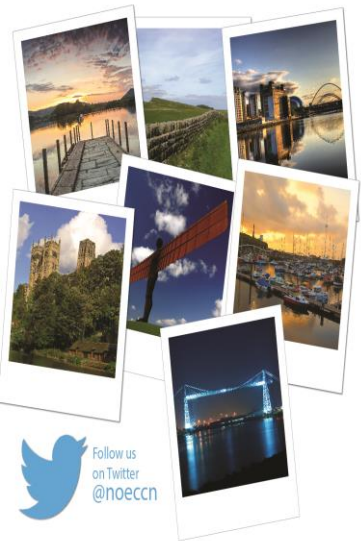




North of England  
Critical Care Network

[www.noeccn.org.uk](http://www.noeccn.org.uk)



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# “Grow Your Own”

## A Network approach to developing our future leaders



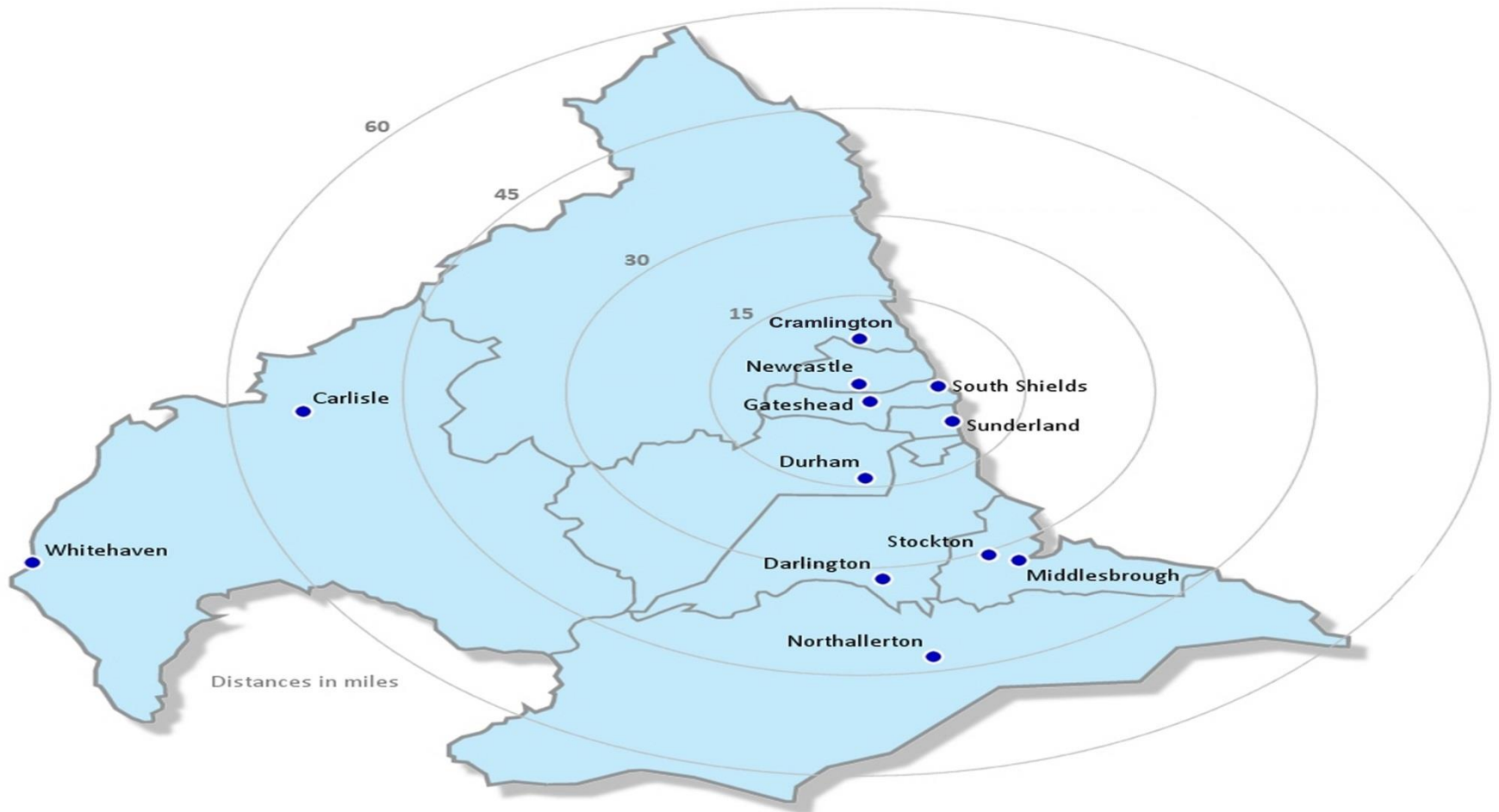
Julie Platten  
NoECCN Manager

