Welcome to the Education Network webinar
Thank you for logging on early.
As you can see, we are still setting up. We can’t hear you and you can’t hear us. If you would like to communicate with us, please use the chat function. Thanks.
Welcome to our webinar
NETWORK RECORDING DECLARATION

During this webinar session discussions will be recorded so that people who cannot attend will be able to benefit at another time. Filming is regarded as ‘personal data’ under the General Data Protection Regulations (GDPR) under that law we need you to be aware that this Data will be stored with password protection on the internet.

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1. Welcome and introductions

Please feel free to contribute to the discussion throughout – comments, questions or reflections, using chat box

Follow-up questions and reflections clinical@hospiceuk.org.
Agenda

1. Join/Welcome and introductions 10.30 – 10.35


3. Cathriona Sullivan, Senior Clinical and Quality Improvement Lead, Hospice UK - Education Resources: what are we using and where are the gaps?
   Peter Forbes UCLH Literary fellow top tips for publishing and capturing impact data
   Jane Berg, Deputy Director, Princess Alice Hospice – Education programme for Care Home and GPs 10.45 – 11.55

4. Close and invite questions for July meeting 11.55 – 12:00
Anita Hayes, Head of Learning and Workforce, Hospice UK

Celebrating International Nurses Day 2020

Student nurses – update

Freedom to Speak up Guardians - update
Freedom to Speak up

The National Guardian’s Office

The National Guardian’s Office works to make speaking up business as usual to effect cultural change in the NHS and other organisations

The office leads, trains and supports a network of Freedom to Speak Up Guardians in England

https://www.nationalguardian.org.uk/about-the-ngo/
What is a Freedom to Speak Up Guardian?

Freedom to Speak Up Guardians support workers to speak up when they feel that they are unable to do so by other routes. They ensure that people who speak up are thanked, that the issues they raise are responded to, and make sure that the person speaking up receives feedback on the actions taken.
Freedom to Speak up Guardians across Hospices

- Some Hospice staff have attended training and there are 18 guardians registered in the directory
- More have expressed interest
- Acknowledge different challenges to NHS Trusts
- Working with Marie Curie – Jane Eades
- Planning virtual event June TBA with the National Office of Guardians England
  https://www.nationalguardian.org.uk/freedom-to-speak-up-guardian-directory/
- https://www.e-lfh.org.uk/programmes/freedom-to-speak-up/
Freedom to speak up – the role of freedom to speak up guardians and the National Guardian’s Office in England

Hennieta Hughes, national guardian for the NHS

ABSTRACT

Following the events at Mid Staffordshire NHS Foundation Trust, Sir Robert Francis was commissioned to undertake a public inquiry. During this process, from speaking to NHS workers and from the evidence submitted to the inquiry, he found that staff had tried to speak up about their concerns, but that they had been ignored, or victimised as a result. This experience was not confined to Mid Staffordshire and a further report, Freedom to speak up, was commissioned.
“Education Resources: what are we using and where are the gaps?”

Cathriona (Cat) Sullivan, Senior Clinical Practice and QI Lead, Hospice UK
Health Education England resources Mandatory Training COVID 19

Symptom Management HEE End of Life Care training

Care of the Dying

ACP

Communication

Care after Death

Bereavement

Other useful links

Covid 19
Finding Your Voice

peter.forbes1@nhs.net
What’s writing got to offer healthcare?

Dem Words!

Language is linked, just like the human body, and badly connected the message is obscured or even lost.

The toe bone’s connected to the foot bone.
The foot bone’s connected to the ankle bone...

Subordinate’s connected to the main clause,
Commas aren’t a spray-on, they’re more-than-a-
pause....
My Role at UCLH

Royal Literary Fund  Peter Forbes: Writing Fellow

• I’m here thanks to the Royal Literary Fund (RLF) to help with all forms of Writing

• I help staff at UCLH, particularly CNMARs, with writing of all kinds. Much of this concerns Master’s essays and dissertations, papers for publication, reports, email techniques. Before the lockdown, I also gave writing workshops. Mostly what I’m doing is giving tips for clear writing. I call my main class Cut Out Clunky Writing.

