REVALIDATION IS COMING – ARE YOU READY?

A process of Medical Revalidation was introduced for Doctors by the General Medical Council in 2012. In January 2015 following an extensive consultation process, the Nursing and Midwifery Council has announced the launch of a similar process which requires all Nurses and Midwives to provide evidence every three years for Revalidation of their Registration to take place. The changes will come into effect from December 2015 and it is anticipated that this will be built into the Trust’s existing and robust appraisal process.

It is important that all our Registered Nursing and Midwifery Professionals recognise that this will affect them all when they are due to Register after the end of December 2015, and the Trust will be actively supporting them with this.

Within this edition of the Nursing and Midwifery News, there is further detail about this Revalidation process and how the Trust is addressing this. The Nursing and Midwifery Council Website provides additional information and a Website page is being developed within the Trust to keep you up to date.

This is a significant piece of work to undertake across the Trust which employs over 4,000 Registered Nurses and Midwives, all of whom will require three yearly Revalidation. A Revalidation Working Group has been established, to support the implementation of this work and to make sure that we have the appropriate systems in place to help staff meet these requirements.

In the meantime my advice is to:

♦ Read the Revised Code of Practice (launched by the Nursing and Midwifery Council in January 2015) The Code which has four key themes - Practise Effectively, Preserve Safety, Promote Professionalism in Trust, Read the NMC publication ‘How to revalidate with the NMC’ requirements for reviewing your Registration and demonstrating your continued fitness to practise How to Revalidate with the NMC

And then
♦ Accept this is going to be a challenge the first time you do it!
♦ Don't panic the Trust will be doing everything it can to support you.
♦ Work through it in methodical steps
♦ Look back on your CPD evidence, and work out how much of it is classed as participatory.
♦ Identify some pieces of 3rd party feedback or think how you might gather these.
♦ Take all the information you have, look at the New Code of Practise and the four domains and think about your feedback, your continuing professional development, and think of situations you would like to reflect on to bring your learning back into practise.
♦ Most importantly start early.
♦ Use every opportunity to review the materials available to you by the Trust and attend the workshops that will be publicised to provide support to you all.

Helen Lamont
Nursing and Patient Services Director
March 2015
Nursing and Midwifery revalidation—are you getting ready?

If you have been keeping up to date with the nursing and midwifery press, or if you have read the message from Helen Lamont on page one, you won’t have failed to notice the changes the Nursing and Midwifery Council will be implementing from December 2015. Just in case you haven’t seen or heard anything —here are the answers to some ‘Frequently Asked Questions’ which you might find helpful.

What is revalidation?
The process all Registered Nurses and Midwives are required to undertake every three years, to demonstrate to the NMC that you remain fit to practise.

Who will it affect?
All Nurses and Midwives will need to understand the new requirements. Nurses and Midwives who do not comply will no longer be registered.

What is the purpose of revalidation?
Revalidation will help improve public protection by making sure that Registered Nurses and Midwives continue to remain fit to practice throughout their career. You will be accountable for demonstrating your own fitness to practise.

What does it mean to me?
Revalidation reinforces your duty to maintain fitness to practice within the scope of your practice. Every three years, all Nurses and Midwives will be required to declare:

♦ Practice hours - Declare you have practised for 450 hours during the last three years (900 hours if you are both a Nurse and a Midwife).
♦ Continuing Professional Development (CPD) - minimum of 40 hours CPD with at least 20 of those hours in participatory learning (learning activity in which you personally interact with other people), related to the Code, registration and scope of practice.
♦ Practice related feedback - requirement is to obtain at least five pieces of feedback from a variety of sources over three years.
♦ Reflection and discussion - provide a minimum of five written reflections on the Code, your CPD and practice related feedback over the three years prior to renewal. Have a professional development discussion with another registrant.
♦ Confirmation from a third party who will be an active NMC registrant overseeing your work or a (non-NMC registered) manager overseeing your work & a peer NMC registrant who confirms continuing fitness to practise.

How much will it cost?
There will be no additional charges for revalidation, over and above your annual registration fee of £120 per year.

Why is Revalidation happening?
It will provide greater assurance that Nurses and Midwives on the register remain up to date and fit to practise.

How will revalidation happen?
All Nurses and Midwives on the register will be Revalidated every three years at the point of renewal. You must take ownership of your own revalidation. Those who do not revalidate will lapse from the register.
Revalidation is likely to be built into an enhanced appraisal process that will support nurses employed within the Trust to confirm that all of their Revalidation requirements have been met.

