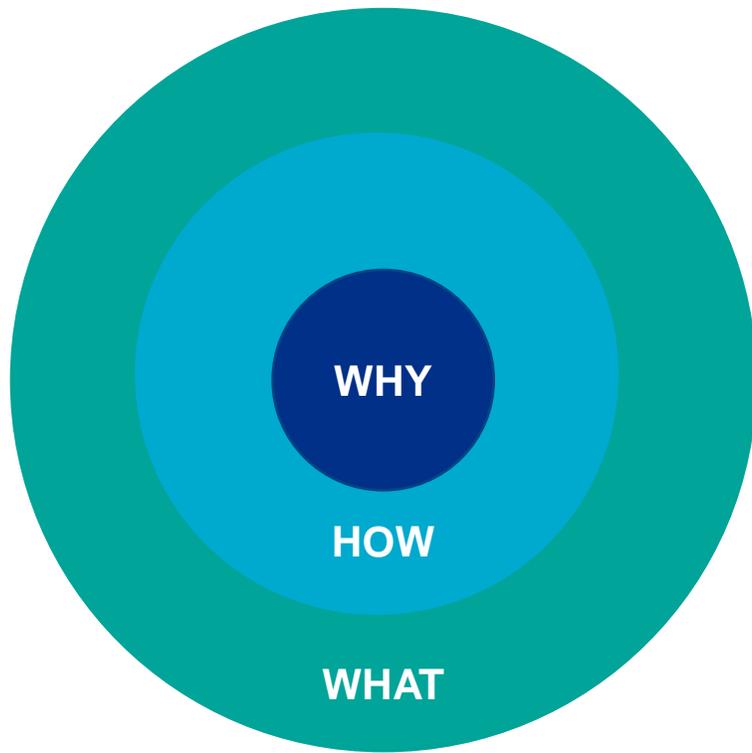


# Chelsea and Westminster Hospital

## Kim Watts, Resuscitation and Simulation Services Lead Nurse

January 2022

# Executive summary



## NEXT STEPS

### Why?

- Supporting Trust resilience and improving Trust preparedness
- Capturing individual learning needs
- Creating a record of transferable skills and learning

### How?

1. Identified target audience
2. Re-branded passports
3. Presented to key stakeholder groups
4. Developed a passports pathway
5. Performing temperature checks

### What?

- Set a Trust target of 35 NRSS and 140 RSC
- As of 3rd Jan 2022, have achieved 22 NRSS and 113 RSC staff accessing the passports (but not all have completed)

### Next steps?

- Plan to re-launch education package to support level 1 high acuity areas

### Key learning?

- Engagement from key stakeholders is very important for implementation (e.g., PDNs, Ward Managers)
- Staff can be reluctant to sign-up to the passports due to fear of being redeployed
- Short staffing can result in staff not being released from clinical areas to perform passport training
- Capacity of PDNs/ward managers to review and certify staff passports can be a barrier



# WHY

- Supports Trust resilience for the future
- Improves Trust preparedness for an increase in demand for high acuity patient / critical care beds
- Creates a record of transferable skills learnt as part of the surge response, which can move with staff across organisations / Trusts
- Provides a clear record of learning for revalidation and continuous personal and professional development (CPPD)
- Captures a record of individual learning needs



# HOW

## 1. Identified target audience

- Targeted staff that that the passports were relevant for, including those likely to be redeployed and/or those who look after critically unwell patients
- Target areas for adoption:
  - Level >1 acuity
  - Acute Medical Unit (AMU) EHC
  - Acute Assessment Unit (AAU) EHC
  - Oncology/HIV Ward
  - Respiratory Ward
  - A+E Resus

### *Immediate focus*

- Elective surgery ward
- Treatment centre (day centre)
- Theatres – Recovery and anaesthetics
- ICU new starters



# HOW

## 1. Identified target audience contd.

- Target groups for adoption:

Group	Integrate training on	Deadline
Healthcare assistant (HCA)	Potential to integrate as part of Excellence in Care	December 2021
Nursing/midwifery and allied healthcare professional (AHP) staff	<p><b>Nurses</b></p> <ol style="list-style-type: none"> <li>1. Preceptorship (last Study day will feature passports)</li> <li>2. As part of induction to staff located in the target areas of adoption (see previous page)</li> <li>3. Previously redeployed staff / those that have shown interest</li> </ol> <p><b>AHP staff</b> targeted individuals according to lead risk assessment</p>	December 2021
NWLN Retrieval service (Existing ICU/CCOT staff)	Standalone pathway – will be delivered according to demand	On-going



