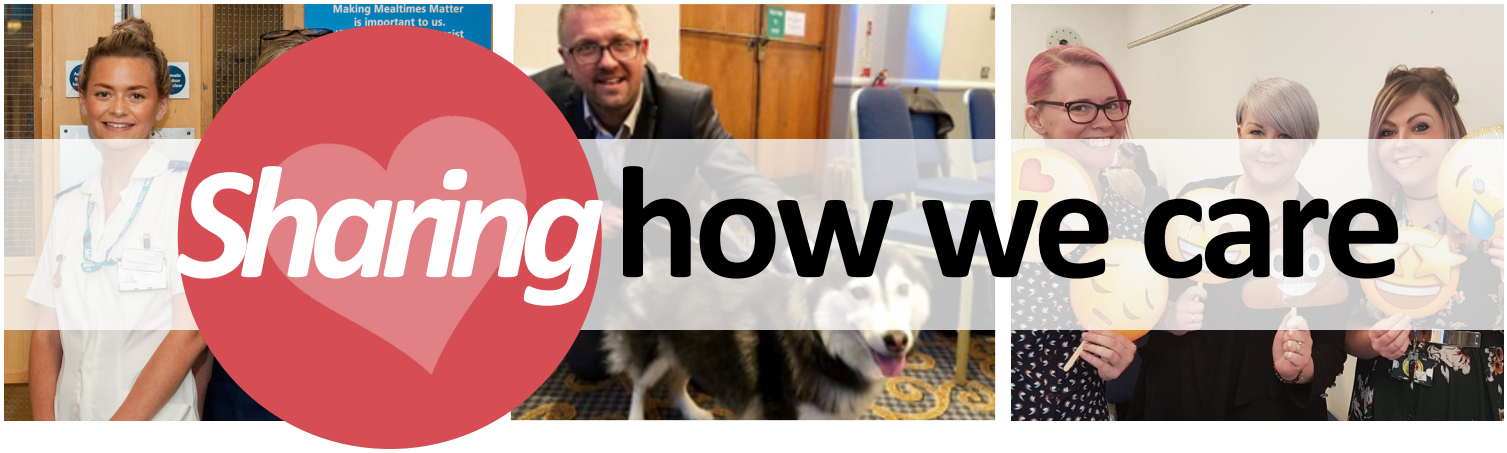
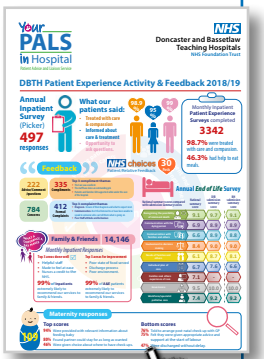
NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust



Sharing how we care

Learning from Patent Experience

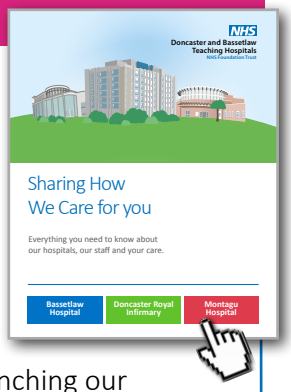
Each year we collect patient experience through a variety of ways. This helps us to understand what patients need and expect from us. This year we have pulled this together on one page so you can see what we are doing well and what our patients would like us to improve on.



Print off to display in your area here.

Launching Sharing How We Care for You

One of the key messages from all the patient experience information (as well as learning from patient safety) was that patients and their families wanted better communication about their stay in hospital and what they could do to help keep safe.



New for this summer – we are launching our **Sharing How We Care for You** bedside information. This has been developed with our subject experts and includes key information for patients and their families.

This is written for patients and is to be shared with their families to ensure they are as informed as possible. A hard copy will be delivered to every patient bedside and will also be available electronically.

Click here to access the booklet.

When I wander (author unknown)

When I wander, don't tell me to come and sit down.

Wander with me. It may be because I am hungry, thirsty,

Need the toilet. Or maybe I just need to stretch my legs.

When I call for my mother (even though I'm 90).

Don't tell me she died. Reassure me, cuddle me, ask me about her.

It may be that I am looking for the security that my mother once gave me

When I shout out, please don't tell me to be quiet… or walk by

I am trying to tell you something, but have difficulty in telling you what.

Be patient. Try to find out. I may be in pain.

When I become agitated or appear angry, please don't reach for the drugs first.

I am trying to tell you something.

It may be too hot. Too bright. Too noisy. It may be because I miss my loved ones.

Try to find out first.

When I don't eat my dinner or drink my tea. It may be because I have forgotten how to.

Show me what to do, remind me.

It may be that I just need to hold my knife and fork.

I may know what to do then.

When I push away while you are trying to help me wash or get dressed.

Maybe its because I have forgotten what you have said.

Keep telling me what you are doing over and over and over.

