Sheffield Teaching Hospitals NHS
NHS Foundation Trust

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

International Nurses Day Book of Abstract

Thursday 12th May Doncaster and Bassetlaw Teaching Hospital (DBTH) Lecture Theatre, Education Centre

Friday 13th May Royal Hallamshire Hospital Medical School, University of Sheffield

The University Of Sheffield.

Zoom Link to join the conference online on 12th May 2022:
https://us06web.zoom.us/j/81184415952

Meeting ID: 811 8441 5952
Passcode: 097839

Streaming page URL for YouTube Day 1: https://youtu.be/x8aNul5gI5k

Zoom Link to join the conference online on 13th May 2022:
https://us06web.zoom.us/j/81184415952

Meeting ID: 811 8441 5952
Passcode: 097839

Streaming page URL for YouTube Day 2: https://youtu.be/SZRPbLCM5MI

Link to review and discuss posters: https://padlet.com/snmonline/yzr2po31wohlpp35

Please do read through the posters and leave your comment on the site to help authors know your thoughts about their work.

Sheffield Teaching Hospitals NHS
NHS Foundation Trust

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

International Nurses Day

12th May, 2022

In person: Lecture Theatre, Education Centre, Doncaster Royal Infirmary
Online: https://us06web.zoom.us/j/81184415952
Meeting ID: 811 8441 5952
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Streaming page URL for YouTube Day 1: https://youtu.be/x8aNul5gI5k

8.30 - 9.00	**Refreshments and networking**
9.00 - 9.10	**Introduction**: Professor Parveen Ali, Professor in Nursing and Gender Based Violence, UoS/ DBTH **Opening:** Professor Tracey Moore, UoS
9.10 - 9.20	**Welcome:** David Purdue, Chief Nurse, DBTH Abigail Trainer, Director of Nursing, DBTH
9.20 - 9.50	**Keynote Speaker**: Michelle Acorn, International Council of Nurses, Chief Nurse
9.50 -10.10	**The STH Simple Rules Toolkit – Continuing to support clinicians at STH** Irene Mabbott, Practice Development Coordinator (Evidence Based Practice), Practice Development Team, Learning & Development Department, STH
10.10 - 10.30	**Holistic Care Nursing** Beth Cotton, Holistic Care Team Dementia Lead, DBTH
Coffee break and networking	
11.00 - 11.20	Magnet for Europe: It's the largest initiative to improve hospital work environments to date. Nicola Wilkinson, Research Education Lead, DBTH
11.20 - 11.40	The Role of the Professional Nurse Advocate: The implementation and vision for DBTH Jenny Hunt, Senior Sister, Lead Professional Nurse Advocate, DBTH
11.40 - 12.00	Investing in nurses and building research capacity in Sheffield: a starter for 10 Professor Diana Greenfield, STH & UoS
Lunch, poster viewing and networking	
13.00- 13.20	Julie McGarry, Professor in Nursing and Gender Based Violence, STH and UoS & Parveen Ali, Professor, DBTH and UoS

The University Of Sheffield.

13.20 - 13.40	*This Nurse Can?* *Beccy Vallance, Head* of Quality Improvement Academy andClinical Lead Qi, DBTH
13.40 - 14.00	*How can you make Qi every day?* Samatha Fawkes, Senior Quality Improvement Practitioner, DBTH
Afternoon break and cake cutting	
14.45 – 15.05	Born and Bred in Doncaster Kerry Dooley, Research Midwife, DBTH
15.05 -15.25	Research nurses' impact on patient care and career opportunities Fiona Dunning, Research Nurse, DBTH
15.25 – 15.45	International recruitment and retention at DBTH Ruby Faruqi, Stay and Thrive Matron, DBTH
15.45 - 16.05	My Career pathway: A very long and winding road Professor Jo Cooke, UoS
16.05- 16.20	**Closing Remarks:** Suzy Brain England, Chair of the Board, DBTH Sam Debbage, Deputy Director of Education & Research, DBTH

International Nurses Day

13th May 2022

In person: Lecture Theatre, Medical school, Royal Hallamshire Hospital

On-line: https://us06web.zoom.us/j/81184415952

Meeting ID: 811 8441 5952
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Streaming page URL for YouTube Day 2: https://youtu.be/SZRPbLCM5MI

8.30 - 9.00	**Refreshments and networking**
9.00 - 9.20	Professor Julie McGarry, Professor in Nursing and Gender Based Violence (introduction), STH and UoS **Opening:** Chris Morley Chief Nurse, STH
9.20- 9.50	**Keynote speaker:** Nurses Leading Global Health Professor Roger Watson, Editor in Chief Nurse Education in Practice
9.50 – 10.10	*What are the current barriers for STH nursing and AHP staff to implementing evidence-based practice?* Alan Carroll, Enhanced Role Physiotherapist, MSK, STH Irene Mabbott, Practice Development Coordinator (Evidence Based Practice), Learning & Development, STH Nicky Sharpe, Learning and Development Manager, Learning & Development, STH Helen Wilson, Service Lead Physiotherapist, MSK, STH Esther Ludbrook, Clinical Effectiveness Facilitator, Clinical Effectiveness Unit, STH
10.10 - 10.30	*Introducing a sustainable model for Human Factors education* Nicky Sharpe, Learning and Development Manager STH Steve Harrison Deputy Organisational Development Director STH James Tomlinson – Human Factors Lead – Consultant Spinal Surgeon, STH
10.30- 10.50	*Using QR Codes to engage staff in training opportunities* Beth Colton, Clinical Educator, Haematology, STH
Coffee break and networking	
11.15 - 11.35	Delivering Prepare to Care Programme at Sheffield Teaching Hospital Lisa Hardy, Learning & Development Facilitator, Learning & Development Department, STH
11.35 - 11.55	Improving Blood Transfusion Training Rachael Wilkinson Hall, Angeline Thiongo and Sharon Baker

11.55 - 12.15	*Creating a trust wide guideline for document writing final checks* Irene Mabbott, Practice Development Coordinator (Evidence Based Practice), Learning and development Department STH
Lunch, networking and Posters	
13.00 - 13.20	What is the patients' preference on remote pre-assessment consultations, compared to face-to-face in the nurse-led immunotherapy clinic? Alison Pass, Advanced Nurse Practitioner, STH
13.20- 13.40	Evaluation of healthcare staffing resources for haemophilia in the UK Cathy Harrison, Advanced Nurse Practitioner in Haemophilia & other Haemostasis Disorders, STH
13.40 - 14.00	*Do Not Resuscitate orders in the time of COVID-19: Exploring media representations and implications for public and professional understandings* Joanne Bird, Immunotherapy Late Effects CNS & YCR Research Fellow, UoS and STH, Fiona Wilson, HSS, UoS
14.00 - 14.20	Multidisciplinary simulated education Sharon Lukins, Clinical Educator, Clinical Simulation team, DBTH
Afternoon break and cake cutting	
15:00-15:20	Nursing Research Training Initiative; Junior Nurse Internship Programme Gail Mills, Lead Nurse Research and Development, STH Professor Julie McGarry, Professor of Nursing and Gender Based Violence, UoS & STH
15.20- 15:40	Engaging South Asian Community into Research Hafeezan Wadhio, Research Nurse for South Asian Community
15:40 – 16:10	Investing in nursing leadership: looking back and moving forward Elizbeth Rosser, Professor Emeritus, Bournemouth University and SIGMA
16:10-16:30	Investing in Nurses is important as they are global citizens and workers Aasia Rajpoot, Lecturer, Sheffield Hallam University
16:30-16:40	**Closing remarks:** Parveen Ali, Professor, DBTH and UoS

Profiles

Parveen Ali, Professor of Nursing and Gender Based Violence, University of Sheffield and DBTH

Professor Ali is also Deputy Director of Research and Innovation, Health Sciences, University of Sheffield. Parveen is an Editor in chief of International Nursing Review and editorial board member of Journal of Advanced Nursing and Journal of Interpersonal Violence. Her research focuses on research capacity building, gender-based violence, domestic abuse, inequalities in health related to gender and ethnicity, and health care professionals' preparation. She is a mixed method researcher and has led and contributed to many different projects over the past decade. She also leads a health programme on a community radio station to raise awareness about different health issues.

Julie McGarry, Professor of Nursing and Gender Based Violence, University of Sheffield & STH

Julie is a registered nurse in adult and mental health fields of practice and an established researcher and professional background in the field of safeguarding (adults and children) and gender-based violence. Julie's work is practice focused and she is passionate about research and the potential for research to both contribute to and lead in addressing real world priorities in health and wellbeing. Prior to joining the UoS and STH Julie was working with Nottinghamshire Healthcare NHS Foundation Trust as a Senior Safeguarding Lead and Trust Wide Lead for Domestic Abuse and Sexual Safety. Julie has published widely and disseminated her work through national and international conferences and invited keynote speaker presentations.

Sam Debbage, Deputy Director of Education and Research, DBTH

Sam Debbage has been a senior leader and influencer of education and research for many years, with a specific passion for raising aspirations and supporting every individual to be the best they can be. Sam has dedicated her 30 year nursing career to building her knowledge and skills in this area, forming strong relationships with NHS and Academic organisations.

Sam's early scholarly activity focused on improving patient outcomes, with her PhD using a quantitative approach to demonstrating the impact of care pathways (University of Sheffield). Sam has worked in several senior nursing, research and education positions across South Yorkshire, chairs the South Yorkshire Workforce and Delivery Group and participates in regional and national committees to help influence and raise the voice of nursing and care.

Abigail Trainer, Acting Chief Nurse, DBTH

A Registered Nurse of over 20 years' experience, Abi qualified in 1997, joining Barnsley Hospital before moving onto become a Sister at the Mid Yorkshire NHS Trust in 2000. Throughout her career, Abi has worked in a number of specialities, across a variety roles, and eventually returned to Barnsley Hospital in 2011 as Matron, before progressing to become the Deputy Director of Nursing. Abi was appointed to the Deputy Chief Nurse post at DBTH. In her role at our Trust, Abi is keen to ensure that nursing, midwifery and AHPs have a strong voice within the organisation. She is particularly passionate about forging relationships between specialisms and further developing the organisation's culture of kindness, ensuring we treat others how we would want to be treated ourselves.

In early May 2022, Abi became Doncaster and Bassetlaw Teaching Hospital's Acting Chief Nurse.

Chris Morley, Chief Nurse, Sheffield Teaching Hospitals NHS Foundation Trust

Chris has been Chief Nurse at Sheffield Teaching Hospitals NHS Foundation since October 2018, having previously been Chief Nurse at The Rotherham NHS Foundation Trust. Prior to this Chris was Deputy Chief Nurse at Sheffield Teaching Hospitals, where he has previously held a number of leadership roles in healthcare governance, patient safety and nursing management. Chris is also the nominated Chief Nurse for the North East and Yorkshire Genomic Medicine Service Alliance.

Chris possesses a BMedSci in Professional Nursing Studies from the University of Sheffield and an MSc in Health and Social Care Leadership from Sheffield Hallam University. Chris is a visiting Professor in the College of Health and Wellbeing and Life Sciences at Sheffield Hallam University.

David Purdue, Chief Nurse until Mid-May 2022

David qualified as a registered general nurse from Nottingham University in 1990 and specialised in cardiac nursing in Nottingham where he set up a number of cardiac nurse-led services, an innovation that won him an award from the National Modernisation Agency.

After four years working on the implementation of the National Service Framework for coronary heart disease and then improving access to heart services in the East Midlands, David returned to hospital life in 2004 as clinical nurse manager for cardiothoracics at City Hospital in Nottingham. He joined the Trust in October 2008 as Divisional Nurse Manager for Medicine.

David was Associate Director of Performance from 2010 and became Acting Chief Operator Officer from June 2013 until his substantive appointment to the role in July 2013 which he held for six years until June 2019. In September 2019, David was appointed Chief Nurse.

Diana Greenfield, Consultant Nurse, Sheffield Teaching Hospitals

A Consultant Nurse with a PhD, Diana has striven to keep research close to patients throughout her career. With post-graduate qualifications in Oncology, Endocrinology, Education and Advanced Practice, she leads the multi-award-winning Late Effects of Cancer Treatment service at Sheffield Teaching Hospitals. Diana has published and presented widely in this field. Uniquely conferred as Honorary Professor at both the University of Sheffield and Sheffield Hallam University, Diana also holds several leadership positions. Of relevance, Diana is co-lead of the recently established Research Internship Programme at Sheffield Teaching Hospitals, in partnership with the NIHR Sheffield Biomedical Research Centre and the University of Sheffield.

Elizabeth Rosser, Professor Emeritus, Bournemouth University

Elizabeth has fiercely promoted the development of leadership at all levels of the nursing workforce and as a Registered Nurse with a midwifery qualification, she has a particular interest in culturally relevant care having worked for 6 years as nurse/midwife in Colombia, South America and later, involved in a number of workforce research projects both within the UK and in Brazil. She is a passionate educator and has spent the past 38 years in nurse education before retiring as Deputy Dean, Education and the final 19 months as Acting Dean of Faculty at Bournemouth University. She continues to write and present regularly.

Jo Cook, Professor of Research Capacity Development, University of Sheffield

Professor Jo Cooke, based at the University of Sheffield has held a variety of leadership posts that support research capacity building in health and social care that enable individuals, teams, and organisations to undertake and use applied research. This has included Directorships of the Trent Research Development Support Unit and the Yorkshire and Humber Research Design Service based at ScHARR, University of Sheffield. She has also been the Associate Director of a national evidence-based partnership in social care called Research I Practice. She was Deputy Director in a Collaboration and Leadership in Applied Research and Care (CLAHRC) in Yorkshire and Humber, for over ten years. Jo is now based at the School for Health Science at the University of Sheffield and leads on research capacity for the NIHR Applied Research Collaboration in Yorkshire and Humber.