• But there’s another angle. I am a science writer, sometimes writing about medicine. I believe any subject can and should be written in language everyone can understand, in narrative form, using the literary techniques that serious writers have always used: including metaphor, irony etc.
• AT UCLH, besides the staple 1-to-1 consultations and writing workshops for groups, I’ve had the chance to do some editing and writing for the *Chief Nurse’s Bulletin* where I applied these ideas.

• I had noticed some good writers in the 1-to-1s and encouraged them to write for the Bulletin.

• I devised a second course, *Finding your Voice*, to encourage people to write in this style.

• The workshop never happened because of the lockdown but I’d like to talk about its theme:

• *Finding your Voice.*
UCLH and Covid-19

• At present we, that is the Assistant Chief Nurse and myself, are trying to publish an account of CNMAR contributions to Covid crisis for a major mainstream media outlet. We’re having to negotiate between the demands of journalism for vivid, live accounts from the front line, with the demands of the corporate ethos of the NHS. Which tends to blandness.
• It’s a tricky line. When I write on my own, this isn’t really a problem but there is one overriding problem with the kind of writing I advocate: the lack of outlets.

• In 2018 I wrote a long-form article for the Wellcome Trust’s Mosaic. It took 6 months, many interviews and much toing and froing between myself and the editor. The article centred on the major success of the first clinical trial of a gene silencing technique for Huntington’s disease. The story itself made the lead item on the BBC 10 O’clock news. My piece appeared much later being a deep background piece. It was very well received by professionals in the field and I felt it had been well worth the effort.

• But Wellcome closed Mosaic in December last year. The archive is still open but there will be no new articles.

• So it’s difficult but I still believe in the need for this kind of writing.
How close are we to a cure for Huntington’s?

By Peter Forbes

06 MAR 2018

Twenty-five years after the discovery of the gene behind Huntington’s disease, Peter Forbes reports on the potential first treatment for this devastating condition.
What do I mean by Finding your Voice? It means not writing like this:

- The surgical admission pathway was admitting pre-surgical patients on two different floors. Patients and medical equipment were moved between floors at different points of the pathway between 07 and 08 hours. Surgical doctors reviewed patients between 07 and 08 hours. Patients who completed the admission pathway went at 08 hours to 2\textsuperscript{nd} floor recovery. Patients waited for their theatre slots. Other patients went to Surgical Assessment Unit (SAU) together with medical equipment. Medical notes were misplaced, patients were sent to the wrong place and as other related issues such as faulty lifts delayed the process and which negatively impacted on theatre utilisation a huge negative effect was had on service delivery, staff and patient experience.
• “The excitement and pure curiosity in the lead up to the official switch on [Epic in Match 2019] had staff getting taxis into work to be there at the moment of switching the system on, an event that has never happened and will never happen on this scale again for UCLH. One of the greatest things to come out of this change was the team mentality that was demonstrated; where no one was left behind and every member of staff should be hugely proud of their achievement during this time.”

• Pamela Stephenson, Chief Nurse’s Bulletin
Or like this . . .

• ... adding colour, emotion, the conversational touch, liveliness, humour sometimes. I call this “putting the eyebrows on it” – an expression used by Frank Zappa concerning musical arrangement but just as applicable to writing.

• “I was speaking with a nurse recently, who described the historical role of the nurse as the ‘handmaiden’ of the ward. This is where I began: unwaveringly sweet, willing to do anything and everything and obeying every command. I’d established this attitude as a petrified healthcare assistant who was simply attempting to avoid catastrophe. As I was assigned to a bewilderingly heavy ward, I was eternally grateful any time somebody would tell me what to do – because, surely, I wasn’t going to do anything awful under their instruction? I thought I could skate by and collect my paycheck by simply completing tasks and following instructions, masking my constant sense of impending doom with a beaming smile.”

Jess Parkhouse CNMAR blog

• There’s metaphor (The ‘handmaiden’ of the ward”), exaggeration ”eternally grateful”), slang (“skate by”).
Both of my examples were basically internal UCLH outlets although the blog could be accessed by anyone. Blogs are one place where such writing can thrive but we need to keep pushing into the mainstream.
Last example: Coronavirus Conceit

• “The patient is a 71-year-old, thin and frail after 10 years of chronic neglect, who is about to suffer a severe attack of the coronavirus. How will the weakened body of the NHS cope when the surge of cases sweeps down on it within weeks?”