Continued on Page 3
Who will be able to confirm this to the NMC?
This will normally be your line manager, but they must also be on the NMC register.

What if my manager is not on the register?
The Trust is working through this currently, but will identify a process by which individuals will be able to access an appropriate registrant who can confirm they have met the revalidation criteria.

How is Revalidation being developed?
A long consultation process between the NMC, Nurses, Midwives and employers has taken place.
During 2015 a number of sites are involved in piloting the process.

When will it start?
All Nurses and Midwives renewing their registration on or after 31 December 2015 will need to comply with the new system. Nurses and midwives will be given sufficient time to prepare before revalidation is introduced across the sector.

What is the Trust doing to help Nurses and Midwives prepare for this?
A Revalidation Working Group has been established which will:
♦ Identify the nurses and midwives who will be in the first wave of revalidation
♦ Provide workshops for nurses and midwives so they can discuss the process of revalidation
♦ Explore options for electronic documentation to support revalidation
♦ Work closely with other Trusts and keep staff informed and up to date.

What are the benefits?
♦ The benefits of revalidation will help:
  ♦ The public - To have a better understanding of what professional standards to expect from Nurses and Midwives.
  ♦ Nurses and Midwives - To take control of your professional development, using evidence to show continuing fitness to practise.

What do I need to do now?
Check when your next notification to practice is due and check how much of the evidence required for revalidation you have collected so far. Begin to make plans to meet any outstanding areas in good time prior to your revalidation. Discuss any concerns with your line manager.

For more information regarding revalidation please visit the Nursing and Midwifery Council website: www.nmc-uk.org/revalidation
On Friday 28th November 2014, I was supported by the Trust to attend the 7th ANTT National Conference, held in Central London. Attendance at this every year ensures that I bring only the freshest of perspectives to the role of ANTT lead. This event is always an excellent place to meet like-minded ANTT fanatics and there are more of us than you think -140 delegates attended this year! We all ‘network’ like mad, catching up with old friends and meeting new contacts that we can approach for advice, support or just a good old natter about the role of ANTT in another Trust. This year in particular, listening to the speakers and chatting to the delegates, I was really pleased to note that NUTH is often ahead of the game in matters of infection prevention and control, of which ANTT is an integral part.

The theme of this year’s event was ‘Reducing Hospital-Acquired Infections (HAI) by protecting patients’. I cannot lie; some of what was said did not surprise me at all, because NUTH has already embraced best practice. Sessions included the careful prescribing of antibiotics to avoid growing resistant strains of bacteria and the problems associated with preventing water-related infections (http://www.hse.gov.uk/legionnaires/ - have a look, especially about wound biofilms.

There was a spirited discussion in the room about the EPIC 3 guidelines and how they can reduce IV site-acquired infections) http://www.his.org.uk/files/3113/8693/4808/epic3_National_Evidence-Based_Guidelines_for_Preventing_HCAI_in_NHSE.pdf). One Trust has started cleaning their skin entry sites with Chlorhexidine swabs twice, letting the site dry in-between each clean. This has reduced their incidence of HAIs further still ....hmm!

Mr ANTT himself, Stephen Rowley, delivered an overview of ANTT’s progress worldwide - it has just moved into Russia. I can now pronounce ANTT in Russian, if anyone asks! Wherever it has been adopted, ANTT has had a positive effect on the reduction of HAIs, especially where training and competence of all clinical staff has been made ‘mandatory’. A lesson for NUTH, perhaps?

The final session of the day looked at reducing surgical site infections (SSI). Did you know that approx. 10% of all surgical procedures will be further complicated by an SSI? There are lots of sensible interventions we can put in place (ANTT is one, naturally), but the latest research advocates Triclosan - impregnated sutures as a statistically significant measure to reduce SSIs. Do you use these in your area? I would love to know if we do....

Throughout the day I was struck by the enthusiasm and drive of all present. The exhibition hall was well furnished with reps handing out free pens and rather a lot of stress balls - worrying that! We were well-fed too (a Conference marches on its stomach). For me, though, it really is all about the opportunity to learn so I can pass it on and keep us all on the right track in prevention of harm to those in our care.

If you already practice ANTT, please try to influence those around you by acting as an advocate and role model for ANTT. I cannot be everywhere, so I rely on you all, especially my ANTT advisors, to ‘hold the line’ against infection in your areas.