## HOW

## 2. Re-branded critical care passports

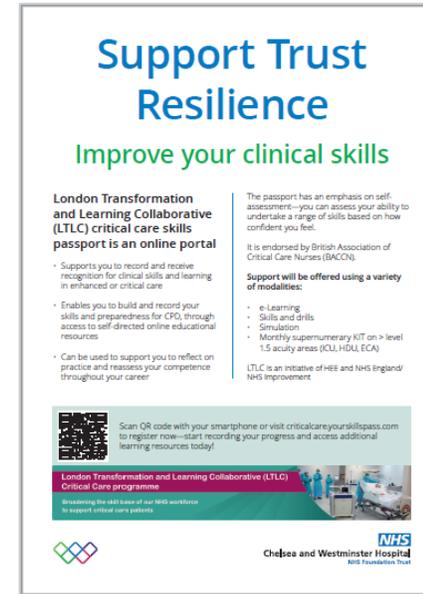
- Used the phrasing “for critically unwell patients” to reflect the passports were not only for staff being deployed to critical care, but helping build overarching skills for managing unwell patients by complementing existing courses (e.g. ALERT and ILS) through helping consolidate skills, as part of a learning pathway
- Communicated the following benefits to Trust staff:
  - Emphasis on self-assessment, where you can self-assess your ability to undertake a range of skills based on how confident you feel
  - Passports’ endorsement by British Association of Critical Care Nurses (BACCN)
  - Trust support offered using a variety of modalities:
    - access to additional e-learning (directly from the passport);
    - opportunity to attend a skills and drills and simulation study day
    - monthly supernumerary keeping in touch days in level 1.5 acuity areas and above



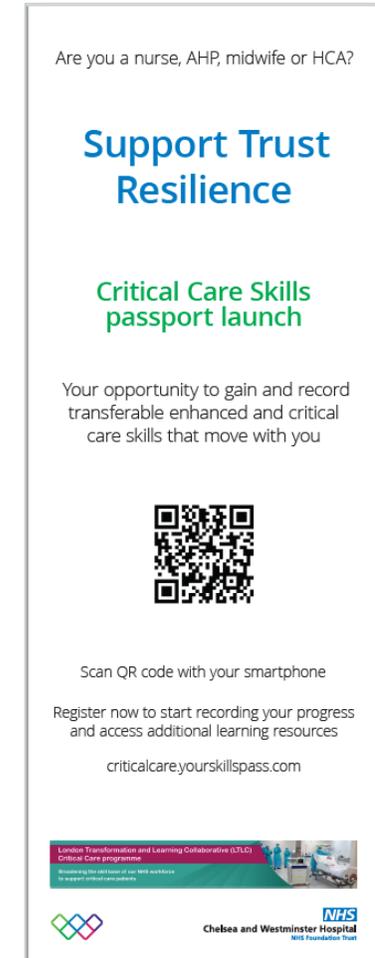
# HOW

## 3. Presented to key stakeholder groups

- Presented to senior nurses / matrons, Clinical Effectiveness Group (CEG), Clinical educational facilitatory (CEF), Deteriorating group, Resus group and at a Trust-wide webinar
- Worked with Trust comms team to disseminate resources
- Developed bespoke Trust resources:



