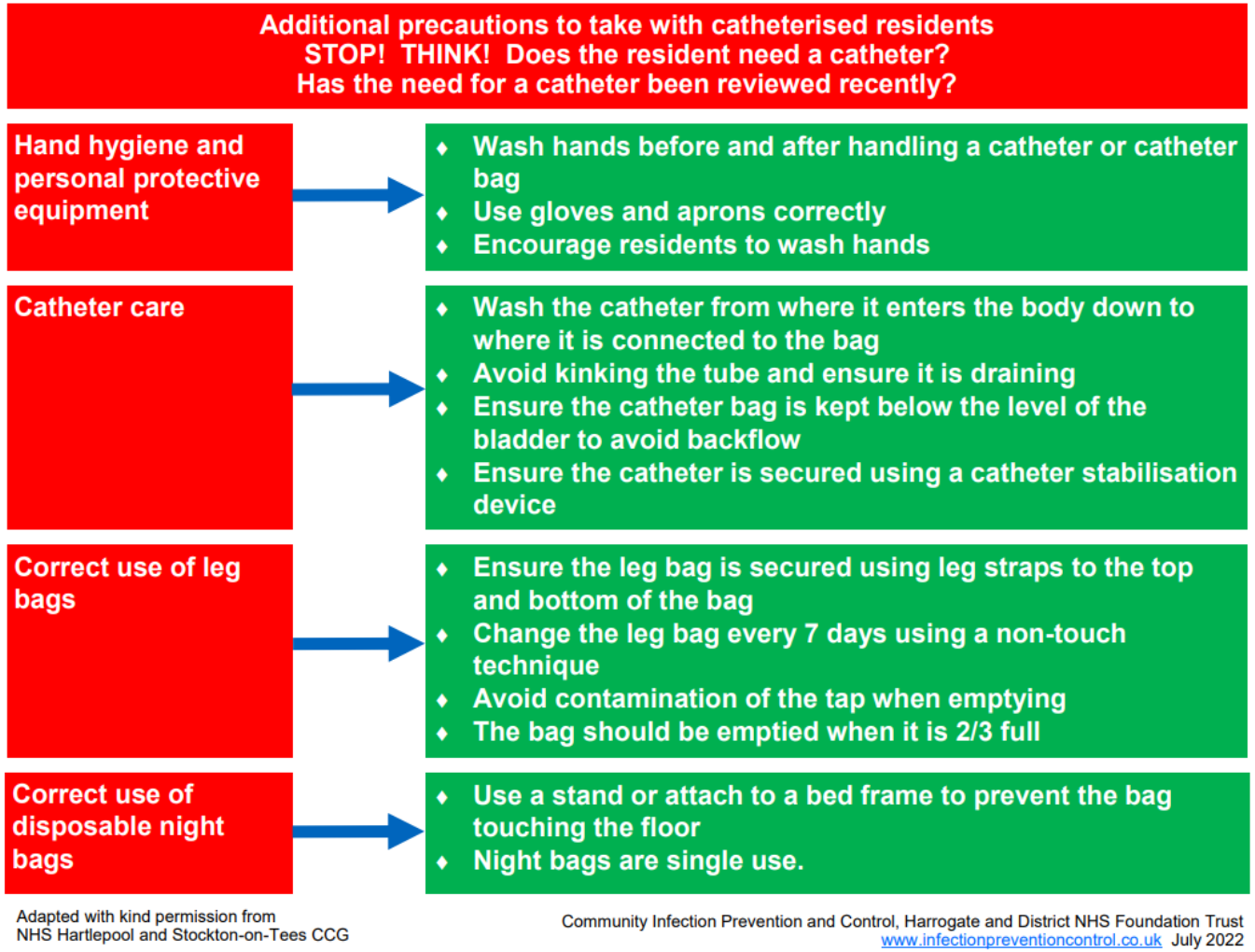
Additional precautions to take with catheterised residents



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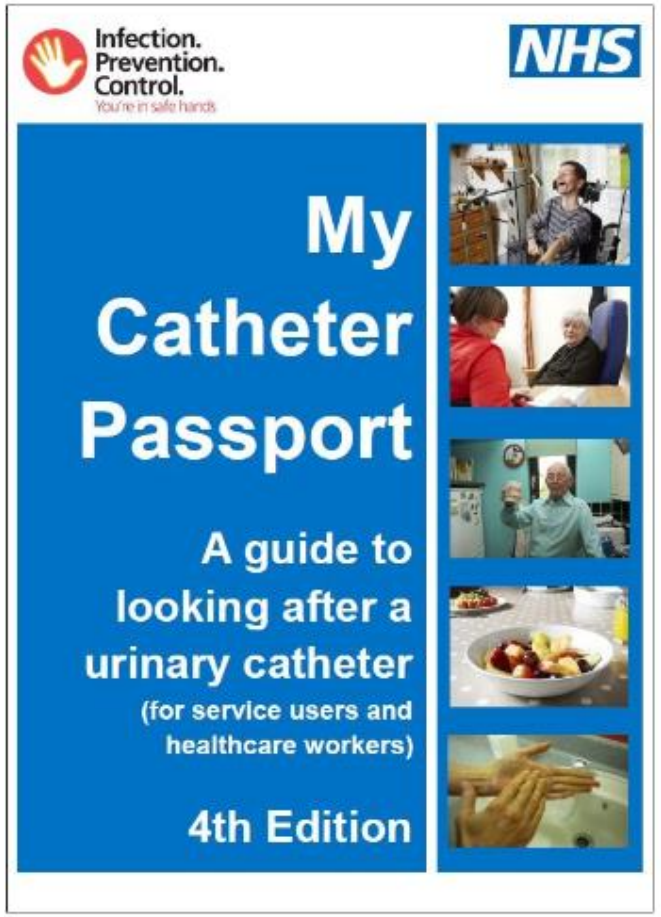
Catheter management

Catheter management

- Does the resident require a catheter?
- Catheter passport.



Hand hygiene

The single most important method of preventing and controlling infection.

Good catheter care

- A daily bath or shower is important to maintain catheter hygiene.
- OR staff should wash the genital area and the external catheter tube, in a direction away from the body, daily with soap and warm water.
- Female residents should wash from front to back.
- If the man has a foreskin, ensure cleansing is undertaken with a retracted foreskin.
- Genital area and external catheter tube should also be washed, rinsed and dried following any incontinent bowel movement.
- Ensure unobstructed flow of urine - no kinks or dependent loops in tubing.
- If a drainage bag becomes disconnected, always replace with a new bag.

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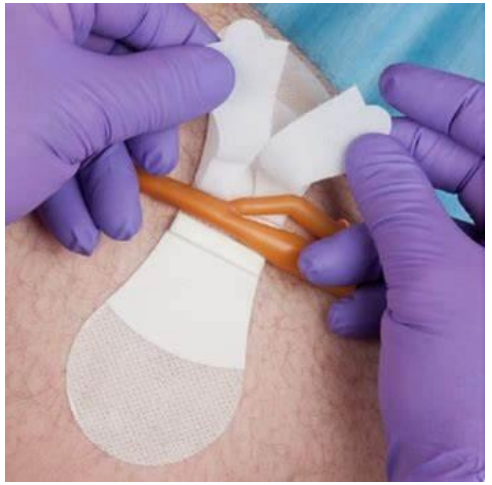
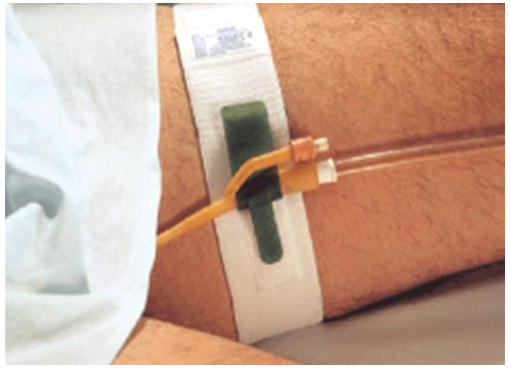
Good catheter care

- Secure catheter to the body to prevent urethral tension.
- Use catheter fixation device correctly.
- Change location of device to avoid pressure damage.
- Remember to remove as per manufacturer's instructions.