If you would like to be an Advisor, please see my flash ad on the Intranet home page, or contact me on Lesley.Anderson@nuth.nhs.uk DECT 48414.

Queries and questions always welcome!
Did you know that the library catalogue contains details of books and other items held in the Freeman and RVI Library and many other NHS libraries in the local region? Books are available on many different subjects so whether you want a book on mentoring, study skills, leadership or any other healthcare topic to support your work or a course you are doing you may find it useful to browse the library catalogue. Did you also know that we can arrange to have books from the catalogue delivered to the RVI or Freeman Library for you to collect?

The catalogue is available on the Internet at [http://libcat.nenhshostedbyfdi.net/webview](http://libcat.nenhshostedbyfdi.net/webview) so you can access it from within the Trust or from home at a time convenient to you. Once you have registered with the library you will be able to log into the catalogue to renew or reserve items and to take books out from the library. To register simply call in and complete a registration form and find out more about the library services and resources available to you. Remember to bring your Trust ID badge with you when you register. If you are a student please bring your University Smartcard with you.

You can also access the library intranet site from any Trust PC. Once you connect to the homepage of the Trust intranet click on the ‘Favourites’ list then ‘Library Services’ folder to find shortcuts to the library intranet site and some of the other resources available including electronic journals and healthcare databases such as CINAHL and BNI. If you are not sure how to access and use any of the resources don’t worry. Just ask – we are here to help!

Freeman Library
Education Centre, Freeman Hospital. Tel: 0191 2231325 (or ext. 31325)
Email: freemanlibrary@nuth.nhs.uk

RVI Library
Peacock Hall, RVI. Tel: 0191 2825208 (or ext. 25208)
Email: rvilibrary@nuth.nhs.uk

Library and Information Services Manager – Jacqueline Howard
Email: jacqueline.howard@nuth.nhs.uk

## Nursing Forums

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<tr>
<th>Forum</th>
<th>Next Meeting</th>
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<tr>
<td><strong>The Clinical Managers Forum/Matrons</strong></td>
<td>Tuesday 7th April 2015</td>
<td>Lecture Theatre, Sir James Spence Institute, RVI</td>
</tr>
<tr>
<td><strong>The Clinical Leaders/Sisters Forum</strong></td>
<td>Tuesday 31st March 2015</td>
<td>Lecture Theatre, Institute of Transplantation, Freeman Hospital</td>
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<tr>
<td><strong>The Forum a voice for all Nursing and AHP staff matters</strong></td>
<td>Monday 8th June 2015</td>
<td>Seminar Rooms 1 &amp; 2, Institute of Transplantation, Freeman Hospital</td>
</tr>
<tr>
<td><strong>The Nurses in Specialist Roles Forum</strong></td>
<td>Tuesday 26th May 2015</td>
<td>Lecture Theatre 2, Education Centre, Freeman Hospital</td>
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Further information and minutes of meetings will be available on the Trust intranet at: [http://nuth-vintranet1.cms/SupportServices/PatientServices/NursingStrategy/NursingExcellence/NursingandMidwiferyNews.aspx](http://nuth-vintranet1.cms/SupportServices/PatientServices/NursingStrategy/NursingExcellence/NursingandMidwiferyNews.aspx)
Clinical Assurance Tool—ACE Awards

In September 2014 we told you about a new initiative which will acknowledge the high standards which we measure and monitor through the Clinical Assurance Toolkit. The ACE Awards (Acknowledging Continuous Excellence) will recognise consistent achievement of the very high standards which are measured through CAT and will focus on 5 areas which are:

◊ Environmental Cleanliness
◊ Patient Experience
◊ Assurance measures
◊ Clinical assurance
◊ Staff knowledge

The first recipients of these awards were presented with their certificates in January 2015 by Helen Lamont, Nursing and Patient Services Director.

Pictured (top to bottom), Nurse Specialist April Jones, Haemophilia, RVI and Sisters Nicola Cosford and Nicola Rowson Ward 35, Freeman Hospital who received awards in the following categories:

◊ Assurance Measures and
◊ Clinical Assurance

Sister Linda Flint, Main Outpatient Department, Freeman Hospital who received the award in the following category:

◊ Environmental Cleanliness

Our congratulations to the teams in these areas.

International Recruitment

A team from the Trust travelled to the Philippines on 20th February 2015 to carry out interviews for qualified nurses. The aim was to appoint 60 nurses who will be allocated to various Directorates throughout the Trust. Recent changes to the NMC registration processes have been reviewed and improvements made to make this a more effective process.