Karen Donnelly  
South Tees Foundation Trust

- 
- \* Background
  - \* Development
  - \* Programme
  - \* Service Improvement Projects
  - \* Future plans

# NoECCN

## North of England Critical Care Network



# What do our future leaders look like?



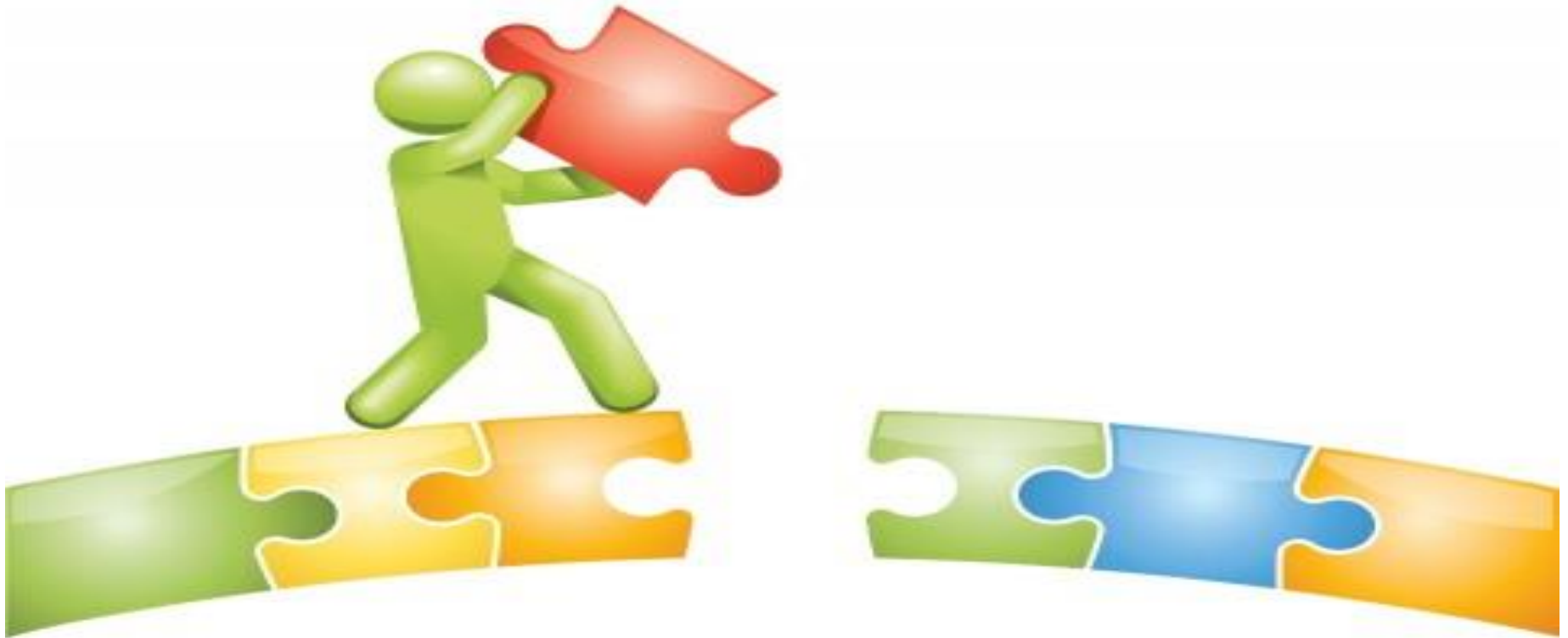
Change is the only constant.