Polly Toynbee, Guardian 10 March

A conceit is an extended metaphor. A good place to find your metaphors is the subject you’re writing about.

Given that the NHS is 71 years old, it didn’t take much lateral thinking for Polly Toynbee to see the NHS as a patient
• How do you do it?

• Writing in this style sounds natural but it might not come naturally to everyone. It can be taught. I teach a non-fiction Creative Writing Class at City University and in 10 weeks some students start with few of the skills required and end with plenty of them.
Take-home tips

• Read your drafts aloud
• Listen to the rhythm
• Create variety in the length of sentences
• Use concrete examples where you can and paint word pictures where appropriate
• I believe passionately in vivid writing about important subjects and will continue to try to publish it myself and to help healthcare professionals to do the same.
Education For Care Homes & Primary Care

Princess Alice Hospice, Surrey
Jane Berg – Deputy Director – Skills Knowledge & Research
March 2020

S

- pre existing relationships with individuals / organisations / commissioners
- familiarity with virtual learning (ECHO; Zoom; Learningzone)

W

- depleted education team

O

- recognition of need for EoLC education – Covid related
- death profile raised in public consciousness
- ACP suddenly a priority
- money no object!

T

- potential drain on hospice resource needed for other areas
- variable availability of staff / learners
What do people need?

- Direct approaches from teams
- Commissioners with ideas
Challenges

Clearly defined

We need a 3 minute video clip of how to disconnect a McKinley pump

Loosely defined

We need to support Care Home staff
• Need to modify the ECHO model
  • No face to face planning
  • Reduced duration
  • Flexible network
• Retain didactic teaching + Q&A + Case study
Delivery - Care Homes

12 x ECHO Weekly Meetings
- 9 April – Difficult conversations / ACP
- 16 April – Assessment of Residents
- 23 April - Managing Respiratory Distress
- 30 April - Supporting Staff
- 7 May – Managing Delirium
  - 14 May – Bereavement
  - 21 May - Managing Fever & Cough
  - 28 May – Maintaining Alertness in Infection Control
- 4 June – Hydration & Nutrition
- 11 June – tbc
- 18 June – tbc
- 25 June - tbc
Delivery - Care Homes (2)

- Verification by Nurse of Expected Death
  - 30 April onwards – twice a week – total 8
Delivery – Primary Care Teams

- Difficult conversations
- Palliative Medicines

Delivery – Community Nurse Specific

- Advance Care Planning
- Managing Respiratory Distress
- Palliative Medicines
- ReSPECT
- Update on McKinley X3
Delivery - Others

- Video clip for Paramedics

- Voiceover PowerPoints – HEI / Community nurses

- Clinical Supervision groups + *how to be a Clinical Supervisor workshop*

- *Loss and bereavement for teachers*
Lessons learnt

• Make sure you stay alert to changes in guidance – get help
• Always have a plan B
• Systems can move quickly if the will is there
• Rules can be challenged
• Keep to sound education principles
• The world has suddenly got used to videoconferencing
• Never underestimate the input of administrators / IT support
• Stay flexible - adapt
• Look for the hidden needs
• Be sensitive to different foci – crisis / bau
• Allow for ‘wobbles’
• Stay true to values
Lessons learnt

I    integrity
C    compassion
A    accountability
R    respect
E    excellence
Any questions ahead of the July meeting?
14 July 10.30 – 12.00
Future meetings

- **14 July:**

- **8 September:**

- **10 November:**
Useful resources

• Education Network web page - https://www.hospiceuk.org/what-we-offer/workforce-and-hr-support/developing-the-hospice-workforce/education-network

• HEE - Apprenticeships - https://www.hee.nhs.uk/our-work/apprenticeships


• St Christopher’s Information Hub: https://www.informationhub.org.uk/ (last updated January 2019).
Thank you for listening

Any feedback? Reflections from today.

Email: clinical@hospiceuk.org