On return from the Philippines, the priority will be to ensure that appropriate induction, preceptorship and support is prepared and in place for the arrival of the international nurses. Providing a network, of contacts and ‘buddies’ will be essential to help the nurses adapt to life in Newcastle and within the Trust.

If any staff who are part of our established Filipino community feel they could help with this please contact Sister Allison Heathcote. Allison.Heathcote@nuth.nhs.uk
Nurse Staffing Review—Update

The Nurse Staffing Review Phase Two is almost complete, this included:
- Community,
- Interventional Radiology,
- Paediatric Intensive Care,
- Adult Intensive Care,
- Coronary Care,
- Emergency Departments,
- Outpatients and Day Units.

This has emphasised what diverse, specialist care we provide. The flexibility and innovative ways of working by staff, to provide patient care is vast and a credit to the Trust. There is an on-going commitment to the Nurse Staffing Strategy.

The feedback for Phase Two is being provided through a workshop for Matrons and Directorate Managers on 5th March. Overarching recommendations and evidence of Best Practice will be included in the next newsletter.

There are now National guidelines and recommendations about nurse staffing and each Trust has to review ward establishments every six months. This is currently underway and being carried out by Matrons and the Heads of Nursing. If you want to find out more about this process speak to your Sister, Charge Nurse or Matron.

Planned and actual staffing numbers are recorded by the nurse in charge via a weblink. This is further being developed to collect more information such as the NICE Nurse Red Flag Events and other Nurse Safety Indicators. If you want to find out more about the NICE guidance for inpatient wards and the Nurse Red Flag Events the hyperlink to the NICE guidance is http://www.nice.org.uk/Guidance/SG1

Strengths Based Recruitment (SBR)

The Trust has been using Strengths Based Recruitment (SBR) for Band 7 Ward Sisters for the past year. This approach identifies an individual's inbuilt strengths and matches them against a profile of a Band 7 Ward Sister which has been developed by identifying the key strengths 'great' Ward Sisters' have.

The Shelford group of hospitals, which are the main teaching hospitals in England, have commissioned the profile for Band 5 Staff Nurse and Band 2 Healthcare Assistants. When these profiles are available SBR will be incorporated into the recruitment process of these bands.

The Trust Band 5 centralised recruitment process is being reviewed and now runs monthly there have been two very successful events and as we continue these the centralised process will continue to evolve.

If you have any queries about the centralised recruitment process, please contact Liz Harris Head of Nursing RVI.
There are countless myths in Nursing and Midwifery. The unfortunate truth is that once a tale becomes “accepted as scientific evidence”, it becomes re-written until it is accepted as undisputed truth. Perhaps you, too, have a firmly held belief which, if you thought about it might turn out to be a myth.

Well - we’d like to challenge some of the traditional wisdom (sometimes known as Old Wives Tales), what about this popularly held belief............

There are countless myths in Nursing and Midwifery. The unfortunate truth is that once a tale becomes “accepted as scientific evidence”, it becomes re-written until it is accepted as undisputed truth. Perhaps you, too, have a firmly held belief which, if you thought about it might turn out to be a myth.

Well - we’d like to challenge some of the traditional wisdom (sometimes known as Old Wives Tales), what about this popularly held belief............

‘It is not possible to aspirate from a fine bore Nasogastric feeding (NG) tube to pH check that it’s positioned correctly in the stomach, as it’s too thin’

Yes it is possible!

- Getting the length right on initial insertion of the NG tube using the NEX measurement (so that the tip of the tube is sitting in gastric fluid) is the single most important factor for enabling you to aspirate fluid back on subsequent attempts.

- To estimate the NEX measurement before NG tube insertion: place the tip of the NG tube on the tip of the nose, extend the tube to the earlobe and then to the xiphisternum. Check cm markings for estimation of required length.

- If the tip of the tube is sitting too high in the stomach or the tube is coiled up in the stomach as too far in, you won’t get any aspirate.

- Remember - pH testing of aspirate is safer than X-ray in confirming NG tube position! (NPSA 2011)
During this week we will raise awareness and promote the importance of nutrition and hydration as an essential part of the quality care we provide to our patients. Excellent nutritional care provides a positive patient experience and improves patients’ clinical outcomes.

We are also planning to mark the occasion by holding Afternoon Tea Events on many of our wards across the Trust during this week. Please take part to make this event a great success!

For more information on the National event go to:

http://nutritionandhydrationweek.co.uk/

6C’s in Practice—What I did to help today.