Maybe others will think you're the one that needs the help.

With all my thoughts and maybes, perhaps it will be you who reaches my thoughts,

Understands my fears, and will make me feel safe.

Maybe it will be you who I need to thank.

If only I knew how.

Print off this poem here.

Learning from Person Centred Care

In South Yorkshire and Bassetlaw, people over the age of 85 are set to double over the next 20 years (from 35,000 – 72,000). People over the age of 75 will increase by 63% over the next 20 years (from 124 – 202,000). This means that we will see a rise in the numbers of older people seeking hospital care and need to be prepared.

For people coming to our Hospitals, we spend a lot of time trying to work out **what's the matter with them** and **not always what matters to them.** For older people coming into hospital, we need to be having these conversations.

On or around 6 June we will be encouraging people to have a 'What matters to you? conversation with people you support or care for. Read more here.

Let us now if you are promoting What Matters to You in your area.

Asking What Matters To You can also be described as Person Centred Care. Being person-centred is about focusing care on the needs of the person rather than the needs of the service. Most people who need health care these days aren't happy just to sit back and let health care staff do what they think is best. They have their own views on what's best for them and their own priorities in life.

Person Centred Care is also a regulation for the CQC.

Our DNA CPR policy and documentation was removed on 1 April 2019 and replaced with ReSPECT (Recommended Summary Plan for Emergency Care and Treatment). See the documentation here.

A ReSPECT conversation follows the ReSPECT process by:

- ✓ discussing and reaching a shared understanding of the person's current state of health and how it may change in the foreseeable future
- ✓ identifying the person's preferences for and goals of care in the event of a future emergency
- ✓ using that to record an agreed focus of care as being more towards life-sustaining treatments or more towards prioritising comfort rather than efforts to sustain life
- ✓ making and recording shared decisions about specific types of care and realistic treatment that they would want considered, or that they would not want, and explaining sensitively advance decisions about treatments that clearly would not work in their situation
- ✓ making and recording a shared decision about whether or not CPR is recommended.

For more information, please see the resources available in the following pages and the frequently asked questions (FAQs) page.

This is Me

Asking patients and families to complete **This is Me** can help health and social care professionals better understand who the person really is, which can help them deliver care that is tailored to the person's needs. At DBTH we have developed our own version of the one co-produced by the RCN and Alzheimers society.

Using **This is Me** is not just for patients with dementia and delirium, it helps to provide person centred care and overcome problems with communication. Using **This is Me** can help to prevent more serious harms such as falls, malnutrition and dehydration. If you are struggling to embed the use of **This is Me** in your area. Read more about it here.

For much more information about Person Centred Care and how we are continuing to improve these principles to reduce our rates of harm. Book on the study day here.

endPJparalysis

This summer we are also re-launching some initiatives that support our aim to make sure patients don't leave hospital less able than when they entered it.

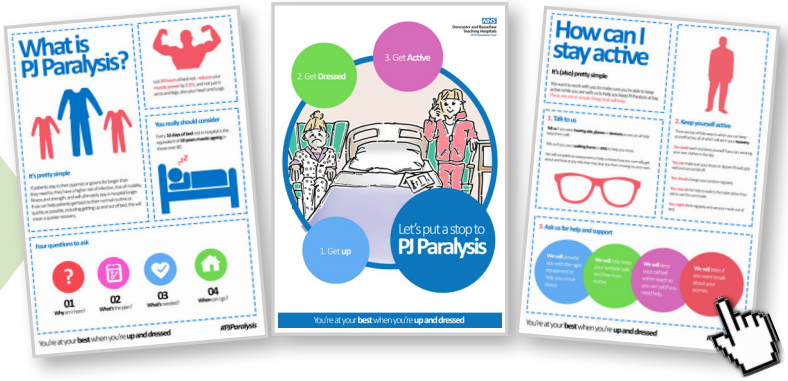
Back in 2016 a Twitter conversation started with the words 'Nursing was born in the Church, raised in the Army and pyjamas are our patient's uniform'. This led to a national campaign to #endPJparalysis

The premise of #endPJparalysis is remarkably simple, enabling hospitalised patients to get up, dressed and moving in order to prevent deconditioning. NHS England say that this is important because 65% of patients admitted to hospital are 65 or older and a person over 80 who spends 10 days in a hospital bed will lose 10% of muscle mass. This could be the difference between going home and going to a care home.

Obviously the patient and their condition need to be taken into consideration and this idea cannot apply to every single in-patient. However, for most areas, it's a case of embedding a normal ward routine where all patients will be encouraged and supported to get up, get dressed and get moving, unless medically advised not to.

A recent Serious Incident on a medical ward was reported after a patient with a broken arm was nursed in bed for a week due to pain. He wasn't mobilised due to the pain from his fracture and because he wasn't mobilised, he developed a severe, avoidable hospital acquired pressure ulcer. While the ulcer is now healing, this harm could have been avoided with good pain control and the whole ward team working to #endPJparalysis from the beginning of the hospital stay.