Michelle Acorn, Chief Nurse, International Council of Nurses

Dr. Acorn was appointed as the inaugural Chief Nurse of the International Council of Nurses in 2021, a federation representing more than 130 national nursing associations and over 27 million nurses worldwide. She transitioned from the Provincial Chief Nursing Officer role in Ontario, Canada . Michelle's academic career has evolved from diploma to post-doctoral education. She holds national nursing certifications in Emergency and Gerontology and an international certification as a Global Nurse Consultant. Dr. Acorn was inducted as an inaugural Fellow of the Canadian Academy of Nursing. She is also a Fellow in the American Academy of

Roger Watson, Editor-in-Chief, Nurse Education in Practice

Roger Watson is Academic Dean at Southwest Medical University, China. He is a biology graduate of The University of Edinburgh with a PhD in biochemistry from the University of Sheffield who qualified in nursing at St George's Hospital, London. He has a special interest in the feeding and nutritional problems of older people with dementia. He is Editor-in-Chief of Nurse Education in Practice and former Editor-in-Chief of Journal of Advanced Nursing and an Editorial Board member of the WikiJournal of Medicine. He has honorary positions in Hong Kong, Ireland and Slovenia. He was a member of the UK 2008 Research Assessment Exercise sub-panel for Nursing and Midwifery and a 2014 Research Excellence Framework sub-panel for Allied Health Professions, Dentistry, Nursing and Pharmacy. In 2017 he was inducted into the Sigma Theta Tau International Nurse Researcher Hall of Fame.

Suzy Brain England OBE, Chair of the Board, DBTH

Suzy Brain England OBE is the Chair of the Board at Doncaster and Bassetlaw Teaching Hospitals. She is a former board member of Mid Yorkshire Hospitals, Barnsley Hospital and Kirklees Community Healthcare. Suzy is a Chartered Director and Lead examiner for the Institute of Directors. She is a trustee on the NHS Providers and NHS Retirement Fellowship Board and Chair of Keep Britain Tidy. She is a Director of Doncaster Chamber of Commerce. Suzy received her OBE for public service in the Queen's Birthday Honours.

Tracey Moore, Dean Health Sciences School University of Sheffield

Tracey Moore is a Professor of Nursing at the University of Sheffield. Tracey joined the University of Sheffield following a clinical nursing career in adult acute and critical care and high dependency care. Tracey has been engaged in a range of teaching both undergraduate and postgraduate programmes in acute care for registered and non-registered health care professionals in primary, community and secondary care sectors. Tracey's research interests are in ward nurses' recognition of, and response to, patient deterioration. Her Doctoral study explored why nurses think they fail to respond and effectively rescue deteriorating patients. Additionally, she has been involved in several international nursing education projects.

Abstracts

THE STH SIMPLE RULES TOOLKIT – CONTINUING TO SUPPORT CLINICIANS AT STH

AUTHOR: Irene Mabbott, Practice Development Co-ordinator (Evidence Based Practice), Practice Development Team, Learning & Development Department, STH
Vicky Patel, Deputy Clinical Effectiveness Manager, Clinical Effectiveness Unit, STH
Dipak Patel , Research Manager, Clinical Research & Innovation Office, STH
Rob Bloor, Learning and Development Coordinator (Technology Enhanced Learning)
(Technology & Digital Skills Team) Learning & Development Department, STH

ABSTRACT:

Background: The STH Simple Rules Toolkit has been in existence since 2005 and in that time has helped considerable numbers of staff differentiate if the project, they are planning is Research, Clinical Audit or Service Review. Over the years, the Toolkit has been updated to incorporate current thinking and approaches. Training around the Toolkit has been provided since its inception, but it was felt that new methods of training were appropriate at this time.

Method: An expert group was brought together to pull the new toolkit together with current updates and procedures. The training of the toolkit was then redesigned to:

- Create an eLearning package available to all STH staff via the PALMS system
- Make it an interactive training session using case studies and real examples from clinical practice
- Have the course recordable against the staff member's personal account
- Link into Governance procedures and processes
- Provide follow on support and advice if required

The updating of the toolkit took a little longer than anticipated due to other linked in policies and the advent of the COVID pandemic. But, the core team worked collaboratively to ensure the new eLearning package was ready to launch in December 2021.

Results:
The new STH Simple Rules Toolkit was updated in August 2021 and disseminated across the Trust. The newly created eLearning package was uploaded onto PALMS in December 2021 for staff to access. The number of accesses and completions will be monitored by the STH Learning and Development Department. Any future

	updates of the toolkit and / or training will be determined as the need arise
	Holistic Care Nursing
AUTHOR:	Esther Lockwood, Colin Hepples, Mandy Tyrrell, Helen Davies, Emma Carey-Topping, Jo McQuade and Beth Cotton
ABSTRACT:	Patient safety, when linked with Cognitive Impairment, is often challenging to manage, particularly with the ever demanding pressures on the wards. The Holistic Care Team can offer additional perspectives and guidance for patients with Dementia, Delirium, Enhanced Supervision needs and those with Falls risk factors. The team has been implemented and supported within the Trust to respond to concerns raised by the coroner and CCG linked to inpatient falls, provision of enhanced supervision and the use of bed watch and security.
	INTERNATIONAL RECRUITMENT AND RETENTION AT DBTH
AUTHOR:	Ruby Farouqi
ABSTRACT:	The NHS has always benefited from overseas recruitment and from nurses coming from other countries to live and work in England. Recruitment from outside of the UK continues to feature as an important part of the workforce supply strategy of NHS organisations, in line with the NHS People Plan. The NHS Long Term Plan set out the ambitions for the NHS over the next 10 years, identifying ethical international recruitment as a workforce priority. Since 2020, DBTH Trust has recruited more than 60 nurses from overseas, supporting them to gain official accreditations as well as settle within the country. All of them are fully trained and registered within their country of origin, and have been appointed to take up roles across a variety of specialities including surgery, renal medicine, diabetes and endocrinology and general nursing. In order to fully practice without supervision, each recruit has had had to complete the OSCE. This is a practical accreditation overseen by the Nursing and Midwifery Council (NMC) which enables international candidates to gain practice clinically within the UK. Overseas recruitment is one of the Trust's approaches to providing a stable workforce to ensure quality services and care for its patients. Recruiting and retaining substantive employees also reduces the amount the Trust spends on agency cover. The money saved can be reinvested into patient care and facilities.

	THE ROLE OF THE PROFESSIONAL NURSE ADVOCATE: THE IMPLEMENTATION AND VISION FOR DBTH
AUTHOR:	Jenny Hunt, Senior Sister, Lead professional Advocate
ABSTRACT:	The Professional Nurse Advocate role is an emerging role within nursing. This initiative began in the field of Midwifery in 2017, replacing their statutory supervision with an employer led model. The Covid pandemic shone a spotlight on the wellbeing of nurses and all other healthcare professionals. A bespoke approach to mental and emotional health of the workforce is needed now more than ever. Therefore the PNA role and A-EQUIP model was introduced to the nursing profession. From April 2022, the NHS Standard Contract 2022/23 (NHS England 2022) outlines that provider of nursing services are required to implement the PNA role within their organisations. All organisations should ensure the PNA role, and the delivery of RCS, is embedded in current clinical governance arrangements, including board oversight. The professional nurse advocate (PNA) is new leadership and advocacy role. The PNA has the knowledge and skills to support and enhance staff wellbeing, support staff development to progress knowledge and skills and support quality improvement initiatives. This contributes to the delivery of safe, effective care for patients and their families. This presentation will introduce the PNA role, the potential benefits for staff and the organisation, outlining the implementation, development and evaluation of the role at DBTH FT.
	INVESTING IN NURSES AND BUILDING RESEARCH CAPACITY IN SHEFFIELD: A STARTER FOR 10
AUTHOR:	Professor Diana Greenfield, STH & University of Sheffield
ABSTRACT:	Where there's a will for a way; a brief story of establishing a research internship programme for nurses, midwives and allied health professionals with no infrastructure, strategy, funding, culture or tradition. Oh and during a pandemic….
	WHAT IS QI AND WHY DOES KATA MATTER
AUTHOR:	Beccy Vallance
ABSTRACT:	Kata is a coaching tool the Trust are using as part of implementing QI We have embarked on the deployment of Kata within the trust to enable staff to work on short PDSA cycles using a structured, scientific approach. Kata is a fairly new concept in the NHS and the rhythm of the practice of regular kata sessions is the key to making improvements. The challenge is finding the time to huddle and work through the Kata questions on a regular basis, even for the improvement team! We have run several cohorts of Kata learners including the Chief Nurse, Midwifery and Quality and will run the 2nd cohort late October, a mix of wards/departments already doing improvement work and some new to improvement. They have used this tool to engage with colleagues on making improvements in their departments and attending the sessions in small teams.

	As the Kata learners grow they should self-sustain and share their experience with the Qi team being 2nd coaches dropping in to see how they use their storyboards with colleagues. If the exec team could use the structure for their walk arounds and as act 2nd coaches as well this would enhance board to ward learning It will be interesting to see who is able to maintain the rhythm of improvement.

HOW CAN YOU MAKE QI EVERY DAY?

AUTHOR:	Samantha Fawkes
ABSTRACT:	**Aim:** The aim of the presentation is to give an overview how Nurses can use quality improvement lean methodology in their everyday practice to continuously improve their services and patient care that they deliver. **Methods:** In the presentation I will discuss the Qi methodology and tools that can be used to problem solve, create aims and plan PDSA cycles **Results:** I will give examples of Qi projects undertaken across the trust and outline the measurable improvements that have made. There will be the opportunity to ask any questions and sign post colleagues to the DBTH [age on the intranet/contact the Qi team for any further support or information.

BORN AND BRED IN DONCASTER

AUTHOR:	Kerry Dooley, Research Midwife
ABSTRACT:	We will soon be launching Born and Bred in Doncaster or BaBi D for short, it is the biggest study we have ever supported at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust. All pregnant women in Doncaster will be given the opportunity to take part. This data linkage study will give us a better understanding of the health of our local population and provide opportunities for longer term research and service development. The study aims to help improve the health and wellbeing of children and families across Doncaster with a strong focus on health inequalities

INTERNATIONAL RECRUITMENT AND RETENTION AT DBTH

AUTHRO	Ruby Faruqi, Stay and Thrive Matron
ABSTRACT	The NHS has always benefited from overseas recruitment and from nurses coming from other countries to live and work in England. Recruitment from outside of the UK continues to feature as an important part of the workforce supply strategy of NHS organisations, in line with the NHS People Plan. The NHS Long Term Plan set out the ambitions for the NHS over the next 10 years, identifying ethical international recruitment as a workforce priority.

Since 2020, DBTH Trust has recruited more than 60 nurses from overseas, supporting them to gain official accreditations as well as settle within the country. All of them are fully trained and registered within their country of origin and have been appointed to take up roles across a variety of specialities including surgery, renal medicine, diabetes and endocrinology and general nursing. In order to fully practice without supervision, each recruit has had had to complete the OSCE. This is a practical accreditation overseen by the Nursing and Midwifery Council (NMC) which enables international candidates to gain practice clinically within the UK.

Overseas recruitment is one of the Trust's approaches to providing a stable workforce to ensure quality services and care for its patients. Recruiting and retaining substantive employees also reduces the amount the Trust spends on agency cover. The money saved can be reinvested into patient care and facilities.

RESEARCH NURSES' IMPACT ON PATIENT CARE AND CAREER OPPORTUNITIES

AUTHOR	Fiona Dunning, Research Nurse
ABSTRACT	Clinical research is essential in order to improve care and treatments. Clinical Research Nurses (CRNs) play a pivotal role in research delivery, though the role is often misunderstood. The COVID-19 Pandemic has shone the light on the importance of research and that of CRNs. This presentation highlights the importance of research as the cornerstone of evidence-based practice.

FRIDAY 13TH MAY 2022

WHAT ARE THE CURRENT BARRIERS FOR STH NURSING AND AHP STAFF TO IMPLEMENTING EVIDENCE-BASED PRACTICE?

AUTHORS:	Alan Carroll, Enhanced Role Physiotherapist, MSK, STH Irene Mabbott, Practice Development Co-ordinator (Evidence Based Practice), Learning & Development, STH Nicky Sharpe, Learning and Development Manager, Learning & Development, STH Helen Wilson, Service Lead Physiotherapist, MSK, STH Esther Ludbrook, Clinical Effectiveness Facilitator, Clinical Effectiveness Unit, STH

ABSTRACT:

Evidence based practice (EBP) has been around for several years and remains a key healthcare priority across the world with sizeable funding and resources being allocated. Within our large acute NHS Trust, we have a well-established multidisciplinary Evidence Based Practice Forum whose wide-ranging remit includes a focus of promoting research utilisation. Adelphi style methods are utilised within the Forum to maintain the bottom-up approach, set subgroup projects, and share good practice
A previous Forum research project examined research utilisation. The results of this past project significantly guided the direction of travel for advances in EBP that STH made around training, resources, and support structures for clinical staff. Twenty years on with evolutions in healthcare, the need was identified to consider if these barriers remained the same.
The aims were to:

- Gather local information on staff perceived barriers to implementing EBP
- Draw conclusions around themes or areas identified
- Consider this added information with previous conclusions
- Plan for further evaluation
- Guide and inform future provision/strategy around promoting the implementation of EBP

A literature review was performed using the search terms: nurse, physiotherapist, occupational therapist, allied health professionals, barriers, research and EBP. This showed that despite efforts to promote research utilisation, barriers remain within nursing and AHP staff.