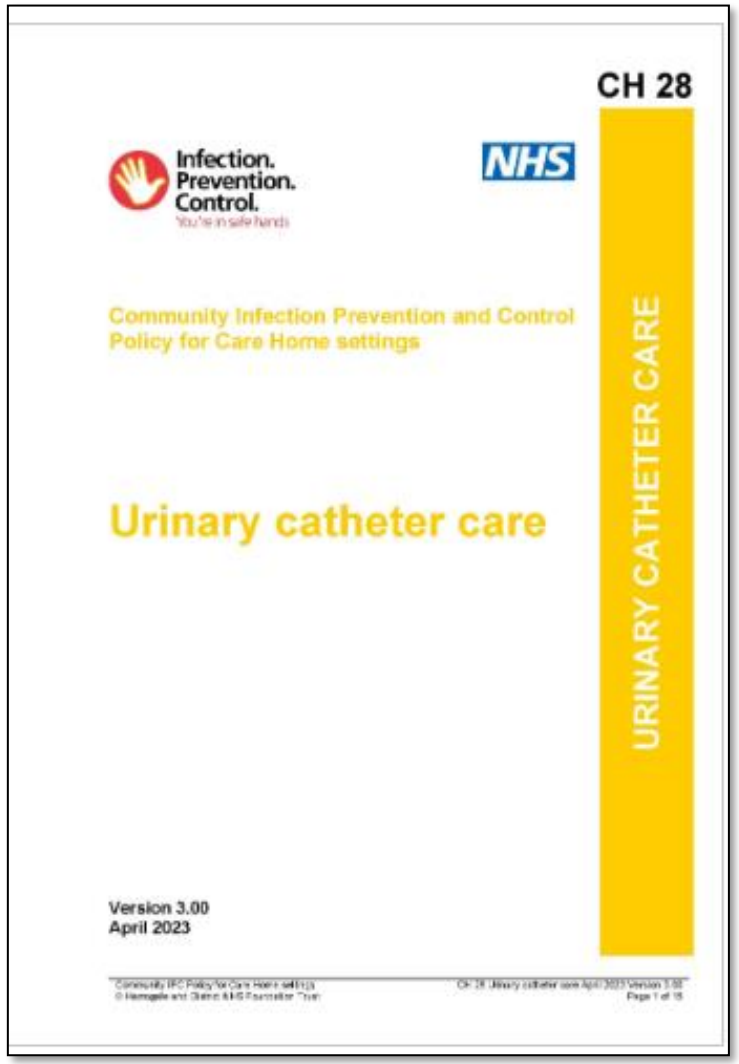
Correct use of catheter leg bags

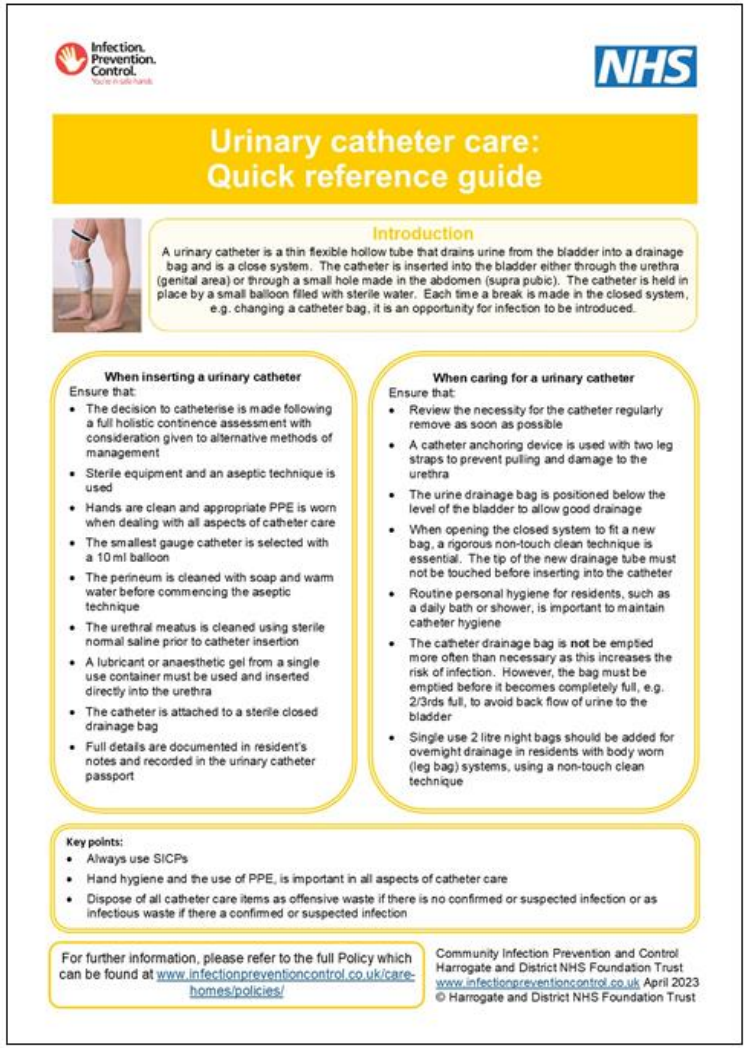
- Empty the bag when 2/3 full.
- Resident to empty their own bag (if possible).
- Hand hygiene before emptying.
- Wear apron and non-sterile gloves.
- Wipe drainage tap with alcohol wipe in a care setting.
- Avoid contact between drainage tap and the container.
- A clean container should be used for each resident.
- Reusable container disinfect in a bed pan washer.
- Change the leg bag weekly – use non-touch clean technique.

Correct use of disposable night bags

- A closed system is essential, only disconnect for good clinical reasons, e.g. bag change.
- Position below the level of the bladder on a stand preventing contact with the floor.
- Tip of new drainage tube must not be touched before insertion.
- Overnight drainage bags connected to a leg bag should be single use.