# Make the Leap



# Or Bridge the Gap



# Senior Staff Nurse Development Programme

## 1.5 day programme

- \* 1 day – delivered content
- \* ½ day – group deliver their service improvement projects

Developed in 2009 (constantly evolving)

**246 staff** have completed the programme  
(about 20% of the staff)





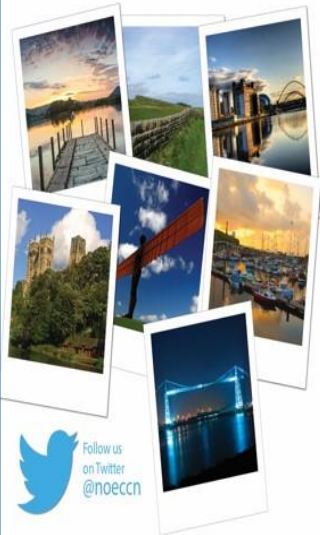
Critical Care Operational Delivery Networks  
England, Wales & Northern Ireland

# noeccn



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## Registration & Coffee

Introduction

People and teams

Prisoners Dilemma

## Coffee

Human Factors in Critical Care

National Picture

NoECCN & National Groups

## Lunch

I Resilience

Managing and Leading

Change Management

Change Projects

Leadership & Management Competencies

Lessons from Geese

Evaluation & Close

# People & Teams



## Objectives

To explore the differences between a group and a team.

To discuss Belbin's model of team roles and its relevance to practice

To understand the Tuckman's stages of team development

To utilise these theories in the forming of a project team in practice

# Human Factors



## Objectives

Describe what Human Factors are

Discuss the patient safety consequences

Why you can only ever minimise error

Importance of “the team” in preventing mistakes

# National Picture and Critical Care Operational Delivery Networks

## Objectives

Raise awareness of the National Picture

How external drivers affect Critical Care



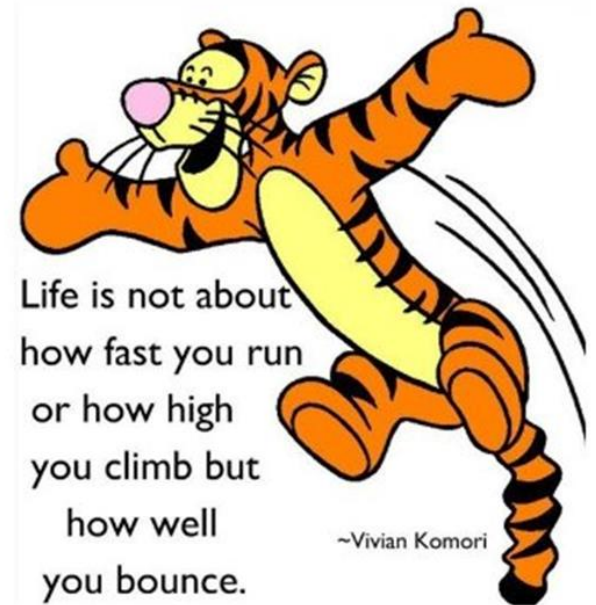
# I Resilience

## Objectives

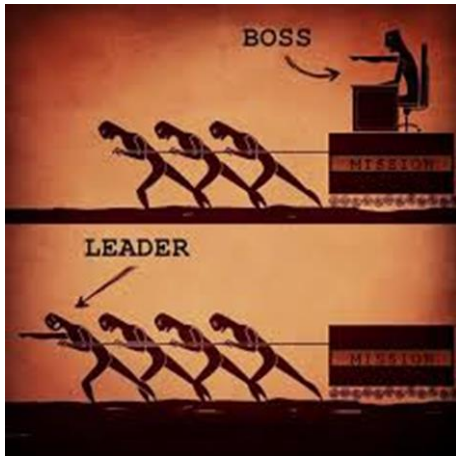
Raise awareness of the importance of looking after yourself