Permission was granted to use a modified BARRIERS questionnaire via: sfunk@unc.edu and the
STH Personal Achievement Learning Managing System (PALMS) was used to administer the questionnaire. Email invitations and reminders were sent to those identified as being in the above
Staff groups with a reassurance that the data collected would be anonymous. A total of 5738 staff
were invited to take part in the questionnaire

The questionnaire listed 29 multiple choice questions with free text options. Demographics relating to participant profession, current job role and length of experience were also gathered with data exported to excel, analysed and converted to pivot tables and descriptive graphs allowing conclusions to be drawn. A total of 229 members of staff accessed and completed the questionnaire (4.1% of the total invitations). The three top barriers to research utilization within this project were:

- The healthcare worker does not have time to read research
- There is insufficient time on to job to implement new ideas
- Other staff are not supportive of implementation

These barriers were different to those identified in the previous research studies. The conclusions are in line with the pre-existing research available in this field which shows lack of time; difficulty accessing research; poor understanding of the evidence; and perceived lack authorisation to implementation of change as being the primary barriers to implementing evidence-based practice

INTRODUCING A SUSTAINABLE MODEL FOR HUMAN FACTORS EDUCATION

AUTHOR:
Nicky Sharpe – Learning and Development Manager
Steve Harrison - Deputy Organisational Development Director
James Tomlinson – Human Factors Lead – Consultant Spinal Surgeon

ABSTRACT:

The national patient safety strategy outlines how the NHS is moving towards a proactive approach to embedding safer systems that provide care as intended every time and learning from what works not just from when it goes wrong . Human factors education is outlined in the patient safety syllabus associated with this strategy and is targeted for all staff across the NHS.
The project team propose to develop a Sheffield Teaching Hospitals Faculty for Human Factors education.
One definition of human factors is “Enhancing clinical performance through an understanding of the effects of teamwork, tasks, equipment, workspace, culture and organisation on human behaviour and abilities and application of that knowledge in clinical settings”
The ultimate aim of providing this training is to support staff to develop regular habits for safe working and to empower them to challenge any potentially unsafe practice. This ethos aligns to the Trust PROUD values and behaviours.
A suitable training provider with experience in NHS organisations was secured. The plan is to develop a faculty of Human Factors trainers who can deliver both bespoke Human Factors training but also to embed Human Factors principles into existing training and development programmes e.g., simulation, clinical skills, leadership and management, to ensure sustainability.

USING QR CODES TO ENGAGE STAFF IN TRAINING OPPORTUNITIES

AUTHOR: Beth Colton
Clinical Educator, Haematology, STH

ABSTRACT:

Background: The department needed a quick and easy way for nurses to access information whether that was new training, a new policy or new ways of working.

Method: Initially one subject with a tight deadline was examined with regard to making it accessible in a way that meant nursing staff did not have to engage in reading lengthy documents. Using techniques such as screencasts of the key points, voicing over PowerPoints and storage via a private YouTube channel made it easier for staff to access. The benefits include:

- Able to send to new starters, students, those retuning from sick or mat leave beforehand to share and set the scene
- Using a cascade theory
- Delivered practical skills
- Ability to be viewed at own leisure

Since the inception, there have been 34 of these new short instructional videos created and shared including such subjects as extravasation, chemotherapy spillages, managing the deteriorating patient and health and wellbeing in haematology. Using QR codes placed in staff locations such as the off-duty folder and the staff toilets meant colleagues would engage with them easily.

IMPROVING BLOOD TRANSFUSION TRAINING

AUTHOR: Nicky Sharpe
Rachael Wilkinson-Hall
Angeline Thiongo
Sharon Baker

ABSTRACT:

There are a number of legal and professional requirements for staff involved in blood transfusion to have training (induction and refresher) and assessment of their competence to be involved in the process. The project identified that the training being provided for STH staff

- was out of date
- was not recorded centrally
- had no identified resource to update it
- was extremely time consuming to extract training compliance for external reporting
- was not transferable between organisations

A scoping exercise was conducted to identify the advantages and disadvantages of other training material available and to review what other Trusts in the region use for their training.

A summary report was presented at the Hospital Transfusion Committee which approved the plans to change the training content to the E-learning for Healthcare and clincialskills.net training packages.

Additional work has been undertaken to identify which staff need to undertake which training modules and to set this up on the learning management system to enable organisational compliance to be reported both internally and externally to the Trust.

	The new training system will be launched this month across the Trust with the expectation that we can achieve 90% compliance by the end of March 2023.
	CREATING A TRUST WIDE GUIDELINE FOR DOCUMENT WRITING FINAL CHECKS
AUTHOR:	Irene Mabbott, Practice Development Co-ordinator (Evidence Based Practice), Learning and development Department, Sheffield Teaching Hospitals NHS Foundation Trust
ABSTRACT:	Within Learning and Development, there are staff who have historically been approached to proofread documents before wider dissemination across the Trust. These have included policies, guidelines and training packages. This has entailed the detailed reading of the document and making suggestions back to the author about the font, graphics, content, readability, referencing, repetition etc. It was felt that many of the issues detected could have been corrected before a final proofread so guidance was created to develop and encourage those skills. The project set out to create simple, easy to use guidance for staff who were writing documents within Sheffield Teaching Hospitals. Initially, this was shared with staff within Learning and Development Department but has since been shared across STH and is available for any staff who need it. The expert staff within the Learning and Development Department were approached for their advice, experience and suggestions in this subject. These included the 'usual suspects' of errors that arise in document writing. Underpinning evidence was examined, and the first draft guidance was created. This was shared for comments and suggestions before a final version was created and circulated. The guidelines have now been split into the following sections for consideration: • Audience • Font • Referencing • Spelling and Grammar • Layout • Content • Functionality The strapline for these completed guidelines is: 'Once your document has been shared with others, it is difficult to retrieve if there are any mistakes or errors, so be PROUD of your work and give it this final check to ensure successes.
	DELIVERING THE PREPARE TO CARE PROGRAMME AT SHEFFIELD TEACHING HOSPITALS
AUTHOR:	Brian Burke, Learning & Development Manager, Learning & Development Department, STH Lorraine Hall, Learning & Development Co-ordinator, Learning & Development Department, STH Lesley Hall, Learning & Development Facilitator, Learning & Development Department, STH

Lorraine Reed, Learning & Development Facilitator, Learning & Development Department, STH
Craig Draper, Learning & Development Facilitator, Learning & Development Department, STH
Lisa Hardy, Learning & Development Facilitator, Learning & Development Department, STH

ABSTRACT:

Prepare to Care is an organisation-wide induction programme provided for newly employed clinical support workers. The programme incorporates core subjects, determined by Central Nursing, which enable support workers to understand and to be confident in the role for which they are employed. Sheffield Teaching Hospitals NHS Foundation Trust ensure new staff have the skills, and knowledge and have the caring, compassionate and understanding attitudes required to practise safe and effective healthcare for our service users and their families

Within Sheffield Teaching Hospitals, Prepare to Care includes five taught delivery days and is also the mechanism through which the delivery of the Care Certificate is monitored. The Care Certificate is the national minimum standard of competence for support workers and the Prepare to Care delivery team support new staff to develop the knowledge required to achieve this award.

The Education Team which oversees both Prepare to Care and the Care Certificate includes both registered and non-registered nursing staff. The programme is managed by a registered nurse and experienced support workers provide taught sessions and tutor support to each new member of staff.

The programme is the beginning of the career journey for those new to care and acts as a foundation for health and adult social care integration.

EVALUATION OF HEALTHCARE STAFFING RESOURCES FOR HAEMOPHILIA IN THE UK

AUTHOR: Cathy Harrison

ABSTRACT:

Introduction: Throughout the UK, funding and staffing resources for the care of people with haemophilia and associated disorders varies. Although there are service specifications, there is no consistency for how these are achieved. With the current financial climate and the tremendous strain the NHS is under it is sometimes difficult to make a business case for improved or increased services for this complex patient group. For nurses and allied health professionals, activities within the patient pathway can be more difficult to quantify than for medics within the team.

Aim: The aim was to evaluate the current staffing resources within UK haemophilia centres.

Method: A survey was conducted initially on one site to establish consistency of responses, before sending out to the members of the UK

	Haemophilia Nurses Association. Utilising survey monkey a link was sent to every member, asking that one member of the team complete the survey for each centre. The survey looked at nursing and allied health professional resources, number of patients registered, different disease pathways cared for within the service and the geographical position within the UK. **Results:** Confirmed the significant variation between staffing resources, most specifically within the allied health professional groups, and also revealed the significant variation between conditions cared for in addition to bleeding disorders. **Conclusion:** It is clear to see why more research comes out of some parts of the UK due to the significantly higher ratios of staff to patients, in particular within the allied health professionals group. For rare, complex and expensive diseases to manage it is essential that there is consistent funding and services throughout the UK to ensure fair and equal access for all people with bleeding disorders to the highest standard of care. The findings were subsequently reinforced by a national peer review program.
	DO NOT RESUSCITATE ORDERS IN THE TIME OF COVID-19: EXPLORING MEDIA REPRESENTATIONS AND IMPLICATIONS FOR PUBLIC AND PROFESSIONAL UNDERSTANDINGS
AUTHOR:	Bird J & Wilson F
ABSTRACT:	**Background**: COVID 19 resulted in a number of headlines in the UK press heightened concerns around Do Not Attempt Cardiac Pulmonary Resuscitation (DNACPR) orders, particularly the use of 'blanket' DNACPR orders applied to older people in care settings. **Aims:** To explore how DNACPR orders were portrayed in the general and academic press and consider implications for lay and professional understandings and practice. **Methods**: We searched for articles published during 1st March to 11th May 2020 using COVID-19 combined with terms related to DNACPR and accessed the academic databases Web of Science, Cinahl, and Medline and the news database Nexis Academic. Selected articles were analysed thematically1. **Results**: The final selection of 179 media articles and 11 professional commentaries revealed ethical discourses and mixed understandings of DNACPR. Three themes were identified: rationing of acute services, championing autonomy in DNACPR decisions, and communication and trust. Media outputs reflected the challenges of advance care planning and communication at a time of considerable uncertainty. The call to 'protect the NHS' captured an acute care versus no care dichotomy in which palliative and social care were marginalised leading to public and human rights objections that question the suitability of DNACPR as a component of palliative care and advance care planning. **Conclusions**: The conflation of DNCPR as a rationing tool cultivates concerns around autonomy and potential for discriminatory practice. Furthermore, the link between DNAPCR and acute care resources suggests

that DNACPR orders occupy an uneasy positioning in advance care planning and perceptions post covid merit further research.

References:
1. Braun, V. & Clarke, V. (2006) Using thematic analysis in psychology. Qualitative Research in Psychology 3(2): 77-101

WHAT IS THE PATIENTS' PREFERENCE ON REMOTE PRE-ASSESSMENT CONSULTATIONS, COMPARED TO FACE-TO-FACE IN THE NURSE-LED IMMUNOTHERAPY CLINIC?

AUTHOR: Alison Pass

ABSTRACT:

Background: March 2020 saw a worldwide pandemic change the way healthcare delivery happened and in cancer care patients were shielded from healthcare establishments in order to protect them from serious if not life-threatening illness. The move from face-to-face consultations for the pre-assessment of treatment moved to non-face-to-face and telephone consultations to prevent exposure to illness.

Methods: A questionnaire was designed to ascertain the patients' preference of remote pre-assessment consultations compared to face-to-face consultations in the nurse-led immunotherapy clinic. A sample of 20 patients were invited to take part who had been using the nurse-led service from January 2020 to August 2020 so that they had experienced the service before COVID 19.18 out of the 20 sample took part in the study. They were telephoned by a clinician on a given date/time point and asked the questions from the questionnaire which was recorded on an online system at the same time. The primary rationale was to establish if they had a preference for remote monitoring as opposed to face-to-face.

Findings: The overall satisfaction of the patient group was between 64-88% and although the results evidenced areas of definite improvement especially with convenience, the overarching question to if the patients preferred remote monitoring to face-to-face was inconclusive. However, the free-text box enabled a greater insight into this information as it was highlighted that patients would like a mixture of face-to-face and remote monitoring. The use of technology was not completely rejected as the use of video had been preferred by a few of the patients. This service evaluation has enabled the researcher to have a better understanding of the patient group and how they have been affected by the COVID 19 changes but also the learning that this piece of work has facilitated.

Conclusion/recommendations: Patients' perceptions are valuable in healthcare to allow clinicians a better understanding as to how changes brought about impact them. This service evaluations most important result was that patients wanted a combination of modalities for their pre-assessment and although they were satisfied with the service delivery they did not conclusively state that were given a choice about how that would happen and if they preferred to attend hospital or not. Further research needs to be undertaken into those choices would be the recommendation to come from this service evaluation.

Braun, V. & Clarke, V. (2006) Using thematic analysis in psychology. Qualitative Research in Psychology 3(2): 77-101

NURSING RESEARCH TRAINING INITIATIVE; JUNIOR NURSE INTERNSHIP PROGRAMME

AUTHOR: Gail Mills and Julie McGarry

Sheffield Teaching Hospitals NHSFT (STH) will launch a nursing research training initiative in May 2022. Nurses will receive support and training to deliver a small research project on a topic that is central to care quality improvement. This initiative, funded by the National Institute for Health Research (NIHR) Sheffield Clinical Research Facility's Experimental Medicine award, will release one day per week from nurses' current roles to develop skills in designing and delivering a project relevant to their clinical area. The initiative will begin empowering STH nurses to lead, participate in and deliver research embedded in their area of practice for patient benefit, in line with the Chief Nursing Officer for England's' (2021) strategic plan for research. Building on the existing Nurse, Midwifery, and Allied Health Professionals (NMAHP) internships, successfully launched in 2021, the new programme aims to specifically support those without previous research experience.

Multi-professional simulation-based education

Sharon Lukins & Michelle McKenzie Smith

The clinical simulation team, DBTH

Simulation-based education is now commonly used to promote critical thinking and develop technical and non-technical skills in healthcare professionals.

