

Sam Varo

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

- **Colleagues from Osborne House Nursing Home, Selby**
- **Staff and Pupils from Staynor Hall Primary Academy**

2023 North Yorkshire and York Care Provider Olympics

Cross-Generational Working Between Care Sector and Partners

2023 NORTH YORKSHIRE AND YORK CARE PROVIDER OLYMPICS

01 June- 14 July 2023



**The Challenge- Host Your
Own Olympic Style Event, and
Get Those in Your Care Active
and Moving. Compete Against
Fellow Providers to Be Our
2023 Olympic Champions!**

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Project Assistant- Quality Improvement
NHS Humber and North Yorkshire ICB

Programme Overview

The NYY Care Provider Olympics is an annual 6 week competition where providers are supported to host their own “Olympic” style event to compete against fellow providers to be our Care Provider Olympic Champions. The initiative aims to:

- Celebrate the importance of physical activity to health and wellbeing within our sector
- Showcase creative and innovative activities, and share best practice between providers
- Share resources and local opportunities to get moving
- Highlight the role of personalised care- and how we can tailor activity to the different abilities and wishes of residents In our settings
- Develop a lasting legacy of activity and health creation across social care

2023 North Yorkshire and York Care Provider Olympics

Over **800** individuals from **32** care providers got moving and active as part of the 2023 North Yorkshire and York Care Provider Olympics- With teams from across the area rising to the challenge to celebrate access to high quality and person centred activity for all, and competing for our Olympic title!



Feedback from 2023 Olympics

“We are so lucky to be a part of what very much feels like a supportive and collaborative partnership within our district. Often “Working together” and “joined up working” is considered key in achieving the best outcomes for people Well this is certainly one of the best examples of success!”

“We are going to have a physical activities fun day once a month as everybody enjoyed the day residents were happy and it was a morale boost for the team”

“We have learnt our clients have the capabilities to do more than just chair based activities, we continue with our leisure activities through out the year”

“We already completed a physical activity and exercise class once a week however since the enjoyment of practicing and completing this event, we now include this as an activity more frequently”

“All the staff thought it was a good team building exercise and the residents joined in more as they were enjoying seeing the staff all taking part. A couple of our lady residents are still wearing their medals and refuse to take them off, one lady even went to her hospital appointment with them on, telling them all about the day”

What a joy to read about all the other services and what fantastic events they have done. A celebration of achievement and a far-reaching example of inclusivity”

“The events have been so good and a real team effort and great everybody has got behind them and the value it brings for the residents and the homes overall”

Our 2023 Champions



**Older Adults Champions-
Kirkwood Hall Extra Care,
Leyburn**



**Younger Adults and LD
Champions- Sherbutt
Residential Care,
Pocklington**

Our Class of 2023

- Kirkwood Hall
- Sycamore Hall
- Westwood
- Tudor House
- New Lodge
- Rambla Nursing Home
- William Wilberforce
- Riccall House
- Hilltop Manor
- Grimston Court
- Gladstone House
- Abbey Lea Residential Home
- Tree Tops Nursing Home
- The Orchards Extra Care
- 5 Whitby Road
- Silver Birches
- Mossdale Residence
- Hambleton Grange
- Marina Lodge
- Osborne House
- Rawcliffe Manor
- St Bernadettes Nursing Home
- Sherbutt House Residential
- The Gravers
- Harrogate Home Support
- United Response York
- MENCAP 2 Arbor Close
- Cauwood Day Centre
- Castle House Day Centre

Nursing Times Awards Finalist 2023



**Nursing
Times
Awards
2023
FINALIST**

The Olympics were a finalist in this years "Nursing in Social Care" Category- recognise innovation, excellence and work to drive forward patient and safety, and we were up against some amazing competition from right across the UK. We didn't walk away with this trophy this time- but are proud to have had a chance to celebrate the inspiring work undertaken by our providers and put our NYY Care Sector on the map!

The success of the initiative is through your hard work and creativity to rise to the challenge in planning and holding your events over the last two summers, as well as the legacy and the learning that has come out of them to shape how we use activity in our settings to fight de-conditioning and champion health creation.

Keeping on Moving- Our Next Steps

- Increased working jointly with local health services and communities to target the initiative to support population health needs and prevention and patient safety agendas.
- Analysis of data and intelligence to target homes where support with physical activity would have greatest impact and linking to resident incomes.
- Building on existing relationships with providers to enforce the initiative as an annual event to promote physical activity for all- heading into Olympic Year 2024.
- Expanding initiative to domiciliary sector
- Learning and model of the initiative already being used as an exemplar to inspire other areas, including Perth and Kinross and London.



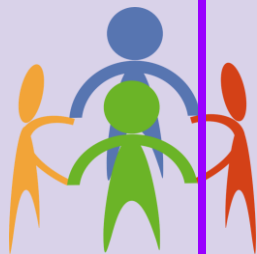
Thank You and We Will See You At The 2024 North Yorkshire and York Care Provider Olympics!

**15 July- 24 August
2024**





Osborne House

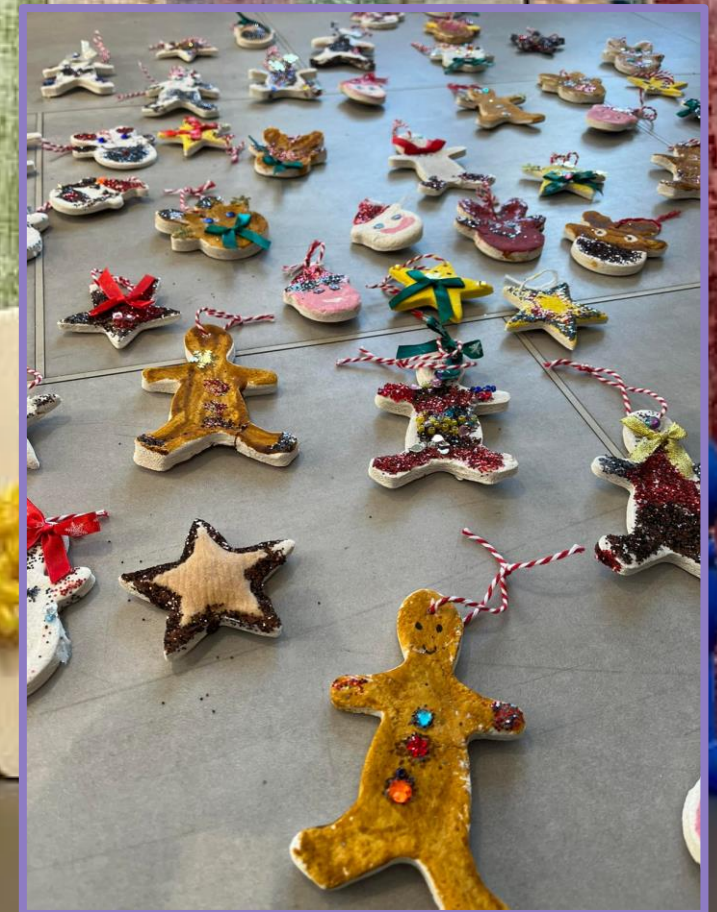




Where it started...

We wanted to start reaching out into the community and spreading some Christmas cheer by writing personalised Christmas cards and making gifts for the residents following a unit of work that looks at seeing yourself as being part of a team with the community.

This was nice for a couple of years but we thought we could do more!





We did a Christmas performance of The Grinch and Osborne House came to watch. They were a great audience and we loved performing for them!

We made the residents mince pies and soup to eat while they watched. Then after the Christmas performance we had a chat with our audience and did a bit of mingling.





Continuing our bond with Osborne House, each KS2 class went over to visit for an afternoon! When we got there we did some chatting, crafts and got to eat cake!

It was amazing and we loved it - some of us even cried happy tears!
It was an excellent experience.



In the summer, we did a summer performance for the people from Osborne House and it was so fun! After we had finished the Wizard of Oz (our performance) we chatted to our friends in the audience for a little while.



We were really happy to play some Olympic games with our friends at Osborne House by taking part in some Summer Olympics challenges like Boccia and Curling!

We really enjoyed playing with them and we had lots of fun helping them stay active!

HALLOWEEN AT OSBORNE HOUSE!

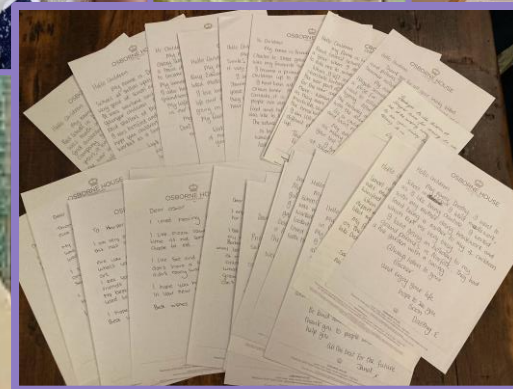
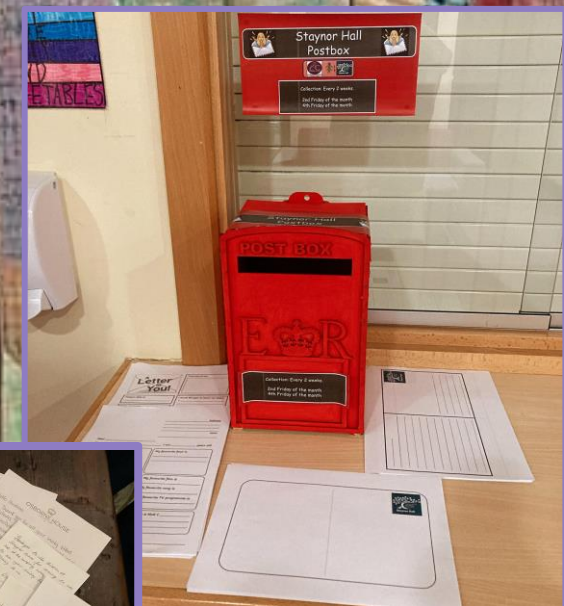
CHILDREN FROM STAYNOR HALL ARE INVITED TO ENJOY SPENDING TIME WITH OSBORNE HOUSE RESIDENTS FOR HALLOWEEN! INCLUDING CARVING STUDIES, CREATING HALLOWEEN PICTURES, COLOUR DECORATING AND TRICK OR TREAT SWEETS.

FANCY DRESS IS HIGHLY ENCOURAGED!

DATE: 31.10.23
TIME: 2PM-4PM
LOCATION: OSBORNE HOUSE 29 UNION LANE, SELBY, YO8 4AU

IF YOU WOULD LIKE TO ATTEND PLEASE RSVP HERE: <https://forms.gle/4hNtDQz4vYm1K23> BY TUES 24TH OCTOBER.



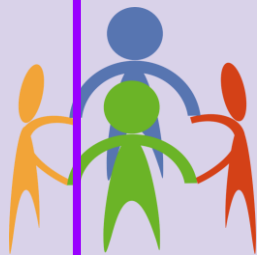



We really like spending time with our friends at Osborne House, either them coming over to us or us going there.

We are always trying to develop a stronger relationship with them and have recently been invited to a Halloween Party at the home and are starting to be pen pals!



Osborne House





The wedding ceremony



Birthday parties



Singers





Olympics



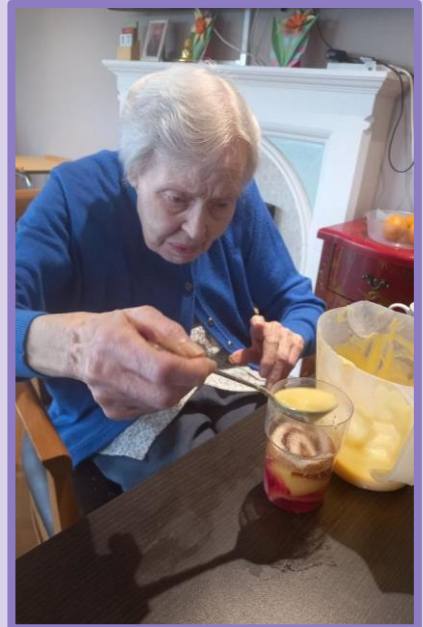
Weekly exercise

Personal challenges





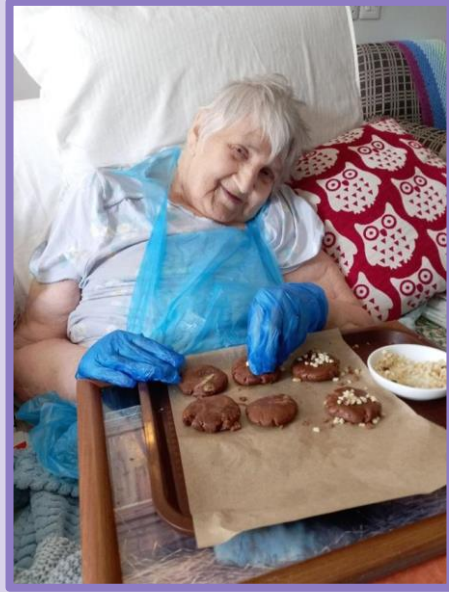
Gardening



Baking



Collage crafts





Collages and scary stories

Halloween party



'Turning your Mummy into a mummy!'