Complex discharges are very challenging for the hospital and the district nurses teams. This is especially true during the Christmas period where patients so want to spend Christmas at home with their loved ones. Communication between settings is known to be difficult and at times fraught but this does not have to be the case with a little forward thinking as in the example below. This achieved a high degree of patient and family satisfaction and demonstrated how team working can be successful with efficient communication between community and hospital staff.

I have been a District Nurse for many years and know how complex discharges can be, especially at Christmas. Mr X was an elderly patient, suffered with diabetes and was planned to be discharged on the 24th December. I facilitated his smooth discharge back to his home by arranging and attending a multi-disciplinary team meeting prior to discharge. I came to the ward, discussed with Mr X his forthcoming discharge, listen to any concerns he had, namely to ensure his insulin prescription was organised in time. Thanks to my visit, the patient felt reassured and was able to spend Christmas at home with his loved ones.

District Nurse Tina Douglas
Schwartz Rounds

As part of the post Francis work within the Trust we are proud to announce that Schwartz Rounds are coming to NUTH in May 2015. Schwartz rounds are part of a process of supporting compassion in healthcare.

The rounds provide a structured monthly one-hour forum for staff from all disciplines to discuss difficult emotional and social issues that arise in caring for patients. The purpose of the Rounds is not to solve problems, but to explore the human and emotional aspects of the experience of delivering care and the challenges that staff face from day to day.

The basic format of the Rounds is that a panel, made up of three or four Staff members from different disciplines, talks about an experience in relation to a particular theme – for example, when I made a difference or being caught between the patient and their family. A facilitator then leads the discussion involving the audience. Schwartz Rounds run for an hour and are preceded by a light lunch.

Hear about Schwartz Rounds - https://www.youtube.com/watch?v=md-J1A0TxVU
View a Schwartz Round in Action - https://www.youtube.com/watch?v=fTBXbvSkuX8
Want to know more about Schwartz Rounds at NUTH?
Come to our launch event on Friday 20th March 2015, details are below:
Friday 20th March 2015 12:15 – 13:00
MediCinema, New Victoria Wing, RVI & Lecture Theatre 2, Freeman

If you would like to find out more about Schwartz Rounds or attend this event please register your attendance by email – SchwartzRounds@nuth.nhs.uk

Publications by Nurses

What is perinatal well-being? A concept analysis and review of the literature.
Citation: Journal of Reproductive & Infant Psychology, 01 September 2013, vol./is. 31/4(381-398).
Author(s): Carly Allan, Debbie Carrick-Sen, Colin R Martin.

Communicating with haematology patients: a reflective account.
Citation: Nursing Standard, 25 September 2013, vol./is. 28/4(37-49).
Author: Melanie Savage.

Cardiac tamponade following heart surgery
Citation: British Journal of Cardiac Nursing, Oct 2013, vol. 8, no. 10, p. 504-510, 1749-6403 (October 2013).
Author: Sandra Laidler.

Parental decisions on children participating in research.
Citation: Nursing Children & Young People, 01 October 2013, vol./is. 25/8(16-21).
Author(s): Mohammed Elemraid; Kerry Pollard; Mathew Thomas; Clare Simmister; David Spencer; Stephen Rushton; Andrew Gennery and Julia Clark.

A newly elected BACCN Chair.
Citation: Nursing in Critical Care, 01 November 2013, vol./is. 18/6(319-319).
Author(s): Annette Richardson.

A review of instruments to measure health-related quality of life and well-being among pregnant women.
Citation: Journal of Reproductive & Infant Psychology, 01 November 2013, vol./is. 31/5(512-530).
Author(s): C. J. Morrell; A Cantrell; K Evans.; D.M. Carrick-Sen.

Influenza: an outbreak in a UK respiratory centre.
Citation: British Journal of Nursing, 28 November 2013, vol./is. 22/21(1206-1206), 09660461
Author(s): A. Aujayeb, A, Russell.; K. Walton.; J Samuel; S. Waugh; M. Valapill; R. Fagg; S. Gray; S. West, and G. Meachery.

Person-centred care.
Citation: Nursing Older People, 01 December 2013, vol./is. 25/10 (14-14), 14720795
Author(s): Clare Abley and Rachael Thompson.