Using simulation-based education as a tool to bridge the practice-theory gap, Montagu Clinical Simulation Centre (MCSC) have been designing and delivering simulation-based courses since 2003 aiming to increase confidence and competence in the healthcare workforce in both technical and non-technical skills, when dealing with patients in situations that a large proportion of healthcare professionals rarely experience in their clinical roles.

This presentation will review the history and development of simulation-based education at MCSC highlighting the advantages of team working in a 'safe, authentic environment' which affords delegates the opportunity to appreciate their role and that of their colleagues. Training within a multi-professional team also facilitates the exploration of new ideas.

Research has shown that up to 80% of medical emergencies are due to a brake down in non-technical skills or Human Factors. Exploration of these 'Human Factors' or 'non-technical skills' is central to the MCSC approach to multi-professional simulation training.

	This review will also explore the breadth of training MCSC has offered involving ODPs as a pivotal member of the MDT.
	ENGAGEMENT OF SOUTH ASIAN COMMUNITIES IN RESEARCH
AUTHOR	Hafeezan Wadhio
ABSTRACT	Chronic health conditions are increasingly prevalent among ethnic minority communities. For example, current evidence indicates that 11.4% of the total population from ethnic minority communities are suffering from long-term health conditions such as diabetes, stroke, and chronic heart conditions. It is also reported that despite being over-represented in long-term health issues, ethnic minority communities are underrepresented in clinical trials. There are 7.3% of people from South Asian communities living in Yorkshire and Humber. However, the number of studies confirmed that there is minimal participation of SAC in the research. The reasons behind the limited participation of SAC are many challenges and barriers such as communication, cultural competency, marginalised, and health inequality. Therefore, being a research nurse, my role and purpose are to raise awareness about research, gain insight about barriers and facilitators, and discuss the importance of the research to the South Asian Community. Most importantly, my aim is to liaise with the primary health care services and community leaders to identify ways of approaching and engaging the community and building trust with SAC.
	INVESTING IN NURSES IS IMPORTANT AS THEY ARE GLOBAL CITIZENS AND WORKERS
AUTHOR	Aasia Rajpoot, Lecturer, Sheffield Hallam University
ABSTRACT	Nursing profession is the backbone of any health care system in every country around the world. Nursing often referred as a caring profession and is constantly valued as most trusted profession all over the world. Nurses have inherent ability to provide care to individuals regardless of their culture, creed, cast and geographical background. It helps nurses bridge cultures through practising nursing in setting and countries other than their own. Nurse are not only playing important role in providing care, nurses are also fundamental in shaping policy related to the delivery of health care and building the health capacity of entire nations. This presentation aims to explore how nurses work as global citizens and contribute to provision of care and development of health care systems in various countries.

Sheffield Teaching Hospitals NHS
NHS Foundation Trust

NHS
Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust

Posters

Link to review and discuss posters:
https://padlet.com/snmonline/yzr2po31wohlpp35

Please do read through the posters and leave your comment on the site to help authors know your thoughts about their work.

The University Of Sheffield.

What is Qi?

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Qi (Quality improvement)

is 'working together, using methods, tools, data measurement, curiosity and an open mindset to improve healthcare.' Health Foundation, 2013

Beccy Vallance, Clinical Lead
Quality Improvement (Qi),
Directorate of Strategy
& Improvement

What is KATA?

- A coaching tool the Trust are using as part of implementing QI.
- A methodological approach to improvement.
- Completed at the place of work of the learner (the gemba).

You need at least two people to practise kata in a pair. One person is the kata learner using the improvement kata and one person (often the kata learner's line manager) is the kata coach using the coaching kata.

Improvement kata is a way of achieving things when you don't know how you are going to achieve them.

It helps you to:

- Understand the direction or challenge
- Grasp the current condition
- Define the next target condition.

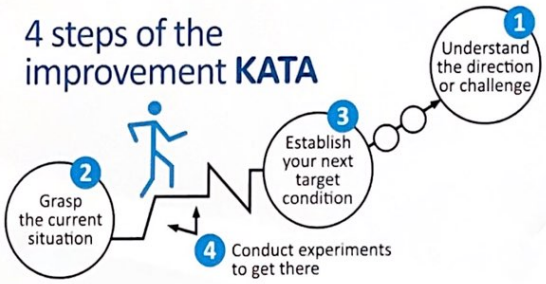
Move toward that target condition iteratively via experimentation, overcoming the obstacles preventing you from achieving the target condition.

How does KATA fit with Qi?

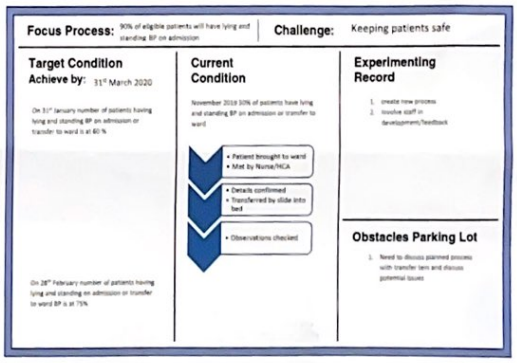
- Kata is a way of transferring skills and developing a mindset.
- Kata helps you translate concepts into practical reality.
- As it includes practice routines, improvement kata is a teachable, transferrable behavioural pattern.
- With repetition and positive experiences, the improvement kata pattern will become part of your everyday approach to goals and challenges, working on small tests of change (PDSAs).

To practise kata – you conduct both katas together: the improvement kata and the coaching kata.

4 steps of the improvement KATA



An example of a KATA storyboard



Coaching KATA: the 5 questions

Use these five questions in any team effort, to exercise scientific thinking to anything you do every day:

1. What is the Target Condition?
2. What is the Actual Condition?
3. What obstacles do you think are preventing you from reaching the target condition? Which one are you addressing now?
4. What is your next step? (Next experiment) What do you expect?
5. How quickly can we go and see what we have learned from taking that step?

References: The Toyota Kata Practice guide (2018) Mike Rother.

Into a brave new world: Novel therapies for haemophilia & von Willebrand disease surgery & the role of the Clinical Nurse Specialist

Authors:
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Jaime Chase, NZ
Kathy Fawcett, NZ
Robyn Shoemark, Aus
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INTRODUCTION

Haemophilia & von Willebrand disease are both recognised inherited bleeding disorders. With increased access to highly efficient & safe replacement & novel therapies, management of surgical interventions in this group can be safely managed by experienced multidisciplinary teams.

AIM

To review the evidence for managing surgery in the era of novel therapies

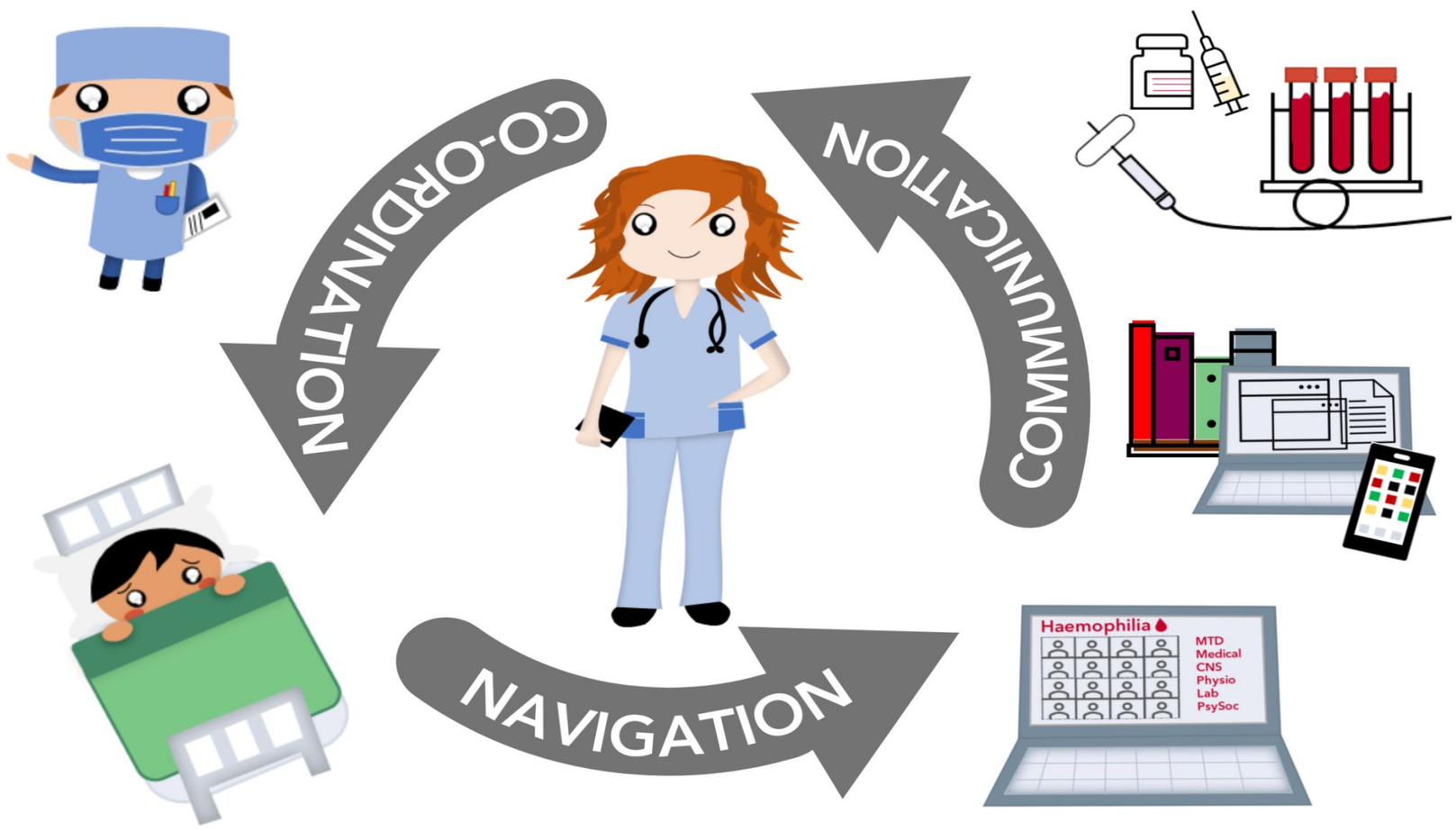
METHODOLOGY

We explore 4 cases & establish the role of the haemophilia clinical nurse specialist within the surgical pathway.

CASES

1. **Management of Left orbital rhabdomyosarcoma in a child with severe haemophilia A**
2. **Management of Severe Haemophilia A & Moyamoya syndrome in a child**
3. **Diagnosis & management of a post ankle surgery dorsalis pedis aneurysm in a man with severe haemophilia A**
4. **Management of peridonditis in a woman with type 3 von Willebrand disease**

Clinical Nurse Specialist role in novel therapy surgery



RESULTS

All of these cases evidence the continued important role of both the multidisciplinary planning prior to any surgical interventions in people with bleeding disorders and the key role of the Nurse Specialist in ensuring this plan is then implemented.

Key focuses of communication with all parties involved in the patient journey, performing education for the patient, family and wider healthcare team about the underlying bleeding disorder and the importance of time critical medicines being given on time is essential.

CONCLUSION

These cases demonstrate that individuals with bleeding disorders are at risk of developing other rare conditions alongside their lifelong condition, in addition to comorbidities associated with ageing. Evidence for rare plus rare is likely to be minimal as demonstrated within the cases, and recognition of how to reach out to international peers in the field is important.

Sharing complex case management at national & international meetings and in publication has never been so important.

Article for further information:

Harrison C, Chase J, Fawcett K, Shoemark R, Vaderrama Y. Into a brave new world: Haemophilia A & von Willebrand disease surgery with novel therapies. Haemophilia 2022: 28(Suppl 4):125-131. http://doi.org/10.1111/hae.14543

Cases & discussion also being presented at World Federation of Hemophilia World Congress 2022 Tuesday 10th May.

LOCALISATION OF NATIONAL HAEMOPHILIA COMPETENCY FRAMEWORK FOR THE SHEFFIELD HAEMOPHILIA & THROMBOSIS CENTRE SERVICE

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SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST
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Introduction

Nurses play a central coordinating role in delivering comprehensive care for people with inherited and acquired bleeding disorders in the UK & globally. For this role they require a broad range of competencies. The UK Haemophilia Nurses Association have published a role description in 1994 & subsequently a competency framework in 2014. In 2020, this framework was updated in keeping with the evolving & advancing clinical role of the haemophilia nurse specialist.

Aim

The Sheffield Haemophilia & Thrombosis Service manage patients and families affected by inherited & acquired bleeding disorders as well as other haemostasis conditions including inherited thrombophilias, ITP & TTP. The aim was to adapt the updated competency framework to establish a practical competency package for the nurse specialist and MDT within the Sheffield service.

Method

Utilising an earlier produced competency package based on the 2014 framework & the updated 2020 framework, the Sheffield service built a competency package to cover all areas of their service.

Results

The updated competency package enables development of nurse specialists from novice to expert in the practical field. The package utilises recognised peer reviewed articles, education platforms and academic courses to underpin experiential learning & is a useful tool for development reviews for the individual and manager. In addition to the framework it also contains a glossary of terms, acronyms & medications & provides signposting to useful sites for education & support outside of the local setting.

Conclusion

Competency packages for specialist nursing posts enable a clear development program for their roles. The introduction of this package has underpinned the development of a resilient, larger nurse specialist team & will enable progression of their practice going forward.