Nikki Henderson

Senior Nursing, Quality and Clinical Governance Manager, NHS Humber and North Yorkshire ICB

Introduction of ReSPECT and End of Life Care Update



Humber and North Yorkshire
Health and Care Partnership

North Yorkshire and York Palliative and End of Life Care
Care Conference Update & the RESPECT process

Nikki Henderson, Senior Nursing, Quality & Clinical Governance Manager
(Quality lead for North Yorkshire & York Palliative and End of Life Care)

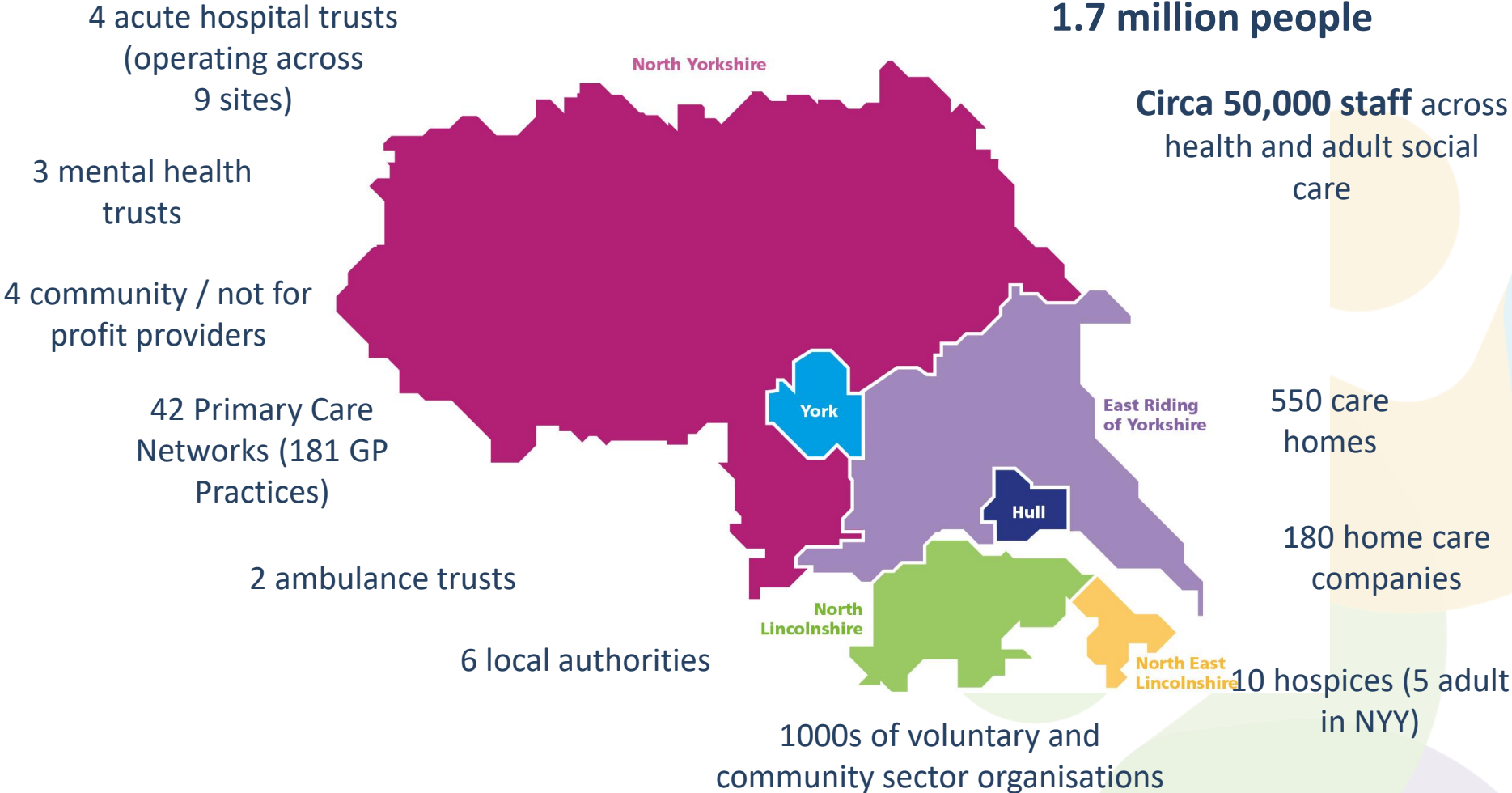
1st December 2023

Our ICB **vision** is to ensure that all our people:

- Start Life Well
- Live Well
- Age Well
- **End Life Well**



Our Integrated Care System: HNY



Background and Context

- **Palliative and End of Life Care Statutory Guidance for ICB's (July 2022)**- sets out the amendment to the Health and Care Act 2022 which has meant that “Palliative Care Services” is included in the section that specifies that ICB's have a legal responsibility to commission health services that meet their population needs
- Co-produced by 34 organisations, “Ambitions for Palliative and End of Life Care: A National Framework for local action 2021-2026” provides a framework for each ICS. This builds upon the NHS Long Term Plan commitments for palliative and end of life care, including increasing identification for people likely to be in their last 12 months of life and those people being offered personalised care and support planning, alongside ensuring workforce training supports this
- In addition, the NHS England Palliative and End of Life Care National Delivery Plan 2022–2025 (see p9) sets out a three-year trajectory for PEOLC, focusing on improving access, quality and sustainability
- All organisations who provide palliative and end of life care should understand and ensure that they comply with their other legal duties and professional obligations. This includes addressing health inequalities for PEOLC, by improving equity of access to services and reducing inequity of outcomes and experience. This will be done by utilising population health management approaches to identifying unserved populations

Deliver the national ambitions for Palliative & End of Life Care

The following describes the six core elements of the national Palliative and End of Life Care framework for local action 2021-2026*:

- 01 Each person is seen as an individual**
I, and the people important to me, have opportunities to have honest, informed and timely conversations and to know that I might die soon. I am asked what matters most to me. Those who care for me know that and work with me to do what's possible.
- 02 Each person gets fair access to care**
I live in a society where I get good end of life care regardless of who I am, where I live or the circumstances of my life.
- 03 Maximising comfort and wellbeing**
My care is regularly reviewed and every effort is made for me to have the support, care and treatment that might be needed to help me to be as comfortable and as free from distress as possible.
- 04 Care is coordinated**
I get the right help at the right time from the right people. I have a team around me who know my needs and my plans and work together to help me achieve them. I can always reach someone who will listen and respond at any time of the day or night.
- 05 All staff are prepared to care**
Wherever I am, health and care staff bring empathy, skills and expertise and give me competent, confident and compassionate care.
- 06 Each community is prepared to help**
I live in a community where everybody recognises that we all have a role to play in supporting each other in times of crisis and loss. People are ready, willing and confident to have conversations about living and dying well and to support each other in emotional and practical ways.

* <https://www.england.nhs.uk/publication/ambitions-for-palliative-and-end-of-life-care-a-national-framework-for-local-action-2021-2026/>

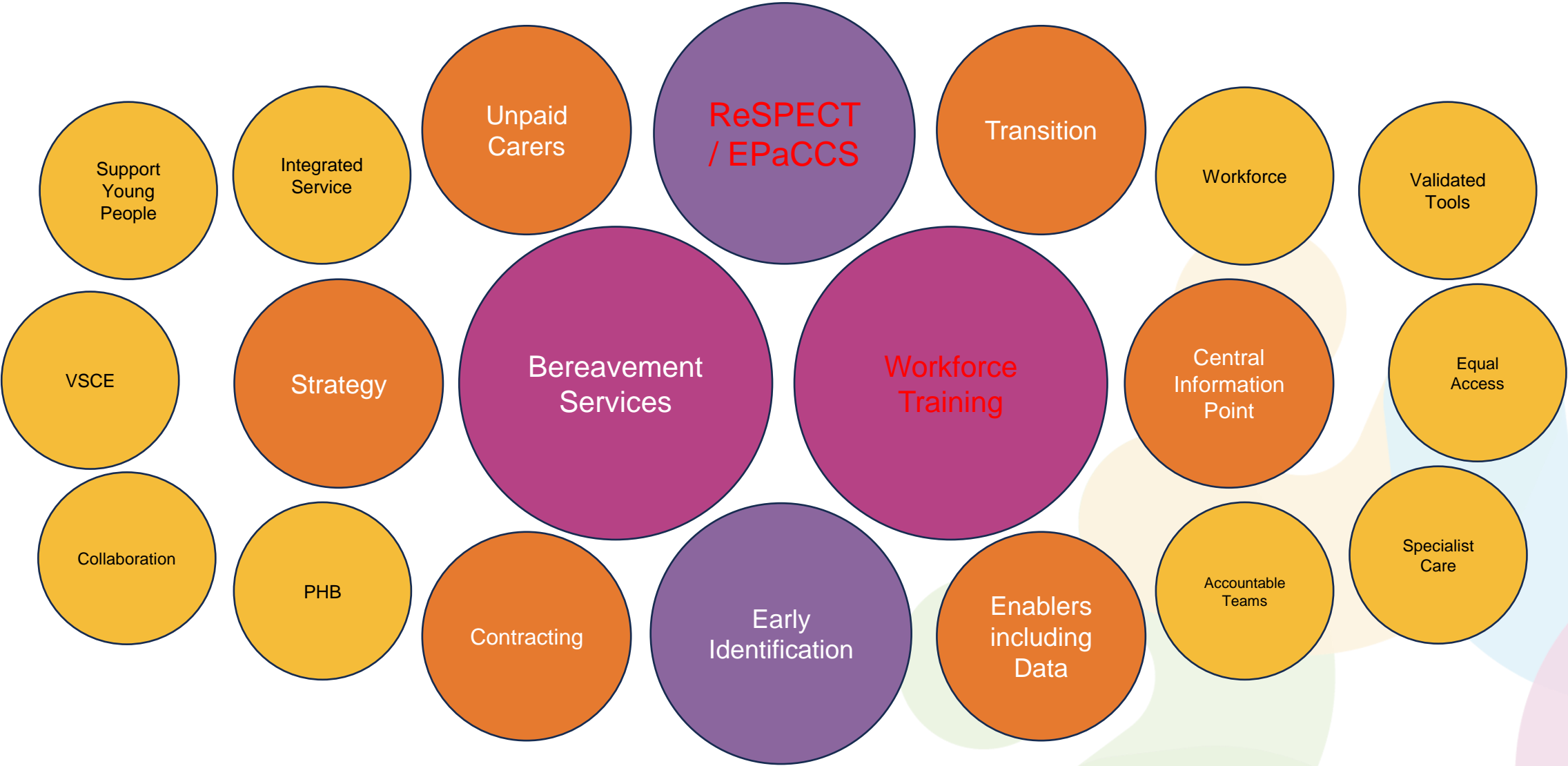
- Sub-systems asked to map PEOLC services using the Ambitions Self-Assessment Toolkit

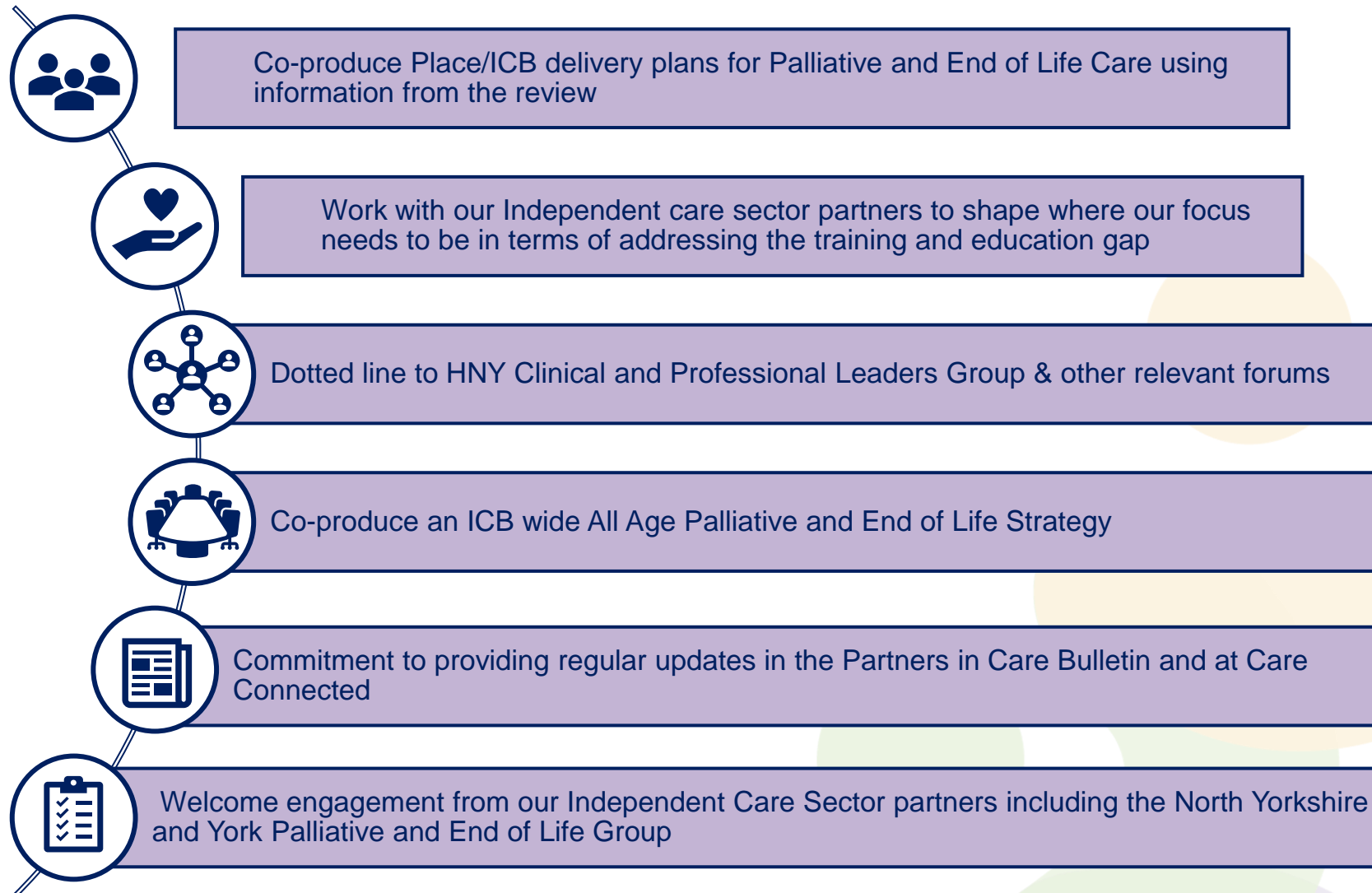


“I can make the last stage of my life as good as possible because everyone works together confidently, honestly and consistently to help me and the people who are important to me, including my carer(s).”



Humber & North Yorkshire commonalities from the Stocktake







Humber and North Yorkshire
Health and Care Partnership

Any questions?





Humber and North Yorkshire
Health and Care Partnership

The ReSPECT process

1 December 2023



What is ReSPECT?

- ✓ Who knows what ReSPECT stands for?
- ✓ Has anyone cared for someone with a ReSPECT?
- ✓ How does it differ from a Do not Resuscitate decision?

