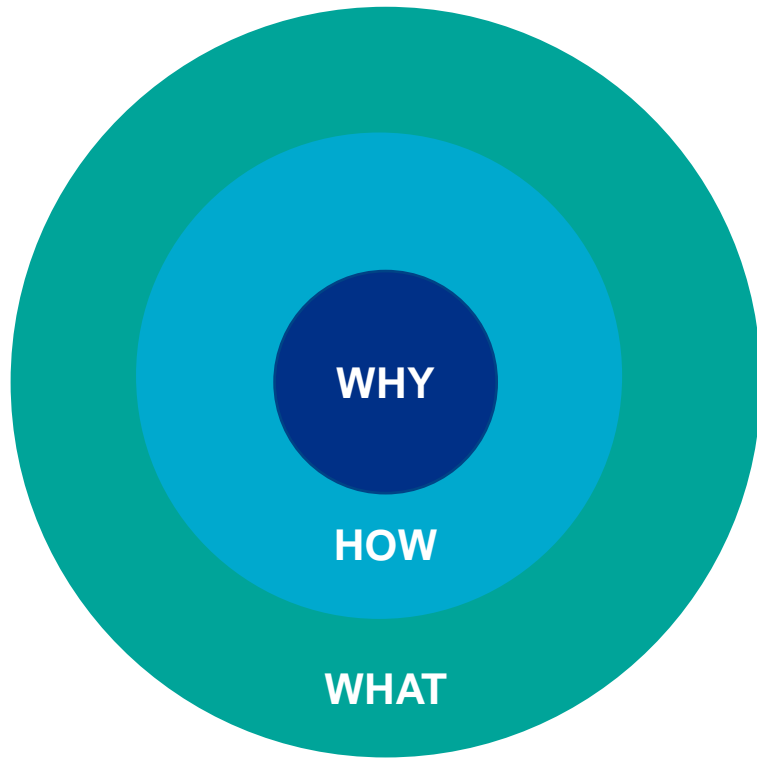


East Lancashire Hospitals NHS Trust
Linda Gregson, Critical Care Matron &
Yvonne Mckean, Practice Educator Critical Care

April 2022

Executive summary



NEXT STEPS

Why?

- Ability to influence change
- 'Getting it right' before the passports are distributed to a wider audience
- Reducing anxiety of critical care and redeployed staff through preparatory training
- Building resilience within the workforce for future planning

How?

1. Coordination of F2F training involved stakeholders at all levels (Chief Nurse to Ward Managers)
2. Each ward nominated 2 people per training session
3. Training sessions ran monthly (for both RSC and NRSS), with dates booked up to 6 months in advance
4. E-learning performed prior to 1 or 3-day face-to-face training days (NRSS or RSC passport)

What?

- Set a Trust target of 10 NRSS and 30 RSC
- As of 25th April 2022, have achieved 17 NRSS and 53 RSC staff accessing the passports (but not all have completed due to the fact that some clinicians did not wish to complete certain components of the passport, for example; AHP not wanting to administer medication)

Next steps?

- All training courses until June are fully booked
- In June will perform a review of the programme, to reconsider future planning
- Exploring using it for the new critical care starters, to cover the basics within critical care
- Staff who attended the training programmes will return for 2 days a year for refresher shifts in critical care

Key learning?

- Strong support and buy-in from the senior leader (Chief Nurse) important
- Ensuring recognition and consensus internally (e.g. from Ward Managers) that the skills are beneficial to staff in their existing wards, not only for critical care
- Some staff may not need to complete the whole and can use the PDF heatmap passport functionality



WHY

- Ability to influence change
- 'Getting it right' before the passports are distributed to a wider audience, by being an Early adopter
- Reducing anxiety of critical care and redeployed staff within the Trust, by providing preparatory training to ensure they have the basic skills needed for critical care
- Building resilience within the workforce for future planning, not just for surge but by creating a more fluid workforce with interchangeable skills