Download the DBTH endPJparalysis posters here for your area



endPJparalysis – A story book

Get Dressed, Get Moving, Get Better, was written and illustrated by Dr Amelia Crabtree. She has kindly shared with us at DBTH as a resource **for those who care for patients, those who are patients and those who might be patients one day.** Download it here and let us know how you have shared this book in your area.

#Fit2Sit

We're also backing the #Fit2Sit campaign which encourages frontline health professionals and paramedics to put an end to patients lying down on trolleys and stretchers in ED if they are well enough to sit or stand.

Tying in with #endPJparalysis, the campaign will help to prevent loss of muscle strength, promote a speedier recovery, help patients get home sooner and save lost time to the 999 system. To support the campaign, download your #Fit2Sit posters here.

Implementation of the **Mobility RAG rating tool** at Montagu Rehabilitation

The Mobility RAG (Red, Amber and Green) tool was introduced as a Quality Improvement Initiative at The Fred and Ann Green Rehabilitation Centre. This supports the #endPJparalysis campaign and helps reverse the effects of deconditioning.

Green = Independent (with / without walking aid)

Amber = Supervision (with / without walking aid)

Red = Unable to mobilise but can transfer

Each patient admitted to the Rehabilitation Centre has a laminated copy of the tool place above the bed space. This provides relatives and staff with a clear indicator for that person's mobility status. As the patient changes so does their RAG rating and therefore provides a clear indication of mobility progression. This can have a positive impact on patient motivation and can even be used to set goals for patients to work towards. In this way the tool has facilitated greater positive risk by the Clinical Team within the Rehabilitation centre.

The underlying message behind the Mobility RAG tool is to get out of bed and be as active as possible. We know that this is the best way to prevent falls and reverse the impact of deconditioning. Within the Rehabilitation Centre all members of the MDT are involved in this process as it is not solely down to Therapist to mobilise patients.

The Mobility RAG tool was fully evaluated as part of a service review. During the study period it was found that:

- ✓ 60% of patients progressed to Green Status (this could have been from Red or Amber)
- ✓ 18% progressed from Red to Green
- ✓ 42% patients progressed from Amber to Green.

Since its introduction to the Fred and An Green Rehabilitation Centre, a number of other wards at DBTH have implemented the Mobility RAG tool. For more information, please contact John Brinkley, Rehab Therapy Team Leader john.brinkley@nhs.net

Message of the Month Support in decision making

An older lady with advanced dementia living in a Care Home with no next of kin was admitted to hospital with a decline in eating and drinking. The clinical impression was that this was a natural part of end stage dementia and as such treatment should be supportive in her Care Home rather than invasive in hospital. She did not retain capacity to make these decisions herself. The staff in the Care Home who knew her well thought that being kept comfortable around people she knew in the Care Home would be in her best interests. She was discharged back to her Care Home with a plan for a review in the community to arrange a Best Interests meeting. Unfortunately, she was readmitted within a few days and died in hospital.

Did this lady have the best care at the end of her life?

Could we have done more to allow her to die peacefully in her own home among familiar people?

Role of the Independent Mental Capacity Advocate (IMCA)

For people who have been deemed to lack capacity to make a specific decision about serious medical treatment and have no advocate (family or friends) or who have an advocate but there are concerns about their ability to make decisions in the best interests of the individual, you need to seek the input of an IMCA to when making decisions.

In an emergency situation, treatment should be given without IMCA input if it is deemed to be in an individual's best interests by the treating clinician.

IMCA service in Doncaster: Voiceability Doncaster.
Call: 01302 319052 email: Doncaster@voiceability.org

For further information on the Mental Capacity Act and IMCA service in Bassetlaw please contact Pat Johnson, Lead Professional, Safeguarding Adults. pat.johnson8@nhs.net

Learning from **Meaningful Engagement**

The Supervision and Engagement Policy was launched in January 2018.

In the same way you would increase frequency of observations when a patient clinically deteriorates, frequency of supervision and engagement should increase in the same way for patients at risk of harm from falls.

Areas are gaining confidence in the assessment of supervision needs, but there remains some variation on the levels of meaningful engagement during the supervision. Here are some case studies where the supervision and engagement helped change patient outcomes.

Case 1

A patient with a broken hip had been assessed a needing Purple Level of Supervision, meaning she was at high risk of falls and needed one-to-one supervision. She had Dementia, was scared and frustrated, sometimes not letting the nursing staff anywhere near her.

She was assigned for supervision and engagement by the activities coordinator who firstly completed a This is Me. She was encouraged into the ward day room, which has recently been refurbished after staff had raised the money to create a dementia friendly environment.