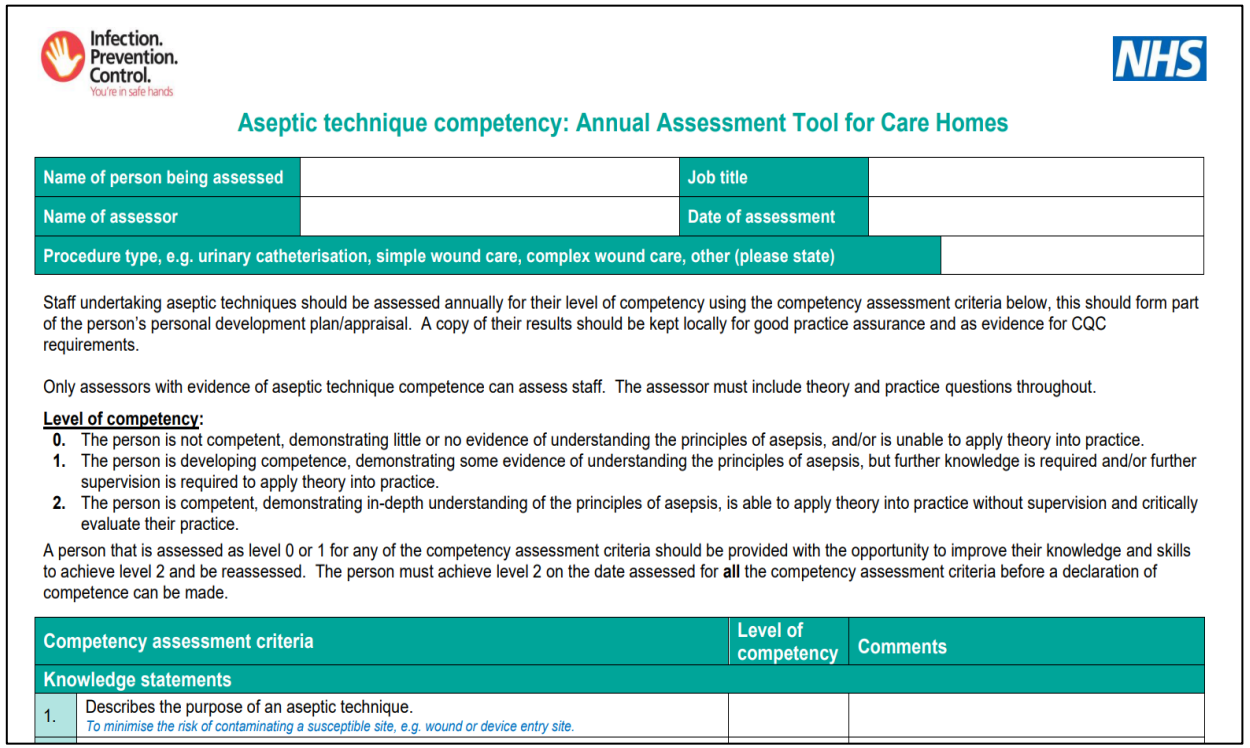
Further information





Catheterisation - aseptic technique

- Only be undertaken by a practitioner who has received training in the procedure and is deemed to be competent.
- Aseptic technique must be used.
- A new catheter should be used after each unsuccessful attempt.



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Aseptic technique competency: Annual Assessment Tool for Care Homes

Name of person being assessed		Job title	
Name of assessor		Date of assessment	
Procedure type, e.g. urinary catheterisation, simple wound care, complex wound care, other (please state)			

Staff undertaking aseptic techniques should be assessed annually for their level of competency using the competency assessment criteria below, this should form part of the person's personal development plan/appraisal. A copy of their results should be kept locally for good practice assurance and as evidence for CQC requirements.

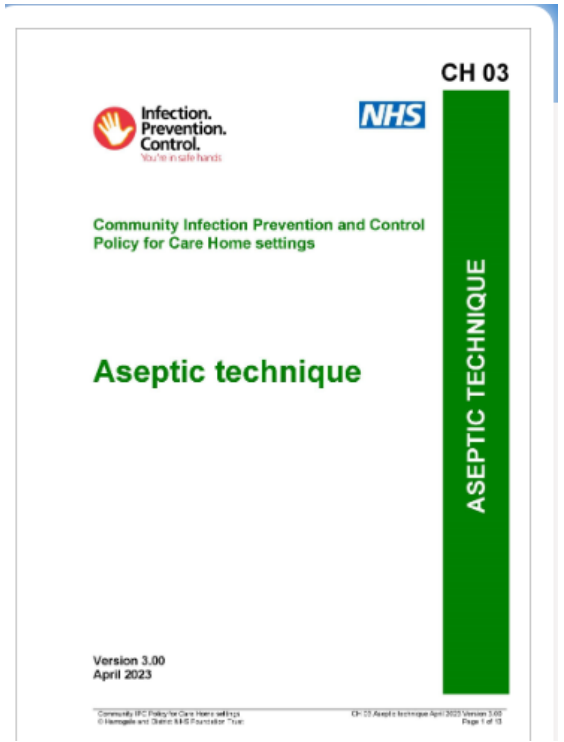
Only assessors with evidence of aseptic technique competence can assess staff. The assessor must include theory and practice questions throughout.

Level of competency:

0. The person is not competent, demonstrating little or no evidence of understanding the principles of asepsis, and/or is unable to apply theory into practice.
1. The person is developing competence, demonstrating some evidence of understanding the principles of asepsis, but further knowledge is required and/or further supervision is required to apply theory into practice.
2. The person is competent, demonstrating in-depth understanding of the principles of asepsis, is able to apply theory into practice without supervision and critically evaluate their practice.

A person that is assessed as level 0 or 1 for any of the competency assessment criteria should be provided with the opportunity to improve their knowledge and skills to achieve level 2 and be reassessed. The person must achieve level 2 on the date assessed for **all** the competency assessment criteria before a declaration of competence can be made.

Competency assessment criteria		Level of competency	Comments
Knowledge statements			
1.	Describes the purpose of an aseptic technique. *To minimise the risk of contaminating a susceptible site, e.g. wound or device entry site.*		



CH 03

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Community Infection Prevention and Control Policy for Care Home settings

Aseptic technique

ASEPTIC TECHNIQUE

Version 3.00
April 2023

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UTIs are main cause of *E. coli* bloodstream infections

Most *E. coli* bloodstream infections occur in the community and in the elderly

Older than 65 - a high chance you have bacteria in the bladder

Correct diagnosis is important and prevents misuse of antibiotics – do they have pain passing urine OR 2 or more signs and symptoms of UTI

Do not dipstick

Prevention is better than cure - encourage fluids to prevent dehydration

Good catheter care is important in preventing UTIs

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teamHDFT
At our best

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NHS Humber and North Yorkshire Integrated Care Board (ICB)

NORTH YORKSHIRE COUNCIL

Humber and North Yorkshire Health and Care Partnership

Sandra Burbidge and Joanne Sutherland

DoLS Team Managers, North Yorkshire Council

Deprivation of Liberty Safeguards and Mental Capacity Act Overview

Deprivation of Liberty Safeguards

Sandra Burbidge and Joanne Sutherland
Team Managers

Agenda

- Human Rights
- "Acid test"
- Standard v's Urgent referral
- Form 3 – conditions
- RPR role
- When to request a review
- Mental Capacity Assessment/ Best Interest

History of DoLS

Article 5 of the Human Rights Act states that 'everyone has the right to liberty and security of person. No one shall be deprived of his or her liberty [unless] in accordance with a procedure prescribed in law'. The Deprivation of Liberty Safeguards (DoLS) is the procedure prescribed in law when it is necessary to deprive of their liberty a resident or patient who lacks capacity to consent to their care and treatment in order to keep them safe from harm,

The "Acid Test"

A Supreme Court judgement in March 2014 made reference to the 'acid test' to see whether a person is being deprived of their liberty, this consisted of the following...

Is the person subject to continuous supervision and control? and

Is the person free to leave? (permanently) – with the focus, the Law Society advises us, being not on whether a person seems to be wanting to leave, but on how those who support them would react if they did want to leave.

The person must also be over 18 and there must be doubts around their capacity to make the relevant decision

Which Authorisation do I need?

Use Urgent Authorisation When:

- Someone is already being deprived of their liberty.
- It's authorised by the Managing Authority themselves
- The DOLS Comes into force immediately
- The authorisation is valid for 7 days.

Also note the following:

- ➢ The supervisory body can extend for a further 7 days if they agree with this request
- ➢ The Managing Authority must also apply for a standard authorisation if an urgent authorisation has been made (this is on the same form)
- ➢ The Managing Authority must try to consult the person's family/ friends/ carers before an urgent authorisation is granted. Evidence of his consultation or efforts made must be documented.