ReSPECT Recommended Summary Plan for Emergency Care and Treatment

Full name _____
Date of birth _____
Address _____
NHS/CHI/Health and care number _____

1. This plan belongs to:
Preferred name _____
Date completed _____

The ReSPECT process starts with conversations between a person and a healthcare professional. The ReSPECT form is a clinical record of agreed recommendations. It is not a legally binding document.

2. Shared understanding of my health and current condition
Summary of relevant information for this plan including diagnoses and relevant personal circumstances: _____
Details of other relevant care planning documents and where to find them (e.g. Advance or Anticipatory Care Plan; Advance Decision to Refuse Treatment or Advance Directive; Emergency plan for the carer): _____

I have a legal welfare proxy in place (e.g. registered welfare attorney, person with parental responsibility) - if yes provide details in Section 8 Yes No

3. What matters to me in decisions about my treatment and care in an emergency
Living as long as possible matters most to me Quality of life and comfort matters most to me
What I most value: _____ What I most fear / wish to avoid: _____

4. Clinical recommendations for emergency care and treatment
Prioritise extending life Balance extending life with comfort and valued outcomes Prioritise comfort
clinician signature _____ clinician signature _____ clinician signature _____

Now provide clinical guidance on specific realistic interventions that may or may not be wanted or clinically appropriate (including being taken or admitted to hospital +/- receiving life support) and your reasoning for this guidance: _____

CPR attempts recommended Adult or child For modified CPR Child only, as detailed above CPR attempts NOT recommended Adult or child
clinician signature _____ clinician signature _____ clinician signature _____

www.respectprocess.org.uk

Version 3.1 - DRAFT © Resuscitation Council UK



What is ReSPECT?

- ReSPECT stands for Recommended Summary Plan for Emergency Care and Treatment.
- The ReSPECT process creates a summary of personalised recommendations for a person's clinical care in a future emergency in which they do not have capacity to make or express choices.
- The process is intended to respect both patient preferences and clinical judgement.
- The agreed realistic clinical recommendations that are recorded include a recommendation on whether or not CPR should be attempted if the person's heart and breathing stop.



Who is ReSPECT for?

Everyone – ReSPECT can be for anyone but will have increasing relevance for people:

- ✓ with complex health needs
- ✓ at risk of sudden deterioration or cardiac arrest
- ✓ who are likely to be nearing the end of their lives
- ✓ who want to record their care and treatment preferences for other reasons

It is suitable for both adults and children



Challenges with DNACPR?

- ✓ Not considered / discussed / recorded routinely
- ✓ Many inappropriate CPR attempts
- ✓ Many people disliked discussing it
- ✓ Poorly discussed, not individualised
- ✓ Misunderstood - other treatments withheld
- ✓ DNACPR 'decisions' led to differences in care
- ✓ Many different form designs



Joe's ReSPECT journey

<https://www.youtube.com/watch?v=dp-qOgmBTRw>



John's story- understanding ReSPECT

A video resource for people with Learning Disabilities to enable them to understand what the ReSPECT process is about, how a summary of the conversation is recorded on the ReSPECT plan and how the information is shared and used.

<https://vimeo.com/772051581>



ReSPECT aims to:

- ✓ put each individual at the centre of the conversation
- ✓ achieve shared understanding between person and clinician
- ✓ focus on treatments to be given, not just one to be withheld
- ✓ record agreed clinical recommendations
- ✓ be recognised across all boundaries



How does a ReSPECT plan work?

- The plan is created through conversations between the person and their health care professionals.
- The plan stays with the person it is for and should be available immediately to health professionals called to help in emergency situations, whether at home or being cared for in another setting.
- Professionals such as ambulance crews, out-of-hours doctors, care home staff and hospital staff will be better able to make quick decisions about how best to provide treatment and care if they can see the ReSPECT plan in an emergency.



When should a ReSPECT conversation take place?

Ideally:

- ✓ when a person is relatively well and able to participate fully
- ✓ before an emergency reduces their ability to make decisions

Otherwise:

- ✓ as soon as possible in an acute illness when there is no ReSPECT plan

It may need more than one conversation!



How does ReSPECT work with other care plans and legal documents?

A ReSPECT plan provides a summary that applies only:

- ✓ in an emergency
- ✓ when the person has lost capacity to make informed decisions

It is not legally binding

It can work well alongside:

- ✓ other, broader or more detailed care plans
- ✓ a legally binding ADRT or Advance Directive



Adoption of ReSPECT in the Yorkshire and Humber

Area	Adopted?
Barnsley	Yes
Bradford	Yes
Doncaster	Yes
East Riding	Yes
Hull	Yes
Calderdale, Kirklees & Wakefield	Yes
Leeds	Yes
North-East Lincolnshire	Yes
North Lincolnshire	Yes
North Yorkshire	No
Rotherham	Yes
Sheffield	Yes
York	No

**August
2023**





Learn more about ReSPECT

Patient Information Leaflets and Guidance Available

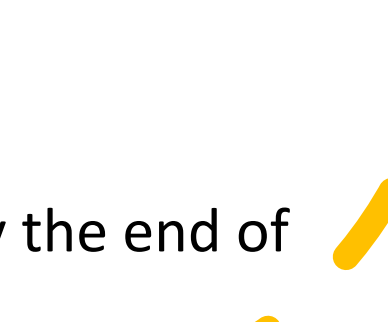


info@respectprocess.org.uk



www.resus.org.uk/respect

Project Ambitions for North Yorkshire & York

- To move towards adoption of ReSPECT across all age and all care settings.
 - ICB Resus Council ReSPECT form signup.
 - Clinical Leads to drive process forward.
 - Identification of resource and capacity to support the project.
 - Setting a deadline for launch (projected phase-in Spring 2024).
 - Engaging with all partners across all sectors to roll out information and education.
 - Engagement strategy.
 - Task and Finish group to commence by the end of 2023.
- 



Humber and North Yorkshire
Health and Care Partnership

Thank you for listening
Any questions?



Fiona Andrews

Community Education Lead- Dementia Forward

Dementia Forward Support for Care Providers

Fiona Andrews

Dementia
Forward

**Helpline Open
Monday to Friday
9am to 4pm**

03300 578592



What we do


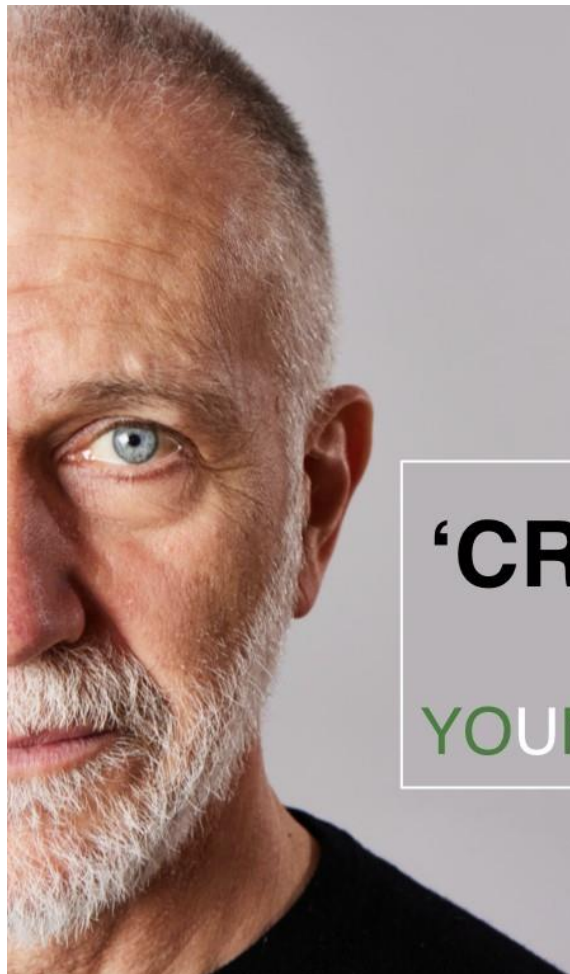
**Dementia
Forward**

Care and Support for Life

- ▶ Helpline - **Trained staff**
- ▶ **Dementia Support Advisors - home visits locally and ongoing support**
- ▶ **Specialist Parkinsons Advisors**
- ▶ **Dementia Specialist Nurse**
- ▶ **Memory Support Advisors**

- ▶ **Provide bespoke education sessions throughout North Yorkshire**

Dementia Forward - Young onset Campaign



‘CREATE A VOICE’
FOR
YOUNG ONSET DEMENTIA

A 10-Year Plan

Time Out Together Group





**Dementia
Forward**

Care and Support for Life



- Increase Awareness and Remove Stigma
- Provide Age-Appropriate Care and Support
- Encourage specific research for the condition



Galaxy A13

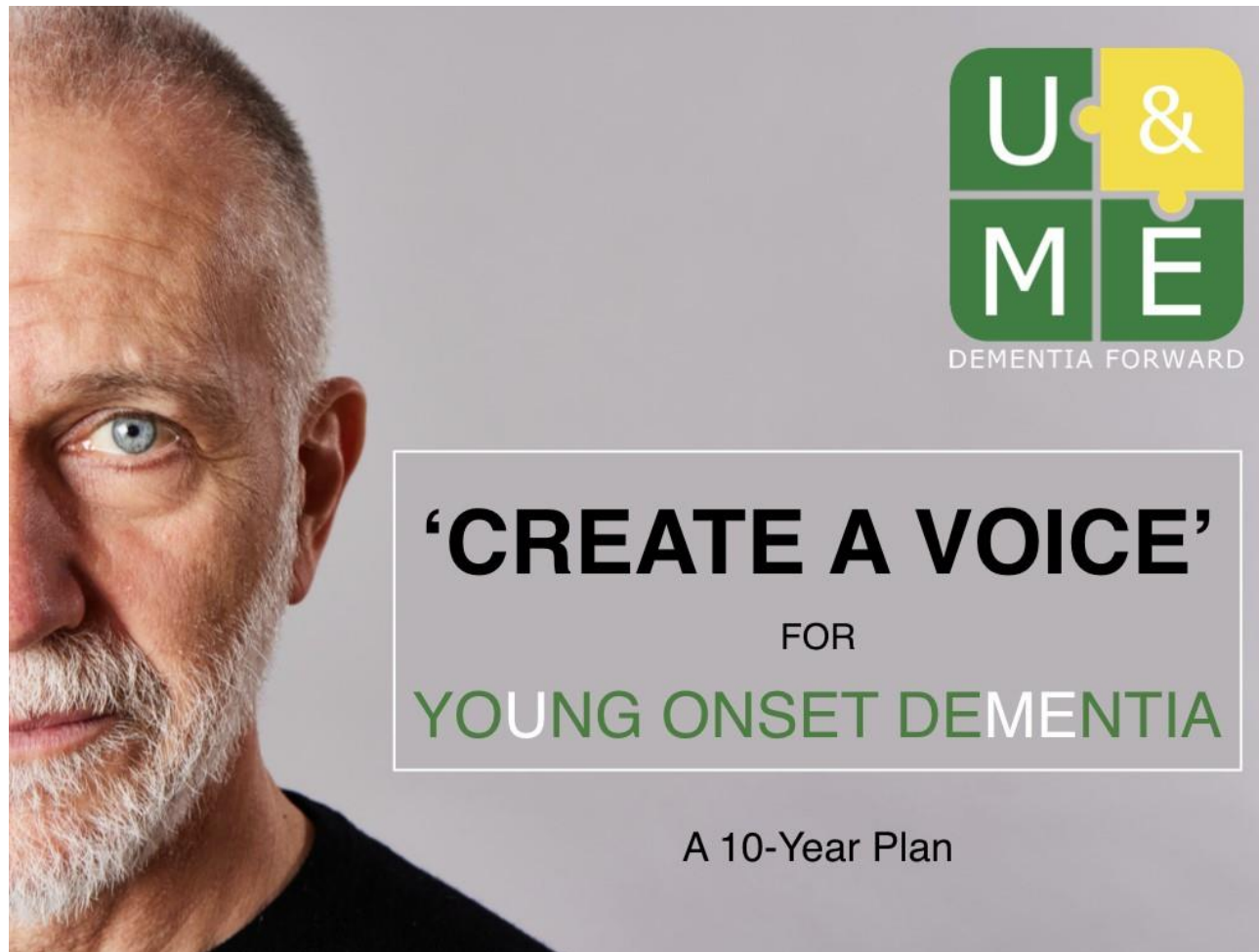


Galaxy A13

Young onset dementia awareness - U&ME

▶ <https://youtu.be/i78ovqdilm4?si=YbzHDjFV7nYnyB6l>

Dementia Forward - Young onset Campaign



Penny Bennett

Care Home Manager and Chair of Queens Nursing Institute Humber and North Yorkshire Network

Trainee Nursing Associates in the Care Sector- Case Study

My Experience of the Trainee Nurse Associate Programme and role of the Nurse Associate in a Social Care setting

Penny Bennett, EN(M), RMN, QN.
Matron/Director.
Bennfield House Private Nursing Home,
Thorne,
Doncaster

Learning and Development at Bennfield House

- ▶ Way back to 1984 when I opened Bennfield House, private nursing home I always had a passion for learning and the development of others. I set up a training programme for the private sector. I worked with City and Guilds when NVQ training very first began and was the first care home to have NVQ care staff. I was the first Nursing Home to have a Preceptorship programme which was featured in the Nursing Times by a member of the then, UKCC.
- ▶ I was very privileged to be awarded the Queens Nurse title in 2016 in recognition of a high level of commitment to patient care and nursing practice. Which of course involves education, training and development of myself and others.
- ▶ Therefore, when the Trainee Nurse Associate programme was mentioned..... I was up for the commitment of helping others achieve, and in so doing my Nursing Home and patients would benefit. Not only from development of my own staff but having the benefit of others coming on placement to share with us their experience and practice and in return would gain valuable experience from us.