This is Me told us she liked music and singing. As soon as she entered the dayroom, she began to sing and then became more relaxed. As she relaxed, she engaged in other activities including crafting, newspaper reading, reminiscence, games and more. The daughters of this patient left a Friends and Family form reviews saying "We can't speak highly enough of Becki. She honestly is a god send. Mum thinks the world of her!"

After a few days of meaningful engagement, the patient risk was downgraded to Red and then Amber. She received no sedation for behaviour during her stay, remained fully mobile and was discharged safely to her own home.

Case 2

Another patient was reluctant to get out of bed after suffering several falls at home. This loss in confidence meant he thought he was safer in bed. The ward team persisted in encouraging the patient to mobilise, to gain strength and actually reduce the risks of falling.

With gentle encouragement, the patient agreed to spend time in the dayroom. After completing a This Is Me we discovered how much he enjoyed gardening and a mug of coffee. After endless mugs of coffee in the social dining area, gardening equipment was brought in and the patient was encouraged to create his very own Herb & Seedling garden! The patient was over the moon, thoroughly enjoyed himself but more importantly had started to gain confidence in mobilising again. Because he was mobilising more, his strength increased and he had no further falls. He was discharged back to his own home.

New Knitting Appeal (twiddlemuff pattern)

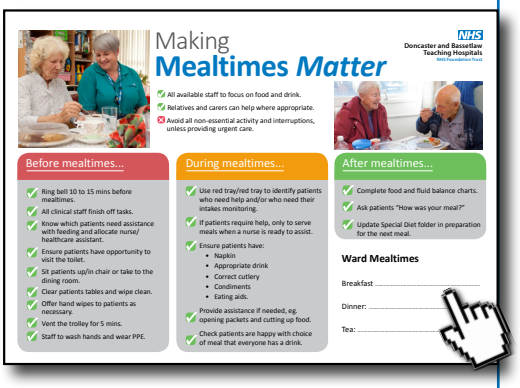
As part of our supervision and engagement work, we know that people with dementia or delirium can benefit from being distracted while recovering from illness or injury in hospital.

Twiddlemuffs are handmade knitted muffs, **designed for single patient use** and provide visual, tactile and sensory stimulation at the same time as keeping patients hands snug and warm. Please check cannula site daily as normal.

Twiddlemuffs have also been shown to have benefits for patients with learning disabilities and patients receiving chemotherapy. We are always on the lookout to replenish stocks of twiddlemuffs as we tend to use a lot of them on our wards.

If you or a friend would like to help knit and make twiddlemuffs – the pattern can be found here. If you are not sure which wards needs the twiddlemuffs or you would like a supply of twiddlemuffs for your area, please contact Emily King emily.king18@nhs.net

Introducing **Weekly Tea Parties**



It is estimated that 1 in 3 people admitted to hospital are malnourished. The impact of the hospital stay (if the patient is left immobile, sleep deprived, in pain and deconditioned) can have an effect on their appetite. This year we introduced Making Mealtimes Matter to support the importance of good hydration and nutrition in our wards.

Following on from Hydration and Nutrition week, some of our ward areas have introduced a weekly Tea Party. Not only does this show the commitment to nutritional care, and help to people improve nutritional intake for patients, but its also a great way to bring people together and create some joy and fun on your ward.

The tea parties have also had imaginative themes, helping patients to stay connected to the outside world. Families and friends are welcome, which also encourages patients to eat and drink in a social environment. Some of the themes have included Chelsea flower show, Wimbledon, Darn Pit, putting on the Ritz and Doncaster Memories.

Patients, families and staff all tell us this is a great way to improve patient care and team morale. If you would like to start a weekly tea party – let us know about it and use this resource to help you.

Pets as Therapy

We are finalising our policy to support the use of Pets as Therapy across the whole Trust.
Visit the Pets as Therapy site here.

The value of pet 'therapy' and/ or Animal Assisted Therapy is widely accepted as a powerful aid to both cognitive and physical stimulation and communication. Studies have shown that the presence of companion animals and interactions with Animal Assisted Therapy animals can improve the well-being of patients and lower the rate of anxiety, simply by making the hospital environment happier, more enjoyable and less forbidding. Traditionally, the presence of animals in health care facilities has been discouraged due to Infection Control/Health and Safety issues. However, advancements in Infection Control along with research showing the significantly positive impact of Animal Assisted Therapy on patients' lives, means we must view it as a credible form of therapy and therefore an accessible intervention for our patients, as part of their person centred care in the Trust.

Click here to watch the BBC Look North coverage of patients reactions to the Pets as Therapy visit.

If you would like a visit from Pets as Therapy, please contact Emily King emily.king18@nhs.net

Thanks this month go to: Cindy Storer, Dr Vicky Barradell, Esther Lockwood, Beth Cotton, Emily King, John Brinkley, Becki Rowley, Bonny Stevenson.