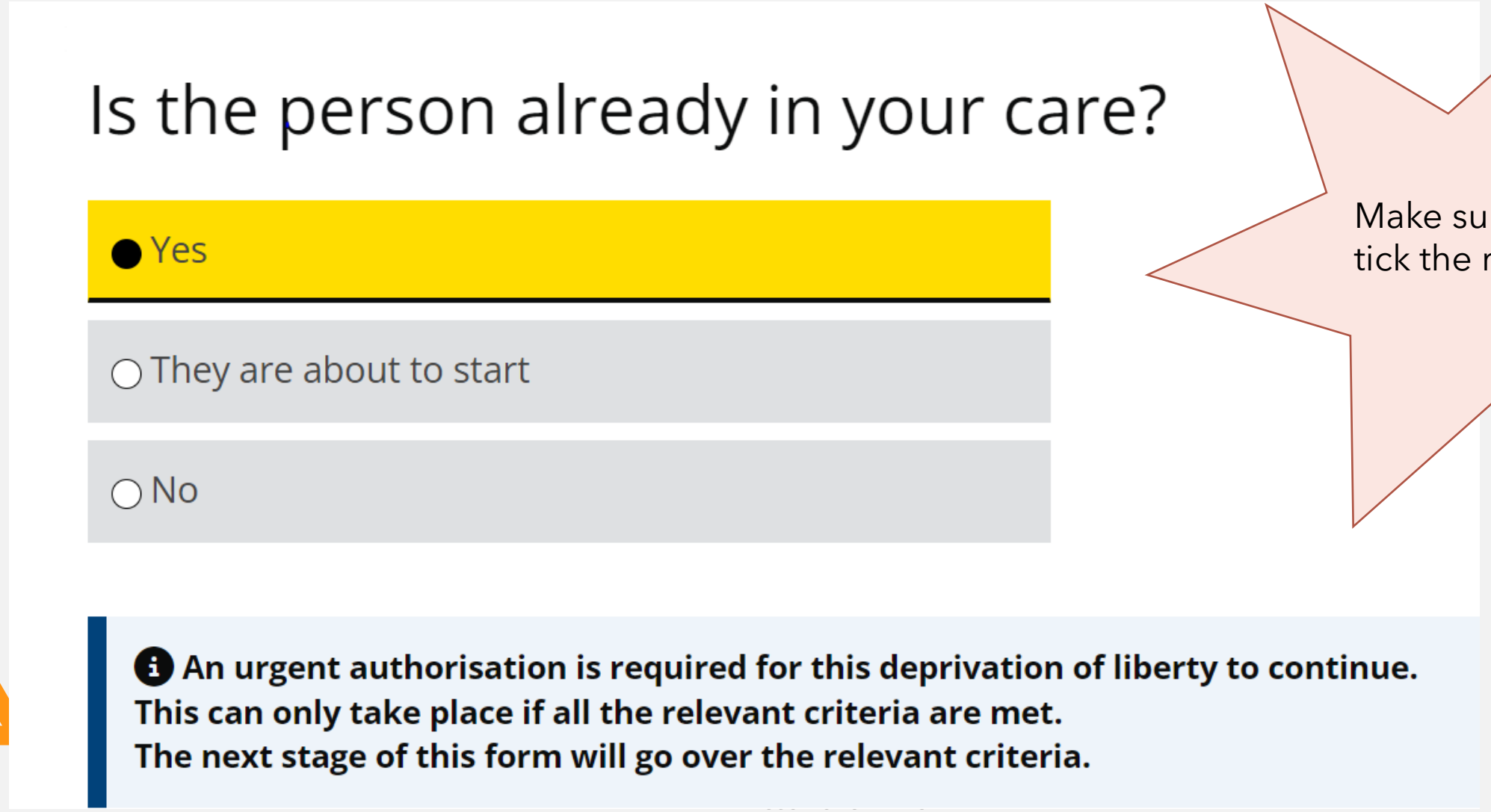
Use Standard Authorisation When:

- When you are aware someone is going to be coming into your care who will be Deprived of their Liberty.
- This request does not give the Managing Authority the powers to authorise a Dols.

Also note the following:

- ➢ Request can be made up to 28 days before the person is Deprived of there Liberty
- ➢ Supervisory body will prioritise the referral and a BIA will be allocated based on this.
- ➢ High priority referrals aim to be assessed for a Standard Authorisation within 21 days of the referral being processed.
- ➢ Managing Authority must speak to the person's family/ friends/ carers before a request for a Standard Authorisation is made and documented.

Online form



Make sure you tick the right box

Conditions

RECOMMENDATIONS AS TO CONDITIONS (Not applicable for review) Choose ONE option only		
I have no recommendations to make as to the conditions to which any Standard Authorisation should or should not be subject (proceed to the ***Any Other Relevant*** information section of this form).		☐
I recommend that any Standard Authorisation should be subject to the following conditions		☒
1	The care home arrange for an Occupational Therapy Assessment to ascertain the most appropriate seating for [redacted] which would enable her to sit out safely and reduce the restriction of bed care. Her daughter is of the opinion that the fatigue is due to having no stimulation at the times of bed care. And the care home to consider appropriate seating as a necessary reasonable adjustment to reduce the restrictions of bed care.	
2	That the care home makes reasonable adjustment to support [redacted] to attend the social activities on the ground floor, which would require a carer to remain with her for the duration.	
3		
4		

Relevant person's representative(RPR)

Chosen by the person, their LPA or the BIA

This can be a family member or friend who is in regular contact with the person

They should visit regularly

They should be prepared to raise a S21A challenge if the person voices the desire to leave

Can be a paid RPR if no one else can be identified or suitable

What constitutes a review

Covert medication

Physical restraint

Chemical restraint

Increase in levels of support

Requires evidence of being a necessary and proportionate response

How can you help us?

1

Have a conversation with the person and their family about the DoLS process

2

Ensure DoLS conditions are being met, documented and that you inform us.

3

Make us aware of any changes in circumstances, which may result in reprioritisation

4

Make sure you have completed relevant capacity assessments

Necessary and Proportionate

Necessary

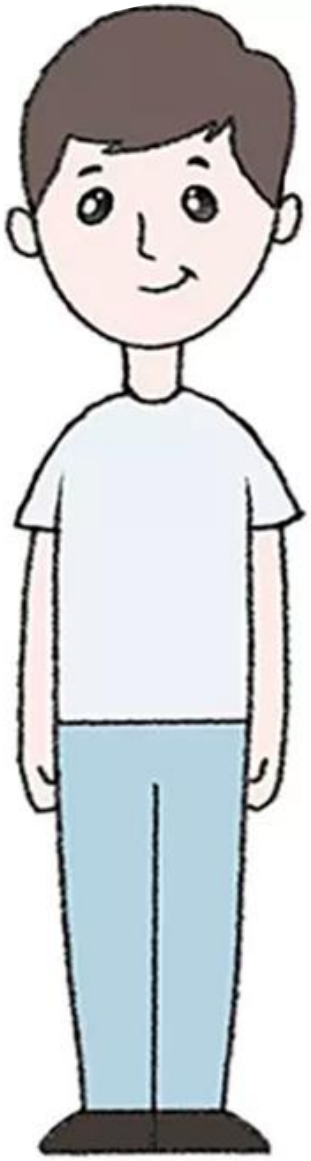
- -It is needed for a purpose or reason
- -What the risks are to the person
- -What if we did nothing
- -What else has been tried, Did it work
- -What is in place now
- Need to ensure it is Person specific- not generic

Proportionate

- Increasing or decreasing in size, amount or degree to changes in something else e.g is what is in place proportionate to the likelihood and seriousness of harm to person
- -You identified how the risk is being manage e.g but is it proportionate ?
- -How likely is the harm and what is the severity
- -Are the risk being managed least restrictive
- -Human rights, wishes and feelings
- -What is the impact on the person

Case example

- Mike
- Lacks capacity with care and support needs
- Necessary to have support to manage risks
- All doors are locked
- Staff have eyes on Mike at all times
- Is this proportionate?



Least Restrictive

IMPORTANT POINTS

- Ensure that the support your providing is necessary and proportionate
- Least restrictive practice promotes the persons liberty and autonomy
- Regularly review care plans
- Is this person "free" as anyone else https://www.local.gov.uk/sites/default/files/documents/promoting-less-restrictiv-b0f.pdf

Thank you

Sandra Burbidge & Joanne Sutherland
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Joanne.Sutherland@northyorks.gov.uk

Any queries to the DoLS Team
dols@northyorks.gov.uk

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Break Time

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Humber and North Yorkshire
Health and Care Partnership

Jane Hughes-Cook

Registered Manager, Riverside Care Complex

Sarah Fiori

Head of Quality Improvement- NHS Humber and North Yorkshire ICB

Principal Nurse- North Yorkshire Council

Care Home Equipment Pilot

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Riverside Care Complex

Humber and North Yorkshire
Health and Care Partnership

Riverside care complex is a residential home providing care for up to 65 individuals

Approx 60 staff support residents living with dementia and physical health needs

The Registered Manager has an excellent system for managing equipment on site and wanted to engage with the Nursing team to explore an innovative approach to facilitating a more timely response to residents needs who require short term pieces of equipment and how that might also support the wider system

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Often residents require a little extra support for a short period of time but by the time equipment is prescribed, ordered and delivered the need may have gone or the resident struggled and lost independence in the meantime resulting in a longer time to recuperate.