A4 flyer



Pop-up banner

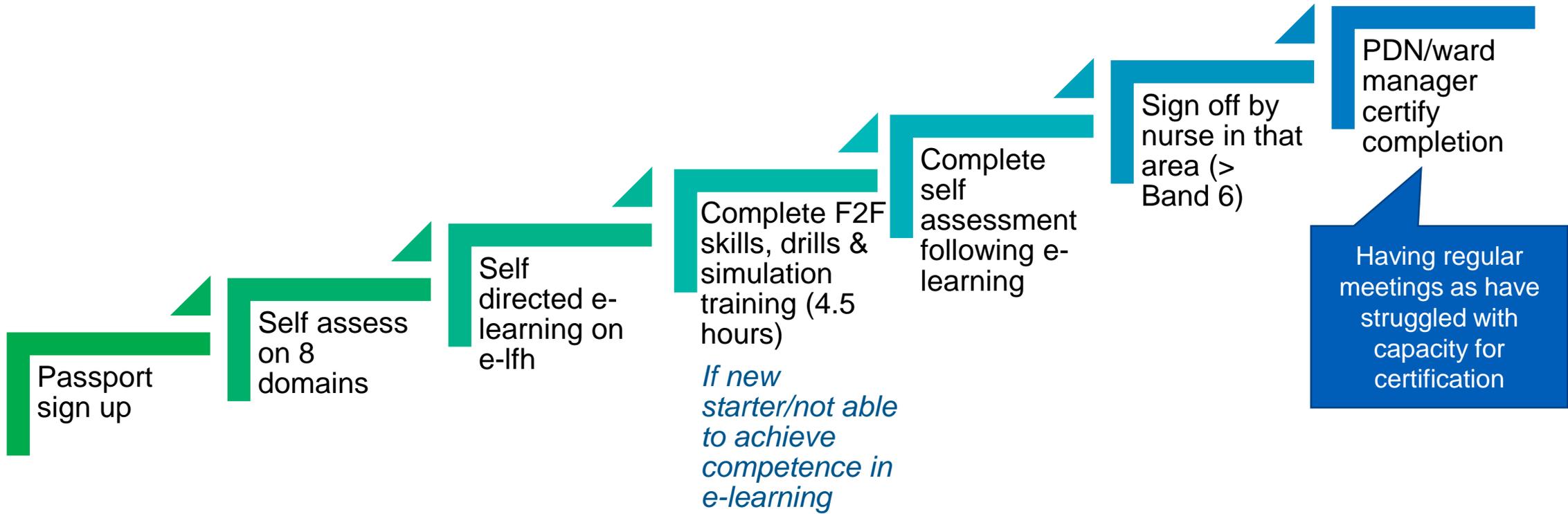


Credit card flyer



# HOW

## 4. Developed a passports pathway



# HOW

## 4. Developed a passports pathway contd.

- Training support provided, using different modalities:

**F2F Skills, drills and simulation –**  
 With opportunity to attend annual refresher day (see further detail on next page)

**Monthly supernumerary keep in touch (KIT) days in level  $\geq 1.5$  areas**

- Part of normal hours or bank shift
- Areas could cover shift with bank using COVID-19 as reason

Access to **e-learning**  
Coronavirus - e-Learning for Healthcare (e-lfh.org.uk)

## HOW

#### 4. Developed a passports pathway contd.

##### RSC - Skills, drills and simulation

Topics included:

- NIV and EOLC
- Bedside safety checks
- ABCDE workshop for a critically unwell patient
- Care of the Intubated patient
- Arterial line management
- Central lines
- NGT in ICU and Enteral feeding

- Each session had capacity for 12.
- Booked by emailing Learning development team

##### Webinar standalone modules – offered monthly

- Booked via Eventbrite™

Included:

- 40 minutes – Delirium
- 60 minutes – ICU Cerner documentation workshop
- 40 minutes – Restorative supervision



## HOW

## 5. Performing temperature checks

- Done quarterly with Clinical effectiveness group (CEG), senior nurse meetings and Clinical educational facilitatory (CEF) to keep in front of mind



# WHAT

Trust set target of **35 NRSS** and **140 RSC**, that took into consideration expected staff attrition. 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		
Chelsea and Westminster Hospital NHS Foundation Trust	19	2	1	0	22	81	30	1	1	113

**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 to deliver passport training to meet target number of RSC & NRSS
- Plan to re-launch education package to support level 1 high acuity areas



# Key learning

- Engagement from key stakeholders is very important for implementation:
  - PDNs
  - Nurses
  - Ward Managers
  - Senior management teams / director level
- Staff can be reluctant to sign-up to the passports due to fear of being redeployed
- Short staffing can result in staff not being released from clinical areas to perform passport training
- Reviewing and certifying staff passports requires capacity from the PDN / ward manager, which can be a barrier



For any comments or feedback, please email  
[LTLC@hee.nhs.uk](mailto:LTLC@hee.nhs.uk)