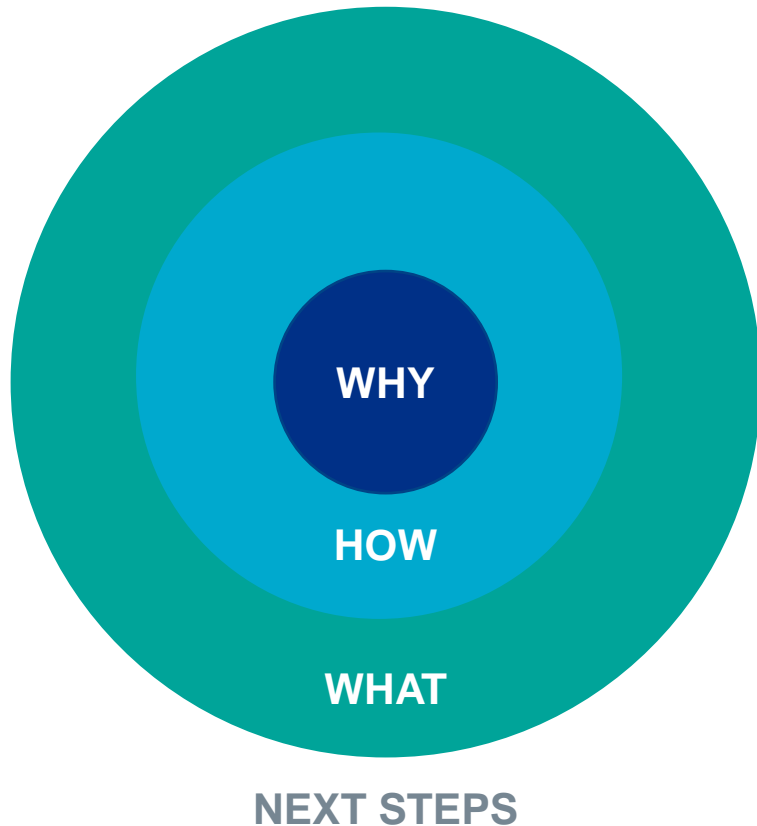


# Lewisham and Greenwich

## Gloria Tucker, Practice Development Nurse

January 2022

# Executive summary



## Why?

- To equip staff with knowledge and skills that enable them to effectively support critical care during surge

## How?

1. Engaged senior nurse leaders
2. Joined the LTLC's Early adopter programme
3. Raised awareness to key stakeholders
4. Formed a Passport Implementation Group
5. Designed 3-stage NRSS & RSC training approach
6. Incorporated orientation to the critical care environment and wellbeing support
7. Provided additional resources e.g. quick reference guide

## What?

- Set a Trust target of 6 NRSS and 30 RSC
- As of 3<sup>rd</sup> Jan 2022 have achieved 19 NRSS and 87 RSC staff accessing the passports (but not all have completed)

## Next steps?

- Continue delivering the training
- Link to ESR
- Incorporate into Part of Fundamentals of Care Support (FCSW) initial training
- Extend it to other acute areas in the hospital as business as usual

## Key learning?

- Benefit of allocating study leave
- Value of e-learning accessibility & visibility of staff progress
- Challenges with registration process requiring additional resource
- Visibility of CC education team workload
- Variability in time taken to train nurses depending on type
- Benefit of regular meetings and updates to engage key stakeholders
- Established relationship in CC resulting in bank shifts



# WHY

## Decided to adopt the passports due to:

- Feedback from staff regarding their previous experiences of deployment during waves 1 and 2
- Wanting better awareness of the skill set of the nurses deployed to critical care
- Desire to supplement the previous one-day orientation to critical care training, to better prepare staff for deployment

## The aim was to:

- Equip staff with knowledge and skills that enable them to effectively support critical care during surge



# HOW

1. Engaged with the **senior nurse leaders** (e.g. chief nurse, associate chief nurse, divisional director) to ensure they understood the passports and supported implementation
2. Joined the London Transformation & Learning Collaboratives (LTLCs) **Early Adopter programme** for implementation
3. Formed a **Passport Implementation Group** (involving critical care matrons, theatre matrons, director of nursing and divisional director) who agreed a process for implementation, devised an implementation guide and met regularly to monitor progress (originally weekly, then every 2 weeks, then monthly)
4. Raised awareness to **key stakeholders** - including the nurse staff groups identified to complete the passports (theatre and recovery) by attending audit afternoons to explain what the passport is and benefits, using the LTLC provided resources
5. **Designed 3-stage training approach** for NRSS and RSC (see next pages for further detail)
6. In response to staff feedback, in addition to the e-learning an **orientation to the critical care environment** was also incorporated, and **wellbeing** support
7. **Provided resources** to support staff to complete the passports such as quick reference guides and the Clinibee app (provides published guidance)