Level 1 (6 months – 1 year)

Competency: Indicators of the **clinical knowledge** needed by nurse specialists in the haemophilia & thrombosis centre.		
Areas to be assessed	**Evidence & Self-assessment / date**	**Assessor signature / date**
Understand the variety of different inherited haemostasis disorders and how they are inherited		
Recognise the signs and symptoms of haemophilia & von Willebrand disease		
Recognise the sign and symptoms of a presenting patient with acquired haemophilia		
Recognise the signs and symptoms of a presenting patient with TTP		
Recognise the signs and symptoms of a presenting patient with ITP		
Recognises the risk factors to health for individuals and families affected by bleeding disorders		
Understands the different treatment strategies (e.g. prophylaxis vs on-demand) and treatment types (e.g. replacement/bypassing/rebalancing of haemostasis) applicable to haemophilia & von Willebrand disease		
Demonstrates an understanding of basic laboratory findings and when to escalate or discuss with senior team members.		
Demonstrates ability to accurately record a verbal blood result called from the laboratory.		

Example: Level 1 **clinical knowledge** framework, additional areas include **clinical/direct care**, **communication & support, collaborative practice & research & audit, all contain level 1-4: novice to expert.**

References

Pollard D, Harrison C, Dodgson S, Holland M, Khair K. The UK haemophilia specialist nurse: Competencies fit for practice in the 21st century. Haemophilia. 2020 Jul;26(4):622-630. doi:10.1111/hae.14002. Epub 2020 Apr 20. PMID: 32311205; PMCID: PMC7496226.

VALUE OF THE HAEMOPHILIA CLINICAL NURSE SPECIALIST

£210,000 pa per nurse

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Huge thanks to all the nurses who responded, Alison Leary for guidance & to Sue Hall our Operational Manager who assisted with the coding breakdown

INTRODUCTION

Specialist nurses consistently rate higher than other healthcare professionals due to understanding patients' needs and being a key point of contact for all involved in a chronic disease patient pathway (RCN, 2010).

AIM

To establish the cost effectiveness of the UK Haemophilia Specialist Nurse.

Cost savings of min. £83,000 pa per nurse through patients saved from seeking care in Emergency Department

National Schedule of Reference Costs , 2016-2017. NHS Trusts & NHS Foundation Trusts

METHODOLOGY

During 2018, UK Haemophilia Nurses were emailed the link to the Apollo Nursing Resource Job Planner https://www.apollonursingresource.com/ (Leary et al, 2018) & asked to build their job plan, sending the downloaded version to myself for decoding with NHS coding lists. This information was added to feedback from a national survey regarding resources, roles, banding & responsibilities.

Activity was matched to NHS coding within the Sheffield Teaching Hospitals Tariff with help from directorate operations manager to enable a financial value to be placed on some of the activity performed by haemophilia nurses.

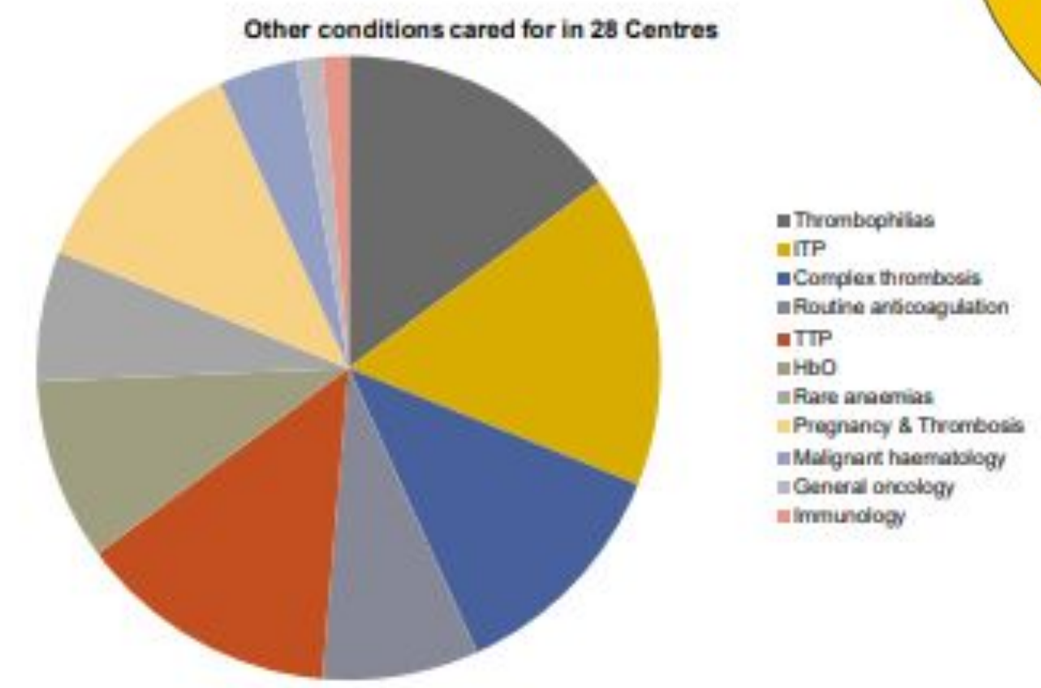
CONCLUSIONS

The Apollo Nursing Resource tool assisted UK Haemophilia Specialist Nurses demonstrate they are value for money. Roles are complex & multifaceted, & the average possible income brought in by these nurses is purely based on activity which is recognised as codeable.

Response numbers were poor (only 10) but provided a spread of bands 6-8 & were from across the UK.

Many activities performed are not recognised as bringing financial value but are core within the role, ensuring good quality of care to affected families. Management work, research, education & coordination of care are essential for patient safety & development of services.

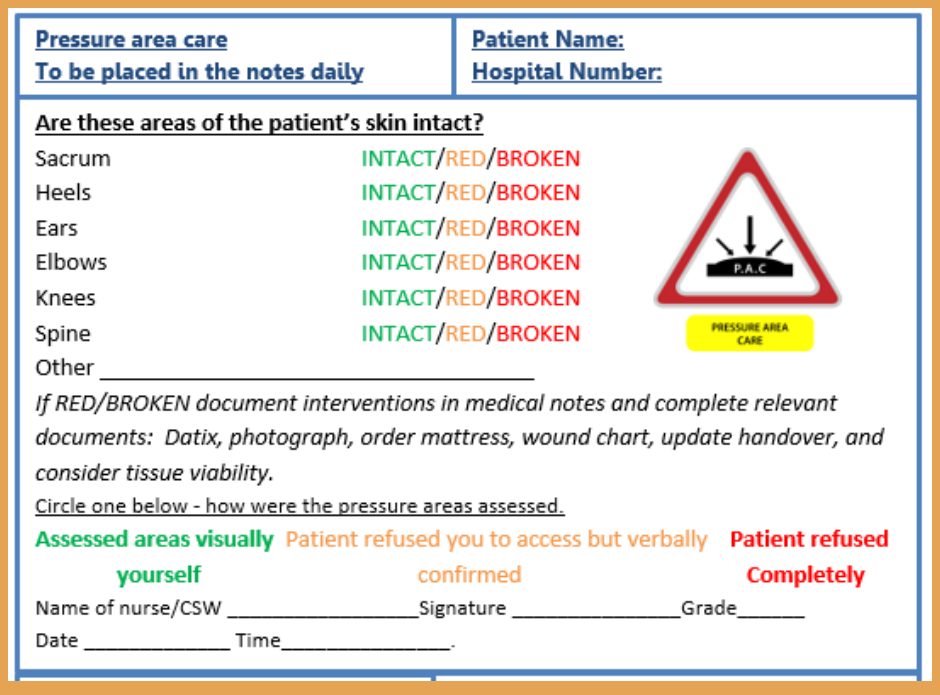
Cost savings of £50-100,000 pa in consultant clinic slots, now conducted by nurses



PRESSURE AREA CARE

A LUNCH BREAK IDEA, THAT TURNED INTO A TRUST WIDE INITIATIVE

In 2018 during a lunch break brainstorming session, staff came up with a plan to improve pressure area care and documentation. It has been developed several times since and is now used across STH.



Pressure area care
To be placed in the notes daily

Patient Name:
Hospital Number:

Are these areas of the patient's skin intact?

Sacrum	INTACT/RED/BROKEN
Heels	INTACT/RED/BROKEN
Ears	INTACT/RED/BROKEN
Elbows	INTACT/RED/BROKEN
Knees	INTACT/RED/BROKEN
Spine	INTACT/RED/BROKEN

Other _____

If RED/BROKEN document interventions in medical notes and complete relevant documents: Datix, photograph, order mattress, wound chart, update handover, and consider tissue viability.

Circle one below - how were the pressure areas assessed.

Assessed areas visually yourself | Patient refused you to access but verbally confirmed | **Patient refused Completely**

Name of nurse/CSW _____Signature _____Grade_____

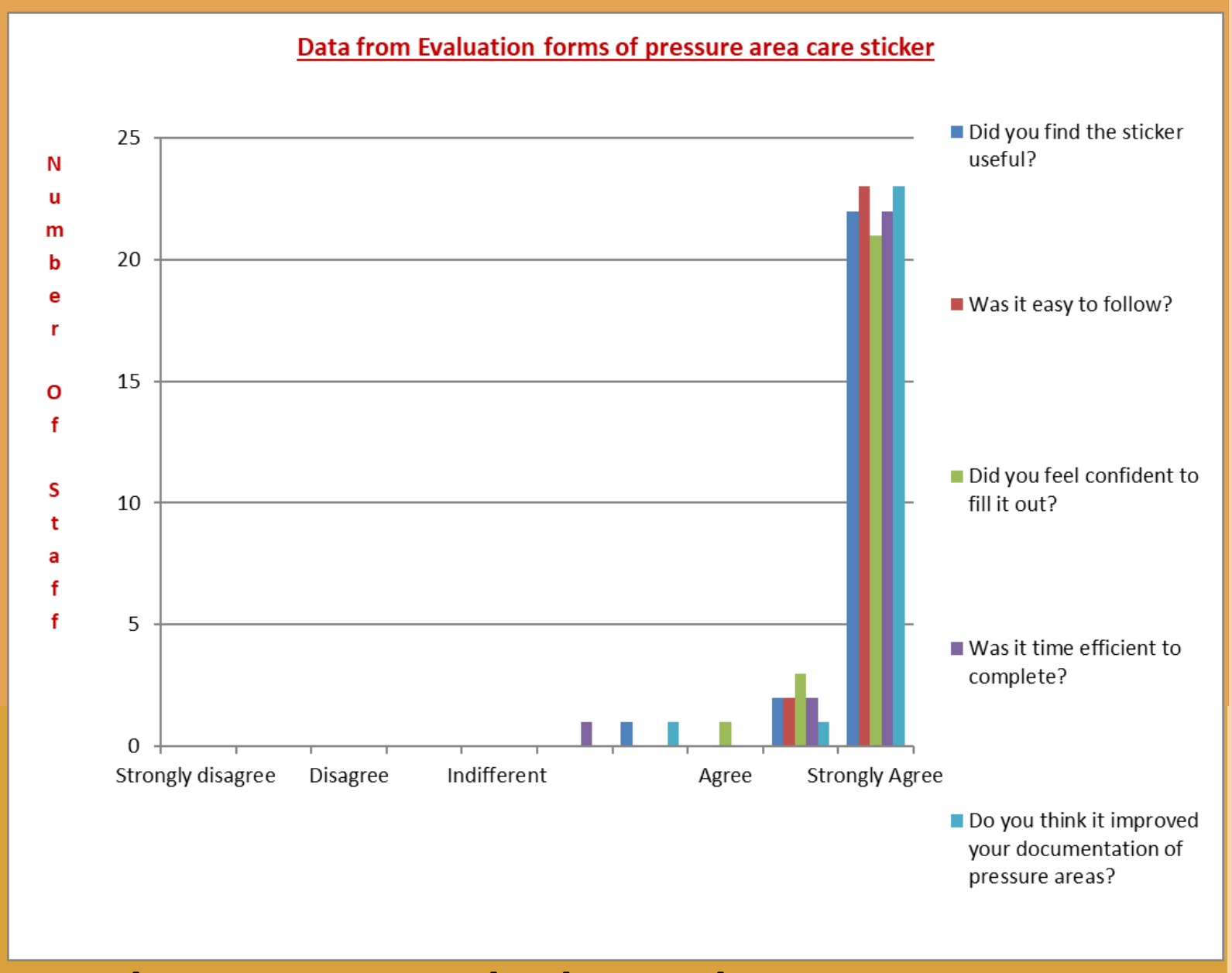
Date _____ Time_____.

A sticker for the patient's notes was created. The most common areas of pressure damage were included and actions to be taken if the patient did have tissue damage (Datix, photographs, wound chart). Moving forward, this is hopefully being transferred to a digital format.

We evaluated the sticker by asking staff what they thought. The feedback from Haematology was really positive.

"This sticker was a good prompt and reminder to check all pressure areas. It is easy to read especially good for dyslexic staff".

Anonymous participant.



If you have a good idea, share it!

Bethany Colton: Haematology - Clinical Educator

Forging a Role Identity: Perceptions of Newly Qualified Advanced Nurse Practitioners in a Cancer Hospital

Emma Matthews and Clare Warnock, Weston Park Hospital

Background

Advanced Nurse Practitioners (ANP) roles emerged in the USA in the mid-1960s driven by a shortage of medics, (Duke, 2012; Marsden, Dolan & Holt, 2003); and in the UK during the 1980s (King, Tod & Sanders, 2017). Our study took place in a UK cancer hospital that had minimal experience of advanced nursing practice. Eight trainee ANP roles were commissioned following a service evaluation that identified pressures on cancer services (elective, emergency & systemic anti-cancer therapy assessment).

Aim

To explore the experiences of the first cohort of newly qualified ANPs at a cancer hospital and their perceptions around establishing roles.