How can we support independence and promote ageing well

? Is there a better way to support timely access to short term equipment when required that benefits residents, care professionals and the wider system……

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Care Home Equipment Pilot

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Health and Care Partnership

- Riverside care Complex will host low level equipment on site for a duration of 6 months that will be utilised by trained and competent staff to assess need and prescribe equipment for *short term loan* to residents
- All equipment accessed and loaned for residents will be recorded to evidence impact and how this approach might support the wider system
- Equipment will be the responsibility of the Registered Manager to ensure correct storage and use by staff
- Maintenance checks should be carried out by the Registered Manager and where necessary raise issues or faults with Medequip to rectify
- Medequip will support the maintenance person employed by the care home to be competent in the assembly of the equipment and training undertaken prior to the pilot commencing
- Medequip remain responsible for the completion of any pre planned maintenance

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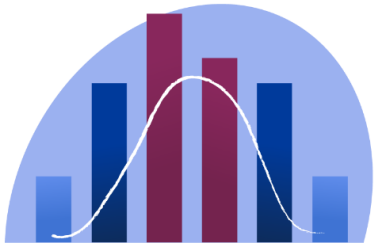
Aims & Objectives

- To support on site provision of low-level equipment for short term use, ensuring timely access to community equipment for resident care needs
- To prevent avoidable harm and support safe, quality provision of care, enhancing resident experience and quality of life
- Support care professionals in the delivery of safe care
- Improve staff wellbeing, reducing occupational hazards
- Exploring how the pilot could reduce wider system pressures
- Explore the financial impact of such a model to support system efficiency and effectiveness for all stakeholders

Measurements

- Equipment utilised and duration of use
- Number of residents who benefit from onsite access to equipment provision and any impact of this
- Resident and staff experience; baseline and post pilot evaluation at 6 months
- Questionnaires and opportunity for capturing feedback will be provided to staff to record their experience of the pilot at key points
- Monitor and record avoidable harms/ incidents, aim for reduction as an outcome measure i.e. falls, staff injury
- Capture unintended consequences (positive & negative)
- Identify potential savings for the system by not utilising clinicians to prescribe equipment (time and finance)
- Identify the saving for deliveries and collection costs by Medequip
- Identify internal cost savings for Medequip such as decontamination
- Identify time saved for Riverside Care Complex in reduction of admin time caused by raising orders to Medequip and associated communication
- Identify how many residents go on to require longer term use of the equipment



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Early Findings

- Baseline survey identified staff had good training in appropriate handling techniques and were all current with their training and competency in the equipment used on site, therefore the team had readiness for the pilot
- Staff felt they were able to refer and escalate to obtain equipment but felt the process could be more streamlined
- Residents are accessing pressure relieving cushions in a more timely fashion, currently zero incidence of acquired pressure ulcers
- 50% reduction in falls for the first month, first drop in 5 months. Whilst acknowledging the complex nature of falls, Registered Manager feels this correlates with instant access to the appropriate equipment supporting effective falls prevention
- Better use of skill mix and expertise in the team to facilitate timely assessment and prescribing which for future spread would need to be a prerequisite for any future sites
- Working best on the dementia unit, equipment can be labelled for each resident to identify and personalise as there is enough now for individual short term use

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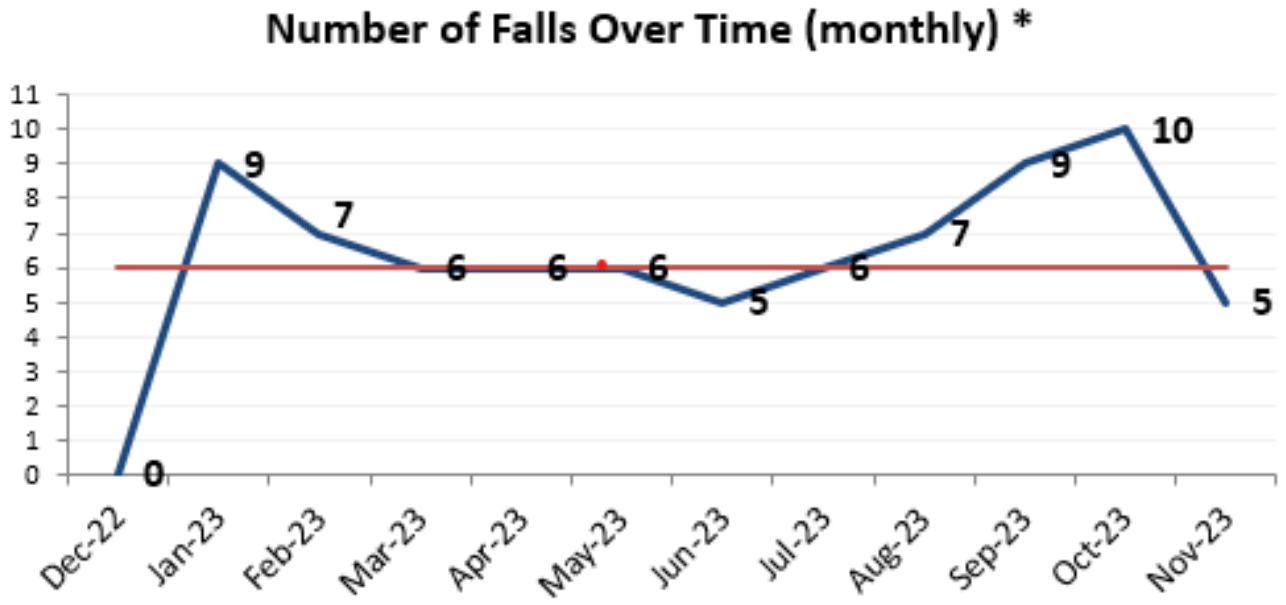
Falls Prevention



* it displays the data for the 12 months prior to the end date entered

(Equipment pilot commenced October 2023)

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Next Steps

- Continue to measure until April 2024
- Evaluate pilot and make recommendations April 2024
- Could this be a transferable model for other settings?
- Following evaluation of this pilot, explore similar approach with bed frames and mattresses to support transfers of care into the home
- Explore process for returning long term equipment and decontamination policies to further support streamlining of service

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Lovely Yvonne, Resident living at Riverside Complex modelling her walking accessory x

Thank you !

Any questions?

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Humber and North Yorkshire
Health and Care Partnership

Vicky Coe

Head of Early Intervention and Prevention, North Yorkshire Fire and Rescue Service

Adam Farrow

Station Manager, Prevention

Fire Prevention Service and Work to Prevent Harm- Burn and Learn

NORTH YORKSHIRE
FIRE & RESCUE SERVICE

PREVENTING HARM TOGETHER

Adam Farrow | Station Manager Prevention

Vicky Coe | Head of Prevention

Find us online at: northyorksfire.gov.uk

Protect yourself and those you care for: www.safelincs.co.uk/hfsc/nyfrs

OUR EMOTIONAL SAFETY

NORTH YORKSHIRE
FIRE & RESCUE SERVICE

The following presentation contains depictions of fire and references to the consequences following a fatal fire.

For confidential support please contact the wellbeing and occupational health services within your own care provider if available.

Support is also available from the Humber and North Yorkshire Resilience Hub hny.resiliencehub@nhs.net or telephone 03300 022 044.

Find us online at: northyorksfire.gov.uk

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BURN

AND

NORTH YORKSHIRE
FIRE & RESCUE SERVICE

WHERE THIS STARTED

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PREVENTION

GOOGLE PLAY:
Home Fire Safety Check | Safelincs

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Those living **in rented households.**

Those living in **flats.**

Those living in a **household with five or more** members.

Those living with dependencies.