Exploring risk, prevention and educational approaches for the non-diabetic offspring of patients with type 2 diabetes - a qualitative study.
Citation: Journal of Advanced Nursing, 01 December 2013, vol./is. 69/12(2726-2737).
Author(s): Charlotte Gordon; Mark Walker and Debbie Carrick-Sen.
Ebola

EVD is one of a group of viruses called viral haemorrhagic fevers (VHFs) which are severe and life-threatening viral diseases that have been reported in parts of Africa, South America, the Middle East and Eastern Europe.

EVD is introduced into the human population through close contact with the blood, secretions, organs or other bodily fluids of infected animals.

There had been only 1,850 reported cases since 1976 until Dec 2013.

Clinical features

EVD is a severe acute viral illness often characterized by the sudden onset of fever, intense weakness, muscle pain, headache and sore throat. This is followed by vomiting, diarrhoea, rash, impaired kidney and liver function, and in some cases, both internal and external bleeding. It has a case fatality rate of between 40-90% with no current cure.

Incubation period

The incubation period, that is, the time interval from infection with the virus to onset of symptoms is 2 to 21 days.

Patient management in NUTH

Timely diagnosis is essential. Walk in Centres (WIC) and emergency department (ED) display these posters to encourage patients to identify themselves and patients who have a temp. of >37.5°C and have been in an endemic area e.g. Sierra Leone, Liberia or Guinea in the last 21 days will be isolated and assessed by an ID Consultant.

EVD can only be transmitted from one person to another through direct contact with blood or bodily fluids of an infected person.

Experts agree that there is no circumstantial or epidemiological evidence of an aerosol transmission risk from VHF patients.

Staff in the WICs and ED have been trained to use enhanced personal protective equipment (PPE) to manage suspected cases until their transfer to ward 19.

Highly possible symptomatic and confirmed cases will be nursed in high level isolation on ward 19 RVI in either PPE based isolation or in the Trexler isolator.

Only volunteer staff who have been fully trained in the use of PPE and the Trexler unit will care for cases of Ebola in the Trust.

If you are a registered nurse and would like to volunteer to be part of the Ebola care team and have approval from your line manager please contact Marion Lewis (31682) or Allison Sykes (39592) who can discuss training with you.

Fit Tester Training Session

ALL staff who undertake aerosol generating procedures e.g. suctioning, MUST be fit tested for FFP3 masks to ensure they know which type to wear. If this applies to your place of work please ensure that there is at least one fit tester and that all your staff are fit tested. The next fit tester training sessions are as follows, BOOK NOW! (via Jackie Ord on 24996)

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<td>13th March</td>
<td>13.00-13.45</td>
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<td>15.00-15.45</td>
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<td>Education Centre, Level 1</td>
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<td>16th March</td>
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<td>Seminars 1&amp;2 Clinical Learning Centre</td>
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March 2015

Infection Prevention and Control

CPE

What is CPE?
- Enterobacteriaceae are bacteria that usually live harmlessly in gut; most common causes of UTI, intra-abdominal and bloodstream infections
- Carbapenems – group of antibiotics normally reserved for serious infections caused by drug-resistant Gram-negative bacteria (including Enterobacteriaceae) e.g. Meropenum, Ertapenem
- CPE are bacteria that produce Carbapenemases which are enzymes that destroy carbapenem antibiotics leading to resistance

Why is CPE important?
- Increasing incidence of CPE infection and colonisation
- Increase in clusters and outbreaks in last 5 years
- Limited treatment options if infection occurs
- High risk patients should be screened within 24 hours of admission (Day 0)
- Rectal swab (or stool specimen) and any wounds/invasive devices

What can I do to help prevent CPE?
- Risk assess all in-patients – use the prompt on the Adult Risk Assessment Tool
- Screen high risk patients which are any patients who have been in hospital outside the North East of England & Cumbria in the last 12 months
- Isolate high risk patients
- Promote good patient hygiene

How do I screen a patient for CPE?

Education

The next IPC Link Group Foundation Day (acute staff) is on 23rd June in the Education Centre at the Freeman Hospital. Look out for the details of when to book your place. This will be open to all new link staff and any link staff who could do with an update.

IPC (Community) Annual Study Day will be held on October 14th at Newcastle Falcons, Kingston Park. Building upon last year’s very successful study day planning is well underway for this year’s event so save the date and further details will be available in the summer.

Schooling & Residential Care Homes across the city were recently offered an updated free IPC education programme and there has been a good response from our community colleagues with six enquiries and eleven confirmed bookings to date.