Process

Sought permissions to undertake service evaluation from Clinical Effectiveness Unit → Permission granted → Undertook pilot with university researcher to practice technique → Arranged interviews with ACPs once they had read information sheet → Undertook and recorded interviews → Transcribed recordings → Coded interviews – 23 initial codes found → Arranged codes into barriers and facilitators to ANPs forging identity. → Contextualised findings amongst relevant literature in discussion

Methodology and Thematic Analysis

- A qualitative cross-sectional design and convenience sample.
- Inclusion criteria: completed core modules (non-medical prescribing and advanced clinical assessment) and were in ANP roles. Eight ANPs invited, six proceeded to interview.
- semi-structured interviews between January and May 2020.
- Data analysed according to Braun and Clarke's six stage thematic analysis (2006).
- Inductive thematic approach draws themes from the data, i.e. the themes identified are driven from the data rather than the researcher's interest in a particular theory.
- Themes identified semantically, but risks becoming too descriptive therefore findings were interpreted within a broader context (Patton, 1990).

ANP Identity

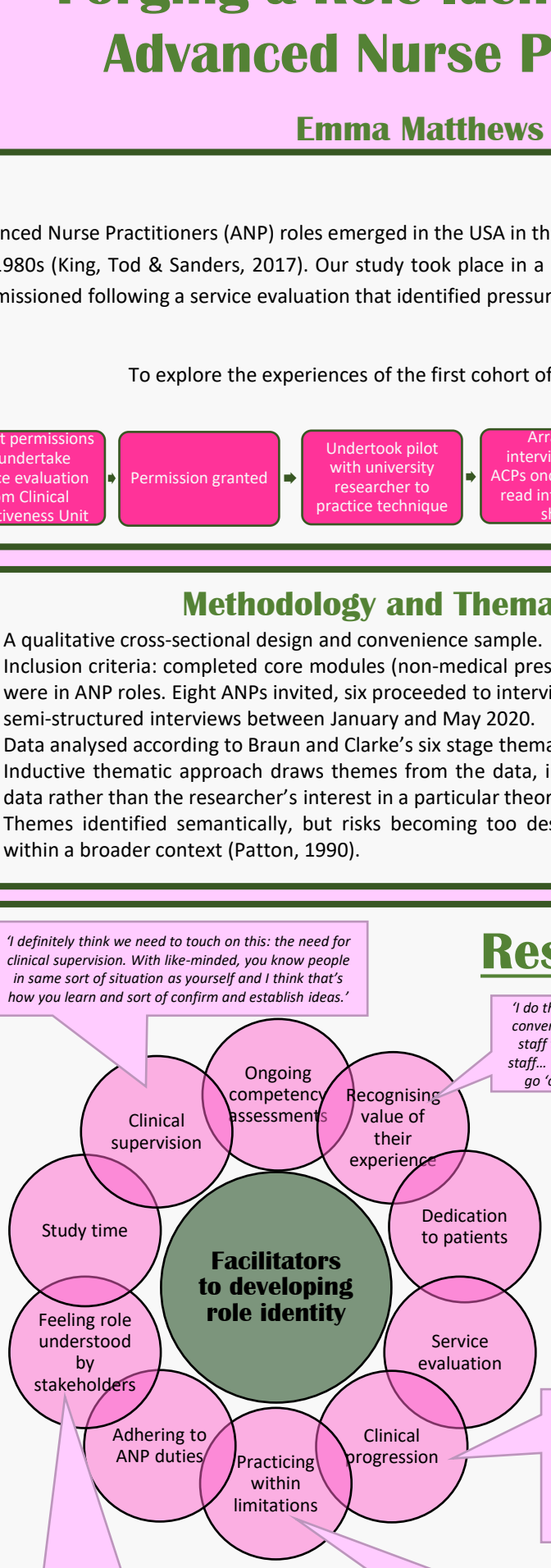
Unique selling point

- perceived value for holistic philosophy
- commitment to patients
- nursing experience to draw upon
- perceived difference in medical and nurse approach 'maxi nurse not mini doctor'
- anecdotally evidenced positive impacts

Results

'I definitely think we need to touch on this: the need for clinical supervision. With like-minded, you know people in same sort of situation as yourself and I think that's how you learn and sort of confirm and establish ideas.'

'I do think [patients] open up and converse more with us as nursing staff than they do with medical staff… We chat with them and can go 'oo well have you tried…?'



'One particular patient I looked after […] said 'I must see my consultant' but after seeing her a few times she understood my role and actually preferred to see me and she understood that I had additional skills and she actually preferred to see me.'

'I'm always conscious of my pin and the only person who can protect your pin is you. And we don't have the safeguards that maybe the GMC and the doctors have.'

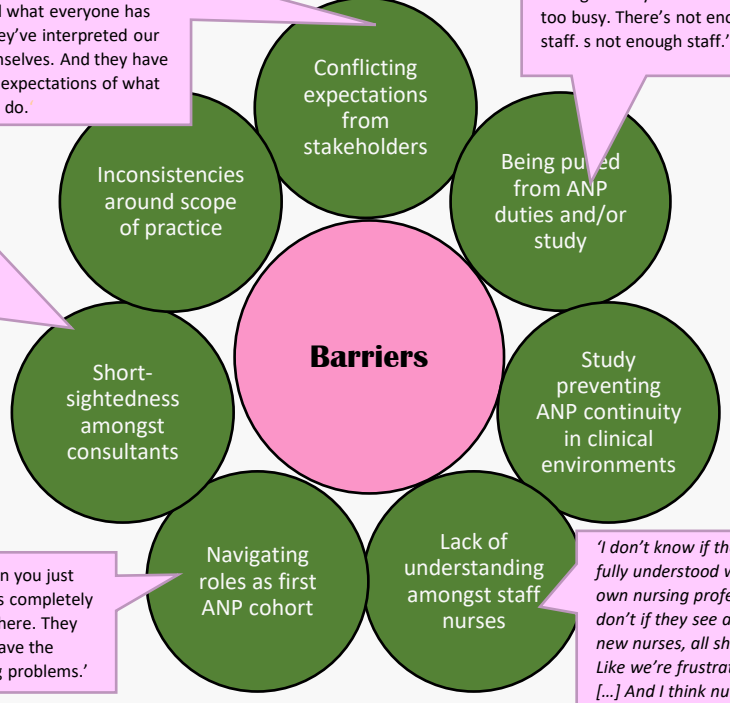
'I think I've always had roles where I've been quite autonomous in my practice… I wasn't inclined towards ward management.'

'Resistance is the wrong word, I think that's just it it's lack of clarity and what everyone has done is they've interpreted our roles themselves. And they have their own expectations of what we should do.'

'But I think what consultants, because they are so busy, they can't see that setting aside 30 mins to discuss setting up a clinic might actually take 3 hours out of their day but because they can't have that half an hour to do that …. Yea they're just so overwhelmed sometimes they can't spend time with you to see the bigger picture. '

'But then you just think it's completely new to here. They won't have the teething problems.'

'We can't use it, our ACPs skills, during the day because it's just too busy. There's not enough staff. s not enough staff.'



'I don't know if the roles are fully understood within our own nursing profession. I don't if they see as being new nurses, all shiny bright. Like we're frustrated doctors. […] And I think nurses are harsh on nurses.'

The main reasons ANPs have experienced barriers to establishing their roles can be attributed to lack of understanding amongst stakeholders: nursing teams, management, admin staff, patients and medical teams. This is fuelled by institutional pressures which limit stakeholders' perspective of ANP potential impact of services and their comprehension of the role.

Discussion & Conclusion

· ANPs were trained in response to mounting pressures in cancer services. The interviewed ANPs are clear about their scope of practice, what they require to progress in their roles and how to develop the service. However, they do not exist in a vacuum and they require stakeholder support to be able to undertake and develop their roles, and, indeed, forge an identity for ANPs within the cancer hospital. Yet support from stakeholders is impacted by institutional pressures affecting their understanding of ANP roles.

This study provides insight into the challenges faced by newly qualified ANPs in negotiating acceptance of advanced practice alongside the established pre-existing nursing and medical roles. Through recognising the barriers and facilitators to the ANPs' perceived ability to forge their role identity, the cancer hospital can implement practices to enable existing and future ANP cohorts to become established and invaluable members of the oncology team.

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What are the perceptions of intensive care staff about their sedation practices when caring for a mechanically ventilated patient?: A systematic mixed-methods review

Sarah Varga[1], Tony Ryan[1], Tracey Moore[1] & Jane Seymour[1]

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The University of Sheffield, UK

This PhD project has been funded by Doncaster and Bassetlaw Teaching Hospital in partnership with NIHR Yorkshire and Humber, and The University of Sheffield.

Introduction

Sedation is routine in the intensive care unit (ICU) and is used internationally to manage patients who are mechanically ventilated. Research over the last two decades has shown that how mechanically ventilated patients are sedated can significantly impact patient outcomes, including how long someone spends on a ventilator, length of stay in intensive care and recovery. Sedation is controlled daily by health care professionals who work in the ICU, and their decisions contribute to the positive and negative effects that sedation can have. This mixed-method review examines qualitative and quantitative evidence published between 2009 and 2019 about the perceptions of ICU staff about their sedation practices.

Methods

We searched Embase, BNI, PubMed, Scopus, AMED, CINAHL, ASSIA, The Cochrane Library and Google Scholar for English-language peer reviewed research articles published from 2009-2019 reporting on the perceptions of sedation practice if they focused on the opinions and beliefs of health care professionals. The studies were assessed and analysed by transforming the qualitative and quantitative data into 'text-in-context' statements. The statements were then synthesized using thematic analysis.

Results

- Eighteen studies from 10 countries were identified that met the inclusion criteria .
- There were fourteen quantitative and four qualitative studies.
- Three overarching themes and seven subthemes were identified.

Themes

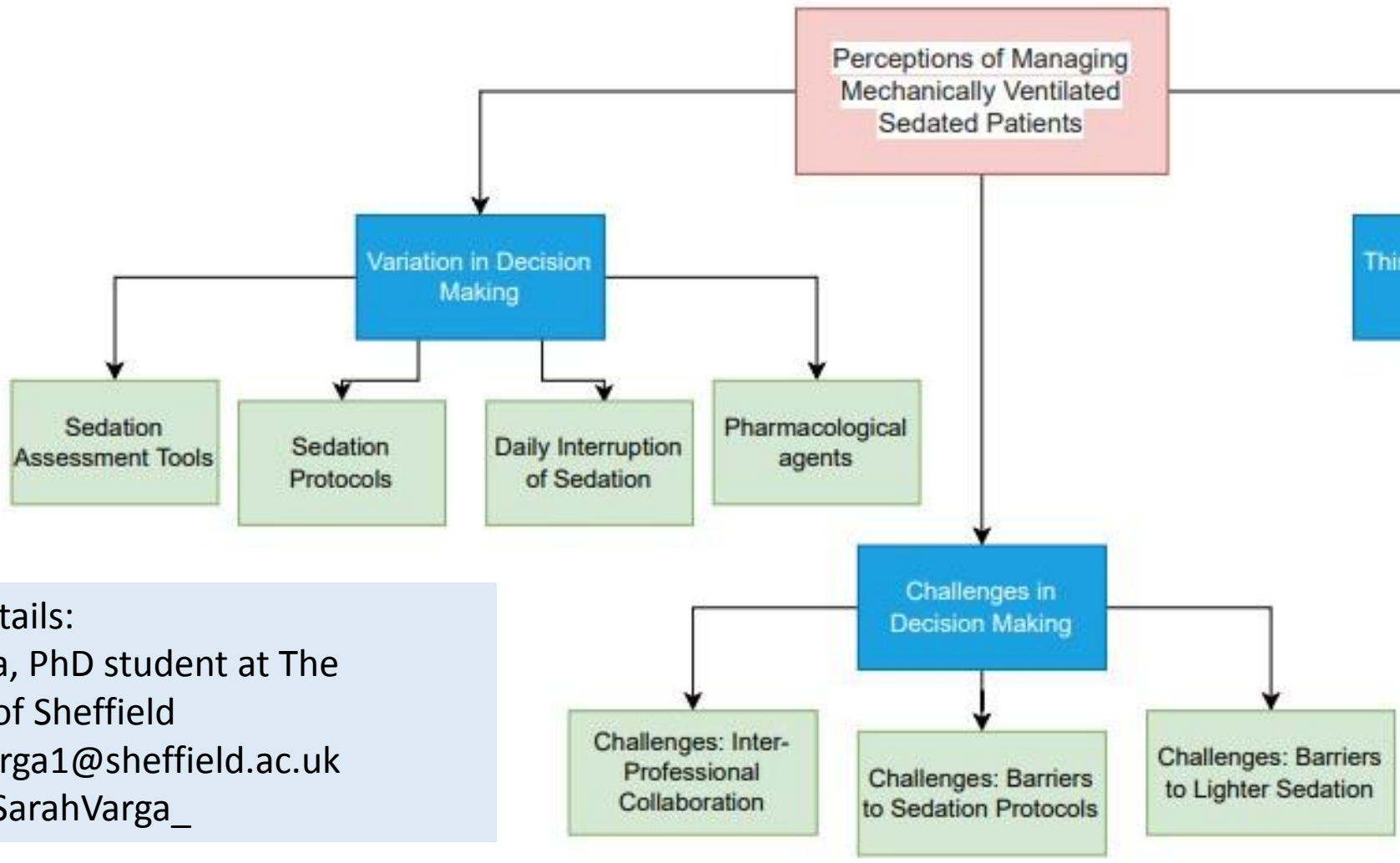
Variation in Decision Making: Many decisions are about sedation practice but decisions are not globally unified.

Challenges in Decision Making: There is a lack of collaboration between ICU staff and struggles with light sedation result in barriers to adopting a light sedation score.

Thinking Outside the Box: We found that staff often develop coping strategies to help them facilitate lighter sedation.

Conclusion

Better collaboration and support is needed if we want to achieve a lighter sedation score to improve patient outcomes. Future research should focus on how to help staff cope with looking after lightly sedated patients. In addition, future studies should focus on exploring sedation practices using qualitative methods.