Positives of the Trainee Nurse Associate Programme

- ▶ This is one of the best things to happen in Nursing in recent times. It gives those with experience an opportunity to develop their career, demonstrate and share their knowledge and experience.
- ▶ The programme covers all 4 fields of Nursing, reflecting diversity and benefits all care providers across the Health and Social Care sector.
- ▶ It highlights the care providers in a positive manner and establishes a career pathway.
- ▶ It energises myself and my nurses as we want to be part of their journey and share our knowledge and expertise, which we have gained over many years.
- ▶ Every TNA whom I have had on placement have been amazing, coming into an environment that some have never encountered before and just fitting in straight away. My Nurses have given encouragement and all staff have been very supportive.

Negatives of the Trainee Nurse Associate Programme

- ▶ Having a small staff team this can sometimes be difficult to have TNA's when on placement as supernumerary because my TNA's are in the numbers. My TNA's are missed when away on placement.
- ▶ For a small independent company it is a big financial commitment.
- ▶ But I will continue to do this because it is what the social care sector needs.
- ▶ We are still in the process of recognition of this role in the care sector: what does "supervision of a Registered Nurse" actually mean in terms of being "in charge of a shift ?

Conclusion

- ▶ The programme benefits our residents without a doubt, as the TNA's who we support on programme already know the residents, then add the level of knowledge and expertise the Nurse Associates gain from the programme academically and from their placements, makes this the perfect solution.
- ▶ I have written a “governance framework” and a “scope of practice” which is bespoke to Bennfield House. Preceptorship is between 3 and 6 months depending upon the individual.
- ▶ I have a Registered Nurse Associate, Donna Lennon (who is here today) completed her programme with the University of Sheffield in October 2022. I was her assessor and mentor throughout the 2 year programme. Prior to this programme Donna was a senior care with us. I have every confidence in my “home grown” Nurse Associate. Donna completed her Preceptorship period and is flying high and has undertaken extended role training. Donna will be doing her “top up” in October 2024.
- ▶ I have a second Nurse Associate Nick, who has just completed his training and is waiting for his PIN.

Going Forward.....

In the Social Care sector the Role of the Nurse Associate is developing .Work is needed to support Care Homes with Nursing to recognise and embed this as a career pathway.

I believe this role is vital to the deliverance of high quality care to residents in Social Care, our sustainability and the development and retention of our workforce.

The Nurse associate has an opportunity to develop skills and competencies to enhance care as they are practitioners in their own right. This can be done by extended role training as well as guidance and support from the Registered Nurse.

The Registered Nurse can be available on site and remotely to support with safe practice and decision making.

I would like to ask Donna to tell you in her own words about her role as Nurse Associate.

Angela Thompson

Locality Manager

The Context of Contemporary Social Care Nursing

The context of Contemporary Social Care Nursing

An introduction to our nursing work

Angela Thompson
Locality Manager

#

WeAreSocialCareNursing



Skills for Care

Skills for Care is the strategic workforce development and planning body for adult social care in England. We work with employers, government and partners to ensure social care has the right people, skills and support required to deliver the highest quality care and support now and in the future.



#

WeAreSocialCareNursing

The health and social care workforce

NHS 1.4M

**52.2%
professionally
qualified**

Social care 1.6M

**Less than 5% are in
regulated professional roles**

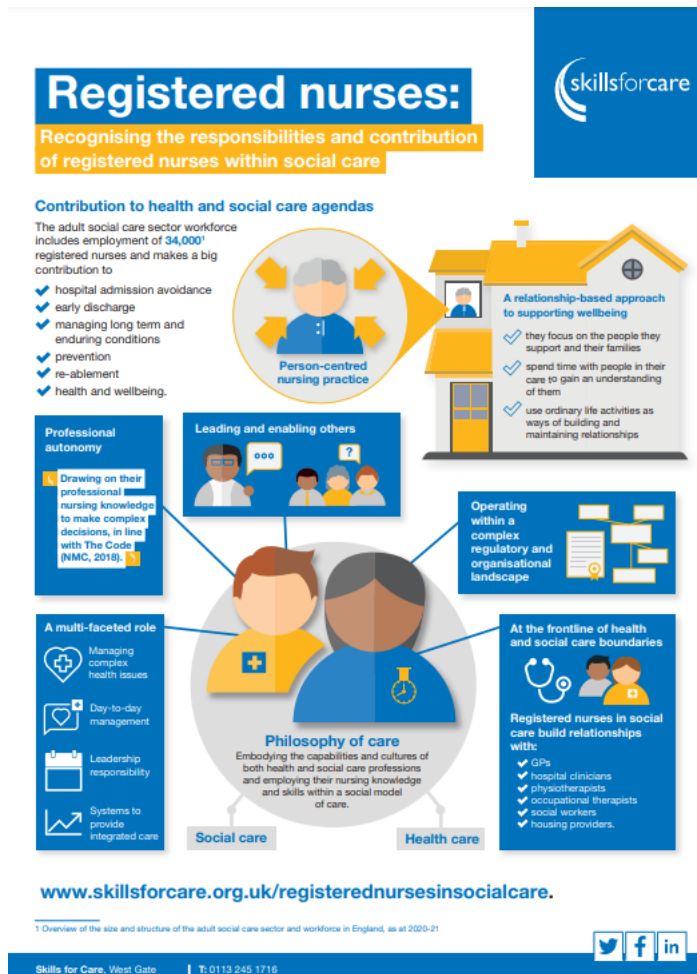
**Over 70% work in direct
care roles**

**Only 7% of all non-regulated job
roles are educated at level 4 and
above.**

#

WeAreSocialCareNursing

Registered nurses



Registered nurses:
Recognising the responsibilities and contribution of registered nurses within social care

Contribution to health and social care agendas
The adult social care sector workforce includes employment of 34,000¹ registered nurses and makes a big contribution to

- ✓ hospital admission avoidance
- ✓ early discharge
- ✓ managing long term and enduring conditions
- ✓ prevention
- ✓ re-ablement
- ✓ health and wellbeing.

Person-centred nursing practice

- ✓ A relationship-based approach to supporting wellbeing
- ✓ they focus on the people they support and their families
- ✓ spend time with people in their care to gain an understanding of them
- ✓ use ordinary life activities as ways of building and maintaining relationships

Professional autonomy

- ✓ Drawing on their professional nursing knowledge to make complex decisions, in line with The Code (NMC, 2018)

Leading and enabling others

Operating within a complex regulatory and organisational landscape

A multi-faceted role

- ✓ Managing complex health issues
- ✓ Day-to-day management
- ✓ Leadership responsibility
- ✓ Systems to provide integrated care

At the frontline of health and social care boundaries

Registered nurses in social care build relationships with:

- ✓ GPs
- ✓ hospital clinicians
- ✓ physiotherapists
- ✓ occupational therapists
- ✓ social workers
- ✓ housing providers.

Philosophy of care
Embodying the capabilities and cultures of both health and social care professions and employing their nursing knowledge and skills within a social model of care.

Social care **Health care**

www.skillsforcare.org.uk/registerednursesinsocialcare.

¹ Overview of the size and structure of the adult social care sector and workforce in England, as at 2020-21

Skills for Care, West Gate | T: 0113 245 1716

- 33,000 are working in social care plus another 5,200 in other roles such as registered manager
- 44% of our registered nurses in the sector are from a Black, Asian, and minority ethnic background
- The average age of a nurse in social care is 49
- 15% are male and 85% female
- The average experience in the sector is 16.1 years
- The turnover rate for nursing sits at 32.6% which is the highest on record
- 64% of nursing roles recruited to come from within the sector

Links

- [The state of the adult social care sector and workforce in England](#)
- [Registered nurses](#)

Nursing in a social model of care

Social care is often defined by the type of care provided or the funding source which supports it but is perhaps better defined where we talk about a social model of care that registered nurses and nursing associates can affiliate to.

Examples of nursing in social care may include residential care and complex home care, may be delivered through private or voluntary organisations or aligned to faith communities or charities and may meet the needs of specific people and or institutions for example in prisons or hospices.

The ethos of nursing in a social model of care

The ethos of nursing in social care is defined by the following characteristics:

- Person centered, strength-based approach
- Long-term relational care with individuals
- Working with people in their own home/permanent residence
- Managing the interface between health and social care needs
- Managing the complexity of multiple long-term conditions
- Managing and organising the service provision to meet the needs of the individual

Our current nursing priorities

- Raising the profile of nursing in adult social care
- Recruiting and retaining the nursing workforce in social care
- Demonstrating the diversity of career opportunities in the sector for nursing
- Increasing nursing placement opportunities
- Optimising the opportunities for the nursing associate role

#

WeAreSocialCareNursing

Student placements



[Student nurse placements](#)

#

WeAreSocialCareNursing



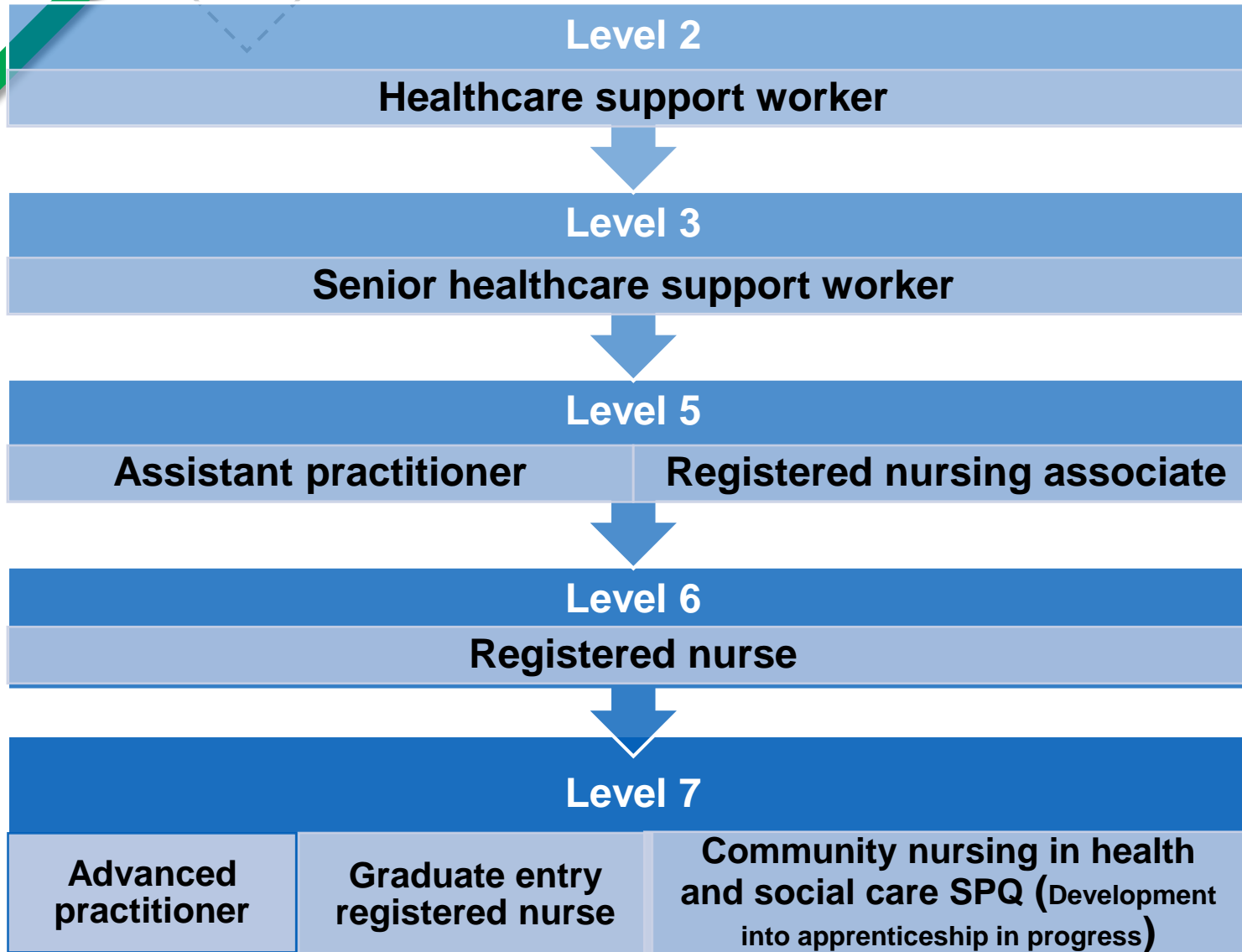
Deployment of nursing associates

- Guide to support the deployment
- Nursing associate forum
- Nursing associate Community of Practice
- Estimates around 600 qualified and working in the sector

[An employer's guide to the deployment of qualified registered nursing associates in social care settings](#)



Nursing apprenticeships in social care



#

WeAreSocialCareNursing

Working with health and social care systems

Engagement – Locality managers engage with employers and ICS stakeholders to raise the profile and status of ASC nursing

Insight – gain a better understand of current ASC nursing issues and future needs of the health and care system

Influence – ensure that social care nursing has a distinct and strong voice when workforce investment decisions are made by ICSs and DHSC

Workforce data – develop robust data on the ASC nursing workforce to inform workforce planning



Adult Social Care Nurse Leadership Programme

York and North Yorkshire

- Programme to support registered nurses working in social care develop their leadership practice and enhance their personal and professional impact when managing teams.
- 20 funded places to organisations based in York and North Yorkshire
- Five interactive workshops covering a range of leadership concepts and theories.
- Additional E-Learning Modules Practice Education and Placement



We Are Social Care Nursing

Share the opportunity to sign up for regular updates from nurses and nursing associates in the sector

Nursing in social care



We know that nursing plays a vital role in the adult social care sector. We can support employers to recruit and develop the nursing workforce, and nurses to lead their service.

Skills for Care is the leading source of workforce intelligence for adult social care in England. We provide statistics and reports and share news that celebrates the contribution of nurses to the sector.

Registered nurses

The adult social care workforce includes 34,000 registered nurses.

Recognising the responsibilities, role complexities, job opportunities and contribution of registered nurses within social care is essential.

www.skillsforcare.org.uk/RegisteredNurse



www.skillsforcare.org.uk/WASCN

A Leadership Programme for nurses from Global Majority Backgrounds working in Adult Social Care

The Florence Nightingale Foundation in partnership with Deborah Sturdy, Chief Nurse for Adult Social Care in the Department of Health and Social Care are pleased to offer an exceptional and transformational leadership development opportunity. The programme is open to nurses from global majority backgrounds working in social care organisations across England who have at least three years' post registration experience.