Care of the deceased- when should a cadaver (body) bag be used

When a person with a known or suspected infection dies, there is a Duty of Care to ensure that those who subsequently handle the deceased are made fully aware of any potential risks so that appropriate Infection Prevention and Control measures can be implemented.

Guidance as to which infection/diseases requiring the use of a cadaver bag are identified on the IPC Notification Sheet (Appendix 1); this must be completed and attached when using a cadaver bag. Biohazard labels should also be used in some cases as advised on the IPC Notification Sheet.

Any leaking orifices should be packed with gauze and any leaking sites should be covered with an occlusive dressing and the deceased placed in a cadaver bag.

Cadaver Bag and Biohazard Label Are Essential for:
- Invasive Group A Streptococcal Infection
- Transmissible Spongiform Encephalopathy’s (e.g. vCJD/CJD)

Blood-borne Viral Infections e.g. HIV, Hepatitis B and Hepatitis C

Cadaver Bag is advised for:
- Pulmonary Tuberculosis
- Excessive leaking wounds/orifices
- Scarlet Fever

Cadaver Bag is not required for:
- Chickenpox/Shingles, Clostridium difficile, E Coli infections, Influenza, Measles, Meningitis, MRSA, MSSA, Mumps, PVLRMRSA/MSSA, Hepatitis A,

Cadaver bags can be obtained from supplies.

Community staff are not responsible for the use of cadaver bags.

More information can be found in the ‘Cadaver (body) bags for the deceased patient’ policy on the intranet.

Nursing Home Project

Madeleine Menezes started work at NUTH on 17th November 2014 to take up the role of Infection Prevention and Control (IPC) Nurse within the Nursing Home Project. The role is part-time with a varied work pattern within the three nursing homes that are part of the project. The main elements of this secondment are to:
- Support each nursing home Manager and staff with respect to IPC policy and practice;

Liaise with each nominated IPC Link and encouraging their ownership within the home by:-
- providing guidance, encouragement and support to undertake IPC audits,
- promoting any changes in current practice, as appropriate.

Provide formal teaching sessions to the multidisciplinary team including ancillary staff within the nursing home;

Advise and guide staff where adaptations may be needed;

Recognise and promote innovative practice and communicate this within the nursing home.

If you wish to know any more about Madeline’s work you can contact her via 26471.
I was delighted to receive the joint award for the Nursing and Midwifery Awards in June this year. The award was for the Birth Reflection Service which was implemented in 2004. It has now been running 10 years with the numbers of patient attending increasing every year, and to date over 400 have benefited from it.

The Service was set up to allow new mothers the unique opportunity, at a time that is appropriate to them to have a 1:1 meeting with an experienced midwife to discuss the events of her birth. The aim is to fill in gaps, offer explanations of events and allow her the opportunity to express her experience of her birth which often differs dramatically from that of the health professional. The patients are central to the vision of the service and it is completely flexible to their needs. It is hoped that by improving their knowledge and understanding of their birth it can improve bonding with the baby, empower them for the future and reduce many potential litigation claims to the Trust.

We are a team of 12 dedicated midwives and were thrilled to have our birth reflections service recognised in this way. We plan to use the prize money in two ways. Firstly, we hope to have a designated room in which we can see the women and create a pleasant environment. We can also share this room with all staff in women’s services for other uses. Secondly, I have been in touch with the university to request some further training for the team members on debriefing and counselling skills, thus improving the quality of the support we currently give.

I hope to continue to raise awareness of the Birth Reflections Service in the future, and endeavour to put the patient at the heart of our efforts.

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I hope to continue to raise awareness of the Birth Reflections Service in the future, and endeavour to put the patient at the heart of our efforts.

Are you responsible for obtaining written consent?

If you take written consent as part of your professional role, it is now mandatory that you attend the Trust Legal Aspects of Healthcare training every five years. This training consists of an e-learning package and face to face training with the Trust solicitors. Places on the following Trust solicitor sessions are still available:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wednesday - 25/03/2015</td>
<td>14:00 – 16:00</td>
<td>Lecture Theatre 2, Education Centre, Freeman Hospital</td>
</tr>
<tr>
<td>Friday - 12/06/2015</td>
<td>14:00 – 16:00</td>
<td>Lecture Theatre 2, Education Centre, Freeman Hospital</td>
</tr>
<tr>
<td>Friday - 11/09/2015</td>
<td>14:00 – 16:00</td>
<td>Lecture Theatre 2, Education Centre, Freeman Hospital</td>
</tr>
<tr>
<td>Friday - 04/12/2015</td>
<td>14:00 – 16:00</td>
<td>Lecture Theatre 2, Education Centre, Freeman Hospital</td>
</tr>
</tbody>
</table>

To book a place please ring 24874 or 26707 and speak to Sybil or Karen. Alternatively, email Sybil.Renney@nuth.nhs.uk or Karen.Collingwood@nuth.nhs.uk

You will need to provide your payroll number when booking. This is to enable you to get access to the e-learning package which will be made available two weeks prior to the face to face session. You will need to complete the e-learning package before attending the face to face session.