Emotional Intelligence

Strategies to develop resilience

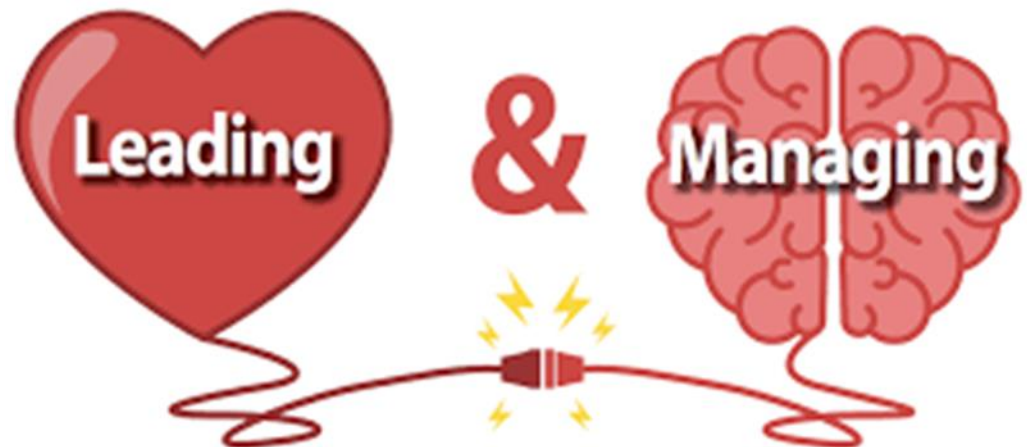


# Managing and Leading



Objective

*The Difference Between*



# Management Scenarios



# Ethics



## Objective

Introduction to ethics and how they decision making in Critical Care



# Change Management

## Objectives

Introduce the change management process

Discuss change management models

Explore process mapping

Explore PDSA Cycle



# Service Improvement Projects



# Implementing a Head to Toe Assessment.

By Julie Walton and Stephanie Van Hee

3<sup>rd</sup> November 2016.

## Introduction

The head to toe assessment is a non-invasive examination to assess a patient's body systems. The purpose of the assessment is to identify abnormal findings that signal a change in the patient's condition. It involves inspection, auscultation, palpation and percussion to assess the patient from head to toe.

## Method

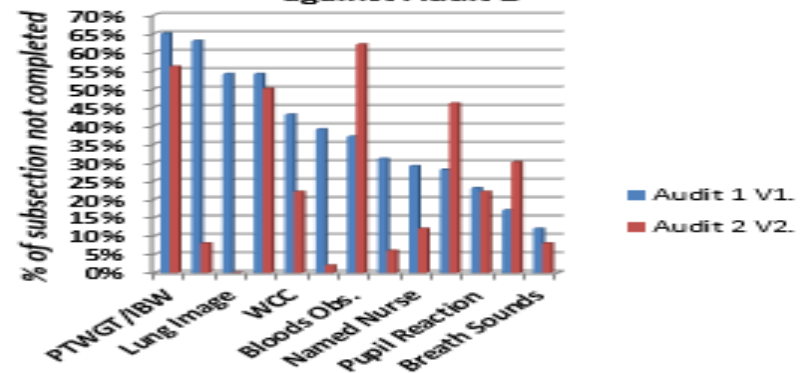
- Design a piece of documentation to guide nursing staff through the assessment.
- Research into the head to toe assessment guides and literature and initiate a trail.
- Formally introduce the head to toe assessment into every day practise.
- Inform the team of the change and offer professional support to train the staff.
- Initiate trials and compare evidence.

## Results

Very difficult to obtain staff evaluation forms due to only 18 evaluation forms being completed.

- 12 out of 18 agreed the layout flowed well. Staff were asked if the form prompted them to act on patient care.
- 5 out of 18 strongly agreed that using the form prompted them to act on patient care.

Comparison of Audit 1 Highlighted Results against Audit 2



Subsection of Assessment Sheet (1&2)



## Conclusions & Key Points

The evidence suggests that the documentation did improve from the 1<sup>st</sup> Audit. There was a general decline towards the resistance from staff. Remains a shortfall towards education regarding physical assessments (auscultation). The plan from now is to formally introduce the head to toe assessment into everyday practice. Continue the auscultation training and continue the ongoing support to staff.

# Senior Staff Nurse Steering Group

Lynnette McElheron, Wendy Anderson, Vicki Prudhoe,  
Fiona Ferguson, Diane Wilson, Lorna Mair  
Integrated Critical Care Unit, Freeman Hospital

## Introduction

The idea of a senior staff nurse steering group (SSNSG) began with an interest in furthering the unit's direction in terms of development of staff. Following a time of low staff moral, high turn over of staff and a decrease in education on the unit, it was felt a change was needed. Along with the clinical educator the group began with six senior nurses with a common interest to further the development of the staff along with providing a support network for staff nurses.