This programme offers a supportive learning space for nurses to develop their leadership identity, capacity, and capability, enabling their influence on organisational and patient health outcomes.



[A Leadership Programme for Nurses from Global Majority backgrounds working in Adult Social Care - Florence Nightingale Foundation \(florence-nightingale-foundation.org.uk\)](https://florence-nightingale-foundation.org.uk)

Applications Close 15 December 2023

Scott Warren

Interim Professional Lead for Nursing. Senior Lecturer in Nursing & Simulation, York St John University

Hannah Davies

Student Nurse- York St John University

Promoting and Developing Social Care Nursing

Est.
1841

YORK
ST JOHN
UNIVERSITY

Nursing at York St John University

Opportunities for learning in Social
Care settings



Our Course Philosophy



Our Graduate attributes

- Global in their outlook and socially responsible
- Independent and self-aware
- Digitally literate
- Confident and an effective communicator
- Curious minded and research oriented
- Adaptable

What does a YSH graduate nurse look like ?

Our graduates will be

- compassionate, competent, and confident
- capable of leading safe, evidence-informed person-centred care.
- focuses on the person They will be able to
- make a positive contribution towards the health and wellbeing of people from diverse communities across their lifespan.
- resilient and able to flourish in the face of challenges.

Understanding Social Care & ICS



Humber and North Yorkshire
Health and Care Partnership



Improve outcomes in population health and healthcare



Tackle inequalities in outcomes, experience and access



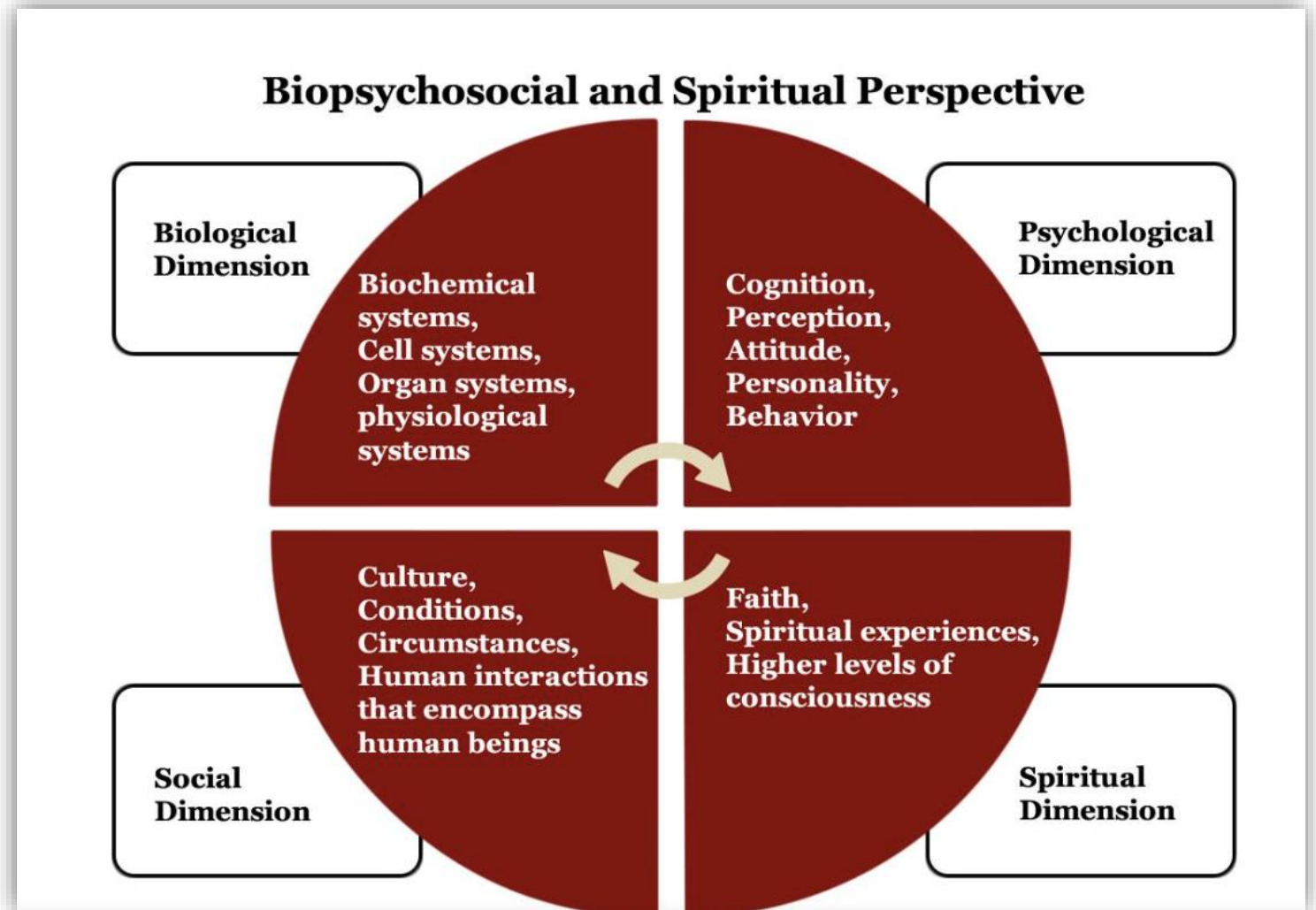
Enhance productivity and value for money



Help the NHS support broader social and economic development.



Aligning Social Care & YSJ Nursing values



Learning opportunities



Day Care Services

Residential care home

Registered care homes

Neurological disability and Rehabilitation

LD and Autism

Physical & Mental Health

Dementia & End of life care

Education & Sharing of best practice

Medicines management

Safeguarding & Risk Management

Nutrition and Health

Partnership working and Future opportunities



Opportunities for expanding nursing placements in Social care

Shared opportunities for learning and continuing professional development

Maximising potential



YSJ Key contacts

Scott Warren (Interim Professional Lead for Nursing)
s.warren@yorks.ac.uk

David Wilcock (Admissions Tutor and Adult Placement Lead)
d.wilcock@yorks.ac.uk

Lizzie Richardson (Mental Health Placement Lead)
e.richardson@yorks.ac.uk

Admissions Team
Admissions@yorks.ac.uk

NHS

Humber and
North Yorkshire
Integrated Care Board (ICB)



Humber and North Yorkshire
Health and Care Partnership





Adam Charlton

Digital IT Training Coordinator
F4IT

Microsoft Teams for Rotas- Care Sector Support



Taking your skills to the next level

Microsoft Teams Shifts



- Activity
- Calendar
- Chat
- Teams
- Tasks by Pla...
- Remind
- Calls
- Files
- Office 365 ...
- NHSmal Su...
- Shifts
- Apps

F4 IT Teams Training Schedule Requests Settings

Today < > 24 - 30 October 2022

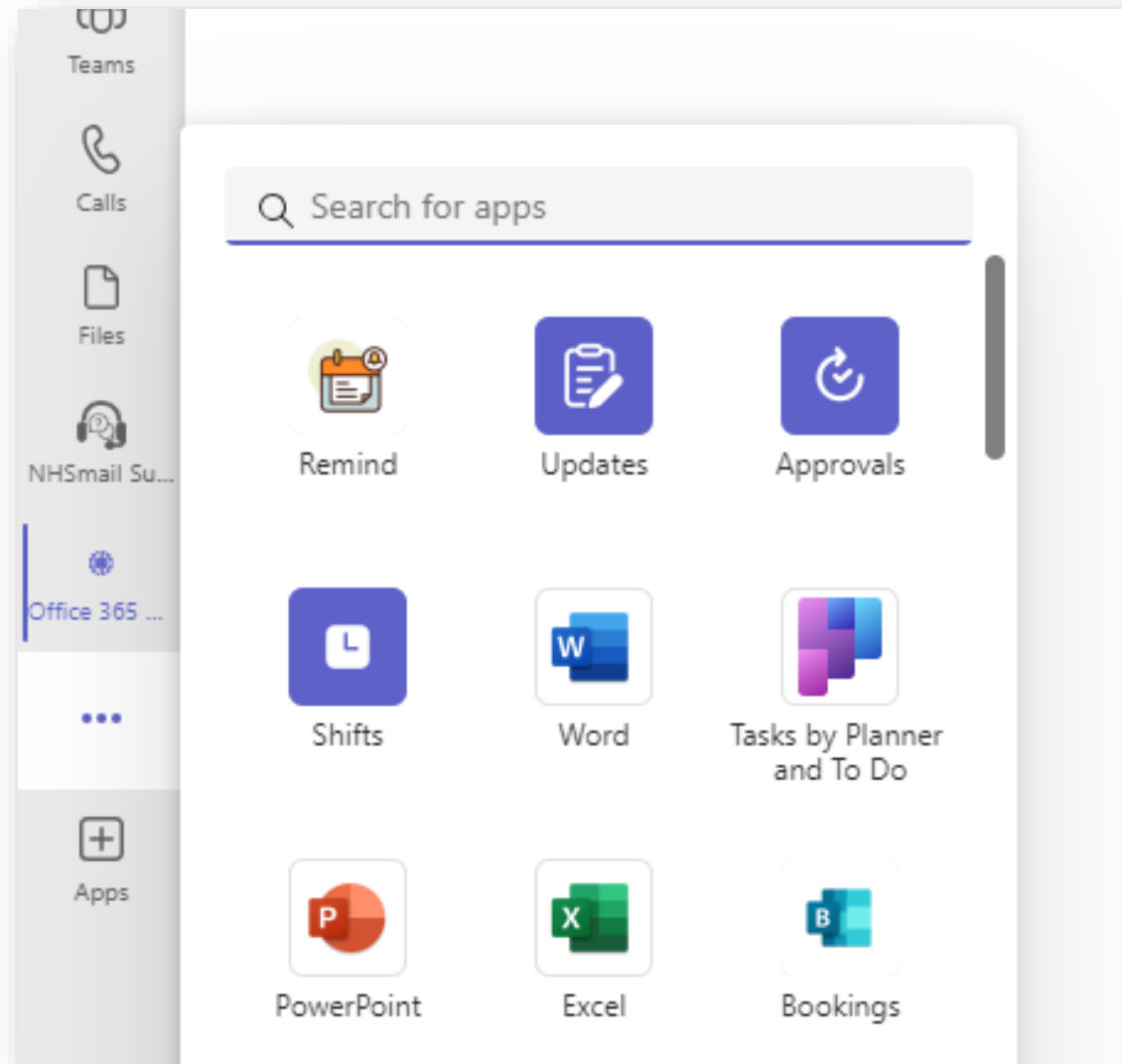
Week: 292.5 Hrs	24 Mon 8:45-17:00 60 Hrs	25 Tue 8:45-17:00 60 Hrs	26 Wed 8:45-17:00 60 Hrs	27 Thu 8:45-17:00 52.5 Hrs	28 Fri 8:45-17:00 60 Hrs	29 Sat 8:45-17:00 60 Hrs
-----------------	-----------------------------------	-----------------------------------	-----------------------------------	-------------------------------------	-----------------------------------	-----------------------------------

Digital Services Team 292.5 Hrs 1

Open shifts 1 shift				8:45-17:00 Overtime Available x1		
0 requests						
CB CHARLTON, B... 37.5 Hrs (DELETED)	8:45-17:00	8:45-17:00 Teaching (Focus Adult Social Care)	8:45-17:00	8:45-17:00 Teaching (Focus Adult Social Care)	8:45-17:00 Working from home.	
CHARLTON, A... 37.5 Hrs (DELETED)	8:45-17:00	8:45-17:00	8:45-17:00	8:45-17:00	8:45-17:00	
HC HICKBREAD, C... 37.5 Hrs (DELETED)	8:45-17:00	8:45-17:00	8:45-17:00 Working from home.	8:45-17:00	8:45-17:00	
TF TRAINING02, ... 37.5 Hrs (DELETED)	8:45-17:00	8:45-17:00	8:45-17:00	8:45-17:00 Working from home.	8:45-17:00	
TF TRAINING03, ... 30 Hrs (DELETED)	8:45-17:00	8:45-17:00 Working from home.	8:45-17:00	Sick Day All day	8:45-17:00 Working from home.	
TF TRAINING04, ... 37.5 Hrs (DELETED)	8:45-17:00 Working from home.	8:45-17:00 Working from home.	8:45-17:00 Working from home.	8:45-17:00 Working from home.	8:45-17:00 Working from home.	
TF TRAINING05, ... 37.5 Hrs (DELETED)	8:45-17:00 Working from home.	8:45-17:00 Working from home.	8:45-17:00 Working from home.	8:45-17:00 Working from home.	8:45-17:00 Working from home.	
TF TRAINING07, ... 0 Hrs (DELETED)	Sick Day 24/10 8:45-28/10 17:00					



Where is Shifts



Team Setup

The screenshot shows the Microsoft Teams interface for a team named 'F4 IT Teams Training'. The left sidebar contains navigation options like Activity, Calendar, Chat, Teams, Shifts, Files, Calls, Tasks by PL..., Bookings, Decisions, Remind, and Apps. The main content area shows the team's name and a search bar for members. Below the search bar, there are two sections: 'Owners (2)' and 'Members and guests (10)'. The 'Owners' section lists two individuals: Beth Charlton (Digital IT Trainer) and Adam Charlton (Digital IT Training Coordinator). The 'Members and guests' section lists ten members, all with the role of 'Member' and a status of 'F4 IT'.

Owners (2)				
Name	Title	Location	Tags	Role
CHARLTON, Beth (F4 IT)	Digital IT Trainer			Owner
CHARLTON, Adam (F4 IT)	Digital IT Training Coordinator			Owner

Members and guests (10)				
Name	Title	Location	Tags	Role
TRAINING02, F4 (F4 IT)				Member
TRAINING10, F4 (F4 IT)				Member
TRAINING07, F4 (F4 IT)				Member
TRAINING01, F4 (F4 IT)				Member
TRAINING08, F4 (F4 IT)				Member
TRAINING04, F4 (F4 IT)				Member
TRAINING09, F4 (F4 IT)				Member



Default Rota

The screenshot shows the Microsoft Teams rota interface for the team 'F4 IT Teams Training'. The main view is the 'Schedule' tab, displaying a weekly rota for the period from Monday, 12 September 2022, to Sunday, 18 September 2022. The interface includes a search bar at the top, navigation tabs for 'Schedule', 'Requests', and 'Settings', and a sidebar with various app icons. The rota grid shows shifts for team members, with asterisks indicating shifts. The team members listed are 'Open shifts', 'CHARLTON...', and 'TRAINING...'. The 'Open shifts' row shows 1 shift on Thursday, 15th. The 'CHARLTON...' row shows shifts on Monday, Tuesday, Wednesday, Thursday, and Friday. The 'TRAINING...' rows show shifts on Monday, Tuesday, Wednesday, Thursday, and Friday.