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SCAN ME

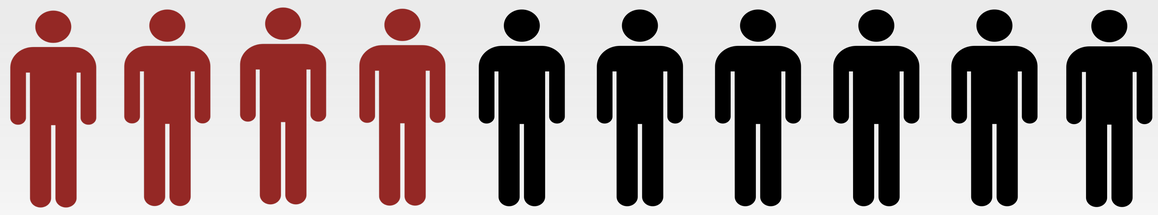
Planning and Designing an Immunotherapy Late Effects Clinic

Joanne Bird[1,2], Sarah Danson[1,2], Amy Kwan[1,2], Jacqui Gath[3], Tracy Green[3] & Diana Greenfield[1,2]

1: University of Sheffield, Sheffield 2: Sheffield Teaching Hospitals NHS Trust, Sheffield 3: Yorkshire and Humber Consumer Research Panel

BACKGROUND

Immunotherapies have changed treatment for melanoma patients with the success of checkpoint inhibitors including ipilimumab, pembrolizumab and nivolumab. These treatments are providing patients with a survival advantage in the adjuvant and metastatic settings[1,2]. Early evidence suggests toxicities caused by these immunotherapies may persist or have a delayed onset in 15-43% of patients after completion of treatment with some being irreversible[1-5].



Late effects can impair patients' ability to carry out their usual activities and reduce quality of life. If undiagnosed, they can have serious health implications. These include:

- Diabetes
- Adrenal insufficiency
- Ocular events
- Pneumonitis
- Colitis
- Hepatitis
- Skin reactions
- Neurological sequelae
- Fatigue
- Thyroiditis/ hypothyroidism
- Arthritis/ arthralgia

THE CLINICAL PROBLEM

There is not enough time to incorporate late effects monitoring into oncology follow-up appointments

"I have quite a few issues, my mobility and quality of life are drastically reduced compared to how I was before beginning treatment ."

The Immunotherapy Late Effects Service

The immunotherapy late effects clinic has been developed with the aim of detecting complications earlier to reduce mortality and optimise quality of life. It has been designed to mirror the existing late effects service while taking the known effects of immunotherapy into account. It is supported by the Late Effects MDT which includes endocrinology representation.

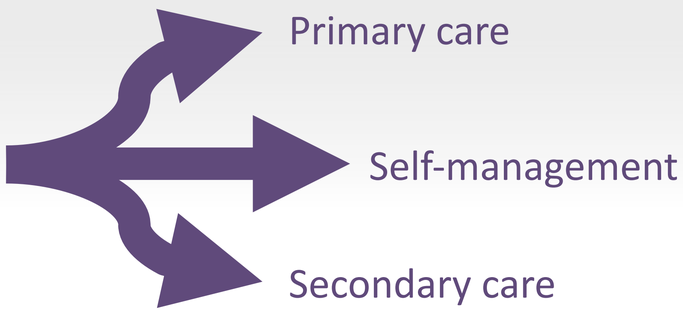
Patients referred to the service receive a 40 minute screening consultation with a Clinical Nurse Specialist in Late Effects. This includes:

- Holistic needs assessment using the Sheffield Profile for Assessment and Referral to Care16 to establish and prioritise patient concerns.
- Quality of life assessment using a 10-point Likert scale.
- Medical history and systems review.
- Clinical examination where appropriate (telephone appointments during COVID-19 pandemic).
- Screening bloods including FBC, U&E, LFT, Vitamin-D, bone profile, thyroid function, cortisol, sex hormones as appropriate.
- Patients will be offered information, support and lifestyle advice tailored to their needs.
- Referral to specialist services where required.

"I feel so excited to see this. I was diagnosed over 20 years ago and there was nothing like this for patients."

"There should be a service like this for every cancer."

The service has been co-designed with patients.



NEXT STEPS

- Collection of clinical data alongside clinical activity.
- Inclusion of Patient reported Outcome Measures and formal Quality of life assessment such as EQ-5D.
- Develop collaborations with primary care to develop a personalized stratified follow-up pathway for patients.

References

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The University Of Sheffield. | Sheffield Teaching Hospitals NHS Foundation Trust | yorkshire cancer research | yhcrp patients and the public in cancer research

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Date of Preparation: October 2021

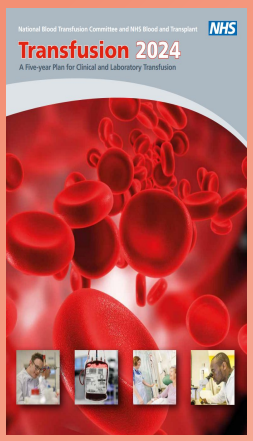
The Role of the Nurse Transfusion Practitioner in Patient safety.

Angeline Thiong'o Wilkinson-Hall

Rachael

We are newly appointment nurse Transfusion Practitioners working within the Transfusion Practitioner Team. Our geographical remit includes the Royal Hallamshire Hospital, Northern General Hospital, Weston Park Hospital and Jessops Hospital

Much of the work we do is focused on patient and staff education, adverse events, transfusion governance, and monitoring of transfusion practices. The complex nature of the transfusion process makes the transfusion practitioner team an integral link in the transfusion chain, providing the link between the lab and clinical area. We play a fundamental role in haemovigilance, identifying and preventing occurrence or recurrence of transfusion-related unwanted events, and increasing the safety, efficacy and efficiency of blood transfusion. The team covers all activities of the transfusion chain from collection of blood from the blood bank to completion of the transfusion to recipient.



The Transfusion 2024 plan outlines key priorities for clinical and laboratory transfusion practice for safe patient care across the NHS for the next 2 years. There is emphasis on a skilled and trained workforce, better use of data and technology, integrated models of working and promoting inter-operable digital solutions.

The Blood assist app is a smartphone application that summarises the key guidelines and recommendations for the safe administration to patients of blood components. It is designed for use, at the bedside, at the time of transfusion. Incorporating up to date guidance, recommendations, and advice.

The Blood Transfusion Nurse Practitioners in Sheffield Teaching hospitals are working hard to re-establish link nurses, as well as being more visible clinically on the wards.

the nurse link

Many experienced nurses and midwives work in clinical areas where blood is transfused on a regular basis. These nurses and midwives work more closely with their patients than other health professionals. By sharing our expertise in blood transfusion formal, two-way communication can be established and nurses in the clinical area then have the potential, to enhance clinical effectiveness and patient safety.

Accurate patient identification is a crucial step. Giving a patient the wrong blood transfusion is an avoidable serious hazard, and can result from errors made anywhere in the transfusion process. Our aim as Transfusion Practitioners is to increase patient safety by providing expert clinical knowledge, education, guidance and support.

BLOOD TRANSFUSION - How to perform a bedside check

The person administering to the patient is accountable for ensuring **RIGHT BLOOD** to **RIGHT PERSON** and must sign for it.
Each check must be performed **INDEPENDENTLY (do not do it together)**.
Do not proceed to the next step until each step if fully complete.
If you get interrupted - go back to step 1 and start again from the top.

Wristband	1. Take hold of the patient's wrist and look at the wristband 2. Ask the patient to state their Name and DOB 3. Look to make sure the verbal cue and wristband data is identical NB: for patients who are unable to confirm their identity, proceed straight to step 4
Prescription Chart	4. Look at the wristband and the Blood Prescription Chart 5. Look at the Name, DOB and Hospital Number - are they identical? 6. Is the blood prescribed for today?
Bag of blood	7. Take hold of the Blood Prescription Chart and the bag of blood 8. Has the right blood component been collected? 9. If special requirements are indicated, are they correct? 10. Look at the Name, DOB and Hospital Number on the Prescription Chart and STH blood bag label - are they identical? 11. Look at the blood group of your patient and the blood group of the donor on both STH label and NBS labels on the bag of blood - are they identical? (or is there a yellow sticker to indicate that the unit is suitable) 12. Look at the donation number on both the STH label and NBS labels on the bag of blood - are they identical? 13. Look at the expiry dates on both of the STH label and NBS labels on the bag of blood - are they identical?

Have both the checker and the administrator fully completed their checks?
Only now should you spike the bag and transfuse.

NHS
Sheffield Teaching Hospitals
NHS Foundation Trust

Standardising documentation and practice in an ambulatory VTE Clinic to promote consistent communication and safety between Secondary and Primary Care

Alexandra Butler – Clinical Nurse Specialist, VTE Clinic Nursing Lead
Contact: alexandra.butler@nhs.net

Abstract

The ambulatory VTE clinic previously used an access database that was only available to staff within the department. As a team of Band 7s in July of 2021 overseeing the Band 6 Nurse Practitioners, we agreed that we would create a paper based proforma based on the database and then once this had been agreed as a usable document, we would arrange for this to be made into a digital document to be completed on Lorenzo (local Patient Administration System). This follows the Calgary Cambridge consultation model and includes checklists for ensuring that the patients are then allocated to the correct pathway for their follow-up. It includes prompts for if a patient should be discussed at the weekly MDT and also for referrals for orthotics and notifications to be sent to the GPs to continue with anticoagulation. We are currently reviewing version 2 of the proforma and hope to have this as a working digital document by September 2022. A Standard Operating Procedure has been developed to offer guidance on how to complete the proforma and how to complete the patient letters – a standard letter template has also been devised to ensure that all information that should be included in the letters is documented. This aligns with Quality and Safety and the standardising of practice and therefore eliminating variations.

Methodology

The Ambulatory VTE Clinic has become a predominantly a telephone clinic since the COVID pandemic began in 2020. Prior to this all patients were seen face to face in the clinic usually within 10 – 14 days of either diagnosis of their VTE in A&E or within 10 days of being discharged from hospital. The clinic staffing currently consists of 1 band 7, 0.6 band 6, 1 band 6 (training post) and 0.4 band 6 rotational staff.

The access database for the Ambulatory VTE Clinic had been in use for at least 8 years but was only accessible to 5 members of staff and was not easily auditable. Additional thrombotic risks had been added to the database over the years but were not necessarily in line with the national risk assessment tool. Once the data was added, it was not utilised or reviewed after that. A clinic letter was dictated and sent to the relevant medical teams etc and a stamp in the notes directed you to the database if you required further information. The 5 band 7s in the Anticoagulation Clinic reviewed the documentation and agreed that an improved data collection tool could be devised and utilised via Lorenzo so that this could then be seen by all medical and nursing teams at STH. A paper version of the access database was designed and trialled for 5 months with a review and revision carried out in December 2021. Version 2 of the document was implemented at the beginning of January 2022 along with a crib sheet to guide what information should be included in each section and reviewed again in April 2022. At the same time, a letter template was designed to reflect the information gathered from the paperwork so that standard information was shared with the GPs as well as the medical and nursing teams involved in the care of the patients. With staff rotating into the Service on an ad hoc basis, this also ensured that consistency was maintained.

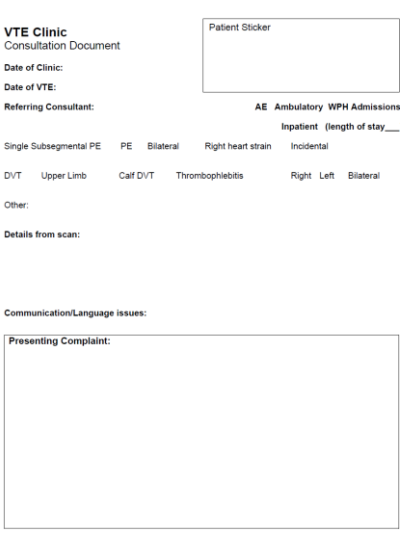
A band 6 working group was established and they were given the opportunity to review the paperwork and the GP letter. Time was allocated on 2 days each week over a 5 week period for them to meet, review and revise the paperwork with them working towards a deadline. They produced minutes of each meeting and then presented the changes that they proposed to the band 7s. Following this discussion and agreement, the final versions of the clinic paperwork and the GP letter have been agreed and are being trialled for a final period of 4 weeks.

Results

The new paperwork and crib sheet has standardised how information is collected from the patients during the telephone consultations and it has clear prompts to help to ensure that the correct information is collected. The GP letter template also makes it clearer for the GPs to see the plan and what is requested of them to ensure that patients have an ongoing supply of their medications to allow them to continue their treatment until their next review in clinic. The staff who rotate through the Ambulatory VTE Clinic have found that the paperwork and GP letter template helps them to be consistent with their communication.

Conclusion

By standardising paperwork and communication to Primary Care, the patients receive a consistent level of advice and education from the nursing team in the clinic and the GPs receive consistent and informative documentation from Secondary Care. This improves the overall patient journey and aligns with Quality and Safety and the standardising of practice and therefore eliminating variations.