# HOW

## RSC training approach

### Stage 1

One study day and one clinical shift

Focus on **3** domains

- 1) Safety
- 2) Documentation
- 3) Equipment

E-learning (2 hours 20 mins )  
Face-to-face training (4-5 hours)

### Stage 2

One study day and one clinical shift

Focus on **2** domains

- 1) Medication
- 2) NG Management

E-learning (8 hours 33 mins)  
Face-to-face training (1 hour )

### Stage 3

One study day and one clinical shift

Focus on **3** domains

- 1) Airway
- 2) Arterial line Management
- 3) Delirium Management

E-learning (3 hours 52 mins)  
F2F training (3 hours 30 mins)

- Ensured that staff completed the e-learning before attending the clinical shift with F2F training, that consolidated learning
- After the end of each stage staff would get signed off in those domains
- Study leave was provided for e-learning, but made sure it wasn't a whole day (would give a few hours on shift to complete)
- At the Lewisham site, the first 12 nurses were divided into 4 groups, so each week they would have opportunity to do e-learning and a critical care shift, which enabled quicker completion. On the Greenwich site, where there were more staff release challenges, so staff were trained as and when they were available, as a more flexible approach



## NRSS training approach

### Stage 1

One study day and one clinical shift

Focus on **3** domains

- 1) Safety
- 2) Infection Prevention
- 3) Setting up the bedspace

### Stage 2

One study day and one clinical shift

Focus on **2** domains

- 1) Patient Hygiene
- 2) Equipment

### Stage 3

One study day and one clinical shift

Focus on **3** domains

- 1) Delirium management
- 2) Documentation<sup>(a)</sup>
- 3) End of life care<sup>(a)</sup>

- Had the opportunity to train the critical care department's new healthcare assistants, so incorporated passport into their training
- Because they were CC staff had more flexibility in training time, so did:
  - 1 study day – e-learning in morning, skills training in afternoon
  - Subsequent days on the units (supported by other healthcare assistants and practice development nurses) – usually 2 weeks, maximum 4 weeks

**Note: (a)** Documentation and end of life care are not included in the NRSS digital skills passport as domains, but Trust added as felt were essential for working in the critical care unit



# WHAT

Trust set target of **6 NRSS** and **30 RSC**. As of the 3<sup>rd</sup> January 2022 the Trust has achieved:

Trust	Non-Registered Support Staff				Registered Support Clinician					
	Started	Completed	Reviewed	Certified	Started	Completed	Reviewed	Certified		
Lewisham and Greenwich NHS Trust	13	2	1	3	19	56	25	1	5	87

**Note:** Started = No. of staff started self-assessment, Completed = No. of staff completed self-assessment, Reviewed = No. of staff who have received supervisor sign-off for all skills, Certified = No. of staff who have received final supervisor sign-off and certificate stating they are safe to work in the RSC or NRSS role



# NEXT STEPS

- Continue**
  - Continue to use the passports in the Trust and deliver the training
- Link**
  - Link to ESR, to make it easier to understand the nurse skills if deployment happens
- Part**
  - Incorporate as part of Fundamentals of Care Support Worker (FCSW) initial training, as more healthcare assistants are employed in our critical care unit
- Extend**
  - Extend it to other acute areas in the hospital to make it part of business as usual



# Key Learnings

- Should try to allocate study leave to staff completing the passports
- Accessibility of the e-learning allowed staff to do it around work requirements
- Some staff struggled with registration process and found it difficult to follow, so defined quick reference guide and had to be present there when they were initially registering for the passport (in addition to providing the guide)
- Important to highlight the critical care (CC) education team workload required, as had to expand the team to deliver training and sign-off passports, by getting 2 new band 7 Practice Development Nurses (PDNs) (one per site) initially seconded, with a view to making posts permanent
- Depending on the type of staff nurse training took different amounts of time due to existing skillset (e.g. scrub nurses required 3 clinical shifts in critical care, recovery & anaesthetic nurses only required 2 shifts)
- Releasing staff for training could be challenging (e.g. due to backlog of electives, staff sickness etc.), where there was a systematic approach to releasing staff (e.g. 4 staff per week), it enabled better planning and delivery of the training and a more efficient use of CC education team's time
- The passport tracker was useful to see the completion stage of each member of staff, and this was shared with the key stakeholders regularly
- Regular meetings with key stakeholders (including through the Passport Implementation Group) meant they remained engaged
- Staff that had completed the passports established relationships in CC and came back to do bank shifts post-training



For any comments or feedback, please email  
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