Those **not able to self-evacuate,** including:

older people (65+), people with mobility issues, individuals living with ill health, those that live alone, and people who live in more deprived areas.

Those living on the **borders of our county,** furthest from our fire stations, due to the increased consequence of fire.

NORTH YORKSHIRE
FIRE & RESCUE SERVICE

How can we prevent harm, together?

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Sara Ricci

Yorkshire and Humber Shared Care Record Implementation Team

Digital Update- Yorkshire and Humber Shared Care Record

Yorkshire & Humber Care Record

Connecting care. Improving lives.

Humber and North Yorkshire Health and Care Partnership

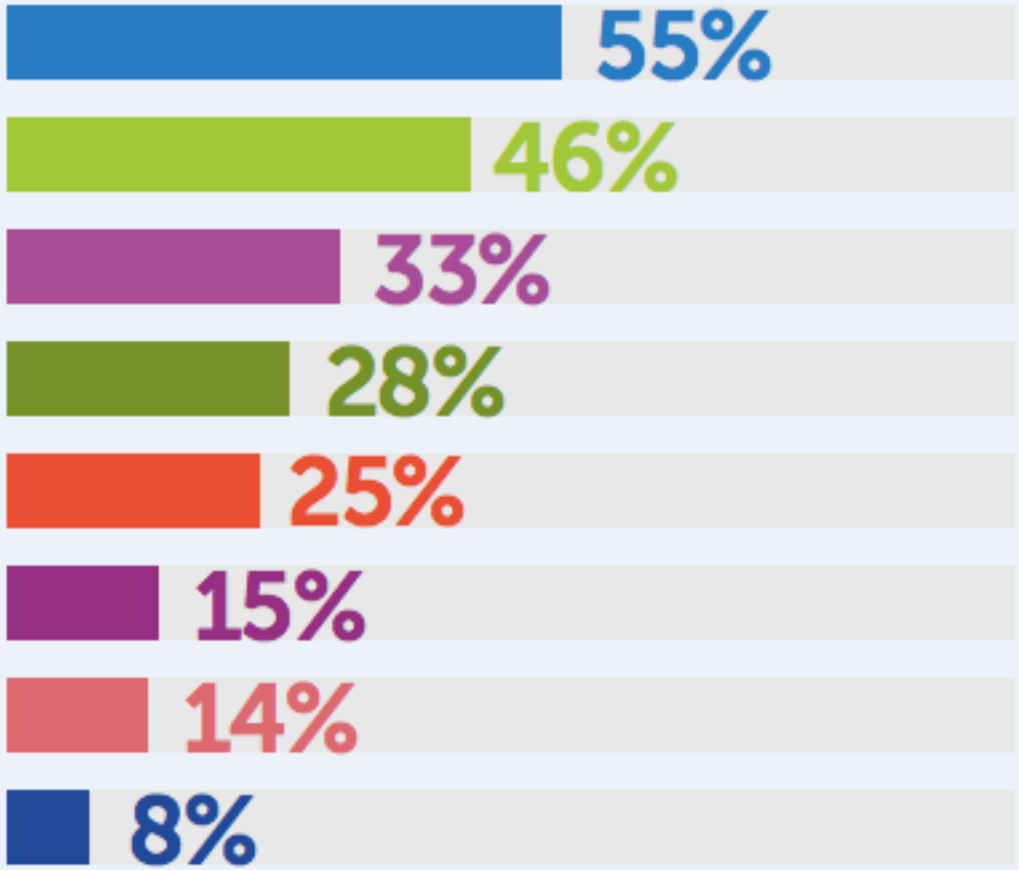
Making the YHCR Available to Care Homes in HNY

Achieving Excellence Together in Health and Social Care

1st December 2023

Humber and North Yorkshire
Health and Care Partnership

4) Regarding future support in the next 18-24 months, from those covered in the previous list, which would be your ideal 3 choices?



Accessing resident's clinical summary information (e.g. hospital discharge letters, summary care record etc)

Shared Care Records

Digital Clinical Systems (e.g. those systems used by GPs, nursing, hospital etc)

Communicating effectively with other health care providers using digital tools

Digital Skills in the Workforce

Digital Care Home Management System/Tools (e.g. beds management,accounts, medications, care planning etc

Digital Clinical Platforms (e.g. Health Call, Whzan)

Digital Clinical Tools (e.g. bluetooth devices, remote monitoring equipment)

Digital Communication Tools (e.g. Microsoft Teams, Zoom etc)

Source: North-East and North Cumbria AHSC, 'Understanding Care Homes Digital Barriers, Aspirations and Enablers'. Survey March-May 2022, 330 respondents

What is the YHCR Interweave Portal?

- A secure, web-based ‘window’ to view health and care information
- Funded by HNY Health and Care Partnership – no cost to individual organisations
- Care homes can access via secure Internet logon or directly via SystmOne
- Training and communications materials provided
- Proven information governance approach

What health and care information is available?

Humber and North Yorkshire Health and Care Partnership

Information Source	Example information	Which means that...
GP Practices	Medications, referral information, problems, immunisations, allergies, observations	Less time phoning the GP practice to chase information Accurate meds reconciliation Supports admission of resident with accurate info
Hospitals	Discharge summaries, appointments, hospital encounters	Saves time calling the discharge team View of upcoming appointments
Local Authorities	Episode of care, referral requests, related persons	Holistic view of the person Information about care packages and referrals
End-of-life and palliative care record	DNA CPR decision, Focus of Care decision, anticipatory medications	Support decisions about calling ambulance and providing info to crews Up-to-date diagnosis and prognosis information

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Care Home Pilot Feedback: Fairways

Humber and North Yorkshire Health and Care Partnership

I contacted the GP receptionist rang to say a resident's paracetamol should be 1-2, up to four times daily. The previous prescription had come from the pharmacist and there seemed to be a discrepancy and error on the prescription (the pharmacist had prescribed incorrectly).Instead of awaiting email confirmation to say we could administer the correct dose, I was able to log onto the YHCR portal view the medication and print off the confirmation for this and the query was resolved within minutes, which not only saved a lot of time, but by **having access to the medication it enabled me to administer the correct dose immediately.** This has stopped me having to wait in a GP queue for 20 minutes, **it's a massive time saving for me."** ***Team Leader***

When chasing medication, I use it to check when a medication was last issued rather than having to contact each individual GP surgery, for me having access to the YHCR has helped with freeing up the already heavily congested GP lines for those that need to speak to somebody and allows me to complete other tasks rather than being sat in a queue - Team Leader Fairways

Today I was able to establish that no less than 15 of our residents' medications I had recently requested had been issued rather than contacting each individual GP. I was able to liaise with our pharmacy and ensure these medications arrived later today – Senior Staff

Care Home Pilot Feedback: Fairways

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The YHCR enables staff to get a more accurate picture of the residents past medical history and supports the most appropriate treatment needed.

Having access to residents past medical history enables us to provide the most effective and appropriate care. An example being when people come to us with advanced dementia, its often the case that the residents' families will not know the residents past medical history. **The YHCR does help in making sure that we're caring for that person correctly**, especially if they are diabetic. I was able to confirm by looking at one of our residents past medical history that they were diagnosed as a diabetic which we previously were not aware of.
There have been several occasions where our residents have returned from a hospital stay and have not been sent with a discharge summary reflecting the treatment they received whilst there, or whether there have been any care need changes. **Accessing the portal has been particularly useful** as we have been able to access a digital discharge summary.