	12 Mon	13 Tue	14 Wed	15 Thu	16 Fri	17 Sat	18 Sun
Week: 0 Hrs							
Day notes							
Digital Services Team 0 Hrs							
Open shifts 1 shift				*			
CHARLTON... 0 Hrs (DELETE...)	*	*	*	*	*		
CHARLTON... 0 Hrs (DELETE...)	*	*	*	*	*		
TRAINING... 0 Hrs (DELETE...)	*	*	*	*	*		
TRAINING... 0 Hrs (DELETE...)	*	*	*	*	*		
TRAINING... 0 Hrs (DELETE...)	*	*	*	*	*		
TRAINING... 0 Hrs (DELETE...)	*	*	*	*	*		
TRAINING... 0 Hrs (DELETE...)	*	*	*	*	*		
TRAINING... 0 Hrs (DELETE...)	*	*	*	*	*		



Groups

The screenshot shows the Microsoft Teams 'Groups' interface for a group named 'F4 IT Teams Training'. The interface is in a weekly view for the period '26 June-2 July 2023'. The top navigation bar includes 'Activity', 'Schedule', 'Requests', and 'Settings'. On the right, there are buttons for 'Clock in', 'Copy schedule', and 'Share with team *'. The main area is a calendar grid with columns for days 26 (Mon), 27 (Tue), 28 (Wed), 29 (Thu), 30 (Fri), 1 (Sat), and 2 (Sun). Each day column shows 'Week: 0 Hrs' and 'Day notes'. The left sidebar contains navigation icons for Activity, Calendar, Chat, Teams, Shifts, Files, Calls, Tasks by PL..., Bookings, Decisions, Remind, and Apps. The main content area is divided into three team sections: 'Management Team', 'Admin Team', and 'Comms Team'. Each team section shows '0 Hrs' and an 'Add people' button. Under 'Management Team', there is an 'Open shifts' item (0 shifts) and two items for 'CHARLTON...' (0 Hrs). Under 'Admin Team', there is an 'Open shifts' item (0 shifts) and two items for 'TRAINING...' (0 Hrs). Under 'Comms Team', there is an 'Open shifts' item (0 shifts) and one item for 'TRAINING...' (0 Hrs). At the bottom, a status bar indicates '2 edits ready to share*' and '2*'.





Adding Shifts

Taking your skills to the next level



Microsoft Teams interface for adding a shift. The top navigation bar includes a search box with the text "Search". The left sidebar contains navigation icons for Activity, Calendar, Chat, Teams, Tasks by Pla..., Shifts, Remind, Calls, Files, and Office 365 ...

Add shift

Admin Team ▾ ● Blue ▾

8:45-17:00

HC HICKBREAD, Carl (F4 IT) × Open shift

30/11/2023 8:45 ▾ → 17:00 ▾ 8h 15m 24h ⓘ

Custom label Show instead of time

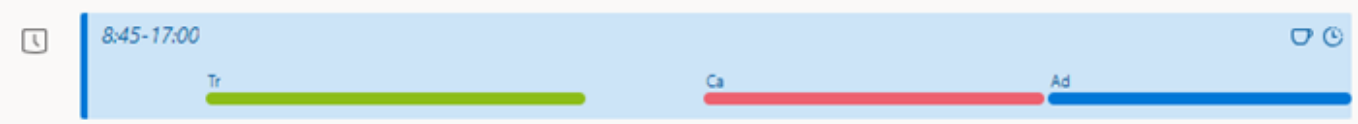
45 min. ▾ Unpaid break

Add a shift note (500 characters)



- Calendar
- Chat
- Teams
- Tasks by Pla...
- Shifts**
- Remind
- Calls
- Files
- Office 365 ...
- NHSmail Su...
- ...
- Apps

Admin Team ▾ ● Blue ▾



HC HICKBREAD, Carl (F4 IT) × Open shift

30/11/2023 8:45 ▾ → 17:00 ▾ 8h 15m 24h ⓘ

Show instead of time




▾ Unpaid break

Shift activities ⓘ
Add daily activities or any additional breaks that you want to track with this shift.

● 9:30-12:00	Training at F4 IT - EXCEL	Tr	Paid
● 12:45-15:00	Care at Parkinson Place	Ca	Paid
● 15:00-17:00	Admin	Ad	Paid



Leave

Comms Team 24.75 Hrs 2						
 Open shifts 2 shifts		<table><tr><td>8:45-17:00 x1</td><td>8:45-17:00 ON CALL x1</td></tr><tr><td>0 requests</td><td>0 requests</td></tr></table>	8:45-17:00 x1	8:45-17:00 ON CALL x1	0 requests	0 requests
8:45-17:00 x1	8:45-17:00 ON CALL x1					
0 requests	0 requests					
 TRAINING03, ... 0 Hrs	Annual Leave 27/11-01/12					
 TRAINING04, ... 24.75 Hrs	8:45-17:00	<table><tr><td>Sick Day All day</td><td>8:45-17:00</td></tr></table>	Sick Day All day	8:45-17:00		
Sick Day All day	8:45-17:00					

Share with team

The screenshot shows a software interface with a top navigation bar containing three buttons: 'Clock in' with a clock icon, 'Copy schedule', and 'Share with team' with an asterisk. To the right of these buttons is a three-dot menu icon. Below the navigation bar is a secondary toolbar with icons for 'Add group' (person icon), 'Week' (calendar icon), 'Print' (printer icon), 'Filter' (funnel icon), and 'View' (eye icon). The main content area displays a calendar grid with three columns. The first column shows '4' people icons and '33 Hrs' below. The second column shows a large '2' and 'Sat' below. The third column shows '0' people icons and '0 Hrs' below. The fourth column shows a large '3' and 'Sun' below. The fifth column shows '0' people icons and '0 Hrs' below.

4	2	0	3	0
33 Hrs	Sat	0 Hrs	Sun	0 Hrs

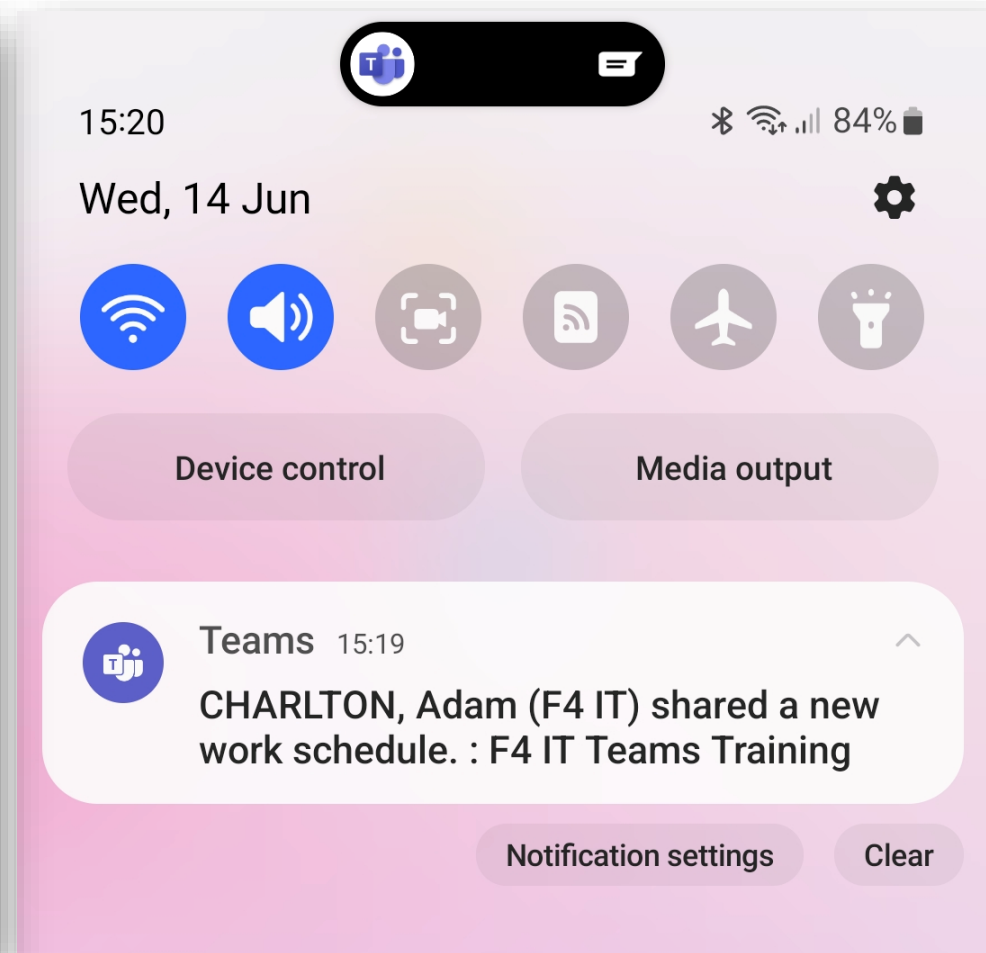
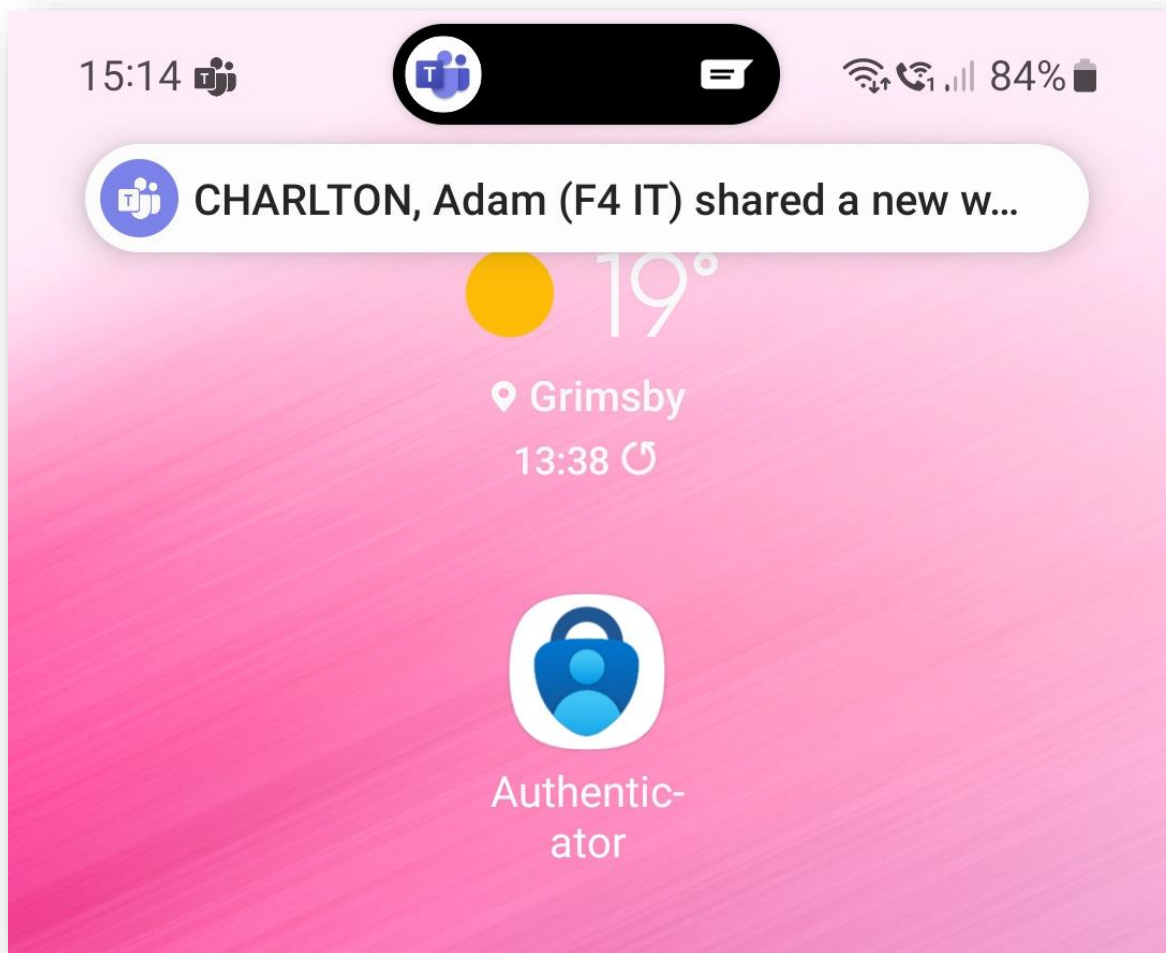