Places are strictly limited so if you book to attend and subsequently find you are unable to attend please let us know so you place can be offered to someone else.
One of the nice things about my role is that I sometimes get invited to meet students and groups of staff and listen to their ideas and suggestions. Early in February, I was invited to meet the students on the Foundation Degree programme who are training to be Assistant Practitioners. This is a mixed group of students from our Trust and also Northumberland, Tyne and Wear Mental Health Trust (NTW) I was invited to listen to some Service Improvement ideas they had developed as part of their course.

There were some simple suggestions;

Kate from ward 46, RVI described how she uses the timer function on her fob watch to remind her if patients on FOCUS charts need to be moved or offered a drink.

And some that required technical skills;

Joe from ward 52, RVI developed a concept he thought would save space around patients bedside by building a prototype container (in his garage) that could be attached to a drip stand.

John, one of the students who works for NTW and an Armed Forces Veteran described how he has successfully been able to enhance the therapeutic relationship with some of his patients. John said, “These are Military Veterans, from the present day back through both world wars and also include the Bevan Boys (enlisted miners) and those females of the Women’s Land Army and the forestry Corps. It is due to their personal sacrifice and their ability to endure physical hardship that this nation was and is still able to remain free”.

John asks if the service user has served in any of the above and if they have their Veterans badge. If not, he encourages them or their families to complete a form for the armed forces, the Bevin Boys or the Woman’s Land Army. He says “this opens an avenue to enter into dialogue with the service user, and forms some common ground towards developing the therapeutic relationship, as well as acknowledging their service personally”.

If you are interested please follow the link; [https://www.gov.uk/apply-medal-or-veterans-badge/apply-for-a-veterans-badge](https://www.gov.uk/apply-medal-or-veterans-badge/apply-for-a-veterans-badge)

Suzanne Medows, Senior Nurse Practice Development

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**Congratulations to the first cohort of Assistant Practitioners**

Congratulations to the first cohort of Assistant Practitioners who all successfully completed the Foundation Degree in Health and Social Care with Teeside University.

Fourteen trainees started the journey in September 2012 the course is a 2 year modular programme delivered 1 day a week mainly at the Cragside Clinical Learning Centre with the aim of developing professional and academic skills. Completing the degree has been challenging for all of the staff as many of them had not undertaken any academic study for a number of years and they also had a number of competencies to complete alongside a large number of assignments whilst also working full time.

Matron Melanie Cunningham
A PAT ON THE BACK

Winners at the 2nd Practice Education Conference

The 2nd Practice Education Conference was held on 26th February 2015 in the Institute of Transplantation, Freeman Hospital and was attended by almost 70 delegates from Nursing, Midwifery and various Allied Health Professions. The theme of the day was around ‘Quality’ and this was reflected in the talks given by our two Keynote speakers, Professor Kath McCourt, Executive Dean, Faculty of Health and Life Sciences, Northumbria University and Emma Nunez, Head of Quality Assurance, NHS England.

The Trust Education awards were also incorporated into the day providing an opportunity to acknowledge and recognise those who are committed to developing new health care talent as mentors and placement providers. We also congratulated those students who have demonstrated personal, clinical and academic achievements that will make them exemplary health care professionals.

The award winners for 2015 were:
- Placement of the Year: Ward 32, Freeman Hospital.
- Mentor of the Year: Katharine Nicholson, District Nurse and Community Practice Teacher
- Student Allied Health Professional of the Year: David Hill
- Student Nurse of the Year (Adult): Anna Johnson
- Student Nurse of the Year (Child): Debra Sprawling-Sales
- Student Midwife of the Year: Rachael Purple

Call for articles

If you would like to write an article for the newsletter to celebrate a team or personal achievement, or to tell colleagues about an innovation or change in your area then please contact Suzanne Medows who will be delighted to discuss this with you.

Suzanne can be contacted by email on Suzanne.Medows@nuth.nhs.uk