Dreams Digital Maturity Ladder for Care Homes

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YHCR Interweave Portal

Get in touch

Humber and North Yorkshire Health and Care Partnership

- If you are a care home or domiciliary care provider interested in getting connected to the YHCR please contact gguthrie@nhs.net, tara.athanasiou@idealts.co.uk or sara.ricci@nhs.net
- Our next round of projects are likely to start after April 2024
- To get access, care homes will need to meet certain ‘digital maturity’ and information governance criteria (most likely Silver level in the Dreams Digital Maturity Ladder for care homes)
  - Data Security Protection Toolkit (DSPT) accreditation
  - WIFI
  - Device availability
  - Staff confidence and competence to use digital systems and data (initially likely to be Care Home Manager and any registered clinical staff
  - Secure communications via NHS mail or local authority email

NHS
Humber and North Yorkshire
Integrated Care Board (ICB)

Humber and North Yorkshire
Health and Care Partnership

Laura Brady

Senior Business Change Officer (DREAMS), East Riding of Yorkshire Council

Digital Update: DReAMS Team

DREaMS

Digital Records Enabling and Management Support Team

Humber and North Yorkshire Health and Care Partnership

NHS Humber and North Yorkshire Integrated Care Board (ICB)

THE APPROACH

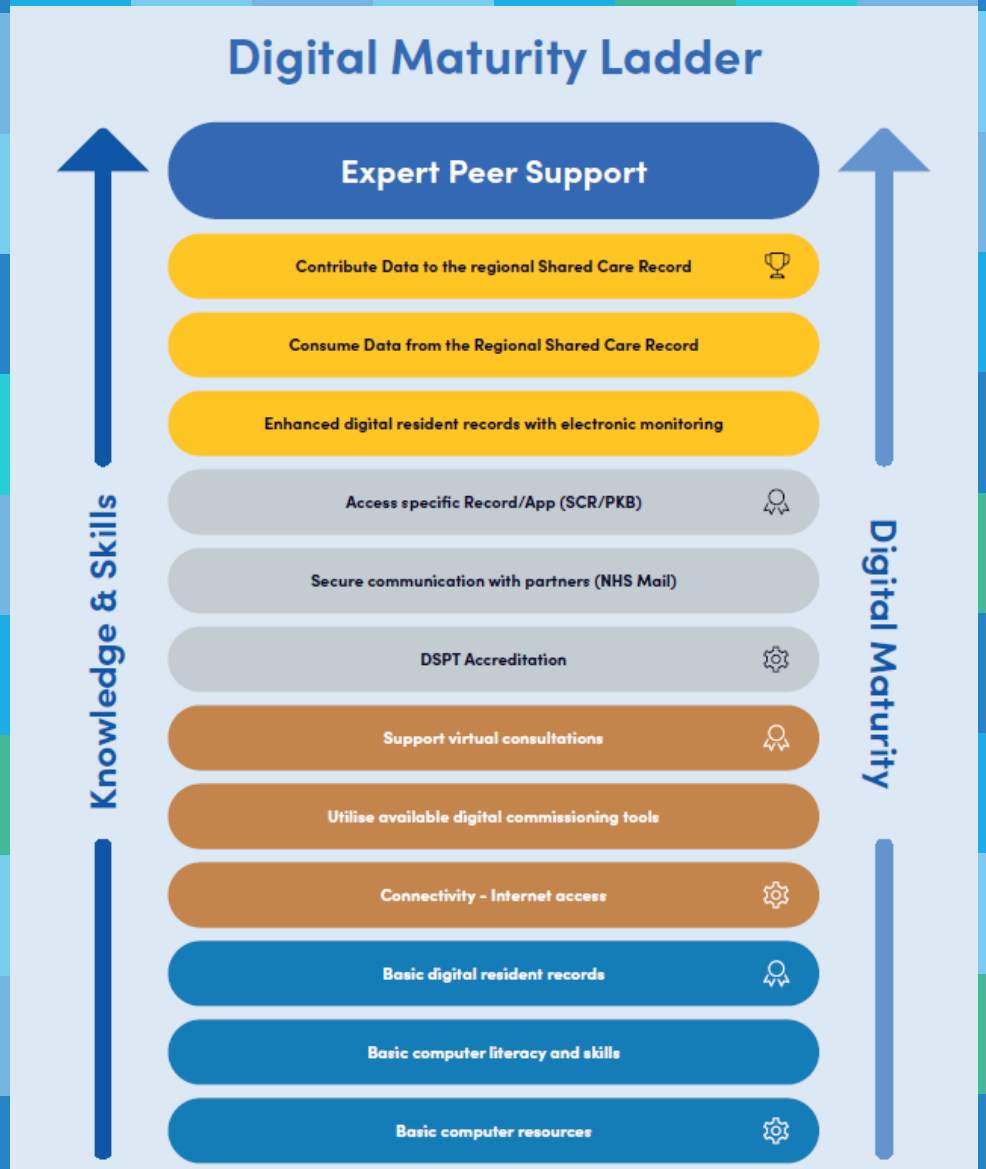
DREaMS Team

Baseline Care Provider Market

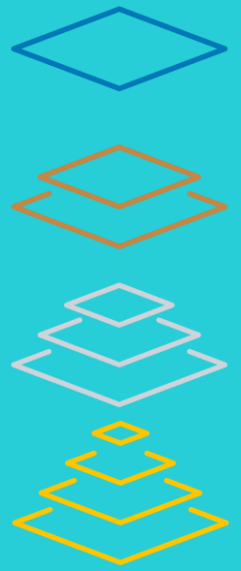
Develop Knowledge Base

Understand Digital Maturity at a Granular Level

Rationalise and Tailor Solutions and Support



DIGITAL MATURITY LADDER



BASIC ACHIEVED
DIGITAL MATURITY LADDER

BRONZE ACHIEVED
DIGITAL MATURITY LADDER

SILVER ACHIEVED
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GOLD ACHIEVED
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BASIC ACHIEVED
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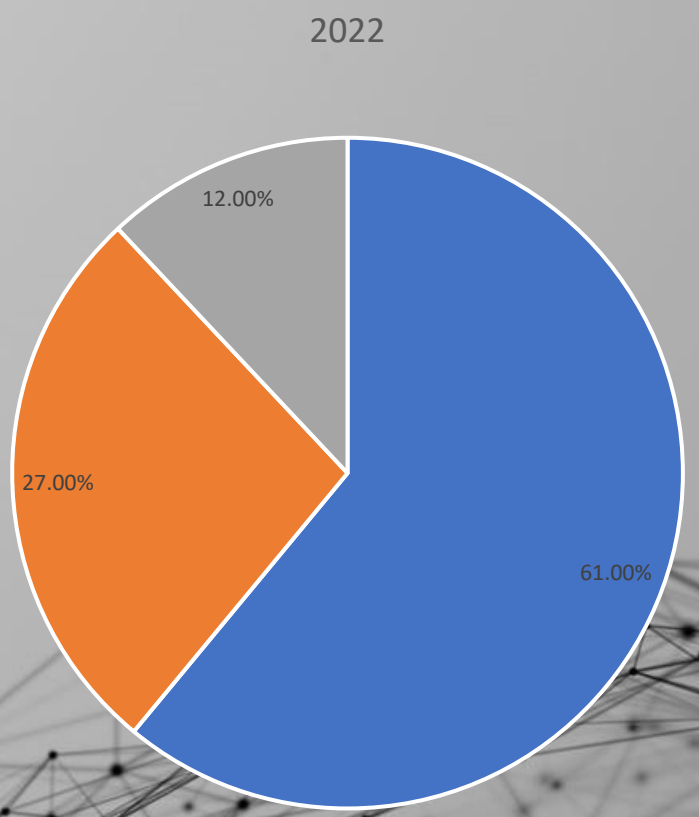
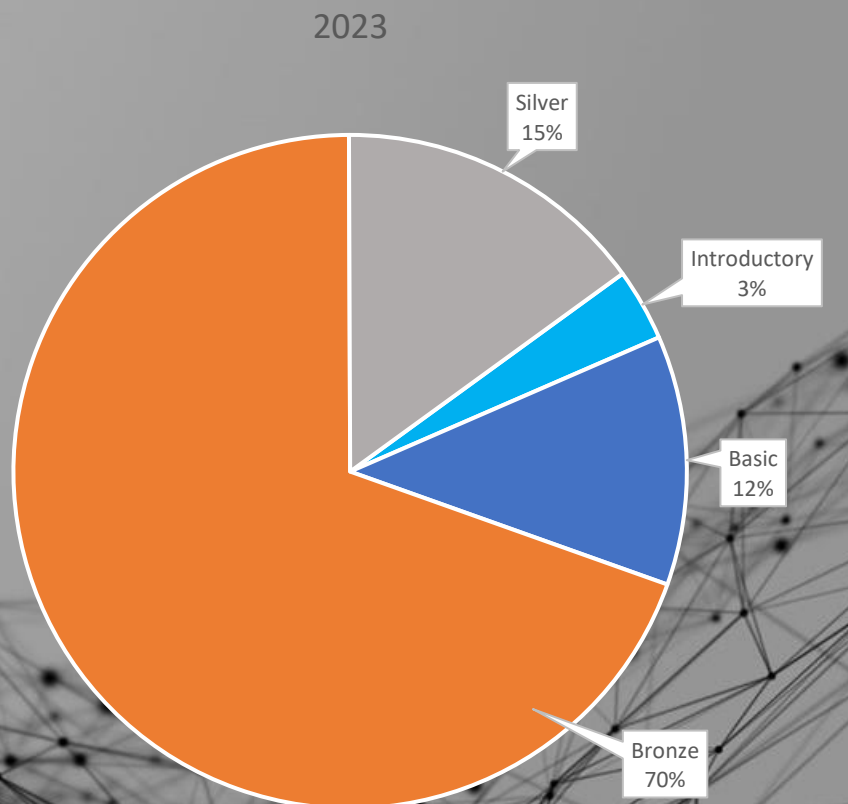
PROGRESS