Notifications

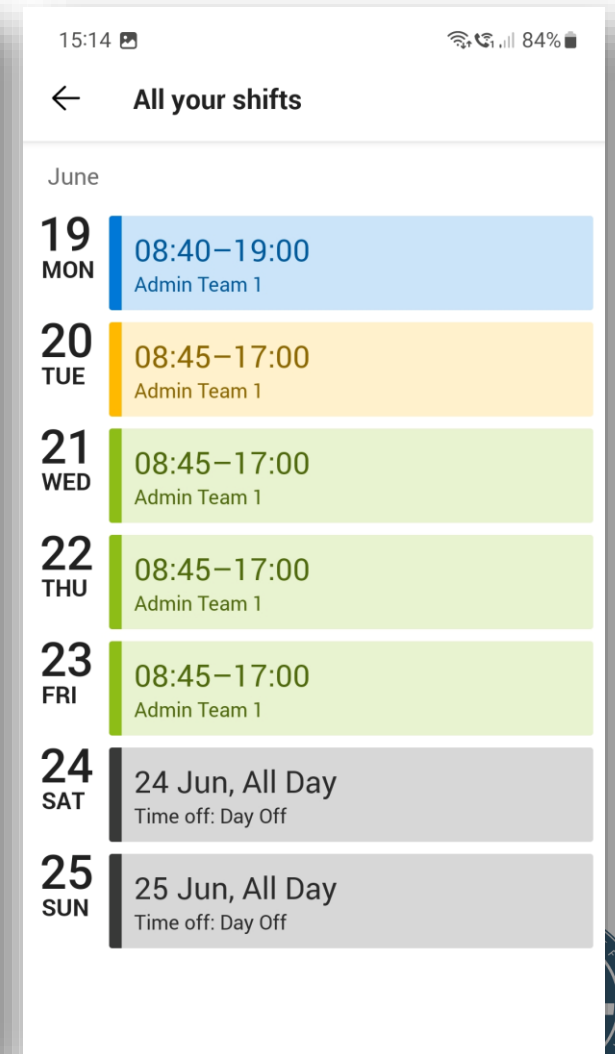
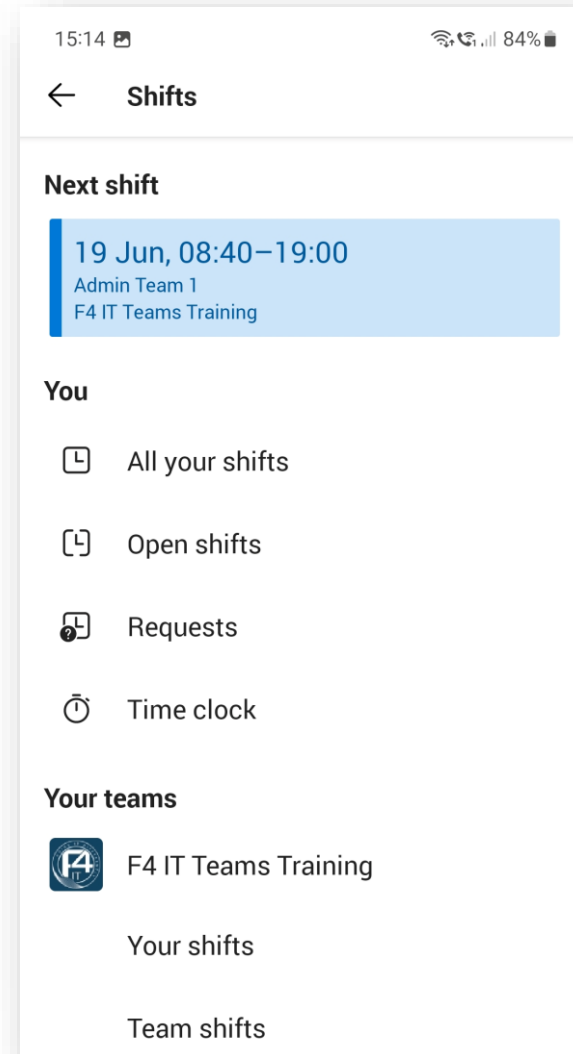
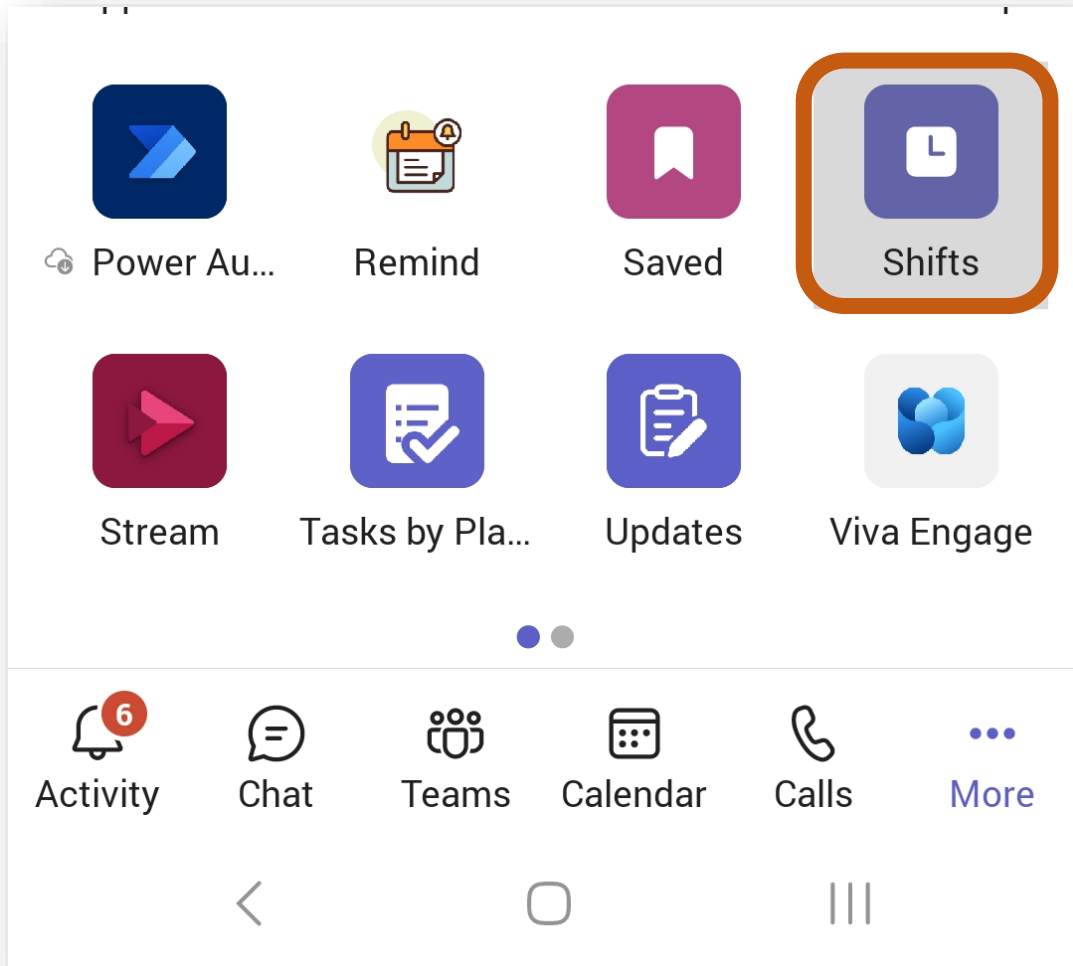


Taking your skills to the next level

Mobile Notifications



Mobile Notifications





Requests



Taking your skills to the next level

New request

Time off Swap Offer

All day

Start date

14/06/2023



End date

14/06/2023



Reason

Bank Holidays



Note

Add a note (optional)

Cancel

Send request





User - Pending

TF

TRAINING02, F4 (F4 IT) 16:30

Annual Leave
26/06-30/06

Cancel request

 Manager response 16:30
 Pending final approval



Manager - Approval

TF

TRAINING02, F4 (F4 IT) 16:30

Annual Leave
26/06-30/06

Manager response 16:30

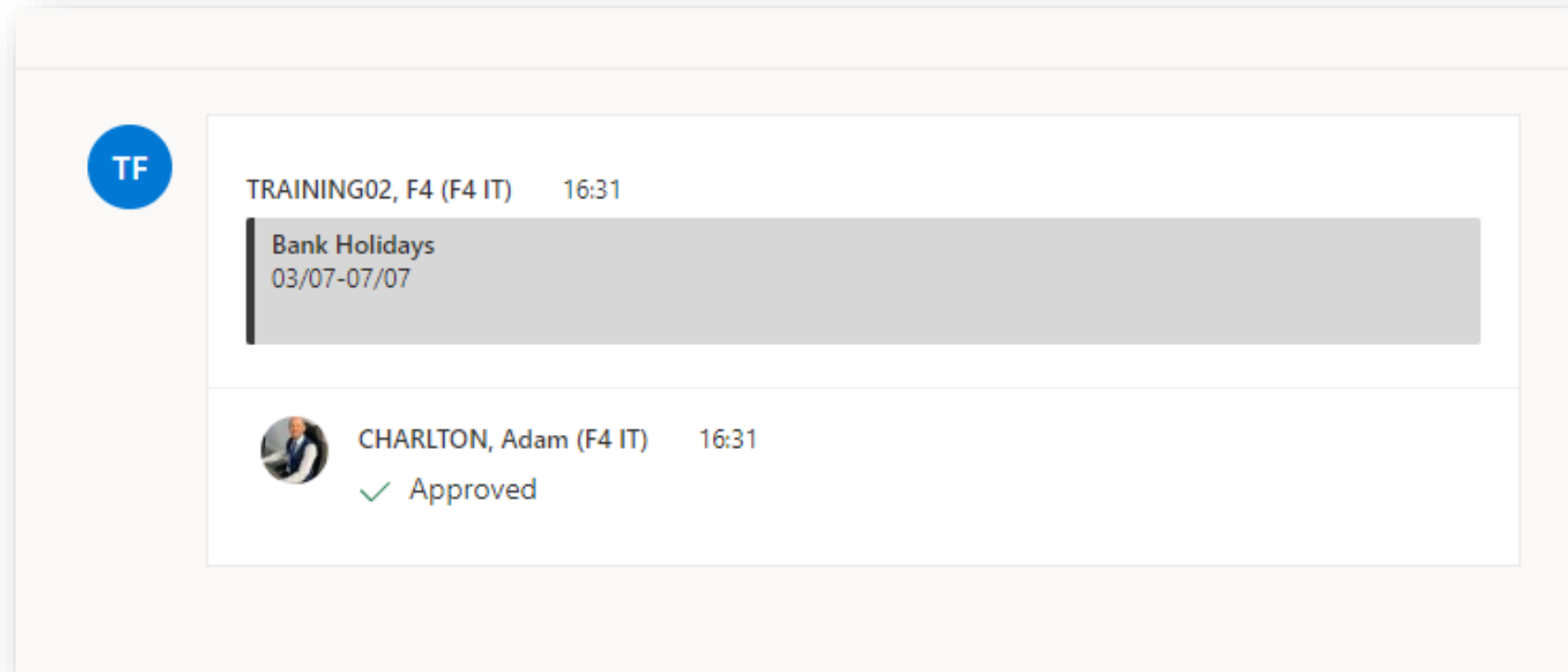
⌚ Pending final approval

Add a note (optional)

Deny Approve

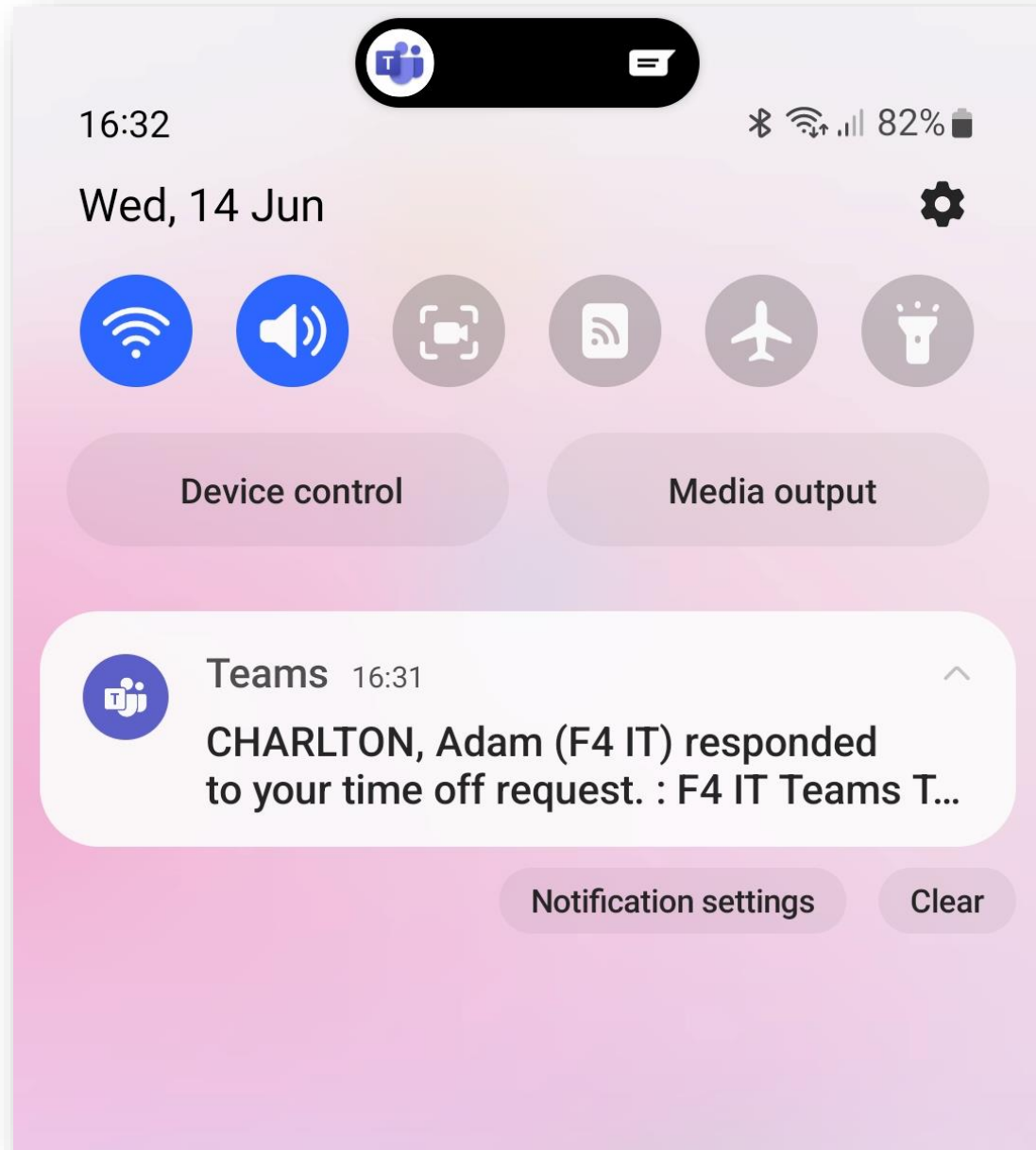


User - Approved



The screenshot displays a user interface with a blue circular icon containing the letters 'TF' on the left. The main content area is divided into two sections. The top section shows a notification from 'TRAINING02, F4 (F4 IT)' at 16:31, with a grey bar containing the text 'Bank Holidays' and the dates '03/07-07/07'. The bottom section shows a user profile for 'CHARLTON, Adam (F4 IT)' at 16:31, with a green checkmark and the word 'Approved' below it.