VTE Clinic
Consultation Document

Patient Sticker

Date of Clinic:

Date of VTE:

Referring Consultant:

AE Ambulatory WPH Admissions

Inpatient (length of stay___

Single Subsegmental PE PE Bilateral Right heart strain Incidental

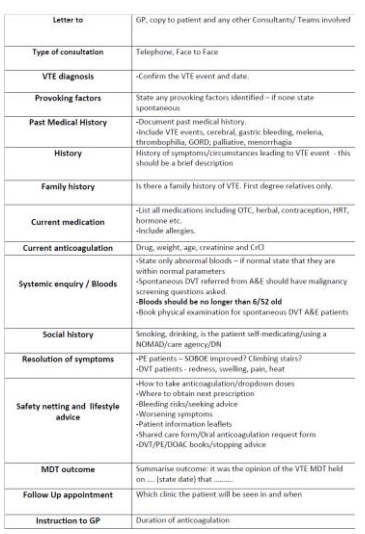
DVT Upper Limb Calf DVT Thrombophlebitis Right Left Bilateral

Other:

Details from scan:

Communication/Language issues:

Presenting Complaint:



Letter to	GP, copy to patient and any other Consultants/ Teams involved
Type of consultation	Telephone, Face to Face
VTE diagnosis	•Confirm the VTE event and date.
Provoking factors	State any provoking factors identified – if none state spontaneous
Past Medical History	•Document past medical history. •Include VTE events, cerebral, gastric bleeding, melena, thrombophilia, GORD, palliative, menorrhagia
History	History of symptoms/circumstances leading to VTE event - this should be a brief description
Family history	Is there a family history of VTE. First degree relatives only.
Current medication	•List all medications including OTC, herbal, contraception, HRT, hormone etc. •Include allergies.
Current anticoagulation	Drug, weight, age, creatinine and CrCl
Systemic enquiry / Bloods	•State only abnormal bloods – if normal state that they are within normal parameters •Spontaneous DVT referred from A&E should have malignancy screening questions asked. **-Bloods should be no longer than 6/52 old** •Book physical examination for spontaneous DVT A&E patients
Social history	Smoking, drinking, is the patient self-medicating/using a NOMAD/care agency/DN
Resolution of symptoms	•PE patients – SOBOE improved? Climbing stairs? •DVT patients - redness, swelling, pain, heat
Safety netting and lifestyle advice	•How to take anticoagulation/dropdown doses •Where to obtain next prescription •Bleeding risks/seeking advice •Worsening symptoms •Patient information leaflets •Shared care form/Oral anticoagulation request form •DVT/PE/DOAC books/stopping advice
MDT outcome	Summarise outcome: it was the opinion of the VTE MDT held on …. (state date) that ……
Follow Up appointment	Which clinic the patient will be seen in and when
Instruction to GP	Duration of anticoagulation

Sheffield Teaching Hospitals NHS
NHS Foundation Trust

Request to GP for ongoing oral anticoagulation from the Ambulatory VTE Clinic, Royal Hallamshire Hospital

Patient Sticker:

GP Surgery:

Referring Consultant:

Dear GP

The above patient was diagnosed with a VTE on:

Please continue to prescribe their oral anticoagulation until they are reviewed in clinic

Current anticoagulation:

Current dose:

Dropdown dose:

Date required:

Age	Weight	Creatinine	Creatinine Clearance

A formal clinic letter will follow to confirm planned follow-up and ongoing treatment

Name: Signature:

Designation: Date:

Contact number: 0114 271 3820

Rotherham Doncaster and South Humber
NHS Foundation Trust

Supportive Therapeutic *Observations*
Policy and Practice Review

Author – Rachel Hall, Assistant Director of Nursing. Nursing and Quality, Rotherham Doncaster and South Humber NNHS Foundation Trust (RDaSH).

Aim
To improve the quality of care, practice, and service delivery in relation to Supportive Therapeutic Observations and engagement.

How we did this
We co-produced a six-month improvement plan with all our staff. We worked with patients, and staff from all professions on awareness videos to help staff understand the importance of Supportive Therapeutic Observations and engagement on our Mental Health and Learning Disability Forensic Inpatient Wards.

We listened and completely changed our Supportive Therapeutic Observation policy so it was in a language staff could relate to and understand. We developed an easy read guide and a video to describe the fundamental aspects of the policy.

- Review of latest research and practice guidance
- We completed a dip test audit to sense check on key lines of enquiry including recording observation practice, care plans, and risk assessments and staff and patient understanding of Supportive Therapeutic Observations, this helped drive the improvement work.
- We are developing a self-audit tool for our tenable ward app
- We are completing a full audit as one of six key audits for 2022/2023
- we are developing training packages for our Electronic Staff Record for all staff to access and have improved our competency assessments which will be utilised in supervision.

Implications
Staff have a better understanding of the importance of high-quality observation practice and engagement and why it is so important. We intend for this to improve patient safety and the quality of care on our Mental Health and Forensic Learning Disability Inpatient Wards.

An integral aspect of education at Sheffield Teaching Hospitals is

PEER REVIEW

What makes this so important and how does it work ?

Improve	Improve the learning experience by improving teaching and assessing
Enhance	Enhance the importance attached to good teaching and assessing
Encourage	Encourage all staff to reflect on the effectiveness of their own teaching and identify their development needs
Foster	Foster discussion and dissemination of interesting practice
Increase	Increase staff awareness of the whole learning experience

Learning & Development Peer Review Group
Tania Barnes Lorraine Hall Abbey Marples
Abby Nicholson and Lucy Pickard

IMPLEMENTATION OF THE LEAD EDUCATOR ROLE FOR NUTRITION AT SHEFFIELD TEACHING HOSPITALS.
JO SESSIONS.

The work being done is following a serious incident in which a patient was harmed after being given the incorrect consistency diet for their needs. This led to the implementation of initiatives to improve meal safety that included pre meal safety huddles, e-learning package and creation of an e-whiteboard knife and fork icon and bedside posters. Ward based self assessment of compliance completed in August 2021 and audit of compliance against training in Jan 2022.

STARTING POINT JANUARY 2022

- Safety initiatives in place: Knife and fork icon on E whiteboard (EWB), Pre Meal Huddles, bedside posters and E learning packages (with over 90% compliance) for all staff involved in diet/fluid delivery to patients.
- Lead educator role twelve month role funded with CPD monies to work across the Trust.
- Nutrition Champion role established but not on every inpatient areas due to staff movement and recruitment etc.
- Requirement to have oversight across the whole Trust, we have prior learning and experience from the HANAT project.
- Liaising with multidisciplinary colleagues including catering, dietetics, speech and language therapy, specialist nurses, educators, governance and quality leads, CQC collaboration etc.
- Trust wide approach to assure quality and safety around nutrition and hydration.

MAY 2022 WHERE ARE WE NOW?

- Base line data obtained for each inpatient area, this is now registered as an on-going audit with the Clinical Effectiveness Unit to compare and monitor success of the role and improve Nutrition and Hydration practices across the Trust as an independent gathering of information.
- Monitoring of completion and accuracy of Knife and fork Icon, to be completed within twelve hours of admission and on transfers and with change of condition.
- E learning package monitoring for completion and compliance.
- Reinvigorating the nutrition champion role to assist and maintain good practice around nutrition and hydration, supported by education and role profile.
- Visibility of educator on inpatient areas to assist and support clinical practices.
- On- going data collection and feed back to nurse directors and matrons for dissemination to their areas.
- Support to Emergency Department – work to do on developing a model in absence of an EWD

Prepare to Care Programme at Sheffield Teaching Hospitals

The programme is the beginning of the career journey for those new to care and acts as a foundation for health and adult social care integration

Prepare to Care – Organisation Wide Induction Program (The program incorporates core subjects determined by Central Nursing Team)

Designed for New Employed Clinical Support Workers

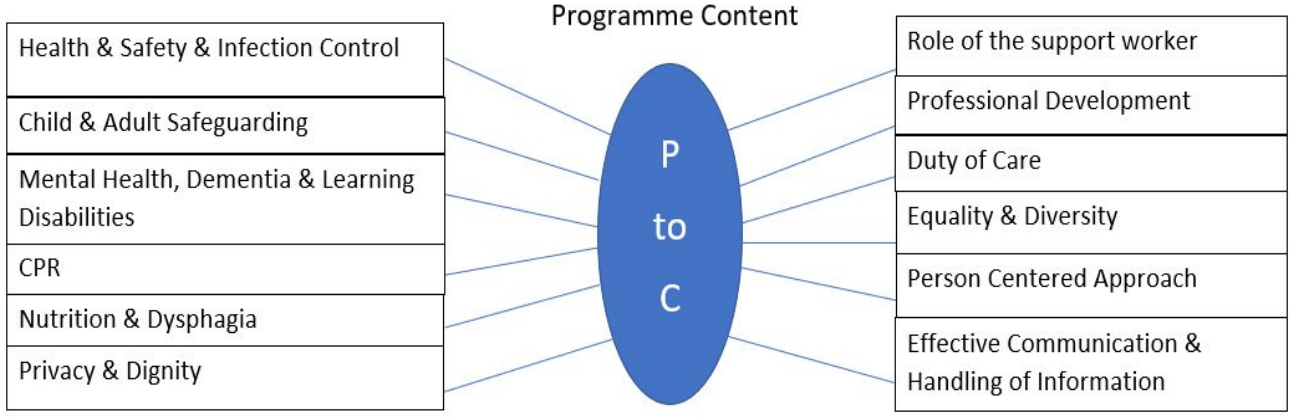
The Care Certificate is the national minimum standard of competence (15 standards)

The programme is managed by a registered nurse and experienced support workers providing taught sessions and tutor support (tailored to the individual learner)

Aim of the programme

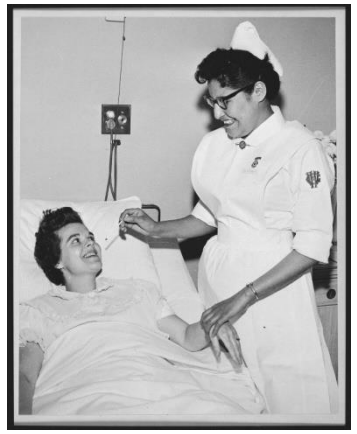
In line with Government recommendations is to prepare new clinical support workers to work safely and competently within clinical areas and to achieve the 15 Standards of the Care Certificate

Programme Content



How is the Care Certificate Achieved?

Learners are expected to attend the 5 day taught programme and complete two workbooks and clinical area based competencies within a three month (pro rata) framework.



Health Care Professionals were trained to provide the dialysis care as the experts

This was paternalistic and controlling - leading to a passive patient role and feelings of low self worth and disablement

"When I started shared care I went from feeling like a patient to feeling like a person"

Health Care Professionals are trained to provide 'Shared Haemodialysis Care' developing patients as experts in their care

This is facilitative and enabling - developing an active patient role and feelings of control & improved sense of well being

20,000 people in the UK receive haemodialysis treatment in hospital centres for Chronic kidney disease

Shared Care training has been delivered to help Health Care Professionals adopt a new approach to working with patients and support them to develop skills to manage aspects of their own care

55% of 290 units across the UK have accessed the training course

Royal College of Nursing
RCN ACCREDITED

Supporting patients with Chronic Kidney Disease to promote independence with Shared Haemodialysis Care training

Kidney Care UK

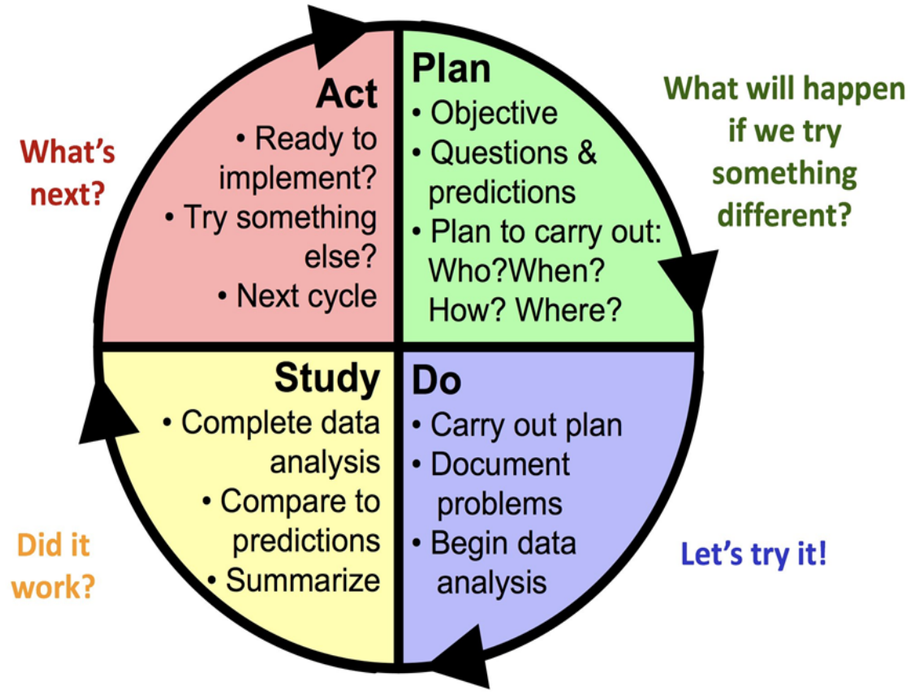
For information please contact:Tania.barnes1@nhs.net

NURSES: A VOICE TO LEAD- A QI PROJECT

Reducing patient falls in the Emergency Department in Doncaster Royal Infirmary

In ED we are currently completing a QI project, trialling a yellow kit of slipper socks and blankets as a visual identifier of those patients at risk of falling. ED staff and the receiving areas are aware of what the visual identifier represents and can therefore easily identify those patients who may be at risk.

Working together to design a new way of thinking to improve patient safety, and quality of care. Using the Plan, Do, Study, Act (PDSA) Quality Improvement methodology allows for a structured way of change management.



A very simple but effective way of highlighting a high falls risk patient to all staff within ED

They are very helpful at identifying vulnerable patients whom are deemed a falls risk!

very good initiative

Excellent idea

The kits are a brilliant idea

Yellow falls risk kits have improved patient safety as you can identify patients at risk in each trolley area at a glance

Acknowledgement:

We would like to thank you to all the following who contributed to the organisation of the event.

Parveen Ali

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Hazel Maloney

Irene Mabbott

Jane Smith

Jesrine Clarke-Darrington

José García

Keely Neil

Libby Shaw

Nicola Wilkinson

Sarah Fairclough

Sarah Varga

If you have any questions, please email Dr Sam Debbage (sam.debbage@nhs.net), Professor Julie McGarry (j.h.mcgarry@sheffield.ac.uk) and Professor Parveen Ali (parveen.ali@sheffield.ac.uk)