2022
12.00%
27.00%
61.00%


2023
Silver
15%
Introductory
3%
Basic
12%
Bronze
70%

DIGITAL MATURITY BENEFITS

- Access to Pilot programmes
- Funding opportunities
- New and existing technology offers
- Feedback to system for digital needs and support

DIGITAL TRANSFORMATION FUNDING

Digital social care records (DSCRs) are software solutions for recording a person's care information. They replace paper records.

NHS Assured Supplier List

https://beta.digitisingsocialcare.co.uk/assured-solutions

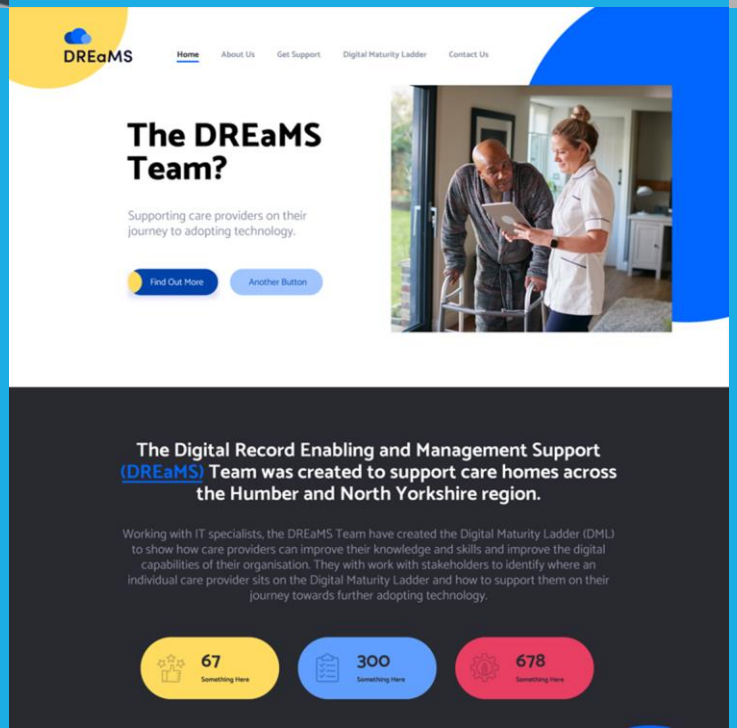
Application form via DREaMS Team

'We look forward to the opportunity to demonstrate the positive impact of your investment. Your contribution will not only benefit our organisation, its caregivers and service users, but also the community we serve at large.'

WHAT'S NEXT?

DREaMS Website

Working with PCNs



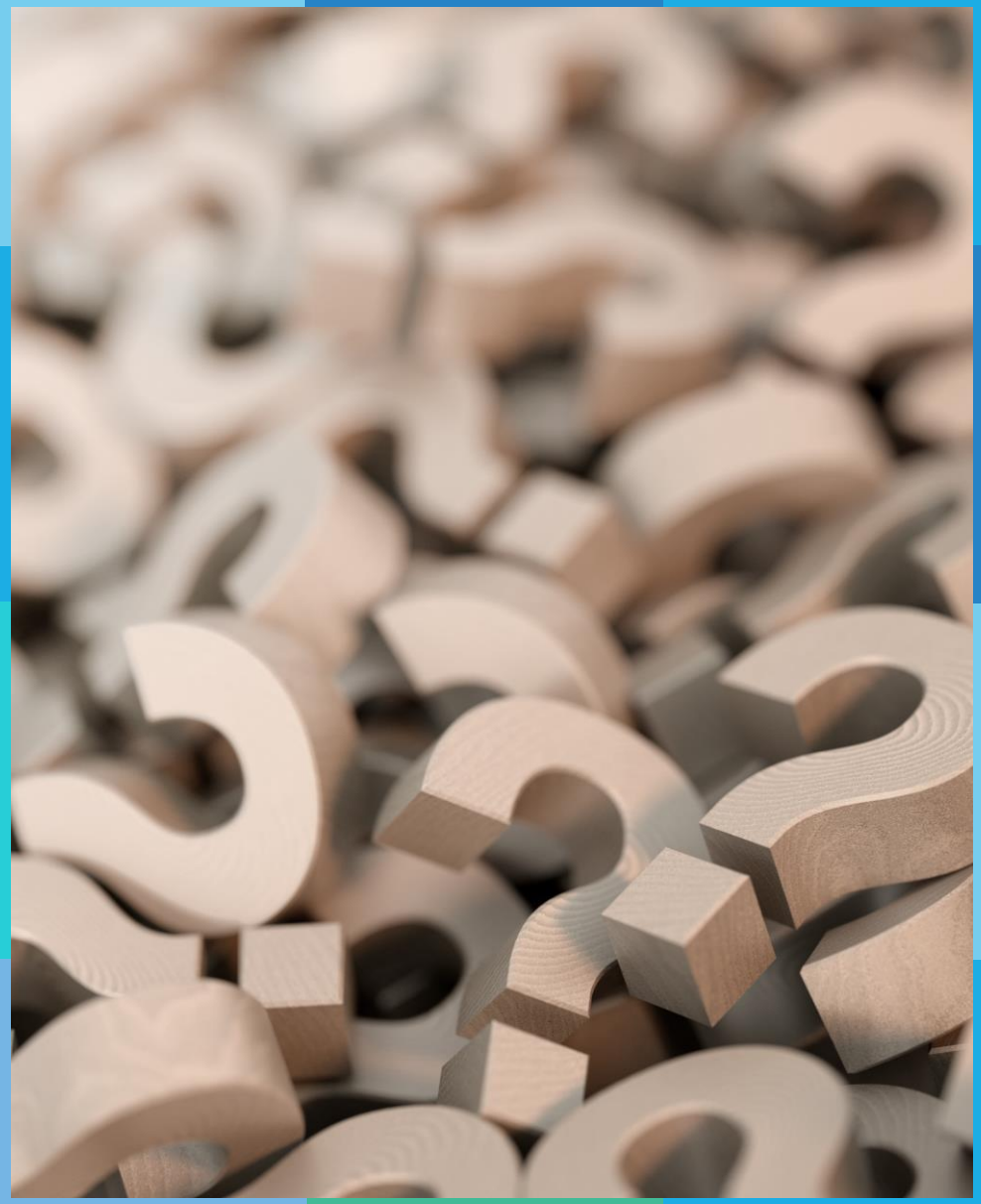
Working with partners to pilot access to future care tech

THANK YOU

01482 396622

dreamsteam@eastriding.gov.uk

www.dreams-team.co.uk



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