Automatically in Rota

Microsoft Teams

Search

F4 IT Teams Training

Schedule Requests

Today < > 26 June-2 July 2023

Week: 0 Hrs	26 Mon	0 Hrs	27 Tue	0 Hrs	28 Wed	0 Hrs	29 Thu	0 Hrs	30 Fri	0 Hrs	1 Sat
Day notes											
Admin Team 0 Hrs											
Open shifts 0 shifts											
TRAINING02, ... 0 Hrs	Annual Leave 26/06-30/06										

Activity

Chat

Teams

Calendar

Calls

Files

NHSmail S...

Office 365 ...

Shifts

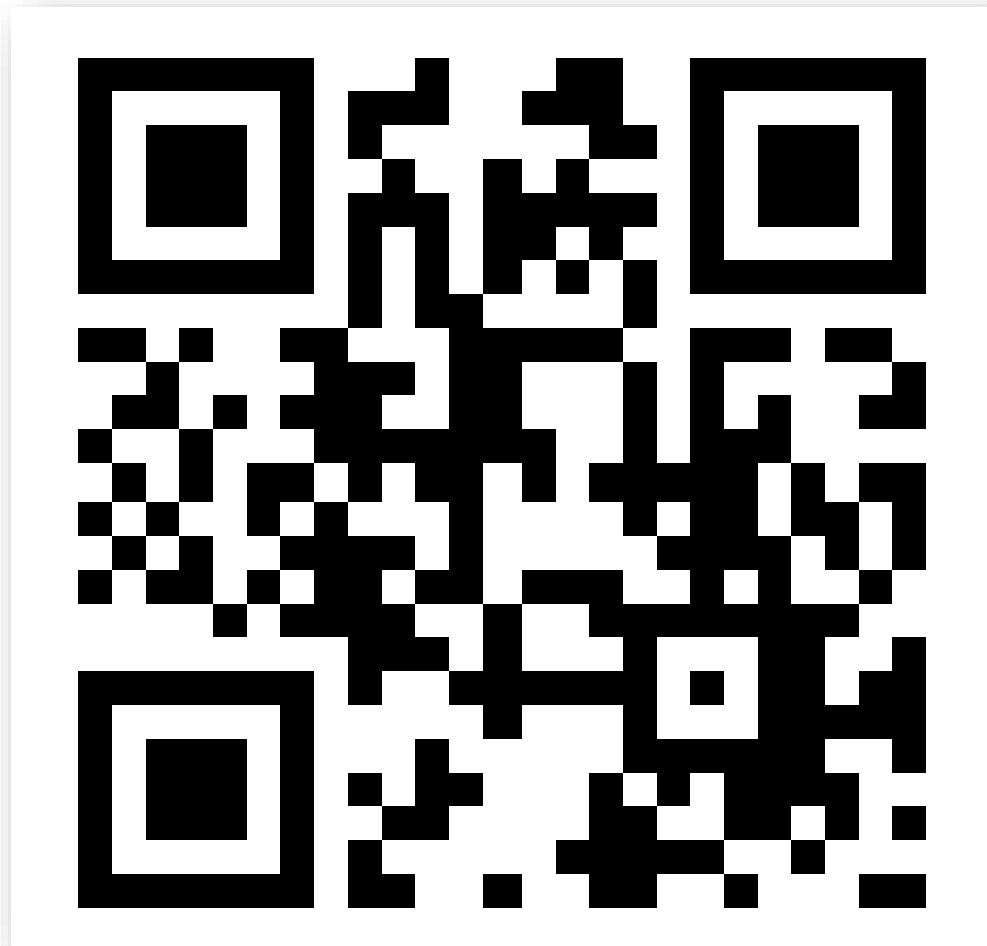


Limitations

- Must have an email address of your company. @nhs or council or care home.
- Shifts cannot manage annual leave allocation.



QR Code to the F4 IT full Guide video,



Victoria Turner

Public Health Consultant, North Yorkshire Council

Elaine Richardson

Public Health Officer (Health Protection), North Yorkshire Council

Indoor Air Quality Optimisation Project



**Humber and North Yorkshire
Health and Care Partnership**

Indoor Air Quality (IAQ) Pilot

**Achieving Excellence Together in Health and Social Care Conference
1st December 2023**

Why is IAQ important?

- Older people are particularly vulnerable to the consequences of poor IAQ
- Poor IAQ can contribute to both short and long-term respiratory conditions, from exposure to indoor air pollutants - even at low concentrations.
- Poor IAQ can affect cognitive function – high levels of CO₂ have been shown to reduce cognitive ability by 50%
- Improving IAQ has multiple benefits
 - Reduces transmission of respiratory infection
 - Reduces exposure to other harmful indoor air pollutants.
 - Helps concentration and sleep quality
 - Lowers staff sickness rates
 - Increases comfort within the surroundings



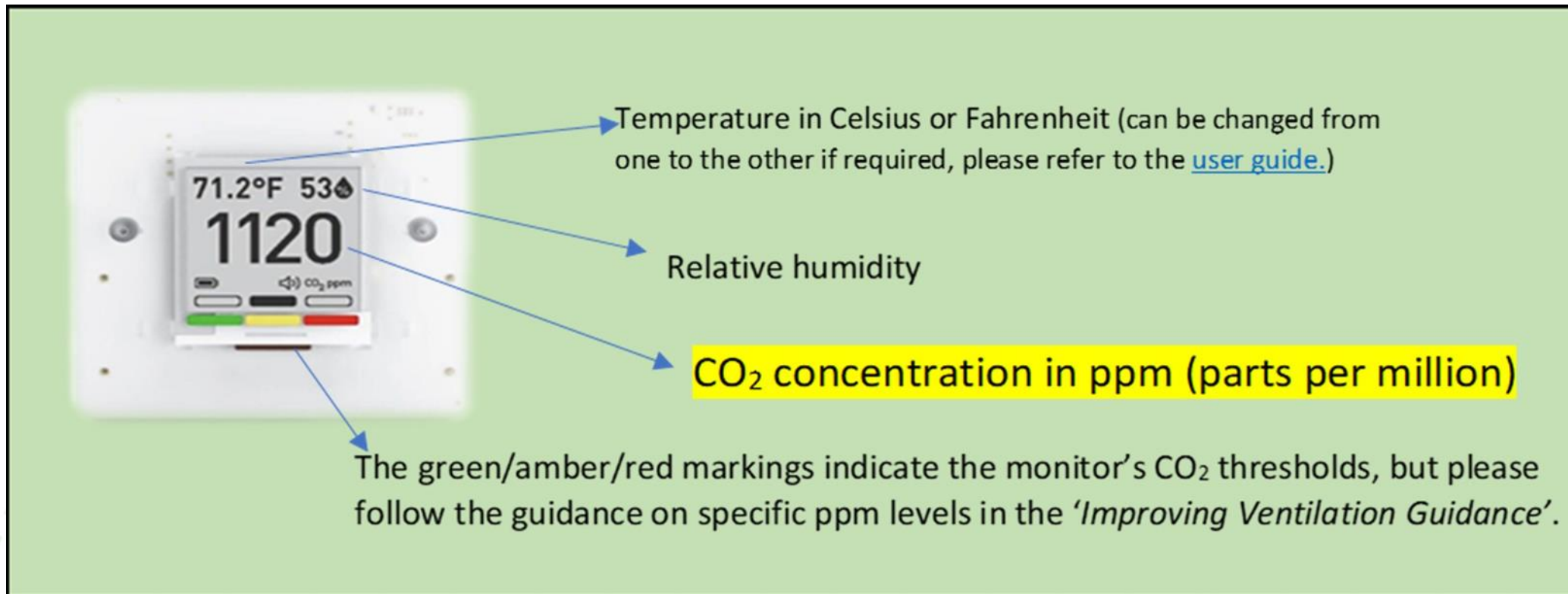
Using ventilation to improve IAQ?

- Improves IAQ by introducing fresh air into indoor spaces while removing stale air.
- Can be natural (opening a window or door) or mechanical (ducts, vents and fans etc.).
- Good ventilation reduces the risk of infection and bring wider health benefits by removing other pollutants, smells and excessive moisture from indoor air.
- By taking simple steps to improve ventilation we can improve the health and well-being of people living, visiting or working in care settings.

Using a CO₂ monitor to help identify areas that need improved ventilation

- CO₂ monitors are a good means of identifying whether a space needs any additional ventilation.
- We all breathe out CO₂ – monitors make the air quality ‘visible’ by displaying the levels of CO₂ in the air. They are a ‘proxy’ measure for the quality of the air and can be used as a broad guide to ventilation within a space.
- The CO₂ readings will help determine if a space is adequately ventilated, and what steps (if any) are needed to manage the ventilation in that area.

Aranet 4 Co2 monitor display



CO₂ readings

CO ₂ level	Description	What this means
Less than 800ppm	Ventilation is good	No improvements are needed
Between 800ppm and 1500ppm	Ventilation could be improved <i>(particularly the higher the number)</i>	Some improvements are needed in the area/room which may help to improve health and wellbeing outcomes.
1500ppm and above	Ventilation is unhealthy	There are high levels of shared air/re-breathed air in the space. If not rectified, this may lead to poorer health and wellbeing outcomes.

Indoor Air Quality Pilot

Aims

- Identify areas in care settings prone to poor indoor air quality (IAQ)
- Provide advice and support for IAQ improvements
- Support staff throughout the process

Integration

- Part of scheduled visits, no extra visits required

Approach

- Obtain a 'snapshot' of IAQ during visits
- Offer immediate advice and follow-up support as needed

Monitoring IAQ during a scheduled visit

- Our quality/nursing teams will discuss the visit with the setting, either prior to or at the start, and will have an informed conversation about what to expect.
- Our teams will be equipped with a CO2 monitor which they will bring with them on routine visits.
- They will discuss with the setting the opportunity for the monitors to be used as a tool, to support in understanding of the IAQ within the setting.
- During the visit, and in collaboration with the manager, our teams will:
 - ✓ Identify a suitable area for placement of a CO2 monitor (this will mainly be in a communal space)
 - ✓ Note and record the CO2 levels at intervals during the visit
 - ✓ Provide advice accordingly depending on the CO2 level, which is divided into colour 'zones':
 - **Green:** ventilation is good, no action needed
 - **Amber:** ventilation could be improved
 - **Red:** ventilation is unhealthy and needs improvement

Monitoring IAQ during a scheduled visit

- We have developed guidance which provides easy to follow information on how to take steps to improve ventilation.
- Our teams will provide the guidance, either by email or a paper copy. There also may be an opportunity for our teams to provide additional support and advice on the day.
- The guidance provides a comprehensive list of measures which can be taken if needed. If additional support is still required, it can be sought via the Health and Safety Team at NYC (Internal NYC premises) or from your own H&S adviser, property compliance/facilities within the organisation (external providers).

Feedback so far..

- 2nd floor lounge with windows open but restricted: CO2 levels of 1085ppm recorded
- Ground floor bedroom: window already open but then opened bedroom door, CO2 levels dropped from 1015 to 681ppm.
- Kitchen area: spacious area with 3 doors in total, no windows open. CO2 levels did not go above 757ppm.



Questions?

Please email NYC Public Health team at:
dph@northyorks.gov.uk

Rachel Murphy

Adult Social Care Research Manager, North Yorkshire Council

Research in Adult Social Care



Open Session and Care Provider Participation

- Any question?
- Any comments?
- How can we support you over the next 12 months?
 - Any Ideas/ good practice you want to share?



Continue to Develop Our Relationships with Other Agencies in Order to Achieve the Standards of Care Our Residents Deserve
 More Days Needed for Networking Please
 Liaise with Quality Work Better with People
 Improvement on Hydration Project. To Utilise Tools That Are Out There- Particularly Around Medication Errors
 Involve Dietetics to Improve Nutrition/Dysphagia in Nursing and Residential Care Look After My Residents and Co-Workers with a Respectful and Healthy Lifestyle
 Build Connections and Support Our Homes and Communities Through New and Exciting Training Programmes
 Fight the Corner for Nursing Leadership and Development of Extended Skills in Nursing Homes
 To Review Our Nutrition and Hydration, and Offer a More Expansive Choice
 To Update our Medication Errors Process to Include a More in Depth Root Cause Analysis
 Support for Nurses in Care Homes to be More Autonomous, and Get IT That Links In.
 Keep Networking to Improve Resident Experience
 Use Some of the Information Given Out Today For Nutritional Needs and Hydration (Some Excellent Ideas from 5 Whitby Road)
 Continue to Work Collectively with Partners
 Do More to Make Sure We Are Joined Up Across North Yorkshire and York
 To Utilise Tools That Are Out There- Particularly Around Medication Errors
 Finally Look at Going Digital!
 Empower Care Home Staff to Discuss Future Wishes About their Advance Care Plans

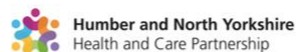
Pledge Time- What Learning and Ideas Will You Take Away From Today Into Your Service?

Survey Time- How Did You Find Today's Event?

Please take 5 minutes to share your experience and help us shape future events around our North Yorkshire and York Care Sector



Keep the Conversation Going. How Can We Support You and Your Service?



**Care Connected- Your
North Yorkshire and York
Care Provider Forum
Alternate Wednesdays
10:30-11:30 via Microsoft
Teams**

**Partners in Care- Your
North Yorkshire and York
Bulletin
Circulated Every Monday**

**Email Us:
[hnyicb-
voy.yorkplacequalitynursing
team@nhs.net](mailto:hnyicb-voy.yorkplacequalitynursingteam@nhs.net)**



**Thank You for Attending Achieving Excellence
in Health and Social Care 2023**



Humber and
North Yorkshire
Integrated Care Board (ICB)



Humber and North Yorkshire
Health and Care Partnership



Gift Bags

**Wishing You and Your Teams a Merry
Christmas and Happy New Year**