## Terms of Reference

**Aim of the group**—Improve moral and retention of staff by increasing opportunities for education and providing a network of nurses, other than management, visible and open to provide support. This included setting up and chairing staff meetings. SSNSG will provide a forum which members can share knowledge and ideas and further the development and enhancement of the unit. The group is also a bridge between management and staff. Staff nurses emailed and team folder set up in coffee room where agendas for meetings can be added.

**Membership**—Lead initially by clinical educator and six senior staff nurses. Aim is to continue with 8 senior staff nurses. Restricted to senior staff nurses to lead. Replacing members who may have left. Members must attend 2 meetings a year.

**Support**—The group wanted to ensure a positive environment for new starting staff and all staff group in order to retain staff. Posters were put up on the unit with photos of members along with an outline of what we wanted to achieve. Offering a candid and open relationship and to be approachable.

**Education**—To improve evidence based practice we enlisted the help of the MDT. Starting bi-monthly teaching sessions which are co-ordinated by a member of the SSNSG. To recommence a monthly journal club.

**Evaluation and Reporting mechanism**—Positive feedback from matron and management team, verbally and via email. Ongoing feedback from staff and encouragement of staff to come to us with issues or worries.

## Staff Meetings

- Monthly staff meetings chaired by senior staff nurse member.
- Outline of agenda before - by means of agenda form left in coffee room and discussion with management of any issues to be raised
- The meetings also take time to listen to any other topics or ideas that can arise at the time. Giving staff members autonomy to guide meetings. Supporting staff and listening to great ideas on how we can improve
- Issues and gripes raised are discussed and we attempt to find solutions, feeding back to management any patterns or issues that can be solved
- Limitations and barriers included finding a time for meetings to occur, some meetings planned were cancelled due to increased acuity on unit or decreased staff levels. Other barriers included cross as wires and misunderstandings of both junior and senior staff that may not have attended meetings and could only read minutes. This lead to a meeting template to be made



Date	Time	Location	Agenda

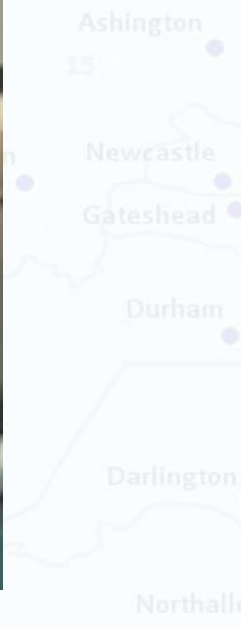
## Teaching

- The SSNSG identified that teaching opportunities on ICU had decreased. Barriers included time for teaching sessions and releasing staff to attend in an unpredictable environment.
- A plan was devised to get in touch with the MDT to see if we could get some teaching sessions up and running. So followed discussions with the consultant group who were all interested in joining in.
- The aim is for bi-monthly teaching sessions. Positive feedback from staff after sessions and a proactive approach from the MDT.

## What next .....

- Monthly staff meetings, chaired by SSNSG member
- Facilitate bi-monthly interprofessional teaching sessions.
- Encourage and enable staff nurses to share knowledge/skills.
- A Support nurse led Journal Club
- The group has allowed those involved to develop leadership skills and begin to further develop the expert core skills required to safely and professionally care for the critically ill patient without any direction as per the National Competency Framework for Registered Nurses

# Winners!



Distances in miles

# Comments

I really enjoyed this day will recommend to colleagues – really good networking met some interesting people

Really enjoyed the day, feeling very enthusiastic about implementing a change on my unit and looking forward to the next session and poster presentation.

**Enjoyed this day with lots of valuable information**

**Given me more understanding about how NHS works**

Very useful day – interesting and motivates nurses that improvements are happening.

# Thank you for listening.

Julie Platten – [julie.platten@nth.nhs.uk](mailto:julie.platten@nth.nhs.uk)

Karen Donnelly – [karen.donnelly@nhs.net](mailto:karen.donnelly@nhs.net)

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**Health Education England**, (2015), Raising the Bar - Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants, Health Education England.

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**Porter-O'Grady, T.** (2003) A different age for leadership, part 1. *Journal of Nursing Administration*; 33: 10, 105-110.