HOW

1. Coordination of face-to-face (F2F) training involved stakeholders at all levels: Chief Nurse, Operational Lead Matron, Divisional Matrons and Ward Managers
 - Chief Nurse disseminated key comms downwards for cascade
 - Practice Educator regularly sent out available session dates to Ward Managers
2. Each ward nominated 2 people at a time on a rolling basis to attend passport training (combination of self-nominations and manager nominations)
 - Different types of staff attended training sessions including nurses, allied healthcare professionals (AHPs) (including occupational therapists, physiotherapists, dieticians, speech & language therapists) and pharmacists
 - Wards areas provided the funding for the supernumerary shifts performed by their staff
3. Training sessions ran monthly (for both RSC and NRSS), with dates booked up to 6 months in advance
 - RSC training programme started in December 2021, and NRSS in February 2022
 - Training plan created and delivered by the Critical Care Education Team



HOW

- 4. E-learning completed prior to attending face-to-face (F2F) training (with study leave provided)
 - 3-day F2F for RSCs, using a simulation room and simulated patient, set up with all the equipment and adjuncts used in a standard critical care (CC) bedspace (e.g. arterial line, renal replacement filters):

Day 1

- Introduction & CC orientation
- A-E assessment (vital signs & bedspace)
- Safety (PPE)
- Moving & handling of ICU patient including proning*
- Personal care & oral hygiene*

Day 2

- Airway (suctioning & tracheostomy care)
- Equipment (unit specific)
- Documentation (unit paperwork)
- Arterial line management
- Care and management of nasogastric tubes (NGT) on ICU

Day 3

- Medication
- Neurology – Delirium management
- Human factors*
- Wellbeing*

- 1-day F2F training for NRSS

Note: * additional domains added to the training based on the Trust's own specific requirements

HOW

- 1-day F2F training for NRSS

Day 1

- Introduction & CC orientation
- Personal care
- Moving & handling of ICU patient including proning*
- Safety - PPE, Bed area set up
- Equipment – Point-of-care testing (POCT)
- Infection Prevention Control (IPC) - handwashing, aseptic non-touch technique (ANTT)
- Delirium - Richmond Agitation Sedation Scale (RASS)
- Human factors - communication, escalation*
- Wellbeing*

Note: * additional domains added to the training based on the Trust's own specific requirements



WHAT

Trust set target of **10 NRSS** and **30 RSC**, that took into consideration expected staff attrition. As of the 25th April 2022 the Trust has achieved:

Trust	Non-Registered Support Staff				Registered Support Clinician					
	Started	Completed	Reviewed	Certified	Started	Completed	Reviewed	Certified		
East Lancashire Hospitals Trust	8	8	0	1	17	23	19	0	11	53

- AHP staff within critical care have been providing additional support with their new skills learnt from the training (e.g. OT performing bed baths and arterial blood gases)
- Emergency department staff took learning from critical care back to their department (e.g. pharmacy monograph)

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

- All training courses until June are fully booked
- In June will perform a review of the programme for future planning
- Exploring using it for the new critical care starters, to cover the basics within critical care
- Have been asked to provide a bespoke program for our Acute Medical Unit with a high observation bed (HOB) area, using the Digital Skills Passport template
- Have agreed with Ward Managers that staff who attended the passport training programmes will return for 2 days a year for shadow shifts within critical care to refresh their skills



Key Learning

- Strong support and buy-in from the senior leader (Chief Nurse), and having them disseminate the messaging down, ensures it receives the necessary attention from key stakeholders
- Important to build recognition and consensus internally (e.g. from Ward Managers), through how the passports are positioned, that the skills covered are beneficial to staff in their existing wards, not only for critical care
- Staff returning to their wards/departments post-training and sharing positive experience can increase self-nominated trainees for future sessions
- Additional domains can be added to the training programmes that are relevant for the Trust, e.g. wellbeing was included at the end of the training programme so staff understood if they were required to work in critical care they would be supported and weren't alone
- Regularly sending out of availability of training sessions to ward managers (e.g. by the Practice Educator) helps maintain awareness and uptake
- Some staff may not need to complete the whole passport (e.g. OT completing the RSC passport but the Medicines domain was not relevant) can use the PDF heatmap functionality of the passport to demonstrate their completion record
- Important to plan how staff will maintain their skills post-training (e.g. refresher shifts in critical care)



For any comments or feedback, please email
LTLC@hee.nhs.uk